

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) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B06 009045	
Building Address <u>1213 Shady Creek Rd</u> <u>Marriottsville, MD 21104</u>			Property Owner's Name <u>Balhoff, Michael</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address <u>1213 Shady Creek Rd</u>		
Census Tract _____ Subdivision <u>Meadowood</u>			City <u>Marriottsville</u> State <u>MD</u> Zip Code <u>21104</u>		
Section _____ Area _____ Lot <u>10</u>			Home Phone <u>410-489-9627</u> Work Phone _____		
Tax Map _____ Parcel _____ Grid _____			Applicant's Name & Mailing Address, (if other than stated hereon): _____		
Zoning _____ Map Coordinates _____ Lot size _____			Phone _____ Fax _____		
Existing Use <u>Residential Dwelling</u>			Contractor Company <u>Fred C. Dickson, Co</u>		
Proposed Use <u>Residential Dwelling</u>			Contact Person <u>Fred Dickson</u>		
Estimated Construction Cost <u>\$ 10,000</u>			Address <u>P.O. Box 715</u>		
Description of Work <u>Add laundry room and office to existing garage</u>			City <u>mt Airy</u> State <u>MD</u> Zip Code <u>21771</u>		
Occupant or Tenant <u>Michael Balhoff</u>			License No. <u>132399</u>		
Contact Name <u>Michael Balhoff</u>			Phone <u>410-875-2115</u> Fax <u>866-883-6301</u>		
Address <u>1213 Shady Creek Rd</u>			Engineer or Architect Company _____		
City <u>Marriottsville</u> State <u>MD</u> Zip Code <u>21104</u>			Contact Person <u>Fred Dickson</u>		
Phone <u>410-489-9627</u> Fax _____			Address <u>P.O. Box 715</u>		
			City <u>mt Airy</u> State <u>MD</u> Zip Code <u>21771</u>		
			Phone <u>410-875-2115</u> Fax <u>866-883-6301</u>		

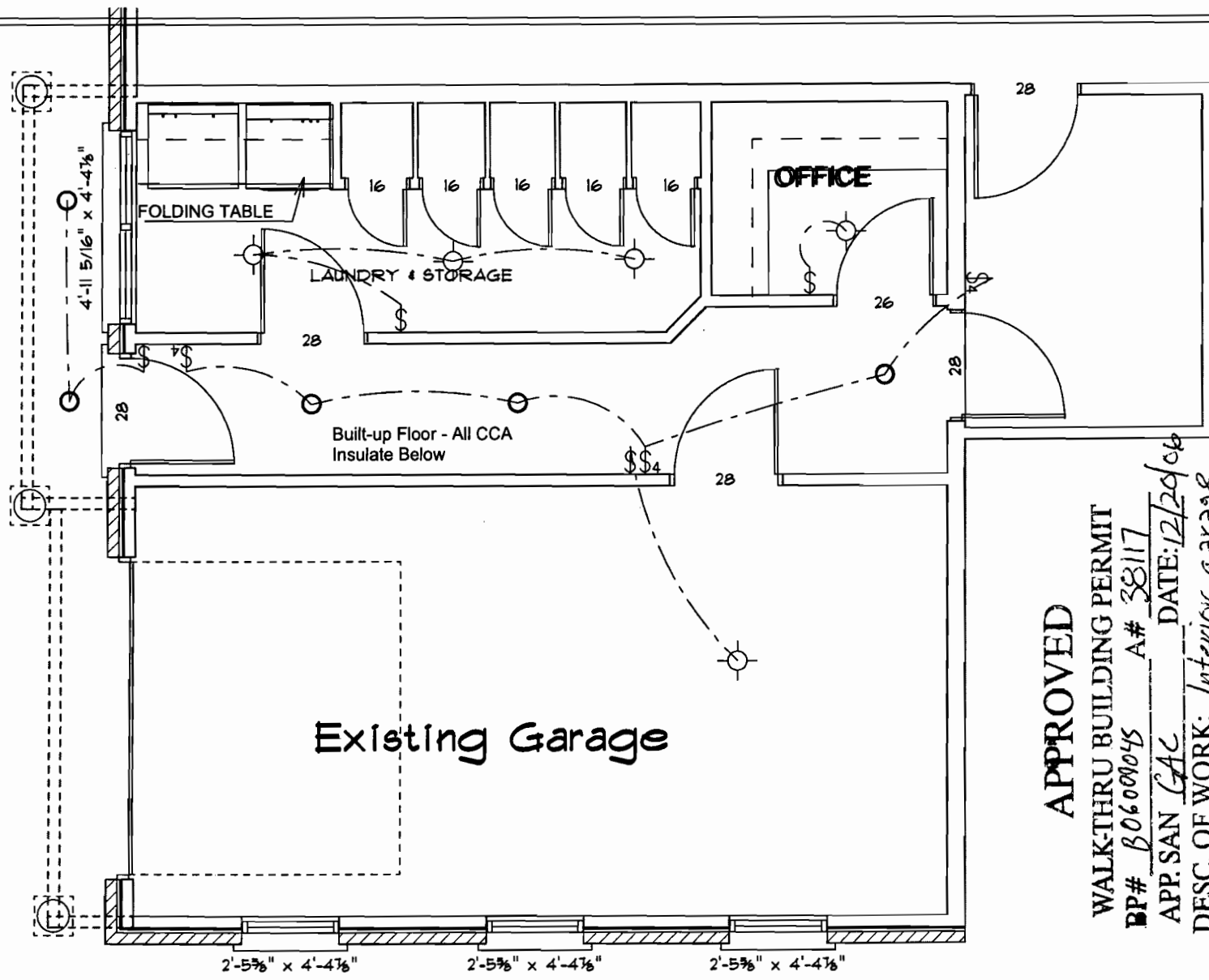
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b>	<b>Utilities</b>	<b>Building Characteristics</b>	<b>Utilities</b>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input 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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input 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 checked="" type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: <u>N/A</u> <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: <u>N/A</u> <input checked="" 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.

