

~~HOUSE CONNECTED 10/29/86~~
~~10/29/86~~

Approved
S. H. H.

PERMIT

P 37909
A 29155

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

03-308960
INDEXED

ELLCOTT CITY
DISTRICT 3rd
DATE 10/20/86

B & B MECHANICAL

IS PERMITTED TO INSTALL XX ALTER

ADDRESS _____ PHONE _____

SUBDIVISION SUNSET VALLEY ROAD 983 SUNSET VALLEY DR. LOT #1, Sec. 2

PROPERTY OWNER CASSERLY

ADDRESS 7516 HARFORD RD. B. MD. 21234

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO XX

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

PLACE THE DISTRIBUTION BOX 245' FROM THE FRONT (250') LOT LINE AND 40' FROM THE LEFT (617') LOT LINE AS SEEN FROM SUNSET RD. RUN TRENCHES ON CONTOUR TOWARD RIGHT SIDE OF LOT.

TRENCHES -- 210'SQ. PER. BEDROOM. TRENCH TO BE 2' WIDE. INLET MAX. 5' FEET BELOW ORIGINAL GRADE. BOTTOM MAX. DEPTH 9' BELOW ORIGINAL GRADE. 4 FEET OF STONE BELOW DISTRIBUTION PIPE.

BLDG. PERMIT SIGNED
AND RETURNED 8/5/99
Serial # 55706
Ingram pro

PLANS APPROVED BY S. ABEL DATE 5-9-86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

BP # 71004

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 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

BAGG. PERMIT SIGNED
AND RETURNED 11/15/pe.
AST IRON, CONCRETE OR TERRA COTTA, OR
ED Serial #22436
Prof.

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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

***CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.**

EH - 2-1082

29155
A

SUBDIVISION: SUNSET VALLEY Sec. 2LOT NUMBER: 1DRY WELL OR DRY WELL AND TRENCH

		<u>sq. ft./bedroom</u>
	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	
4 bedroom	1250 gallon	
5 bedroom	1500 gallon	

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES210 sq. ft./bedroomTrench to be 2 wide.Inlet 5 feet below original grade.Bottom maximum depth 9 feet below original grade.Effective area begins at 5 feet below original grade.4 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 245 FT FROM THE FRONT (250.54')
LOT LINE AND 40 FT FROM THE LEFT (617.55') LOT LINE AS
SEEN WHEN FACING THE PROPERTY FROM SUNSET VALLEY DR. ROW
TRENCHES IN CONTOUR TOWARD RIGHT SIDE OF LOT. S. AND 6-13-86

B.P. # 71004

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

A 29155

P _____

DISTRICT 3RD

DATE 10/12/78

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER ~~VIRGINIA M. GARRATT~~ CASSERLY

ADDRESS FORSYTHE ROAD SYKESVILLE, MD. 21784 PHONE 301-442-2262

PROPERTY LOCATION:

SUBDIVISION SUNSET VALLEY LOT NO. New #1 11/14/80 Plot

983
ROAD AND DESCRIPTION SUNSET VALLEY DRIVE

SIZE OF LOT 3.0 AC. ± TYPE BLDG. SINGLE FAMILY RESIDENCE

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER

ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT Bruce D. Bunte

APPROVED BY Raymond Hodge FOR TRENCH DATE 2/17/83

REJECTED BY _____ FOR _____ DATE _____

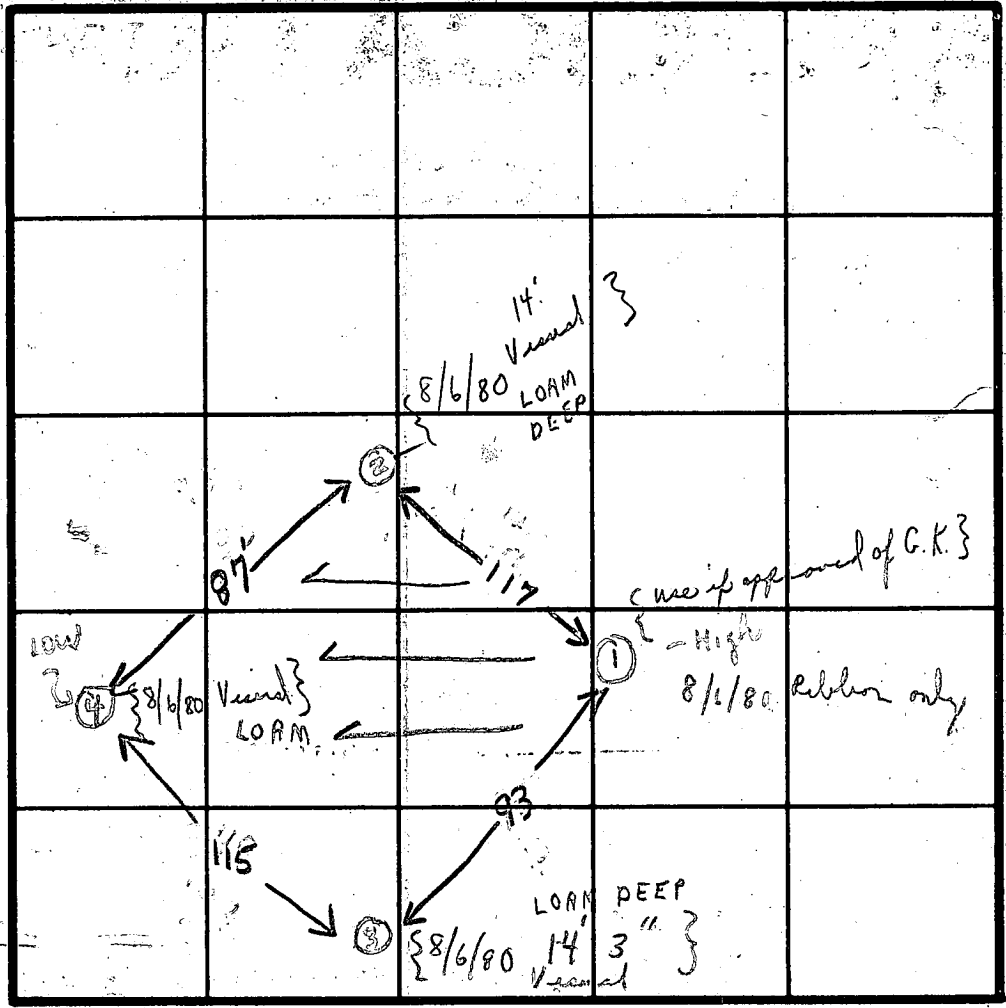
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____ B.P. # 71004

