

CO Final  
11/12/97  
12/10/97  
12/10/97  
Home Loan AM

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 410-313-2640

INDEXED  
03-319938

P 59035

A 49915-G

DISTRICT 3rd

DATE 10/23/97

DATE SYSTEM APPROVED 12/10/97

INSPECTOR KM

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL  ALTER

ADDRESS 4410 Salem Bottom Road Westminster, MD 21157 PHONE 875-4197

SUBDIVISION Sobus Farms LOT 36 ROAD 2937 Summer Hill Drive

PROPERTY OWNER Altieri Homes

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 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 210 feet up the 305.33' lot line and 30 feet off that same lot line. Run trenches on contour toward the back lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 9/9/97 OK ALM

PLANS APPROVED BY Amy McMillen/Ronald J. Pinkley REVISED DATE 09/03/97

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.

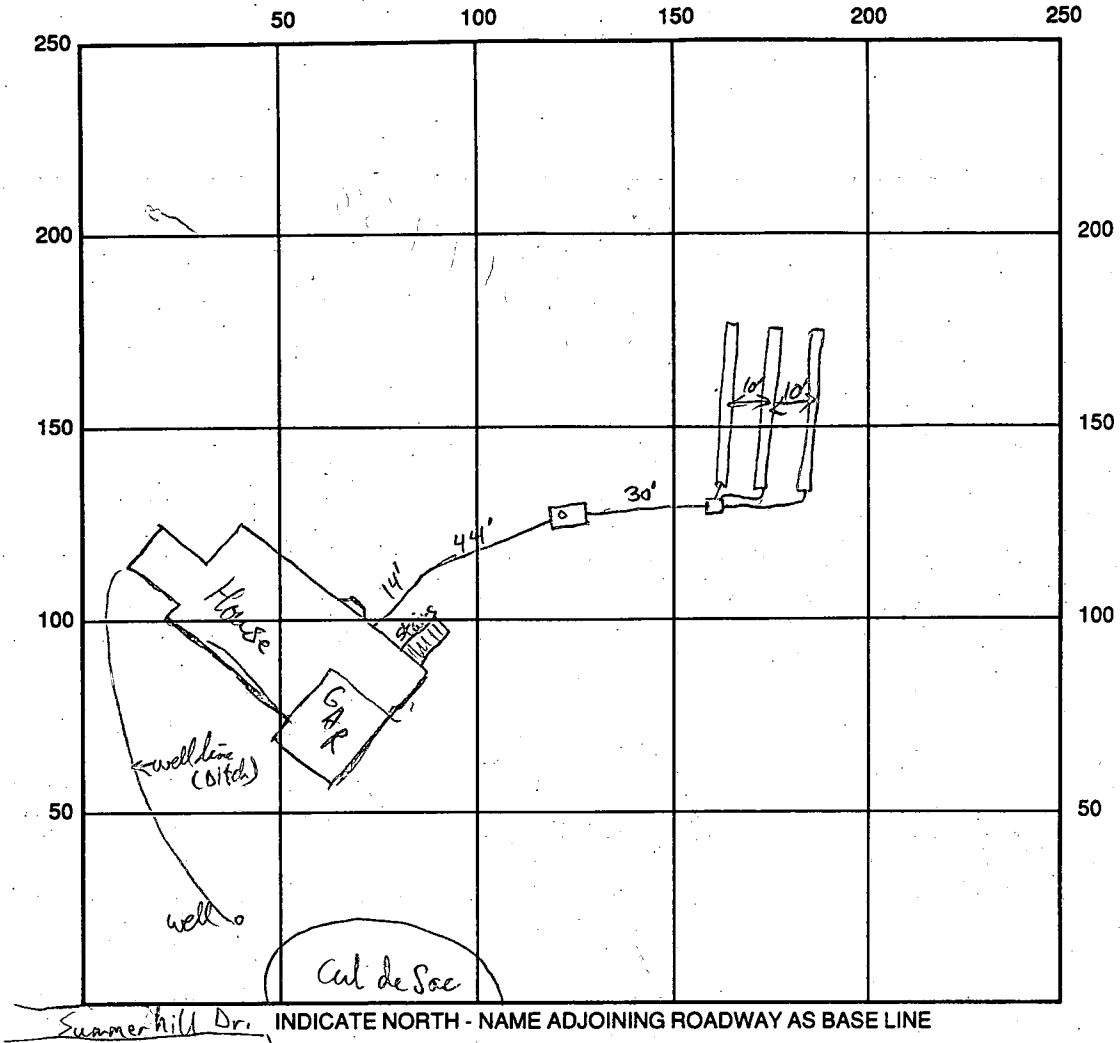
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

**BUILDING PERMIT SIGNED AND RETURNED**

7-17-02  
8-7-03 BOU 137511 - DECK  
BOU 143481 - FINISH BATH

A  
49915G



SEPTIC TANK LEVEL 1500 gal CLEANOUTS ST

DISTRIBUTION BOX LEVEL Level OK

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 80/80/80 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: Septic Tank Connected as per plan, Trench filled & ready to cover body of system.

