



HEALTH  
OK/AKH 10/3/18

### 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: 10/1/18

Permit No.: B18003446

Building Address: 4792 Beechwood Rd  
 City: Ellicott City State: MD Zip Code: 21043  
 Suite/Apt. #: \_\_\_\_\_ SDP/NP/PA #: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_  
 Lot: \_\_\_\_\_ Tax Map: 0031 Parcel: 0411

Existing Use: Old family home  
 Proposed Use: Renovated family home  
 Estimated Construction Cost: \$ 215,000.00  
 Description of Work: Renovating existing home by adding a second story and garage to the house.

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

Property Owner's Name: Chester V. Oliver  
 Address: 4840 Joplin Way, Apt. F  
 City: Ellicott City State: MD Zip Code: 21043  
 Phone: 443-858-9119 Fax: \_\_\_\_\_  
 Email: C-Oliver5@comcast.net

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

Contractor Company: United Contractor  
 Contact Person: Chester M. Oliver  
 Address: 448 Queenstown Rd  
 City: Severn State: MD Zip Code: 21144  
 License No.: 105107  
 Phone: 410-591-3369 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: Architecture Collaborative  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: 8334 Main Street  
 City: Ellicott City State: MD Zip Code: 21043  
 Phone: 410-465-7500 Fax: 410-465-0903  
 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 <sup>st</sup> floor:	
Area of construction (sq. ft.):	2 <sup>nd</sup> floor:	
Use group:	Basement:	
	<input type="checkbox"/> Finished Basement	
	<input checked="" 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	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Water Supply	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric	<input checked="" type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas	<input 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:	

RECEIVED  
OCT 01 2018  
LICENSES & PERMITS  
DIVISION

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 THEREBY; (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: Chester Oliver Print Name: Chester Oliver  
 Email Address: C-Oliver5@comcast.net Date: 10/1/2018  
 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		
PS&A (Zoning)		
PS&A (Engineering)		
Health		

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

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

Filing Fee	\$ <u>25</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check:	\$ <u>310</u>

**COMPLETE THIS FORM WHEN DROPPING OFF ANY  
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY  
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 11/19/2018

To: ~~Chester~~ Dan Swender  
(Person's Name and Division)

From: United Contractors (410) 591-3369  
(Your Name, Company Name and Telephone Number)

Subject: Project name Oliver Residence OK/ARIT 11/19/18  
Project site address 4792 Beechwood, Rd. Ellicott City, MD 21043  
Permit # B18003446 SDP # \_\_\_\_\_  
Other information pertinent to this project \_\_\_\_\_

- Please check the attachments below that you are submitting with this transmittal:
- Letter of response to address plan review comment letter
  - Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
  - Letter Summarizing Changes
  - Energy conservation calculations
  - Copies of 2 (be specific).
    - Health Department Request
    - DPZ/ DED Request
    - Applicant's Request
  - Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # \_\_\_\_\_
  - Other \_\_\_\_\_

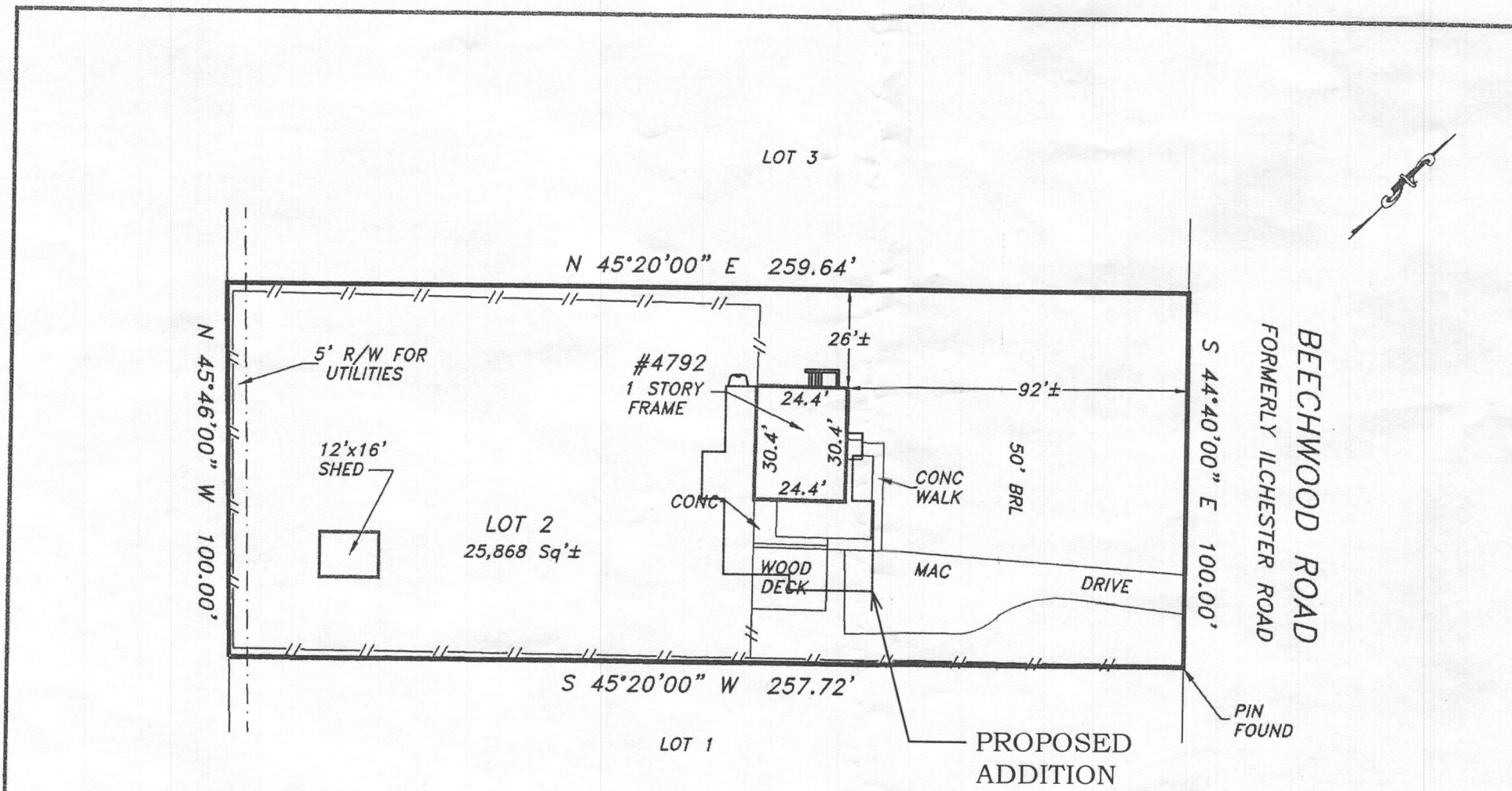
**Contact Person Information: (Required)**

Chester Oliver Telephone No: 443-858-9119  
Please Print Name  
E-Mail Address: c-oliver5@comcast.net

**PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.**


Received by HL **RECEIVED** CC: Health  
NOV 19 2018 1st  
Rev. no fee

White-Plan Review / Yellow-Applicant / Pink-Permit Division  
t:\Operations\Updated forms\transmit.frm - Rev. 04/2014 LICENSES & PERMITS DIVISION



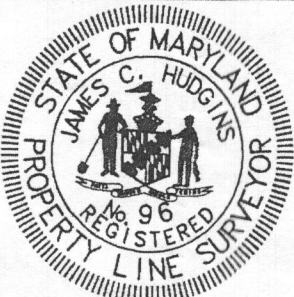
The purpose of this drawing is to locate, describe, and represent the positions of buildings and substantial improvements affecting the property shown hereon, being known as:  
 LOT 2 as shown on the plat entitled  
 "PLAN OF A DEVELOPMENT FOR JOHN L. THOMAS"  
 recorded among the land records of Howard County, Maryland in  
 Plat Book 6, folio 73

PREPARED FOR:



**SAGE TITLE GROUP**  
THE WISE CHOICE

This is page one of a two page document. The advice found on the affixed page is an integral part of this drawing, and is not valid without all pages.