THIS IS NOT A PERMIT

New #1

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DAY ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/15/80	1S	5'	952	1008	1008	1028	20
	1D - HIGH	13'	952	959	959	1008	9
	2S	6	1000	1016	1016	1030	14
	2D	12 1/2	VISUAL	SIMILAR			
	3S	5'	955	1008	1008	1026	18
	3D	13 1/2	955	1000	1000	1019	10
	(4S) - LOW	5 1/2	957	1027	3/4"		fails
	4D	13 1/2	958	1015	1015	1033	18
	4m	6 1/2	1050	1105	1105	1128	23
							21/12
8/6/80	Visual & Agg. Holes 3	14' 3"	LOAM DEEP (One by one take)		per Mr. Crovo check		
C.B.S.	G.K. Hole #4	14' 6"	LOAM	DEEP			
	G.K. Hole #2	14'	LOAM	DEEP			

FIELD SHEET

4' inlet
good road
@ 5'

16 mm
= average
FIELD SHEET

REMARKS Variable clay layer Tests 1 & 3 staked - open field - 3 located near front

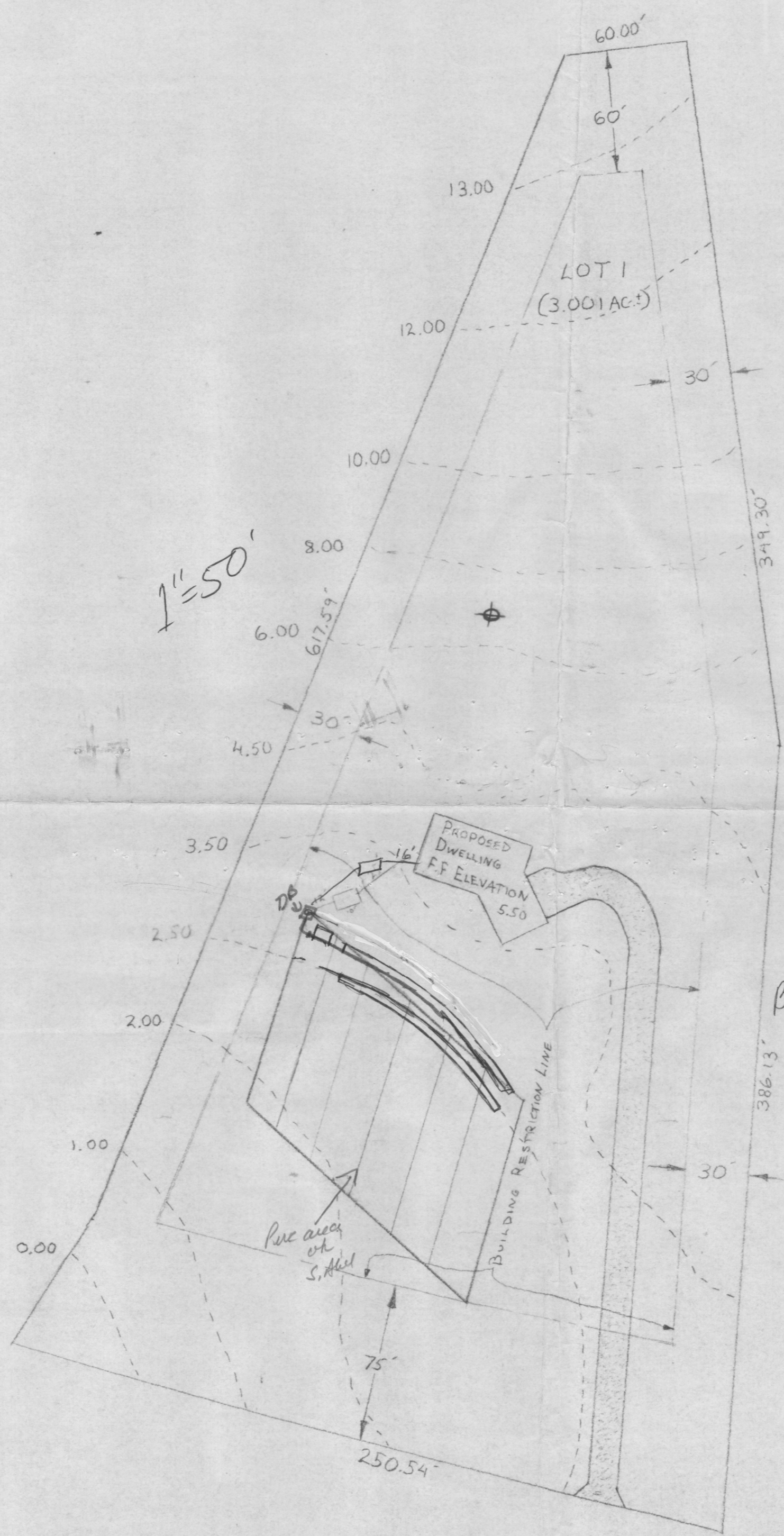
TYPE OF SOIL Silty loam below clay layer (with sand)

