

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

000129716

Building Address 11152 Whitehall Ln.

Owner's Name Samuel & Susan Stokes

Address 11150 Old Hill Rd

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

City Ellicott City State MD Zip Code 21042

Census Tract 6030 Subdivision Green Hill

Home Phone 410-461-8085 Work Phone 410-511-7200

Section 3 Area 11152 Lot 8

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

Tax Map 23 Parcel 17484 Grid 15

Phone THU Sherwood Fax 410-203-2370

Existing Use Vacant lot

Contractor Company JST Builders

Proposed Use Single Family Home

Contact Person John Stark

Estimated Construction Cost \$30,000

Address 6030 Gaylesville Co. Suite 150

Description of Work 4 bedroom 1/2 bath partially finished

City Ellicott City State MD Zip Code 21042

License No. 806

Phone 410-434-0334 Fax 410-584-3983

Occupant or Tenant _____

Engineer or Architect Company _____

Contact Name _____

Contact Person _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____

Water Supply:

No. of stories: _____

Public _____

Private _____

Gross area, sq. ft. per floor: _____

Sewage Disposal:

Public _____

Private _____

Use group: _____

Electric Yes ☐ No ☐

Gas Yes ☐ No ☐

Construction type:

Heating System:

Electric ☐ Oil ☐

Natural Gas ☐

Propane Gas ☐

Sprinkler system: N/A ☐

NFPA #13 _____

Full _____

Partial _____

Other Suppression _____

State Certified Modular _____

Building Characteristics

Utilities

SF Dwelling ☒ SF Townhouse ☐

1st floor: _____

2nd floor: _____

Basement: _____

Finished Basement ☒ Unfinished Basement ☐

Crawl space ☐ Slab on Grade ☐

No. of Bedrooms 4

Multi-family dwellings:

No. of efficiency units: _____

No. of 1 BR units: _____

No. of 2 BR units: _____

No. of 3 BR units: _____

Other: _____

Dimensions: _____

Footings: _____

Roof: _____

State Certified Modular _____

Manufactured Home _____

Water Supply:

Public _____

Private ☒

Sewage Disposal:

Public _____

Private ☒

Electric Yes ☐ No ☐

Gas Yes ☒ No ☐

Heating System:

Electric ☐ Oil ☐

Natural Gas ☐

Propane Gas ☐

Sprinkler system: N/A ☐

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 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 THE 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

DEPT. SETBACK INFORMATION

PROPERTY ID#

Land Development, DPZ

State Highways

Building Official

Dev. Engineering, DPZ

Health

Fire Protection

Is Sediment Control approval required prior to issuance?

YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

Front: _____

Rear: _____

Side: _____

Side St: _____

All minimum setbacks met?

YES ☐ NO ☐

Is Entrance Permit required?

YES ☐ NO ☐

Historic District?

YES ☐ NO ☐

Lot Coverage for NewTown Zone _____

SDP/Red-line approval date _____

Filing Fee \$

Permit Fee \$

(.10 sq. ft. ☐ (.15 sq. ft. ☐

Excise Tax \$

(.40 sq. ft. ☐ (.80 sq. ft. ☐

TOTAL FEES

Check #

Validation #

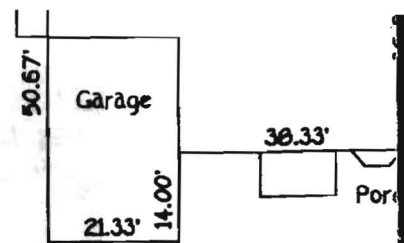
Accepted by:

As under 5 acres
and apply soil amendments as specified in 20.0 vegetative stabilization-
stabilization Methods and Materials.