James Carl Hudgins  
Property Line Surveyor #96  
Expiration Date: 3/11/2020

**LOCATION DRAWING**  
 4792 BEECHWOOD ROAD  
 1st ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

**NTT Associates, Inc.**  
 16205 Old Frederick Rd.  
 Mt. Airy, Maryland 21771  
 Phone: (410) 442-2031  
 Fax: (410) 442-1315  
 www.nttsurveyors.com

Scale: 1" = 40'  
 Date: 7/25/2018  
 Field By: RMS/EBS  
 Drawn By: SCK  
 File No.: 238514HIRS  
 Page No.: 1 of 2

content	SITE PLAN	date:
scale: 1"=4' (34±22) file: 17±11	2.2 SITE PLAN	drawn:
1"=8'		
by	CHESTER OLIVER	title
date	OLIVER RESIDENCE	
revision		
SHEET #	2.2	

# CHESTER OLIVER

4792 BEECHWOOD ROAD  
ELLICOTT CITY, MARYLAND 21043

TEL: (443) 858-9119  
EMAIL: c\_oliver5@comcast.net

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## "OLIVER RESIDENCE"

### SINGLE FAMILY HOME

FIRST FLOOR	1420 SQ. FT.
SECOND FLOOR	1105 SQ. FT.
<b>TOTAL</b>	<b>2525 SQ. FT.</b>

\*OPT. EXT. IN-LAW SUITE +126 SQ. FT.

ALL WORK SHALL COMPLY WITH 2015 INTERNATIONAL RESIDENTIAL CODE W/ AMENDMENTS  
WALL BRACING SHALL BE IN ACCORDANCE WITH ENGINEERED DESIGN AND CONTINUOUSLY SHEATHED W/ DOW STRUCTURAL INSULATED SHEATHING (STYROFOAM SIS) PANELS  
FLOOR FRAMING TO BE 2 x 12 FLOOR SYSTEM (HEM FIR #2)

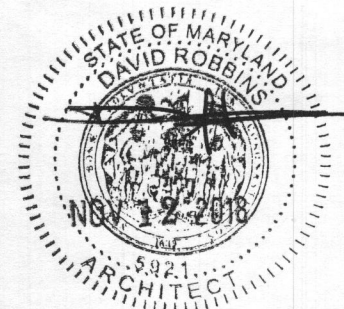
\*\* THE LOCAL JURISDICTION SHALL FILL IN THIS TABLE WITH LOCAL CLIMATIC AND GEOGRAPHIC CRITERIA \*\*

2015 CLIMATIC AND GEOGRAPHIC DESIGN CRITERIA:							MARYLAND				
GROUND SNOW LOAD	WIND SPEED (mph)		SEISMIC DESIGN CATAGORY	SUBJECT TO DAMAGE FROM			WINTER DESIGN TEMP.	ICE BARRIER UNDERLAYMENT REQUIRED	FLOOD HAZARDS	AIR FREEZING INDEX	MEAN ANNUAL TEMP
	Speed	Topographic Effects		Weathering	Frost Line Depth	Termite					
30 PSF	15		B	SEVERE	30"	MODERATE TO HEAVY					

# HEALTH DEPT

REVISED  
Date: 11/19/18  
Comments: B18003446

Approved Septic System Plan  
Howard County Health Department  
*[Signature]* 2/7/19  
Signature Date  
*Pub H<sub>2</sub>O + sewer*



Professional Certification  
I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional Architect under the laws of the State of Maryland.  
license number 5921  
expiration date 04-03-2020

STRUCT. REVIEW	01-08-13
PROJECT REVIEW	01-08-13

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LB-4	LB-FIRST FLOOR PLAN
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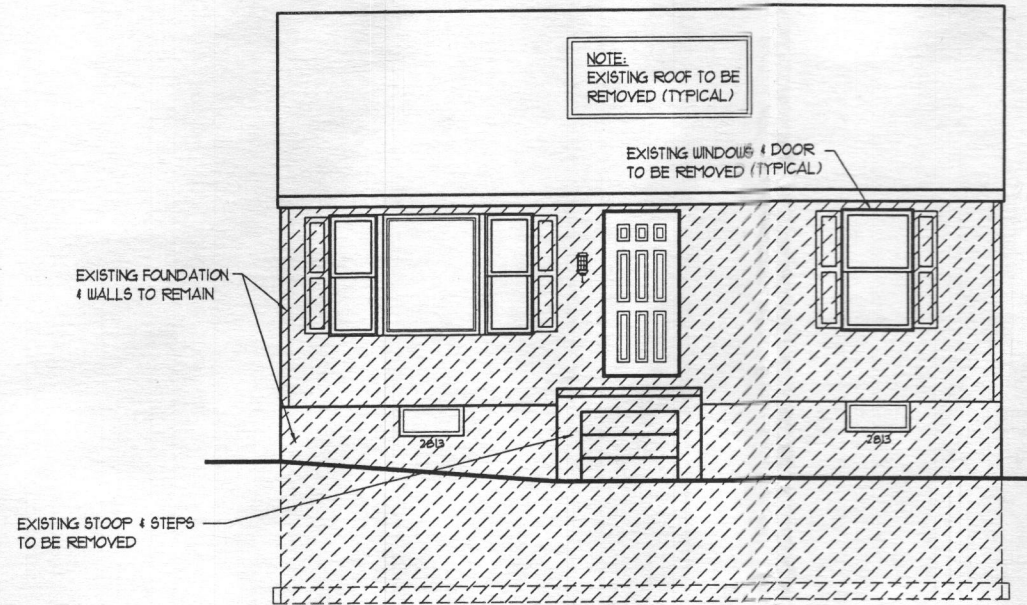
## REVISIONS

DATE	COMMENT	
08/31/18	PRELIMINARY PLANS - MID-POINT REVIEW	AJH
09/03/18	CLIENT COMMENTS	AJH
09/14/18	UPDATED SET PER FIELD & PERMIT CONDITION	AJH
09/26/18	ADDED LATERAL BRACING TO SET	AJH
09/27/18	ISSUES PERMIT SET	AJH
10/12/18	UPDATED FRONT DOOR & ADDED ATTIC ACCESS	AJH
11/09/18	UPDATED DEMO PLAN AND FOUNDATION FOR PERMIT	AJH