TESTED BY GRL + RD

ALSO PRESENT

8/6/80 SC. CROVO
WALTER DIGGER

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
MAY 5 10 20 AM '86
DIVISION OF
ENVIRONMENTAL
HEALTH



ELEVATIONS:

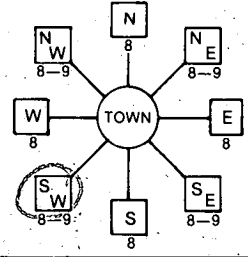
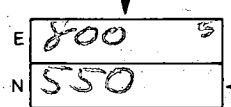
FIRST FLOOR	5.50 ✓
SEWER OUTLET HOUSE	3.00 ✓
BASEMENT FLOOR	-2.50 ✓
SEPTIC TANK INVERT IN	1.50 ✓ 2.6
SEPTIC TANK INVERT OUT	1.00 ✓ 2.35
DRY WELL INVERT IN	.50 ✓
TRENCH WELL	3.00
GRADE AT TRENCH	

B.P. # 71004
Cassidy

TRENCHES
5-9
210" Ø BR
3 BR House
210 FT TRENCH REQUIRED
2(105')

well 6/7.5.

TOLERANCES (EXCEPT AS NOTED)	REVISIONS			MAC CORP.	SITE PLAN	
	NO.	DATE	BY			
DECIMAL	1			983 SUNSET VALLEY DRIVE		
±	2					
FRACTIONAL	3			DRAWN BY DW	SCALE 1"=50'	MATERIAL
±	4			CHK'D	DATE 4-21-86	DRAWING NO.
ANGULAR	5			TRACED	APP'D	1 of 1
±						

B 1 1442 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND <i>2nd</i> PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER 42-81-0665 <small>fill in this form completely</small>
Date Received 8/10/84 2303P2 OWNER INFORMATION KARFONTA CHARLES 21 CHRYSLER PLACE CATONSVILLE MD 21228 Town State Zip		B 3 LOCATION OF WELL HOWARD 8 COUNTY SUNSET VALLEY 23 SUBDIVISION SECTION 2 LOT I SYKESVILLE 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 2 MI	
DRILLER INFORMATION Ralph Mayne Driller's Name Ralph Mayne (well Drilling) Firm Name 9120 Brown Church Rd. Mt. Airy Address Ralph Mayne Signature Date 8/19/84 77 License No. 873		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD SUNSET VALLEY DR. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH DISTANCE FROM ROAD 325 ENTER FT or MI FF	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME A 29155 COUNTY NO. OEP SIGNATURE DATE ISSUED 080984 CO SIGNATURE EXP. DATE 2/9/85 NORTH GRID 550000 EAST GRID 0805000	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK-WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE 	
APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary Drive-POINT other		REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)	
Not to be filled in by driller (OEP USE ONLY)			
APPROP. PERMIT NUMBER GAP FORCE 1W WRITE INITIALS IN BOX PERMIT No. 42-81-0665 SPECIAL CONDITIONS			

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0665
Location of property (road) Sunset Valley Drive
Subdivision Sunset Valley Lot 1 Block Plat Sec. 2
Well Driller Ralph Mayne Owner Charles Karfonta

Depth of well 160
Distance of measuring point (M.P.) above ground 2
Static water level (S.W.L.) below M.P. 35

I. High rate pumping -- reservoir drawdown

Time pump started 12:30 Pumping rate 9
Total time 15 min to reach pumping water level 40 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

C1 4543

SEQUENCE NO.
(OEP USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER A29155(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

8 13

081084

22 160 26
(TO NEAREST FOOT)28 29 30 31 32 33 34 35 36 37
40-81-0665

OWNER KARFONTA

CHARLES

STREET OR RFD

last name

first name

TOWN

SUBDIVISION SUNSET VALLEY

SECTION 2

LOT 7

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)FEET
FROM TOCheck
if water
bearing

Top Soil	0	2	
Sandy	2	65	
Sand Stone	65	70	✓
Mickn	70	75	
Sand Stone	75	85	✓
Mickn	85	160	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 13 NO. OF POUNDS 1300

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 50 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN Nominal diameter Total depth
CASING top (main) casing of main casing
TYPE (nearest inch) (nearest foot)

