

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

306000-709

Building Address 15536 Cattail Oaks
Glenwood MD 21738
Suite/Apt. #: _____ SDP/W/P/Petition #: _____
Census Tract 6090.02 Subdivision Peacefields @ Creek
Section _____ Area _____ Lot 5
Tax Map 21 Parcel 63 Grid 10
Zoning RR Map Coordinates _____ Lot size 1.99Ac

Property Owner's Name Sandy and Jannine Johnson
Address 15536 Cattail Oaks
City Glenwood State MD Zip Code 21738
Home Phone 410 489 0866 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Steven Leaf
15084 Bushy Park Rd Woodbine MD
Phone 410 489 6145 Fax 410 489 6215

Existing Use single family home
Proposed Use workshop addition (garage)
Estimated Construction Cost \$ _____
Description of Work Addition of 588 sq workshop
and laundry area attached to the
existing home.

Contractor Company Tradition Home Builders
Contact Person Steven Leaf
Address 15084 Bushy Park Rd
City Woodbine State MD Zip Code 21797
License No. 13209572 & 88568 MHC
Phone 410 489 6145 Fax 410 489 6215

Occupant or Tenant Sandy + Jannine Johnson
Contact Name Sandy Johnson
Address 15536 Cattail Oaks
City Glenwood State MD Zip Code 21738
Phone 410 489 0866 Fax _____

Engineer or Architect Company _____
Contact Person contact Steven Leaf
Address 410-917-6070
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"/> Private	Depth	Width	<input type="checkbox"/> Public	<input type="checkbox"/> Private
Gross area, sq. ft. per floor:		Sewage Disposal:		1st floor:		<input type="checkbox"/> Public	<input type="checkbox"/> Private
Use group:		<input type="checkbox"/> Public	<input type="checkbox"/> Private	2nd floor:		Sewage Disposal:	
Construction type:		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement:		<input type="checkbox"/> Public	<input type="checkbox"/> Private
<input type="checkbox"/> Reinforced Concrete		Heating System:		Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Structural Steel		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Natural Gas <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Masonry		Propane Gas <input type="checkbox"/>		No. of Bedrooms _____		Heating System:	
<input type="checkbox"/> Wood Frame		Sprinkler system: N/A <input type="checkbox"/>		Height: _____		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular				Multi-family dwellings:		Propane Gas <input type="checkbox"/>	
				No. of efficiency units: _____		Sprinkler system: N/A <input type="checkbox"/>	
				No. of 1 BR units: _____		NFPA #13D	
				No. of 2 BR units: _____		NFPA #13R	
				No. of 3 BR units: _____		Other:	
				Other Structure: _____			
				Dimensions: _____			
				Footings: _____			
				Roof Height: _____			
				<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 THEREON; (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.

Steven Leaf
Applicant's Signature
Tradition Home Builders, Inc.
Title/Company

Steven Leaf
Print Name
6/27/06
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	6/28/06	<u>ASD TC 10</u>
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	6/28/06	<u>Leaf</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: <u>50 FT</u>	Filing fee	\$	
Rear: <u>108 FT</u>	Permit fee	\$	
Side: <u>10 FT</u>	Excise tax	\$	
Side St.: <u>NA</u>	Add'l per. fee	\$	
All minimum setbacks met?	TOTAL FEES	\$	
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$	
Is Entrance Permit required?	Balance due	\$	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Check	#	
Historic District?	Validation	#	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
Lot Coverage for NewTown Zone _____			
SDP/Red-line approval date _____	Accepted by _____		



CATTAIL CREEK
COUNTRY CLUB
LOT 28

APPROVED

WALK-THRU BUILDING PERMIT

B# 306000709 A# 59276-E
 APP. SF DATE: 6/23/2016

DESC. OF WORK: attached
 548 ft² garage w/workshop
 and laundry room

807.20'

CATT

12/5/01 Final
11:00

ISSUE DATE: 10/5/2001

APPROVAL DATE: 12/5/01

PERMIT INDEXED

P 516058-A

A 59276-E

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

04-365119

SK Backhoe & Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS: 1220 Francis Scott Key Hwy, 21757 PHONE NUMBER: 410-775-0562
301-898-0955

SUBDIVISION: Peacefields at Cattail Creek LOT NUMBER: 5

ADDRESS: 15536 Cattail Oaks PROPERTY OWNER: Trinity Quality Homes

SEPTIC TANK CAPACITY (GALLONS): 1250 (TOPSEAM)

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240

**BUILDING PERMIT SIGNED
AND RETURNED**
6/28/06-306000709 - 1 story add.

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Starting at the right front lot corner, place the distribution box 235' down the right lot line and 10' off this same lot line. Run (4) trenches on contour to front of lot as shown on plan.
NOTES:	

PLANS APPROVED: MER OK SRK 10/5/01 DATE: 8/15/01

- 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

**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 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

A59276-E