



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: _____
 City: _____ State: _____ Zip Code: _____
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ _____
 Description of Work: _____

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

Property Owner's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

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

Contractor Company: _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No. : _____
 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 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:	
> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
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 _____ Print Name _____
 Email Address _____ Date _____
 Title/Company _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<i>[Signature]</i>

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

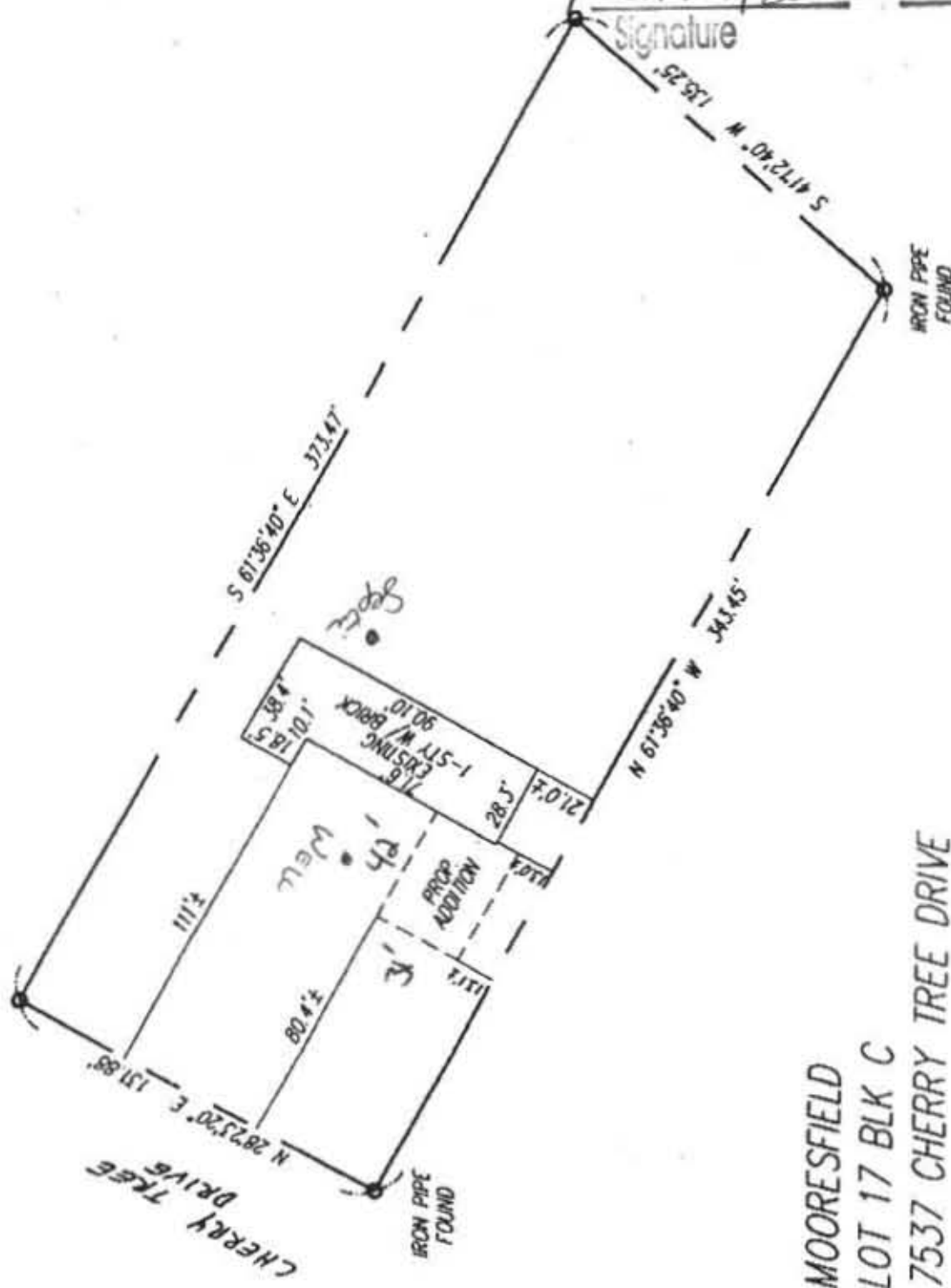
DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lot Coverage for New Town Zone:	
30% Rec-use approval date:	

