

05-380464

5/14/85  
3 PM  
11 AM  
1 PM  
5/15/85

2 Inspections

approved  
5-15-85  
S.Hell

# PERMIT

P 34749

A 2225

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
997-2330

ELLICOTT CITY  
DISTRICT 5th

INDEXED

DATE 4/1/84

INDEXED

Paul Schissler

IS PERMITTED TO INSTALL  ALTER

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

SUBMISSION The Heritage ROAD 14112 Bison Court LOT 17

PROPERTY OWNER Richard Pakina

ADDRESS

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

GARBAGE GRINDER? YES  NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 5 with Garbage Disposal

TRENCHES - 200 sq. ft. per bedroom with garbage disposal. 2-100 ft. trenches Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe. LOCATION: Start first trench 90 feet from right property line and 200 feet from front property line as seen when facing lot from Bison Court. Run trenches along level ground toward front of property. NOTE: no Trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Trenches to be installed on level ground, Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

ALL OR PARTIAL SIGNED

AND RETURNED 1-6-99

Serial # BR 115627

Plans Approved by Craig Williams DATE 4/26/84

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE 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 MANDHOLE TO GRADE REQUIRED

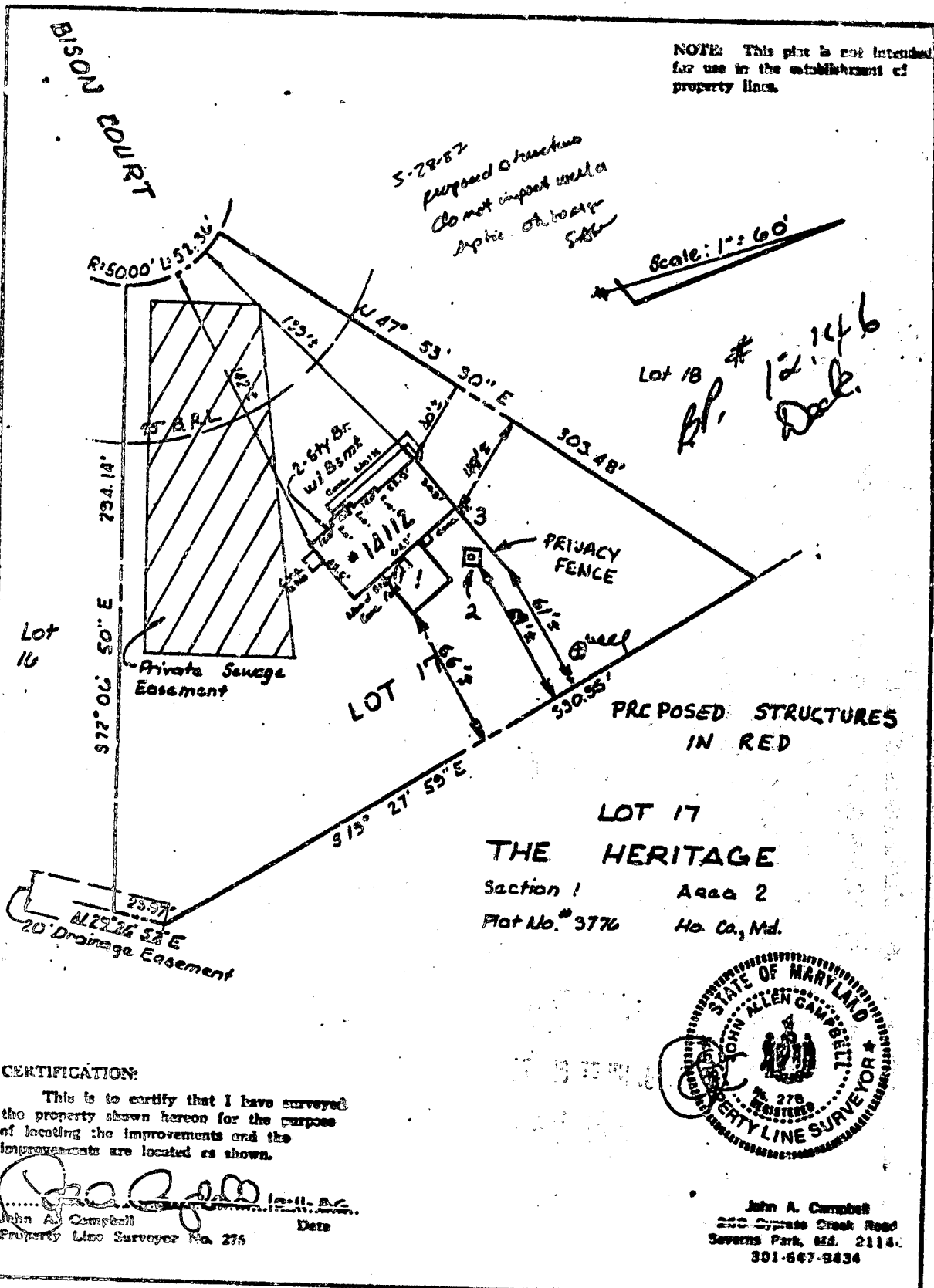
INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 997-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

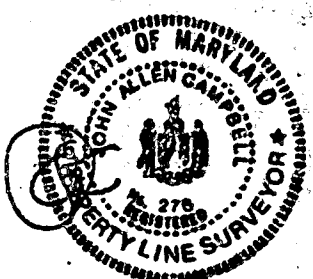
A 2225

34749



Lot 18 # 12, 14, 6  
Pl. DeK.

