



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: 5037 Green Bridge Rd.
 City: DAYTON State: MD Zip Code: 21036
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: _____
 Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: Residential
 Proposed Use: SAME
 Estimated Construction Cost: \$ _____

Description of Work: Repair in kind
Due To Fire
Repair to original condition
NO CHANGES

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

Property Owner's Name: WALTER BISHOP
 Address: 5037 Green Bridge Rd
 City: DAYTON State: MD Zip Code: 21036
 Phone: 410-864-3094 Fax: _____
 Email: VERNON.BISHOP1@GMAIL.COM

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

Contractor Company: N/A
 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 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
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Propane</u>
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.

Vernon Bishop
 Applicant's Signature
VernonBishop1@gmail.com
 Email Address

 Title/Company

Vernon Bishop
 Print Name
11/27/18
 Date

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>N-2748 Dane Bernard</u>

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

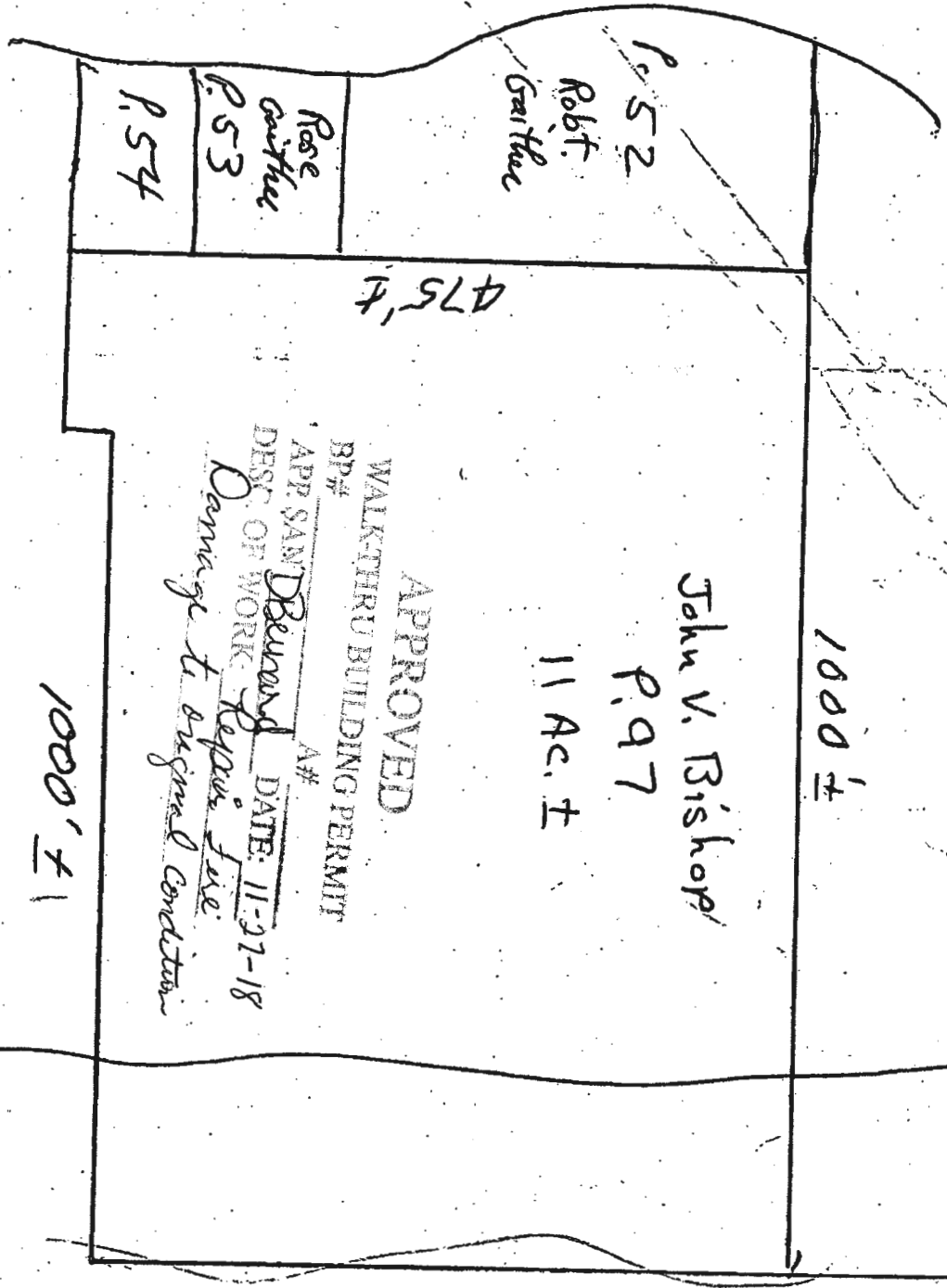
DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot 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	#