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

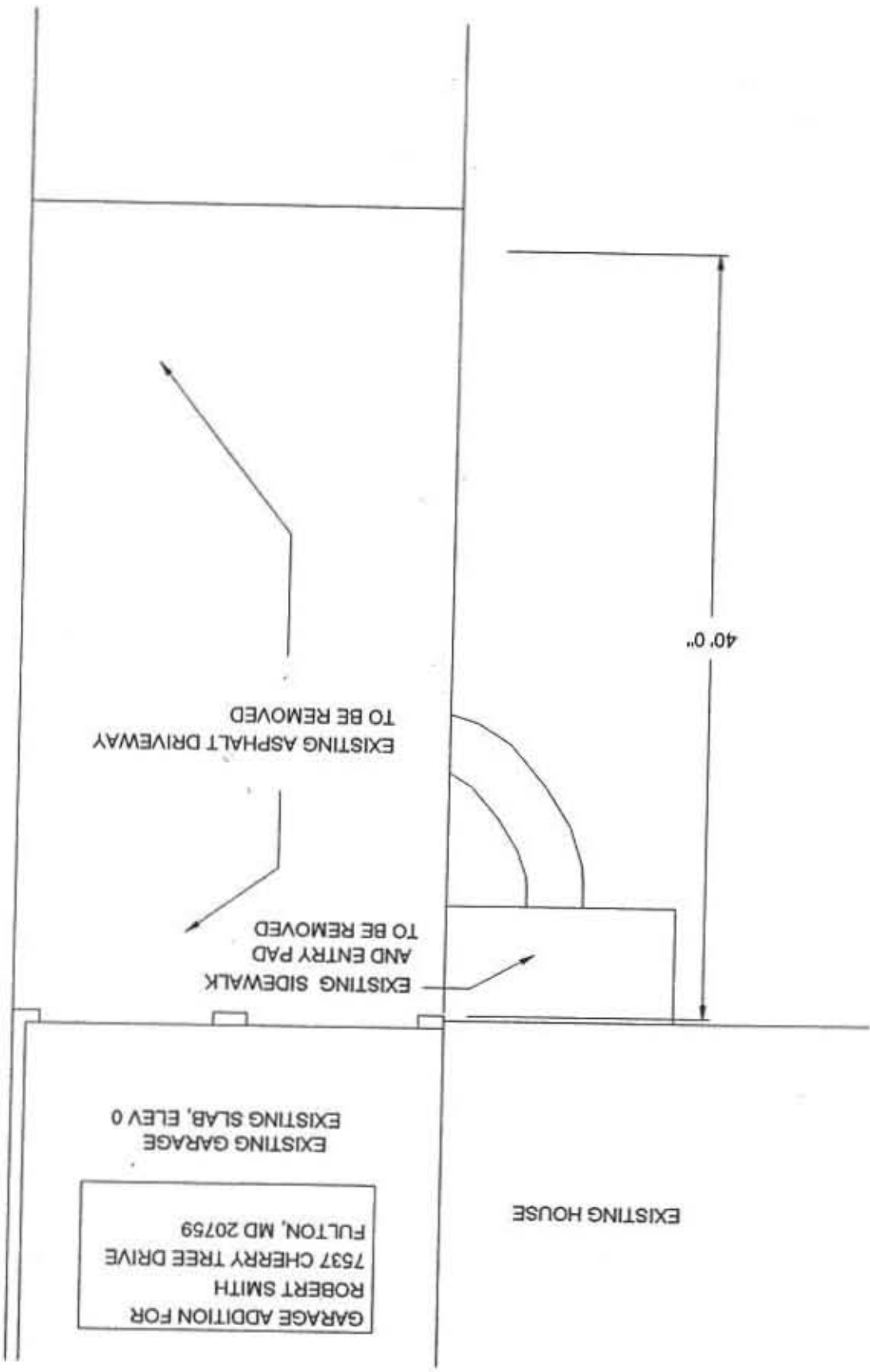


Approved Septic System Plan
Howard County Health Department

Dana Bevard 6/25/18
Signature Date



MOORESFIELD
LOT 17 BLK C
7537 CHERRY TREE DRIVE
HOWARD COUNTY, MD.
1"=50' 3-12-02



GARAGE ADDITION FOR
ROBERT SMITH
7537 CHERRY TREE DRIVE
FULTON, MD 20759

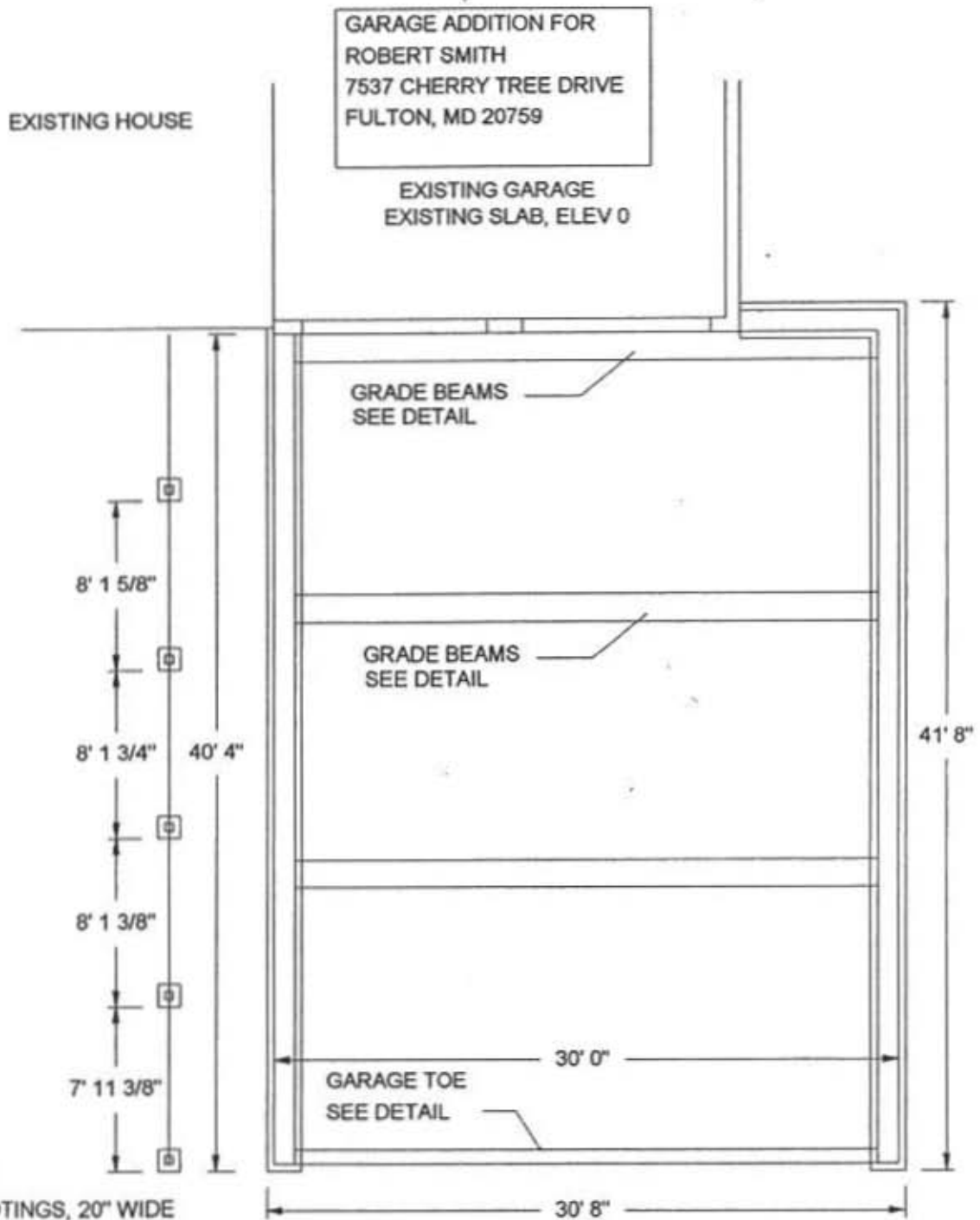
EXISTING GARAGE
EXISTING SLAB, ELEV 0

EXISTING HOUSE

EXISTING ASPHALT DRIVEWAY
TO BE REMOVED

EXISTING SIDEWALK
AND ENTRY PAD
TO BE REMOVED

40'0"



NOTES:

ALL FOOTINGS, 20" WIDE
8" DEEP. BOTTOM OF FOOTING
TO BE A MIN. OF 30" BELOW
FINISHED GRADE.

CONC. SLAB TO BE A MIN. OF
4" THICK. SLAB TO BE Poured OVER
4 MIL. VAPOR BARRIER AND 4"
GRAVEL FILL.

