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<small>DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800</small>		<b>HOWARD COUNTY PERMIT APPLICATION</b>		<b>PERMIT NUMBER</b> <u>B00160119</u>	
Building Address <u>3737 Sharp Road</u>			Property Owner's Name <u>Katherine Carta</u>		
Suite/Apt. #: <u>04-351304</u> SDP/WP/Petition #: _____			Address <u>63916 GRATEFUL HEART GATE</u>		
Census Tract _____ Subdivision _____			City <u>COLUMBIA</u> State _____ Zip Code <u>21044</u>		
Section <u>61142</u> Area _____ Lot <u>10</u>			Home Phone <u>410-531-4953</u> Work Phone _____		
Tax Map <u>31</u> Parcel <u>017</u> Grid <u>12</u>			Applicant's Name & Mailing Address, (if other than stated hereon): _____		
Zoning <u>AR-10</u> Map Coordinates <u>91-10</u> Lot size _____			Phone _____ Fax <u>443-535-0005</u>		
Existing Use _____			Contractor Company <u>owner</u>		
Proposed Use _____			Contact Person _____		
Estimated Construction Cost \$ _____			Address _____		
Description of Work <u>Custom SFD</u>			City _____ State _____ Zip Code _____		
Occupant or Tenant _____			License No. _____		
Contact Name _____			Phone _____ Fax _____		
Address _____			Engineer or Architect Company _____		
City _____ State _____ Zip Code _____			Contact Person _____		
Phone _____ Fax _____			Address _____		
			City _____ State _____ Zip Code _____		
			Phone _____ Fax _____		

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b>	<b>Utilities</b>	<b>Building Characteristics</b>	<b>Utilities</b>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	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"/>	2nd 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"/>	Basement: _____	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 _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>5</u> Height: _____ 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 Height: _____ State Certified Modular _____ Manufactured Home _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ 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 THERETO; (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.

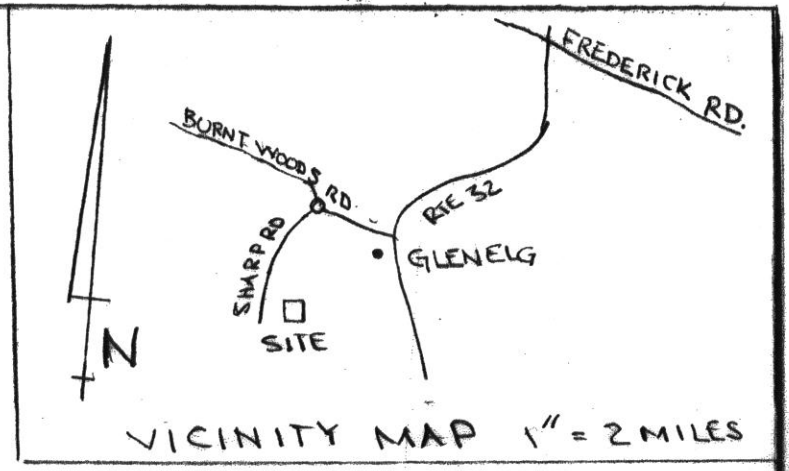
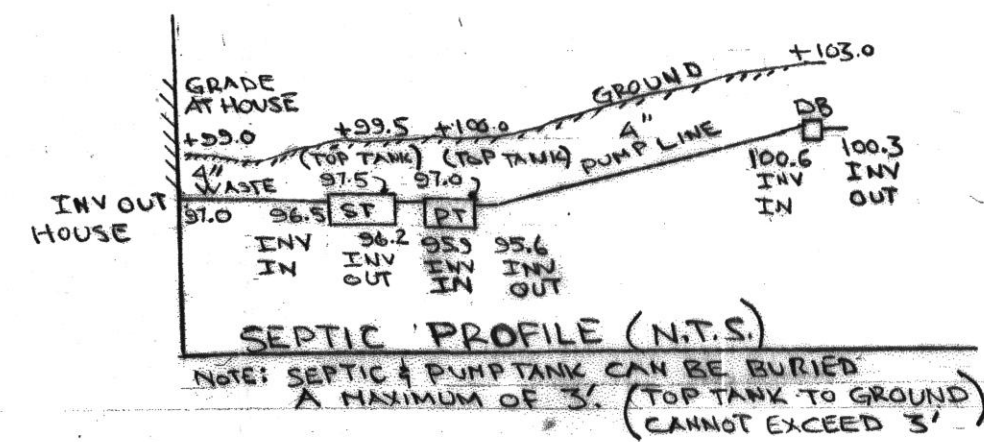
Applicant's Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Title/Company \_\_\_\_\_ Date \_\_\_\_\_

