



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: 5050 CRAPE MYRTLE CT
City: ELLICOTT CITY State: MD Zip Code: 21042
Suite/Apt. # _____ SDP/WP/BA #: _____
Subdivision: WALNUT GROVE
Lot: 149 Tax Map: _____ Parcel: _____

Existing Use: BACK OF HOUSE
Proposed Use: DECK PROJECT
Estimated Construction Cost: \$ 50K
Description of Work:
INSTALLATION OF 972 SQFT TREX DECK AREA

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

Property Owner's Name: ABHI SANKINENI
Address: 5050 CRAPE MYRTLE CT
City: ELLICOTT CITY State: MD Zip Code: 21042
Phone: 301-448-0500 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: TOMMY GRIEST MGRM/OWNER
Address: 1340 INDIAN MOUND TRAIL
City: VERO BEACH State: FL Zip Code: 32963
Phone: _____ Fax: _____
Email: BENTPALMLLC@GMAIL.COM

Contractor Company: BENT PALM DESIGN BUILD, LLC
Contact Person: TOMMY GRIEST MGRM/OWNER
Address: 1340 INDIAN MOUND TRAIL
City: VERO BEACH State: FL Zip Code: 32963
License No.: MHIC 129910
Phone: 301-448-0500 Fax: _____
Email: BENTPALMLLC@GMAIL.COM

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:	
<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input checked="" type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Heating System	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" 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.

[Signature]
Applicant's Signature

BENTPALMLLC@GMAIL.COM

Email Address

MGRM

Title/Company

TOMMY GRIEST
Print Name

Date

2/24/20

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

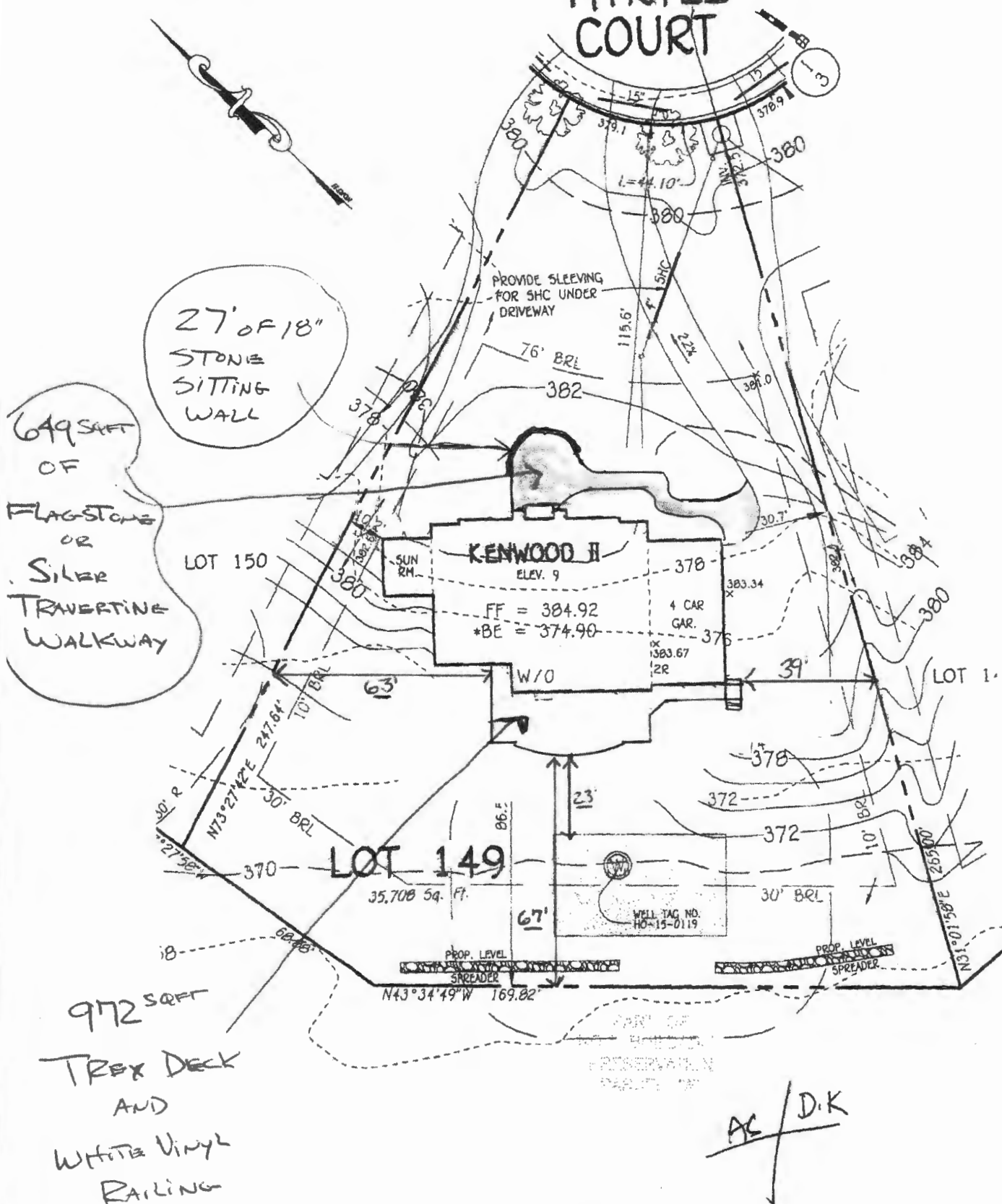
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	2/24/20	[Signature]

