

7/14/99  
N00 N  
7/15/99  
CO 1.00  
7/15/99  
CO 3.00

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 512005

A 49048

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXXXX~~ 410-313-2640

DISTRICT \_\_\_\_\_  
DATE 7/14/99

DATE SYSTEM APPROVED 7/16/99

INSPECTOR BB

# INDEXED

WTC III Plumbing & Heating IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS 1820 Gillis Falls Road, Sykesville, Maryland 21784 PHONE 410-489-4457

SUBDIVISION Walnut Springs LOT 5 ROAD 1224 Emmaus Road

PROPERTY OWNER Charles Schroyer

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. ~~Effective area begins at 4 feet below original grade.~~ Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start the first trench 100 feet from the front lot line and 10 feet off the left lot line. Run trenches on contour to front of lot.

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

PLANS APPROVED BY Mark Rifkin DATE 5-02-1999

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. 90° ELBOWS NOT ACCEPTABLE.

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 TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 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 PVA 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 461-9533 FOR INSPECTION OF SEPTIC SYSTEM.

~~BLDG. PERMIT~~  
AND RETURNED 4/19/01

300129710 - porch

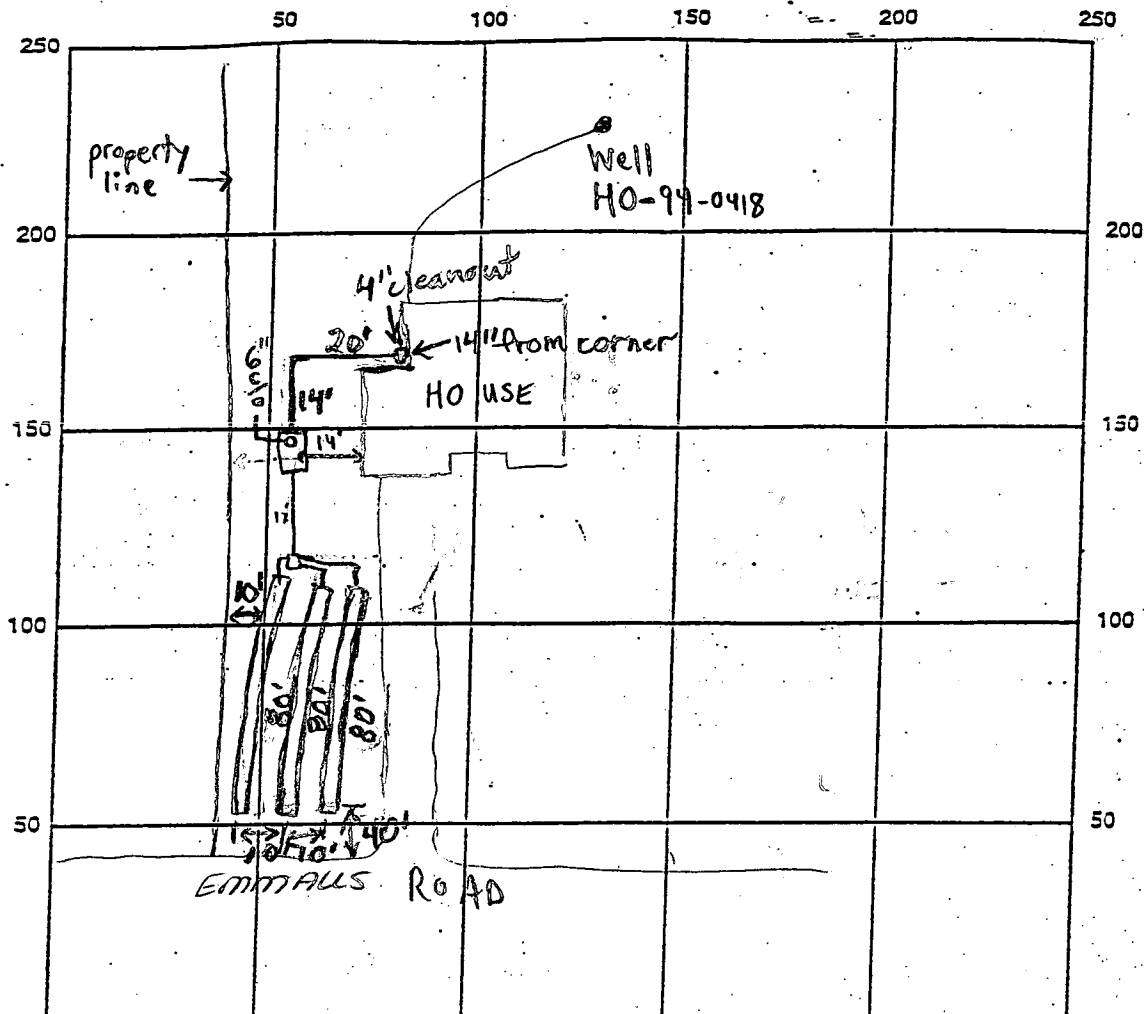
NO. PERMIT SKIPPED

AND RETURNED 9-1-99

Serial # B M 120241

dech

A 49048



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 gallon midseam CLEANOUTS 6" @ tank, 1-4" line  