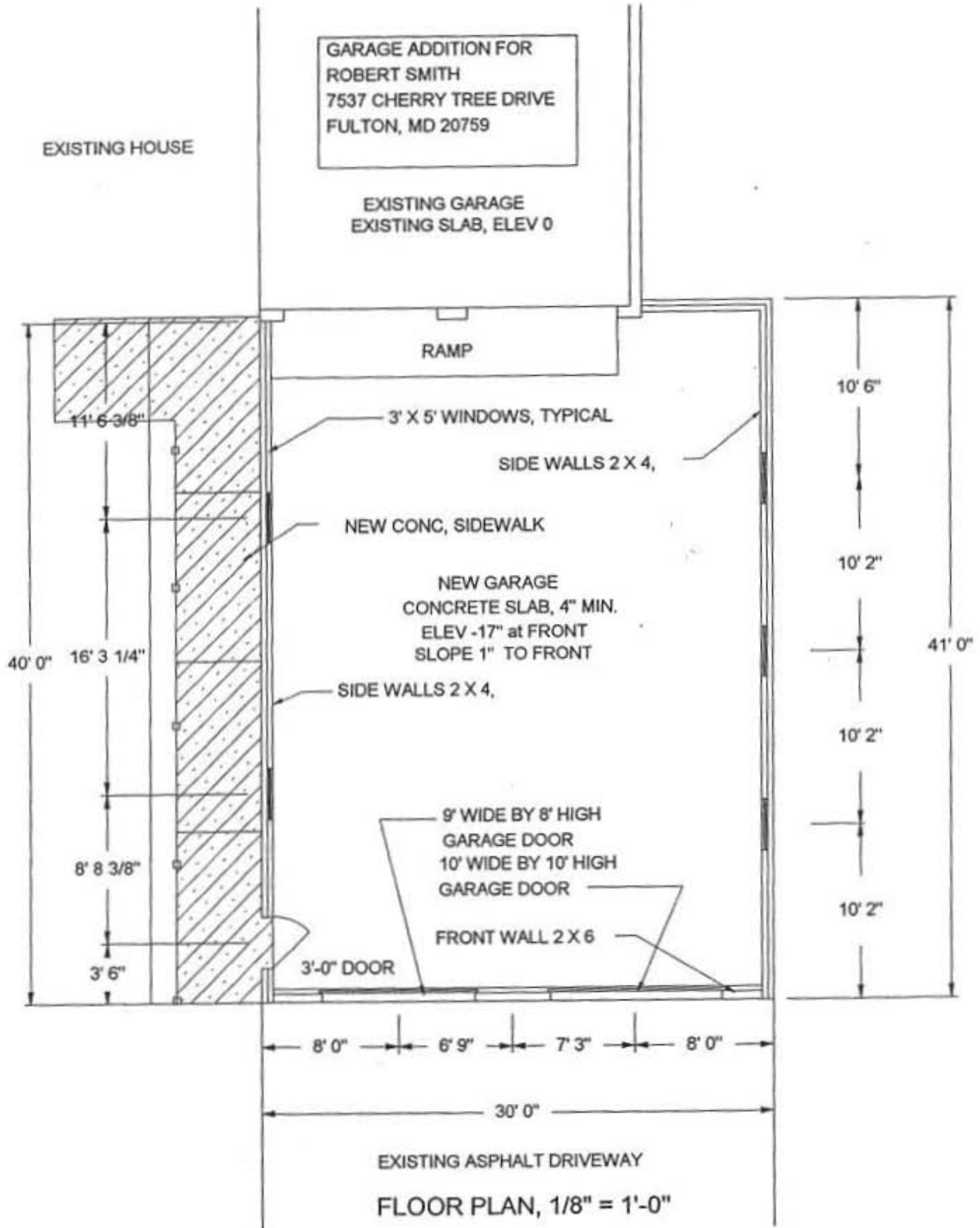
FOOTERS FOR PORCH POST,
12" X 12". BOTTOM OF FOOTER
30" MIN. BELOW FINISHED GRADE.

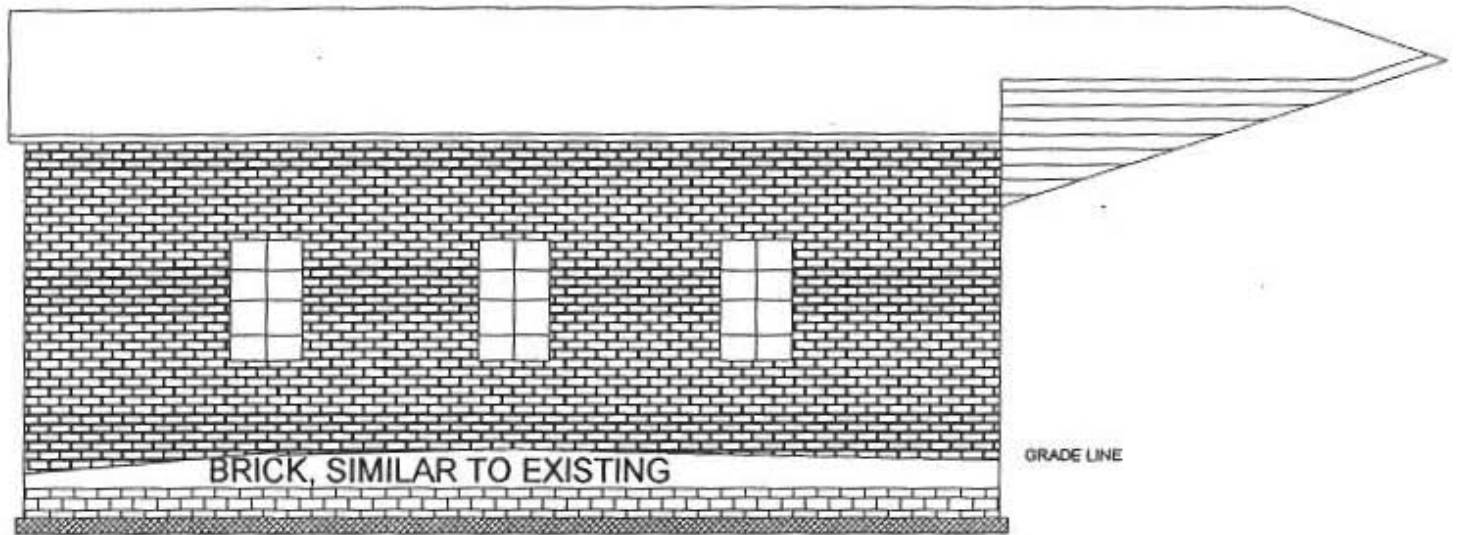
FOUNDATION PLAN 1/8" = 1'-0"