PL G 77

OTHER CASING (if used)
diameter depth (feet)
inch from to

EACH CASING

screen type
or open hole

SCREEN RECORD

insert
appropriate
code
belowST BR HO
STEEL BRASS OPEN
HOLE
PL OT
PLASTIC OTHER

C2

DEPTH (nearest ft.)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

from to

GRAVEL PACK

IF WELL DRILLED WAS

FLOWING WELL INSERT

F IN BOX 68

OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) WQ

70 72 74 75 76

TELESCOPE LOG OTHER DATA

CASING INDICATOR

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 7

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 35

WHEN PUMPING 40

TYPE OF PUMP USED (for test)

A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLSEXCEPT HOME USE
TYPE OF PUMP INSTALLEDPLACE (A,C,J,P,R,S,T,O)
IN BOX - SEE ABOVE:

CAPACITY:

GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

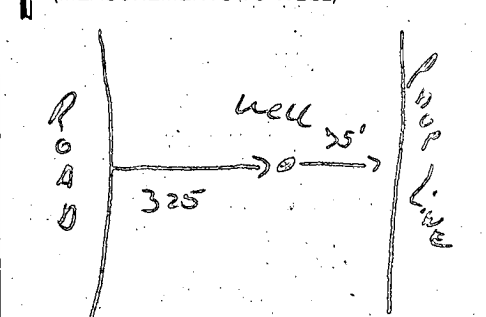
+ above

- below

LAND SURFACE

(nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND/OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION
WELLI HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN
ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"
AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION
PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST
OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 223

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81 - 0665

Location of property (road)

Subdivision Sunset Valley Lot 1 Block Plat Sec. 2

Well Driller Ralph Mays Owner Charles Karfonta

Depth of well 160' +

Distance of measuring point (M.P.) above ground 2 ft

Static water level (S.W.L.) below M.P. 35-77

I. High rate pumping -- reservoir drawdown

Time pump started 12:30

Pumping rate 96.5 m

Total time 15 min to reach pumping water level 40 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

77 Pt PL - 13 bags

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

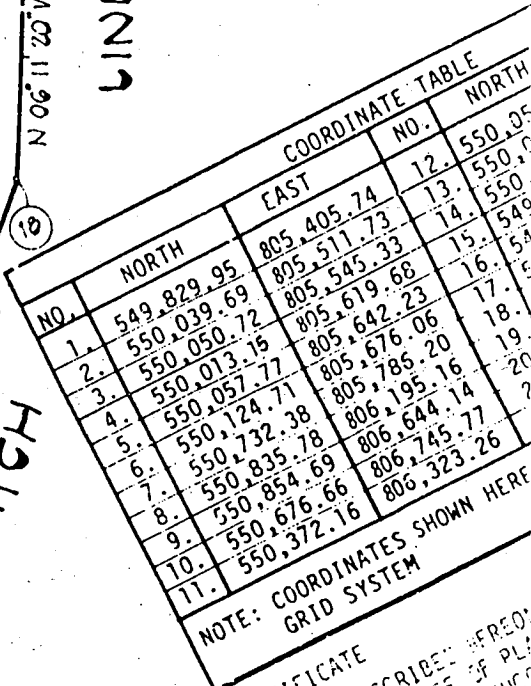
Car J. [Signature]
(Name) SSU LOT 1

21 CHARLES PLACE BALTO. MD 21228
(Address)

H0-81-0665
(OEP Well Permit Number)

8/22/84
(Date)

Amy
McMullen



NOTE: GRID S

OWNER'S CERTIFICATE

OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON
APPROVAL OF THIS FINAL PLAT BY THE OFFICE OF PLANNING
AND GRANT INTO HOWARD COUNTY, MARYLAND, ITS SUC-
SEWERS, DRAINS, WATER PIPES AND OTHER UTILITIES
AND/OR ROADS, AND FLOODPLAINS AND
THE SPECIFIC EASEMENT AREAS SHOWN
THE RIGHT AND OPTION TO
DRAINAGE EAS-
AND DRAINAGE EAS-
AND THIS



Problem
Address

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.: **B16003320**

Building Address: **983 SUNSET VALLEY DR.**
City: **SYKESVILLE** State: **MD** Zip Code: **21784**
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: **3ACRE**

Existing Use: **SFD**
Proposed Use: **ACCESSORY APARTMENT ADDITION**
Estimated Construction Cost: \$ **80,000**
Description of Work: **ADD A 2-LEVEL APARTMENT ON SLAB TO EXISTING SFD**
Occupant or Tenant: **OWNER**
Was tenant space previously occupied? ☐ Yes ☒ No
Contact Name: **DAVE WICKHAM**
Address: **11422 REISTERSTOWN RD**
City: **OWINGS MILLS** State: **MD** Zip Code: **21117**
Phone: **410-984-3254** Fax: **410-356-7525**
Email: **DWICKHAM@NLPENTINC.COM**

Property Owner's Name: **NINA Y BERNIS CASSELL**
Address: **983 SUNSET VALLEY DR**
City: **SYKESVILLE** State: **MD** Zip Code: **21117**
Phone: **410-356-7500** Fax: **410-356-7525**
Email: **WCASSELL@NLPENTINC.COM**

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

Applicant's Name: **DAVE WICKHAM**
Address: **11422 REISTERSTOWN RD**
City: **OWINGS MILLS** State: **MD** Zip Code: **21117**
Phone: **410-984-3254** Fax: **410-356-7500**
Email: **DWICKHAM@NLPENTINC.COM**

