PERMIT

SEWAGE DISPOSAL SYSTEM DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| | DEPARTMENT | OF HEALTH | I AND MENTA | | TRICT | | | |
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| HOWARD COUNTY | HEALTH DEPARTM | IENT | THEN | · | DATE | | | |
| BUREAU OF EN | /IRONMENTAL HEALTH | | EXED | DATE SYSTEM APPROVED | | | | |
| | | \sim | | INSPE | CTOR | | | |
| | RPS#292 | 150 | IS PI | ERMITTED TO INSTALL | ALTER | | | |
| ADDRESS | | | | PHONE | · | | | |
| SUBDIVISION | | LOT | ROAD _ | 2730 Sykesville | Road | | | |
| PROPERTY OWNER | Susan Brice | | | | | | | |
| ADDRESS | | | | · | | | | |

BUILDING PERMIT SIGNED AND RETURNED 11-3-03 BOU145095-DECK

| · | ···· | | | | | · | |
|------------------|------|-------------|------|-----------------|------------------|------|-----------------|
| | , | | | | | | |
| | | | | | 1 | DATE | |
| PLANS APROVED BY | | | | _ | | | |

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)

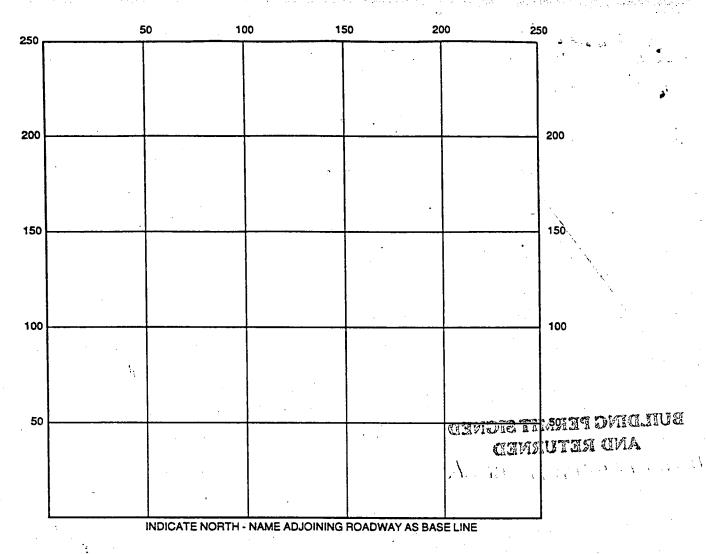
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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



| SEPTIC TANK LEVEL | CLEANOU | CLEANOUTS | | | | | | |
|----------------------------|---------------------------------------|--------------------------------|-------------|-----|--|--|--|--|
| DISTRIBUTION BOX LEVEL | · | | | | | | | |
| DRAIN FIELD/TITLE DEPTHFT. | TRENCH WIDTH | FT. | INLET DEPTH | FT. | | | | |
| EFFECTIVE GRAVEL DEPTHFT. | TOTAL LENGTH | FT. | | | | | | |
| NUMBER OF TRENCHES | ONE SIDEWALL/B | OTTOM AREA | sq. FT. | | | | | |
| DRYWALL INSIDE DIAMETERFT. | EFFECTIVE DEPTH B | EFFECTIVE DEPTH BELOW INLETFT. | | | | | | |
| ABSORBENT AREASC |). FT. | | | | | | | |
| REMARKS: | · | | | | | | | |
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| DATE SYSTEM APPROVED | INSPECT | OR | | | | | | |

DEPARTMENT OF INSPECTIONS LICENSES AND PERMITS PERMIT NUMBER HOWARD COUNTY EAM (410)313-2465 INSPECTIONS 410)313-1810 PERMIT APPLICATION | 100 119314 Building Address 2730 Pt 32 4 Pewell Property Owner's Name Suson Brice West Friendship, MD 01794 Address <u>2730</u> Rt 32 Citylest Triencish pstate 110 Zip Code 31794 Suite/Apt. #: SDP/WP/Petition #: Census Tract 6030 Subdivision Home Phone 154-5451 Work Phone 595-2920 Applicant's Name & Mailing Address, (if other than stated hereon): Parcel Phone Zoning Map Coordinates //) C4 Lot size Existing Use Safe Fail Hore
Proposed Use Safe W Paol Contractor Company _ グいいき (Contact Person Estimated Construction Cost \$ 3500.00 Description of Work Hoove Ground Pop 24 x15 x59 01 Deck 24 License No. Occupant or Tenant Engineer or Architect Company Contact Person Address Address _ City State Zip Code City_____Zip Code BUILDING DESCRIPTION - RESIDENTIAL BUILDING DESCRIPTION - COMMERCIAL Building Characteristics Building Characteristics Water Supply: Height: Water Supply; Public Depth 1st floor: Püblic Width No. of stories: Private _ Private Sewage Disposal: Sewage Disposal: 2nd floor: Public Private Public Basement: Private Gross area, sq. ft. per floor: Crawl space 🗆 Slab on Grade 🗖 Electric Yes□ No□ Electric Yes | No | No. of Bedrooms Use group: Multi-family dwellings: Gas Yes □ No □ Gas Yes□ No□ No. of efficiency units: //
No. of 1 BR units: // Heating System: Heating System: Construction type: Electric Oil Oil Electric Oil No. of 2 BR units: Reinforced Concrete Natural Gas Natural Gas 🗆 No. of 3 BR units: 7 Structural Steel Propane Gas Propane Gas Masonry Other Structure: j_{\perp}^{j} Sprinkler system: N/A □ Wood Frame Sprinkler system: N/A □ Dimensions: ____ ___ NFPA #13D __ Full Footings: Partial Roof: NFPA #13R. State Certified Modular Other Suppression Other: # of Heads State Certified Modular Manufactured Home

| | THE PROPE | KTY FOR THE | PIRPORE | E PRODUCTIONS | THE WORK D | CHAITTED AT | ND POSTING N | omes : | | 14 1 Te 16 1 | 3 3 1 a) | Çê sala û 🦠 | error f | | | . * • |
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| | F 0 | | Constitution of | 3774 - 115 | | St. 1. W. 14. 1 | | 34 555 6 | | 177 | | | 1.1 | | | *** |
| . • | ADDUC | ant's Si | enaturi | od | | | | | | - Pri | nt Name | | | | | |
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Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY-

| AGENCY DATE | SIGNATURE APPROVAL & L |
|--|---|
| Hand Development, DPZ | the contract property and the transfer of the |
| State Highways | Party Party and the second of |
| Building Official 100 1546 200 | A PER IN COME TO THE SE S |
| Dev Engineering DPZ | Barthan common visit in the second of the by |
| Health Williams 207/15/14/25 White | Steven K Kney |
| Fire Protection | CHEST CONTRACTOR CONTRACTOR CONTRACTOR |
| Is Sediment Control approval required prior to iss | suance? |
| YES 🗆 NO 💷 | |

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP

Distribution of Copies- White: Building Official Green: LDD, DPZ

PZ SETBACK INFORMATION ront:

Excise tax

Il minimum setbacks met? (Add'l permit fee "YES'□ NO □

SDP/Red-line approval date_

Entrance Permit required? Balance due

YES O NO O Check Historic District? Validation Lot Coverage for NewTown Zone

TOTAL FEES

Sub-total paid...

Filing fee Permit fee

Accepted by

Yellow: DED, DPZ Pink Health

a:\permit.frm