**RECEIVED BUILDING PERMIT DIVISION** 12/10/97

**RECEIVED** 12/10/97 Was house conn. P.O.A. already installed (KM)

12/12/97 Richard Cole confirmed that 1" of cover or more would be over invert out of house (KM)

(WPT Not ready at this time 1/12/97)

DATE SYSTEM APPROVED 12/10/97 INSPECTOR Liam Maisto

# APPLICATION

PERCOLATION TESTING

A 49915G

P \_\_\_\_\_

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

DISTRICT 3

DATE 3/9/94

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 Milltop Development Corporation Altieri Homes

ADDRESS P.O. Box 208 Clarksville Md. 21029 PHONE 410-531-5539

AGENT OR PROSPECTIVE BUYER Richard Demmitt

ADDRESS P.O. Box 208 Clarksville Md. 21029 PHONE 410-531-5539

PROPERTY LOCATION:

SUBDIVISION Sobus Farms LOT NO. 24 (twenty-Four)

ROAD AND DESCRIPTION at the end of Winfield Rd.  
(2937 Summer Hill Drive)

TAX MAP 15 PARCEL # 26 & 154

SIZE OF LOT 1 acre + TYPE BLDG. S.F.D. - 4 Boms  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

AS PERMIT SIGNED  
AND RETURNED 9-3-92  
Serial # B7107550

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. Richard Demmitt  
(SIGNATURE OF APPLICANT)

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

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

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

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

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

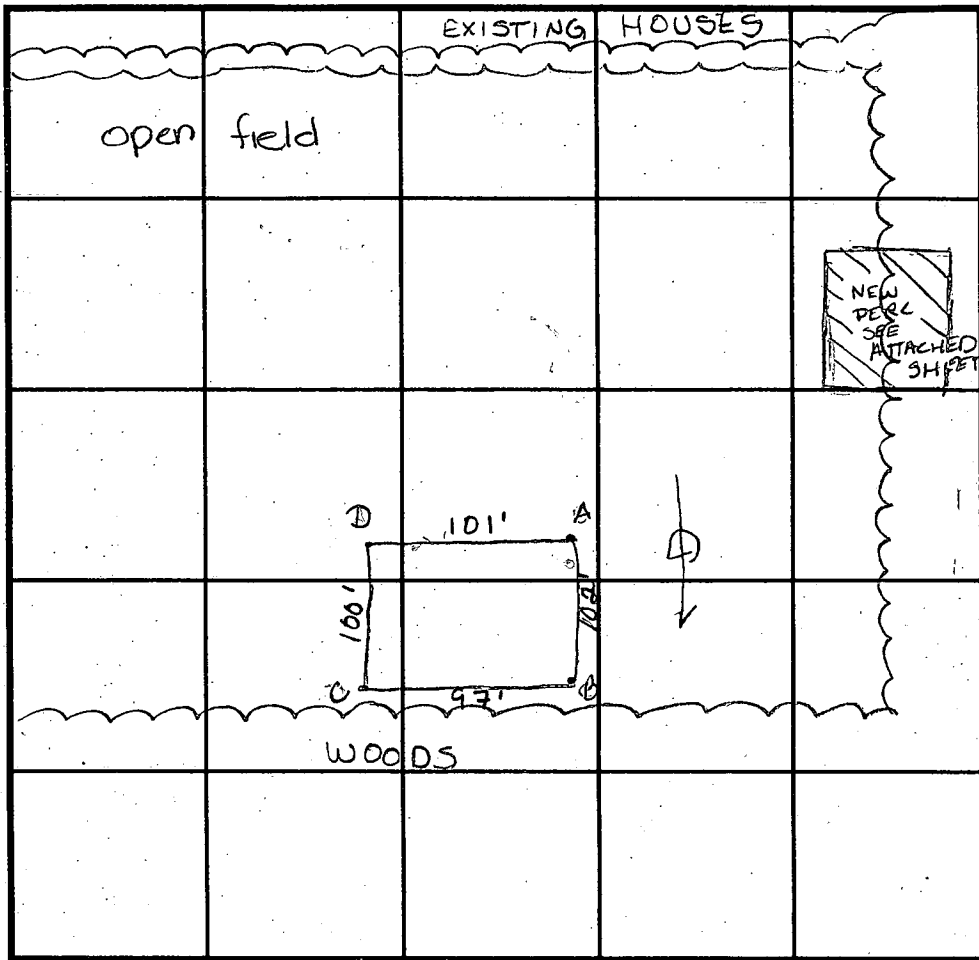
# THIS IS NOT A PERMIT

A499146

COUNTY #

SOIL PROFILE

0' B  
 1gt orange/bn CL  
 1' 1gt grey SL  
 Some small shale frags throughout  
 <5% OK



SOIL PROFILE

0' red/bn CL  
 4' dk brn grey SL  
 large chunks of mica  
 15% %

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

C  
 1gt bn CSL  
 2 1/2' 1gt grey bn SL  
 10% Shale & mica frags.  
 OK

12' D  
 tan bn CSL  
 3' brn w/ slight hint of red SL  
 mica frags throughout  
 <5% OK

