

PUB. SEWER STATUS VERIFIED BY _____

05-380472

ISSUE DATE: _____

P 32242

APPROVAL DATE: _____

A 22276

PERMIT INDEXED

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

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: The Heritage LOT NUMBER: 18

ADDRESS: 14113 Bison Court PROPERTY OWNER: Mary & Ron Gardner

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	
PURPOSE:	File not found on Microfische, bp approved 3/19/2003

PLANS APPROVED: _____ DATE: _____

- 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**

P 32242

Building Address 1413 Bison Court
Glennville MD 21737

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 18

Tax Map 21 Parcel 154 Grid 10

Zoning _____ Map Coordinates _____ Lot size _____

Existing Use SFD

Proposed Use SAME

Estimated Construction Cost \$ 82,000

Description of Work Extend front porch w/ steps
Extend ext. area and remodel kit.
2 1/2" Fire Master Bed + SATU over
EXISTING FLOOR SAME.

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name MARY + RON GARDNER

Address 1413 Bison Court

City Glennville State MD Zip Code 21737

Home Phone 410-320-6646 Work Phone 410-647-2858

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

Phone _____ Fax _____

Contractor Company GARDNER CONTRACTING

Contact Person MIKE GARDNER

Address 341 Dogwood Rd.

City Millersville State MD Zip Code 21108

License No. MISC-7076

Phone 410-647-2858 Fax 410-647-5018

Engineer or Architect Company HENRY R. WILLARD, JR.

Contact Person HENRY WILLARD

Address P.O. Box 186

City Glennville State MD Zip Code 21737-0186

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"/> 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"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
_____ State Certified Modular	

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
1st floor: <u>43</u> Depth <u>50</u> Width <u>50</u>	Sewage Disposal: _____ Public _____ Private _____
2nd floor: <u>33</u> <u>50</u> <u>50</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>26</u> <u>39</u>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>4</u>	
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	

THE UNDERSIGNED HEREBY CERTIFY AND AGREE 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.

Applicant's Signature _____
Gardner / GARDNER CONTRACTING
 Title/Company

Print Name MIKE GARDNER
 Date 11/22/03 1-29-03

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 Highway		
Building Official		
Engineering, DPZ		
Health	<u>3/19/03</u>	<u>Steven R. Kruey</u>
Fire Protection		
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: _____	Filing fee \$ <u>25</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # <u>5564</u>
SDP/Red-line approval date _____	Validation # _____
	Accepted by _____