Contractor Company: **NLP ENTERPRISES INC**
Contact Person: **DAVE WICKHAM**
Address: **11422 REISTERSTOWN RD**
City: **OWINGS MILLS** State: **MD** Zip Code: **21117**
License No.: **4800067 82341**
Phone: **410-984-3254** Fax: **410-356-7500**
Email: **DWICKHAM@NLPENTINC.COM**

Engineer/Architect Company: **STAN RYDER**
Responsible Design Prof.: **STAN RYDER**
Address: **1593 HONOLULU DR.**
City: **SYKESVILLE** State: **MD** Zip Code: **21784**
Phone: **443-631-2161** Fax: _____
Email: **RYDERARCHITECT@GMAIL.COM**

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: 28 / 20 /
Area of construction (sq. ft.):	2 nd floor: 28 / 20 /
Use group:	Basement:
	<input type="checkbox"/> Finished Basement
	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input checked="" type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units:
<input checked="" type="checkbox"/> Wood Frame	No. of 1 BR units: 1
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
	Footings:
	Roof:
	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Construction type: ☒ Slab on Grade

Reinforced Concrete ☐ Structural Steel ☐ Masonry ☒ Wood Frame ☐ State Certified Modular

Multi-family Dwelling

No. of efficiency units:

No. of 1 BR units: **1**

No. of 2 BR units:

No. of 3 BR units:

Other Structure:

Dimensions:

Footings:

Roof:

State Certified Modular ☐ Manufactured Home ☐

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 checked="" type="checkbox"/> No
Heating System	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
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: **DAVE WICKHAM**
Print Name: **DAVE WICKHAM**
Email Address: **DWICKHAM@NLPENTINC.COM**
Date: **7-25-16**
Title/Company: **ESTIMATOR - NLP ENTERPRISES, INC.**

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	8/23/16	Paul [Signature]

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

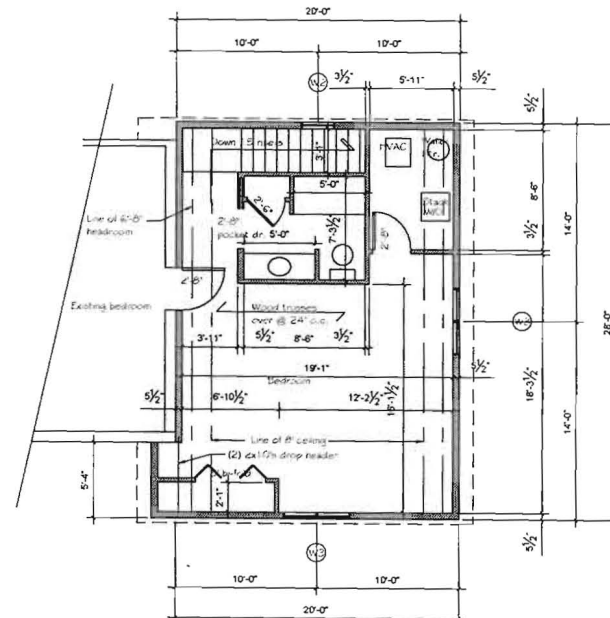
DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot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

Filing Fee	\$	25.00
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub-Total Paid	\$	
Balance Due	\$	
Check	#	7300

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

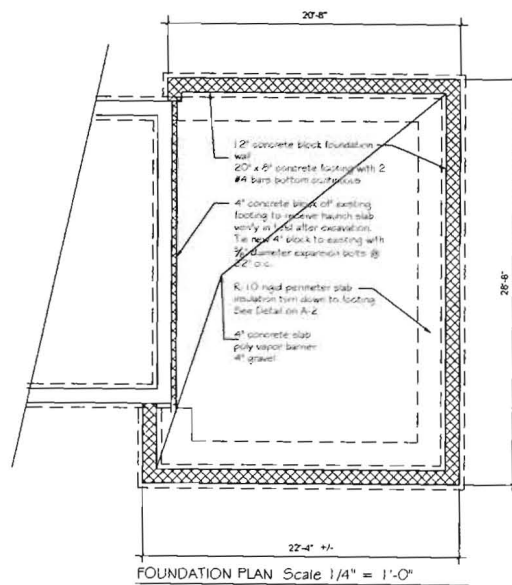
Proposed Addition
 Approved BP
 B16003320 R14
 8/23/16
 "3 BR's
 Total"

WINDOW SCHEDULE	
ANNEKEN CASAMENTS, TERRACE, TO MATCH EXISTING	
MARK	ANNEKEN NUMBER AND COMMENTS
W-1	OW-4 W-1 (W-1) CIRCLE TOP TRANSOM
W-2	OW-4 W-2 (W-2) CIRCLE TOP TRANSOM
W-3	OW-4 W-3 (W-3) CIRCLE TOP TRANSOM