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8334 Main Street Ellicott City, MD 21043  
www.archcol.com  
Tel.: (410) 465-7500 Fax: (410) 465-0903

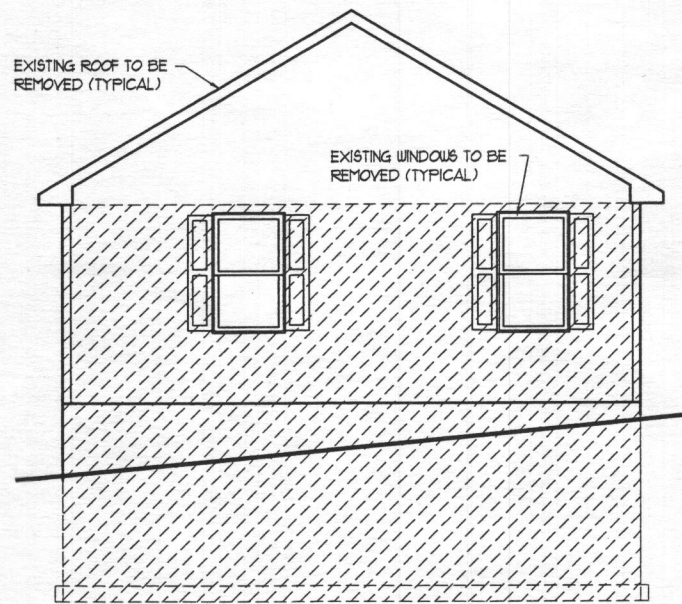
OLIVER RESIDENCE

CU982050



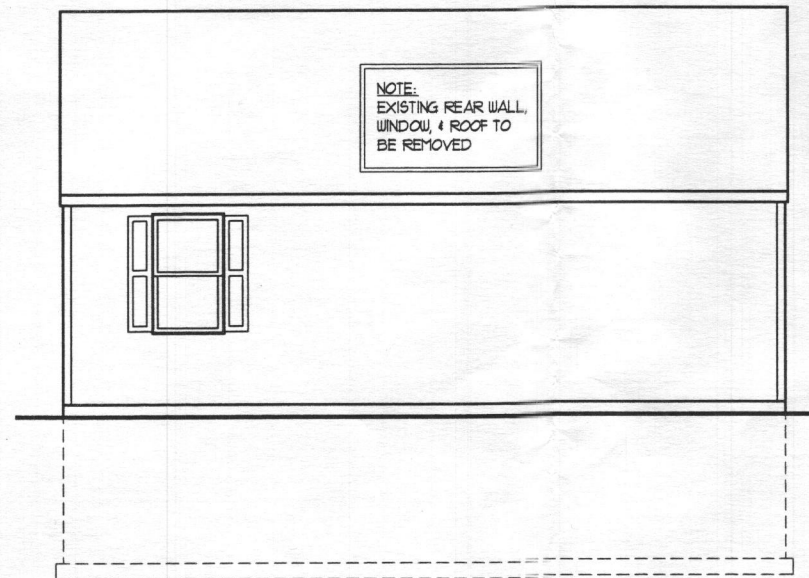
**FRONT ELEVATION  
EXISTING SCHEMATIC PLAN**

SCALE (17x11): 1/8" = 1'-0"  
SCALE (36x24): 1/4" = 1'-0"



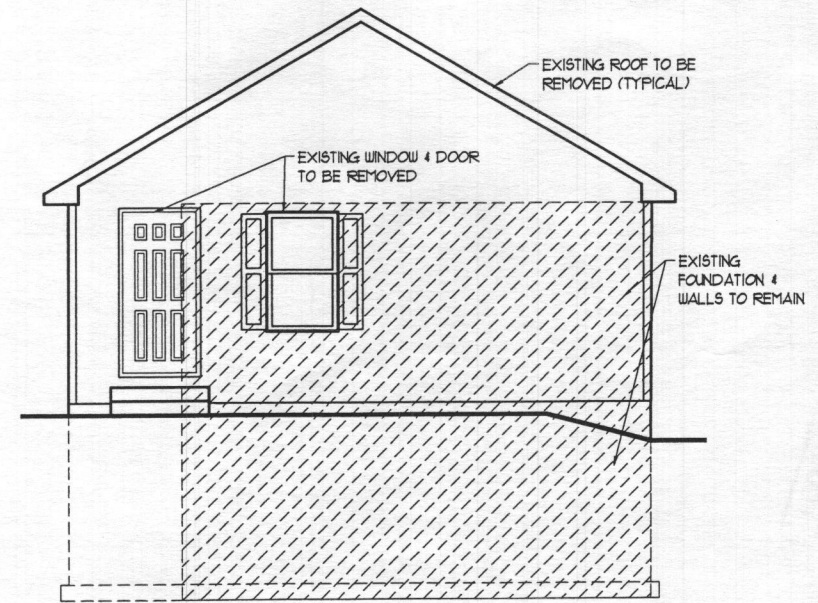
**RIGHT SIDE ELEVATION  
EXISTING SCHEMATIC PLAN**

SCALE (17x11): 1/8" = 1'-0"  
SCALE (36x24): 1/4" = 1'-0"



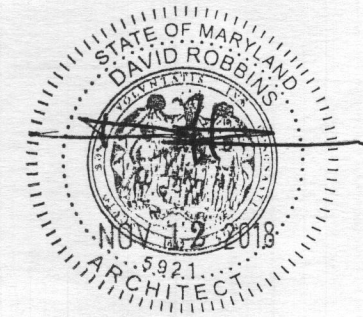
**REAR ELEVATION  
EXISTING SCHEMATIC PLAN**

SCALE (17x11): 1/8" = 1'-0"  
SCALE (36x24): 1/4" = 1'-0"



**LEFT SIDE ELEVATION  
EXISTING SCHEMATIC PLAN**

SCALE (17x11): 1/8" = 1'-0"  
SCALE (36x24): 1/4" = 1'-0"