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/24/94	B	5 1/2' VII'	12:58	12:58 <sup>45</sup>	12:58 <sup>45</sup>	12:59 <sup>30</sup>	45 sec
		3 1/2' VII'	12:58 <sup>15</sup>	12:58 <sup>45</sup>	12:58 <sup>45</sup>	12:59 <sup>30</sup>	45 sec
	C	6 1/2' VI 1/2'	1:03 <sup>45</sup>	1:04 <sup>45</sup>	1:04 <sup>45</sup>	1:05 <sup>45</sup>	1 min
		4' VI 2'	1:04 <sup>15</sup>	1:05 <sup>15</sup>	1:05 <sup>15</sup>	1:06 <sup>45</sup>	1 1/2 min
	D	4' VII'	1:15 <sup>15</sup>	1:15 <sup>45</sup>	1:15 <sup>45</sup>	1:16 <sup>45</sup>	1 min
	A	4' VII'	1:20	1:30	1:30	QUIT TESTING	—
		4 1/2' VII'	1:25 <sup>45</sup>	1:29	1:29	1:34 <sup>15</sup>	5 1/4 min

REMARKS

TYPE OF SOIL ChB<sub>2</sub> Chester Silt loam  
 TESTED BY A McMillen / M. Rifkin ALSO PRESENT R. Demitt  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min TRENCH WIDTH 3'  
 INLET DEPTH 3' MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 180 ft<sup>2</sup>

# APPLICATION

## PERCOLATION TESTING

A \_\_\_\_\_

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

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 \_\_\_\_\_

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

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

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

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION \_\_\_\_\_

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_  
(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 OF APPLICANT)

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

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

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

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

COUNTY #

SOIL PROFILE

0' 24K orange brn CSL

very lgt orange sil mica

tan sil mica 10% 15% rock frags

24L

lgt red c

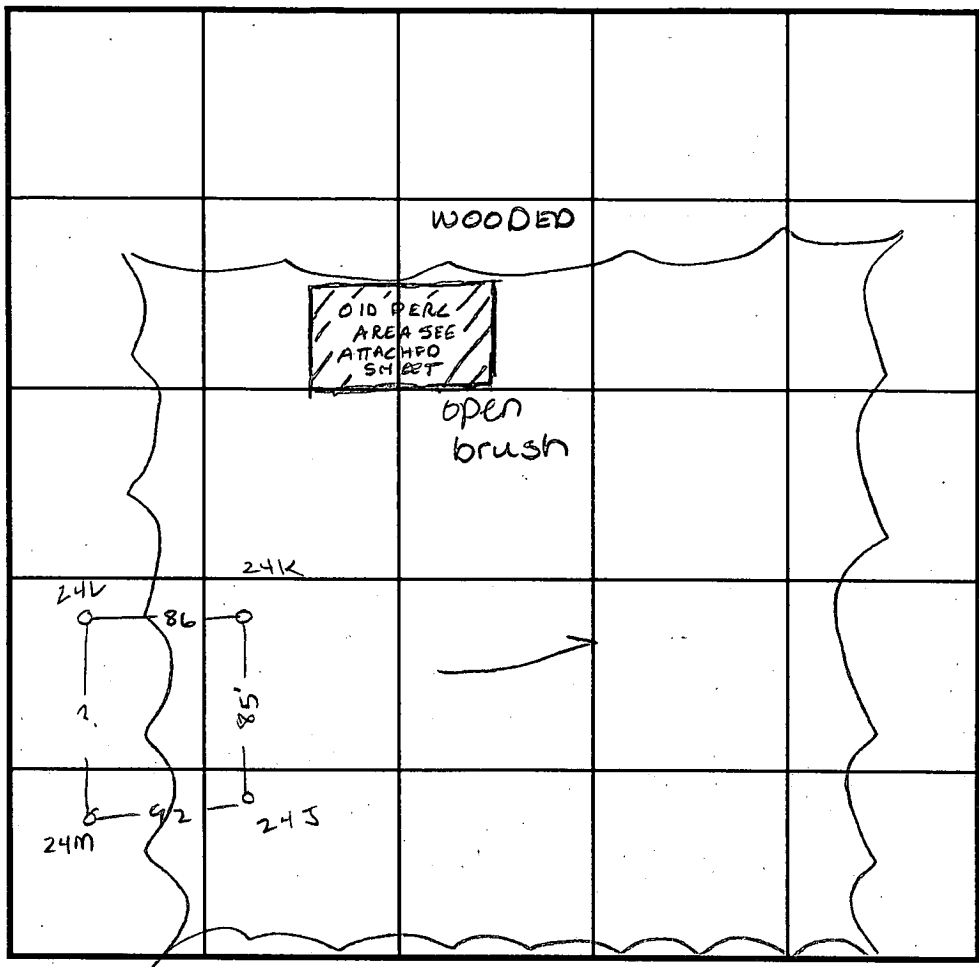
2' powder mica sil 5% rock frags OK very light tan

24J

orange brn CSL

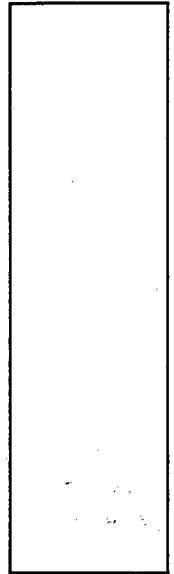
2.5' pink mica L 5-10% mica frags OK

12'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. EX HOUSES

SOIL PROFILE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-4-94	24K	2.5 V11'	5:25 <sup>45</sup>	5:26	5:26	5:28	2min
	24K	5.5 V11'	5:25 <sup>20</sup>	5:25 <sup>50</sup>	5:25 <sup>50</sup>	5:27	1 1/4 min
	24L	3.5 V10.5'	5:29 <sup>30</sup>	5:30	5:30	5:30 <sup>30</sup>	30sec
	24L	repour	5:32 <sup>45</sup>	5:33 <sup>55</sup>	5:33 <sup>55</sup>	5:35 <sup>30</sup>	1 1/2 min
	24J	3.5 V12'	5:37 <sup>45</sup>	5:39	5:39	5:41	2min
	24M	3.5 V13'	5:43 <sup>30</sup>	5:44	5:44	5:44 <sup>30</sup>	30sec
	24M	repour	5:45 <sup>30</sup>	5:46 <sup>15</sup>	5:46 <sup>15</sup>	5:47 <sup>15</sup>	1min

