

<small>DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3400 COURT HOUSE DRIVE ELLSWORTH CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800</small>		<h2 style="margin:0;">HOWARD COUNTY PERMIT APPLICATION</h2>		<h2 style="margin:0;">PERMIT NUMBER</h2> <p style="font-size: 1.2em; margin: 0;">B06002561</p>	
Building Address <u>2809 Rolling Fork Way</u> <u>GLENWOOD MD 21738</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>GWYNIDYLOAK EST.</u> Section _____ Area _____ Lot _____ Tax Map <u>14</u> Parcel <u>123</u> Grid <u>11</u> Zoning _____ Map Coordinates _____ Lot size _____		Property Owner's Name <u>STEVE + DONNA MAZER</u> Address <u>2809 Rolling Fork Way</u> City <u>GLENWOOD</u> State <u>MD</u> Zip Code <u>21738</u> Home Phone _____ Work Phone <u>410 489-7745</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____			
Existing Use <u>SINGLE FAMILY RESIDENTIAL</u> Proposed Use <u>SAME</u> Estimated Construction Cost <u>\$190,000</u> Description of Work <u>SEMI ATTACHED ADDITION</u> <u>SUN ROOM</u> <u>570 sq ft</u>		Contractor Company <u>SASLOW HOMES, INC.</u> Contact Person <u>BENJAMIN TAUB</u> Address <u>7520 MAIN ST., SUITE 204</u> City <u>STEVESVILLE</u> State <u>MD</u> Zip Code <u>21784</u> License No. <u>37507</u> Phone <u>410 781 4844</u> Fax <u>410 549 0498</u>			
Occupant or Tenant <u>STEVE + DONNA MAZER</u> Contact Name <u>SAME</u> Address <u>2809 Rolling Fork Way</u> City <u>GLENWOOD</u> State <u>MD</u> Zip Code <u>21738</u> Phone <u>410-489-7745</u>		Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b> Height: _____ No. of stories: <u>2</u> 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 type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input 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 _____	<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>44'</u> Width <u>69'</u> 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> 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	<b>Utilities</b> 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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input checked="" 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 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 <u>[Signature]</u> Title/Company <u>DIRECTOR OF OPS / SASLOW HOMES INC.</u>	Print Name <u>BENJAMIN TAUB</u> Date <u>8-2-06</u>
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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>8/2/06</u>	<u>[Signature]</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"/> ONE STOP SHOP: <input type="checkbox"/>			Historic District?	Validation # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for NewTown Zone _____	
			SDP/Red-line approval date _____	Accepted by _____
Distribution of Copies:    White: Building Official    Green: LDD, DPZ    Yellow: DED, DPZ    Pink: Health    Gold: SHA				

широот 57082

SCALE 1"=30'

SCALE: 1"=60

BUILDING SETBACKS (B.L.S.) SHOWN HEREON PER PLAT No. 11549  
SETBACK INSTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±1.

GW - GOTSCHICK, LITTLE & WEBER, P.A.

CIVIL ENGINEERS SURVEYORS PLANNERS LANDSCAPE ARCHITECTS

3909 NATIONAL DRIVE SUITE 250 IRVINGVILLE OFFICE PARK  
ST. LOUIS, MISSOURI 63114

TEL: (501) 421-4024 HQ FAX: (501) 999-2324 G.A. 104 (A10) 880-1820 FAX: (501) 421-418

THE PROPERTY SHOWN HEREON LIES WITHIN ZONE C (AREA OF MINOR FLOODING) AS SHOWN ON THE F.E.M.A. FLOOD INSURANCE RATE MAP COMMUNITY PANEL No. 240044 0011 & REVISED DECEMBER 1, 1985.

REFERENCE PLAT No. 11549

SAFE OF LAMEN FIELD WORK. 01-20-9

GRAPH BY: M. C. CA. SCALE: 1:1

95-052

### SLAVE WORK'S CERTIFICATE

THIS IS TO CERTIFY TO:  
"ANY BODIES"

THAT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND

LOCATION DRAINAGE

"GWYNNDYL OAK ESTATES"  
LOT 3



# PERMIT

## SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-355970

P 57359-13

A 44240

DISTRICT 4th

DATE 10-28-96

DATE SYSTEM APPROVED 12/18/96

INSPECTOR H. R. P. King

### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

313-2640

INDEXED

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157

PHONE 875-4197

SUBDIVISION Gwyndyl Oak Estates LOT 3

ROAD 2809 Rolling Fork Way

PROPERTY OWNER N V Homes

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

\*\*\*MANHOLE CLEANOUT REQUIRED\*\*\*

BUILDING PERMIT SIGNED

AND RETURNED

8/2/06- 1306002561- 22 x 22 Sunroom

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

LOCATION - Place distribution box 240 feet up the right lot line (415.22') and 45 feet off that same lot line when facing the lot from Rolling Fork Way. Run trenches on contour toward the left lot 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 9/13/96 DCS

PLANS APPROVED BY Amy McMillen

DATE 09/09/96

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-260(6-90)

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

BLDG. PERMIT SIGNED

AND RETURNED 1/14/97

Submitted By 103403 -  
Sept + 1-5 to gal underground  
septic tank

44240