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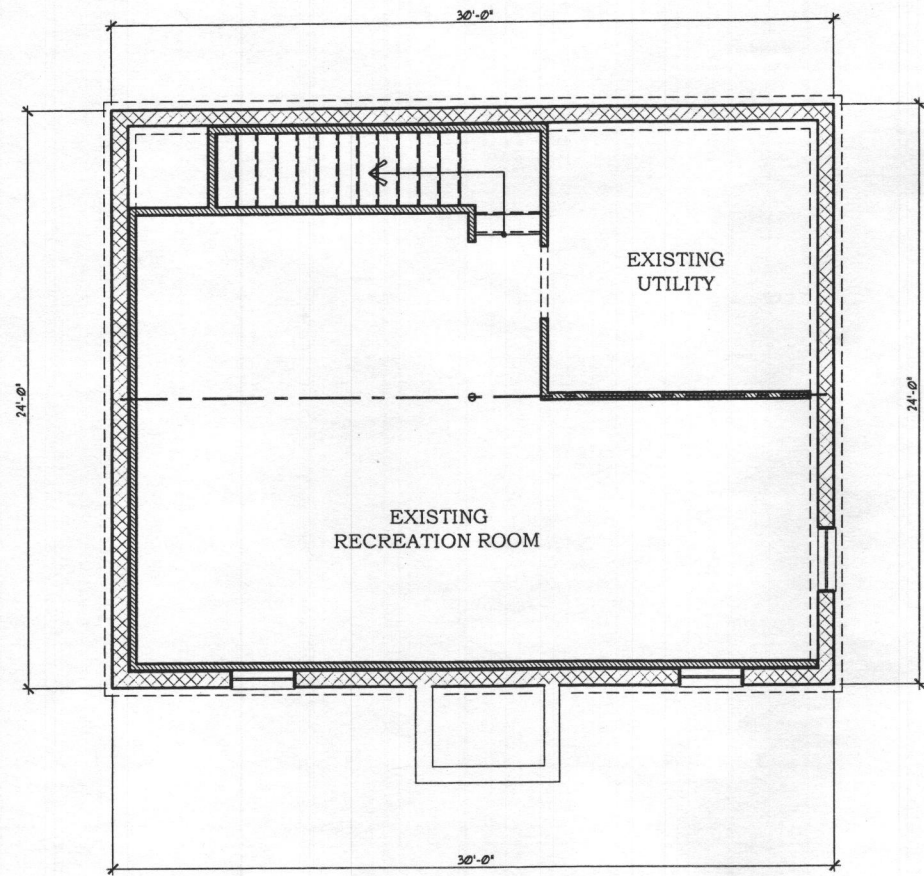
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scale:	1" = 8' (36x24) / 1/8" = 1'-0" (17x11)
U.N.O.	1" = 8' (36x24) / 1/8" = 1'-0" (17x11)
drawn:	ACI
date:	08/2018
file:	2.3
title	CHESTER OLIVER OLIVER RESIDENCE

date	revision

SHEET #  
2.3

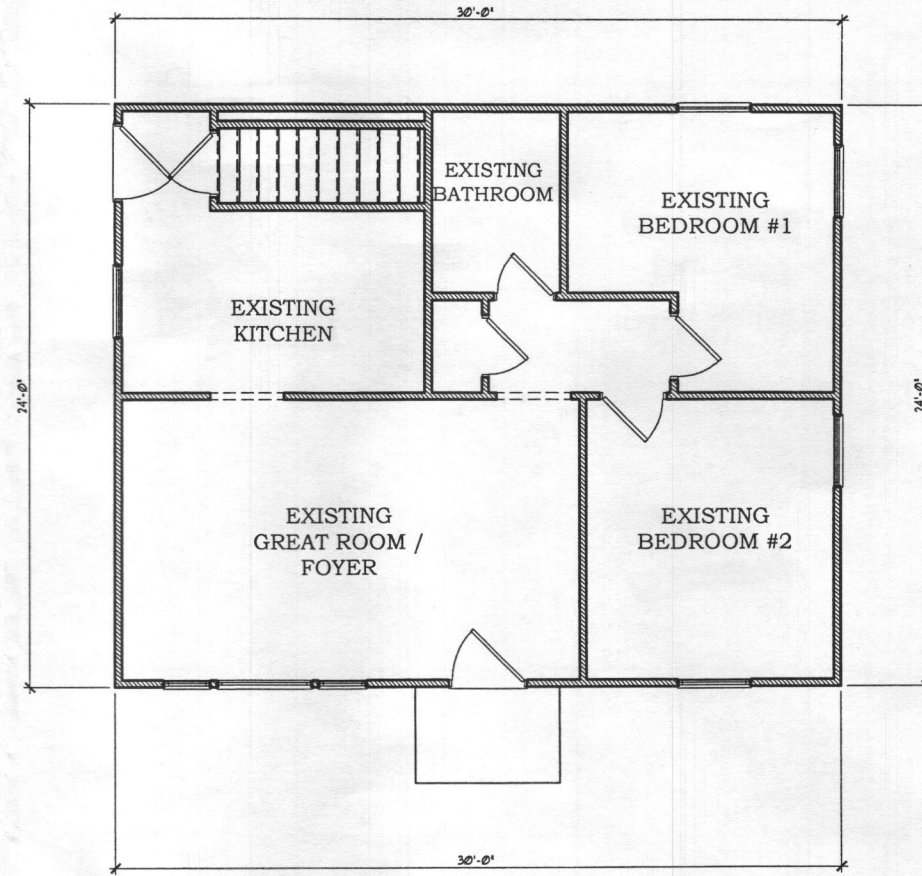
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license number 5921  
expiration date 04-03-2020

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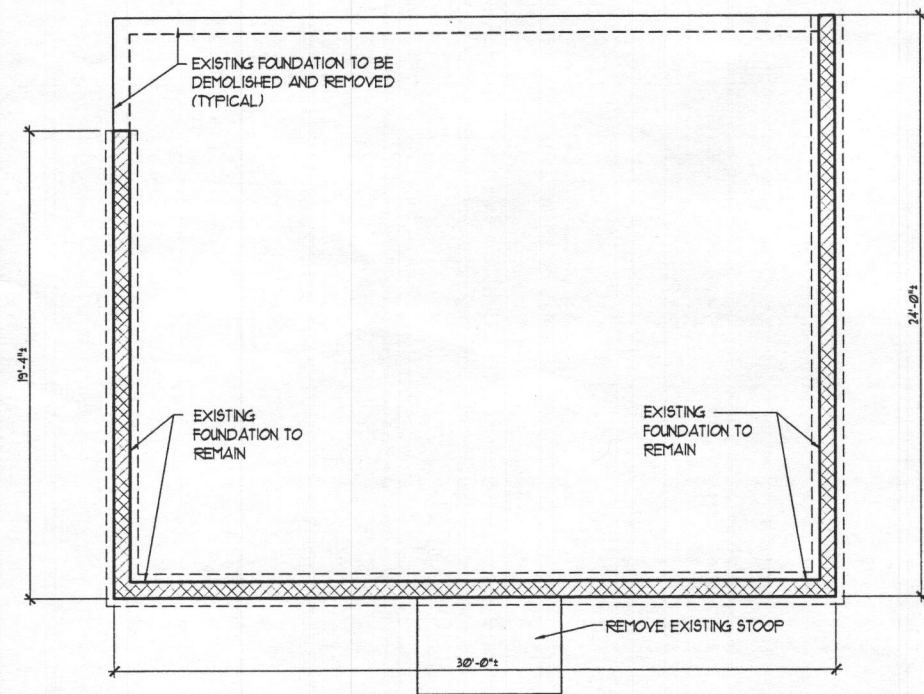
**EXISTING FIRST FLOOR SCHEMATIC PLAN**

SCALE (17x11): 1/8" = 1'-0"  
SCALE (36x24): 1/4" = 1'-0"