REMARKS \_\_\_\_\_

TYPE OF SOIL sandy loam

TESTED BY Amy McMillen ALSO PRESENT Richard Demmitt

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min TRENCH WIDTH 3'

INLET DEPTH 2' MAXIMUM BOTTOM DEPTH 4' SQ. FT./BEDROOM 180

**B 1** 1957 SEQUENCE NO. (MDE USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

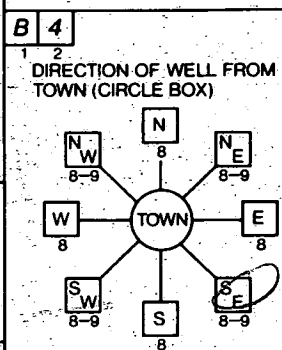
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
 H0-93-0204  
 fill in this form completely

Date Received (APA) 110695  
**OWNER INFORMATION**  
 Demmitt RICHARD  
 PO BOX 228  
 CLARKSVILLE MO 21029

**B 3** LOCATION OF WELL  
 HOWARD  
 SOBUSH FARMS  
 SECTION 24 LOT 24  
 WEST FRIENDSHIP  
 MILES FROM TOWN 1 1/2 MI

**DRILLER INFORMATION** CIRCLE: MSD/MGD/MWD  
 Joseph L. Wayne 24  
 Joseph L. Wayne Well Drilling  
 5512 Ridge Rd. Mt. Airy, Md. 21771  
 Joseph L. Wayne 11/5/95



Summer Hill Drive  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 11 S 37  
 DISTANCE FROM ROAD ENTER FT OR MI FT  
 TAX MAP: 15 BLK: PARCEL 26

**B 2** 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 A 499156  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE DATE ISSUED 120595  
 CO SIGNATURE EXP. DATE 12/4/96  
 NORTH GRID 529000 EAST GRID 0817000

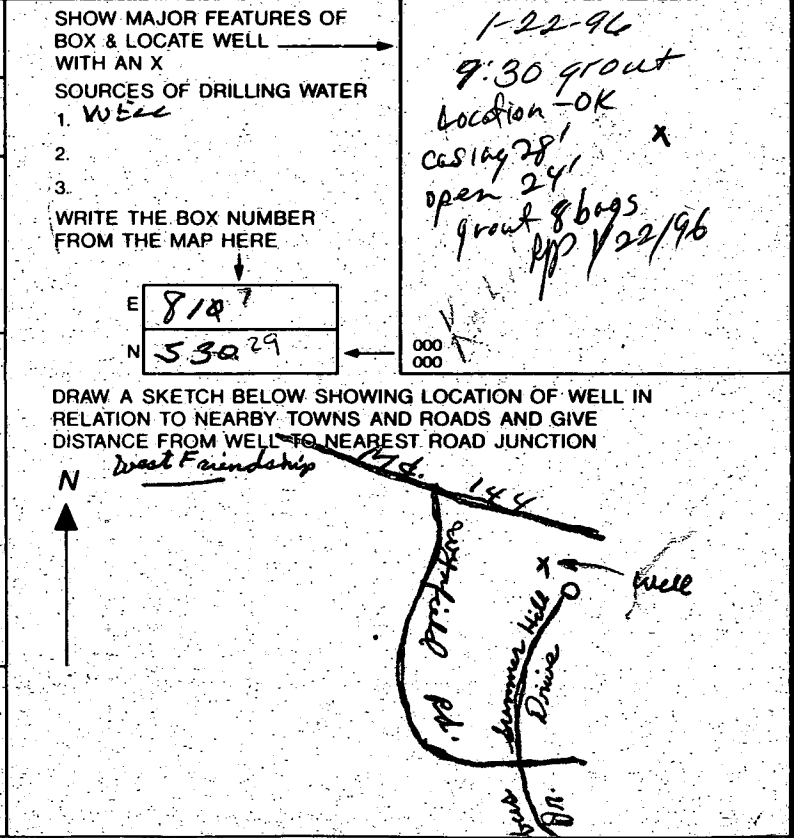
APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 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 (MDE OR COUNTY USE ONLY)  
 APPROX. PERMIT NUMBER G A P  
 FORCE CW PERMIT No. H0-93-0204



C1 0135 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A49915-G

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

DATE RECEIVED

DATE WELL COMPLETED 012296

Depth of Well 380 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-93-0204

OWNER Demmitt Richard STREET OR RFD Summerhill Drive TOWN West Friendship SUBDIVISION Sobus Farms SECTION LOT 24

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand (0-25) and Gray mica rock (25-380).

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (8), NO. OF POUNDS (252), DEPTH OF GROUT SEAL (0-24 ft).

CASING RECORD: casing types insert appropriate code below (SH, ST, CO, PL, OT).