GARAGE ADDITION FOR
ROBERT SMITH
7537 CHERRY TREE DRIVE
FULTON, MD 20759

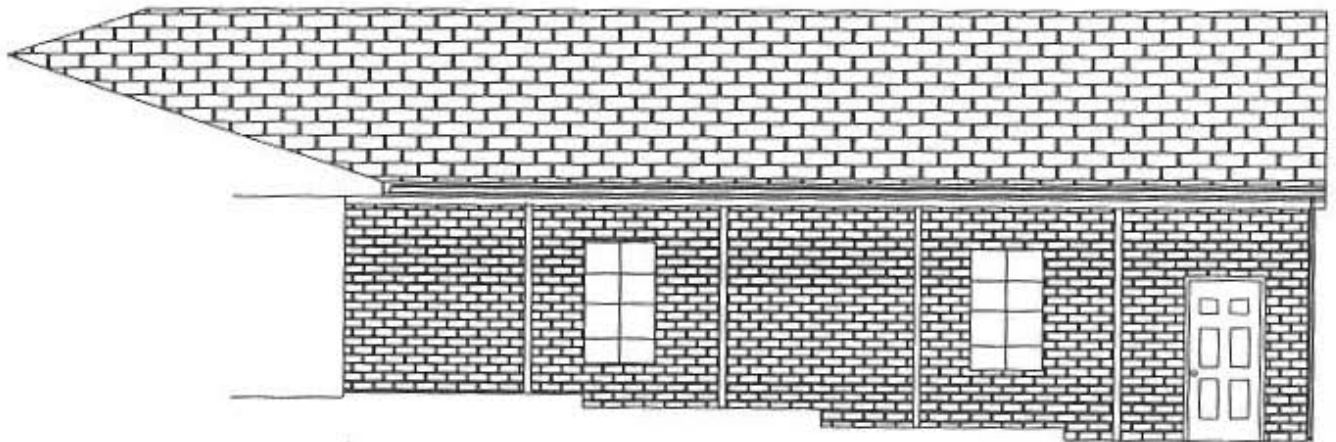
EXISTING HOUSE

EXISTING GARAGE
EXISTING SLAB, ELEV 0



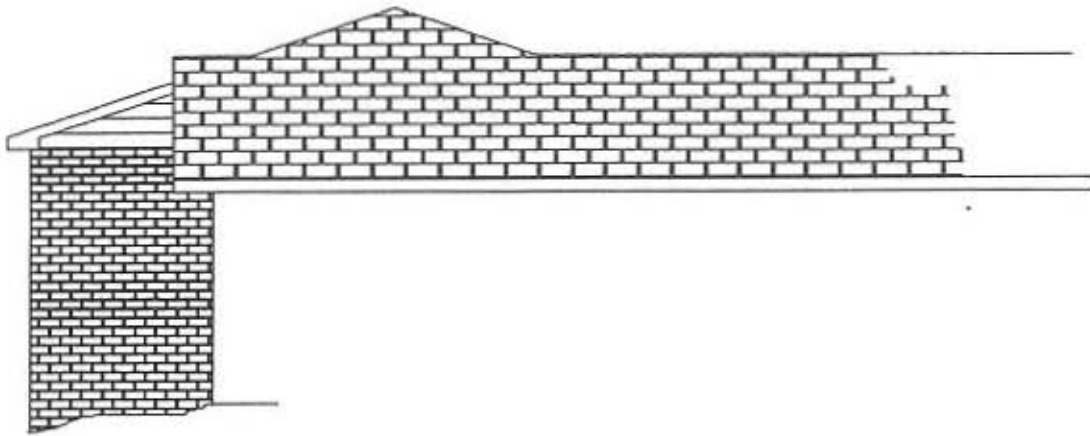


RIGHT SIDE ELEVATION 1/8=1'-0



LEFTHAND ELEVATION 1/8=1'-0

GARAGE ADDITION FOR
ROBERT SMITH
7537 CHERRY TREE DRIVE
FULTON, MD 20759



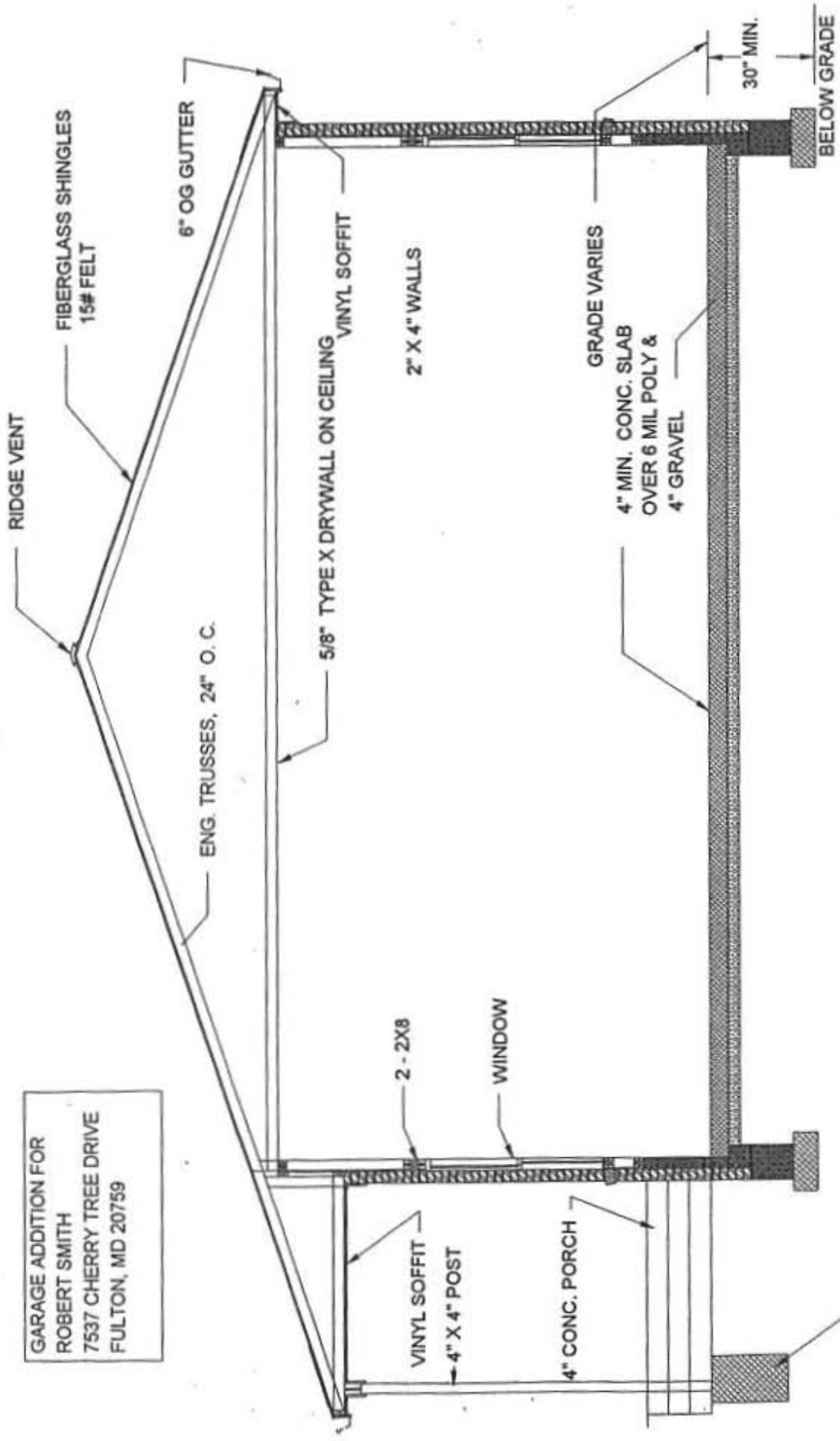
REAR ELEVATION 1/8"=1'-0"



FRONT ELEVATION 1/8"=1'-0"

GARAGE ADDITION FOR
ROBERT SMITH
7537 CHERRY TREE DRIVE
FULTON, MD 20759

GARAGE ADDITION FOR
ROBERT SMITH
7537 CHERRY TREE DRIVE
FULTON, MD 20759



SECTION CUT 1/4" = 1'-0"