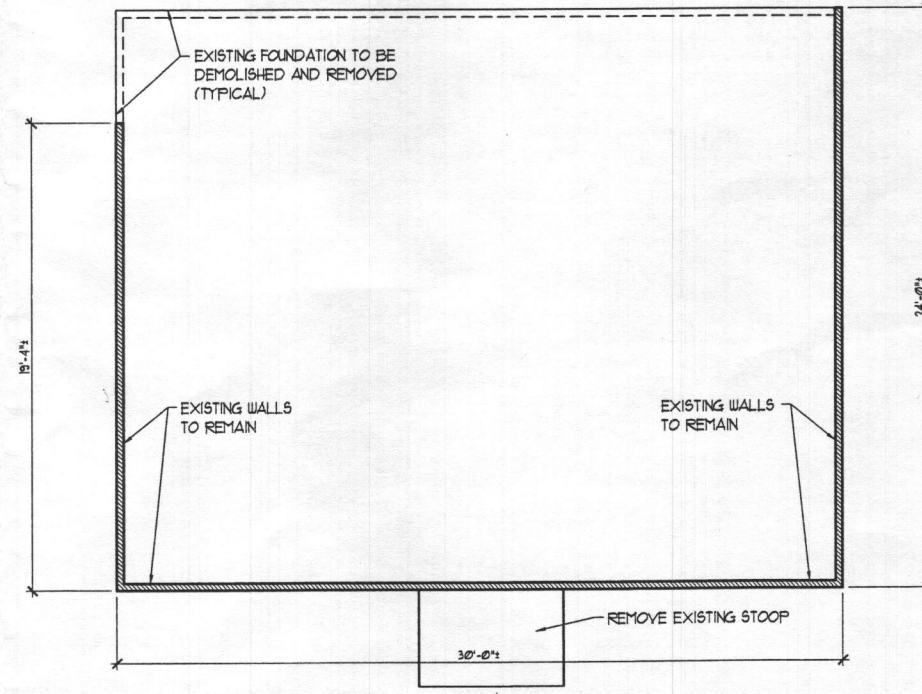
**EXISTING FIRST FLOOR SCHEMATIC PLAN**

SCALE (17x11): 1/8" = 1'-0"  
SCALE (36x24): 1/4" = 1'-0"



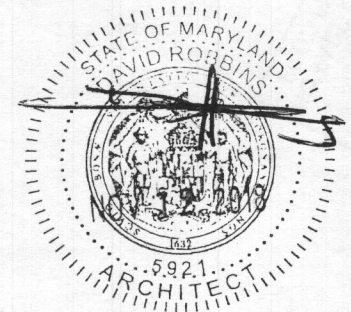
**DEMOLITION PLAN : FOUNDATION**

SCALE (17x11): 1/8" = 1'-0"  
SCALE (36x24): 1/4" = 1'-0"



**DEMOLITION PLAN : FIRST FLOOR**

SCALE (17x11): 1/8" = 1'-0"  
SCALE (36x24): 1/4" = 1'-0"



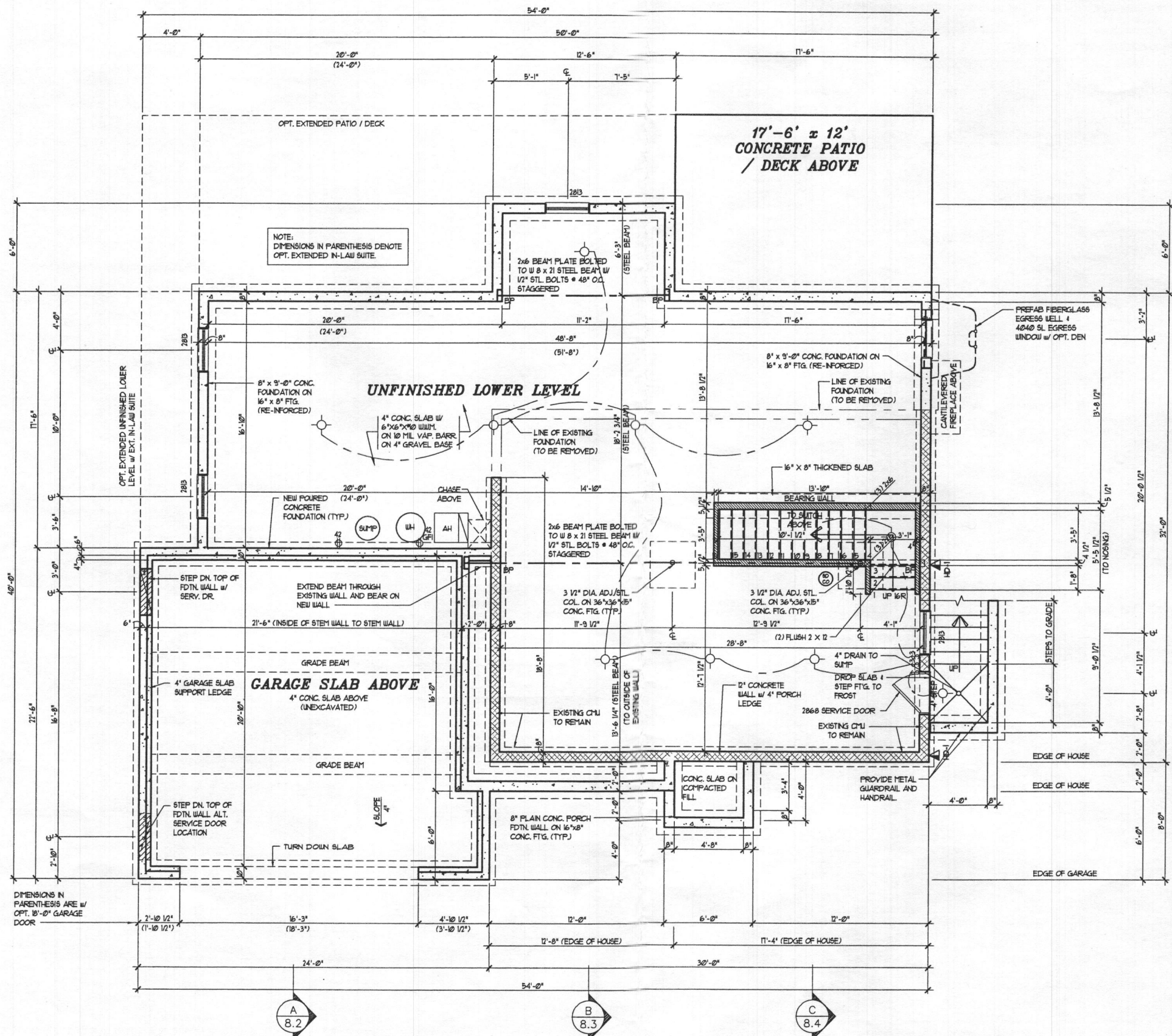
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Tel.: (410) 465-7500 Fax: (410) 465-0903

content: EXISTING SCHEMATIC PLANS  
scale: 1" = 4' (34x22) file: 08/2018  
U.N.O. 1" = 8' (17x11) 2.4  
drawn: ACI  
date: 08/2018  
CHESTER OLIVER  
OLIVER RESIDENCE  
title

date	revision	by

SHEET #  
2.4

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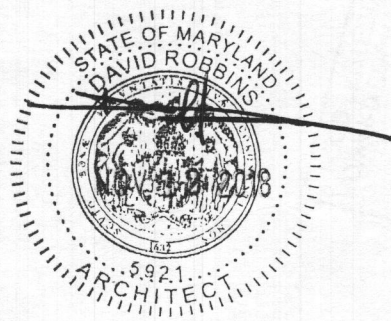
PROVIDE SMOKE DETECTORS AND CARBON MONOXIDE DETECTORS AS REQUIRED BY LOCAL CODE, WIRED TO A NEAREST CIRCUIT (WITH BATTERY BACKUP) AND INTER-CONNECTED FOR SIMULTANEOUS ACTIVATION.

