

APPROVED 7-30-79

R. Demarco

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

HOWARD COUNTY

05-348617

ELLICOTT CITY

DISTRICT 5th

DATE 3/20/79

INDEXED

Olen Ketterman

IS PERMITTED TO INSTALL ALTER X

ADDRESS 6119 Jerry's Drive, Columbia, Md. 21044

PHONE 997-8740

SUBDIVISION Clarksville Ridge ROAD 6601 Whitegate Road LOT 5

PROPERTY OWNER Mr. William F. Douglas

ADDRESS 6601 Whitegate Road, Clarksville, Md. 21029

## SPECIFICATIONS

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

DEEP TRENCH \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.

INLET PIPE \_\_\_\_\_ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH \_\_\_\_\_ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT \_\_\_\_\_ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA \_\_\_\_\_ FT. FROM \_\_\_\_\_ LOT LINE AND \_\_\_\_\_ FT. FROM \_\_\_\_\_ LOT LINE AS SEEN WHEN  
FACING LOT FROM.

REPAIR - Call for an appointment when ground is opened up and Sanitarian will  
recommend the repair system.

PLANS APPROVED BY Palmer F. Wine

DATE 3/20/79

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 PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 ACCEPTED.

BLOG. PERMIT SIGNED

AND RETURNED 11-25-98

Serial # B70115184

Replace entrance sign

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

BLOG. PERMIT SIGNED

AND RETURNED 8-30-00

#00126700

ENLARGE FRONT OF HOUSE

229588



APPLICATION

HOWARD COUNTY

## PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT  
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

B0015184

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

6601 White Gate Rd  
Clarksville Md 21029GRADING/SEDIMENT CONTROL ☐ YES ☐ NO

DESCRIPTION OF WORK AUTHORIZED

Removal of existing signature wall  
Replace with new  
Same location Length = 11-10

LOT NO. PARCEL NO. SEC. AREA BLOCK NO. LIBER FOLIO

SUB DIVISION ZONE ZONE MAP ELEC. DIST. CENSUS TR.

OWNER NAME AND ADDRESS PHONE NO.

DOUGLASS, W F and NELLIE B 410-531-6164

OCCUPANT'S NAME AND ADDRESS PHONE NO.

NELLIE B DOUGLASS 410-531-6164

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

None W-410-674-7500

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

A. L. Inghran Sr. Odenton Md. 21113

EXISTING USE PROPOSED USE

Single Family Home Same w/ entrance wall

EST. CONSTRUCTION COST LICENSE NUMBER PERMIT FEE

P1000

W/S CODE

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE

SIDE YARD

(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE

DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY)

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

## CAUTION

To begin construction before a permit placard has been issued  
and displayed on the job is a violation of the law.  
Use and occupancy permit must be applied for two weeks  
before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

SIZE OF BLDG. FRONT DEPTH HEIGHT

TYPE OF BLDG. AREA VOLUME ROOF

B. ROOMS

ROOMS

BATHS

FIREPLACES

FOOTINGS FOUNDATION S. WALLS

UTILITIES

WATER/WELL SEWER/SEPTIC GAS ELECTRICITY TYPE OF HEAT AC

I have carefully examined and read this application and know the same is true and correct,  
and that in doing this work, all provisions of Howard County Ordinances and the State  
Laws of Maryland will be complied with, whether specified or not; and I will notify the  
Department of Inspections, and Permits twenty-four hours in advance when I am ready for  
the inspections called for elsewhere in the application; and that no work will be covered up  
until such inspections have been complied with.

NELLIE B. DOUGLASS

OWNER SIGNATURE

11-23-98

FUNCTION DATE SIGNATURE APPROVAL

ZONING/PLANNING X

SHA

SEDIMENT/GRADING

BUILDING OFFICIAL X

WATER &amp; SEWER

HEALTH DEPT. X 11/25/98 A McMillan

FIRE PROTECTION

STORM WATER MGM

APPROVED

DATE

Distribution of Copies:  
White - Building Official  
Green - Planning & ZoningYellow - Engineering  
Pink - Health Dept.  
Gold - S.H.A.