 DISTRIBUTION BOX LEVEL ✓ Baffle is in  
 DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.  
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 3x80 FT. (240)  
 NUMBER OF TRENCHES 3 ~~ONE SIDEWALL~~ BOTTOM AREA 720 SQ. FT.  
 DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.  
 ABSORBENT AREA N/A SQ. FT.

REMARKS: 7/14/99 Install 3 60' trenches above the ex drive & one  
60' trench under the drive-provide pipe for future use under  
driveway - If possible - he may install 3 80' trenches. 7/15/99 -  
OK TO CONTINUE WORK (SRW) House connection made. O.K. to cover  
everything 7/16/99 (BB)  
7/14/99 WPI 40' below grade, PVC conduit - no 2 piece cap A  
 DATE SYSTEM APPROVED 7/16/99 INSPECTOR B. Baker

# APPLICATION

PERCOLATION TESTING

A 49048  
P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT \_\_\_\_\_  
DATE 3/16/93

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER CHARLES & CAROL SCHROYER

ADDRESS 1245 MORGAN STATION RD PHONE 301 854 6217

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION NONE LOT NO. 5 on signed perc plat

ROAD AND DESCRIPTION EAST OF MORGAN STATION RD. SOUTH OF RTE. 70  
(1224 Emmaus Road)

TAX MAP 8 PARCEL # 313

SIZE OF LOT ± 40,900 sq TYPE BLDG. BLDG. PERMIT SIGNED AND RETURNED 5-3-99 Serial # B011704 SINGLE FAMILY - 4Br (SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

[Signature]  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING PERC OK - HOLD FOR PLAT MR 6/3/93