GARAGE ADDITION FOR
ROBERT SMITH
7537 CHERRY TREE DRIVE
FULTON, MD 20759

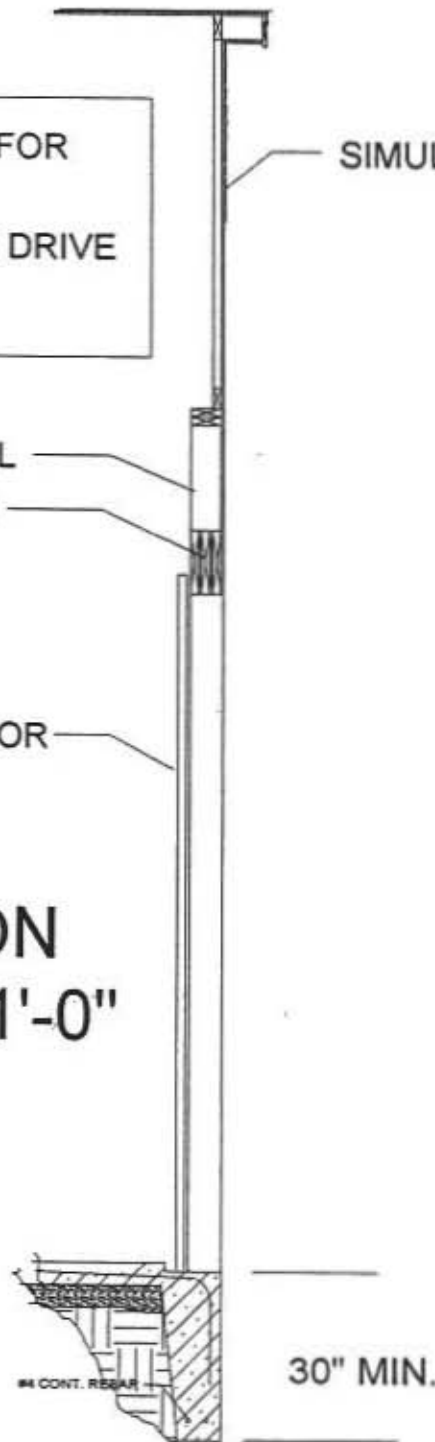
SIMULATED STONE

2 X 6 WALL

3-2X12

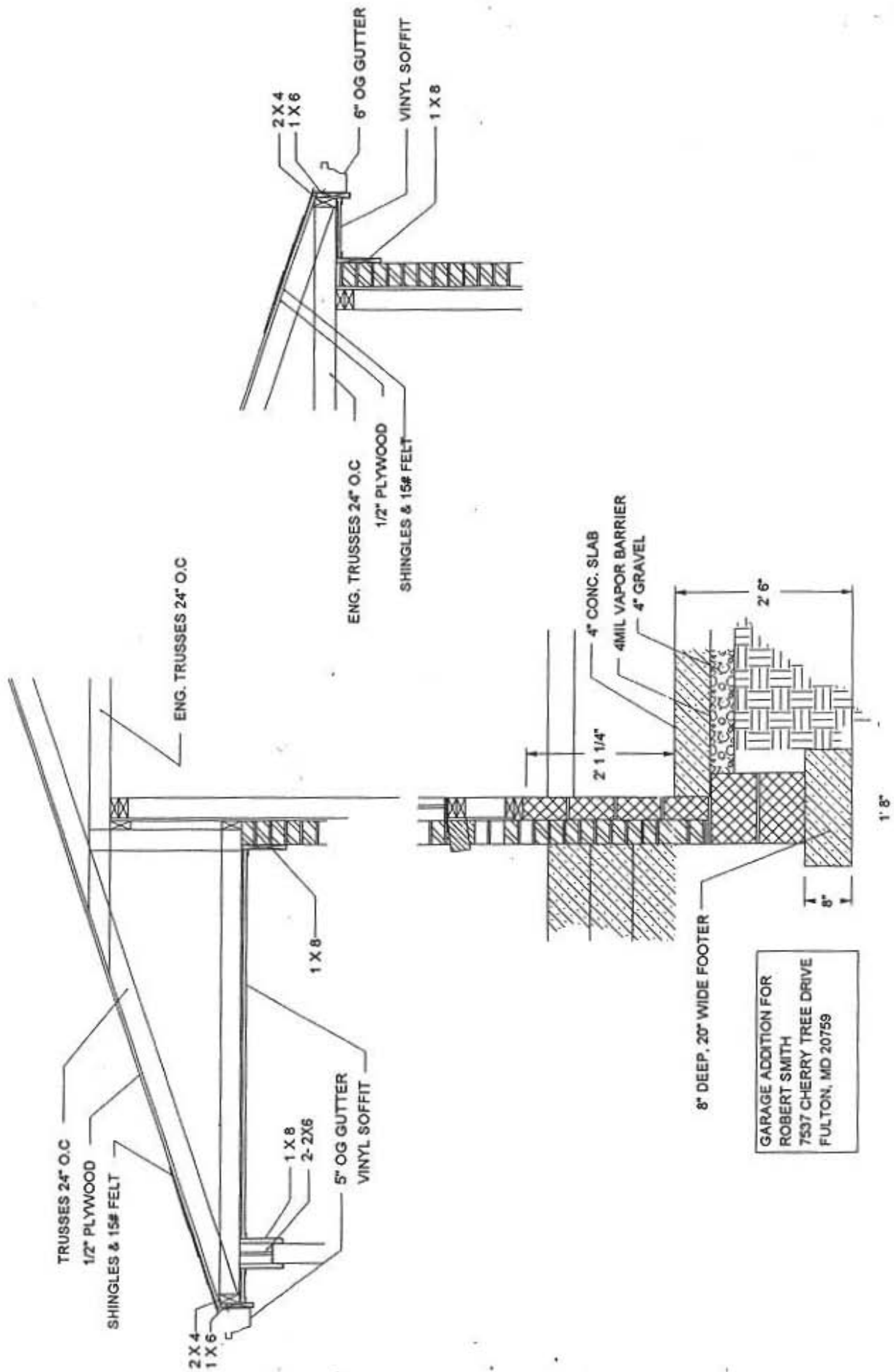
GARAGE DOOR

FRONT WALL SECTION
SECTION CUT 1/4" = 1'-0"

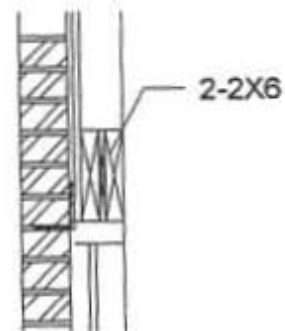
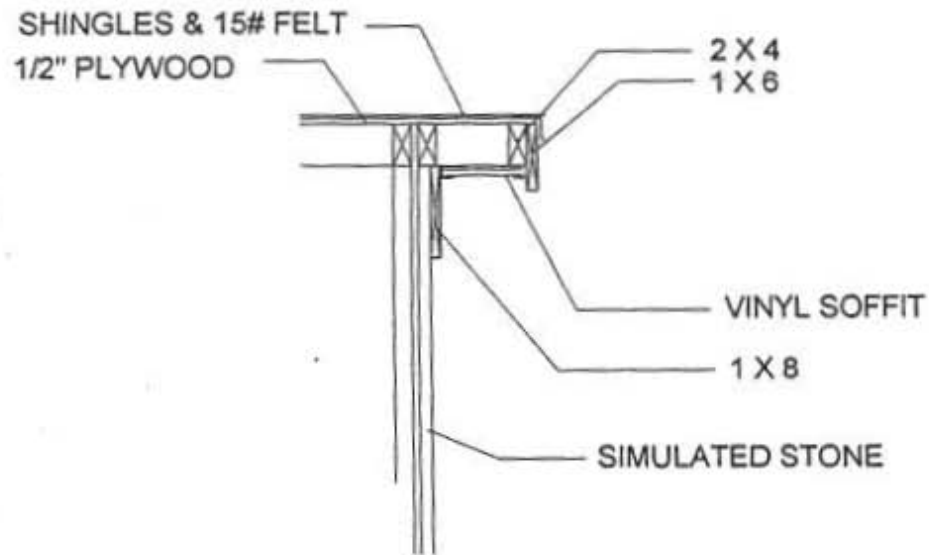


30" MIN.