7th AKEB1

1+ mile

Greenbridge Rd



Coak

1000' ±

John V. Bishop

P.97

11 Ac. ±

475' ±

APPROVED

WALKTHRU BUILDING PERMIT

BP#

APP. SAN. DEWARD DATE: 11-27-18

DEST. OF WORK: Repair fence;

Damage to original condition

1000' ±

Stream

475' ±

Map. 28
Parcel 97

PERMIT

approved 6/8/82
Stayer P 31966
A 31818

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 6/7/82

check out
6/7/82 AM

INDEX

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS 13775 Triadelphia Rd., Glenelg, Md. 21737 PHONE 988-9270

SUBDIVISION ROAD 5037 Greenbrige Rd. LOT

PROPERTY OWNER Louise V. Bishop Property

ADDRESS 5037 Greenbridge Rd.

SPECIFICATIONS 3 Bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

INLET PIPE FT. BELOW ORIGINAL GRADE, MAXIMUM DEPTH FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA FT. FROM LOT LINE AND FT. FROM LOT LINE AS SEEN WHEN FACING LOT FROM

Trench, 2 width Inlet 4 ft. below original grade, Max. depth 10 ft. below original grade
Effective area begins at 4 ft. below original grade. 6 ft. of stone below distribution pipe.
Location: System, trench, to start 135 ft. from front property line and 115 ft. from
fence on left side of property as seen from Greenbridge Rd.
Note: (Minimum total sq. ft. 504.)

PLANS APPROVED BY Jim Stayer DATE 3/10/82

COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

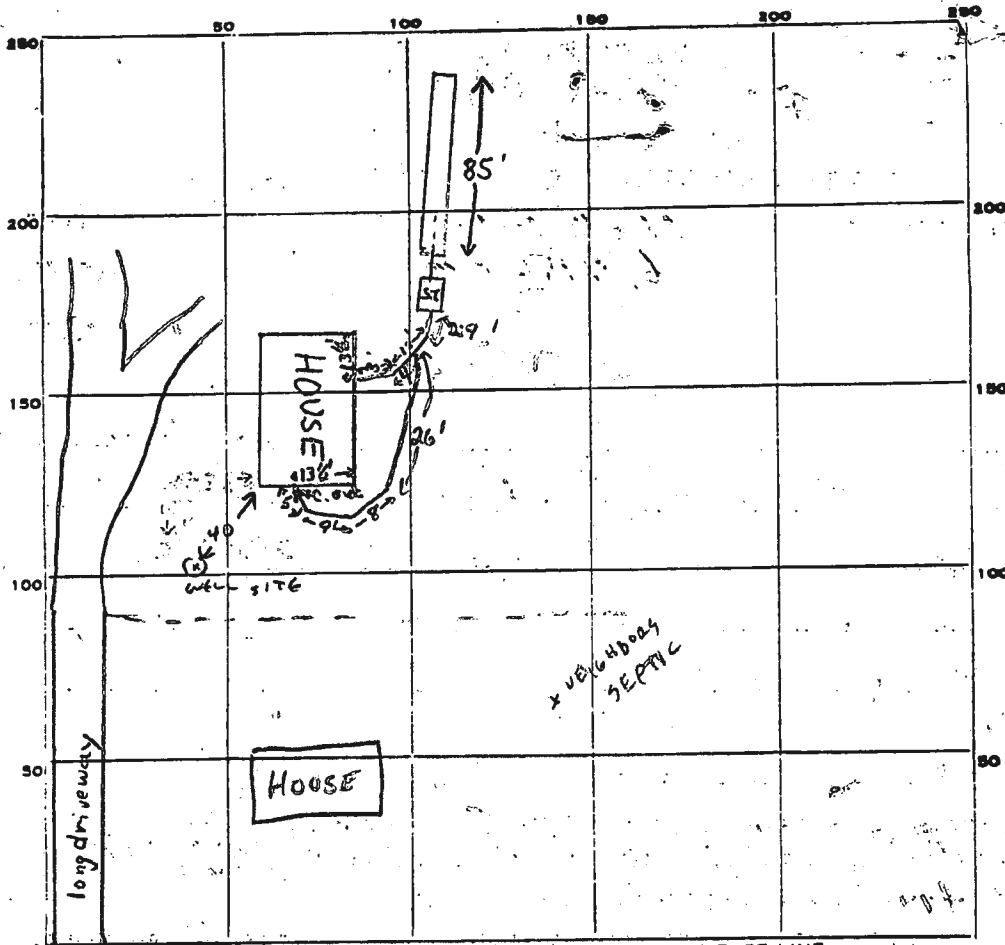
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS:

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRAZZO ACCEPTED.

