

Approved 2/12
12/12/2024

Record Detail * (This section is required.)

Permit Type Building/Residential/Misc/Porch	Permit Number B24004371	Opened Date 11/15/2024
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Description of Work
SFD/ REPAIR PORCH PER STRUCTURAL ENGINEER REPORT TO INCLUDE REPLACE (1) 6 x 6 POST**SUBJECT TO FIELD INSPECTION**

Online BP.
JL 12/5/24

[check spelling](#)

Address * (This section is required.)

Search **Reset** **Clear** **Get Parcel & Owner**

Street # 14165	Street Name CLARKSVILLE	Street Type PIKE
Unit Type --Select--	Unit #	X Coordinate -76.97031
City HIGHLAND	State MD	Zip Code 20777
		Y Coordinate 39.15707
		Primary Yes

Parcel * (This section is required.)

Search **Reset** **Clear** **Get Address & Owner**

GIS ID 844321	Parcel 459	Parcel Area 3.41	Land Value 273000	Improved Value 570600	Exemption Value 261600	Plan Area RURAL
Legal Description PAR 20 3.412A S 1 []14165 ROUTE 108 []FOX HAVEN						

[check spelling](#)

Block	Lot PAR 20	Census Tract 605102	Council Dist 5	Inspection Dist	Supervisor Dist	Map #	DAP Zone
Plan Area	State Tax Id 1405375258		Subdivision Name				
Section	Area		Tax Map 40				
Grid 40-21	Zoning District RR-DEO		ADC Map 5051-E5				
SDP No.	Final Plan No.		WP File No.				
Record Plat No.	WS Contract No.		FDP No.		Primary Yes		
Owner Occupied <input type="radio"/> Yes <input checked="" type="radio"/> No	Year Built 1987		Historic District <input type="radio"/> Yes <input checked="" type="radio"/> No				
Historic District Registry No.	Stat Area 5-15A		Flood Plain <input type="radio"/> Yes <input checked="" type="radio"/> No				
Building No							

Owner * (This section is required.)

Search **Reset** **Clear**

Name
THE R

Address Line 1
628 MISSISSIPPI AVE
Address Line 2

Address Line 3

Mail City
SILVER SPRING

Mail State
MD

Mail Zip Code
20910

Phone
301-641-4256

Primary
Yes

E-mail

Cell Number

Fax Number

Professionals (This section is not required.)

License # 08010097751	Business Name B B M CUSTOM COLORS			
License Type MHIC Ind	First Name ROBERT	Middle Name	Last Name JONES	
Primary Yes	Address Line 1 207 SPRUCE AVENUE			
	Address Line 2			
	City EDGEWATER		State MD	ZIP Code 21037
	Phone 1 301-440-1856	Phone 2 301-440-1856	Fax	
	E-mail BBMCUSTOMCOLORS@HOTMAIL.COM			

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type Applicant	First Name ROBERT	MI	Last Name JONES	
Relationship Applicant	Full Name			
Primary Yes	Organization Name B B M CUSTOM COLORS			
	Street Address 207 SPRUCE AVENUE			
	Address Line 2			
	City EDGEWATER		State MD	Zip Code 21037
	Phone 301-440-1856	Cell 301-440-1856	Fax	
	E-mail BBMCUSTOMCOLORS@HOTMAIL.COM			

Addtl Info

Est Construction Cost 1800	Housing Units 0	Number of Buildings 0	Public Owned No	
Construction Type 434 - Additions, Alterations and Conversions - Residential				

PORCH INFORMATION

PORCH INFORMATION

Capital Project-No Fee * <input type="radio"/> Yes <input checked="" type="radio"/> No	Capital Project Number (Text)	Fee Exempt * <input type="radio"/> Yes <input checked="" type="radio"/> No	Roadside Tree Project Permit * <input type="radio"/> Yes <input checked="" type="radio"/> No	Roadside Tree Project Permit # (Text)
Existing Use SFD	Type of Porch ▼ Open Porch	Type of Porch Foundation * ▼ Existing Slab	Total Square Footage * ▼ 1	SQFT (Number)
Water Supply Private	Sewage Disposal ▼ Private	Expiration Date 6/2/2025		