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

A49048

COUNTY #

Lot 5

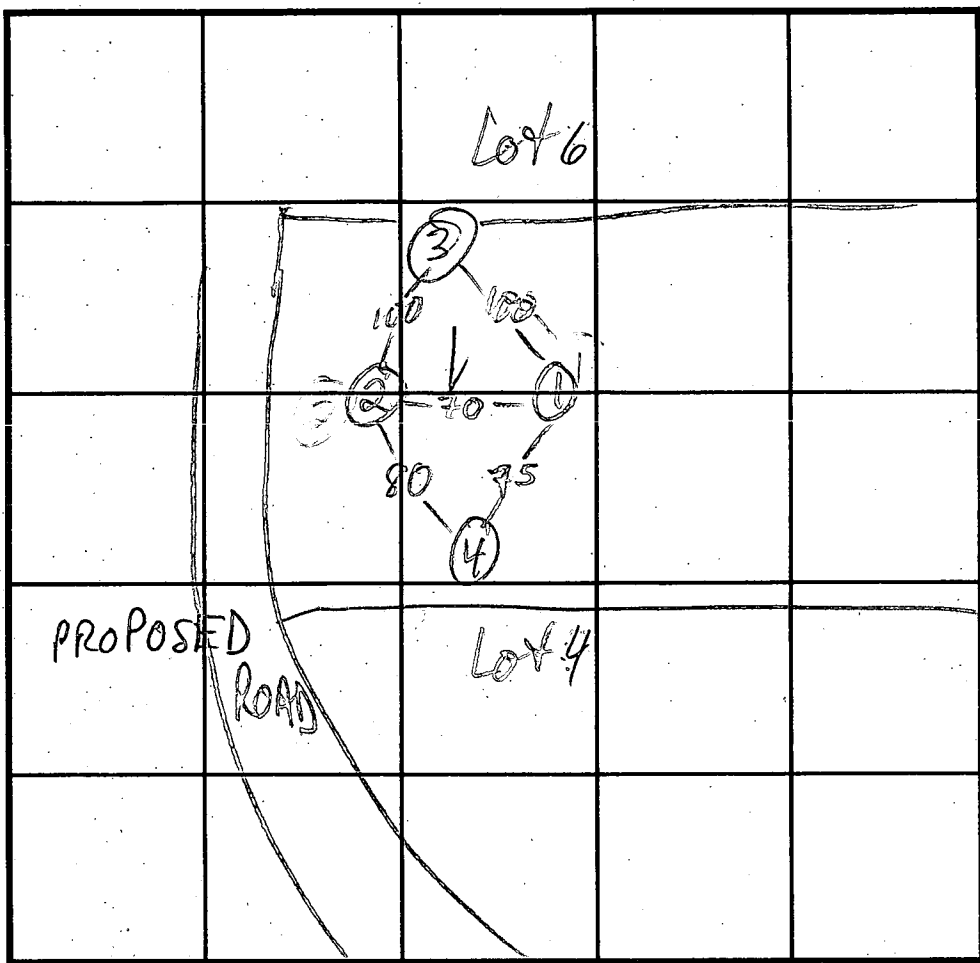
SOIL PROFILE

0' (1)(2)(4)

brn  
tan  
sac l m  
3 1/2 - 4  
tan  
sa cl  
l m  
10-15%  
black  
frags  
w/saprolite  
13

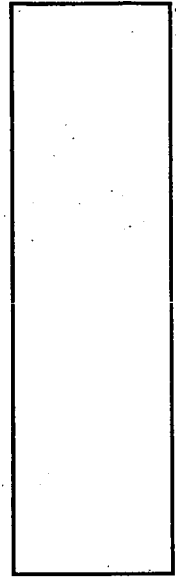
brn pink  
org  
sa cl l m  
3 1/2 - 4

brn  
sa l m  
30-35%  
black  
structured  
frags w/  
saprolite  
12 1/2



SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/4/93	1 S	5	2:41	2:42	2:42	2:45	3
	1 M	7	2:41	2:44	2:44	2:49	5
	1 V	12 1/2	see profile				
	2 S	4 1/2	2:49	2:50	2:50	2:52	2
	2 M	7	2:50	2:51	DIRT IN	HOLE	
	2 V	13	2:54	2:56	2:56	3:00	4
	3 S	4 1/2	2:32	2:38	2:38	2:45	7
	3 M	7	2:33	2:34	2:34	2:38	4
	3 V	12 1/2	see profile				
	4 S	4 1/2	2:59	3:01	3:01	3:03	2
	4 M	7	3:01	3:03	3:03	3:06	3
	4 V	13	see profile				

