

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

000159613

Building Address 3604 SCHEEL DR
ELICOTT CITY 21042

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

Census Tract 603000 Subdivision Wayside Estate

Section 1 Area _____ Lot 7

Tax Map 22 Parcel 490 Grid 11

Zoning RR-DEP Map Coordinates 1008 Lot size .991/A

Existing Use RESIDENTIAL (SFD)

Proposed Use RESIDENTIAL (SAND)

Estimated Construction Cost \$ 75,000

Description of Work 2 STY ADDITION TO EXISTING HOME

FOR NEW FINISH BATH/STAIRS ETC ON 2ND FL

ENTERTAINMENT AREA, 1/2 BATH OFF ON 1ST + UNFIN

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Occupant or Tenant OCCUPANT

Contact Name DAVE MURRAY

Address SAME AS ABOVE

City _____ State _____ Zip Code _____

Phone 410 988 9665 Fax _____

Property Owner's Name J. DAVID MURRAY

Address 3604 SCHEEL DR

City ELICOTT CITY State MD Zip Code 21042

Home Phone 410 988-9665 Work Phone 443-479-3282

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

Phone _____ Fax _____

Contractor Company OWNER

Contact Person DAVE MURRAY

Address SAME AS ABOVE

City _____ State _____ Zip Code _____

License No. _____ Phone _____ Fax _____

Engineer or Architect Company ARCHITECTURE LLC

Contact Person CHUCK GRAY (OWNER)

Address PO BOX 227 (10000)

City ELICOTT CITY State MD Zip Code 21042-0227

Phone 833-1300 Fax 410-988-6522

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: _____

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

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.