MAIN CASING TYPE: SH, Nominal diameter top of main casing (6), Total depth of main casing (28).

OTHER CASING (if used) table with columns for diameter and depth.

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT).

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED (Y, N).

CIRCLE APPROPRIATE LETTER: A (well 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 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

TYPE: MWD/MSD/MGD. DRILLERS LIC. NO. 24.

DRILLERS SIGNATURE: Joseph L. Mayne.

LIC. NO.

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

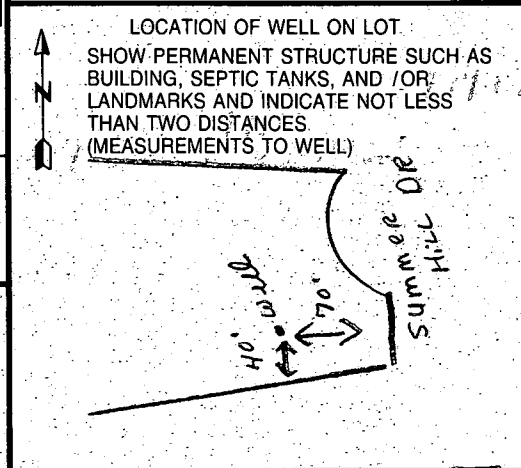
DEPTH (nearest ft.) table with columns for casing height and depth. Includes entry for HO 27 380.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q 74 75 76. TELESCOPE CASING LOG INDICATOR OTHER DATA.

PUMPING TEST: HOURS PUMPED (6), PUMPING RATE (002.8), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (42 ft before, 320 ft when), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED PLACE (S), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (+ above, - below).



