

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

Building Address 5213 Talbots Landing
Ellicott City, MD
 Suite/Apt. #: _____ SDPWP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name JAMES & DEBORAH PASTO
 Address 5213 Talbots Landing
 City Ellicott City State MD Zip Code 21043
 Home Phone 410-788-7233 Work Phone 202-385-8592
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use Single family house
 Proposed Use Single family w/ detached garage
 Estimated Construction Cost \$ 20,000
 Description of Work
Add detached Garage
max 600 sq ft, 1 floor
20x30

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Contractor Company Self
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities		Building Characteristics		Utilities	
Height:		Water Supply:		SF Dwelling <input type="checkbox"/>	SF Townhouse <input type="checkbox"/>	Water Supply:	
No. of stories:		<input type="checkbox"/> Public		<input type="checkbox"/> Depth	<input type="checkbox"/> Width	<input type="checkbox"/> Public	
Gross area, sq. ft. per floor:		<input type="checkbox"/> Private		1st floor:		<input type="checkbox"/> Private	
Use group:		Sewage Disposal:		2nd floor:		Sewage Disposal:	
Construction type:		<input type="checkbox"/> Public		Basement:		<input type="checkbox"/> Public	
<input type="checkbox"/> Reinforced Concrete		<input type="checkbox"/> Private		Finished Basement <input type="checkbox"/>	Unfinished Basement <input type="checkbox"/>	<input type="checkbox"/> Private	
<input type="checkbox"/> Structural Steel		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>		Crawl space <input type="checkbox"/>	Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Masonry		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>		No. of Bedrooms _____		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Wood Frame		Heating System:		Height: _____		Heating System:	
<input type="checkbox"/> State Certified Modular		Electric <input type="checkbox"/> Oil <input type="checkbox"/>		Multi-family dwellings:		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
		Natural Gas <input type="checkbox"/>		No. of efficiency units: _____		Natural Gas <input type="checkbox"/>	
		Propane Gas <input type="checkbox"/>		No. of 1 BR units: _____		Propane Gas <input type="checkbox"/>	
		Sprinkler system: N/A <input type="checkbox"/>		No. of 2 BR units: _____		Sprinkler system: N/A <input type="checkbox"/>	
		<input type="checkbox"/> Full		No. of 3 BR units: _____		<input type="checkbox"/> NFPA #13D	
		<input type="checkbox"/> Partial		Other Structure: <u>Garage - detached</u>		<input type="checkbox"/> NFPA #13R	
		<input type="checkbox"/> Other Suppression		Dimensions: <u>20x30</u>		<input type="checkbox"/> Other:	
		<input type="checkbox"/> # of Heads		Footings: <u>30"</u>			
				Roof Height: <u>less than 15'</u>			
				<input type="checkbox"/> State Certified Modular			
				<input type="checkbox"/> Manufactured Home			

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] 2/28/08
 Applicant's Signature

JAMES F PASTO
 Print Name
4/3/08
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>4-3-08</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION		PROPERTY ID#:
Front: _____	Filing fee	\$ _____
Rear: _____	Permit fee	\$ _____
Side: _____	Excise tax	\$ _____
Side St.: _____	Add'l per. fee	\$ _____
All minimum setbacks met?	TOTAL FEES	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$ _____
Is Entrance Permit required?	Balance due	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check	\$ <u>1798</u>
Historic District?	Validation	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>		
Lot Coverage for NewTown Zone _____		
SDP/Red-line approval date _____		
Yellow: DED, DPZ		
Pink: Health		
Gold: SHA		

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
 T:\forms\PERMIT.FRM Accepted by _____

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# 35217
 APP. SAN HS DATE: 4-3-08
 DESC. OF WORK:

20' x 30' detached garage

Approved Septic System Plan
 Howard County Health Department

Grounds Site Plan
 Structure Info

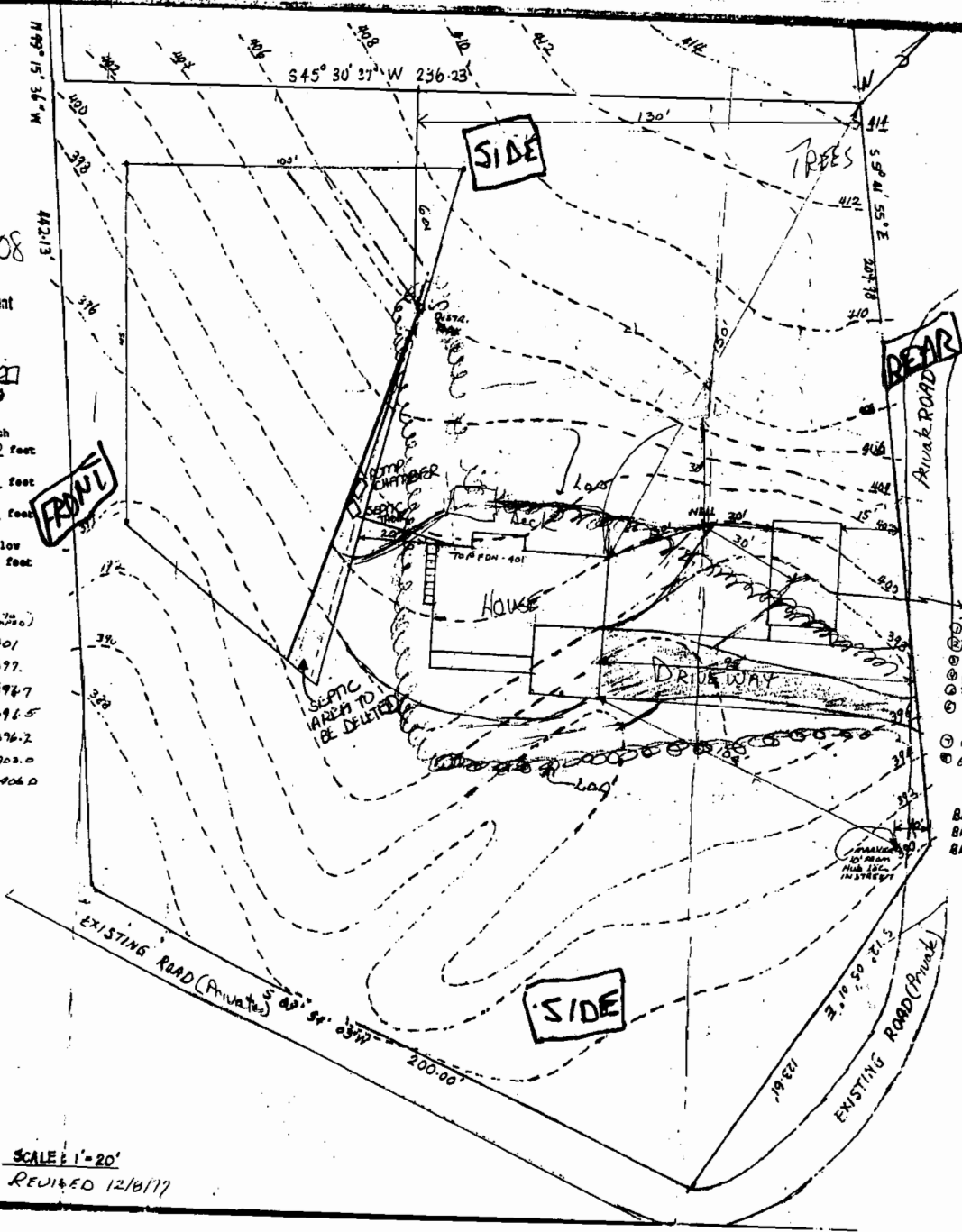
Total linear feet of trench required 210 feet
 Width of trench(es) 2 feet
 Depth of trench(es) 7 feet
 Depth of stone required below distributor pipe 4 feet

