

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B06002205

Building Address 896 THE OLD STATION CT.  
WOODBINE, MD 21797

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

Census Tract \_\_\_\_\_ Subdivision MORGAN STATION

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name SCOTT & MARGARET SWETZ

Address ← SAME

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

Home Phone 410-489-9720 Work Phone 443-904-2511

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

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

Existing Use RESIDENTIAL

Proposed Use "

Estimated Construction Cost \$ 100,000

Description of Work "500 SF<sup>2</sup> ADDITION: EXPAND  
KITCHEN; TRANSFORM ~~LAUNDRY~~ ROOM INTO MUD ROOM.  
TRANSFORM ~~STORAGE~~ INTO LAUNDRY; ADD DEODOR.

Contractor Company N/A - OWNER

Contact Person SCOTT SWETZ

Address \_\_\_\_\_

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

License No. \_\_\_\_\_

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

Occupant or Tenant SCOTT & MARGARET SWETZ

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

Address \_\_\_\_\_

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

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
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: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame  <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads

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

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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Scott Swetz  
Applicant's Signature

\_\_\_\_\_  
Title/Company

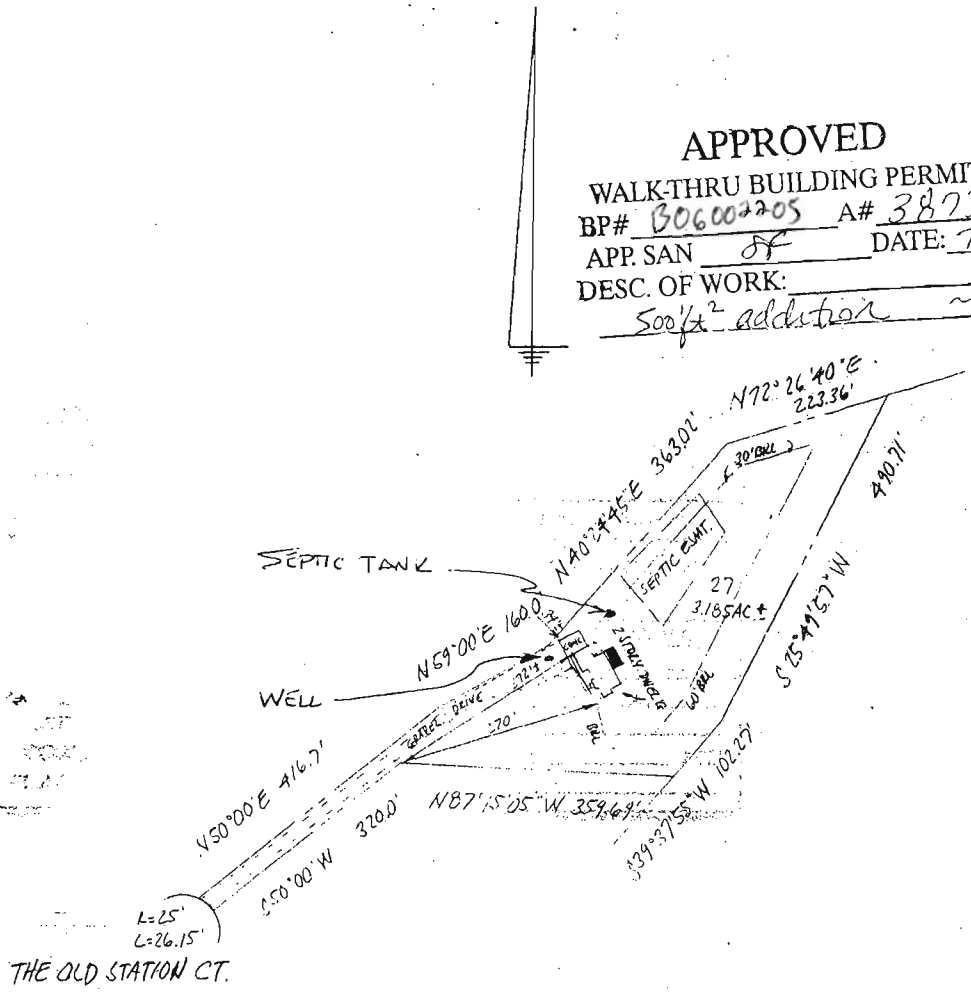
SCOTT SWETZ  
Print Name, 19  
7/19/2006  
Date

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			Side St.: _____	Adm per. fee \$ _____
Health	<u>7/19/06</u>	<u>Scott Swetz</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
Distribution of Copies: White: Building Official Green: L&D, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by _____	

**L. NDTECH ASSOCIATES, .J.C.**  
 1410 CRAIN HIGHWAY N.W. SUITE 78  
 GLEN BURNIE, MARYLAND 21061  
 (301) 768-2121

**APPROVED**  
 WALK-THRU BUILDING PERMIT  
 BP# 306002205 A# 38735  
 APP. SAN SF DATE: 7/19/06  
 DESC. OF WORK:  
500ft<sup>2</sup> addition ~35'x15' addition



■ - Addition Location



NOTE: No title report furnished.

CERTIFICATION: This is to certify that the improvements indicated hereon are located as shown. This is not a property line survey and should not be used for the erection of fences or any other improvements.

*Braden A. Rogers*  
 BRADEN A. ROGERS - PROP. L.S. MD. LIC. NO. 119

896 THE OLD STATION COURT

LIBER \_\_\_\_\_ FOLIO \_\_\_\_\_  
 LOT 27 BLOCK \_\_\_\_\_ SECT. \_\_\_\_\_ FLAT \_\_\_\_\_  
 PLAT ENTITLED MORGAN STATION  
 RECORDED IN HOWARD COUNTY MD.  
 PLAT BOOK 7825 FOLIO \_\_\_\_\_

SCALE 1" = 200' CASE NO. H9303031  
 DATE 3-22, 1993 JOB NO. CTC93034

12/7/89  
1/4/90 now  
1/12/89 in the  
04-347641

1/21/90 Need House Connection  
WPI

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 45302

A 38735

DISTRICT 4th

DATE 12/1/89

DATE SYSTEM APPROVED 1/12/90

INSPECTOR M. Riffkin

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

## INDEXED

J. Fyock  
~~Gene Bradford~~

A.P. Snow, Excavating

IS PERMITTED TO INSTALL  ALTER

ADDRESS 14196 Frederick Road, Cooksville, Md. 21723 PHONE (301) 854-6190

SUBDIVISION Morgan Station ROAD 896 The Old Station Ct. LOT 27

PROPERTY OWNER Mr. Gene C. Bradford

ADDRESS \_\_\_\_\_

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION TRENCHES BY 25% **BUILDING PERMIT SIGNED**

GARBAGE GRINDER? YES  NO

**AND RETURNED**

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

7/27/06 - B.C.C. 002205 - 1 story addition

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Beginning from the rear left corner, place the first trench <sup>245</sup> 205 feet off the rear left corner and 40 feet off the left lot line. As seen when facing the lot from The Old Station Court. Run trenches on contour toward the left and right lines.

NOTE\*\*\*\* - MOVE TANK FROM BP LOCATION TO OBTAIN 100' FROM WELL. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OKCW

PLANS APPROVED BY 12/17/89 TRENCH LOCATION CHANGED 8246429 Craig Williams DATE 05/31/89

COVER NO WORK UNTIL INSPECTED AND APPROVED TO MOVE IT CLOSER TO TANK

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 NO BASEMENT SERVICE

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

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

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

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

A 38735