



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.: B18003131

Building Address: 1888 WOODMERE RD
City: WODMERE State: MD Zip Code: 21163
Suite/Apt. #: _____ SDP/WP/BA #: _____
Subdivision: _____
Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: Field
Proposed Use: Tent for wedding
Estimated Construction Cost: \$ 5000
Description of Work: 45x100? Frame tent for family
wedding will be set up on Oct 4th
and removed on Oct 2nd 2018
Event by 10/10/18

Occupant/Tenant Name: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: 410-627-2329 Fax: _____
Email: laura.m.c@gmail.com

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: Elite Tent
Contact Person: Kelley Miller
Address: 6755 Carroll Park Dr
City: WODMERE State: MD Zip Code: 21164
License No.: 11507310
Phone: 410-715-5328 Fax: _____
Email: kelley@elite-tents.com

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor:
	2 nd floor:
Area of construction (sq. ft.):	Basement:
	<input 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:
<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 type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

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

Print Name _____

Email Address _____

Date _____

Title/Company _____

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	<u>9/12/18</u>	<u>H. Oswald</u>

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	\$ <u>50</u>
Tech Fee	\$ <u>3</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>53.00</u>
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>447</u>

Distribution of Copies: White: Building Officials

Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA

Oswald, Hank

From: Oswald, Hank
Sent: Wednesday, September 12, 2018 8:00 AM
To: 'LSAUER193@GMAIL.COM'
Subject: B18003131_1888 Woodstock Road

Hello Mr. and Mrs. Sauer:

This office is in receipt of building permit to construct a tent for a family wedding. Since this residence is served by private septic, this office recommends bringing in portable bathroom units for the guests. Should you need more information about this or wish to discuss, please contact me via phone or email.

Thanks,

Hank

Hank Oswald
Licensed Environmental Health Specialist
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
hoswald@howardcountymd.gov

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03-296997

APPROVED

4 DEC 86 R12

P 38076

A 34958

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

X292X292X

461-9933

INDEXED

ELLICOTT CITY

DISTRICT 3rd

DATE 11/19/86

{ I.C.O.P. issued only }
Time expired

Fogle's Septic Service, Inc.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 6430 Woodbine Road, Woodbine, Maryland 21797 PHONE 795-5670

SUBDIVISION Breezewood Farms ROAD 1888 Breezewood Farms LOT 5

PROPERTY OWNER Curtis R. Sauer

ADDRESS

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

GARBAGE GRINDER? YES NO ☒

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 110 feet from the rear (236.05') lot line and 70 feet from the right (665.21') lot line as seen when facing the lot from Woodstock Road. Run trenches on contour toward the left lot line.

NOTE: MAINTAIN 100 FEET FROM WELL WITH SEPTIC TANK.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. d/cw

BLDG. PERMIT SIGNED

AND RETURNED

PLANS APPROVED BY S. Abel

DATE 2/21/86

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.

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.