copy of signed  
perc. cert plat

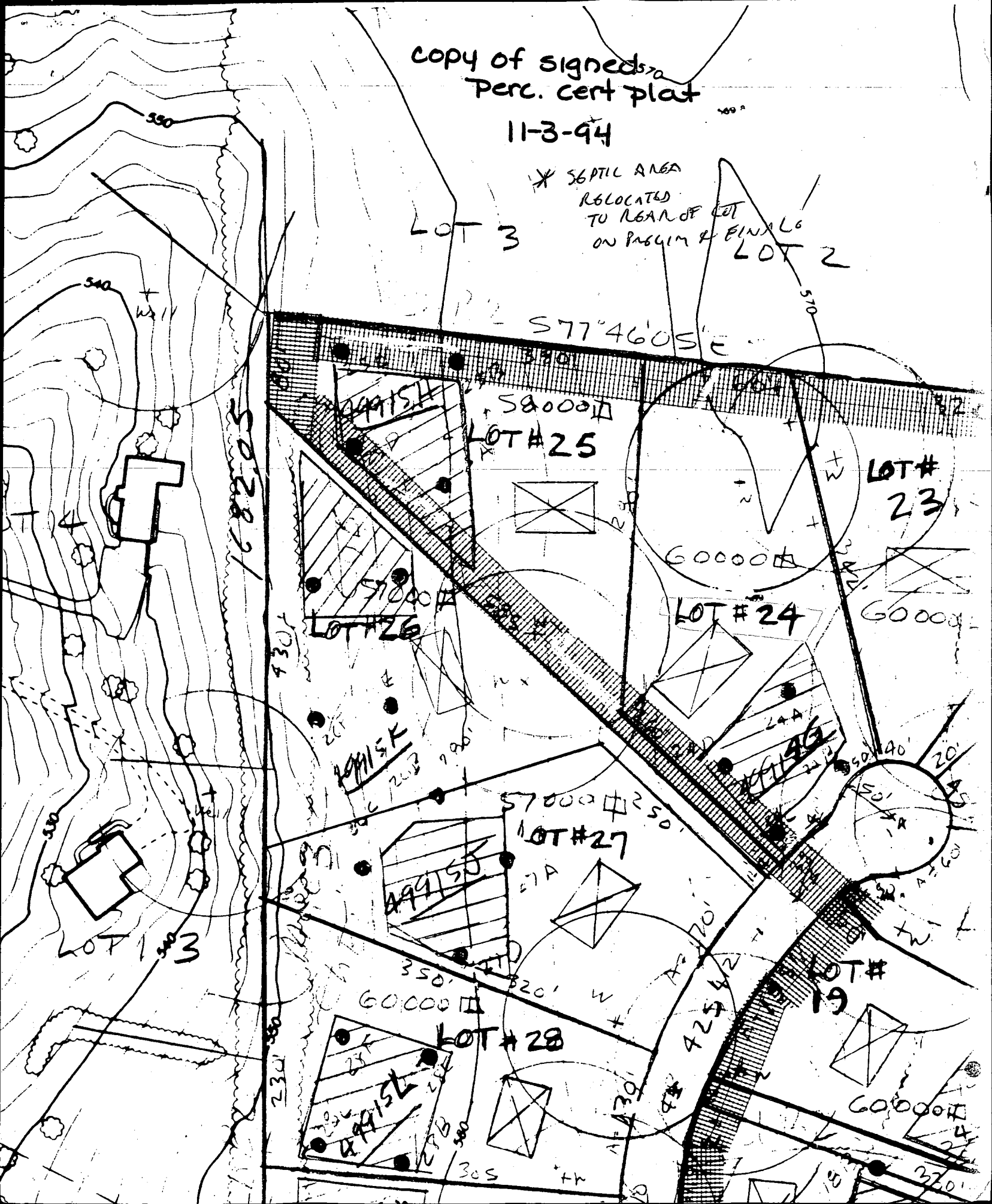
11-3-94

\* SEPTIC AREA  
RELOCATED  
TO REAR OF LOT  
ON PASQUIM & FINN L6

LOT 3

LOT 2

S 77° 46' 05" E





copy d-95-15  
27.7

#25

LOT # 23

FF=72°  
BF=62°

FF=72°  
BF=62°

FF=53°  
BF=48°

#24

FF=72°  
BF=62°

LOT # 22

FF=65°  
BF=55°

LOT # 27

FF=70°  
BF=60°

FF=66°  
BF=58°

FF=69°  
BF=59°

FF=68°  
BF=53°

LOT # 18

FF=24°  
BF=14°

FF=53°  
BF=43°

TO A R  
PRE



STATION 9+30 PC = 14+100  
R = 425'

Revised- Approved perc  
cert. change  
due to mistake  
in lot line location

25' COMMON DRIVEWAY ACCESS  
EASEMENT LOTS 24, 25 AND 26

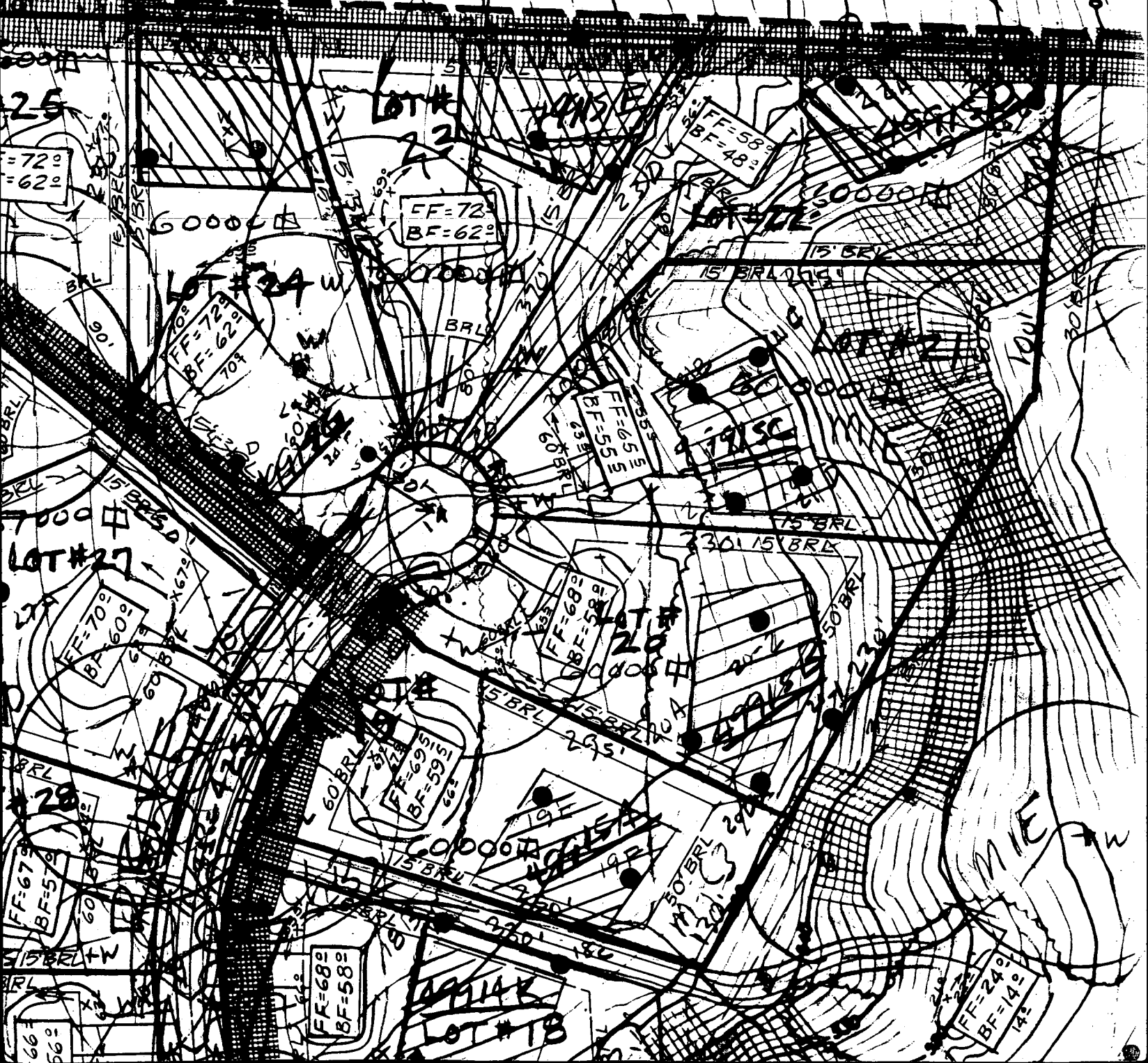
STREET TREES  
MEDIUM SIZE 40' x 40'

