

PERMIT NUMBER: B 23000168

DATE ACCEPTED:

RESIDENTIAL BUILDING PERMIT APPLICATION
 HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS
 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4
www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

Street Address: 16113 PATAPSCO OVERLOOK COURT Unit:
 City: Mt Airy State: MD Zip Code: 21771
 Subdivision/Village/Complex Name: SDP/WP/BA #:
 Lot: 3 Tax Map: 2 Parcel: 227 Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: Proposed Use: Porch Estimated Cost: \$32,000
 Trade Work to Be Completed (Separate Permits Required): Mechanical (HVAC) Electrical Plumbing None
 Build new sunroom/Porch, Interior unfinished, No Heat
 No Electrical, No Plumbing

Owner(s) Name(s) (As it appears on tax records): George L. Fratto Susan L. Fratto Primary Residence: Yes No
 Owner's Street Address: 16113 Patapsco Overlook Court
 City: Mt. Airy State: Md. Zip Code: 21771
 Phone: 443-604-0004 Email: gfratto44@gmail.com

APPLICANT NAME REQUIRED INDIVIDUAL WHO SIGNED THE APPLICATION

Business Name: Hernwood Construction Contact Name: Bill Frizzell
 Street Address: 3146 Hernwood Rd.
 City: Granite State: Md. Zip Code: 21163
 Phone: 410-428-6156 Email: MWfrizzell@gmail.com

CONTRACTOR INFORMATION REQUIRED

Business Name: Hernwood Construction
 Licensee's Name: Maurice W. Frizzell II License #: 03910889 MHIC#42339
 Street Address: 3146 Hernwood Rd.
 City: Granite State: Md. Zip Code: 21163
 Phone: 410-428-6156 Email: MWfrizzell@gmail.com

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: Hernwood Construction Name: Maurice W. Frizzell II MWF
 Street Address: 3146 Hernwood Rd.
 City: Granite State: Md. Zip Code: 21163
 Phone: 410-428-6156 Email: MWfrizzell@gmail.com

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: SF Dwelling SF Townhouse SF Duplex Mobile Home Multi-Family Dwelling (MF*) Condo: Yes No
 Utilities: Electric Gas Water Supply: Public Private (Well) Sewage Disposal: Public Private (Septic)
 Heating System: Electric Natural Gas Propane Other: Roadside Tree Project: No Yes: #
 Sprinkler System: NFPA 13 NFPA 13R NFPA 13D None Fire Alarm System: Yes No Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT COMPLETE ALL THAT APPLY)

Model Name & Options:
 # of Bedrooms (SF): 4 # of efficiency units (MF*): # of 1 BR (MF*): # of 2 BR (MF*): # of 3 BR (MF*):
 # Rooms: 8 # full baths: 2 # half baths: 1 # Fireplaces: 1
 Garage/Carport Info: Attached Garage Detached Garage Integral Garage Carport None
 Basement/Foundation Info: Slab on Grade Post & Pier Unfinished Basement Finished Basement: Full or Partial
 1st Fl Width: 58' 1st Fl Depth: 32' 2nd Fl Width: 35' 2nd Fl Depth: 32' Bsmt Width: 35' Bsmt Depth: 32'
 Energy Method: Prescriptive Performance UA Alternative ERI Gross Area: 3000 sq ft Occupiable Area: 2516 sq ft