A 31818

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Green Bridge Road

PERMIT CARD verbal an. to continue

S.T. trench
 ✓ n.a.

SEPTIC TANK, LEVEL

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL n.o.

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 FT. TOTAL LENGTH 85 FT.

85
6

NUMBER OF TRENCHES 1 ONE SIDE TOTAL BOTTOM AREA 510

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

ABSORBENT AREA 510 SQ. FT.

REMARKS 6/7/82 O.K. to put gravel in trench & cover house sewer pipe nearest Greenbridge road end of house P.S.

6/8/82 OK to cover all work. fl

DATE SYSTEM APPROVED 6/8/82 INSPECTOR Stayer

Copy to file

Paul
3/10/82
9:30 A.M.

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND · DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 3/8/82

P _____

DISTRICT 5th

DATE 3/4/82

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Louise V. Bishop

ADDRESS 5037 Quenbudge Road PHONE (Stella Taylor) 465-9611

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 5037 Quenbudge Road

SIZE OF LOT 11 acres +/- TYPE BLDG. 3 Bedroom Trailer
(NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Walker & Smith
(SIGNATURE OF APPLICANT)

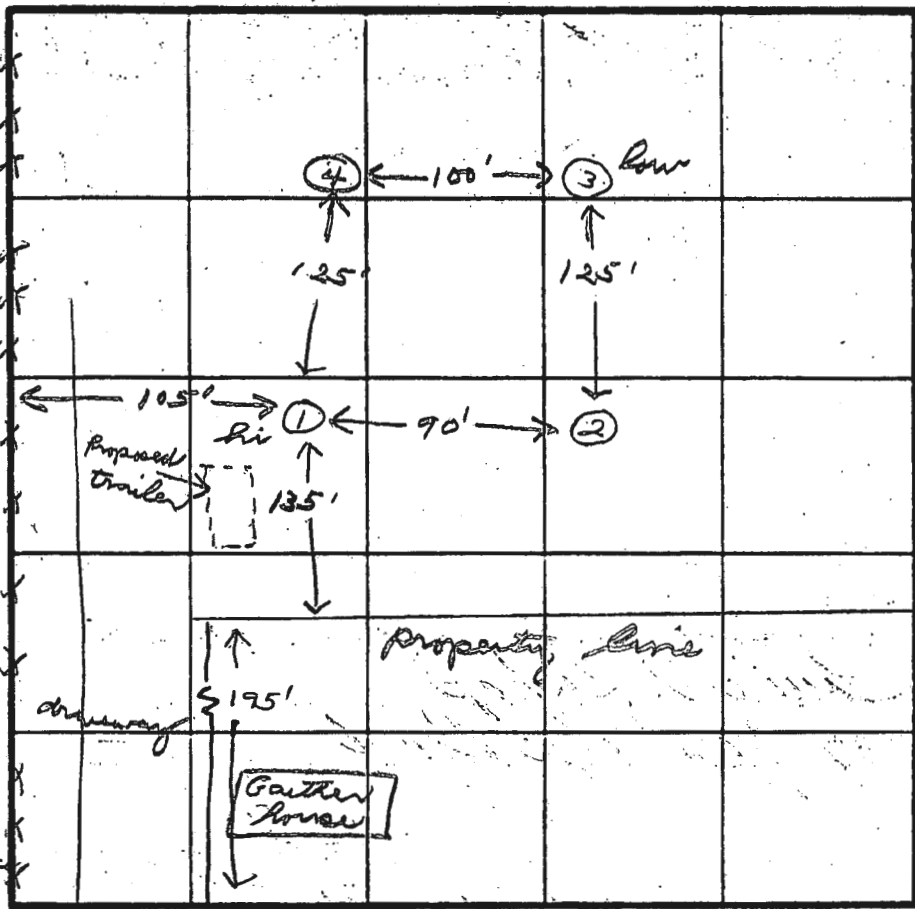
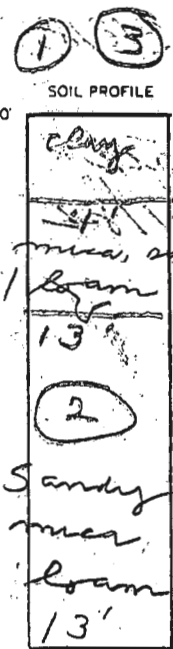
APPROVED BY Stayer FOR septic system DATE 3/10/82