J. David Murray

Applicant's Signature

OWNER

Title/Company

J. DAVID MURRAY

Print Name

5/18/06

Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY. **

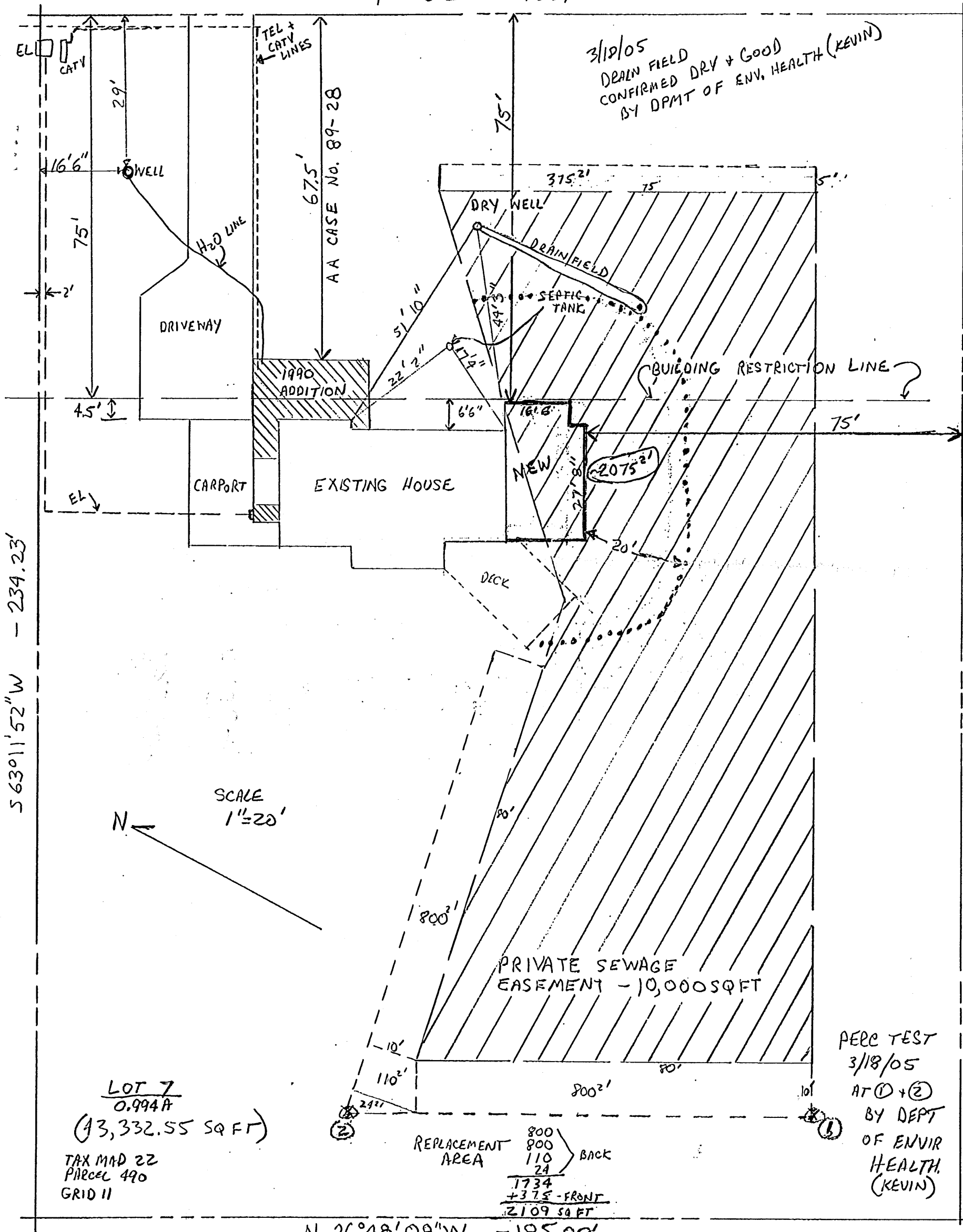
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ <u>50</u>
Public Health			Rear: _____	Permit fee \$ _____
Public Works			Side: _____	Excise tax \$ _____
Public Safety DPZ			Side St: _____	Add'l per. fee \$ _____
	<u>6/14/06</u>	<u>[Signature]</u>	Minimum setbacks met? YES ☐ NO ☐	TOTAL FEES \$ _____
			Is Entrance Permit required? YES ☐ NO ☐	Sub-total paid \$ _____
			Historic District? YES ☐ NO ☐	Balance due \$ <u>2,540</u>
			Lot Coverage for New Town Zone _____	Check \$ <u>2,540</u>
			SDP Red line approval date _____	Validation \$ <u>1,340</u>
				Accepted by <u>[Signature]</u>
Distribution of Copies:	Public Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
				Gold: SHA

50' RIGHT-OF-WAY

S 26° 48' 00" E - 185.00'

3/12/05
DRAIN FIELD
CONFIRMED DRY + GOOD
BY DPMT OF ENV. HEALTH (KEVIN)



MURRAY- 3604 SCHEEL DR.

SCALE:

APPROVED BY:

DRAWN BY

DATE:

REVISED

SITE + BASEMENT

DRAWING NUMBER

July 16, 2004

MEMORANDUM

TO: File
3604 Scheel Drive
Wayside Estates, Lot 7
P25614

FROM: Mark Rifkin
Well and Septic Program

RE: Proposed Addition (no BR)

Ofc meeting with owner regarding proposed addition as shown on reverse. Ex. 1977 house is 3BR, originally perc tested in 1973, 10K sq. ft established. Existing 10K sq. ft easement appears to extend 50' beyond tested areas. Existing tank-drywell-trench system in front of lot, in vicinity of proposed addition, and at one end of 170'-long easement. Adjacent well 85' away, downslope.

Advised owner of 3 issues:

- 1) location of proposed addition relative to ex. system, particularly ex. trench, which may be within 20'
- 2) verification of system operation/remaining capacity. Ex. trench may be at/near capacity; repair area for one trench appears easy and accessible
- 3) access to remaining portions of easement; suggested pump tank installation may be necessary to provide for future pumping. Alternate idea to avoid future pumping would be to adjust SDA and tank to rear of lot. Two test holes + system replacement would be required with this option