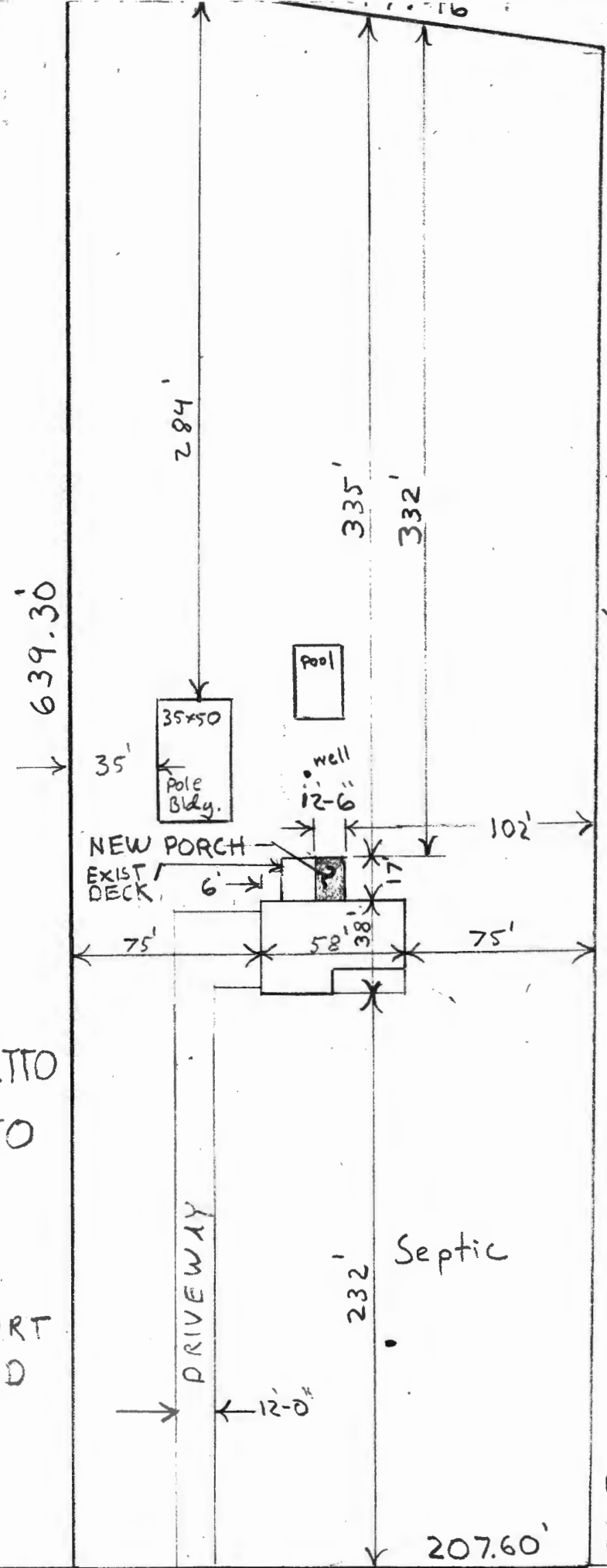
AGREEMENT/ DISCALIMER
 THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK 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.

Maurice W. Frizzell II 1-17-2022
 APPLICANT'S ORIGINAL SIGNATURE DATE SIGNED

AGENCIES REQUIRED/APPROVALS:

PR DPZ DED Health Approved SHA CID
 SUBMITTAL FEES: 2500 PAYMENT: Pay online ACCEPTED BY: ???

PLOT PLAN



RECEIVED
 JAN 17 2023
 LICENSES & PERMITS
 DIVISION

GEORGE L. FRATTO
 USAN C. FRATTO

6113 PATAPSCO
 OVERLOOK COURT
 HOWARD CO. MD

1" = 60'-0"

PATAPSCO
 OVERLOOK
 COURT

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 45295

A 31146

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

04-344510

DISTRICT 4th

DATE 11/30/89

DATE SYSTEM APPROVED 6/26/89

INSPECTOR C. W. ...

INDEXED

William Cumberland III

IS PERMITTED TO INSTALL ALTER

ADDRESS _____

PHONE 489-4457

SUBDIVISION Patapsco Overlook

ROAD 16113 Patapsco Overlook Ct 3, Sec. 1

PROPERTY OWNER _____

James Wright

16113 Patapsco Overlook Ct.

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the first trench 160 feet up the left (635') lot line and 65 feet off the same lot line as seen when facing the lot from Patapsco Overlook Court. Run trenches on contour toward the right lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Sid Abel

DATE 6/29/88

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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 TWO YEARS