REMARKS ALL HOLES PER PLAN

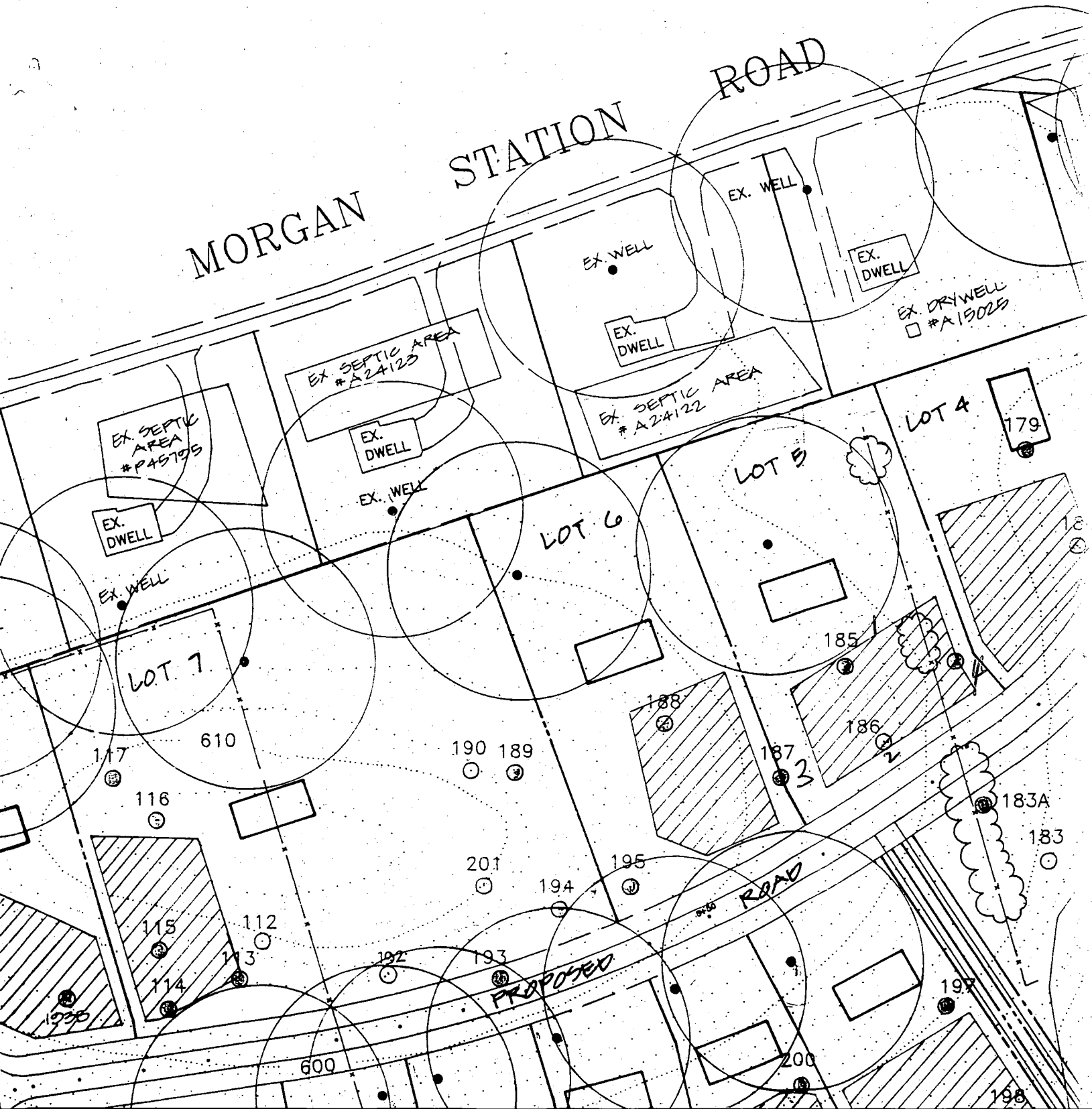
TYPE OF SOIL

TESTED BY M. Ri Skin ALSO PRESENT Fyock crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 TRENCH WIDTH 3

INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 6 SQ. FT./BEDROOM 180

Copy of Signed  
Perc Cert



# STATION ROAD

S.R.C. PLAT No. 43042

D COUNTY MINOR COLLECTOR



PC 2-15-80

LOT 6

LOT 4

PRESERVATION PARCEL B

LOT 18

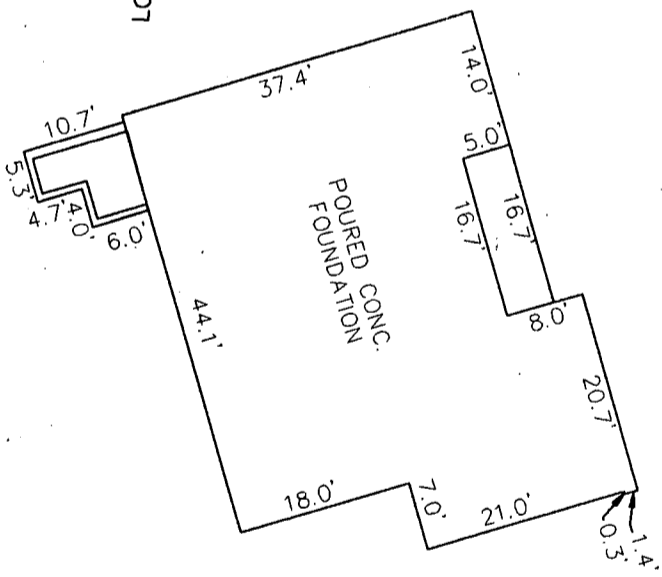
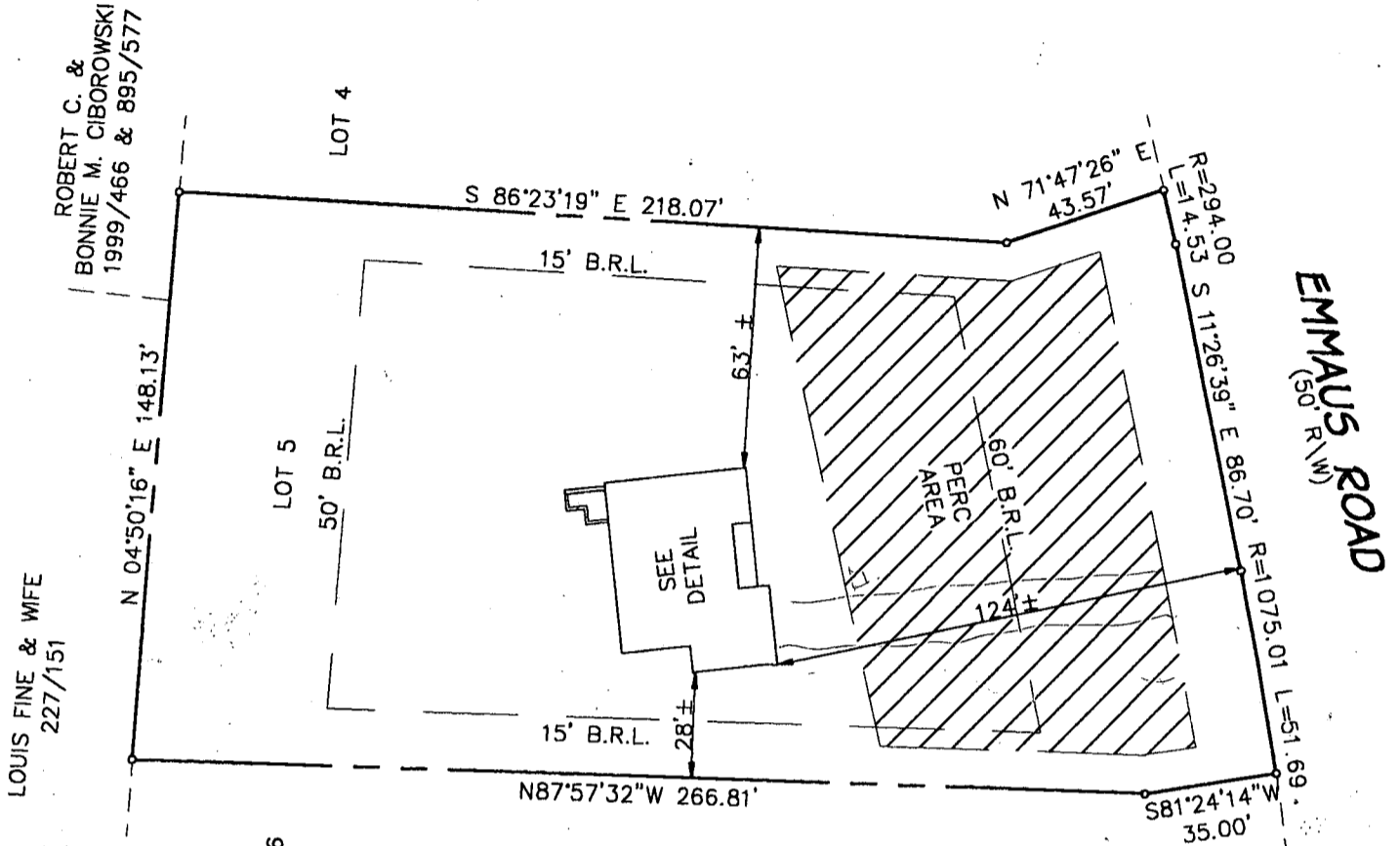
LOT 19

2814



# GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240044 0007 B, EFFECTIVE DATE: DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).



DETAIL  
1"=20'

TOP OF FOUNDATION ELEV.= 594.0'±

7/14/99  
Wall check -  
hse moved 20'  
to left - but 0/12 it  
reduced driveway  
impact to SSA  
A

LOT 5  
PLAT OF CORRECTION  
WALNUT SPRINGS  
LOTS 4 THRU 19 & 21 THROUGH 24  
AND PRESERVATION PARCEL C  
4th ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
PLAT REF. 11822 & 11823

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLCOTT CITY, MARYLAND 21042  
(410) 461 - 2855



*Mark L. Robel* 5/20/99  
PROFESSIONAL LAND SURVEYOR DATE  
REG. # 339

## HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 5/19/99  
FINAL LOCATION: \_\_\_\_\_  
BOUNDARY SURVEY: \_\_\_\_\_