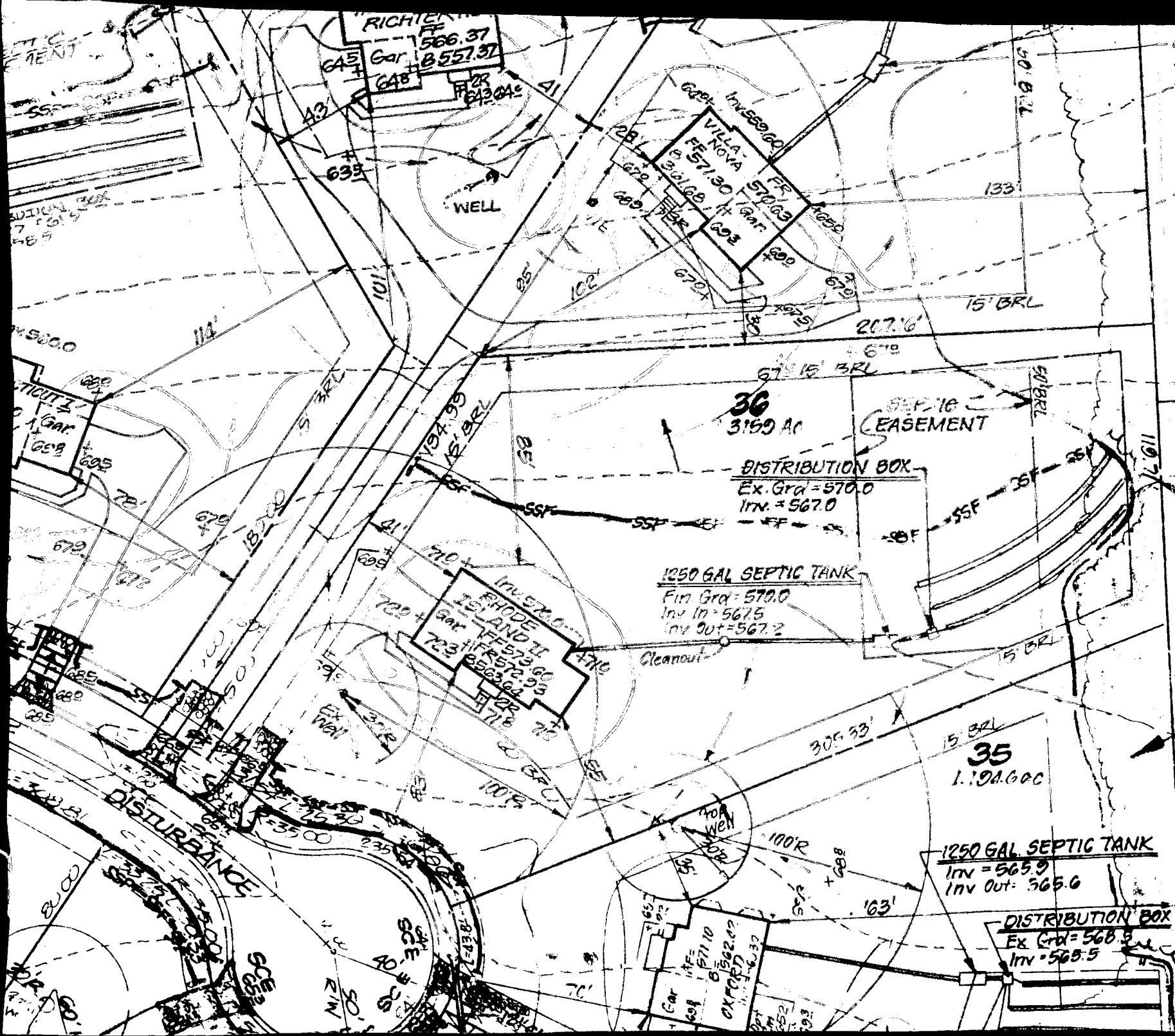
LOT 2  
TREELINE  
TO REMAIN

P 226  
D. UNDY  
L 714 F. 742

6/19/96 P 228  
H. ORTHNER  
L 723 F 692

77°46'05" E 571'





