



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 3330 Sang Road
City: Glenwood State: MD Zip Code: 21738
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Holly Hills
Section: 11 Area: _____ Lot: 14
Tax Map: 14 Parcel: 92 Grid: 24
Zoning: _____ Map Coordinates: _____ Lot Size: 1.089

Existing Use: Residential

Proposed Use: Residential

Estimated Construction Cost: \$ \$4286.00 plus \$400 gravel pad

Description of Work: Install a 12 x 20 pre built storage shed in the backyard on a 13 x 21 gravel pad.

Occupant or Tenant: _____

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 st floor: <u>32</u> <u>84</u>
	2 nd floor: <u>36</u> <u>62</u>
Area of construction (sq. ft.): _____	Basement: _____
	<input checked="" type="checkbox"/> Finished Basement
Use group: _____	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>5</u>
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units: _____
<input type="checkbox"/> Wood Frame	No. of 1 BR units: _____
<input type="checkbox"/> State Certified Modular	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Scot Searight
Address: 3330 Sang Road
City: Glenwood State: MD Zip Code: 21738
Phone: (410) 489-2613 Fax: _____
Email: samsearight3@verizon.net

Applicant's Name & Mailing Address, (If other than stated herein)

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: SC Excavating Inc.

Contact Person: Scott Campagnari

Address: 1660 Woodbine Road

City: Woodbine State: MD Zip Code: 21797

License No.: 87176

Phone: (301) 252-7517 Fax: (410) 489-0185

Email: scexcavating@aol.com

Engineer/Architect Company: Myers Mini Barns

Responsible Design Prof.: N/A

Address: 16041 Frederick Road

City: Lisbon State: MD Zip Code: 21765

Phone: (410) 489-5451 Fax: (410) 489-5453

Email: myersminibarns@verizon.net

Utilities
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____
Sprinkler System:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Grading Permit Number:
Building Shell Permit Number:

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

samsearight3@verizon.net

Email Address

Title/Company

Scot Searight

Print Name

Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials

Green: PSZA Zoning

Yellow: PSZA Engineering

Pink: Health

Gold: SHA

T:\Operations\Updated Forms\Building applmp 8.2012.docx

LOT 14 SITE PLAN

SCALE: 1"=30'

PRESERVATION
PARCEL "A"

APPROVED
WALKER BUILDING PERMIT
BY: [Signature]
DATE: 6/11/99

LOT 5

LOT 6

LOT 20

LOT 15

LOT 14

LOT 13

LOT 12

LOT 11

LOT 10

LOT 9

LOT 8

LOT 7

LOT 6

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8/23/99 C.O.
12:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-359690

P 512664

A 50619-I

DISTRICT _____

DATE 8/12/99

DATE SYSTEM APPROVED 8/23/99

INSPECTOR JKS

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

INDEXED

Fogle's Septic Clean, Inc.

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 580 Obrecht Road, Sykesville, MD 21784

PHONE 410-795-5674

SUBDIVISION Holly Hills

LOT 14

ROAD 3330 Sang Road

PROPERTY OWNER Patuxent Builders, Inc.

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300

TRENCHES - Trench to be 3 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 5 1/2 feet below original grade. Effective area begins at 5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 75 feet off the right lot line and 110 feet off the front lot line as seen from Sang Road. Run trenches along contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 6/30/99 OK AU

PLANS APPROVED BY Glen Savage/Amy McMillen

B00118640

DATE 6-17-1999

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS. 90° ELBOWS NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR A25

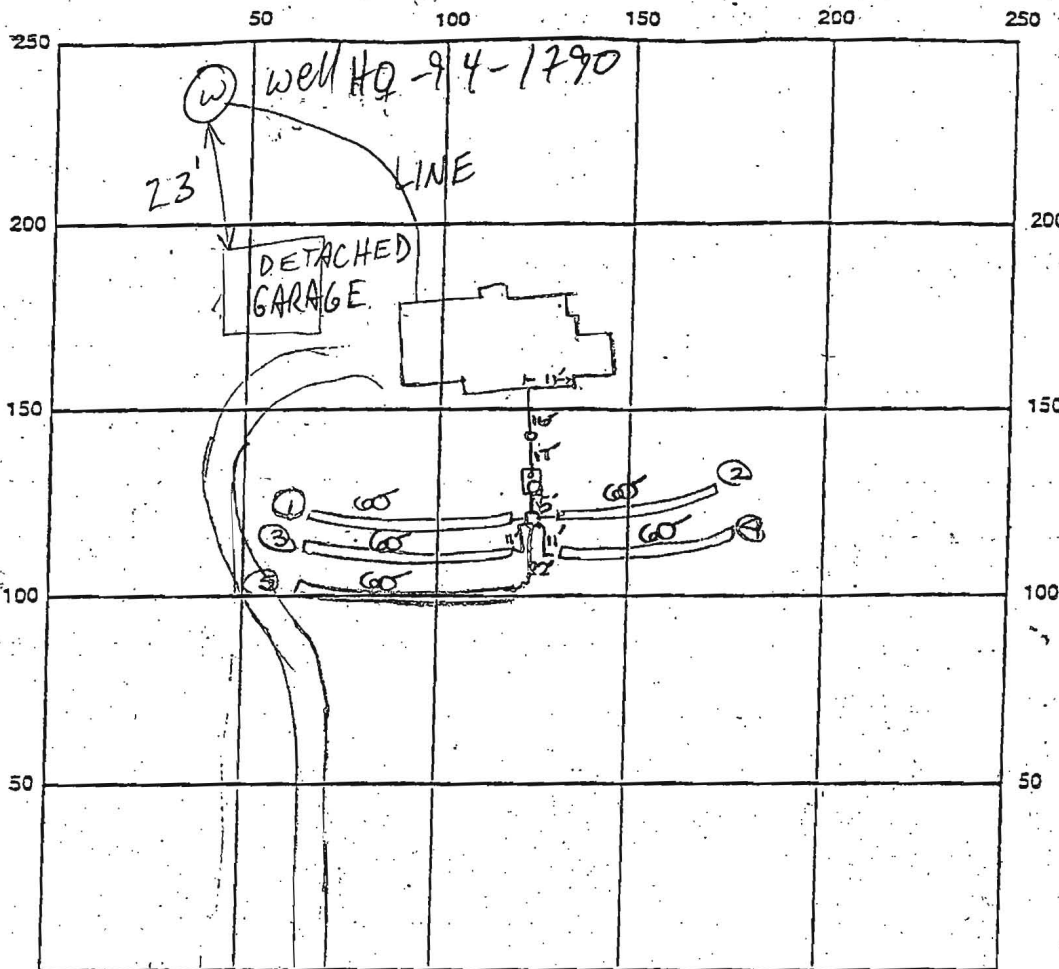
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 481-9933 FOR INSPECTION OF SEPTIC SYSTEM.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Sarg Road

SEPTIC TANK LEVEL OK

CLEANOUTS one in line, one on site
manhole on site

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 1.2/3.4.5
6/5.5 FT.

TRENCH WIDTH 3 FT.

INLET DEPTH 1.2/3.4.5
4/3.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT.

TOTAL LENGTH 5x60 FT. 300 ft

NUMBER OF TRENCHES 5

ONE SIDEWALL/BOTTOM AREA 900 SQ. FT.

DRYWALL INSIDE DIAMETER — FT.

EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 8/23/99 A.M. OK to install trenches and
continue work. DKS

8/23/99 P.M. OK to cover all work - final Insp. DKS

DATE SYSTEM APPROVED

8/23/99

INSPECTOR

[Signature]