

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	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00136707
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Building Address <u>11655 Whitetail Lane</u> <u>Ellicott City, MD 21042</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6030</u> Subdivision <u>Quarterfield</u> Section <u>3</u> Area _____ Lot <u>10</u> Tax Map <u>23</u> Parcel <u>84</u> Grid <u>15</u> Zoning <u>LCD-ED</u> Map Coordinates <u>10615</u> Lot size _____	Property Owner's Name <u>DEBRA LAWSON</u> Address <u>same</u> City _____ State _____ Zip Code _____ Home Phone <u>443</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>535-8551</u> Phone _____ Fax _____
Existing Use <u>SFH</u> Proposed Use <u>SFH w/ DECK 29'x14'</u> Estimated Construction Cost \$ <u>10,000</u> Description of Work <u>WOOD DECK 29'x14'</u> <u>ON REAR OF SINGLE FAMILY HOME</u> <u>9' ABOVE GRADE W/ OPTIONAL RAMP TO GRADE</u>	Contractor Company <u>WLT Construction</u> Contact Person <u>Adam Bajrak</u> Address <u>3322 STANFORD ST.</u> City <u>HVATTVILLE</u> State <u>MD</u> Zip Code <u>20783</u> License No. <u>30205</u> Phone <u>301 434 7847</u> Fax <u>301 432 2621</u>
Occupant or Tenant <u>DEBRA LAWSON</u> Contact Name <u>same</u> Address <u>11655 Whitetail Lane</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>Contractor</u> Contact Person <u>same as contractor</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: ☐ Reinforced Concrete ☐ Structural Steel ☐ Masonry ☐ Wood Frame ☐ State Certified Modular	Utilities 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 ☐ Full _____ Partial _____ Other Suppression _____ # of Heads _____	Building Characteristics SF Dwelling ☒ SF Townhouse ☐ Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement ☐ Unfinished Basement ☒ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms _____ 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	Utilities 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 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.

<u>Adam Bajrak</u> Applicant's Signature <u>Proprietor / W.L.T. Construction</u> Title/Company	<u>Adam Bajrak</u> Print Name <u>June 6, 2002</u> Date
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Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY. **

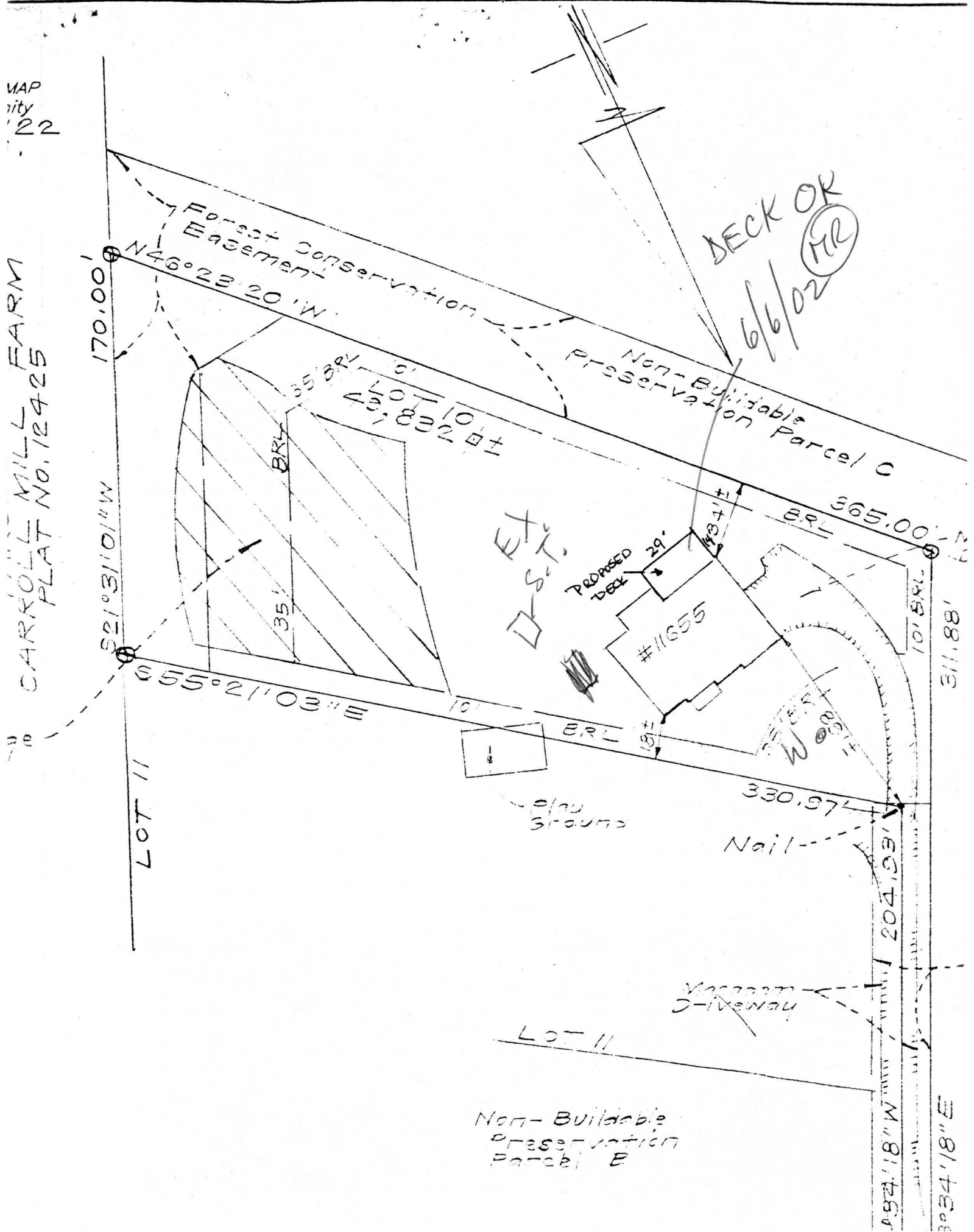
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	37986
State Highways			Rear: _____	
Building Official	6/6/02	<u>Mark Rife</u>	Side: _____	Piling fee \$ _____
Dev. Engineering, DPZ			Side St: _____	Permit fee \$ <u>50</u>
Health			All minimum setbacks met?	Excise tax \$ _____
Fire Protection			YES ☐ NO ☐	Add'l per. fee \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	TOTAL FEES \$ <u>50</u>
YES ☐ NO ☐			YES ☐ NO ☐	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: ☐			Historic District?	Balance due \$ _____
ONE STOP SHOP: ☐			YES ☐ NO ☐	Check # <u>2941</u>
			Lot Coverage for NewTown Zone _____	Validation # _____
			SDP/Red-line approval date _____	Accepted by <u>CC</u>

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

MAP
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22

CARROLL MILL FARM
PLAT NO. 12425



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SACKETT

ELEVATIONS CHANGED
BY FAX FROM CF&S
5/23/01

Total linear feet of trench
required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 5.0 feet

Depth of stone required below
distribution pipe 2.0 feet

Approved Septic System Plan
Howard County Health Department

Signature

Date

SEPTIC TANK

Inv. In = 387.3 390.3
Inv. Out = ~~387.3~~ 390.0

DISTRIBUTION BOX

Exist. Grd. = ~~392.0~~
Inv. In = ~~392.0~~
392.0
389.0

SEPTIC BASEMENT

FOREST CONSERVATION
EASEMENT
S 21°31'01" W
170.00'

PARCEL 4-1
CARROLL HILL FARM
PATTI NO. 12425