SCALE: 1"=50'  
DATE: 5/20/99  
DRAWN BY: T.P.F.  
CHECKED BY: M.L.R.  
PROJECT No.: 61342

C1 3672

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A49048

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-99-0418

OWNER Schroeyer Charles STREET OR RFD Emmaus Rd TOWN Lisbon SUBDIVISION WALNUT SPRINGS SECTION LOT 5

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. Rows: Brown Shale (0-80), Blue Rock (80-400). Includes handwritten note: 'Dry well 400' drilled in with cement & drilling materials

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 31 NO. OF POUNDS 2918

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

MAIN CASING TYPE SH Nominal diameter 6 Total depth 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

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED YES (Y) NO (N)

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 26.04.04 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 24 DRILLERS SIGNATURE Joseph P. Mayne

SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

Table with columns: E A C H I N G S C R E E N I N G, DEPTH (nearest ft.), SLOT SIZE, DIAMETER OF SCREEN

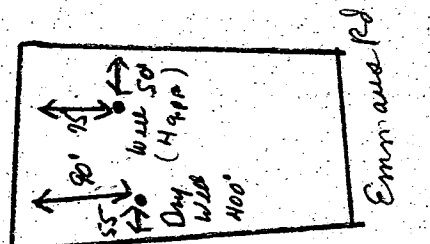
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED 3 PUMPING RATE 4 METHOD OF MEASURE PUMPING RATE Bucket WATER LEVEL 37 WHEN PUMPING 365 TYPE OF PUMP USED (for test) 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 PUMP HORSE POWER PUMP COLUMN LENGTH CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE 2 (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)





Building Address 1224 Emmaus Rd  
Woodbine Md 21797

Suite/Apt. #: \_\_\_\_\_ SDP/NWP/Partition #: \_\_\_\_\_

Census Tract 60240 Subdivision Walnut Springs

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 5

Tax Map 8 Parcel 313 Grid 8

Zoning RC-DP2 Map Coordinates M110 Lot size \_\_\_\_\_

Existing Use Vacant lot

Proposed Use Single Family Home

Estimated Construction Cost \$ 130,000

Description of Work 4 Bedroom 2 1/2 bath  
attached  
2 Car Garage near Single Family Home  
unfinished 2nd w/RI

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Property Owner's Name Charles Schreyer

Address 1225 Emmaus Rd

City Woodbine State Md Zip Code 21797

Home Phone 301 854 6217 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):  
Vance Merison

P.O. Box 126  
Woodbine Md 21797

Contractor Company Stratford Bldrs

Contact Person Vance Merison

Address P.O. Box 126

City Woodbine State Md Zip Code 21797

License No. \_\_\_\_\_

Phone 301 829 3024 Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics

Utilities

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

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

Utilities

SF Dwelling  SF Townhouse   
Depth Width  
1st floor: \_\_\_\_\_  
2nd floor: \_\_\_\_\_  
Basement: \_\_\_\_\_  
Finished Basement  Unfinished Basement   
Crawl space  Slab on Grade   
No. of Bedrooms 4  
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: \_\_\_\_\_  
 State Certified Modular  
 Manufactured Home

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 THEREIN; (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.

Vance Merison  
Applicant's Signature  
President Stratford Builders  
Title/Company

Vance Merison  
Print Name  
4/1/99  
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 5/3/99 Mark E. Ripley  
Health \_\_\_\_\_  
Fire Protection \_\_\_\_\_  
 Is Sediment Control approval required prior to issuance?  
YES  NO

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 ID: 40446  
Filing fee \$ 25  
Permit fee \$ \_\_\_\_\_  
Excise tax \$ \_\_\_\_\_  
Sub-total paid \$ \_\_\_\_\_  
Add'l permit fee \$ \_\_\_\_\_  
TOTAL FEES \$ \_\_\_\_\_  
Balance due \$ \_\_\_\_\_  
Check # 1247  
Validation # 30178

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

Accepted by [Signature]

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

6/8/99  
4/5/99  
Rec'd

"WALK THRU"

