

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3900

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B00159445

Building Address 11636 QUARTERFIELD RD
ELLICOTT CITY 21042

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

Census Tract Subdivision QUARTERFIELD S1

Section Area Lot 18

Tax Map 23 Parcel 8 Grid 14

Zoning Map Coordinates Lot size 1.03 AC

Property Owner's Name BOB TESTANI / BETSY CASE

Address 11636 QUARTERFIELD DR

City ELLICOTT CITY State MD Zip Code 21042

Home Phone 4435359091 Work Phone 74444841

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

Phone Fax

Existing Use DECK

Proposed Use DECK

Estimated Construction Cost \$ 20,000

Description of Work CONSTRUCT OPEN WOOD
DECK & STAIRS ON REAR PORCH
SLIP

Contractor Company IFACONTIGEN DECK BLDGS

Contact Person ANDY MENZ

Address 4511 SUN BERRY DR

City FINKSBURG State MD Zip Code 21043

License No. 51321

Phone 4107817802 Fax

Occupant or Tenant

Contact Name

Address

City State Zip Code

Phone Fax

Engineer or Architect Company

Contact Person

Address

City State Zip Code

Phone Fax

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: 4-8' No. of stories: Gross area, sq. ft. per floor: Use group: Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: 2nd floor: Basement: Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms Height: 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 Height: <input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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
John / FMS
Title/Company

Print Name
ANDY MENZ
Date
6/21/06

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#
Land Development, DPZ			Front:	Filing fee \$
State Highways			Rear:	Permit fee \$
Building Official			Side:	Excise tax \$
Dev. Engineering, DPZ			Side St.:	Add'l per. fee \$
Health	6/21/06	[Signature]	All minimum setbacks met?	TOTAL FEES \$
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check #
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation #
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies:	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone	
T:\forms\PERMIT.FRM			SDP/Red-line approval date	Accepted by
			Yellow: DED, DPZ	
			Pink: Health	
			Gold: SHA	

Rev. 11/4/04

Approved Septic System Plan
Howard County Health Department

Amey M. Moe 12/14/99
Signature Date

Total linear feet of trench
required 180 feet

Width of trench(es) 2.0 feet

Depth of trench(es) 8.0 feet

Depth of stone required below
distribution pipe 4.0 feet

Distribution Box
Inv. : 398.50
Ex. Grade : 396.50

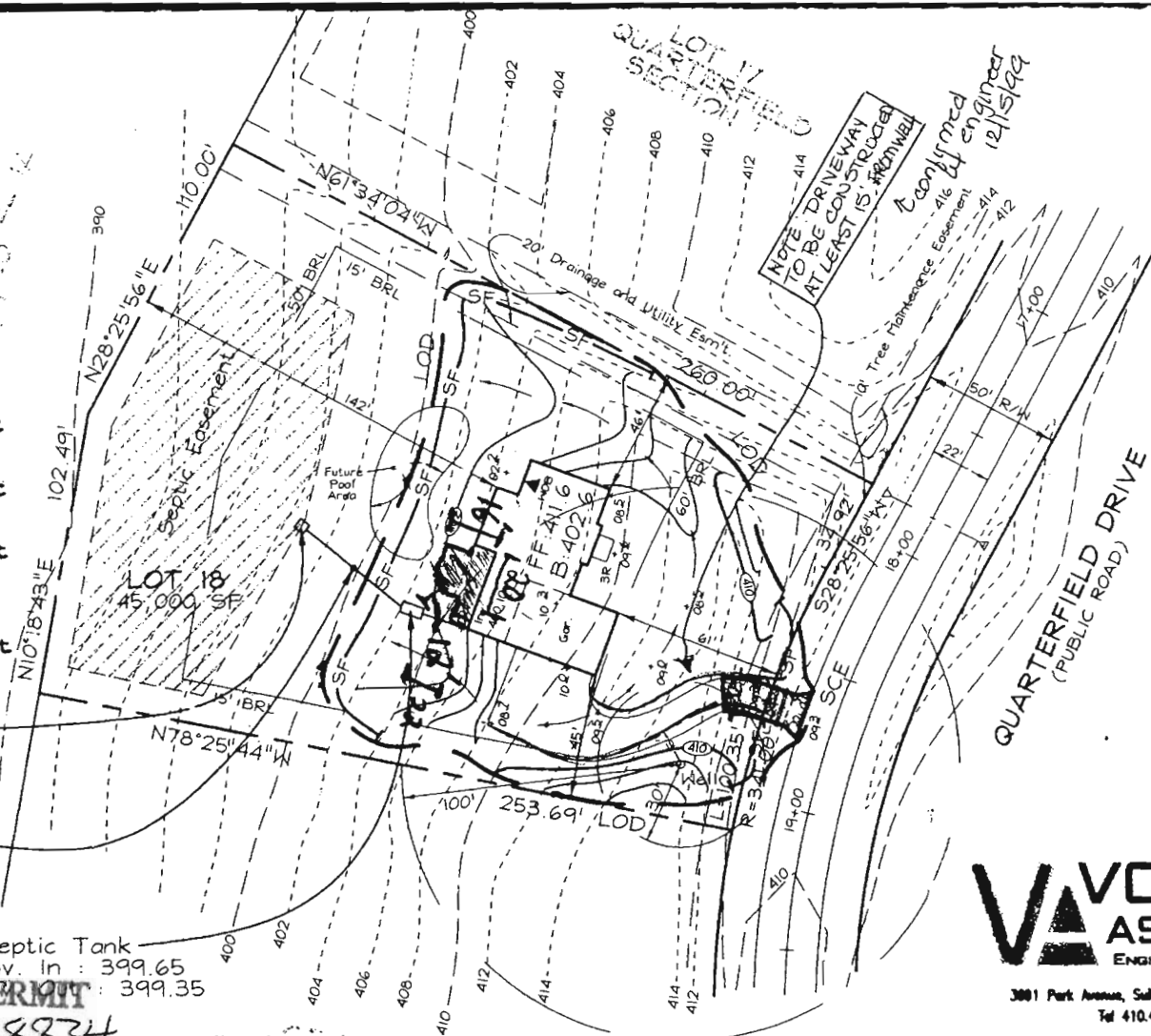
Cleanout
Inv. In : 398.93
Inv. Out : 393.92

APPROVED

WALK-THRU BUILDING PERMIT

BP# A# 48834
APP. SAN M. T. Davis DATE: 6/7/06
DESC. OF WORK: Deck

Septic Tank
Inv. In : 399.65
Inv. Out : 399.35



VOGEL & ASSOCIATES
ENGINEERS SURVEYORS PLANNERS

3801 Park Avenue, Suite 101 • Ellicott City, Maryland 21043
Tel 410.461.5828 Fax 410.465.3866

QUARTERFIELD

OWNER/DEVELOPER

DALE THOMPSON BUILDERS
10005 Old Columbia Road
Columbia, Maryland 21046

Building Address 11636 Quarterfield Rd
Ellicott City, MD 21042

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

Census Tract _____ Subdivision Quarterfield

Section 1 Area _____ Lot 18

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Robert Testani & Betsy Case

Address 11636 Quarterfield Rd.

City Ellicott City State MD Zip Code 21042

Home Phone 4435359091 Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use inground swimming pool

Estimated Construction Cost \$ 25,000.00

Description of Work 18ft x 35ft. inground pool
3ft - 8ft deep; fence per code;
truck filled

Contractor Company Rowan Landscape Co., Inc.
PO Box 84 Rowan

Contact Person Mary Rowan

Address 16643 Frederick Rd

City Mt Airy State MD Zip Code 21771

License No. CE203729

Phone 4432774837 Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

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

1st floor: _____

2nd 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.

Mary E. Rowan
Applicant's Signature
SEC
Title/Company

Mary E. Rowan
Print Name
5/31/06
Date

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 Official

Dev. Engineering, DPZ

Health 6/1/06 [Signature]

Fire Protection

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

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met?
YES ☐ NO ☐

Is Entrance Permit required?
YES ☐ NO ☐

Historic District?
YES ☐ NO ☐

Lot Coverage for NewTown Zone _____

SDP/Red-line approval date _____

PROPERTY ID#:

Filing fee \$ _____

Permit fee \$ _____

Excise tax \$ _____

Add'l per. fee \$ _____

TOTAL FEES \$ _____

Sub-total paid \$ _____

Balance due \$ _____

Check # _____

Validation # _____

Accepted by _____

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

T:\Forms\PERMIT.FRM Rev. 5/17/00

Angie M. Moe 12/14/99
Signature Date

Total linear feet of trench required 180 feet

Width of trench(es) 2.0 feet

Depth of trench(es) 8.0 feet

Depth of stone required below
distribution pipe 4.0 feet

Distribution Box——
Inv. : 392.50
Ex. Grade : 396.50

Cleanout
Inv. In : 398.93
Inv. Out : 393.92

Septic Tank —
Inv. In : 399.65
Inv. Out : 399.35

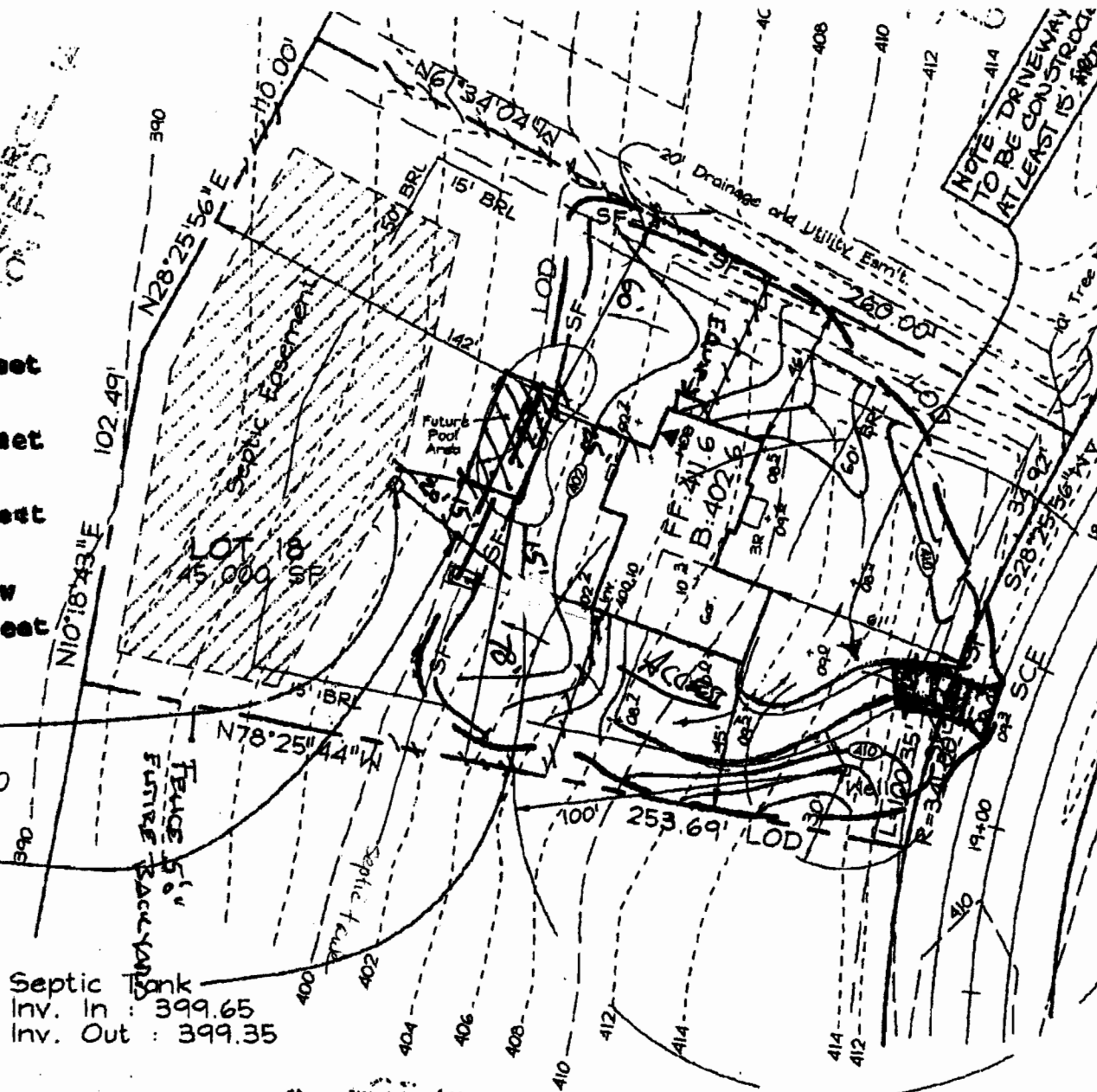
APPROVED

WALK-THRU BUILDING PERMIT
118024

BP# 300159945

BP# B0015W45 A# 76821
APP. SAN SF DATE: 6/1/06
DESC. OF WORK: 1- [unclear] road

WORK: ~~18' X 35' in ground pool~~
~~up fence~~



SECRET

SCALE 1" = 50'

4/26/00
2:30 PM

4/27/00 PM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513328

A 48834

DISTRICT

DATE 3/16/00

DATE SYSTEM APPROVED 4/27/00

INSPECTOR [Signature]

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

INDEXED

Eagle's Septic Clean, Inc.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION Quarterfield LOT 18 ROAD 11636 Quarterfield Drive

PROPERTY OWNER Dale Thompson Builders

BUILDING PERMIT SIGNED

ADDRESS

AND RETURNED

SEPTIC TANK CAPACITY 1250 GALLONS 62304 BOUN9020 - FINKS BRIDGMENT

NUMBER OF BEDROOMS 4 610106 - B00159945 - 18x35 inground pool

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place distribution box 175 feet down the right lot line and 105 feet off this same lot line. Run trenches on 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. OK 4/14/00

PLANS APPROVED BY Mark Rifkin/Amy McMillen

DATE 12/14/99

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 ABS

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**

HD-280(5-90)

*CALL 461-9833 FOR INSPECTION OF SEPTIC SYSTEM.

48834