

Online BP, printed

-25 8/21/23

Approved 8/23/23  
MRE

Record Detail \* (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Deck	B23003364	08/17/2023

Description of Work  
SFD/ CONSTRUCT 16 X 28 OPEN DECK WITH STEPS

[check spelling](#)

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
4631	SHEPPARD MANOR	DR	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.93422	39.24595
City	State	Zip Code	Primary
ELLCOTT CITY	MD	21042	Yes

Parcel \* (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
924942	268	1.01	175100	1299200	1124100	RURAL

Legal Description  
IMPSLOT 8 1.018 A[ ]4631 SHEPPARD MANOR DR[ ]SHEPPARD MANOR

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	8	605101	5				
Plan Area	State Tax Id	Subdivision Name					
	1405447860	SHEPPARD MANOR					
Section	Area	Tax Map					
		29					
Grid	Zoning District	ADC Map					
29-1	RC-DEO	4934-A1					
SDP No.	Final Plan No.	WP File No.					
	F-06-099						
Record Plat No.	WS Contract No.	FDP No.	Primary				
19210			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	2008	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-03	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner \* (This section is required.)

Search Reset Clear

Name  
SEYOUM KASSAHUN H  
Address Line 1  
4631 SHEPPARD MANOR DR  
Address Line 2

Address Line 3

Mail City	Mail State	Mail Zip Code
ELLCOTT CITY	MD	21042
Phone	Primary	
410-549-5050	Yes	
E-mail		

Cell Number Fax Number

Professionals (This section is not required.)

License # \* 08010083116 Business Name CLASSIC DESIGN GROUP INC

License Type \* MHIC Ind First Name LUIS Middle Name Last Name BALDERRAMA

Primary Yes Address Line 1 5433 WOODBINE ROAD Address Line 2 5433 WOODBINE ROAD

City WOODBINE State MD ZIP Code 21797-0000

Phone 1 3014402640 Phone 2 Fax 4105495449

E-mail LUISBALMEN@HOTMAIL.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type \* Applicant First Name PETER MI Last Name SORGE

Relationship Applicant Full Name PETER SORGE

Primary Yes Organization Name CLASSIC DESIGN GROUP INC

Street Address 5433 WOODBINE RD Address Line 2

City WOODBINE State MD Zip Code 21797

Phone 410-549-5050 Cell 240-375-4658 Fax 410-549-5449

E-mail PSORGE28@GMAIL.COM

Addtl Info

Est Construction Cost \* 20000 Housing Units 0 Number of Buildings \* 0 Public Owned No

Construction Type 434 - Additions, Alterations and Conversions - Residential

MISC PERMIT INFO

MISCELLANEOUS PERMIT INFORMATION

Capital Project-No Fee \*  Yes  No Capital Project Number Fee Exempt \*  Yes  No Roadside Tree Project Permit \*  Yes  No Roadside Tree Project Permit #

Existing Use \* SFD Water  Private Sewage  Private Expiration Date 2/14/2024

Submit Cancel



LAYOUT 1/7/08 INSP 4 1/10/08  
 INSP 2 1/10/08 INSP 5 4/25/08  
 INSP 3 1/9/08 INSP 6 \_\_\_\_\_

ISSUE DATE: 12/26/07

P 528422

APPROVAL DATE: 5/5/08 *Logged Into Permit Manager*  
**FAX ID # 05447860**

A 518599

**PERMIT**  
**ON-SITE SEWAGE DISPOSAL SYSTEM**  
**HOWARD COUNTY HEALTH DEPARTMENT**  
**BUREAU OF ENVIRONMENTAL HEALTH**

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL  ALTER

ADDRESS: 580 Obrecht Rd, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: Sheppard Manor LOT NUMBER: 8

ADDRESS: 4631 Sheppard Manor Drive PROPERTY OWNER: Williamsburg Group LLC

SEPTIC TANK CAPACITY (GALLONS): 2000 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): 2000 COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED: 208