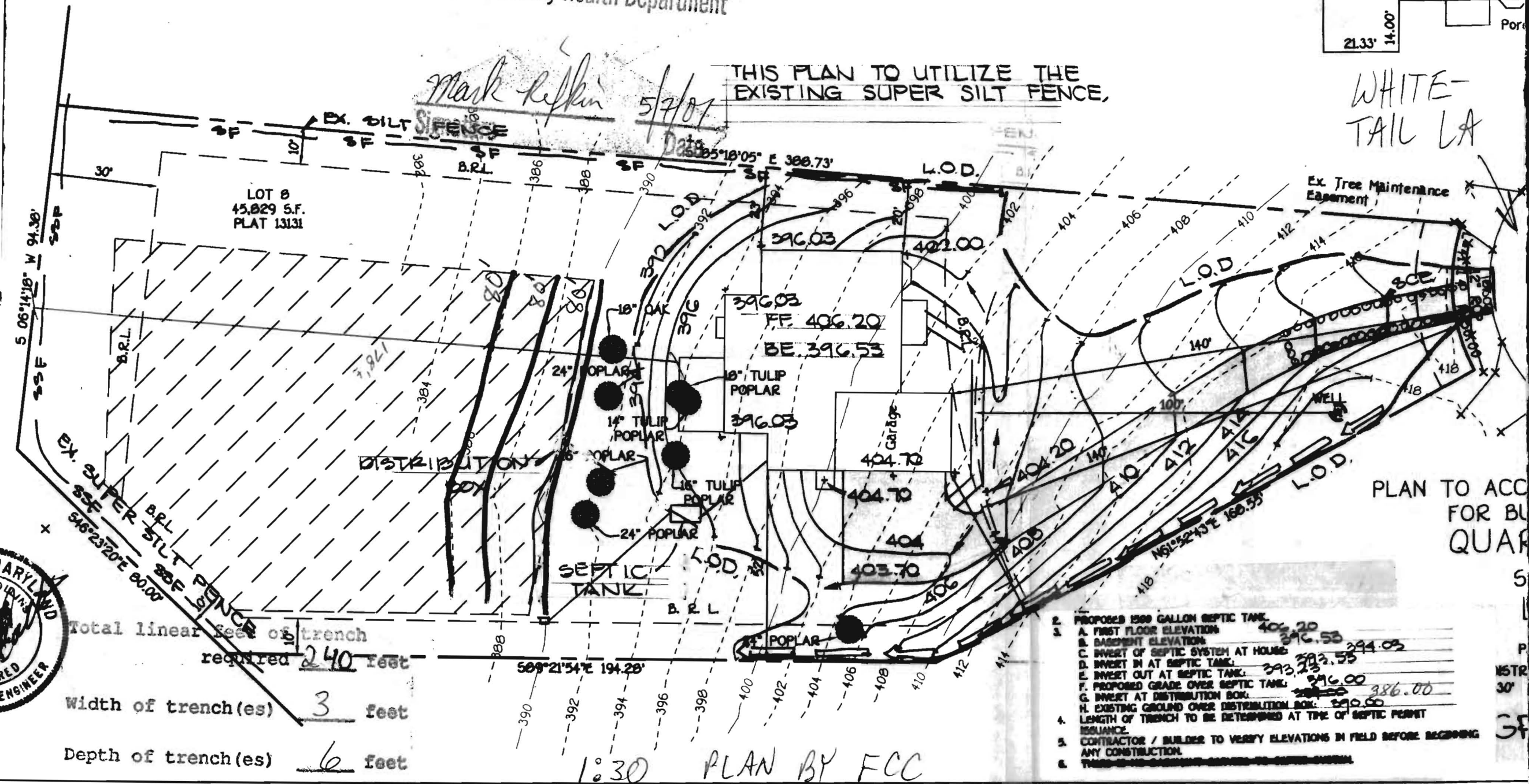
Approved Septic System Plan Howard County Health Department

Mark Kiffin 5/7/01
Date

THIS PLAN TO UTILIZE THE
EXISTING SUPER SILT FENCE,



WHITE-TAIL LA



Total linear feet of trench
required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 6 feet

Depth of stone required below
distribution pipe 2 feet

2. PROPOSED 1500 GALLON SEPTIC TANK
3.
 - A. FIRST FLOOR ELEVATION 406.20
 - B. BASEMENT ELEVATION 396.53
 - C. INVERT OF SEPTIC SYSTEM AT HOUSE 393.25
 - D. INVERT IN AT SEPTIC TANK 396.00
 - E. INVERT OUT AT SEPTIC TANK 386.00
 - F. PROPOSED GRADE OVER SEPTIC TANK 396.00
 - G. INVERT AT DISTRIBUTION BOX 396.00
 - H. EXISTING GROUND OVER DISTRIBUTION BOX 396.00
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION
6. THERE IS NO WARRANTY GIVEN BY THE ENGINEER

1:30 PLAN BY FCC