Submit **Cancel**

SITE PLAN

Address:
14165 S ROUTE 108
HIGHLAND, MD 20777

Assessor's Parcel Number:
05-375258

Parcel Area:
3.41 Acres

Land Use:
Residential
Single Family Residence

Zoning: RRDEO

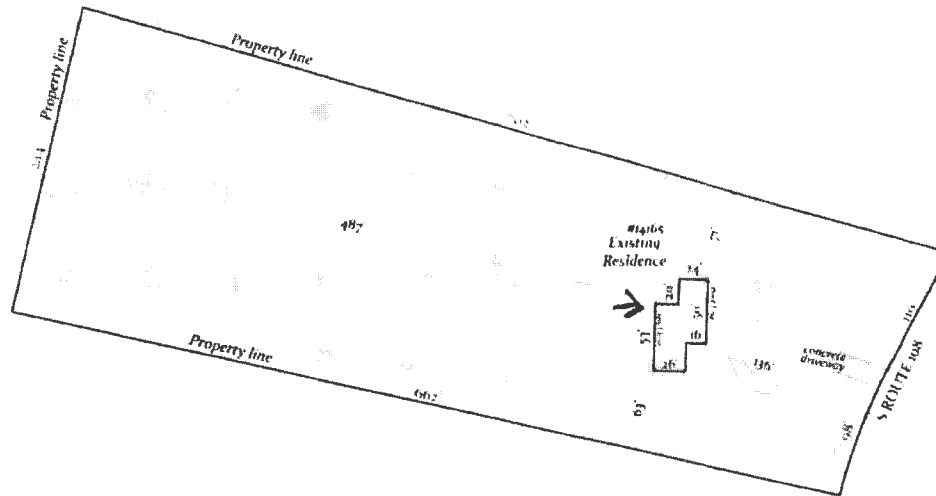
Legal Description:
PAR 20 3.412A S 1 14165 ROUTE
108 FOX HAVEN

Subdivision:

Owner: NATHAN, ROSALIE

Paper size & scale:
11" x 17"; 1"=90'

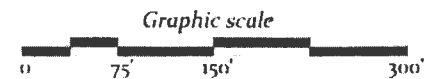
Date: November, 2024



Scale:
1"=90'
Paper size:
11" x 17"

- Legend**
- Property line
 - Topography line
 - Wall line
 - Roof line
 - Retaining wall
 - Fence
 - Proposed addition

Disclaimer
This is not a legal survey or a record of any survey.
This document is a site plan and is not a legal description.
The user of this product represents and warrants that the information contained herein is true and correct.
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Reel Line

Horse

MAIN

GIVE AND SCREW
TREAD AND WOOD
REPLACE EXISTING
POST



6x6x7

6x6 Post 4x

REPLACE.