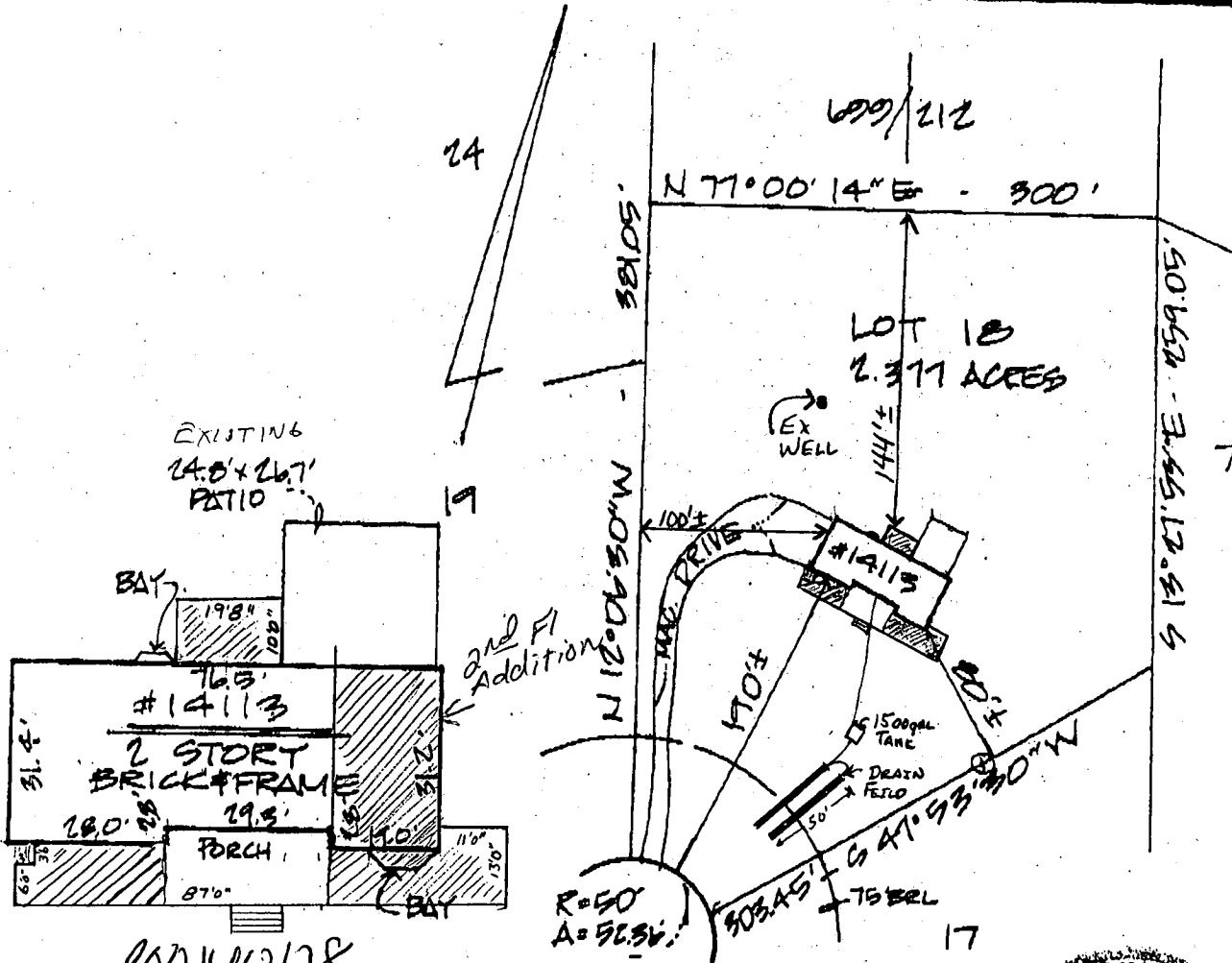
**DEVELOPMENT
CONSULTANTS
GROUP**

17104 GEORGIA AVENUE #102 TELEPHONE
OLNEY, MARYLAND, 20852 301-924-4970


HOUSE LOCATION PLAT

LOT 18 BLOCK —
SECTION ONE, AREA 2
THE HERITAGE

COUNTY OF HOWARD PLAT BK. PLAT NO. 3796



B00140128

ADDING To House 
3/19/03- Proposed addition
OK (SRW)
Relatively No impact

BISON COURT
(50'R/W)



NOTE: Existence of property corners not guaranteed by this plat.

SURVEYOR'S CERTIFICATION

I hereby certify that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and encroachments, if any. This Plat is not for determining property lines, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this Plat. No title report furnished.