THESE DRAWINGS ARE SCHEMATIC ONLY. THE ELECTRICAL CONTRACTOR IS RESPONSIBLE FOR THE DESIGN AND INSTALLATION OF ALL ELECTRICAL SYSTEMS. ALL ELECTRICAL WORK SHALL MEET THE REQUIREMENTS OF THE NATIONAL ELECTRIC CODE, THE LOCAL POWER COMPANY AND ALL APPLICABLE CODES. FIXTURES AND APPARATUS ARE SELECTED BY THE BUILDER AND SHALL BE UL APPROVED.

**ELECTRICAL SYMBOLS**

- DUPLEX OUTLET 15" AFF.
- DUPLEX OUTLET 42" AFF.
- 220 VOLT DUPLEX OUTLET
- WATERPROOF RECEPTACLE
- GROUND FAULT INTERRUPTER
- GROUND FAULT INTERRUPTER 42" AFF.
- WALL SWITCH
- 3-WAY WALL SWITCH
- 4-WAY WALL SWITCH
- DIMMER WALL SWITCH
- EXHAUST FAN
- FAN/LIGHT COMBO
- LIGHT FIXTURE CEILING MOUNTED
- LIGHT FIXTURE RECESSED LIGHT
- FIXTURE PULL CHAIN
- FLUORESCENT LIGHT FIXTURE
- FLOOD LIGHTS
- LIGHT FIXTURE WALL MOUNTED
- THERMOSTAT
- JUNCTION BOX
- DOOR CHIME
- TELEPHONE JACK
- TELEVISION JACK
- GARBAGE DISPOSAL
- SMOKE DETECTOR
- CARBON MONOXIDE DETECTOR
- COMBINATION SMOKE - CARBON DETECTOR
- ELECTRIC PANEL
- ELECTRIC METER
- INTERCOM
- INTERCOM CONSOLE

**FOUNDATION PLAN**  
 SCALE (17x11): 1/8" = 1'-0"  
 SCALE (36x24): 1/4" = 1'-0"



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**FOUNDATION PLAN**  
 content  
 date: 08/2018  
 drawn: ACI  
 file: (34x22) 4.1  
 scale: 1" = 4' (17x11) 1/8"  
 UNO: 1" = 8' (17x11) 1/4"

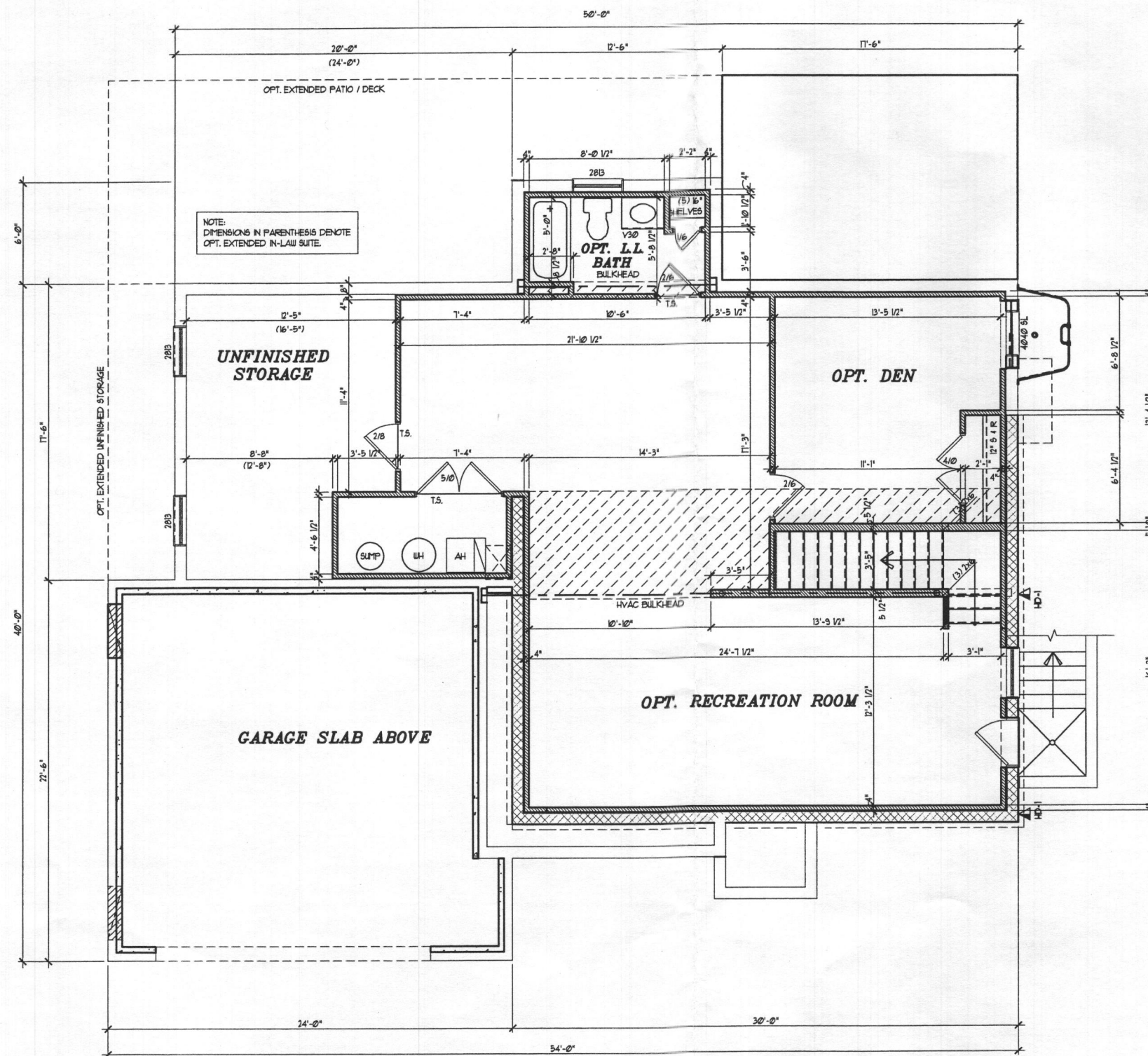
**CHESTER OLIVER**  
 OLIVER RESIDENCE

date	revision

**SHEET #**  
 4.1

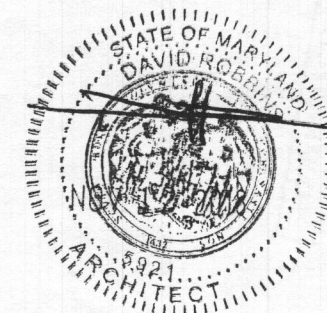
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 expiration date: 04-03-2020