1250 Gal. Septic Tank  
 Inv. In 558.6  
 Inv. Out 558.3

Approved Septic System Plan  
 Howard County Health Department

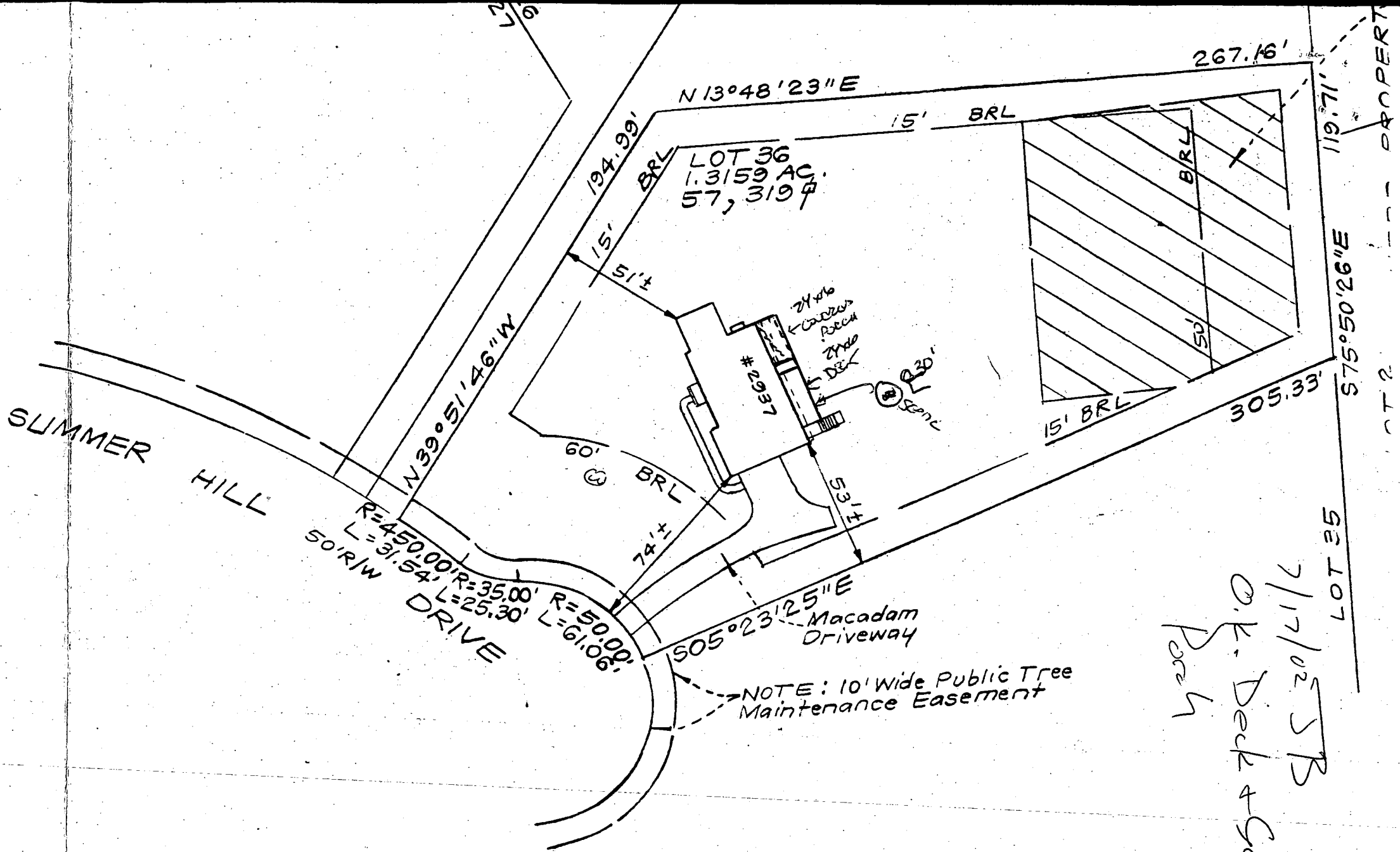
*[Signature]*  
 Signature

9/15/00  
 Date

LOT 2

NO. 7, LOTS 25 AND 24 BACK  
 W/ L. NO. SEWER BY GRAVITY

NO	REVISION
1	Raise hse
2	Rev. hse. eqn
3	Rev. hse. eqn
4	Rev. hse. eqn from Gen. P
5	Rev. hse. eqn
6	Add Exis
7	Rev. hse. eqn
8	Rev. Septic
9	Rev. hse. eqn
10	Revised hse
11	Rev. hse. eqn
12	Rev. hse. eqn
13	Rev. hse. eqn



7/17/02 SJB  
 O.K. Deck + Screened  
 porch

**CONSUMER INFORMATION**

1. This plat is of benefit to the consumer only insofar as it is required by a lender of a title insurance company or its agent in connection with contemplated transfer, financing or

Building Address 2937 Summer Hill Drive  
WEST BOWENSHAW MD 21744

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6030 Subdivision Solera Town

Section N/A Area N/A Lot 36

Tax Map 15 Parcel 154 Grid 18

Zoning RR-DEP Map Coordinates 10E5 Lot size \_\_\_\_\_

Property Owner's Name Steve and Janet Somers

Address 2937 Summer Hill Drive

City W. Bowen Shaw State MD Zip Code 21744

Home Phone 410-453-7260 Work Phone \_\_\_\_\_

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

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

Existing Use Single Family Home

Proposed Use Deck with Stairs

Estimated Construction Cost \$ 200

Description of Work Install 6x8 2x4 steps to  
Deck of Home with Stairs to  
Deck. 24 x 16 w/Steps to grade

Contractor Company NB Construction LLC

Contact Person Nicholas Bruce

Address 3 Adams Avenue

City Chowchow State MD Zip Code 21228

License No. NAIC 17078

Phone 410-747-1057 Fax 410-747-3257

Occupant or Tenant Owner

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms _____	
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: _____	
<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 HERETO; (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 HIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Nicholas Bruce

Title/Company \_\_\_\_\_

Print Name Nicholas Bruce

Date 7/17/2012

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

AGENCY		DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development	DPZ			Front _____	31652
State Highways				Rear _____	Filing fee \$ <u>21</u>
Building Official				Side _____	Permit fee \$ <u>1</u>
Dev. Engineering	DPZ			Side St. _____	Excise tax \$ _____
Health		<u>7/17/12</u>	<u>[Signature]</u>	All minimum setbacks met? <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection				Is Entrance Permit required? <input type="checkbox"/>	TOTAL FEES \$ <u>21</u>
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"/>				Historic District? <input type="checkbox"/>	Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>1744</u>
				Lot Coverage for New Town Zone _____	Validation # <u>3070</u>
				SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>
Distribution of Copies -	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA