



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: 14517 Edgewoods way
 City: Glenelg State: MD Zip Code: 21737
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 4
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Resident
 Proposed Use: Resident
 Estimated Construction Cost: \$ 30,000
 Description of Work: Finishing unfinished basement area. some of them was finished by builder
 Occupant/Tenant Name: Jiang Zheng
 Was tenant space previously occupied? Yes No
 Contact Name: Jiang Zheng
 Address: 14517 Edgewoods way
 City: Glenelg State: MD Zip Code: 21737
 Phone: 4435463684 Fax: _____
 Email: jiangz98@yahoo.com

Property Owner's Name: Jiang Zheng
 Address: 14517 Edgewoods way
 City: Glenelg State: MD Zip Code: 21737
 Phone: _____ 4435463684 Fax: _____
 Email: jiangz98@yahoo.com

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

Contractor Company: Indefield Investment, LLC
 Contact Person: Rui Yin Li
 Address: 4824 Listra Road
 City: Rockville State: MD Zip Code: 20853
 License No.: BC 21530
 Phone: 2408386179 Fax: _____
 Email: Rui510-28@hotmail.com

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

Commercial Building Characteristics	Residential Building Characteristics	
Height: <u>9.77</u>	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories: _____	Depth	Width
Gross area, sq. ft./floor: <u>2500</u>	1 st floor:	
Area of construction (sq. ft.): <u>1255</u>	2 nd floor:	
Use group: _____	Basement:	
Construction type:	<input type="checkbox"/> Finished Basement	
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Wood Frame	No. of Bedrooms: <u>1</u>	
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling	
	No. of efficiency units:	
	No. of 1 BR units:	
	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	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" 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: Jiang Zheng
 Email Address: jiangz98@yahoo.com
 Title/Company: _____

Print Name: Jiang Zheng
 Date: 7/11/18

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

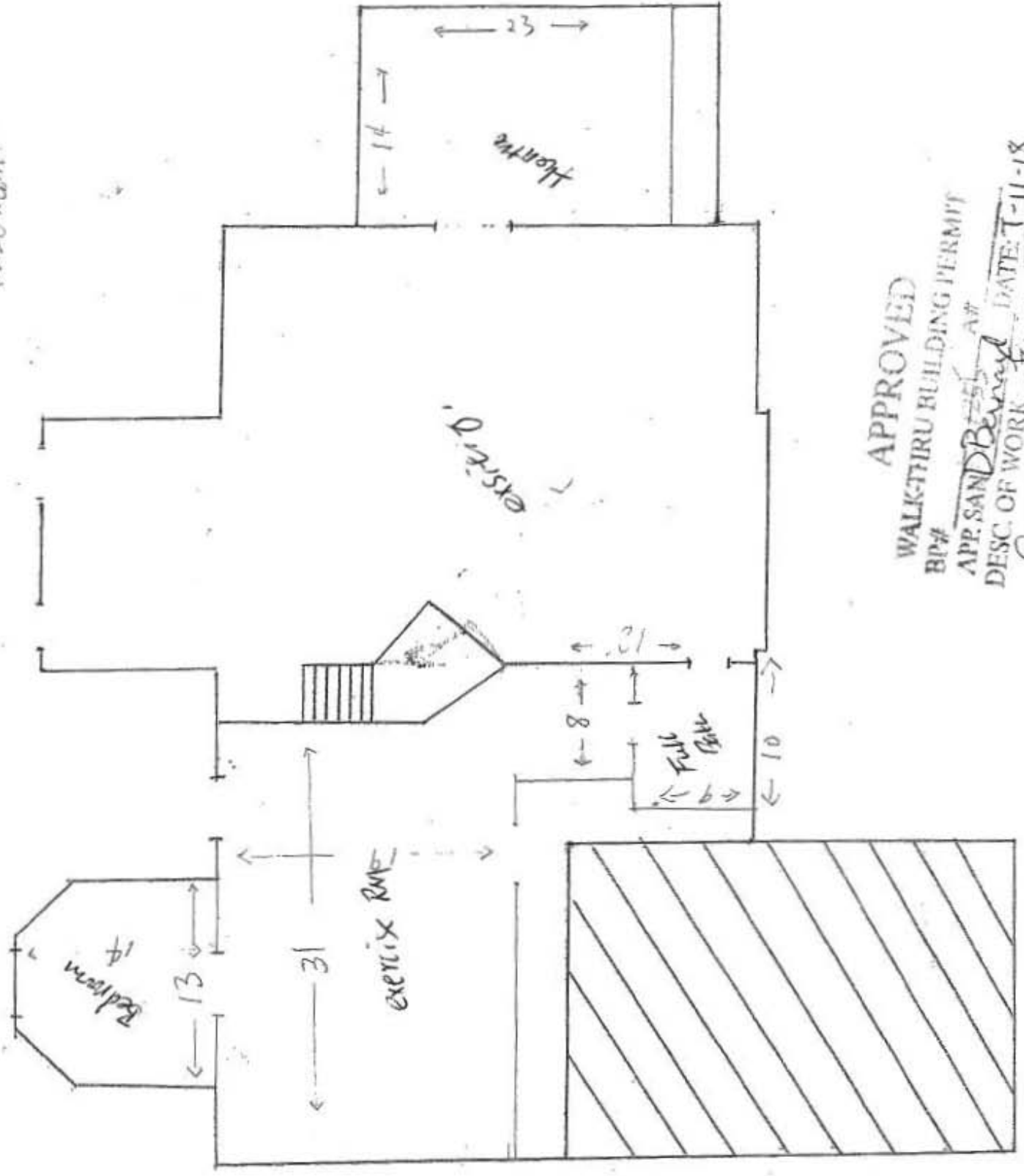
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>7-11-18</u>	<u>Dane Barnard</u>

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

Basement



APPROVED

WALKTIRU BUILDING PERMIT
BP#

APP. SAND ~~255~~ AP#

DESC. OF WORK: Finish Basement DATE: 7-11-18

Approved as shown

Discussed amount of trench needed for 5 BR 124 c.m.m. 26. trench needed

LAYOUT 7/17/10 INSP 4 _____
 INSP 2 7/20/10 INSP 5 _____
 INSP 3 7/21/10 INSP 6 _____

ISSUE DATE: 5/27/10

APPROVAL DATE: 7/21/10

PERMIT

P 533265

A 518964

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

POGLES SEPTIC CLEAN, INC IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: Edgewood Farm LOT NUMBER: 4

ADDRESS: 14517 Edgewoods Way PROPERTY OWNER: Toll MD LP

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

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: 120

Handwritten notes:
 5 x 15.0
 450
 300
 750

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 5.0 feet below original grade. 3.0 feet of stone below distribution pipe. <i>OK (100)</i>
LOCATION:	Effective area may change in field. Follow sanitarians' guidelines at time of layout.
NOTES:	Place septic tank per building permit plan with c/o's per line before tank. Place distribution box top center of easement. Install 2x60' trenches on contour.

Handwritten note:
 2 * feet Sidewalk

PLANS APPROVED: Kevin Wolf DATE: 7/18/08

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS *625*
- 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 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM

NOT TO SCALE

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3	4'	7'
NUMBER OF TRENCHES		2
TOTAL LENGTH		120'
ABSORPTION AREA		360'±sq
DISTRIBUTION BOX LEVEL		
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA

SEPTIC TANK I LEVEL	Yes
MANUFACTURER	Babylon
CAPACITY	2000 GAL
SEAM LOC	Top
TANK LID DEPTH	1-2'
BAFFLES	Yes
BAFFLE FILTER	—
MANHOLE LOC	Front/Rear
6" PORT LOC	none
WATERTIGHT TEST	—
SLOTTED	Yes 5/22/10
PUMP/SEPTIC TANK LEVEL	
MANUFACTURER	
CAPACITY	
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	
SLOTTED	

★ See separate sheet for As-Built

PRE-CONSTRUCTION

7/19/10 Contractor to set tank close to where shown on approved RP but out of SRA. Set D box in top

center of SRA, install 2x60' tanks w/ specs shows rising both directions (120)

INSTALLATION: 7/20/10 All parts of system complete. Need leveling matting and sleep on tank, OK to cover everything but Dist. box (PW)
 7/21/10 D box leveled. Risers installed on tanks. Stone clean 1/2 from redford, 1/2 from sewage, OK to cover all work (PW)

FINAL INSPECTOR K. Vay DATE OF APPROVAL 7/21/10