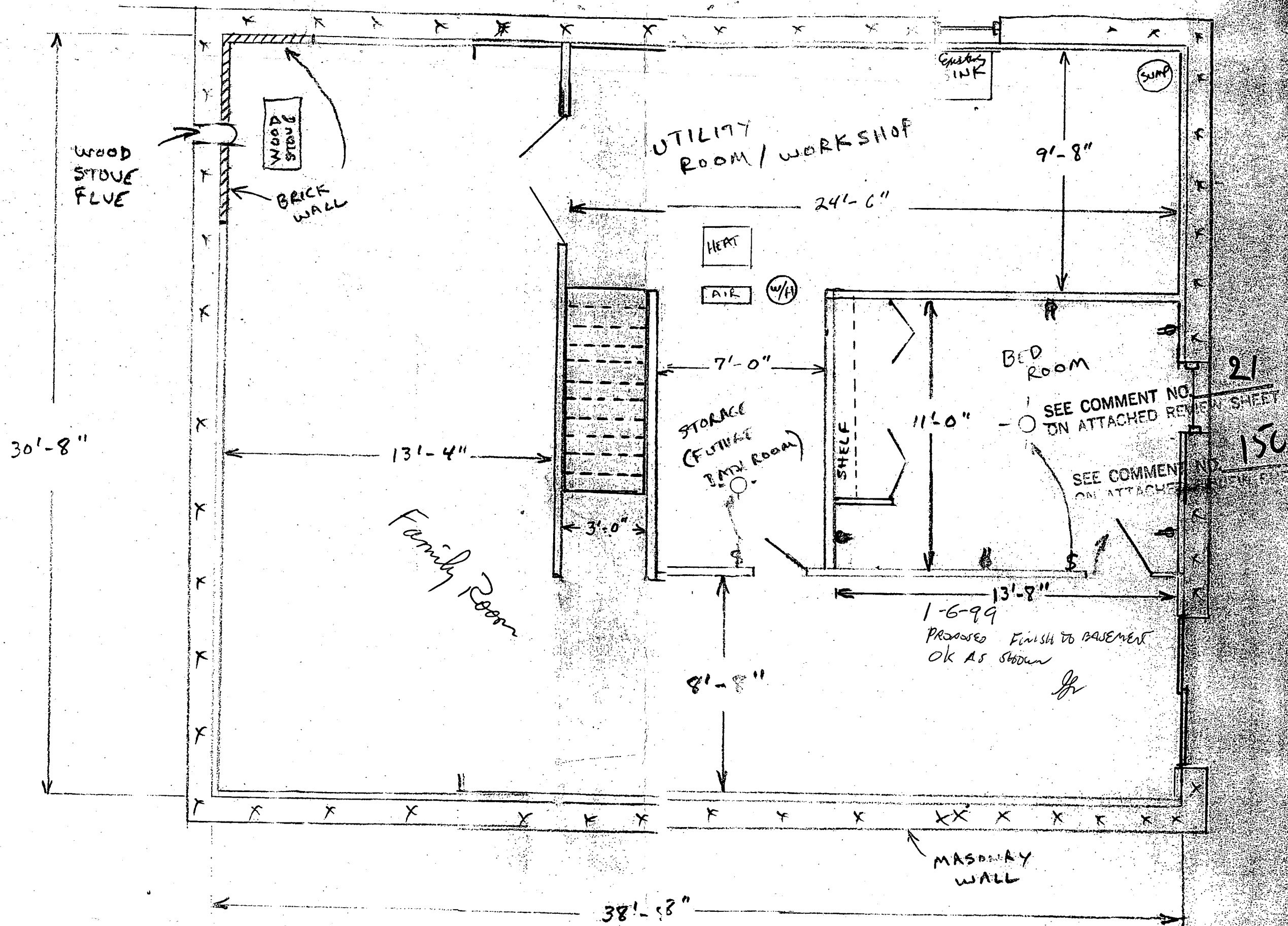
**LOT 17**  
**THE HERITAGE**  
 Section 1 Area 2  
 Plat No. 376 Ho. Co., Md.



**CERTIFICATION:**  
 This is to certify that I have surveyed the property shown hereon for the purpose of locating the improvements and the improvements are located as shown.

*John A. Campbell*  
 John A. Campbell  
 Property Line Surveyor No. 276  
 Date

John A. Campbell  
 202 Cypress Creek Road  
 Severn Park, Md. 21144  
 301-647-9434



Building Address 14112 BISON COURT  
GLENELG, MD 21737

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

Census Tract 6511 Subdivision THE HERITAGE

Section 1 Area 2 Lot 117

Tax Map 21 Parcel 104 Grid 78

Zoning RR-DE Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name RICHARD F. FABINA  
 Address 14112 BISON COURT  
 City GLENELG State MD Zip Code 21737  
 Home Phone 301-854-6332 Work Phone 301-342-3027  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use PRIMARY RESIDENCE 3FD  
 Proposed Use SAME w/ finished basement  
 Estimated Construction Cost \$ 1200.00

Description of Work FINISH EXISTING  
EASEMENT / DRYWALL CLOSING  
BEDRM - FAMILY ROOM - WOODSTOVE - UTILITY

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

Occupant or Tenant OWNER ROOM  
 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: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	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: _____ 2nd floor: _____ Basement: _____	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"/> 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: <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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	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 <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> 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.

Richard F. Fabina  
 Applicant's Signature  
Owner  
 Title/Company

RICHARD F. FABINA  
 Print Name  
1-7-99  
 Date

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

**FOR OFFICE USE ONLY**

AGENCY	DATE	SIGNATURE APPROVAL	DEZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	39134
State Highways			Rear: _____	Filing fee \$ <u>30</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering DPZ			Side St: _____	Excise tax \$ _____
Health	<u>1/6/99</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	ADD'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>30</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>5552</u>
			Accepted by <u>[Signature]</u>	Validation # <u>1485</u>

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