CK 145

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLCOTT CITY, MD 21043  
PERMITS (410)313-2455 INSPECTIONS (410)313-1810  
AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY**  
**PERMIT APPLICATION**

**PERMIT NUMBER**  
B00126200

Building Address 6001 White Gate Rd  
Columbia, MD 21057

Property Owner's Name ED & Victoria Douglas

Address Columbia, MD 21057

City Columbia State MD Zip Code 21057

Home Phone (410) 325-7621 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):  
6322 East Corina Street  
Mesa, AZ 85205

Phone (480) 325-7621 Fax \_\_\_\_\_

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

Census Tract 6051.02 Subdivision Clarkville Ridge

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 5

Tax Map 35 Parcel 185 Grid: 3

Zoning RR DEP Map Coordinates 14R11 Lot size 1.66 AC

Existing Use SF

Proposed Use Home

Estimated Construction Cost \$ 70,000

Description of Work Enlarge front porch by approx 5' in width with a 6x8 footer on crawlspace

Contractor Company McKenzie Contr. Inc.

Contact Person Tom McCormick

Address 7533 Bright Light Pl

City Ellicott City State MD Zip Code 21043

License No. 56137 Phone (410) 379-5985 Fax (410) 716-7441

Occupant or Tenant: Victoria Douglas

Contact Name Victoria Douglas

Address 6322 East Corina Street

City Mesa State AZ Zip Code 85205

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

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

| BUILDING DESCRIPTION - COMMERCIAL              |                                                                              | BUILDING DESCRIPTION - RESIDENTIAL                                                                 |                                                                              |
|------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>Building Characteristics</b>                | <b>Utilities</b>                                                             | <b>Building Characteristics</b>                                                                    | <b>Utilities</b>                                                             |
| Height: <u>N/A</u>                             | Water Supply: <u>N/A</u>                                                     | SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>              | Water Supply: _____                                                          |
| No. of stories: <u>1</u>                       | Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>  | Depth <u>32</u> Width <u>72</u>                                                                    | Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>  |
| Gross area, sq. ft. per floor: <u>14680</u>    | Sewage Disposal: _____                                                       | 1st floor: <u>32</u>                                                                               | Sewage Disposal: _____                                                       |
| Use group: _____                               | Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>  | 2nd floor: <u>32</u>                                                                               | Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>  |
| Construction type: _____                       | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Basement: <u>32</u>                                                                                | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Reinforced Concrete _____                      | Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>      | Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> | Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>      |
| Structural Steel _____                         | Heating System: _____                                                        | Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>             | Heating System: _____                                                        |
| Masonry _____                                  | Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/>    | No. of Bedrooms <u>3</u>                                                                           | Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/>    |
| <input checked="" type="checkbox"/> Wood Frame | Natural Gas <input type="checkbox"/>                                         | No. of 1 BR units: _____                                                                           | Natural Gas <input type="checkbox"/>                                         |
| State Certified Modular _____                  | Propane Gas <input type="checkbox"/>                                         | No. of 2 BR units: <u>1</u>                                                                        | Propane Gas <input type="checkbox"/>                                         |
|                                                | Sprinkler system: <u>N/A</u>                                                 | No. of 3 BR units: _____                                                                           | Sprinkler system: <u>N/A</u>                                                 |
|                                                | Full _____                                                                   | Other Structure: _____                                                                             | _____ NFPA #13D                                                              |
|                                                | Partial _____                                                                | Dimensions: _____                                                                                  | _____ NFPA #13R                                                              |
|                                                | Other Suppression _____                                                      | Footings: _____                                                                                    | Other: _____                                                                 |
|                                                | # of Heads _____                                                             | Roof: _____                                                                                        |                                                                              |
|                                                |                                                                              | State Certified Modular _____                                                                      |                                                                              |
|                                                |                                                                              | 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.

