



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: 675 Garthen Rd
 City: Sykesville State: MD Zip Code: 21787
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 2
 Tax Map: 0004 Parcel: 0096 Grid: 0020
 Zoning: _____ Map Coordinates: _____ Lot Size: 1.5 AC

Existing Use: SFD
 Proposed Use: SFD with Deck & screen Porch
 Estimated Construction Cost: \$ 15,000
 Description of Work: 14x17 Deck with Steps
10x12 screen Porch

Occupant/Tenant Name: RICHARD WHITE
 Was tenant space previously occupied? Yes No
 Contact Name: TOM BARNARD
 Address: 485 DOTSIE DR
 City: Westminster State: MD Zip Code: 21158
 Phone: 410-751-6065 Fax: 410-751-2232
 Email: Tom Barnard63@gmail.com

Property Owner's Name: RICHARD + JANE WHITE
 Address: 675 Garthen Rd
 City: Sykesville State: MD Zip Code: 21787
 Phone: 410-489-4792 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: TOM BARNARD
 Address: 485 DOTSIE DR
 City: Westminster State: MD Zip Code: 21158
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Russett Deck Professionals
 Contact Person: TOM BARNARD
 Address: 485 DOTSIE DR
 City: Westminster State: MD Zip Code: 21158
 License No.: 43872
 Phone: 410-751-6065 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 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 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.

Tom RA
Applicant's Signature

TOM BARNARD
Print Name

TomBarnard63@gmail.com
Email Address

Nov, 29, 2018
Date

President / Russett Deck Professionals
Title/Company

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

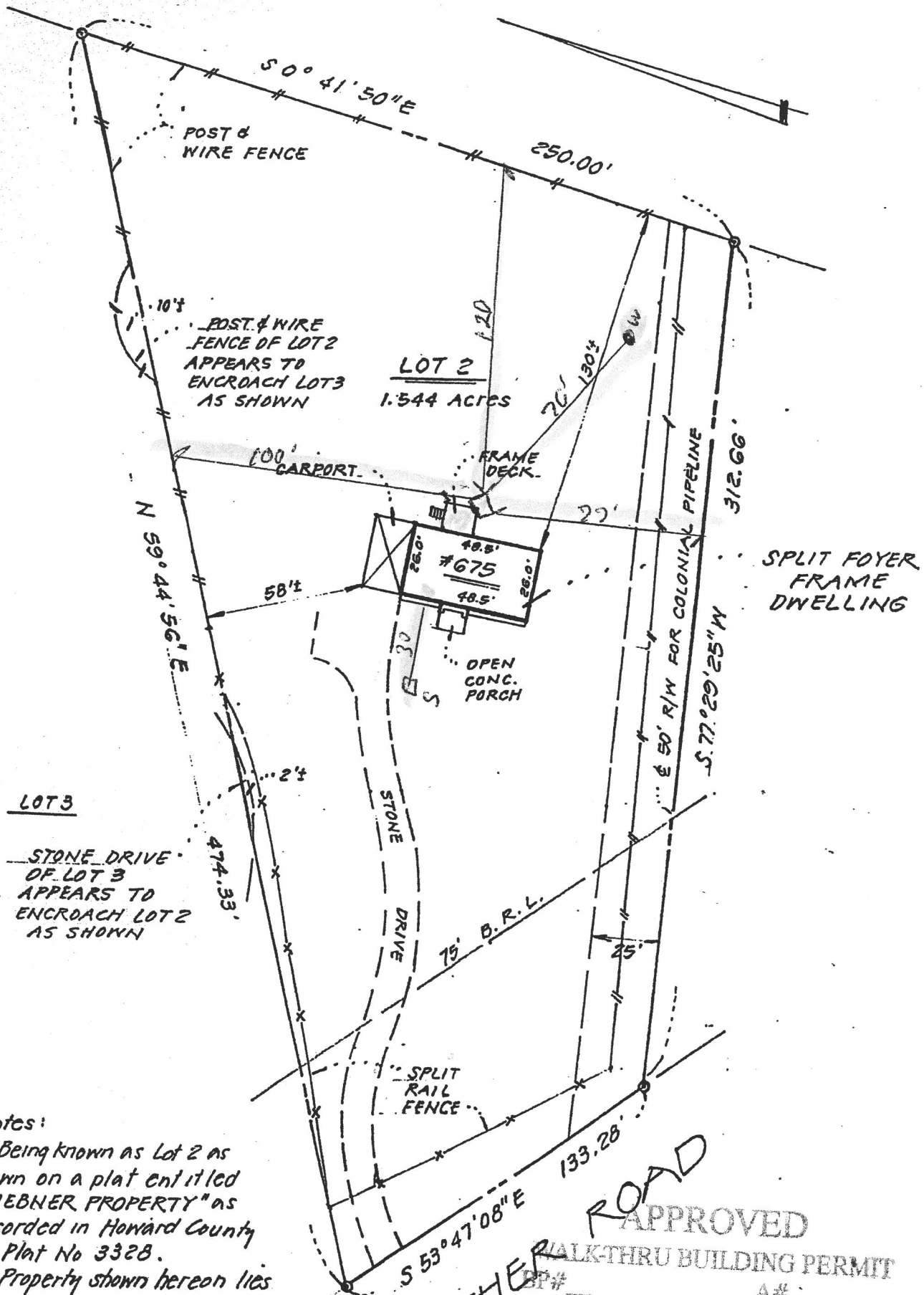
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>11-29-18</u>	<u>DBernard</u>