2x6x17

2x12x12

with HANSEN

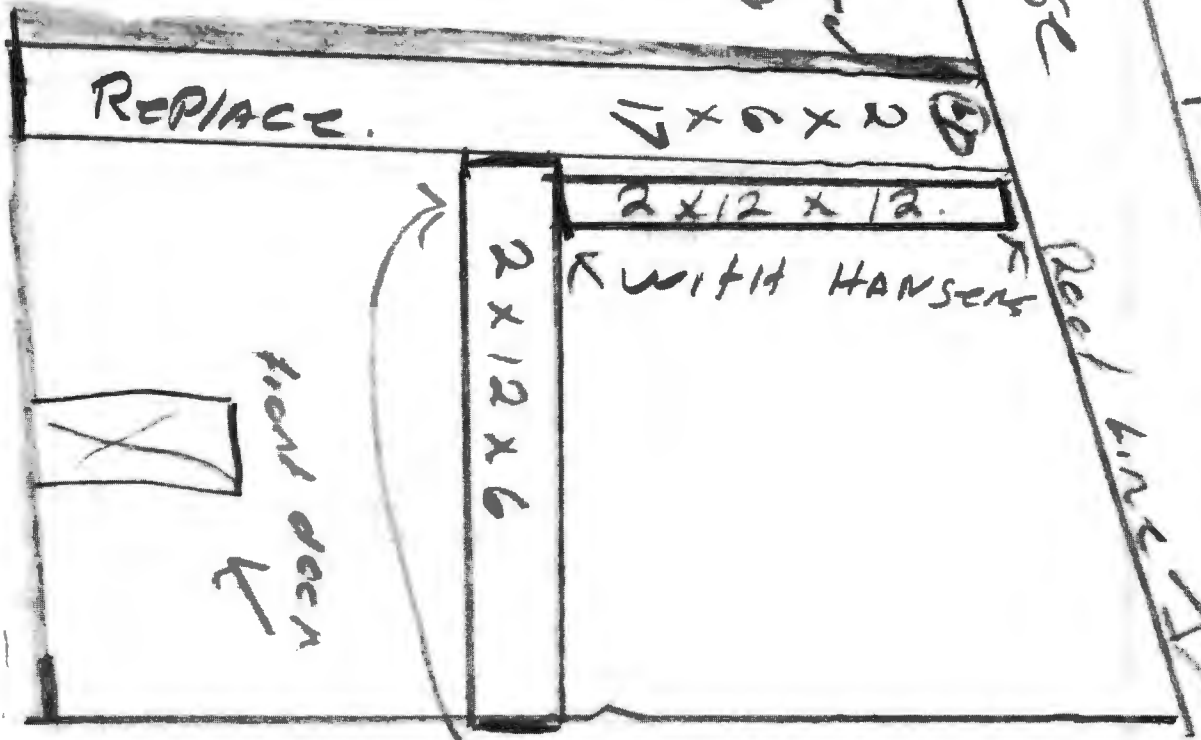
2x12x6

front door



FOR HANSEN

CEMENT SLAB



8/4/86
8-30 PM

8/5/86

8/5/86
septic OR 10
R

8/4/86 outside WPT
OK 10
paid for?
35306
R

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
X992-3330X
461-9933

05-375258

ELLICOTT CITY

DISTRICT 5th

DATE 7/28/86

INDEXED

Donald Parlette IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 6575 Route 32, Clarksville, Maryland 21029 PHONE 286-2140

SUBDIVISION Fox Haven ROAD 14165 Route 108 LOT 20

PROPERTY OWNER David Nathan
14165 Route 108

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES X NO _____

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 192 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 1/2 feet below original grade. Bottom maximum depth 10 1/2 feet below original grade. Effective area begins at 2 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION - Start the trench 155 feet from the front lot line and 30 feet from the right side of the lot as seen when facing the lot from the Right-of-way. Run the trench toward the left side of the lot.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *ok/w*

PLANS APPROVED BY R. Hodges DATE 2/28/86

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 AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

