

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

*-Walk-thru- B0700037*

Building Address 17830 Old Frederick Rd  
R.D. Mt. Airy

Property Owner's Name Gilbert & Vivian Abadom  
Address 17830 Old Frederick Rd.

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision oak forest ESTRI City Mt Airy State Md Zip Code 21771

Home Phone 301 829-0016 Work Phone \_\_\_\_\_

Section \_\_\_\_\_ Area 2 Lot 4

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Tax Map 1 Parcel 16 Grid 18 18

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size 5,44 AC

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use 3,052 SF SFD

Contractor Company Little Valley Con LLC.

Proposed Use 560 SF SFD

Contact Person Jesse R Eger.

Estimated Construction Cost \$ 62,896.00

Address 8404 Cub Hunt Ct.

Description of Work addition to kitchen  
area in back of house  
16 X 28

City Walkersville State Md Zip Code 21793  
License No. 87639  
Phone 240-446-8612 Fax 301-845-0371

Occupant or Tenant Gilbert & Vivian Abadom

Engineer or Architect Company \_\_\_\_\_

Contact Name Little Valley Con LLC.

Contact Person \_\_\_\_\_

Address 8404 Cub Hunt Ct

Address \_\_\_\_\_

City Walkersville State Md Zip Code 21793

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone 301-845-0371 Fax 301-845-0371

Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Height: _____	_____ State Certified Modular <input type="checkbox"/> _____ Manufactured Home <input type="checkbox"/>
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature  
Little Valley Con LLC.  
Title/Company

Print Name \_\_\_\_\_  
Date \_\_\_\_\_

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
**FOR OFFICE USE ONLY**

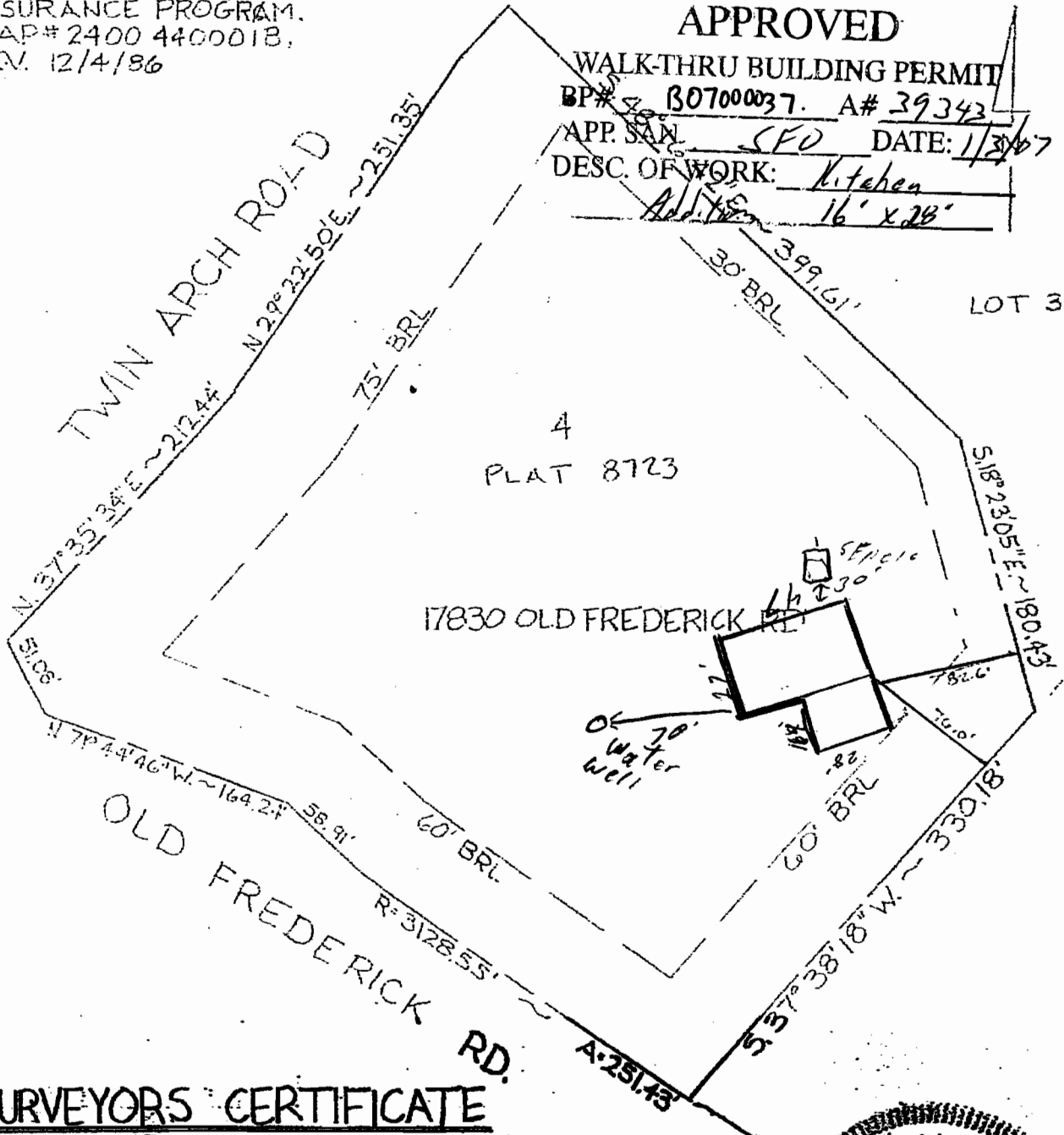
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____ Filing fee \$ _____	
State Highways			Rear: _____ Permit fee \$ _____	
Building Official			Side: _____ Excise tax \$ _____	
Dev. Engineering, DPZ	<u>1/3/07</u>	<u>[Signature]</u>	Side St.: _____ Add'l per. fee \$ _____	
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is Sediment Control approval required prior to issuance?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by _____
ONE STOP SHOP: <input type="checkbox"/>				
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				

FLOOD PLAIN CERTIFICATION  
 THIS PROPERTY DOES NOT LIE WITHIN  
 THE LIMITS OF THE 100 YEAR FLOOD  
 PLAIN AREA AS DELINEATED ON THE  
 MAPS OF THE NATIONAL FLOOD  
 INSURANCE PROGRAM.  
 MAP# 2400 4400018,  
 REV. 12/4/86

EASEMENTS AND RIGHTS OF  
 WAY OF RECORD ARE NOT SHOWN.

APPROVED

WALK-THRU BUILDING PERMIT  
 BP# 807000037. A# 39343  
 APP. SAN. SFD DATE: 1/3/87  
 DESC. OF WORK: Kitchen  
 Addition 16' x 28'



**SURVEYORS CERTIFICATE**

I CERTIFY TO MY BEST KNOWLEDGE  
 AND BELIEF THAT THE POSITION OF  
 ALL EXISTING IMPROVMENTS ON  
 THE ABOVE DESCRIBED  
 PROPERTY HAVE BEEN CAREFULLY  
 ESTABLISHED BY AN INSTRUMENT  
 SURVEY, AND UNLESS OTHERWISE  
 SHOWN, THERE ARE NO ENCROACHMENTS.

*W. Allen Brown* 10/26/87



ALLEN BROWN SURVEYS, INC.

2/26/90 3:10  
3/1/90 A.M.  
+ P.M.

3/2/90  
11AM

Tax ID - 04-348079

3/1/90 (2) P.C.O. A.M. + P.M.  
C.B.D.

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

P 45279  
A 39343

DISTRICT 4th

DATE 11/28/89

DATE SYSTEM APPROVED 3/2/90

INSPECTOR M. Ripkin

## INDEXED

Alan Whitworth Excavating IS PERMITTED TO INSTALL  ALTER

ADDRESS 12680 Clarksville Pike, Clarksville, Maryland PHONE 854-2513

SUBDIVISION Oak Forest Estates ROAD 17830 Old Fredrick LOT 4

PROPERTY OWNER A. Michael Cottone

ADDRESS \_\_\_\_\_

**BUILDING PERMIT SIGNED**

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA **AND RETURNED**

GARBAGE GRINDER? YES \_\_\_\_\_ NO

6-9-03 60142209-DECK+SUNROO m.  
1/4/07- B0700037-16x28 Kitchen space

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 250 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4 1/2 feet below original grade. Effective area begins at 3 feet below original grade. 1 1/2 feet of stone below distribution pipe.

LOCATION - Place the first trench 380 feet up the left (399.61') lot line and 40 feet off the same lot line as seen when facing the lot from Twin Arch Road. Run trench on contour toward the right lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/CW

\* TOP SEALED SEPTIC TANK REQUESTED - BEDROCK AT 8-10' CW

PLACE DISTRIBUTION BOX 35-40' FROM FRONT LEFT CORNER OF HOUSE - EXCAVATION HAS DAMAGED LEFT SIDE OF SEPTIC

PLANS APPROVED BY Sid Abel DATE 10/17/88

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BUILDING PERMIT SIGNED  
AND RETURNED 4/4/90  
Serial # 30942 - deck

AS92413

**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.