

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE BLLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B06003612
Building Address <u>1830 Quarter Horse Dr</u> <u>Woodstock, MD 21163</u>		Property Owner's Name <u>SANTANGELO, Mark, AMY</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Address <u>1830 Quarter Horse Dr</u>	
Census Tract _____ Subdivision _____		City <u>Woodstock</u> State <u>MD</u> Zip Code <u>21163</u>	
Section _____ Area _____ Lot _____		Home Phone <u>410-750-6203</u> Work Phone _____	
Tax Map _____ Parcel _____ Grid _____		Applicant's Name & Mailing Address, (if other than stated hereon): <u>Riccobene Contracting LLC</u>	
Zoning _____ Map Coordinates _____ Lot size _____		Phone <u>410-440-4629</u> Fax <u>410-360-1888</u>	
Existing Use _____		Contractor Company <u>Riccobene Contracting</u>	
Proposed Use _____		Contact Person <u>Michaelangelo Riccobene</u>	
Estimated Construction Cost \$ <u>29,422</u>		Address <u>7568 Bench Dr</u>	
Description of Work <u>Remove & Replace</u> <u>Kitchen. Remove 1 Pantry</u> <u>closet i 1-2' section of wall</u> <u>(Both now-bearing)</u>		City <u>PASADENA</u> State <u>MD</u> Zip Code <u>21122</u>	
Occupant or Tenant _____		License No. <u>88746</u>	
Contact Name _____		Phone <u>410-440-4629</u> Fax <u>410-360-1888</u>	
Address _____		Engineer or Architect Company _____	
City _____ State _____ Zip Code _____		Contact Person _____	
Phone _____ Fax _____		Address _____	
		City _____ State _____ Zip Code _____	
		Phone _____ Fax _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	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: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
_____ State Certified Modular		Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ _____ State Certified Modular _____ Manufactured Home	

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.

Michaelangelo Riccobene
Applicant's Signature
owner Riccobene Contracting
Title/Company

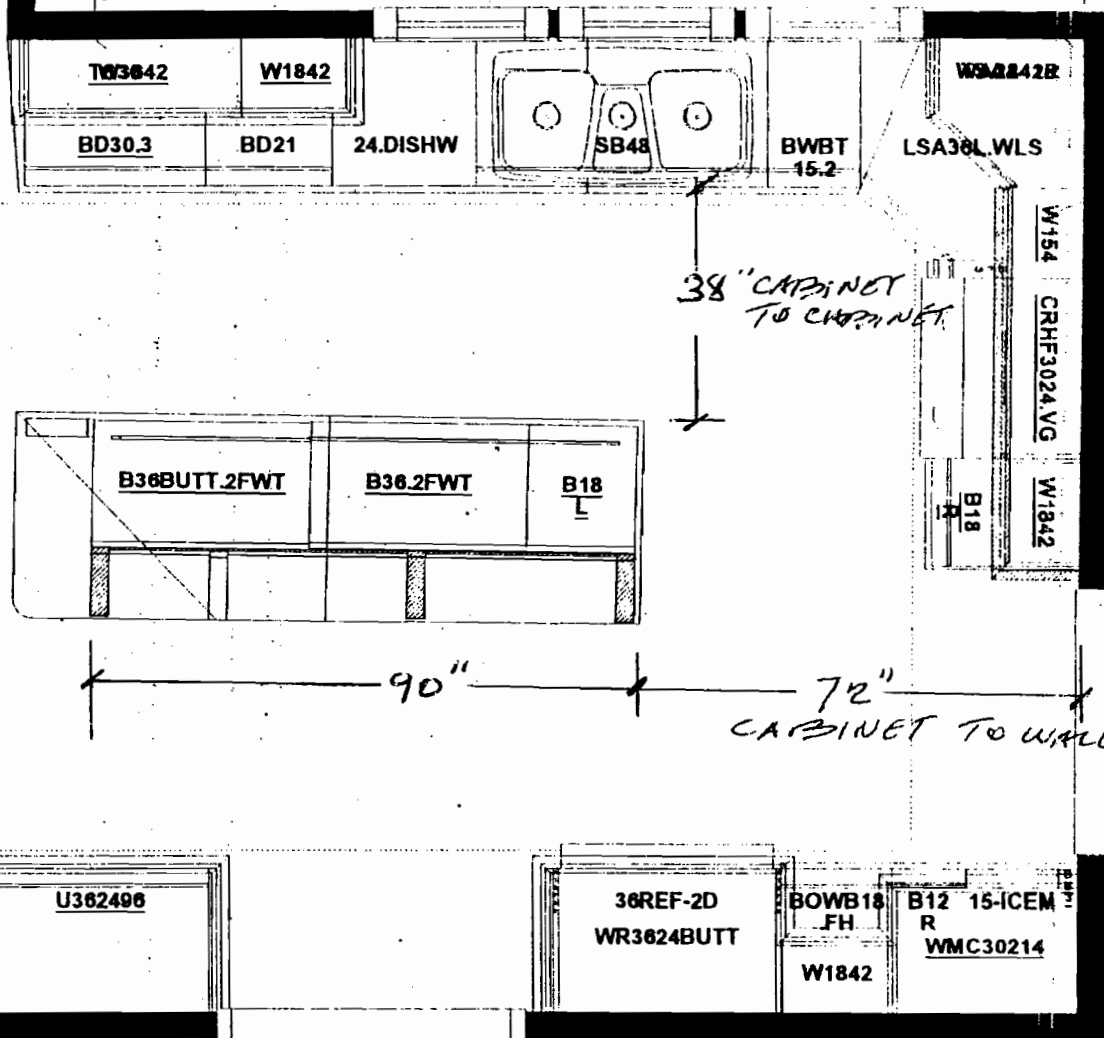
Michaelangelo Riccobene
Print Name
22 AUG 06
Date

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	<u>8/22/06</u>	<u>Jim B...</u>	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 Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	

APPROVED
WALK-THRU BUILDING PERMIT
 BP# B06003612 A# 44274
 APP. SAN SFD DATE: 8/22/06
 DESC. OF WORK: Remodel
Kitchen



FINAL
 SIGN M. Kelly
 DATE 8/30/06

All dimensions size designations given are subject to verification on job site and adjustment to fit job conditions.



This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.

Designed: 6/30/06
 Printed: 6/30/06

4

63007ec.kit

Fp I

Drawing #: 1

Scale: 3/8" = 1'

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-316459

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 313-2640

INDEXED

P 49715

A 44274

DISTRICT

DATE 11/16/93

DATE SYSTEM APPROVED 11/16/93

INSPECTOR R. Kelly

Paul Schissler/South Carroll Backhoe

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION Parkside LOT 118 ROAD 1830 Quarterhorse Drive

PROPERTY OWNER Covenant Homes

ADDRESS P. O. Box 1713
Ellicott City, Maryland 21041

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

BLDG. PERMIT SIGNED

AND RETURNED 6-26-97

Serial # B00106549-deck
8/23/06 - B06003612 - remodel Kitchen

TRENCHES - Trench to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 2.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 260 feet down the left lot line and 100 feet off the left lot line as seen when facing the lot from Quarterhorse Drive. Run the trenches toward the left side line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK MR 10/28/93

PLANS APPROVED BY Ronald Pinkley/Mark Rifkin REVISED DATE 9/26/93

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. additional note below

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

HD-280(6-90)

*CALL 481-9833 FOR INSPECTION OF SEPTIC SYSTEM.

44274