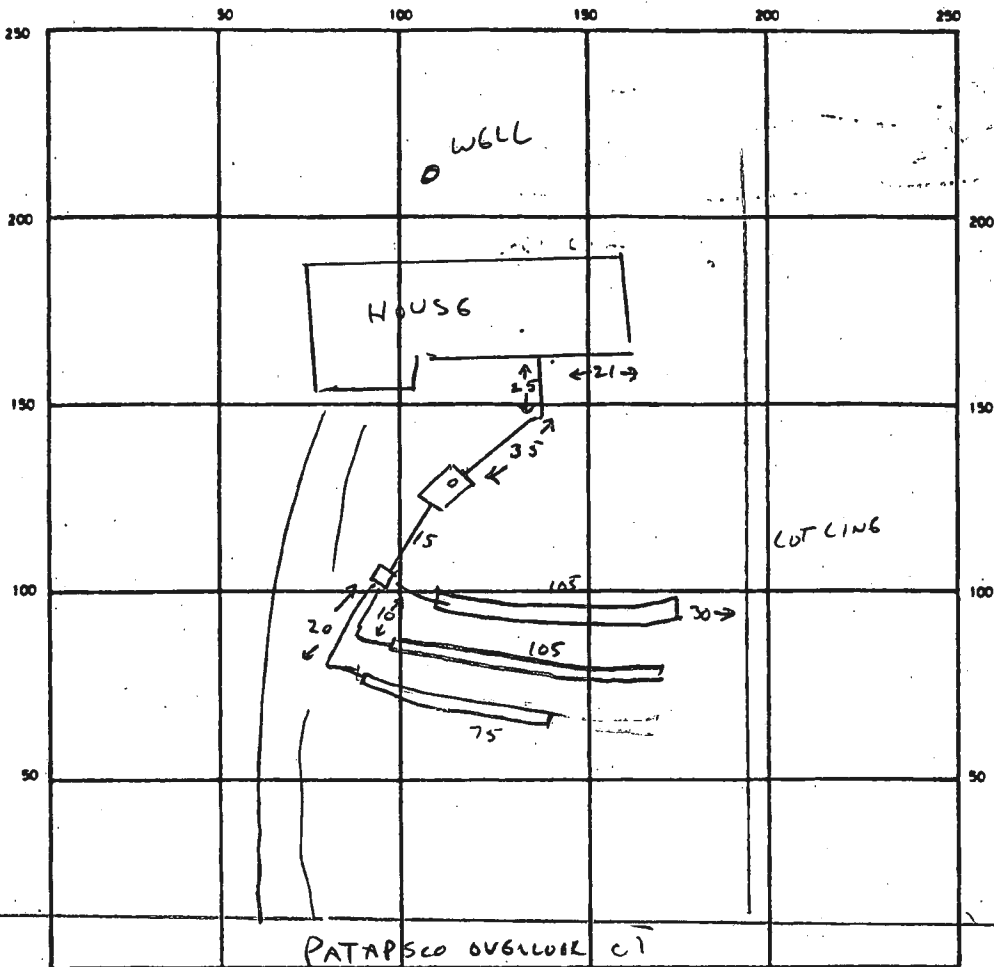
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

31146



WELL LING OK
 NO PG UNIT
 6/26/89 CW

INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL CLEANOUTS ST

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TILE FIELD DEPTH 5 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 285 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 855 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 6/26/89 OK TO CWB - ALL WORK. CW

DATE SYSTEM APPROVED 6/26/89 INSPECTOR C. Wilbur

B 1	7101	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER 40-88-0028
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			please print or type	fill in this form completely

OWNER INFORMATION

Date Received (APA) **052388**

WRIGHT JAMES (Last Name, Owner, First Name)

4480 BERNINGS CHAPEL (Street or RFD)

SKOOKVILLE MD 20833 (Town, State, Zip)

LOCATION OF WELL

HOWARD (COUNTY)

PATAPSCO OVERLOOK (SUBDIVISION)

SECTION **1** LOT **3**

WOODBINE (NEAREST TOWN)

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

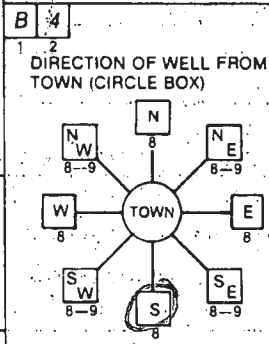
DRILLER INFORMATION

Ralph MAYNE (Driller's Name) License No. **273**

Ralph MAYNE well Drilling (Firm Name)

9120 Brown Church Rd. Mt Airy (Address)

Ralph Mayne 5/10/88 (Signature, Date)



PATAPSCO OVERLOOK Ct (NEAR WHAT ROAD)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

350 (DISTANCE FROM ROAD)

ENTER FT or MI **FT**

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 (COUNTY NAME) **A-31146** (COUNTY NO.)