SEPTIC SYSTEM SPEC. (NOTE: TO 4250 R/W)

TOP OF P.O.N.	401
INU. ELEV. OUT OF HOUSE	397
INU. ELEV. INTO SEPTIC TK.	394.7
INU. ELEV. OUT OF SEPTIC TK.	391.5
INU. ELEV. INTO PUMP CHAMBER	396.2
INU. ELEV. INTO DISTRIB. BOX	403.0
EXISTING ELEV. AT DISTRIB. BOX	406.0

REVISED
 Date: 12-8-97
 Y 213 Taltbot's Landing
 Comments: 800/10471
 Change house location
 to meet hill Dept
 as per plan &

PLAN



- PROPOSED GARAGE
- ① 20' x 30'
 - ② Poured Concrete Foundation
 - ③ 2x6 Construction
 - ④ Vinyl Siding
 - ⑤ Shingle Roof
 - ⑥ 20' from Well
 - ⑦ 15' from Property Line
 - ⑧ 600 sq ft (as allowed)

B.R.L. Side 10'
 B.R.L. Rear 10'
 B.R.L. Front 20'

TALBOT'S LANDING
 TALBOT'S LAST SHIFT
 3 AGENTS
 LINDING, ELLIOTT CITY, MD. 21043
 VICKY HAMMER INC.

SCALE: 1" = 20'
 REVISED 12/8/97

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
BO7002880

Building Address 5213 Talbots Landing
Ellicott City
Suite/Apt. #: _____ SDP/MWP/Petition #: _____
Census Tract _____ Subdivision Ellicott City
Section _____ Area _____ Lot 12C
Tax Map 31 Parcel 706 Grid 16
Zoning _____ Map Coordinates _____ Lot size 1.55

Property Owner's Name James Pasto
Address 5213 Talbots Landing Rd
City Ellicott City State MD Zip Code 21043
Home Phone _____ Work Phone _____
Applicant Karen Klayman (has stated hereon):
Phone 293 Southland Ct.
Dundirk, MD 20754-9600

Existing Use _____
Proposed Use _____
Estimated Construction Cost \$ _____
Description of Work 19x34' inground
pool, depth 3'405'

Cont _____
Cont **SUNRISE POOLS** _____
1460 Ritchie Hwy. Suite 108 _____
Addn Arnold, Md. 21012 _____
410-349-3852 _____
City M.H.I.C. 45494A _____
Licen _____
Phon _____

Occupant or Tenant _____
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - **COMMERCIAL**

BUILDING DESCRIPTION - **RESIDENTIAL**

Building Characteristics
Height _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 Full
 Partial
Other Suppression _____
of Heads _____

Building Characteristics
SF Dwelling SF Townhouse
Depth _____ Width _____
1st floor: _____
2nd floor: _____
Basement: _____
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms _____
Height: _____
Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____
Other Structure: _____
Dimensions: _____
Footings: _____
Roof Height: _____
 State Certified Modular
 Manufactured Home

Utilities
Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
Other: _____

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 Karen Klayman Print Name Karen Klayman
Date 7/11/07