Building Address <u>1224 Emmaus Rd</u> <u>Woodbine Md 21797</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6010</u> Subdivision <u>Walnut Springs</u> Section _____ Area _____ Lot <u>5</u> Tax Map <u>8</u> Parcel <u>313</u> Grid <u>8</u> Zoning <u>R-1-DEO</u> Map Coordinates <u>3510</u> Lot size _____	Property Owner's Name <u>Charles Schuyler</u> Address <u>1225 Emmaus Rd</u> City <u>Woodbine</u> State <u>Md</u> Zip Code <u>21797</u> Home Phone _____ Work Phone <u>301-546217</u> Applicant's Name & Mailing Address; (if other than stated hereon): _____ Phone _____ Fax _____
---	--

Existing Use <u>New Home Under Construction</u> Proposed Use <u>deck</u> Estimated Construction Cost \$ <u>4,700</u> Description of Work <u>14' x 20' Wood Deck</u> <u>Steps to grade</u>	Contractor Company <u>Stratford Builders</u> Contact Person <u>Vance Merson</u> Address <u>P O Box 126</u> City <u>Woodbine</u> State <u>Md</u> Zip Code <u>21797</u> License No. _____ Phone <u>301 829 3024</u> Fax _____
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Occupant or Tenant <u>Same</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
---	--

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

<u>Vance Merson</u> Applicant's Signature President <u>Stratford Builders</u> Title/Company	<u>Vance Merson</u> Print Name <u>9.1.99</u> Date
---	--

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

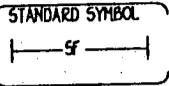
<b>AGENCY</b> <input checked="" type="checkbox"/> Land Development, DPZ <input type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Official <input type="checkbox"/> Dev. Engineering, DPZ <input type="checkbox"/> Health <input type="checkbox"/> Fire Protection	<b>DATE</b> <u>9/1/99</u> <u>9/1/99</u>	<b>SIGNATURE APPROVAL</b> <u>[Signature]</u> <u>[Signature]</u>	<b>DPZ SETBACK INFORMATION</b> Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	<b>PROPERTY ID#:</b> <u>4-0446</u> Filing fee \$ _____ Permit fee \$ <u>30</u> Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ <b>TOTAL FEES</b> \$ <u>30</u> Balance due \$ _____ Check # <u>210</u> Validation # _____
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Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

Accepted by \_\_\_\_\_

SECTION



- A. Layer At Least 3 inches in thickness and be pressed into the Soil With Construction Equipment.
- B. Rip-Rap To Be 4-8 inches in A Layer At Least 8 inches Thickness And Pressed Into The Soil.
- C. Approved Equivalents Can Be Substituted For Any Of The Above Materials.

7. Periodic Inspection And Required Maintenance Must Be Provided After Each Rain Event.

# EARTH DIKE

NOT TO SCALE

16" minimum into the (sum) cut, or 13/4" diameter rod. Steel posts will be pond per linear foot.

post with wire ties following requirements

- Test: MSMT 509
- Test: MSMT 509
- Test: MSMT 322
- Test: MSMT 322

AND shall be overlapped.

ent and maintained when 0% of the fabric height.