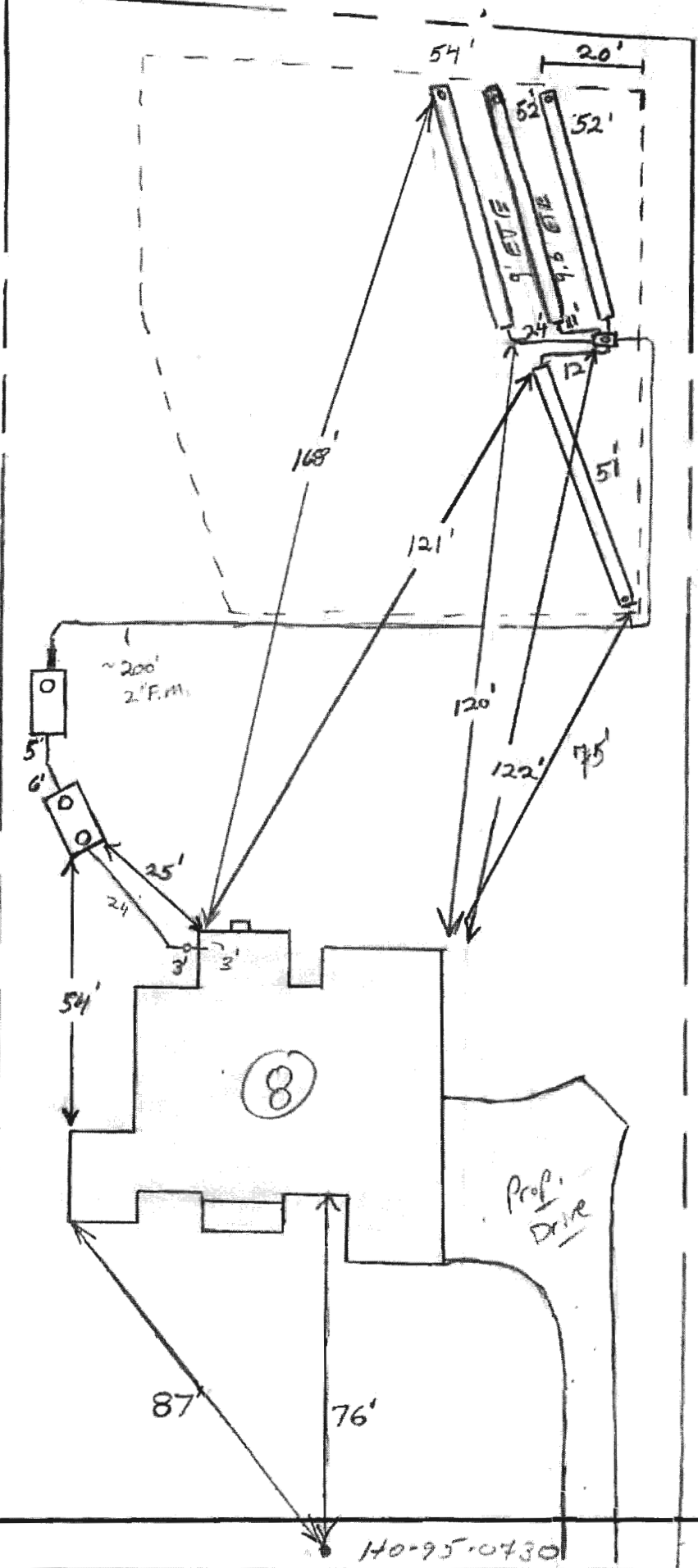
TRENCHES:	Trench to be 3.0feet wide. Inlet 5.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 7.0 feet below original grade. 3.0 feet of stone below distribution pipe.
LOCATION:	Run 2x100' lines on contour set distribution box at south east corner.
NOTES:	Layout inspection req'd prior to installation. Install system as noted unless otherwise directed by HCHD

PLANS APPROVED: Heidi Scott/ Robert Bricker DATE: 10/15/07

- 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 UNLESS SPECIFICALLY AUTHORIZED

**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**

NOT TO SCALE



ROAD

140-95-0430