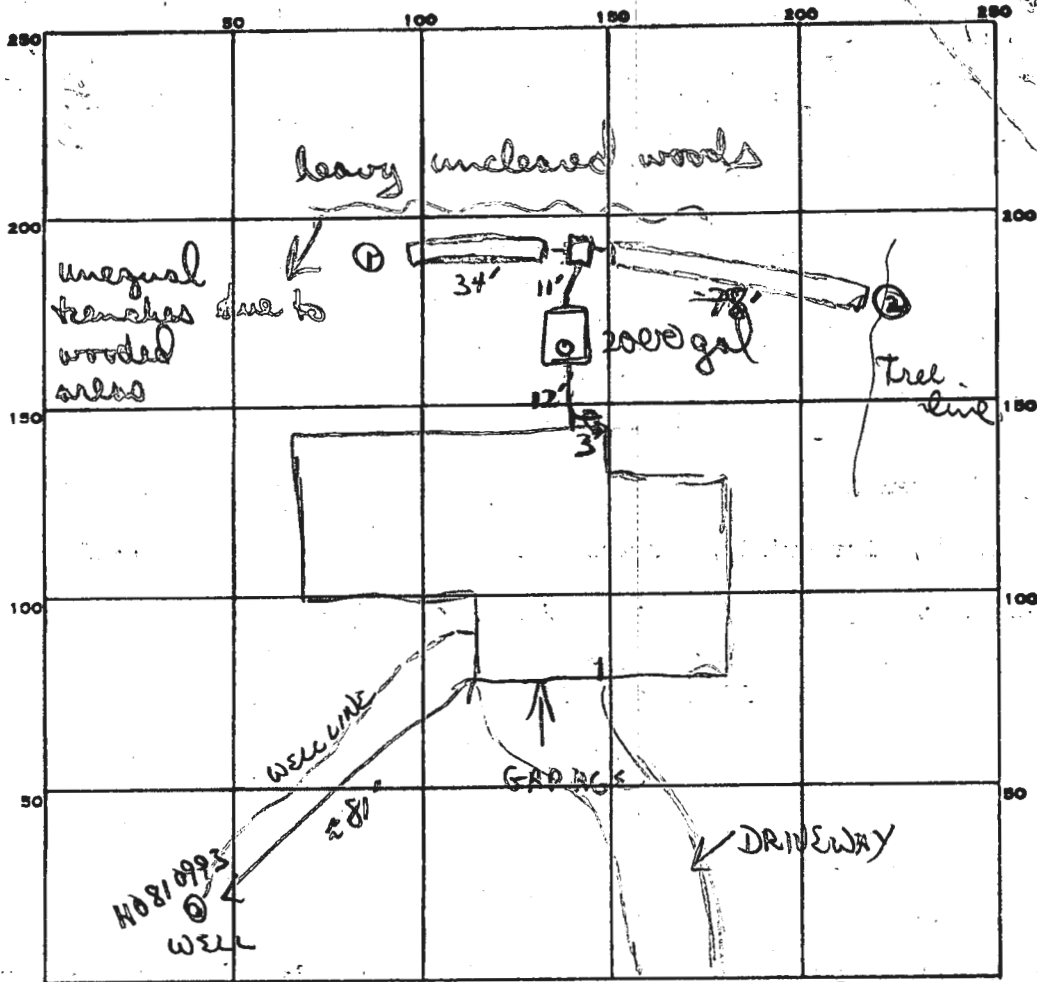
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 353 06



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

192
4
768

1180
57 17680

RIGHT OF WAY → LEADING TO RTE 108

PERMIT CARD

SEPTIC TANK, LEVEL 2000 gal

CLEANOUTS 1 S.T. (will be inline)

DISTRIBUTION BOX, LEVEL

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

GRAVEL DEPTH 7' & 7' IN. TOTAL LENGTH 34 & 78 FT.

NUMBER OF TRENCHES 2 (see inks SIDE WALL) TOTAL BOTTOM AREA 2384 = 546

34	78
7	7
238	546
	-20
	526

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

ABSORBENT AREA 2784 SQ. FT.

REMARKS 8/4/86 OK to go 3-10' of soils look as good as area of
Yank. OR to "T" off dist box to maximize good area

8/9/86 OK to add stone pipe paper to both trenches. OK to cover
partial WPT. done (outside OK'd) parts of 1 & 2 get better

8/5/86 OK to cover trenches & all work

DATE SYSTEM APPROVED

8/5/86

INSPECTOR

B. Wyler

2273

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 21598

NUMBER IS TO BE PUNCHED S-3-6 ON ALL CARDS

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-0993

DATE RECEIVED

DATE WELL COMPLETED

073085

Depth of Well

300 (TO NEAREST FOOT)

OWNER: NATHAN DAVID (last name, first name) TOWN: HIGHLAND SUBDIVISION: FOX HAVEN SECTION: LOT 20

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. Includes entries for Top Soil, Clay, Shaley, Sand Stone, Mica, Opening, Mica.

GROUTING RECORD

WELL HAS BEEN GROUDED (Y/N), TYPE OF GROUING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD (ST, CO, PL, OT) MAIN CASING TYPE (S, F), Nominal diameter, Total depth

OTHER CASING (if used) diameter, depth

SCREEN RECORD (ST, BR, HO, PL, OT) screen type or open hole, insert code below

DEPTH (nearest ft.) 140, 66, 300

SLOT SIZE, DIAMETER OF SCREEN (NEAREST INCH)

PUMPING TEST

HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, WHEN PUMPING, TYPE OF PUMP USED

PUMP INSTALLED

DRILLER WILL INSTALL PUMP, TYPE OF PUMP INSTALLED, CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED, 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"

DRILLERS IDENT. NO. 40, DRILLERS SIGNATURE, SITE SUPERVISOR

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T, WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

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)