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	#

CRAPE MYRTLE COURT



27' OF 18" STONE SITTING WALL

649 SQ FT OF FLAGSTONE OR SILVER TRAVERTINE WALKWAY

972 SQ FT TREX DECK AND WHITE VINYL RAILING

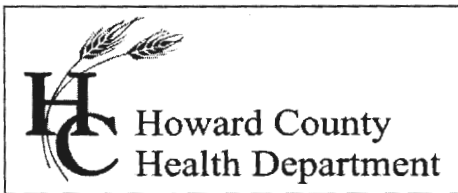
AC/D.K.

WELL CERTIFICATION:
 STRING WELL, TAG NO. HO-15-0119, HAS BEEN LOCATED AND IS ACCURATELY SHOWN.

PLAN
 SCALE: 1"=40'

PERMIT SITE PLAN
 LOT 149
 5050 CRAPE MYRTLE COURT

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SAN DBAUND DATE: 2-24-20
 DESC. OF WORK: 972 Soft Deck



Bureau of Environmental Health
 8930 Stanford Boulevard, Columbia, MD 21045
 Main: 410-313-2640 | Fax: 410-313-2648
 TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
 Facebook: www.facebook.com/hocohealth

Maura J. Rossman, M.D., Health Officer

RECEIPT DATE: 2/21/20 **ONSITE SEWAGE DISPOSAL SYSTEM** P 567319

APPROVAL DATE: _____ **PERMIT:** **Repair** A _____

PROPERTY ADDRESS: 14765 Carriage Mill Road

SUBDIVISION: Carriage Mill Farms LOT: 53 TAX ID: 04-362128

CONTRACTOR: Fogle's Septic Clean Inc. EMAIL: kim@foglesinc.com

CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784 PHONE: 410-795-5670

PROPERTY OWNER: Danielle Carney EMAIL: _____

OWNER ADDRESS: 14765 Carriage Mill Road, Woodbine, MD 21797 PHONE: 410-489-5855

SEPTIC TANK SIZE (GALLONS): _____ PUMP CHAMBER CAPACITY (GALLONS): _____ PUMP SIZE: _____

NUMBER OF BEDROOMS: _____ HOUSE SQ. FT. _____ APPLICATION RATE: _____

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: _____	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
	LOCATION: TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:		