STATE SIGNATURE _____ DATE ISSUED **062988** (DATE)

552000 (NORTH GRID) **0778000** (EAST GRID)

APPROXIMATE DEPTH OF WELL **150** FEET

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)

CABLE REVerse-ROTary Drive-POINT

other _____

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 _____ G A P _____

FORCE **SA** WRITE INITIALS IN BOX PERMIT NO. **40-88-0028**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

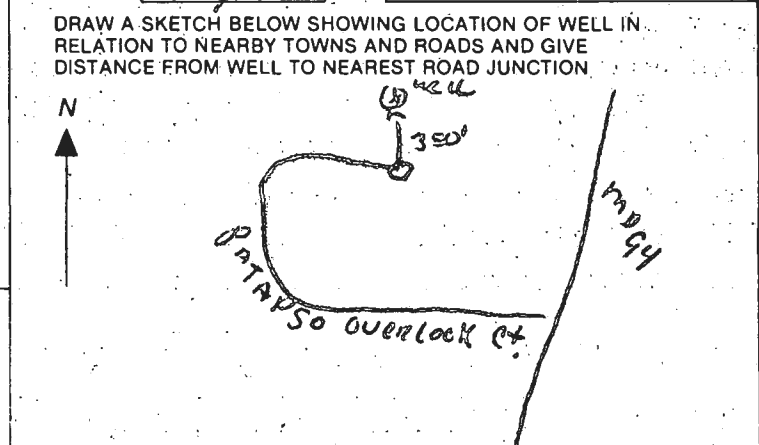
SOURCES OF DRILLING WATER

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

778 (Box Number)

552 (Box Number)



SPECIAL CONDITIONS **# 854-6794**
w-456-5851

C1 9683 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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-31146
 PERMIT NO. FROM "PERMIT TO DRILL WELL" A0-88-0028

DATE Received [] DATE WELL COMPLETED 070188 Depth of Well 22 245 26 (TO NEAREST FOOT)

OWNER VIRICHT JAMES
 STREET OR RFD last name PAINPSIO OVERLOOK CA first name TOWN WOODBINE
 SUBDIVISION PAINPSIO OVERLOOK SECTION 1 LOT 3

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Brown Shale	2	75	✓
Yellow Slate	75	80	
off. Slate	80	95	
Brown Slate	95	100	✓
Blue Slate	100	265	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box)

yes (Y) no (N)
 TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)
 NO. OF BAGS 15 NO. OF POUNDS 7500
 GALLONS OF WATER 90
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 50 ft.

CASING RECORD
 casing types insert appropriate code below
 ST CO STEEL CONCRETE
 PL OT PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (nearest inch) Total depth of main casing (nearest foot)
 PL 6 85

OTHER CASING (if used) diameter inch depth (feet) from to

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

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	14	205
2		
3		

CIRCLE APPROPRIATE LETTER
 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. 223
 DRILLERS SIGNATURE [Signature]
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] (NEAREST INCH)
 from to

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
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