#4 CONT. REBAR



WALL SECTION 1/2" = 1'-0"

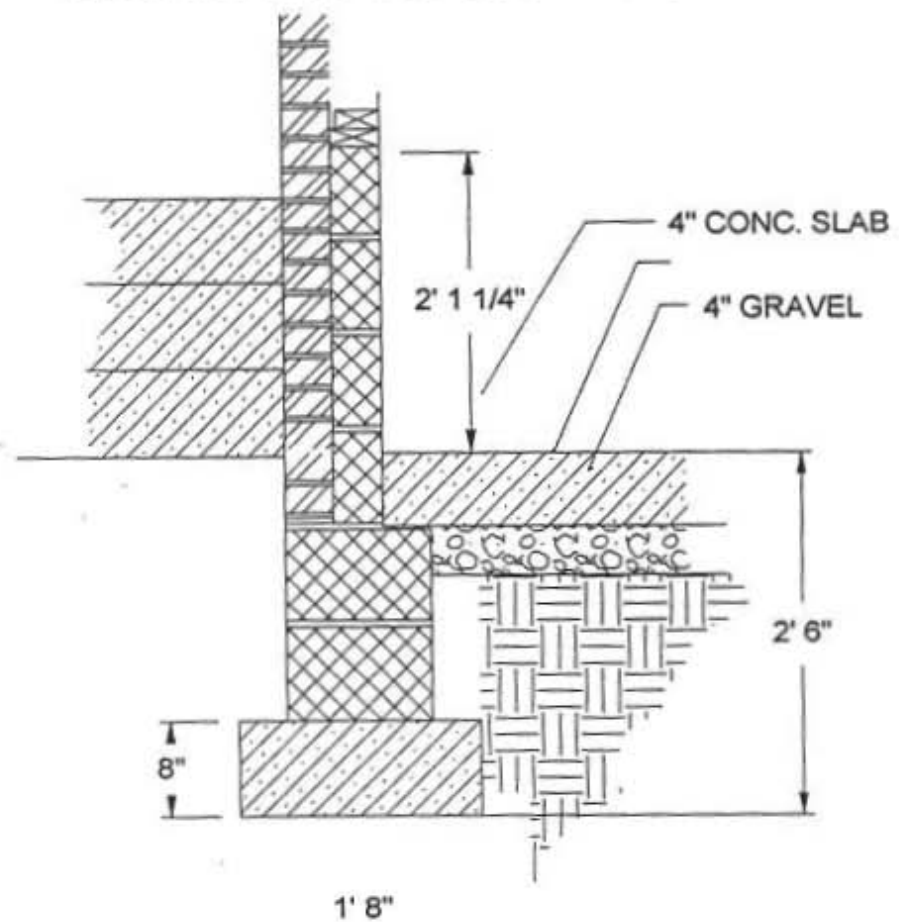


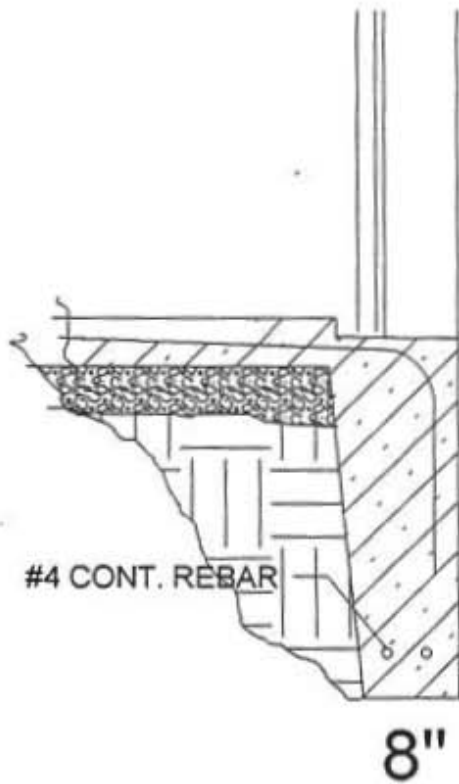
WINDOW HEAD 3/4" = 1'-0"

RAKE DETAIL 3/4" = 1'-0"



WINDOWSILL 3/4" = 1'-0"



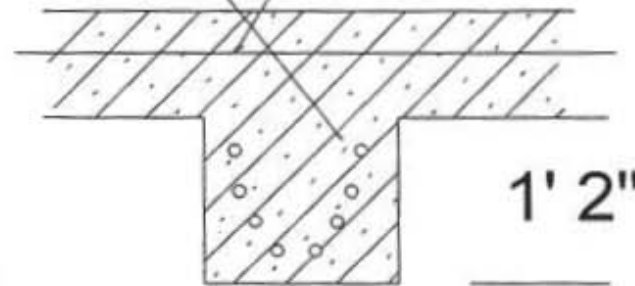


GARAGE TOE

30" MIN.

**#4 REBAR,
CONT.**

4 X 4 WIRE



1' 4"

1' 2"

GRADE BEAM

GARAGE ADDITION FOR
ROBERT SMITH
7537 CHERRY TREE DRIVE
FULTON, MD 20759

05-352649

LAYOUT _____ INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: _____
APPROVAL DATE: _____

PERMIT

P _____
A 516974-A

INDEXED

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

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: Moorefield LOT NUMBER: 17, Block C

ADDRESS: 7537 Cherrytree Drive PROPERTY OWNER: Francis R Smith

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

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	_____
NOTES:	_____

PLANS APPROVED: _____ DATE: _____

- 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 UNLESS SPECIFICALLY AUTHORIZED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

516974-A

9/30/64 2/19/64

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH
HOWARD COUNTY

A01713

INDEXED

ELLCOTT CITY
DISTRICT 5
DATE 4/2/64

Elerood Seager IS PERMITTED TO INSTALL ALTER
ADDRESS _____ PHONE _____

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Moorsfield ROAD Cherrytree Dr. LOT 17 C
PROPERTY OWNER George Hartschke
ADDRESS _____

SPECIFICATIONS for 4 bedrooms
DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.
SEEPAGE PITS 2 each 200 SQ. FT. below
SEPTIC TANK CAPACITY 4000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%