Jason Plummer
Professional Land Surveyor No. 9216

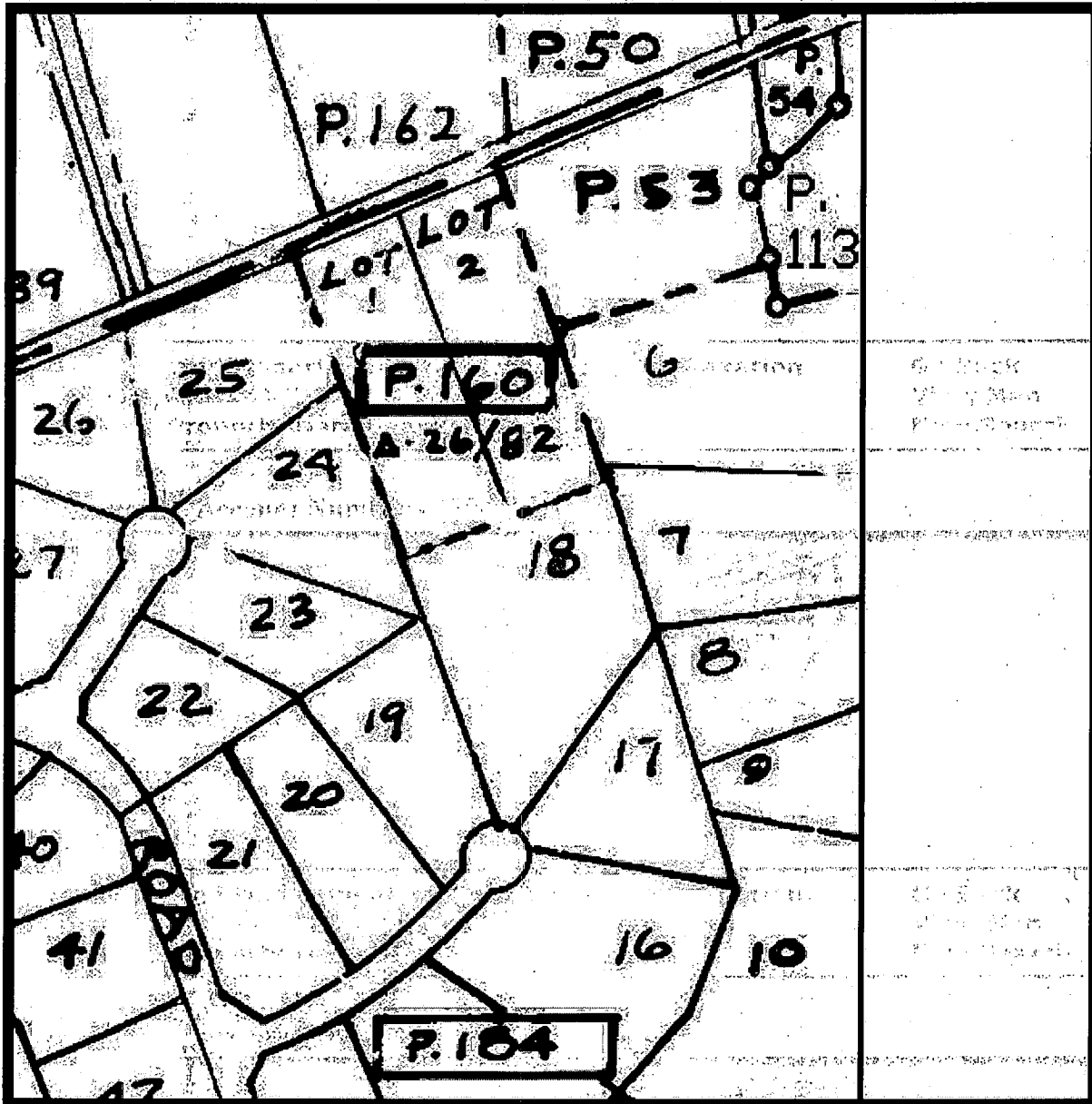
Job No.	100.173
Scale:	1" = 100' / 1" = 90'
DATES	
Wall Ck:	
Final Ldc:	5/20/06
Recert:	2/26/92



Maryland Department of Assessments and Taxation
HOWARD COUNTY
Real Property Data Search

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District - 05 Account Number - 380472



Property maps provided courtesy of the Maryland Department of Planning ©2001.
For more information on electronic mapping applications, visit the Maryland Department of Planning
web site at www.mdp.state.md.us

Click here for a plain text ADA compliant screen.



Maryland Department of Assessments and Taxation
HOWARD COUNTY
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Account Identifier: District - 05 Account Number - 380472

Owner Information

Owner Name: GARDNER MARY WOLF
 GARDNER RONALD C
Use: RESIDENTIAL
Principal Residence: NO
Mailing Address: 14113 BISON CT
 GLENELG MD 21737-9509
Deed Reference: 1) / 1119/ 237
 2)

Location & Structure Information

Premises Address 14113 BISON CT
 GLENELG 21737
Zoning RRDEO
Legal Description LOT 18 2.377 AR S 1
 14113 BISON CT
 THE HERITAGE

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Group	Plat No: Plat Ref:
21	18	184					18	81	

Special Tax Areas Town Ad Valorem Tax Class NO A/V, NO M/P, RURAL FIRE TAX

Primary Structure Built	Enclosed Area	Property Land Area	County Use
1983	2,317 SF	2.37 AC	
Stories	Basement	Type	Exterior
2	YES	STANDARD UNIT	SIDING

Value Information

	Base Value	Value As Of	Phase-in Assessments	
		01/01/2002	07/01/2002	07/01/2003
Land:	113,700	133,700		
Improvements:	154,210	182,940		
Total:	267,910	316,640	284,153	300,396
Preferential Land:	0	0	0	0

Transfer Information

Seller: WALGROW JOINT VENTURE CO
Type: IMPROVED ARMS-LENGTH
Date: 09/10/1982
Deed1: / 1119/ 237
Price: \$35,500
Deed2:
Seller:
Type:
Date:
Deed1:
Price:
Deed2:
Seller:
Type:
Date:
Deed1:
Price:
Deed2:

Exemption Information

Partial Exempt Assessments	Class	07/01/2002	07/01/2003
County	000	0	0
State	000	0	0
Municipal	000	0	0

Tax Exempt: NO
Exempt Class:

Special Tax Recapture:

* NONE *