

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B10002913

Building Address 1031 Day Road  
Lakeland Md 21784  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 10030 Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 32  
Tax Map 9 Parcel 2810 Grid 3  
Zoning AC-DEP Map Coordinates \_\_\_\_\_ Lot Size \_\_\_\_\_

Existing Use \_\_\_\_\_  
Proposed Use LP Gas  
Estimated Construction Cost \$ 2800.00

Description of Work LP Gas

Occupant or Tenant Y. Shryock

Contact Name Y. Shryock

Address 1031 Day Road

City Lakeland State MD Zip Code 21784

Phone 410 442 2944 Fax 410 442 2944

Property Owner's Name Y. Shryock  
Address 1031 Day Road  
City Lakeland State MD Zip Code 21784  
Home Phone 410 442 2944 Work Phone 443 670 8411  
Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company Y. Shryock  
Contact Person Y. Shryock  
Address 1031 Day Road  
City Lakeland State MD Zip Code 21784  
License No. 21633  
Phone 410 442 2944 Fax 410 442 2944

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

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 DESCRIPTION - RESIDENTIAL

Building Characteristics

SF Dwelling ☐ SF Townhouse ☐  
Depth \_\_\_\_\_ Width \_\_\_\_\_  
1<sup>st</sup> floor: \_\_\_\_\_  
2<sup>nd</sup> 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.

Applicant's Signature \_\_\_\_\_

Title/Company \_\_\_\_\_

Print Name L. E. SHRYOCK

Date 9/20/10

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*PLEASE WRITE NEATLY AND LEGIBLY.\*\*

- FOR OFFICE USE ONLY -

AGENCY DATE SIGNATURE APPROVAL  
Land Development, DPZ  
State Highways  
Building Officials  
Dev. Engineering, DPZ  
Health 10-6-10 Debnard  
Fire Protection

DPZ SETBACK INFORMATION  
Front: \_\_\_\_\_  
Rear: \_\_\_\_\_  
Side: \_\_\_\_\_  
Side St.: \_\_\_\_\_  
All minimum setbacks met?  
YES ☐ NO ☐

PROPERTY ID #  
Filing fee \$  
Permit fee \$ 100.00  
Excise tax \$ 10.00  
Add'l per fee \$  
TOTAL FEES \$ 110.00  
Sub-total paid \$

Is Sediment Control approval required prior to issuance?  
YES ☐ NO ☐

Is Entrance Permit Required?  
YES ☐ NO ☐  
Historic District?  
YES ☐ NO ☐  
Lot Coverage for New Town Zone  
SDP/Red-line approval date \_\_\_\_\_

Balance due \$  
Check # 2093  
Validation #

CONTINGENCY CONSTRUCTION START: ☐  
ONE STOP SHOP: ☐

Accepted by Q



Howard County  
Health Department

7178 Columbia Gateway Drive, Columbia MD 21046  
Phone (410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
Website: [www.hchealth.org](http://www.hchealth.org)

**Peter L. Beilenson, M.D., M.P.H., Health Officer**

September 30, 2010

TO: Jamie and Lee Shryock  
1031 Day Road  
Sykesville, Maryland 21084

RE: **Building Permit # B10002913**  
**1031 Day Road**  
**Building Site Plan**

Dear Mr. and Mrs. Shryock:

Prior to building permit approval, an approved Building Plan is required. Further review is contingent upon submission of a Building Plan showing the following:

- Plan should be drawn to a reasonable scale between 1:30 and 1:100 and noted on plan.
- Show the exact location of existing structures, wells, septic easements, septic reserve areas, and other septic system components such as septic tank, dry wells and distribution boxes.
- Label all structures on plan.

Your building permit will be placed "on hold" until all Health Dept. requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana Bernard, Environmental Sanitarian  
Bureau of Environmental Health  
Well and Septic Program  
Phone (410) 313-2775  
E-mail: [DBernard@howardcountymd.gov](mailto:DBernard@howardcountymd.gov)

cc: Well & Septic program file



Property known as:

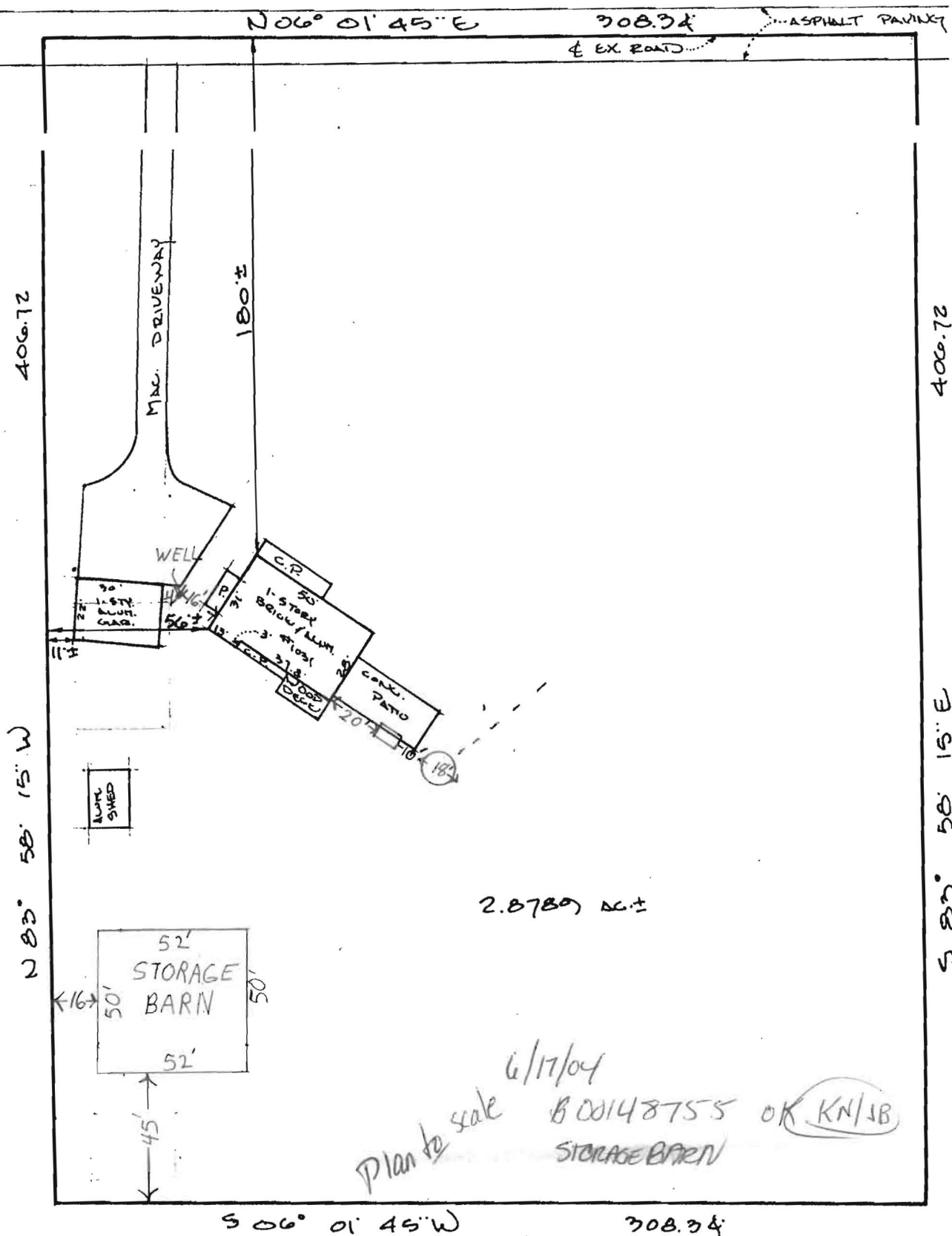
LINDER 822-FOLIO 732

THIRD ELECTION DISTRICT

HOWARD COUNTY, MD.

THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY  
LINES OR CORNERS.

DAY ROAD



LOCATION SURVEY PLAT

SUBJECT PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED

CERTIFICATION

This is to certify that I have surveyed  
the property known as: 1071

DAY ROAD

for the purpose of locating the im-  
provements thereon, and the improvements  
are located as shown.

SEAL



Walter Park

SCALE 1" = 50' DATE 7-25-1003

LAND DESIGN ENGINEERING, INC.  
SUITE 210 10620 GUILFORD ROAD  
JESSUP, MARYLAND 20794

880-0034 (BALT) 604-6264 (WASH)  
604-6735 (FAX)



LAYOUT \_\_\_\_\_ INSP 4 \_\_\_\_\_

INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_

INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

APPROVAL DATE: \_\_\_\_\_

# PERMIT INDEXED

P 521331

A BLDG PERMIT

## ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SUBDIVISION: Dickey Farms LOT NUMBER: 32

ADDRESS: 1031 Day Road PROPERTY OWNER: Lee Shryock

SEPTIC TANK CAPACITY (GALLONS): \_\_\_\_\_ OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_ COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: \_\_\_\_\_

SQUARE FEET PER BEDROOM: \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED: \_\_\_\_\_

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	
NOTES:	

PLANS APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS  
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

**BUILDING PERMIT SIGNED  
AND RETURNED**

6/17/04 BOO 148755 STORAGE BARN

9521331