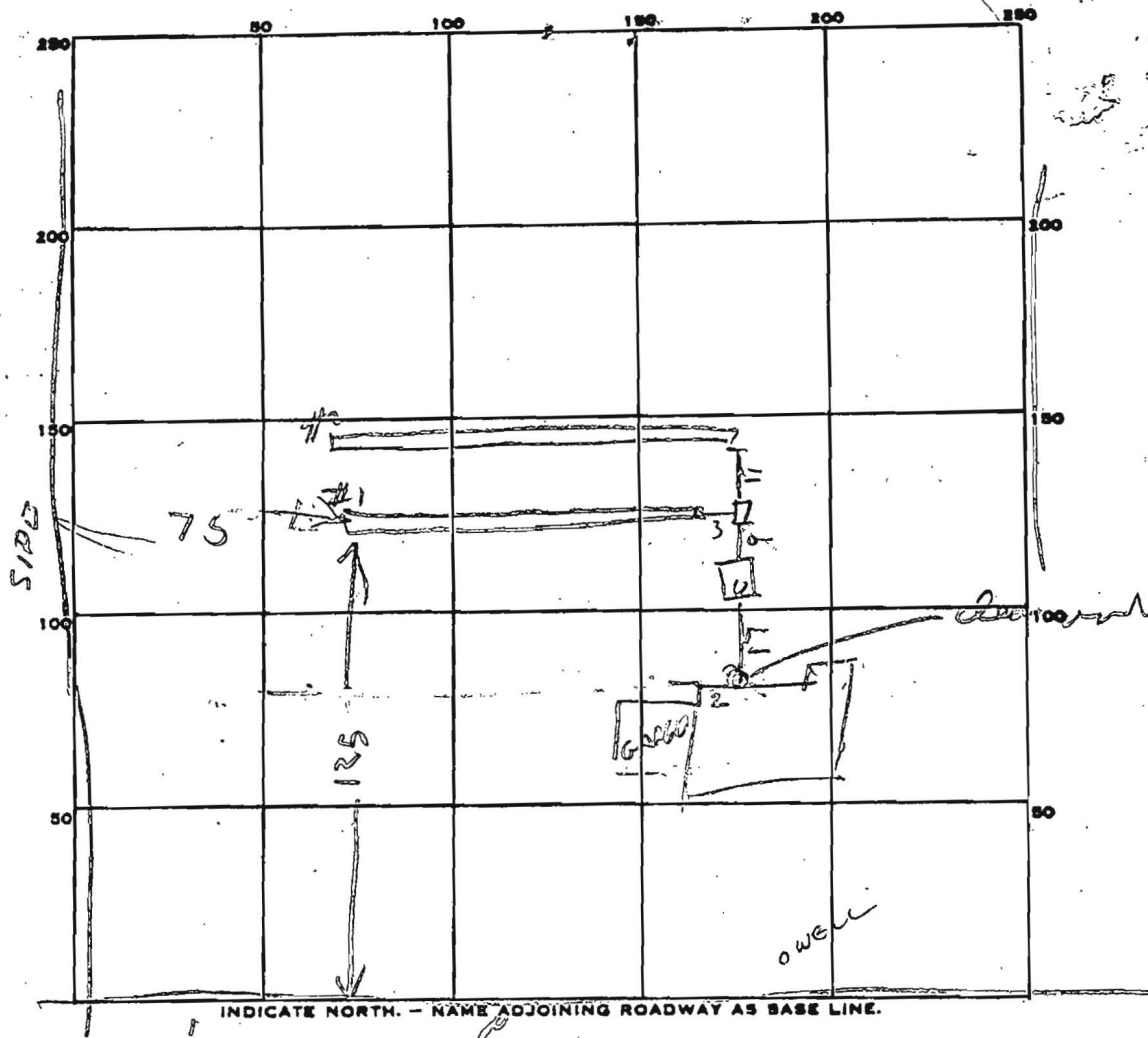
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

34958



PERMIT CARD _____

SEPTIC TANK, LEVEL 1300 (WIDE OF LONG CLEANOUTS ST / HOUSEHOLD OK / OK)

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH	FT.	TRENCH WIDTH	FT.
#1 / #2	7 / 7	2 / 2	

GRAVEL DEPTH	IN.	TOTAL LENGTH	FT.
#1 / #2	4 / 4	100 / 103	203

NUMBER OF TRENCHES 2 TOTAL ^{ONE SIDE} BOTTOM AREA 2812 790 REQUIRED

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

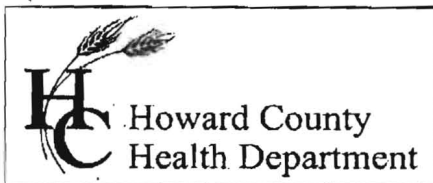
REMARKS 12/3/86 - OK TO CHANGE TANK LOCATION FROM PLANS & TRENCH LOCATION IS
1 TO REMAIN UNCHANGED AS

12/4/86^{AM} - TRENCH #1 DUG FILL TRENCH #1 WITH STONE
DIG TRENCH #2

12/4/86^{100PM} - TRENCH #1 OK. TRENCH #2 DUG. ADD STONE TO #2

12/4/86^{300PM} TRENCH #2 FINISHED

DATE SYSTEM APPROVED 12/4/86 Raymond Hodges



Bureau of Environmental Health
8930 Stanford Blvd. Columbia, MD 21045
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Maura J. Rossman, M.D., Health Officer

RECEIPT DATE: 2/9/15

ONSITE SEWAGE DISPOSAL SYSTEM

P 555741

INSTALLATION

APPROVAL

DATE: 2/13/15 SEC

PERMIT

A Repair

REPAIR

PROPERTY ADDRESS: 1888 Woodstock Road

SUBDIVISION: Breezewood Farms

LOT: 5

TAX ID: 03-310396

CONTRACTOR: J. M. Contracting LLC

EMAIL: _____

CONTRACTOR ADDRESS: 425 Obrecht Road, Sykesville, MD 21784

PHONE: 443-277-7526

PROPERTY OWNER: Curt and Linda Sauer

EMAIL: _____

OWNER ADDRESS: 1888 Woodstock Road, Woodstock, MD 21163

PHONE: 301-674-5894

SEPTIC TANK SIZE (GALLONS): 2000g

BAT UNIT: _____

N/A

STATIC HEAD (FEET): _____

N/A

NUMBER OF BEDROOMS: _____

HOUSE SQ. FT. 23500

APPLICATION
RATE: _____

N/A

DISTRIBUTION SYSTEM: GRAVITY FED ☒

LOW PRESSURE DOSED ☐

TRENCHES:	LINEAR FEET REQUIRED: _____	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	<u>* 2000g S.T. required</u>	
NOTES:	<u>ETS must be on-site prior to tank installation</u>	

ISSUED BY: K. Wolf

ISSUE DATE: 2/13/15

EXPIRATION DATE: _____

NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION

NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING

NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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

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

NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

**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 410-313-1771 TO SCHEDULE INSPECTIONS.

NOT TO SCALE

HO-81-1462

W

PORCH

DRIVEWAY

PROP.
ADDITION

30'

4'

20'

1.5'

23'

16.5'

43'

POOL

ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH _____ INLET _____ BOTTOM _____
 NUMBER OF TRENCHES _____
 TOTAL LENGTH _____
 ABSORPTION AREA _____
 DISTRIBUTION BOX LEVEL _____
 DISTRIBUTION BOX BAFFLE _____
 DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA

SEPTIC TANK I LEVEL YES
 MANUFACTURER BABYLON
 CAPACITY 2000 GAL
 SEAM LOC TOP
 TANK LID DEPTH 2'
 BAFFLES YES
 BAFFLE FILTER NO
 MANHOLE LOC FRONT - REAR
 6" PORT LOC NONE
 WATERTIGHT TEST NO
 SLOTTED YES
 DATE ON LID 1/11/15

PUMP/SEPTIC TANK LEVEL

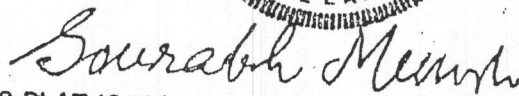
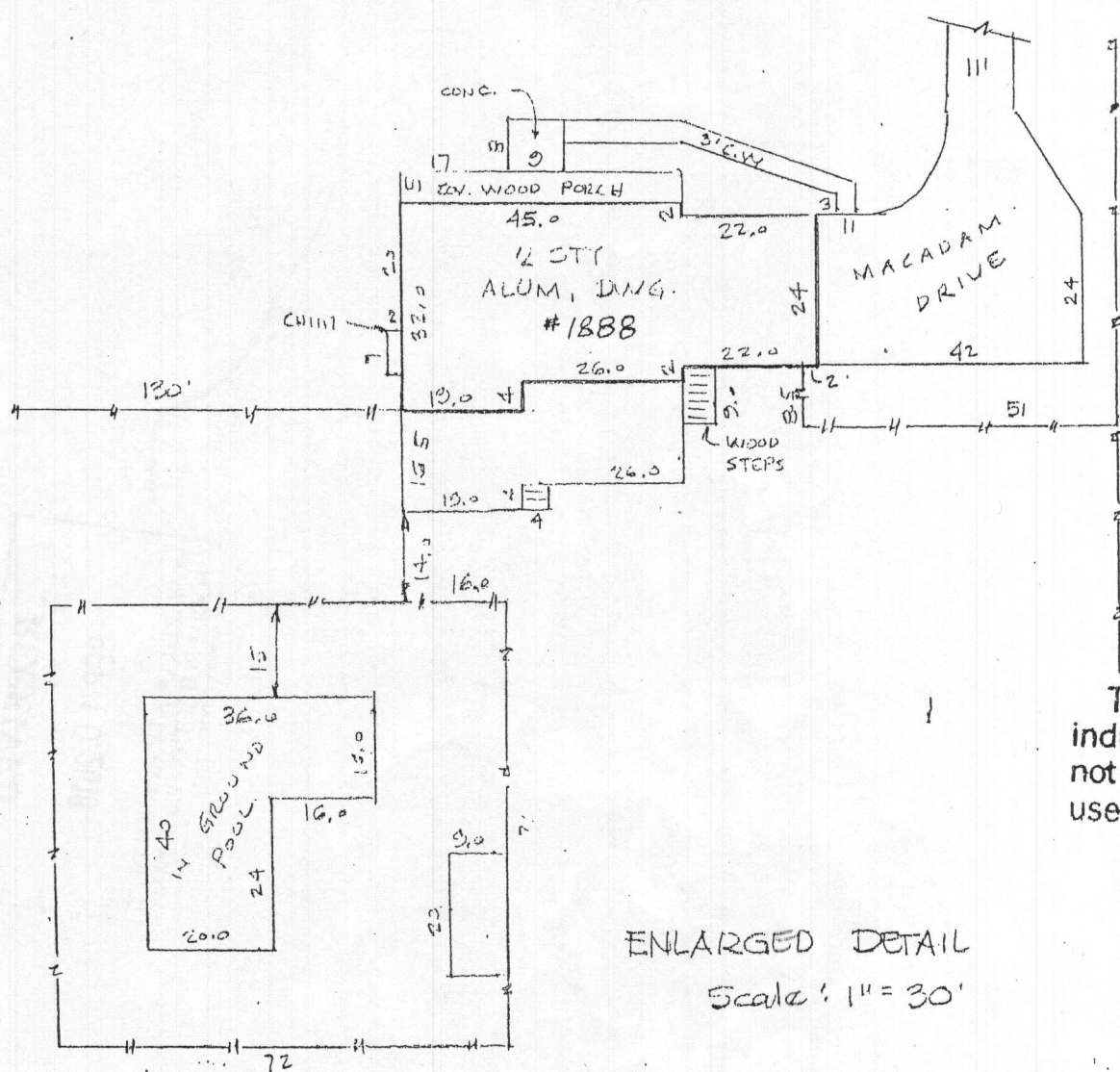
MANUFACTURER _____
 CAPACITY _____ GAL
 SEAM LOC _____
 TANK LID DEPTH _____
 BAFFLES _____
 BAFFLE FILTER _____
 MANHOLE LOC _____
 6" PORT LOC _____
 WATERTIGHT TEST _____
 SLOTTED _____
 DATE ON LID _____

PRE-CONSTRUCTION:

INSTALLATION: 2/13/15 New tank in place and new D-box installed. 2000 gal. slotted, top seam. D-box leveled w/ speed levelers - speed leveler for T2 glued into place (wouldn't sit on its own) and leveler for T1 adjusted. New addition marked and new tank is 12' from addition corner. (SC)

FINAL INSPECTOR Sarah Collins DATE OF APPROVAL 2/13/15

***NOTE: THIS HOUSE IS NOT LOCATED IN THE FLOOD PLAIN.



This is to certify that the improvements indicated hereon are located as shown. This is not a property line survey and should not be used as such.

Scale: 1" = 100

Date: 7/14/92