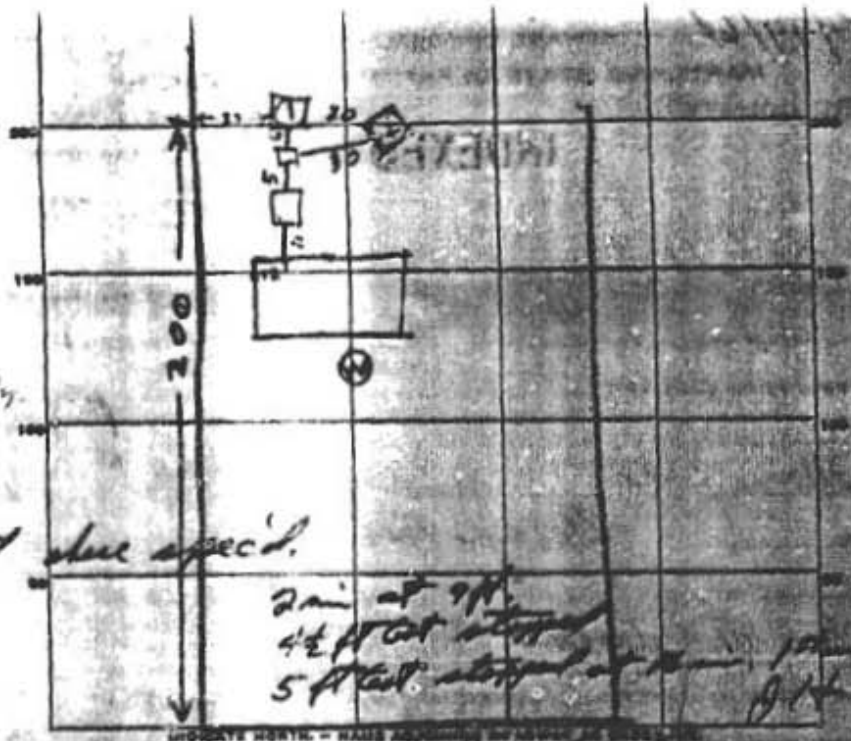
OTHER Locate dry wells 3 times their diameter
and 171 ft. from front lot line and 50 ft. from left lot
line as per when facing lot from Cherrytree Dr.

PLANS APPROVED BY J. Skarigan DATE 5-26-63

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER HO WORK UNTIL INSPECTED AND APPROVED.

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

A01713



tested blue spec'd.

2 in. of 9 ft.
 4 1/2 ft. cut at top
 5 ft. cut at bottom
 10 ft. of 1 1/2 in.

Cherry Hill Dr.

PERMIT CARD YES

SEPTIC TANK, LEVEL OK 1000 concrete CLEANSUITS OK
 Top at 1 ft. below grade
 DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW WELT _____ FT.

ABSORBENT AREA 22 SQ. FT. Cherry Hill Dr.

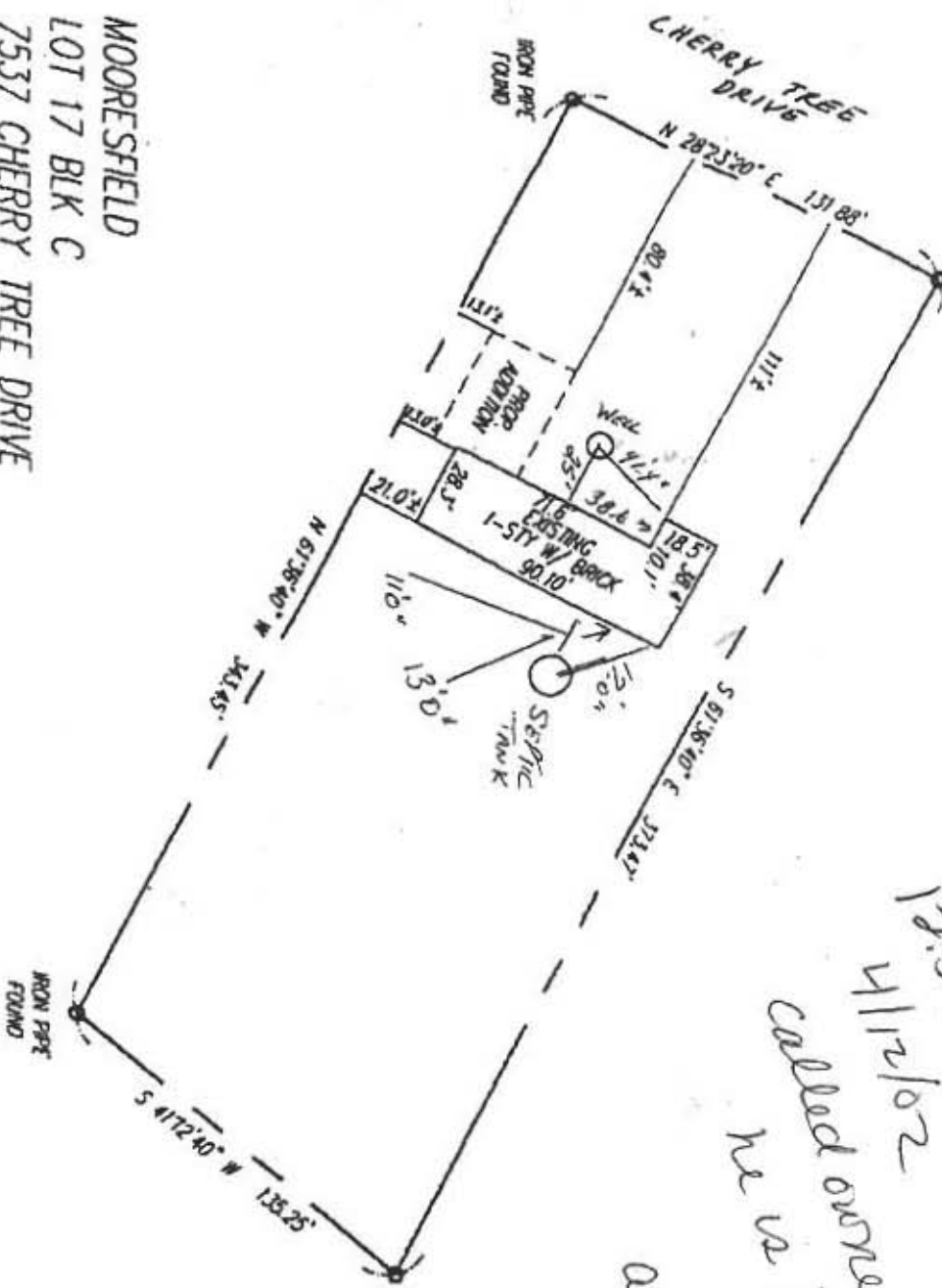
REMARKS Dry Well #1 Is set in 3 ft. above grade. Diameter of top is 24 in. About 1 ft. stones around Dry Well. Depth below inlet 3' (do not seal)

Dry Well #2 Is set in 3 1/2 ft. below grade. Diameter of top is 24 in. About 1 ft. stones around Dry Well. Depth below inlet 3' (do not seal)

2-21-64 Dry well #1 is 1 depth below. At top. Dry well #2 depth below inlet 7 1/2 ft.