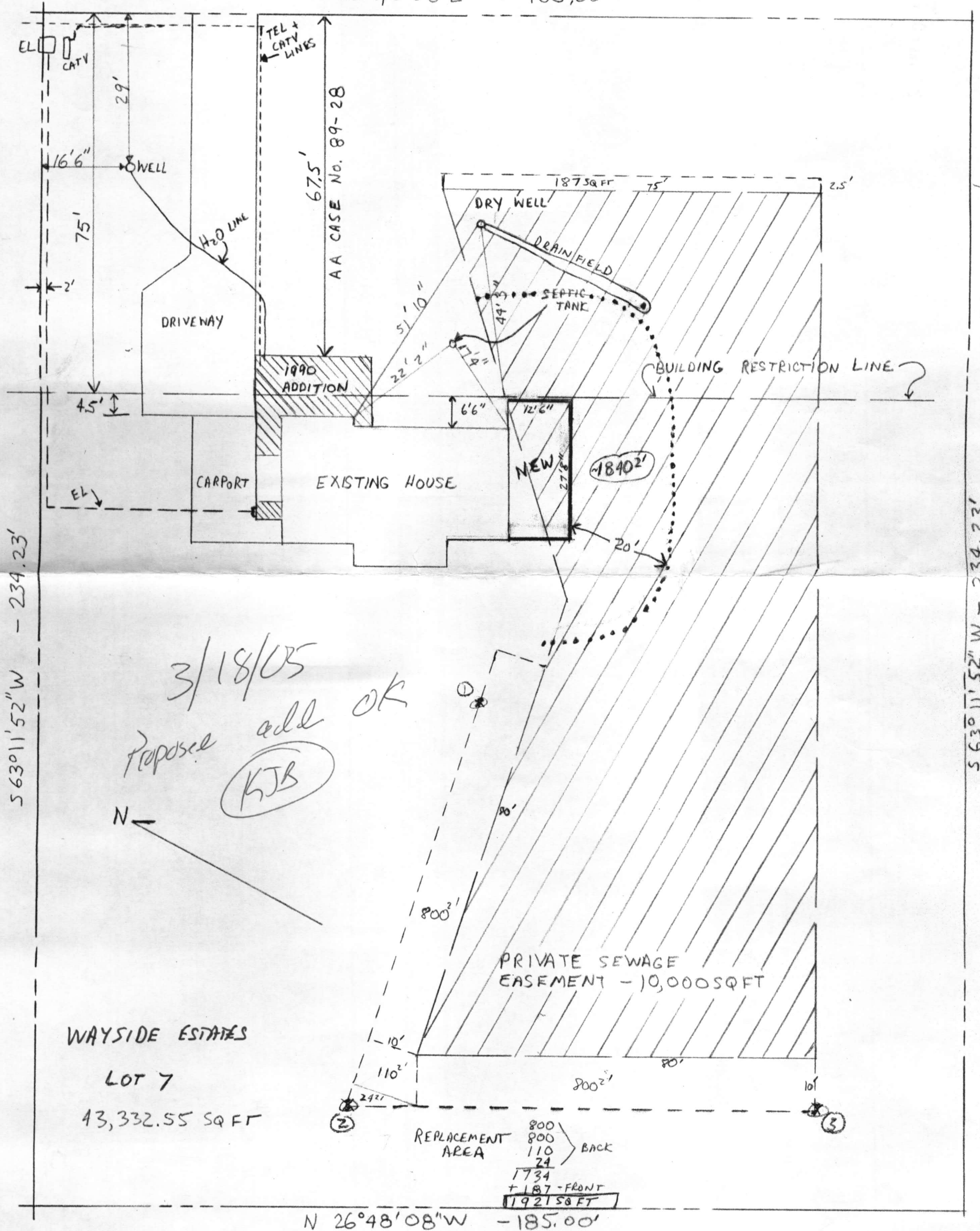
Advised owner to submit more complete plan.

MR

File

50' RIGHT-OF-WAY

S 26°48'00"E - 185.00'



MURRAY- 3604 SCHEEL DR.