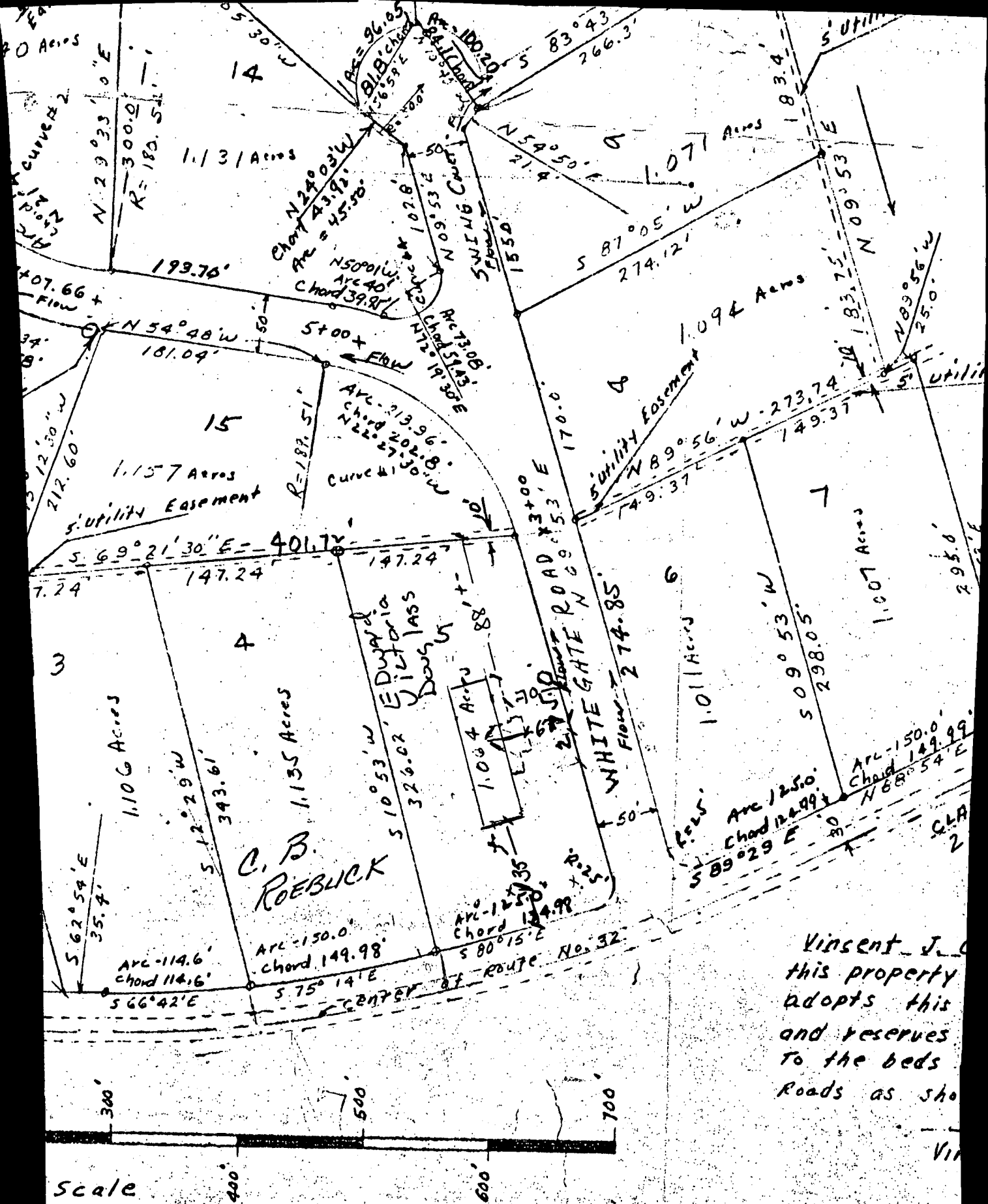
Applicant's Signature Thomas McCormick Print Name Thomas McCormick

Title/Company McKenzie Contracting Inc. Date 30 Aug 00

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
- FOR OFFICE USE ONLY -

| AGENCY                                                   | DATE    | SIGNATURE   | APPROVAL    | DPZ SETBACK INFORMATION                                                                          | PROPERTY ID#              |
|----------------------------------------------------------|---------|-------------|-------------|--------------------------------------------------------------------------------------------------|---------------------------|
| Land Development DPZ                                     | 8/30/00 | [Signature] | [Signature] | Front: _____                                                                                     | 38687                     |
| State Highways                                           |         |             |             | Rear: <u>50 FT</u>                                                                               | Filing fee \$ <u>25</u>   |
| Building Official                                        | 8/30/00 | [Signature] | [Signature] | Side: <u>30 FT</u>                                                                               | Permit fee \$ <u>25</u>   |
| Dev. Engineering DPZ                                     |         |             |             | Side St.: <u>10 FT</u>                                                                           | Excise tax \$ <u>190</u>  |
| Health                                                   | 8/30/00 | [Signature] | [Signature] | All minimum setbacks met? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO    | Sub-total paid \$ _____   |
| Fire Protection                                          |         |             |             | Is Entrance Permit required? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | Add'l permit fee \$ _____ |
| Is Sediment Control approval required prior to issuance? |         |             |             | Historic District? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO           | TOTAL FEES \$ <u>245</u>  |
| YES <input type="checkbox"/> NO <input type="checkbox"/> |         |             |             | Lot Coverage for New Town Zone _____                                                             | Balance due \$ _____      |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> |         |             |             | SDP/Red-line approval date _____                                                                 | Check # <u>1974</u>       |
| ONE STOP SHOP: <input type="checkbox"/>                  |         |             |             | Accepted by <u>[Signature]</u>                                                                   | Validation # <u>34242</u> |

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



Vincent J. C  
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and reserves  
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Roads as sho

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KITCHEN

