



Building Permit Application

Howard County Maryland
 Department of Inspections, Licenses and Permits
 3430 Court House Drive
 Permits: 410-313-2455
 www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 12130 Fulton Ridge Dr
 City: Fulton State: MD Zip Code: 20759
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: JATINDER SINGH
 Address: 12130 Fulton Ridge Dr
 City: Fulton State: MD Zip Code: 20759
 Phone: 240-593-1950 Fax: _____
 Email: JSINGH1990@gmail.com

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Existing Use: SFD
 Proposed Use: SFD WITH DECK
 Estimated Construction Cost: \$ 15,000
 Description of Work: Construct 20'x12' deck w/ STEPS, OPEN DECK

Contractor Company: _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor:
	2 nd floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units:
<input type="checkbox"/> Wood Frame	No. of 1 BR units:
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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: [Signature]
 Email Address: JSINGH1990@gmail.com
 Title/Company: Owner

Print Name: JATINDER SINGH
 Date: 8/29/16

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>8/29/16</u>	<u>H. Oswall</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	\$
Permit Fee	\$ <u>50.00</u>
Tech Fee	\$ <u>5.00</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>55.00</u>
Sub-Total Paid	\$
Balance Due	\$
Check	#

LAYOUT 11/5/10 INSP 4 _____
INSP 2 11/9/10 INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 8/16/10

PERMIT

P 533973

APPROVAL DATE: 11/9/10

A _____

Tax ID # _____

ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

Modern Foundations Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: 410.795.8877

SUBDIVISION: _____ LOT NUMBER: 9

ADDRESS: 12130 Fulton Ridge Drive PROPERTY OWNER: Jatinder Singh

SEPTIC TANK CAPACITY (GALLONS): 2000 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 5

APPLICATION RATE: 1.2

LINEAR FEET OF TRENCH REQUIRED: 180

TRENCHES:	Trenches to be 2.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Install septic tank 20' from house, 102' from well and about 3' from west property line. Traffic-bearing lid required. Install Distribution box near southwest corner of septic easement. Install 2x90' trenches on contour toward east property line.
NOTES:	Stake septic easement corners for layout inspection. Call for layout inspection. Mark utilities. Gravel must meet Howard County requirements. Subject to approval by Environmental Sanitarian.

PLANS APPROVED: Robert Bricker

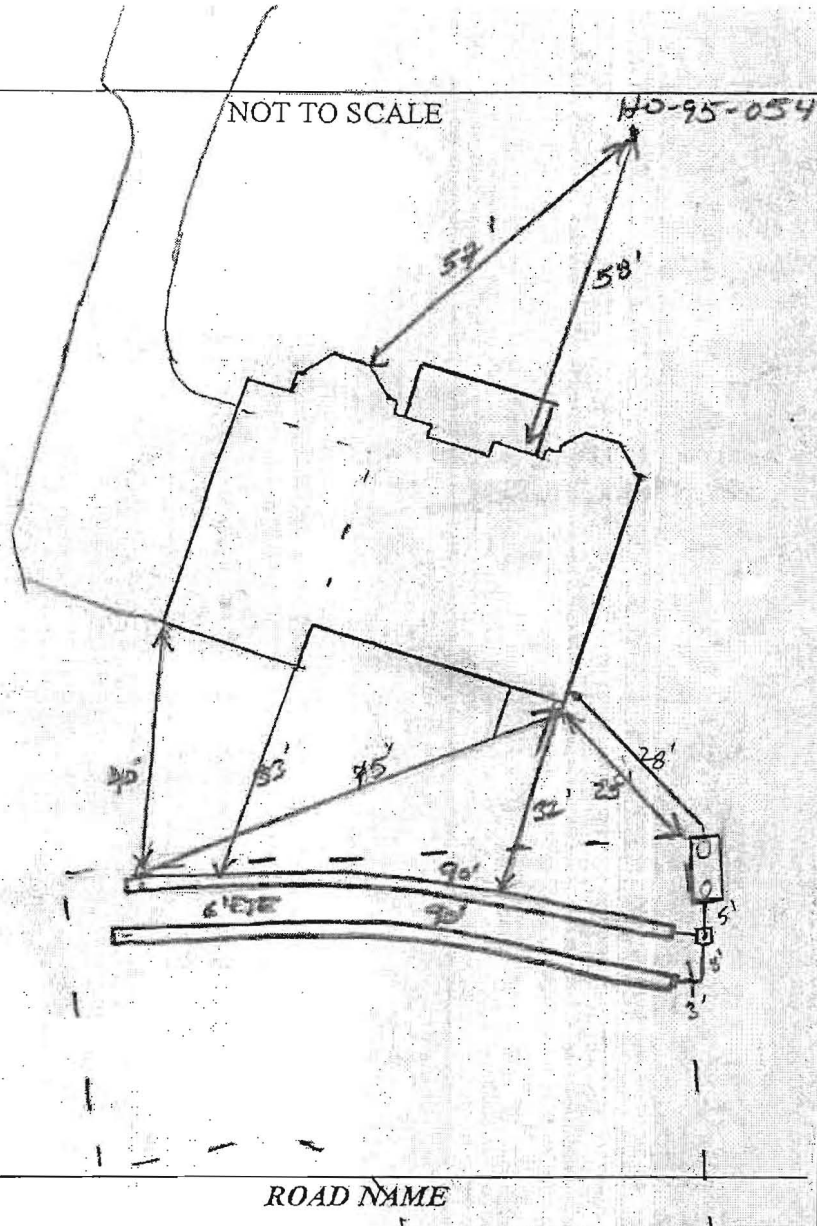
DATE: 10/5/09

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM

NOT TO SCALE

HO-95-0543



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4'	6'
NUMBER OF TRENCHES <u>2</u>		
TOTAL LENGTH <u>180'</u>		
ABSORPTION AREA <u>360'± SW</u>		
DISTRIBUTION BOX LEVEL <u>Under</u>		
DISTRIBUTION BOX BAFFLE <u>Yes</u>		
DISTRIBUTION BOX PORT <u>Yes</u>		

SEPTIC TANK DATA	
SEPTIC TANK LEVEL	<u>Yes</u>
MANUFACTURER	<u>Babylon</u>
CAPACITY	<u>2000</u> GAL
SEAM LOC	<u>Top</u>
TANK LID DEPTH	<u>3'</u>
BAFFLES	<u>Yes</u>
BAFFLE FILTER	<u>—</u>
MANHOLE LOC	<u>Front/Rear</u>
6" PORT LOC	<u>None</u>
WATERTIGHT TEST	<u>—</u>
SLOTTED	<u>Yes</u>
DATE ON LID	<u>9-30-10</u>
PUMP/SEPTIC TANK LEVEL	<u>N/A</u>
MANUFACTURER	<u>—</u>
CAPACITY	<u>—</u> GAL
SEAM LOC	<u>—</u>
TANK LID DEPTH	<u>—</u>
BAFFLES	<u>—</u>
BAFFLE FILTER	<u>—</u>
MANHOLE LOC	<u>—</u>
6" PORT LOC	<u>—</u>
WATERTIGHT TEST	<u>—</u>
SLOTTED	<u>—</u>
DATE ON LID	<u>—</u>

PRE-CONSTRUCTION:

11/5/10 Contractor to install S.T. close into septic area to try to reduce amount of earth cover on tank. Install 2x 90' trenches as shown in field running across top part of SRA. Top trench to start ~ 20' down from top right corner of SRA. Call for map. (150)

INSTALLATION: 11/9/10 system installed per plan OK to cover all work (150)

FINAL INSPECTOR R. Way DATE OF APPROVAL 11/9/10