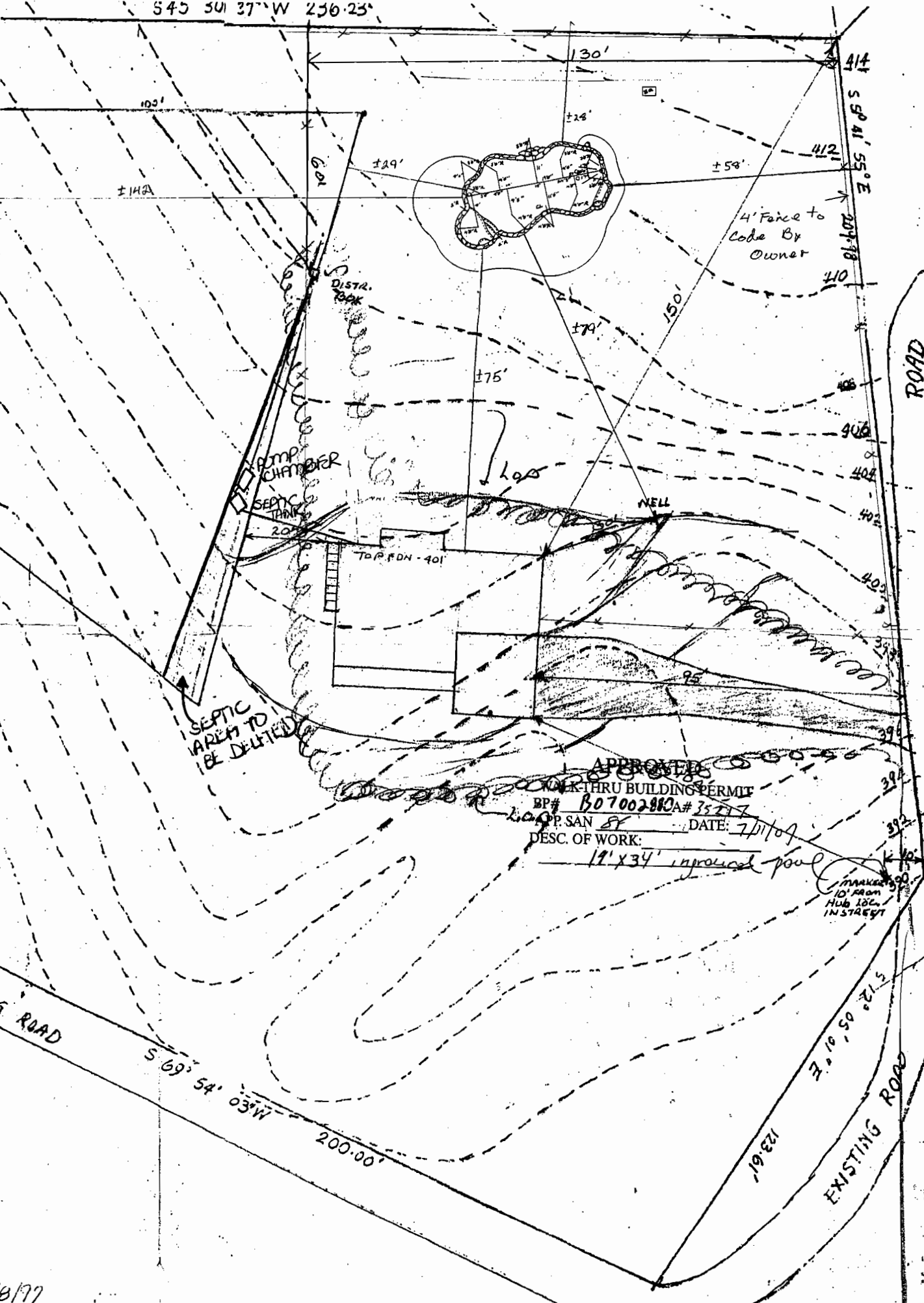
Title/Company _____ Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DEZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	_____
State Highways			Rear: _____	_____
Building Official			Side: _____	_____
Dev. Engineering, DPZ			Side St: _____	_____
Health	<u>7/11/07</u>	<u>[Signature]</u>	All setbacks setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check \$ _____
			Historic District?	Validation \$ _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New/Town Zone _____	
			SDP/Red-line approval date _____	Accepted by _____
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
_____	_____	_____	_____	Gold: SFA

T:\BMS\PERMIT.FRM RW: 11/4/04

S 45 50' 37" W 256.25'



APPROXIMATE
 WALK-THRU BUILDING PERMIT
 BP# B07002810A# 35217
 OP. SAN 87 DATE: 7/11/09
 DESC. OF WORK:
 19' x 34' in-ground pool

8/77