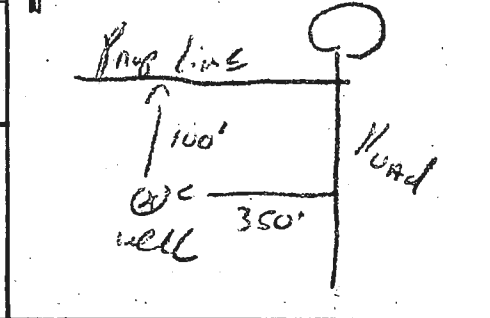
PUMPING TEST

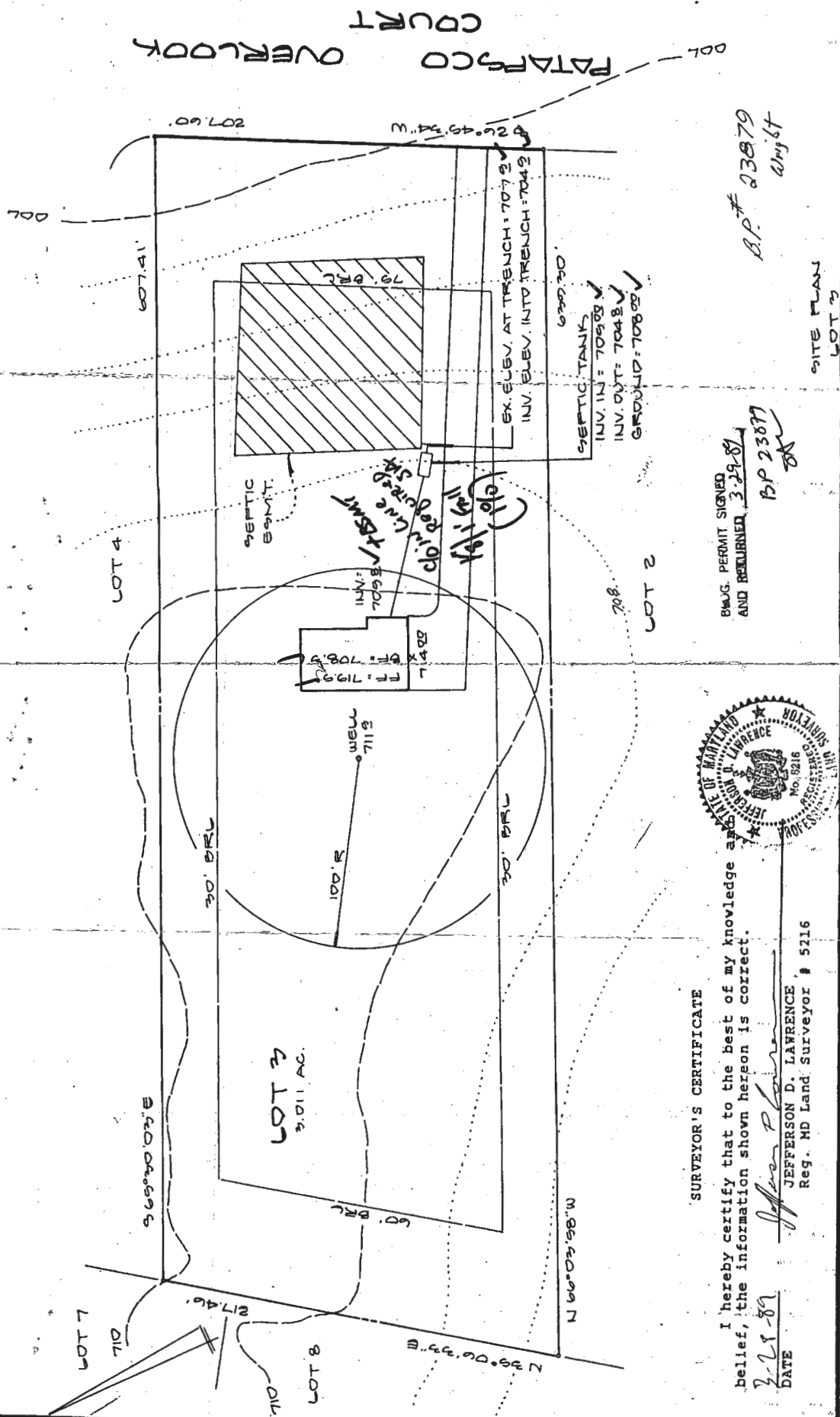
HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 9
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 20 WHEN PUMPING 120
 TYPE OF PUMP USED (for test) C centrifugal R rotary O other (describe below) S submersible

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 PLACE (A,C,J,P,R,S,T,O) 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 (nearest foot)

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)





PATAFSCO COURT OVERLOOK

SURVEYOR'S CERTIFICATE

I hereby certify that to the best of my knowledge and belief, the information shown hereon is correct.

DATE: 3-25-89
 Signature: *Jefferson D. Lawrence*
 JEFFERSON D. LAWRENCE
 Reg. MD Land Surveyor # 5216



BUDG. PERMIT SIGNED AND RETURNED 3-22-89
 B.P. # 23877

B.P. # 23879
 6/19/89

SITE PLAN
 LOT 3

OWNER: JAMES WRIGHT 4480 JENNINGS CHAPEL BROOKVILLE, MD 20832 (301) 824-6704	DEVELOPMENT CONSULTANTS GROUP, INC. SURVEYORS, ENGINEERS & LAND PLANNERS	17904 GEORGIA AVE. #102 OLNEY, MARYLAND 20832 301-924-4570	SECTION 1 PATAFSCO OVERLOOK 4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SHEET 1 OF 1 DATE: 3-25-89
--	---	--	---	--

APPLICATION

A 3/1/86

Perk
3/3/86
SHEET

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 4th

DATE 2/9/81

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 Georgia Ave Properties Inc. James Wright *954-6794*

ADDRESS c/o E. Brook Lee III, 13838 Ga. Ave, Wheaton Md. PHONE _____

PROPERTY LOCATION: LOT 3 Sec. 4

SUBDIVISION Georgia Ave Properties PATAPSCO OVERLOOK LOT NO. 3 SECT 1

ROAD AND DESCRIPTION Md. Rte. 94 and Old Frederick Rd.