DATE SYSTEM APPROVED 2-21-64 J. Hennigan

MOORESFIELD
LOT 17 BLK C
7537 CHERRY TREE DRIVE
HOWARD COUNTY, MD.
1"=50' 3-12-02



12:54 pm
4/12/02
called owner
re a boundary
in
accurate
site
plan

(K6)

ATTN: JOE WILLIAMS

4/30/02 11AM

SITE INSPECTION SHEET

OWNER: Smith, Francis Robert
ADDRESS: 7537 Cherry Tree

DATE REQUESTED: 4/30/02

DRILLER/CONTRACTOR: Mr. [unclear]

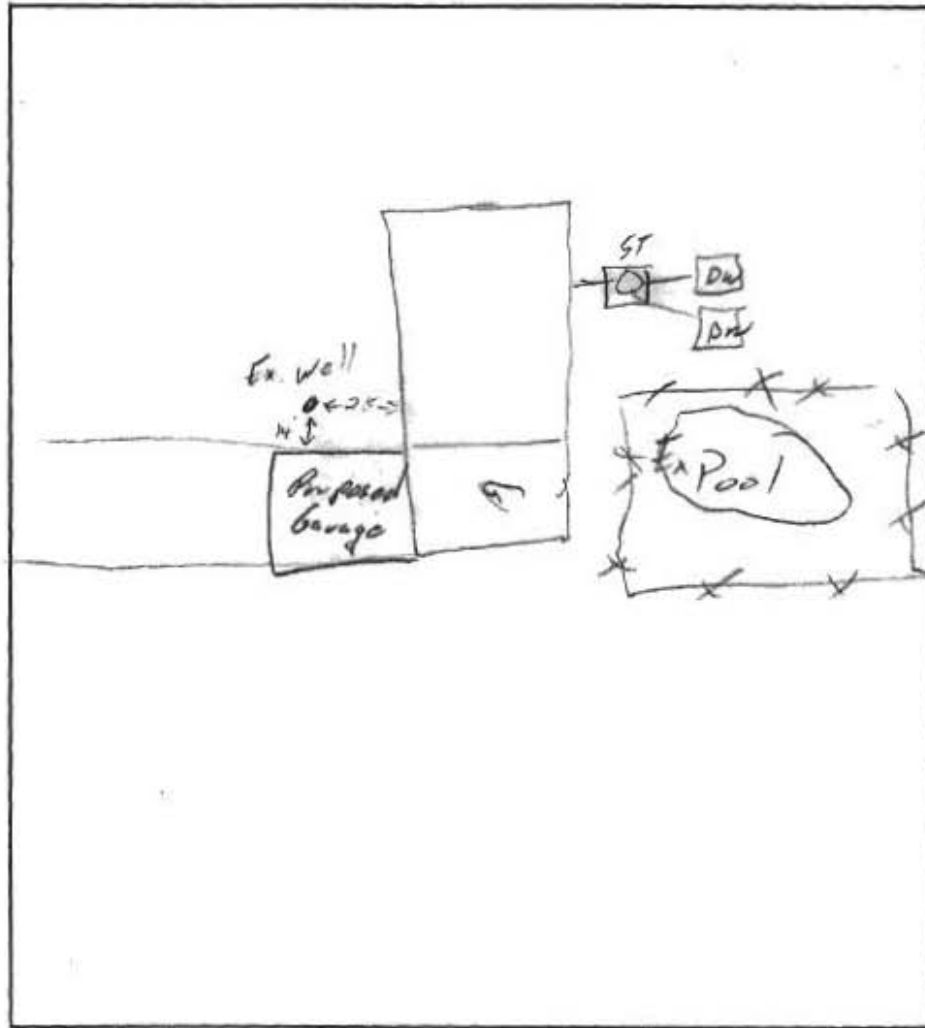
WELL TAG NUMBER: _____

TAX & PARCEL: _____

COUNTY: Howard

PROPOSAL: Inspection to verify well location for proposed garage

LOCATION DIAGRAM



COMMENTS: 4/30/02 Owner wants to ^{install} garage on slab, well will be 14' from wall (SO) Owner advised to submit letter for variance (SO)

DATE: 4/30/02

INSPECTOR: (Signature)

FRANCIS R. SMITH, JR.
7537 Cherry Tree Drive
Fulton, Maryland 20759

May 7, 2002

Director, Frank Skinner
Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Dear Mr. Skinner:

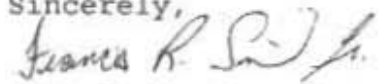
I plan to add an addition for a garage to my home located at 7537 Cherry Tree Drive, Fulton, Maryland. I recently met with Mr. Stuart Oster and Mr. George Easterday about the location of my well. In that meeting Mr. Easterday indicated that he had access to the well with the new addition.

The addition is going to be on a slab with no basement. There is no pesticide control around or under the slab.

I am writing to you to request a variance on the well location. If I need to provide any additional information I can be reached at my office phone: (301) 772-7386 or my cellular phone: (240) 882-4927.

Thank you for your assistance in this matter.

Sincerely,


Francis R. Smith, Jr.



MOORESFIELD
 LOT 17 BLK C
 7537 CHERRY TREE DRIVE
 HOWARD COUNTY, MD.
 1"=50' 3-12-02

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
5430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER **K6**
B-00135034

Building Address **7537 CHERRY TREE DRIVE**
HOWARD CO. MD 20759
Suite/Apt. #: **N/A** SDP/WP/Petition #: _____
Census Tract **44502** Subdivision **MOOREFIELD**
Section _____ Area _____ Lot **17 BLK C**
Tax Map **41** Parcel **079** Grid **14**
Zoning **R100** Map Coordinates **1812** Lot size **1.09 ACRES**

Property Owner's Name **FRANCIS R. SMITH**
Address **7537 CHERRY TREE DR**
City **FULTON** State **MD** Zip Code **20759**
Home Phone **301-317-1316** Work Phone **301-772-7386**
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax **301-322-1456**

Existing Use **PRINCIPAL RESIDENCE**
Proposed Use **- SAME - / w. new Garage**
Estimated Construction Cost \$ **35,000.00**
Description of Work **ATTACHED 30' X 40'**
GARAGE ADDITION

Contractor Company **HOME OWNER**
Contact Person **SAME AS ABOVE**
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant **HOME OWNER**
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company **HOME OWNER**
Contact Person **N/A**
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

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

Francis R. Smith
Applicant's Signature

FRANCIS R. SMITH
Print Name
MARCH 25, 2002
Date

Title/Company

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
Land Development Div.			Front: _____	Filing fee \$ 25.00
State Highway			Rear: _____	Permit fee \$ _____

MOORESFIELD
 LOT 17 BLK C
 7537 CHERRY TREE DRIVE
 HOWARD COUNTY, MD.
 1"=50' 3-12-02

*99% NO driving part
 Add*