SCALE: 1" = 20'

APPROVED BY:

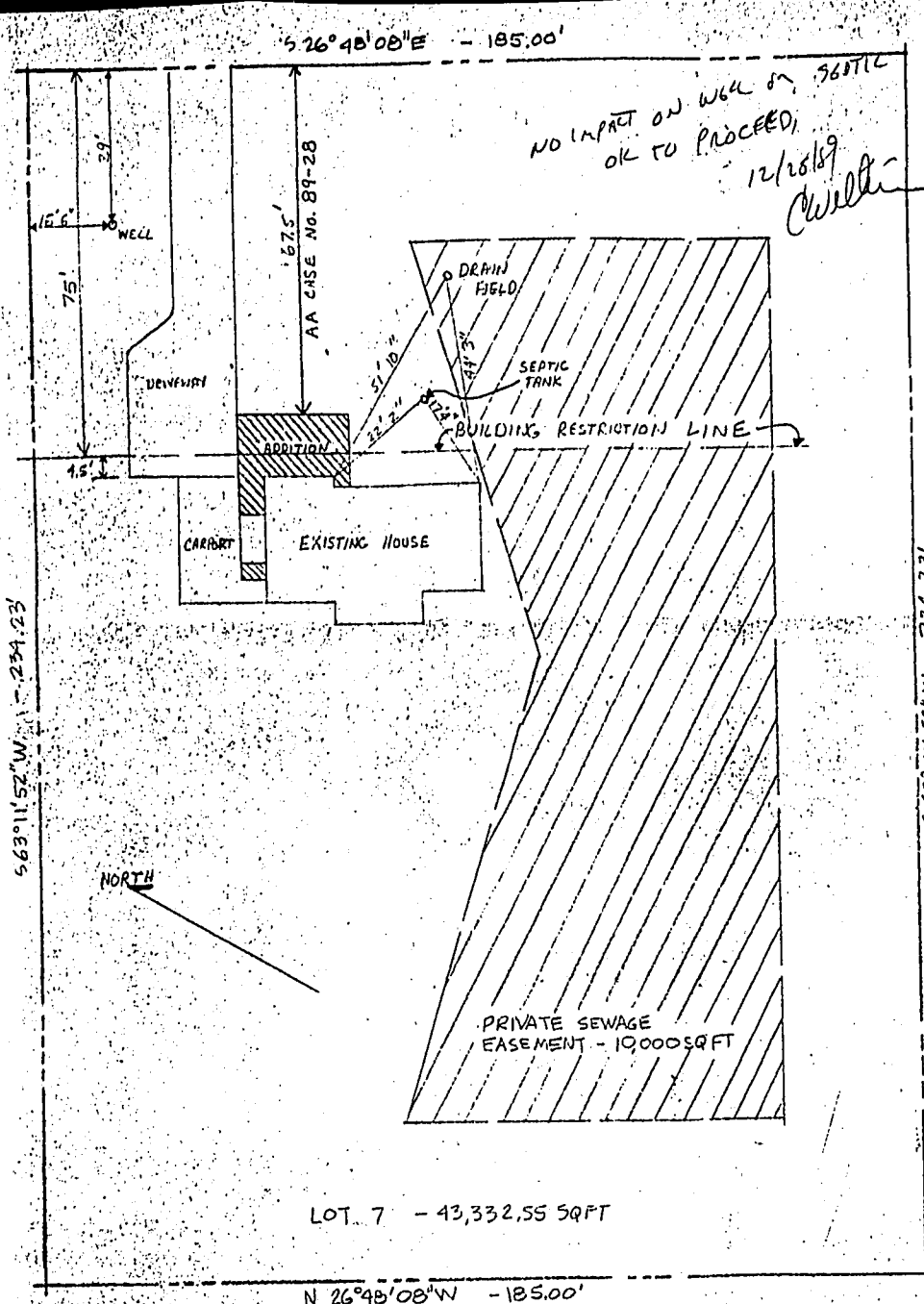
DRAWN BY

DATE:

REVISED

SITE + BASEMENT

DRAWING NUMBER



NO IMPACT ON WELL OR 560TLC
OK TO PROCEED
12/26/89
C. Miller

NORTH

SITE PLAN
SCALE 1" = 20'