16113 PATAPSCO OVERLOOK CT

SIZE OF LOT 3 ac + TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE NA

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT *John A. Bond*
Agent

APPROVED BY *Sidney Abil* FOR Shallow Trenches DATE 4-28-88
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING Hold satisfied sales. DRC 2/19/81

PLUG PERMIT SIGNED AND RETURNED 3-29-89

BP 23879
SAL

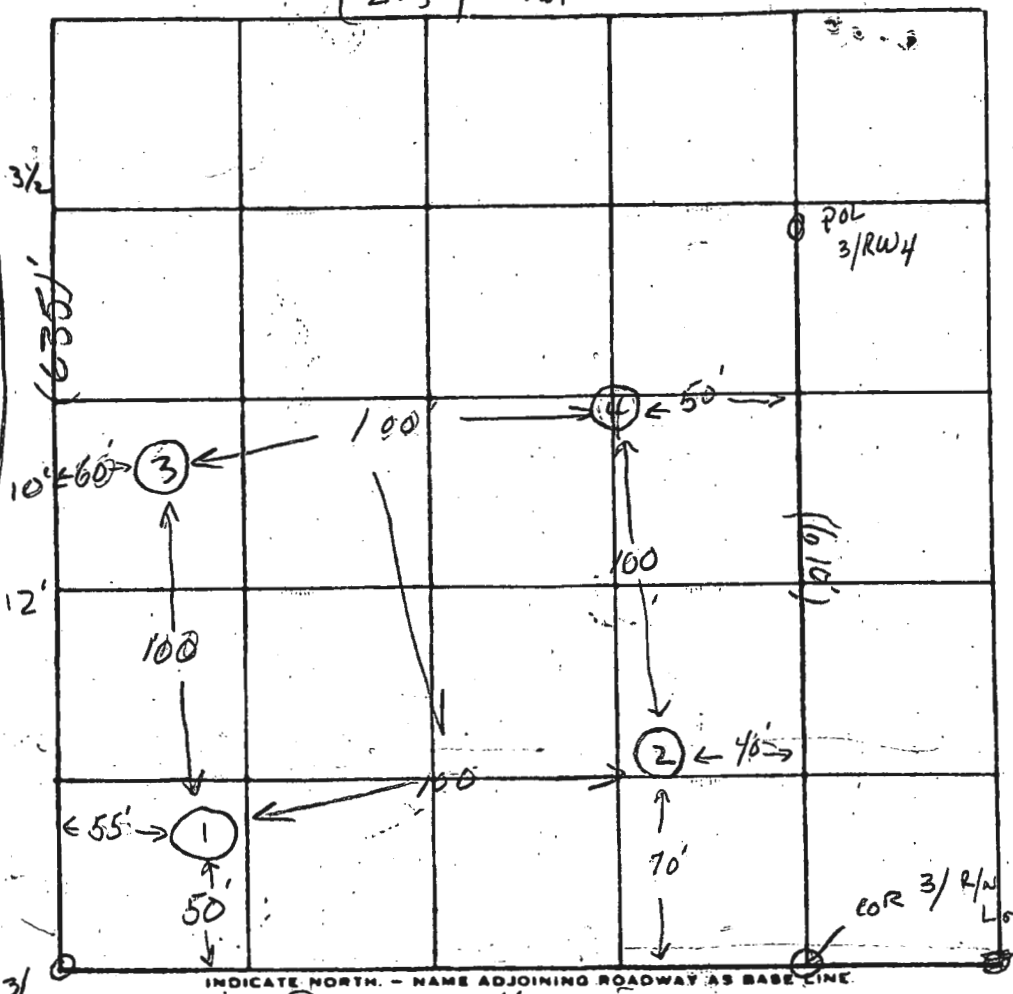
THIS IS NOT A PERMIT

(215') hot #3

FIELD SHEET

① ②
Clay
SANDY
LOAM
SANDY L.
+
SOME
W. SHALE

③ ④
Clay
LOAM
w/
SOME
W. SHALE
W. shale
Some
loam
mostly
shale



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

ROAD "B"