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**OPT. FINISHED LOWER LEVEL PLAN**

SCALE (17x11): 1/8" = 1'-0"  
 SCALE (36x24): 1/4" = 1'-0"



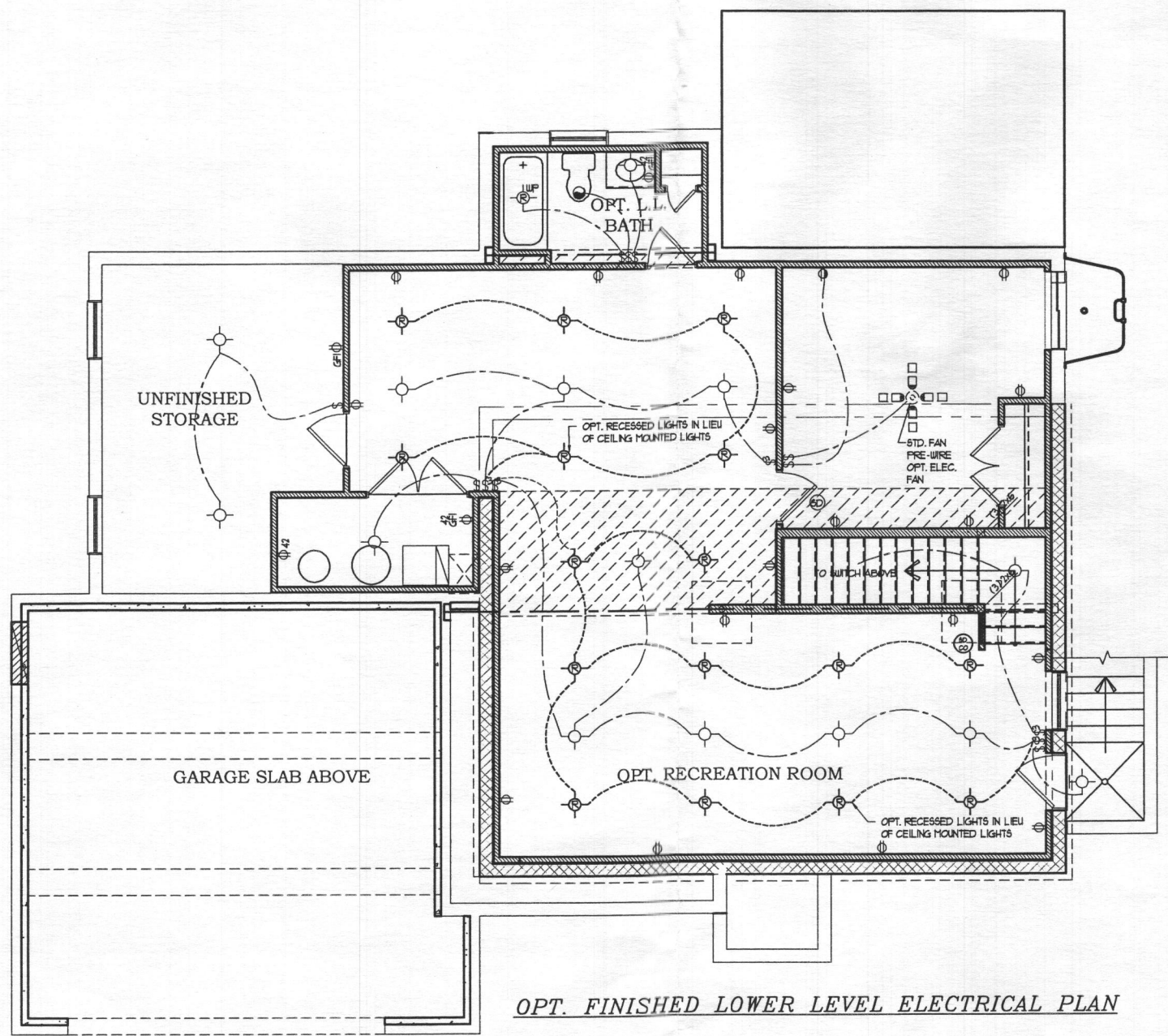
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scale:	1"=4' (34x22)	drawn:	ACI
U.N.O.	1"=8' (17x11)	file:	4.2
by		title	CHESTER OLIVER OLIVER RESIDENCE

date	revision

Professional Certification	SHEET #
I hereby certify that these documents were prepared or approved by me, and I am a duly licensed professional architect under the laws of the State of Maryland.	4.2
license number 5821	
expiration date 04-03-2020	

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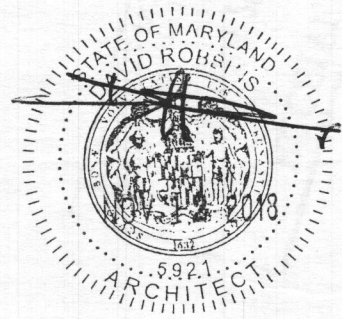
OPT. FINISHED LOWER LEVEL ELECTRICAL PLAN

PROVIDE SMOKE DETECTORS AND CARBON MONOXIDE DETECTORS AS REQUIRED BY LOCAL CODE, WIRED TO A NEARBY CIRCUIT (WITH BATTERY BACKUP) AND INTER-CONNECTED FOR SIMULTANEOUS ACTIVATION.

THESE DRAWINGS ARE SCHEMATIC ONLY. THE ELECTRICAL CONTRACTOR IS RESPONSIBLE FOR THE DESIGN AND INSTALLATION OF ALL ELECTRICAL SYSTEMS. ALL ELECTRICAL WORK SHALL MEET THE REQUIREMENTS OF THE NATIONAL ELECTRIC CODE, THE LOCAL POWER COMPANY AND ALL APPLICABLE CODES. FIXTURES AND APPARATUS ARE SELECTED BY THE BUILDER AND SHALL BE UL APPROVED.