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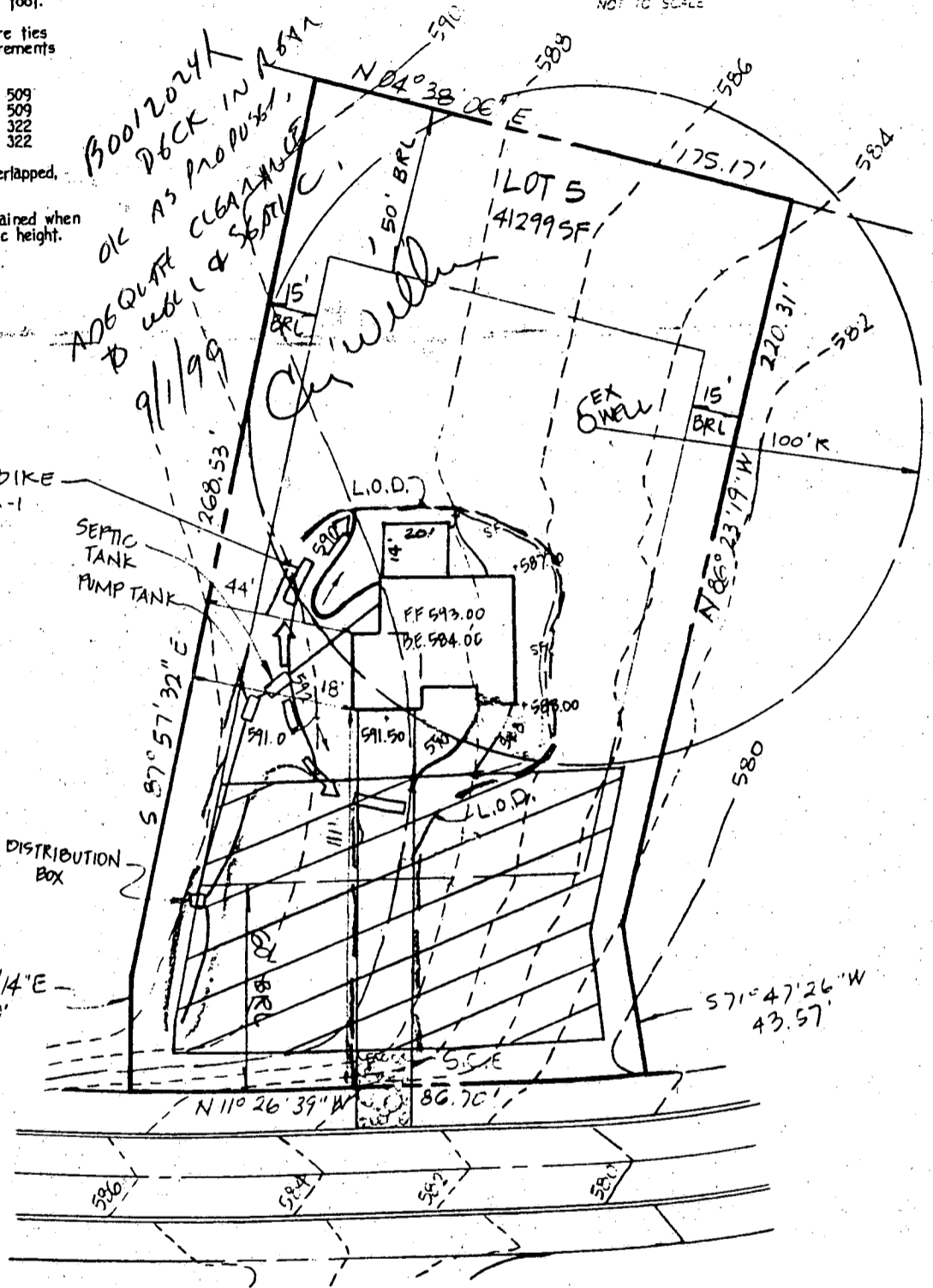
EARTH DIKE TYPE A-1

SEPTIC TANK  
PUMP TANK

DISTRIBUTION BOX

N 81° 24' 14" E  
35.00'

## EMMAUS ROAD



1699 SP-17 EM 3-32  
 1699 SP-17 EM 3-32  
 1699 SP-17 EM 3-32



Building Address 1224 Edinburg Rd  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 60012 Subdivision Edinburg  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 5  
 Tax Map 8 Parcel 313 Grid 1  
 Zoning R1-DCD Map Coordinates 3310 Lot size \_\_\_\_\_

Property Owner's Name Bill Jarvis  
 Address 1224 Edinburg Rd  
 City Woodbine State MD Zip Code 21792  
 Home Phone (410) 426-1357 Work Phone (410) 831-1770  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SP  
 Proposed Use SP  
 Estimated Construction Cost \$42500.00  
 Description of Work Removal of old existing deck 14' x 20' 1/2" / 14' x 20'

Contractor Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant Shana  
 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	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	SF Dwelling <input checked="" type="checkbox"/> SE Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input type="checkbox"/>	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFFPA #13D <input type="checkbox"/> NFFPA #13R <input type="checkbox"/> 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 [Signature] Print Name Bill Jarvis  
 Title/Company \_\_\_\_\_ Date \_\_\_\_\_

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*

**FOR OFFICE USE ONLY**

AGENCY	DATE	SIGNATURE/ APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____ Rear: _____ Side: _____ Side of _____	810176
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
City Engineering DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ _____
Health			Lot Coverage for NewTown Zone _____	Add'l per fee \$ _____
Fire Protection			SDP/Red-line approval date _____	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>				Check # _____
Distribution of Copies: White: Building Official Green: LDD/DPZ Yellow: DED/DPZ Pink: Health Gold: SHA				Validation # _____
				Accepted by _____