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	#

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



LOT 3
 STONE DRIVE OF LOT 3 APPEARS TO ENCROACH LOT 2 AS SHOWN

Notes:
 1) Being known as Lot 2 as shown on a plat entitled "HUEBNER PROPERTY" as recorded in Howard County as Plat No 3328.
 2) Property shown hereon lies in a Zone "G" in accordance with F.I.R.M. Community Panel No. 240044-0004B dated 12-7-86

GAITHER ROAD
 APPROVED
 WALK-THRU BUILDING PERMIT
 APP. SAN DBennard DATE: 11-29-18
 DESC. OF WORK: 14x17 Deck w/steps
 10x12 Screen Porch
 Approved as shown

DRAWN BY

I hereby certify that I have approved the

LAYOUT 12/14/09 INSP 4 _____
 INSP 2 _____ INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: 12-14-09 **PERMIT - Repair** P 532463
 APPROVAL DATE: _____ A Repair

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

Fogles IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: 410-715-5670

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 675 Gutter Rd. PROPERTY OWNER: Richard White

SEPTIC TANK CAPACITY (GALLONS): Ex. OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 3 APPLICATION RATE: 0.8

SQUARE FOOTAGE OF HOUSE: N/A Trenches 2' wide
 Inlet @ 3'
 Bottom @ 9'

LINEAR FEET OF TRENCH REQUIRED: 135 APPROX. STONE AMT: 97 Ton

TRENCHES:	Trenches to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below grade. Effective area begins at 6 feet below original grade. 6 feet of stone below distribution pipe.
LOCATION:	Install 30x45' trenches on contour.
NOTES:	Manhole access needs to be installed on the tank along with a new outlet baffle. Pump and collapse ex. dry well. Observation pipes required at ends of trenches.

PLANS APPROVED: Kevin Wolf KW DATE: 12-14-09

- 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

NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTED RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM

Fee Paid \$ _____
Receipt #P _____

SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION REQUEST

Please fill out this form completely and check off the reason for the request:

Date requested: _____

Reason for Request

Failing System (includes surface discharge or inadequate treatment zone)

Has the contractor verified through excavation/pumping evaluation, that there are no pipe blockages?

In support of a building permit. Type of building addition: _____

*System relocation for proposed addition for setback compliance _____

*Verification of adequate system capacity per COMAR 26.04.02.02D (4) _____

To replace collapsed septic tank or upgrade tank capacity _____

To replace collapsed drywell _____

Septic Contractor: Fogle's Septic Clean Inc.

Contractor's Address: 580 Obrecht Rd.