ELECTRICAL SYMBOLS

- ⊕ DUPLEX OUTLET 18" AFF.
- ⊕ DUPLEX OUTLET 42" AFF.
- ⊕<sup>220</sup> 220 VOLT DUPLEX OUTLET
- ⊕<sup>WF</sup> WATERPROOF RECEPTACLE
- ⊕<sup>GF1</sup> GROUND FAULT INTERRUPTER
- ⊕<sup>42</sup> GROUND FAULT INTERRUPTER 42" AFF.
- \$ WALL SWITCH
- \$<sub>3</sub> 3-WAY WALL SWITCH
- \$<sub>4</sub> 4-WAY WALL SWITCH
- \$<sub>D</sub> DIMMER WALL SWITCH
- ⊕<sup>FAN</sup> EXHAUST FAN
- ⊕<sup>FL</sup> FAN/LIGHT COMBO
- ⊕<sup>LM</sup> LIGHT FIXTURE CEILING MOUNTED
- ⊕<sup>RL</sup> LIGHT FIXTURE RECESSED LIGHT
- ⊕<sup>PC</sup> FIXTURE PULL CHAIN
- ⊕<sup>FL</sup> FLUORESCENT LIGHT FIXTURE
- ⊕<sup>FL</sup> FLOOD LIGHTS
- ⊕<sup>LM</sup> LIGHT FIXTURE WALL MOUNTED
- ⊕<sup>T</sup> THERMOSTAT
- ⊕<sup>JB</sup> JUNCTION BOX
- ⊕<sup>DC</sup> DOOR CHIME
- ⊕<sup>TE</sup> TELEPHONE JACK
- ⊕<sup>TV</sup> TELEVISION JACK
- ⊕<sup>GD</sup> GARBAGE DISPOSAL
- ⊕<sup>SD</sup> SMOKE DETECTOR
- ⊕<sup>CD</sup> CARBON MONOXIDE DETECTOR
- ⊕<sup>SCD</sup> COMBINATION SMOKE -CARBON DETECTOR
- ⊕<sup>EP</sup> ELECTRIC PANEL
- ⊕<sup>EM</sup> ELECTRIC METER
- ⊕<sup>I</sup> INTERCOM
- ⊕<sup>IC</sup> INTERCOM CONSOLE



Architecture Collaborative, Inc.  
 8334 Main Street  
 Ellicott City, MD 21043  
 www.archcol.com  
 Tel.: (410) 465-7500 Fax: (410) 465-0903

content: OPT. FIN. LOWER LEVEL ELEC. PLAN  
 scale: 1"=8' (94x22) file: E0.1  
 U.N.O. 1"=8' (77x71)  
 date: 08/2018  
 drawn: ACI  
 title: CHESTER OLIVER OLIVER RESIDENCE

date	revision

SHEET #  
**E0.1**

Professional Certification  
 I hereby certify that these documents were prepared or approved by me, and I am a duly Licensed Professional Architect under the laws of the State of Maryland.  
 license number 5921  
 expiration date 04-03-2020

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OFFICE USE ONLY

CONTROL #: \_\_\_\_\_  
 ERMIT #: \_\_\_\_\_  
 INSPECTED BY: \_\_\_\_\_  
 DATE INSPECTED: \_\_\_\_\_

# SEWER CONNECTION APPLICATION

## HOWARD COUNTY

### DEPARTMENT OF PUBLIC WORKS

3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043

OFFICE USE ONLY

APPLICATION #: \_\_\_\_\_  
 CONTRACT #: 1314  
 REBATE CONTRACT #: \_\_\_\_\_  
 SEWER ZONE: \_\_\_\_\_  
 CONNECTION WORKSHEET Y NO

FILL OUT APPLICATION COMPLETELY AND SIGN BELOW. IF LOCATION INFORMATION IS UNKNOWN, CONTACT THE OFFICE OF PLANNING AND ZONING (DPZ) FOR HOUSE NUMBER, STREET NAME, ETC. NOTE: COMMERCIAL AND INDUSTRIAL FACILITIES MAY BE SUBJECT TO REQUIREMENTS OF THE COUNTY CODE FOR SEWER SURCHARGES, INDUSTRIAL COST RECOVERY CHARGES, AND PRETREATMENT.

DATE OF APPLICATION \_\_\_\_\_

Application is herewith made for a sewer house connection to the property described below:

SUBDIVISION \_\_\_\_\_ SECTION \_\_\_\_\_ AREA \_\_\_\_\_ LOT \_\_\_\_\_ BLOCK \_\_\_\_\_  
 HOUSE # 4712 STREET Beechwood Rd TAX MAP 6031 GRID 0010 PARCEL 0411  
 CITY, STATE ELLICOTT CITY ZIP CODE 21043 PHONE # 443-856-9114  
 NEW OR EXISTING BUILDING EXISTING USE (SEE PROPERTY CLASSIFICATIONS ON REVERSE SIDE) \_\_\_\_\_

ITEMS CHECK	CONNECTION TYPE	CON. DIA.	CHARGES DESCRIPTION	CHARGES AMOUNT	FUND	BA	G/L
<input type="checkbox"/> 1	SEWER CONNECTION	4"	INSTALLATION	<u>4,500.00</u>	7010009000	3100	431185
<input type="checkbox"/> 2	SEWER CONNECTION	6"	INSTALLATION		7010009000	3100	431185
<input type="checkbox"/> 3	SEWER CONNECTION	8"	INSTALLATION - ADO		7010003000	1300	102998
<input type="checkbox"/> 4			IN-AID-OF CONSTRUCTION AMOUNT CHARGED BASED ON METER SIZE	<u>1,600.00</u>	7030015100	3100	422000
<input type="checkbox"/> 5	ADO or SURETY #		ADVANCED DEPOSIT ORDER OR SURETY DEPOSIT AMOUNT		7010003000	1300	102998
<input type="checkbox"/> 6			INSPECTION FEE AND PERMIT FEE		7010010000	3100	431105

\*Refer to DPZ for estimates of Advanced Deposit (ADO). For installations requiring an ADO, the owner must enter into a cost agreement with Howard County prior to the commencement of any installation work.

**\$ 5,100.00**  
TOTAL DUE

DATE \_\_\_\_\_  
 CR # \_\_\_\_\_

THE INFORMATION REQUESTED BELOW MUST BE LEGIBLE FOR BILLING/REFUND PURPOSES.

COMPANY NAME \_\_\_\_\_  
 COMPANY ADDRESS \_\_\_\_\_  
 OWNER SIGNATURE \_\_\_\_\_  
 OWNER NAME (PRINT) \_\_\_\_\_  
 OWNER ADDRESS \_\_\_\_\_

**FULL FEE MUST ACCOMPANY THIS COMPLETE APPLICATION, MAKE CHECKS PAYABLE TO: DIRECTOR OF FINANCE, HOWARD COUNTY. CREDIT CARDS ARE NOT ACCEPTED.**

**THE TERMS & CONDITIONS OF THIS APPLICATION, INCLUDING ANYTHING ON THE REVERSE SIDE HEREOF ARE BINDING UPON THE OWNERS SIGNATURE & ALL SUCCEEDING OWNERS.**

CUSTOMER

Howard County, Maryland  
Department of Finance  
3430 Court House Drive  
Ellicott City, MD 21043

11/19/2018 09:52 AM Cashier 0037  
T/Ref 0003315739 Reg 0003 Tran No 5696  
Cash Report: 181119-01 for 11/19/2018

01 - Main Location  
W/S Connection 500-5019  
7010009000-3100-431185-3100000000-999999  
9999999999

CONTRACT #: 1214  
Validation Number: 636803 \$4,500.00  
Sewer-In-Aid (730-009-7120)  
7030015100-3100-422000-3100000000-999999  
9999999999

Contract Number: 1214  
Validation Number: 636804 \$600.00

=====  
Total \$5,100.00  
Check (\$5,100.00)  
Check No. 328

Thank You!

Chester  
Oliver  
(410) 858-9119  
4792 Beechwood Rd.