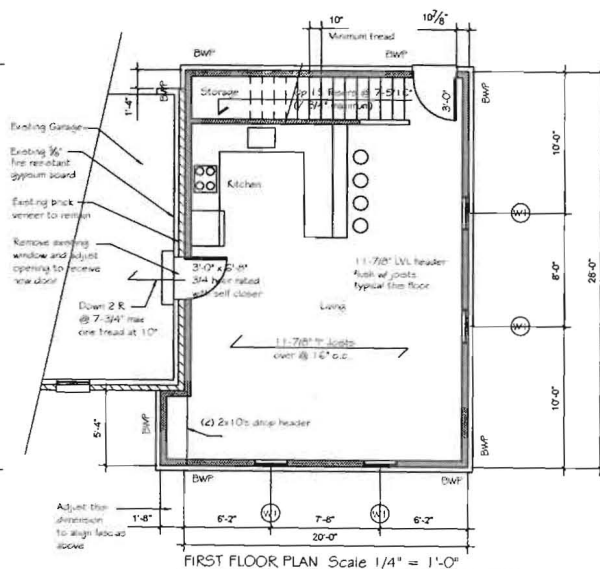


SECOND FLOOR PLAN Scale 1/4" = 1'-0"

- GENERAL NOTES:
1. ADDITION IS AN APARTMENT FOR A FAMILY MEMBER. AREA OF ADDITION IS 1,138 SQUARE FEET. EXISTING DWELLING IS 3,512 SQUARE FEET FINISHED.
 2. APARTMENT HAS AN INTERIOR CONNECTION TO THE EXISTING FINISHED SECOND FLOOR.
 3. 8 OF 3,512 = 1,170 SQUARE FEET ADDITION IS WITHIN LIMITS OF ZONING.
 4. TOTAL NUMBER OF BEDROOMS DOES NOT CHANGE. EXISTING BEDROOM OCCUPIED BY FAMILY MEMBER TO BECOME OFFICE.
 5. ADDITION TO CONNECT TO EXISTING PLUMBING SYSTEM.
 6. JOISTS MANUFACTURED BY TRUSS-JOIST CORPORATION OR EQUAL.
 7. WOOD TRUSSES SHALL BEAR THE STAMP OF THE TRUSS PLATE INSTITUTE.



FOUNDATION PLAN Scale 1/4" = 1'-0"



FIRST FLOOR PLAN Scale 1/4" = 1'-0"

Wind bracing
 Continuous mesh method
 BWP 48" Braced wall piers
 Two per wall section
 Ø total

Accessory Apartment Addition to the
 Casserly Residence
 983 Sunset Valley Drive
 Sykesville, MD 21784

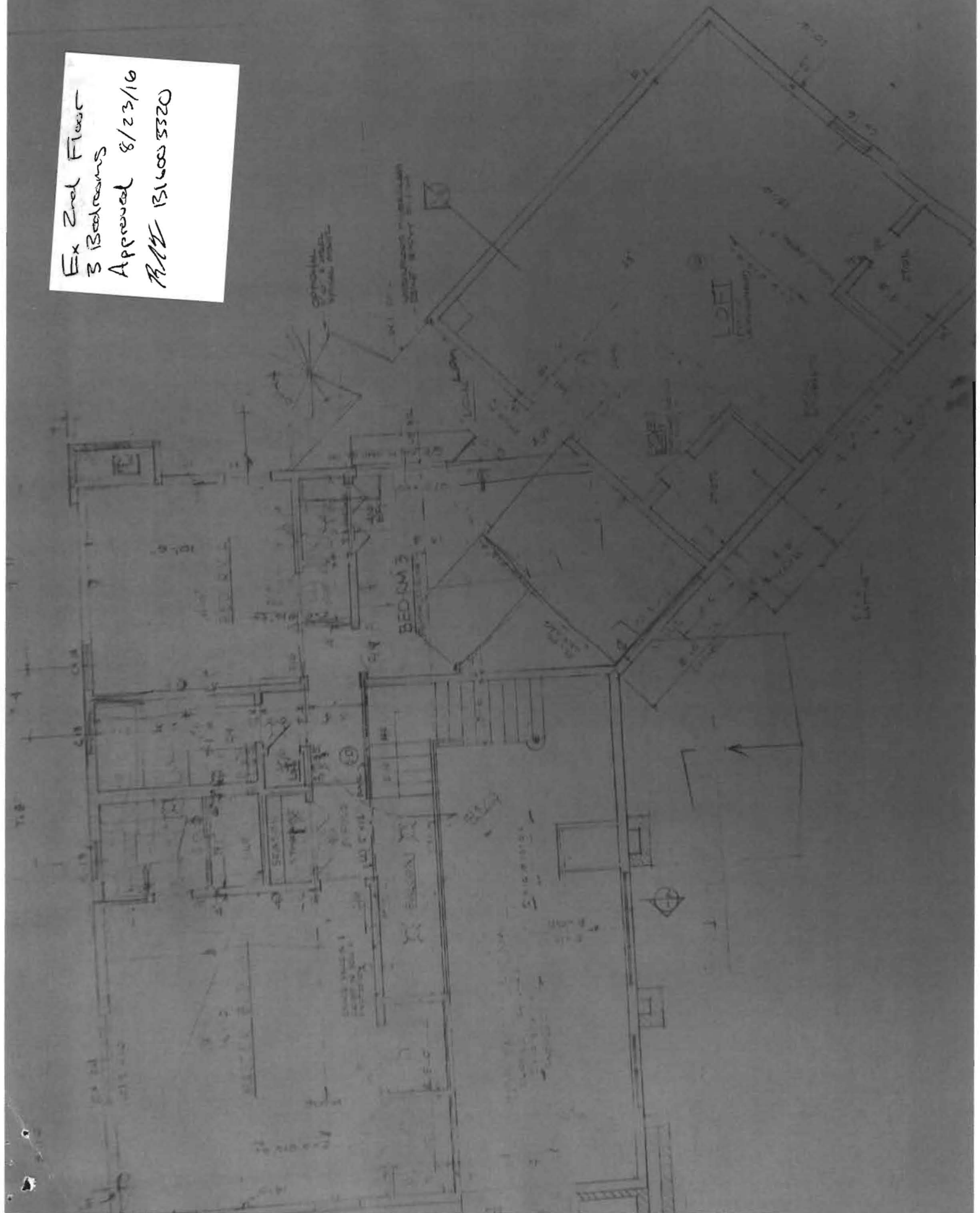
Stan Ryder, Jr./Architect/PA
 1599 Riverwood Drive SE, Sykesville, MD 21784
 Phone: (410) 631-2141
 ryderarchitect@gmail.com

I certify that these documents were prepared or approved by me, and that I am a duly licensed architect under the laws of the State of Maryland, license number 3105, expiration date 8/31/2017.

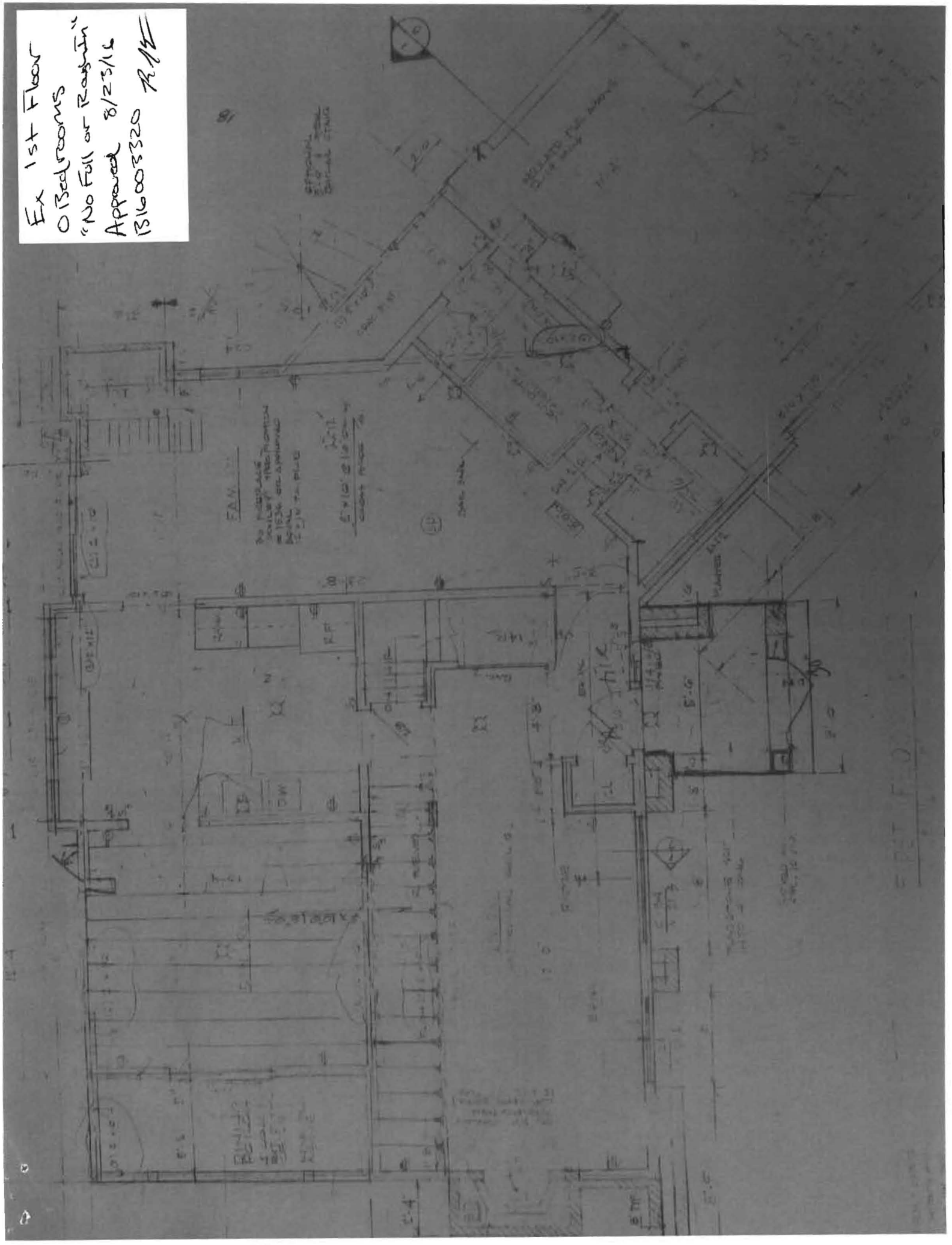
June 15, 2016

A-1

Ex 2nd Floor
3 Bedrooms
Approved 8/23/16
RHZ B16003320



Ex 1st Floor
0 Bedrooms
"No Full or Partial"
Approved 8/23/16
B16003320 R1E



**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 8-23-16

To: ROBERT FREEMAN
(Person's Name and Division)

From: DAVE WICKHAM (410) 984-3254
(Your Name, Company Name and Telephone Number)

Subject: Project name CASSELLY RESIDENCE
Project site address 983 SUNSET VALLEY DR.
Permit # B1600 3320 SDP # _____
Other information pertinent to this project _____

☒ Please check the attachments below that you are submitting with this transmittal:

- ☐ Letter of response to address plan review comment letter
- ☒ Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- ☐ Letter Summarizing Changes REVISED EXISTING FLOOR PLAN - SEPERATE COVER
- ☐ Energy conservation calculations
- ☐ Copies of _____ (be specific).
- ☐ Health Department Request ☐ DPZ/ DED Request ☐ Applicant's Request
- ☐ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- ☐ Other _____

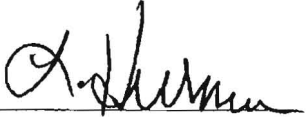
Contact Person Information: (Required)

DAVE WICKHAM
Please Print Name

Telephone No: 410-984-3254

E-Mail Address: DWICKHAM@NLPENTINC.COM

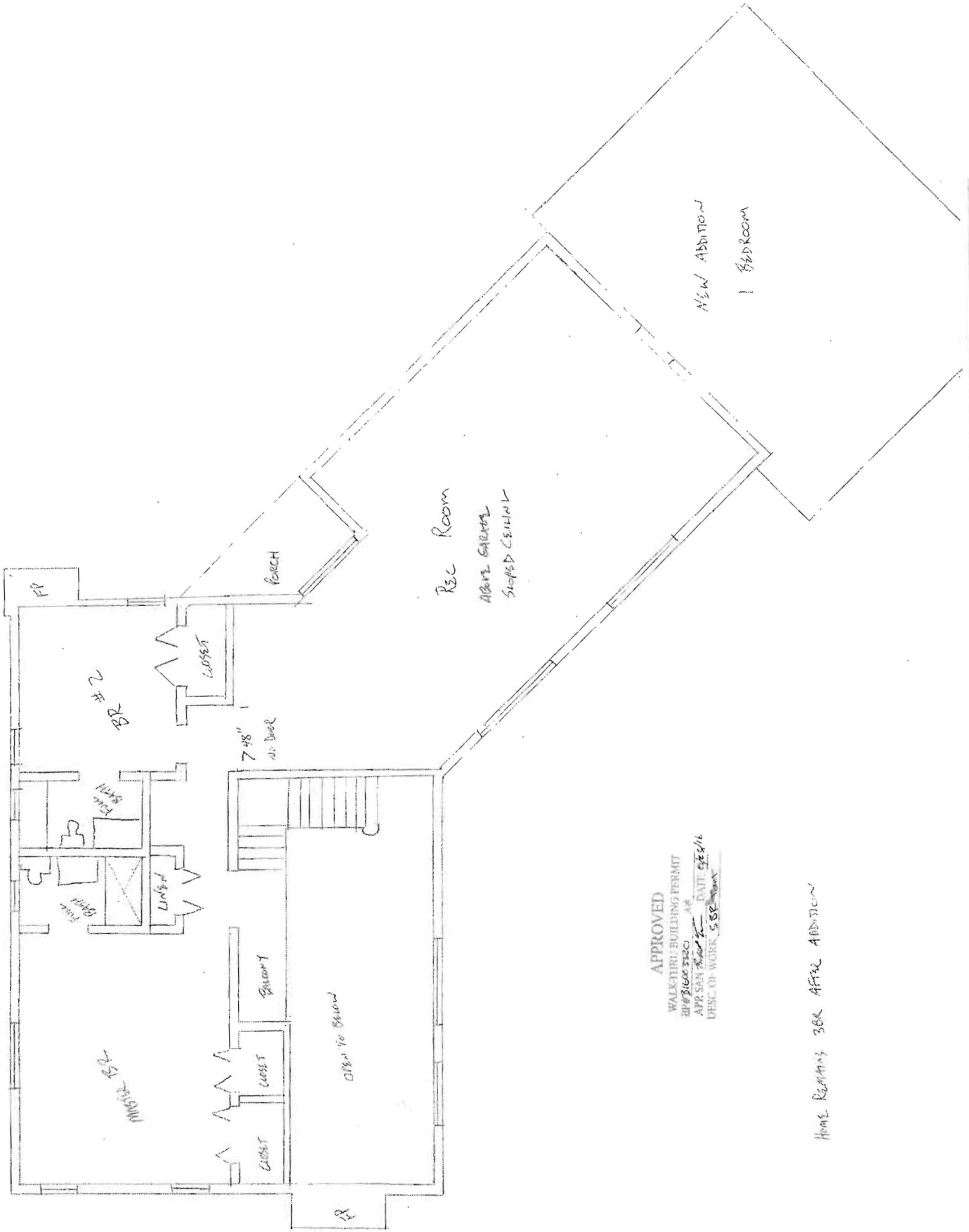
PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by 

DILP 2016 AUG 23 AM 11:0

23

1. Carry all 3-4" balls
2. Double all partitions
3. Structural for single and for 2 products
4. Waterproof
5. Can't all outside



APPROVED
 WALKTHRU BUILDING PERMIT
 EPIC BUILDING LLC
 APP SAN 10/10/2020 DATE 06/16
 DESC OF WORK: 588

Home Remodeling 3BR Affix Addition

Approved BP B16003320
 8/23/16 R1E
 'Site Plan'