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Greenhrode Rd.

met 4'
Max 10'
128 sq ft.
85' trench

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3/10/82	1 S	4	9:50	9:57	9:57	10:11	14	
	1 M	8	9:40	9:43	9:43	9:53	10	
	2 S	4	10:12	10:14	10:14	10:16	2	
	2 M	8	10:12	10:15	10:15	10:17	2	
	3 S	4	10:24	10:30	10:30	10:41	11	
	3 M	8	10:25	10:30	10:30	10:56	26	
	4 V	13	4 ft clay, then sand med. loam					

REMARKS _____

TYPE OF SOIL _____

TESTED BY [Signature] ALSO PRESENT Fyock

EM 12 1079

B 1 **5092**

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HO-81-0180

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

7/19/83 p.m.

please print or type

fill in this form completely

Date Received

072783

OWNER INFORMATION

KISHOP STELLA

5037 GREENBRIDGE RD

DAYTON MD 21036

B 3

LOCATION OF WELL

HOWARD

TAX MAP 28 PARCEL 97

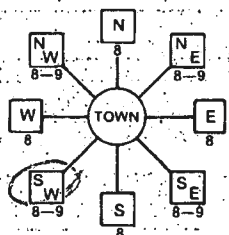
SECTION 44 LOT 48 50

DAYTON

MILES FROM TOWN (enter 0 if in town) **1** MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



5037 GREENBRIDGE RD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



200 DISTANCE FROM ROAD

ENTER FT or MI **FT**

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD

A31318

COUNTY NAME

COUNTY NO.

OEP SIGNATURE

STATE HEALTH INSERT S

DATE ISSUED

072483

Franki Skowron

12/24/83

CO SIGNATURE

EXP. DATE

NORTH GRID **509000**

EAST GRID **0802000**

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

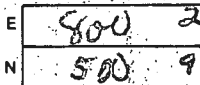
METHOD OF DRILLING (circle one)

- BORED (or Augered)
- JETTED
- Jetted & DRIVEN
- AIR-ROTARY
- AIR-PERCussion
- ROTARY (Hydraulic/Rotary)
- CABLE
- REVerse-ROTary
- DRive-POINT

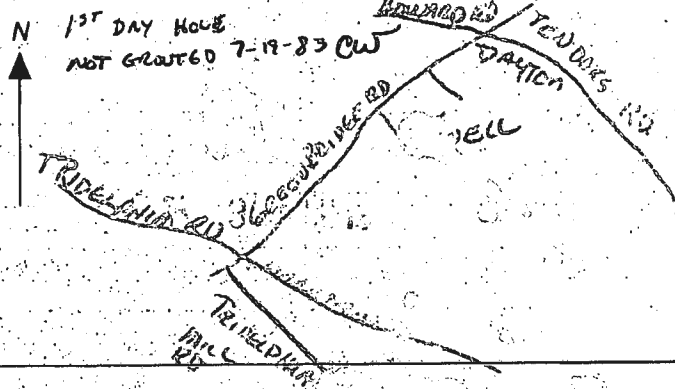
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
- THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER **GAP**

FORCE **FS** INITIALS PERMIT NO. **HO-81-0180**

SPECIAL CONDITIONS

DRILLER

C1 4364

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 31818

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED 07/21/83

DEPTH OF WELL 140 (TO NEAREST FOOT)

PERMIT NO. 40-81-0180

OWNER Bishop Stella STREET OR RFD 37 Green Bridge Road TOWN Dayton SUBDIVISION Farm 28, Parcel 97 SECTION LOT

WELL LOG

Not required for driven wells.

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows: Topsoil (0-2), Brown Mica (2-19), Tan Mica (19-38), Gray Mica (38-69), Mica schist (69-140)

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS 6 NO. OF POUNDS 600 GALLONS OF WATER 34 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 25 ft.

CASING RECORD

MAIN CASING TYPE ST 6 28 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

OTHER CASING (if used)

diagram for other casing with diameter and depth fields

SCREEN RECORD

screen type or open hole Insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER

Table for screen depth with columns for depth (nearest ft.) and rows for each screen

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 6 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 25 WHEN PUMPING 40 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

- A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 40 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