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			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>5/24/07</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>717</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # <u>1160119</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- _____	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	
			Yellow: DED, DPZ	Pink: Health
				Gold: SHA



APPROVED FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS  
IN CONFORMANCE WITH THE MASTER PLAN OF HOWARD COUNTY  
*B. Nifan for Peter Beilensen MD* 5/23/2007  
HOWARD COUNTY HEALTH OFFICER DATE



ENGINEERS CERTIFICATION NOTES:

1. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE STATE OF MD, DEPT OF ENVIRONMENT
2. ALL EXISTING WELLS AND SEPTIC SYSTEMS WITHIN 100' OF PROPERTY BOUNDARIES HAVE BEEN SHOWN.
3. ALL EXISTING AND PROPOSED WELLS, SEPTIC SYSTEMS AND SEWAGE DISPOSAL SYSTEMS LOCATED WITHIN 200' DOWN GRADIENT OF PROPOSED SEPTIC SYSTEM HAS BEEN SHOWN.
4. THE ENGINEER USED ALL REASONABLE EFFORTS TO FIND THE LOCATION OF ALL SURROUNDING WELLS AND SEPTIC SYSTEMS.
5. ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERC CERTIFICATION PLAN.
6. TOPOGRAPHY WAS FIELD RUN AND VERIFIED AND REFLECTS FIELD-MATCH INFORMATION.
7. THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF AT LEAST 10,000 SF AS REQUIRED BY MDE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE ARE RESTRICTED. THE SDA SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SDA.
8. THE EXISTING WELL SHOWN ON THIS PLAN (HO-881133) HAS BEEN FIELD LOCATED BY MICHAEL W. PARR, P.E. AND IS ACCURATELY SHOWN. THE EXISTING WELL WILL REMAIN AND BE USED.

Approved for System Plan  
Howard County Health Department  
*Signature* 5/24/07  
Date

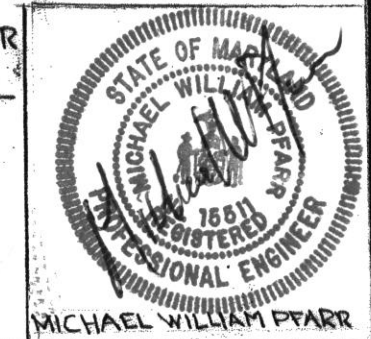
OWNER'S CERTIFICATION

1. FOR THE EXISTING DWELLING, AFTER USE AND OCCUPANCY IS GRANTED, HOMEOWNERS HAVE THIRTY (30) DAYS TO REMOVE PLUMBING, WELL AND SEPTIC CONNECTIONS FROM THE EXISTING STRUCTURE AND ALSO ABANDON THE EXISTING SEPTIC SYSTEM. THIS STRUCTURE WILL NO LONGER BE LIVABLE AND CANNOT BECOME LIVABLE IN THE FUTURE.
2. IT IS THE OWNER'S INTENTION BOTH FOR THE PRESENT AND FUTURE TO USE THE EXISTING STRUCTURE AS A STORAGE BUILDING.

*Signature* L.A. Carta  
STEVEN CARTA KATHERINE CARTA  
DATE: 5/14/07 DATE: 5.14.07

LEGEND

- ⊙ PROPOSED (FUTURE) WELL
- EXISTING WELL TO REMAIN
- ORIGINAL (OLD) SEWAGE DISPOSAL AREA
- ▨ NEW SEWAGE DISPOSAL AREA
- ① ORIGINAL PERC TEST PASSING (11/19/86)
- ⊕ P-1 PERC TEST PASSING (3/27/07)
- EXISTING CONTOUR
- SDA - SEWAGE DISPOSAL AREA
- W - WATER LINE
- SF - SILT FENCE
- ST - SEPTIC TANK (2,000 GAL)
- PT - PUMP TANK (1,500 GAL)
- DB - DISTRIBUTION BOX
- ~102~ NEW CONTOUR
- +99.0 - AT GRADE



SCALE: 1"=40'

PERC CERTIFICATION & SITE PLAN FOR STEVEN & KATHERINE CARTA  
3737 SHARP ROAD GLENWOOD, MD 21738

PERC TEST # 525157 BUILDING PERMIT 000160119

L&M ENGINEERING SERVICES, INC  
2507 DEER PARK ROAD  
FINKSBURG, MD 21048  
(410) 526-5822  
DATE: 8 MAY 07  
REVISION NO: -