ISSUED BY: _____ ISSUE DATE: _____ EXPIRATION DATE: _____

- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION**
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRAIDENT FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: **AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM**
 ELECTRICAL PERMIT ISSUED E _____
- NOTE: **THE HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMANCE OF THIS SYSTEM AS DESIGNED. BY ACCEPTING THIS PERMIT, THE OWNER AND/OR APPLICANT ACKNOWLEDGE THAT THE SPECIFICATIONS DETAILED IN THIS DESIGN ARE ONE POSSIBLE OPTION AND THAT THE HCHD WILL REVIEW OTHER PROPOSALS. YOU HAVE THE OPTION TO SEEK THE ADVICE OF A QUALIFIED DESIGN CONSULTANT OR PROFESSIONAL ENGINEER FOR FURTHER GUIDANCE.**
- NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

**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 TO SCHEDULE INSPECTIONS.**



Howard County Health Department

Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Maura J. Rossman, M.D., Health Officer

RECEIPT DATE: 2/21/20 ONSITE SEWAGE DISPOSAL SYSTEM P 567319

APPROVAL DATE: PERMIT: Repair A

PROPERTY ADDRESS: 14765 Carriage Mill Road

SUBDIVISION: Carriage Mill Farms LOT: 53 TAX ID: 04-362128

CONTRACTOR: Fogle's Septic Clean Inc. EMAIL: kim@foglesinc.com

CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784 PHONE: 410-795-5670

PROPERTY OWNER: Danielle Carney EMAIL:

OWNER ADDRESS: 14765 Carriage Mill Road, Woodbine, MD 21797 PHONE: 410-489-5855

SEPTIC TANK SIZE (GALLONS): PUMP CHAMBER CAPACITY (GALLONS): PUMP SIZE:

NUMBER OF BEDROOMS: HOUSE SQ. FT. APPLICATION RATE:

DISTRIBUTION SYSTEM: GRAVITY FED [X] LOW PRESSURE DOSED []

Table with 2 columns: TRENCHES, LOCATION, NOTES. Includes fields for LINEAR FEET REQUIRED, INLET DEPTH, TRENCH WIDTH, MINIMUM SPACE BETWEEN TRENCHES, MAXIMUM BOTTOM DEPTH, EFFECTIVE AREA BEGINNING DEPTH. LOCATION: TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.

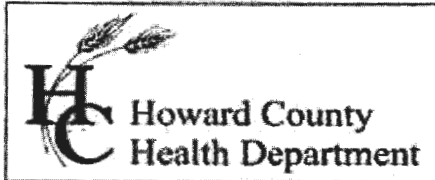
ISSUED BY: ISSUE DATE: EXPIRATION DATE:

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 Maura J. Rossman, M.D., Health Officer

RECEIPT DATE: 1/29/18

ONSITE SEWAGE DISPOSAL SYSTEM

P 562414

INSTALLATION

APPROVAL DATE: 2/11/18 

PERMIT

A _____

SEWER HOUSE CONNECTION

PROPERTY ADDRESS: 5050 Grape Myrtle Court

SUBDIVISION: Walnut Creek

LOT: 149 TAX ID: _____

CONTRACTOR: Craftmark Homes

EMAIL: jpavlik@craftmarkhomes.com

CONTRACTOR ADDRESS: 1355 Beverly Road Suite 300, McClean VA, 22101

PHONE: 703-932-0573

PROPERTY OWNER: NVR Inc.

EMAIL: _____

OWNER ADDRESS: 9720 Patuxent Woods Road, Columbia, MD 21046

PHONE: 410-379-5956

NUMBER OF BEDROOMS: 5

CONNECTED TO PUBLIC WATER: YES NO

LOCATION:	INSTALL 4" SEWER LINE PER APPROVED SITE PLAN.
NOTES:	