Contractor's Phone #: Sykesville, MD 21784
410 795-5670

Property Address: 675 Gaither Rd

Property (Subdivision) & Lot #: 2 Huebner Prop

Owner's Name: Tanice White

Is public sewer available/nearby: _____

Names of Any Previous Owners: _____

Year House Built: _____

of Existing Bedrooms: 3

of Bedrooms after completion of addition: _____

Has this request been discussed previously with a Sanitarian, who? _____

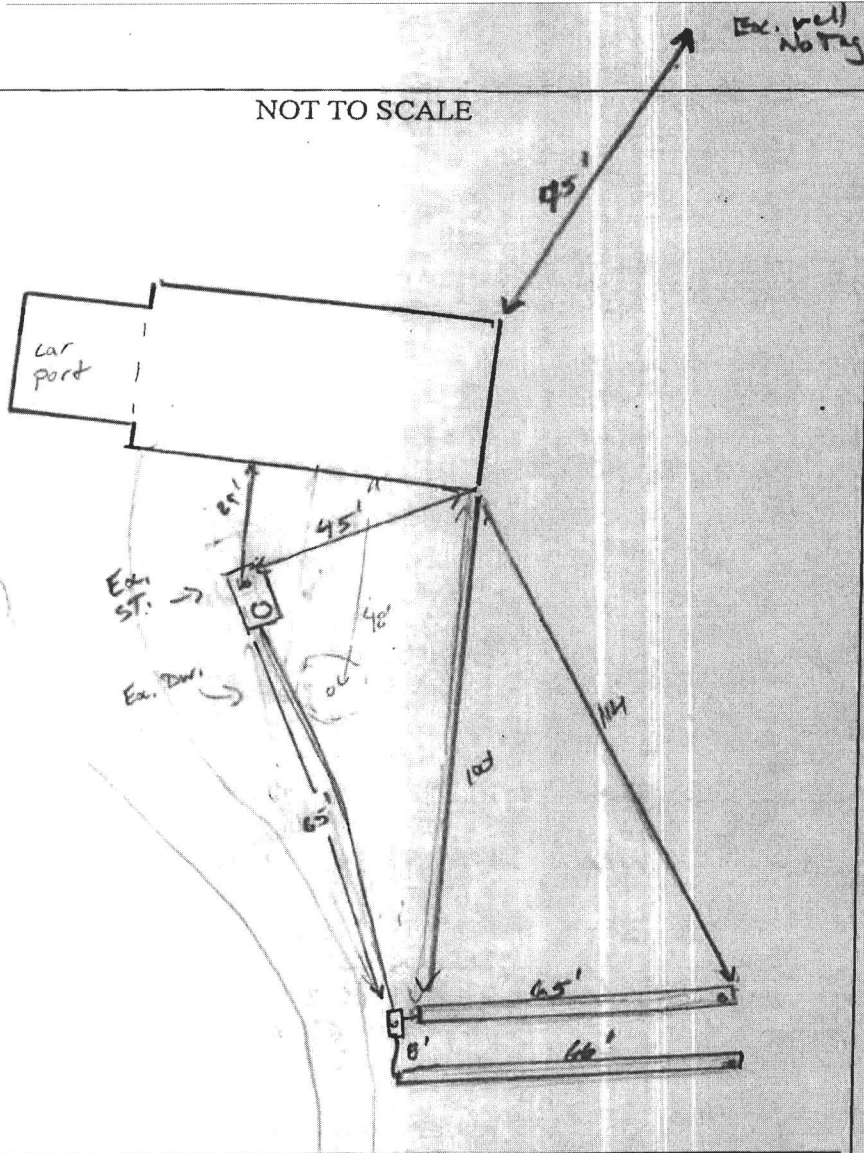
If public sewer is close, further research will be performed to verify availability and possible hook up to public sewer.

A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling of the repair /upgrade/evaluation. No inspection will be performed without fee collection at the office.

Environmental Sanitarian tentatively assigned _____

FAX TO 410-313-2648

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2	3	9
NUMBER OF TRENCHES		2
TOTAL LENGTH		131
ABSORPTION AREA		262' + 50'
DISTRIBUTION BOX LEVEL		level
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL	Yes
MANUFACTURER	?
CAPACITY	1250? GAL
SEAM LOC	mid
TANK LID DEPTH	2'
BAFFLES	Yes, new per
BAFFLE FILTER	—
MANHOLE LOC	Riser
6" PORT LOC	Front
WATERTIGHT TEST	—
SLOTTED	no
DATE ON LID	—

PUMP/SEPTIC TANK LEVEL N/A

MANUFACTURER	—
CAPACITY	— GAL
SEAM LOC	—
TANK LID DEPTH	—
BAFFLES	—
BAFFLE FILTER	—
MANHOLE LOC	—
6" PORT LOC	—
WATERTIGHT TEST	—
SLOTTED	—
DATE ON LID	—

PRE-CONSTRUCTION:

INSTALLATION: 7/7/10 D.V. getting pumped Riser added to site (12)

7/8/10 R.W. collapsed. Dbox installed w/ dip trench completed. OK to continue (12)

7/7/10 system complete OK to cover all work (12)

FINAL INSPECTOR

J. Wolf

DATE OF APPROVAL

7/9/10