

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B06003240

Building Address 870 River Rd
Sykesville, MD 21784

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Existing Use Single Family

Proposed Use Single Family

Estimated Construction Cost \$ 10,000

Description of Work 16'x16' Trunked Deck w/

12'x12' Trunked Deck Step Down w/

Stairs to ground level off of 16'x16'

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name Victor Stirn

Address _____

870 River Rd

City Sykesville State MD Zip Code 21784

Home Phone _____ Work Phone _____

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

Phone 410-442-5552 Fax _____

Contractor Company A.E. Haysant Contr LLC

Contact Person _____

Wayne Hawkins

Address _____

45 Ginn Ct

City Eldersburg State MD Zip Code 21784

License No. _____

Phone 410-781-6777 Fax 410-552-5073

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics

Utilities

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type:

_____ Reinforced Concrete

_____ Structural Steel

_____ Masonry

_____ Wood Frame

_____ State Certified Modular

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

Utilities

SF Dwelling ☒ SF Townhouse ☐

Depth _____ Width _____

1st floor: _____

2nd floor: _____

Basement: _____

Finished Basement ☐ Unfinished Basement ☐

Crawl space ☐ Slab on Grade ☐

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: _____

_____ State Certified Modular

_____ Manufactured Home

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 THERE TO; (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 HIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Super
Applicant's Signature
Title/Company

Wayne C. Hawkins
Print Name
8/16/06
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 8/16/06 Super

Fire Protection _____

Is Sediment Control approval required prior to issuance?

YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

Distribution of Copies- White: Building Official Green: LDD, DPZ

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DPZ SETBACK INFORMATION

Front: _____ Filing fee \$ _____

Rear: _____ Permit fee \$ _____

Side: _____ Excise tax \$ _____

Side St.: _____ Add'l per. fee \$ _____

All minimum setbacks met? TOTAL FEES \$ _____

YES ☐ NO ☐ Sub-total paid \$ _____

Is Entrance Permit required? Balance due \$ _____

YES ☐ NO ☐ Check \$ _____

Historic District? Validation # _____

YES ☐ NO ☐

Lot Coverage for NewTown Zone _____

SDP/Red-line approval date _____ Accepted by _____

Yellow: DED, DPZ Pink: Health Gold: SHA

Rev. 11/4/04

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3630 COURT HOUSE DRIVE ELLSWORTH CITY, MD 21043 PERMITS (410) 313-2400 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3000	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00159524
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Building Address <u>870 River Rd.</u> <u>Sylkesville, MD 21784</u>	Property Owner's Name <u>Victor Stirn</u> Address <u>870 River Rd</u> City <u>Sylkesville</u> State <u>MD</u> Zip Code <u>21784</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Home Phone _____ Work Phone _____
Census Tract _____ Subdivision <u>Berndell Estates</u>	Applicant's Name & Mailing Address, (if other than stated hereon): _____
Section _____ Area _____ Lot <u>8</u>	Phone _____ Fax _____
Tax Map _____ Parcel _____ Grid _____	
Zoning _____ Map Coordinates _____ Lot size _____	
Existing Use <u>Single Family</u>	Contractor Company <u>AEH</u>
Proposed Use <u>Single Family</u>	Contact Person <u>Al Haspert</u>
Estimated Construction Cost \$ <u>150 K</u>	Address <u>45 Ginn Ct</u>
Description of Work <u>1-18' x 24' Sun Room</u> <u>1-24' x 26' Car Port</u>	City <u>Sylkesville</u> State <u>MD</u> Zip Code <u>21784</u>
	License No. _____
	Phone <u>410-781-6777</u> Fax <u>410-552-5073</u>
Occupant or Tenant <u>Victor Stirn</u>	Engineer or Architect Company _____
Contact Name <u>Al Haspert</u>	Contact Person _____
Address <u>45 Ginn Ct</u>	Address _____
City <u>Sylkesville</u> State <u>MD</u> Zip Code <u>21784</u>	City _____ State _____ Zip Code _____
Phone <u>410-781-6777</u> Fax <u>410-552-5073</u>	Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input 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"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Multi-family dwellings: _____ No. of efficiency units: <u>7</u> 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: _____
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
		State Certified Modular _____ Manufactured Home _____	

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Applicant's Signature _____	Print Name _____
Title/Company _____	Date _____
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY ** PLEASE WRITE NEATLY AND LEGIBLY. ** - FOR OFFICE USE ONLY -	
AGENCY <u>Land Development, DPZ</u> <u>State Highways</u> <u>Building Official</u> <u>Dev. Engineering, DPZ</u> <u>Health</u> <u>Fire Protection</u>	DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for NewTown Zone _____ SDP/Red-line approval date _____
SIGNATURE APPROVAL <u>5/19/06</u> <u>Kacie Thomas</u>	PROPERTY ID#: Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # _____ Validation # _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	Accepted by _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>	

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

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

DATE 6/2/77

INDEXED

Pat Lendrim

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 14010 Forsythe Road, Sykesville, Md. 21784

PHONE 442-2416

SUBDIVISION (Berndell Estates)

ROAD 870 River Road

LOT 8

PROPERTY OWNER Roy E. Bennett

ADDRESS 5626 Southwestern Boulevard, Arbutus, Md. 21227

Phone: 247-1550

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS ☒ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

INLET PIPE _____ FT. BELOW ORIGINAL GRADE, MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN

FACING LOT FROM

DRY WELL AND TRENCH - Locate the dry well 60 ft. from the left property line and 480 ft. from the rear property line as seen from the road. The invert will enter the dry well at 3 ft. below original grade and the maximum depth of the dry well will not exceed 9 ft. below original grade. The dry well will be constructed 14 x 14 square for a sidewall area of 336 sq. ft. Begin the trench after a 5 ft. earth buffer. The trench will be dug 2 ft. wide, 9 ft. deep, 65 ft. long and contain 6 ft. of stone. The trench will follow the contour of the land.

PLANS APPROVED BY Robert T. Moorefield

DATE 2/16/77

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 PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 8 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA

COITA ACCEPTED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

BUILDING PERMIT SIGNED
AND RETURNED

5/9/06 B00159524 - sun room