ISSUED BY: Dana Bernard

ISSUE DATE: 1/29/18

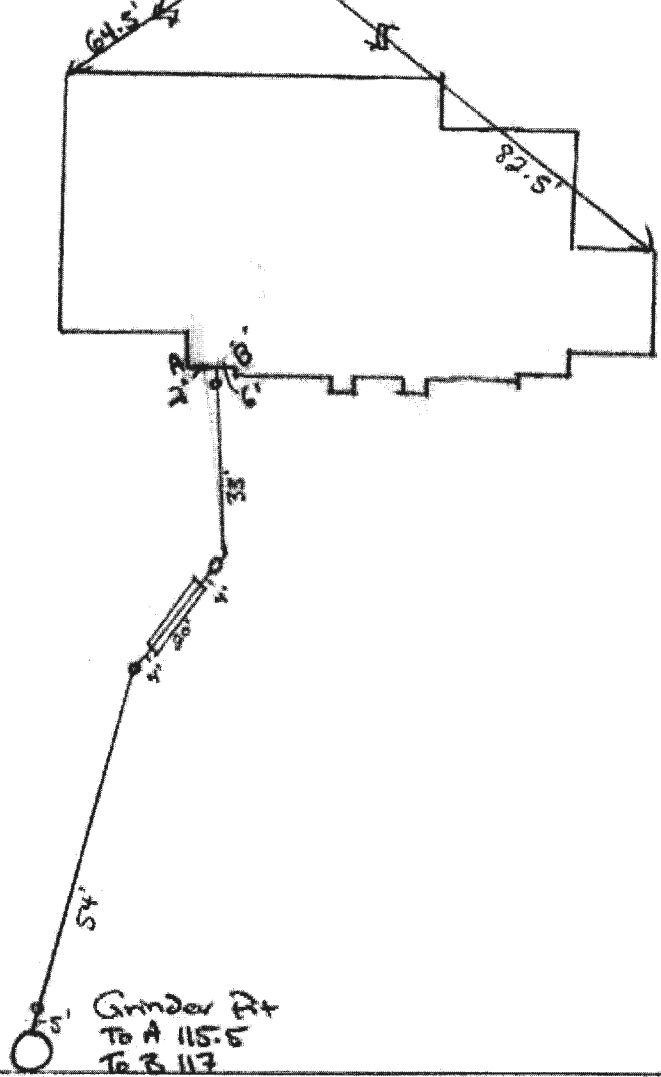
EXPIRATION DATE: 1/29/19

- NOTE: HOWARD COUNTY BUREAU OF UTILITIES APPROVAL OF GRINDER PUMP INSTALLATION IS REQUIRED PRIOR TO SEPTIC PERMIT APPROVAL
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

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.

① H0-15-0119

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH _____ INLET _____ BOTTOM _____

NUMBER OF TRENCHES _____

TOTAL LENGTH _____

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL _____

DISTRIBUTION BOX BAFFLE _____

DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA

SEPTIC TANK I LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

PUMP/SEPTIC TANK LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

GRAPE ROAD NAME MYRTLE CT

PRE-CONSTRUCTION:

PIPE SPEC: 4" Silverline Coex Cellular Core PVC-DWV PIPE 1PS

SEH 40 Series [ASTM F-891-10 USE/DWV VO Non Pressure

* Solvent welded

* Trace wire (Blue) (a)

INSTALLATION: 02/14/18 Sewer line installed from house to Grinder pit.

Blue Trace wire. Awaiting start up from utilities (a)

4/11/18 start-up rec'd. (a)

FINAL INSPECTOR

DATE OF APPROVAL

4/11/18

Wolf, Kevin

From: Bozzell, Duane
Sent: Wednesday, April 04, 2018 6:46 AM
To: Miscbilling
Cc: Hart, Amy; Rocco, Anthony; Martin, Sharhonda; Williams, Jeffrey; Bozzell, Duane; Bernard, Dana; Wolf, Kevin; Collins, Sarah; Cagle, Clint; Srour, Matthew; John Pavlik
Subject: U&O Release5050 Crapemyrtle)

On the morning of 4-4-2018observed the start-up of a Sewage Grinder Pump at the Maplewood Farm Shared Septic System:

Walnut Creek, Contract #4773
Craftmark Homes, Lot # 149
5050 Crapemyrtle rd
Ellicott City, MD 21042

The Sewage Grinder Pump test was successful; the Bureau of Utilities releases its hold on this property for U&O.

Thank You.

Duane Bozzell

DPW-Bureau of utilities
Phone: (410)313-4900
Fax: (410)313-4989