

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B00138848

Building Address 813 RT 32, Sykesville 20
Sykesville MD 21784

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 4 Parcel 2 Grid _____

Zoning _____ Map Coordinates S 158 Lot size 1 AC

Existing Use LOT

Proposed Use TENANT HOUSE

Estimated Construction Cost \$ 284,000.00

Description of Work ONE STORY HOUSE w/ TWO

CAR GARAGE w/ DRIVEWAY, 2302 sq
3 BATH, SCREEN PORCH, WOODSIDE

Occupant or Tenant SAME AS OWNER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name JAMES & LEONNA FAITHINGHAM

Address 799 Sykesville 20

City Sykesville State MD Zip Code 21784

Home Phone 410 440 2260 Work Phone _____

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

A-FRAMES (INTD) INC

1680 PINE KURB RD

SYKESVILLE MD 21784

Phone 410 795 7670 Fax _____

Contractor Company A-FRAMES (INTD) INC

Contact Person NICK MUGGRAVE

Address 1680 PINE KURB RD

City Sykesville State MD Zip Code 21784

License No. 2692

Phone 410 795 7670 Fax SAME

Engineer or Architect Company CLSI

Contact Person _____

Address 439 EAST MAIN ST

City WESTMINSTER State MD Zip Code 21157

Phone 410 876 2017 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: 23'

No. of stories: 1

Gross area, sq. ft. per floor: 14760'

Use group: _____

Construction type:

☒ Reinforced Concrete BRICK

☐ Structural Steel

☐ Masonry

☒ Wood Frame 1ST FL

☐ State Certified Modular

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

Utilities

SF Dwelling ☒ SF Townhouse ☐

Depth Width

1st floor: 34x45, 21x20

2nd floor: _____

Basement: 31x45

Finished Basement ☒ Unfinished Basement ☐

Crawl space ☐ Slab on Grade ☐

No. of Bedrooms 2

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

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.

Applicant's Signature

NICK E MUGGRAVE
OWNER OF A-FRAMES (INTD) INC

Title/Company

MR 11/7/02

Print Name

NICK E MUGGRAVE

Date

10/10/02

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#

and Development, DPZ

Front

6427

Approved Septic System Plan Howard County Health Department

EX. 2-STORY
FRAME
BARN

Signature: *Mark R. [illegible]*
Date: 11/20/02

SEPTIC SYSTEM NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT NO.:
2. PROPOSED 1250 GALLON SEPTIC TANK - 1,000 gallon regl
3. A. FIRST FLOOR ELEVATION: 465.33
3. B. BASEMENT ELEVATION: 455.33
3. C. INVERT OF SEPTIC SYSTEM AT HOUSE: 453.00
3. D. INVERT AT SEPTIC TANK: 452.40
3. E. INVERT OUT AT SEPTIC TANK: 452.10
3. F. PROPOSED GRADE OVER SEPTIC TANK: 456.00
3. G. INVERT AT DISTRIBUTION BOX: 450.50
3. H. EXISTING GROUND OVER DISTRIBUTION BOX: 455.00
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.

BUILDER TO VERIFY AVAILABILITY OF BASEMENT SEWER SERVICE PRIOR TO DWELLING TAKEOUT.

11/19/02 T/C W/CLS I
OK FOR ROOF DRAIN
DRYWELLS ANYWHERE 20'
FROM SDA AND 30' FROM
WELL

EX. DRAIN FIELD 45' +/-

EX. DRAIN FIELD 71' +/-

Total linear feet of trench required 210 feet

Width of trench(es) 3 feet

Depth of trench(es) 6.5 feet

Depth of stone required below distribution pipe 2.0 feet

EX. DWELLING
OWNER'S
CURRENT
RESIDENCE

EASEMENT FOR INGRESS
& EGRESS FOR LOT 3

EX. WELL
BOX 4X5

EX. FRAME STRUCTURE
TO BE RAZED

FUTURE
LOT 3
1.00 AC. +/-

PLAN BY
CLS I
(410) 876-4
2017

1:50
A-FRAMES UNLIMITED, INC.
1680 Pine Knob Road
Sykesville, MD 21784
410-795-7670

Route 32

VIAND ROUTE 32

DEON WITH
AME

8.0 L.O.
EN