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/18/81	1S	4"	12:09	12:11	12:11	12:10	5
	1M	8"	12:09	12:11	12:14	12:14	3
	1D	12"					
	2S	4"	1:51	1:53	1:53	1:57	4
	2M	8"	1:51	1:53	1:53	1:58	5
	2D	12"					
2/19/81	3S	4"	2:14	2:16	2:16	2:21	5
	3M	8"	2:20	2:25	2:25	2:37	12
	3D	12"					
	4S	4"	3:10	3:14	3:14	3:24	10
	4M	8"	3:10	3:14	3:14	3:20	6
	4D	12"					

REMARKS Open field lots staked

TYPE OF SOIL _____

TESTED BY SK + JS ALSO PRESENT: DAVE BLAYES
BROOK LEE
NANCY SHIPLEY

Building Address 16113 Parkway 500 Cverdale MD
Woodbine MD 21771
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision Parkway Overlook
 Section _____ Area _____ Lot 3
 Tax Map 22 Parcel 227 Grid 24
 Zoning RCEU Map Coordinates 307 Lot size 3.11

Property Owner's Name George & Jane Fratello
 Address 16113 Parkway 500 Cverdale Ct
 City Woodbine State MD Zip Code 21771
 Home Phone 410-484-7544 Work Phone 410-260-5907
 Applicant's Name & Mailing Address (if other than stated hereon):
Dana L. Krawczyk
4515 Gering Lane #119
Columbia MD 21046
 Phone 410-995-6600 Fax _____

Existing Use SFD
 Proposed Use SFD w/ pool & fence
 Estimated Construction Cost \$ 20,170
 Description of Work 40'x10'-500' w/ pool area, w/
w/ cart. for 3'-5'6" deep filled by truck
252' w/ 4' high fence to pool

Contractor Company Maryland Pools Inc
 Contact Person Dana L. Krawczyk
 Address 4515 Gering Lane #119
 City Columbia State MD Zip Code 21046
 License No. 66017
 Phone 410-995-6600 Fax _____

Occupant of Tenant OWNER
 Contact Name Dana L. Krawczyk
 Address _____
 City _____ State _____ Zip Code _____
 Phone 410-995-6600 Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other _____
No. of Bedrooms _____	State Certified Modular _____ Manufactured Home _____
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: _____	

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 Dana L. Krawczyk
 Title/Company _____

Print Name Dana L. Krawczyk
 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	<u>1/13/01</u>	<u>[Signature]</u>
Dev. Engineering DPZ		
Health	<u>1/30/01</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St. _____
 All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____

PROPERTY INFO

Filing fee \$ _____
 Permit fee \$ 125.00
 Excise tax \$ _____
 Sub-total paid \$ _____
 Add'l permit fee \$ _____
TOTAL FEES \$ 125.00
 Balance due \$ _____
 Check # 17756
 Validation # _____

Accepted by _____

S66°3'58"

LOT 3
3.01 AC. +/-

243'

N65°3'

30' BRL

30' BRL

113'

76'

EX. WELL

33'

59'

*1/31/01
Pool location
will have no
impact on
existing well/septic.
Ade*

PATIO

HOUSE

100'

80'

13

75'

FEL

FRONT

SE

639.30'

ACCESS

DRIVEWAY

236'

334'

607.41'

75' BRL

MAP

207.60'

S26°45'34"W

ΡΑΤΑΡΣΣΠ ΠΥΓΕΡΙ ΠΠΚ

SITE INSPECTION SHEET

OWNER: George / Susan Fratto PHONE #: _____
ADDRESS: 16113 Patapsco Overlook CONTRACTOR: _____
Ct. Mt. Airy WELL TAG#: HC-88-0028
SUBDIVISION: Patapsco Overlook LOT: 3 COUNTY #: HC
PROPOSAL: Construct a porch adjacent to deck

LOCATION DIAGRAM



COMMENTS: Unable to locate Septic Tank to inspect
Remains Stated. Landscaping mtd. covering
well cap a. l. the load. no immediate
concern relayed the issue to property owner.
No evidence of hydraulic failure

DATE: 1/26/23 INSPECTOR: Melanie Fischler