<u>Debra L. Bensen</u> Applicant's Signature <u>Admin / Fred C. Dickson, Co.</u> Title/Company	<u>Debra L. Bensen</u> Print Name <u>12/20/06</u> Date
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
**- FOR OFFICE USE ONLY -**

<b>AGENCY</b>	<b>DATE</b>	<b>SIGNATURE APPROVAL</b>	<b>DPZ SETBACK INFORMATION</b>	<b>PROPERTY ID#</b>
<u>Land Development, DPZ</u>			Front: _____	Filing fee \$ _____
<u>State Highways</u>			Rear: _____	Permit fee \$ _____
<u>Building Official</u>			Side: _____	Excise tax \$ _____
<u>Dev. Engineering, DPZ</u>			Side St.: _____	Add'l per. fee \$ _____
<u>Health</u> <u>12/20/06</u>		<u>Debra L. Bensen</u>	All minimum setbacks met?	TOTAL FEES \$ _____
<u>Fire Protection</u>			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 _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	Yellow: DED, DPZ Pink: Health Gold: SHA



**APPROVED**

WALK-THRU BUILDING PERMIT  
 BP# B0600045 A# 38117  
 APP. SAN CAC DATE: 12/20/06  
 DESC. OF WORK: Interior garage renovation to include office and laundry.

Balhoff Residence Garage Plan	Fred C. Dickson Co., Inc. PO BOX 715 Mt. Airy, MD 21111
Date: 12/20/06 Scale: 1/4" = 1' Revision:	Drawing By: FCD Page: 1 / 1  410.875.2115 fax 866.883.6301

03-312259

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 47418

A 38117

DISTRICT 3rd

DATE 8/16/91

DATE SYSTEM APPROVED 8/27/91

INSPECTOR C.B.V.

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

C. S. Zabel, Inc.

IS PERMITTED TO INSTALL ALTER X

ADDRESS 15039 Oak Orchard Road, New Windsor, Maryland 21776 PHONE 875-2964

SUBDIVISION Meadowood LOT 10 ROAD 1213 Shady Creek Road

PROPERTY OWNER Fred Dickson

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

**BUILDING PERMIT SIGNED  
AND RETURNED**

12/20/06 - B06009045 - Garage-add Office room

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 5½ feet below original grade. Effective area begins at 3½ feet below original grade 2 feet of stone below distribution pipe.

LOCATION - Beginning from the left front lot corner place the 1st trench 135' down the left (469.69') lot line and 150' off the left line as seen when facing property from Shady Creek Court. Run trenches along contour towards the left (469.69') lot line. Maintain minimum 100' from well to septic.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 4/19/11/BH

PLANS APPROVED BY Bert Nixon cm DATE 12/29/87

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(6-80)

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

BUILDING PERMIT SIGNED  
AND RETURNED 11/22/00  
DATE B00127502  
Family Rm

A 38117



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Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address <u>1213 Shady Creek Rd</u>		
Census Tract _____ Subdivision _____			City <u>Marriottsville</u> State <u>md</u> Zip Code _____		
Section _____ Area _____ Lot _____			Home Phone <u>410 489 9829</u> Work Phone _____		
Tax Map _____ Parcel _____ Grid _____			Applicant's Name & Mailing Address, (if other than stated hereon): _____		
Zoning _____ Map Coordinates _____ Lot size _____			Phone _____ Fax _____		
Existing Use _____			Contractor Company <u>Fred C Dickson</u>		
Proposed Use <u>Detached Garage</u>			Contact Person <u>Fred</u>		
Estimated Construction Cost \$ <u>100,000.00</u>			Address <u>PO Box 715</u>		
Description of Work <u>Build 2 car garage</u> <u>24' x 24'</u>			City <u>Mt. Airy</u> State <u>md</u> Zip Code <u>21771</u>		
Occupant or Tenant <u>Michael Balhoff</u>			License No. <u>87546</u>		
Contact Name <u>Same</u>			Phone <u>410 875 2115</u> Fax <u>866-883-6301</u>		
Address <u>1213 Shady Creek Rd</u>			Engineer or Architect Company _____		
City <u>Marriottsville</u> State <u>md</u> Zip Code _____			Contact Person _____		
Phone _____ Fax _____			Address _____		
			City _____ State _____ Zip Code _____		
			Phone _____ Fax _____		

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
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Michael Frost  
Applicant's Signature  
Print Name

Title/Company  
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

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AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
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T:\forms\PERMIT.FRM			Yellow: DED, DPZ	
			Pink: Health	
			Gold: SHA	

APPROVED

WALKTHRU BUILDING PERMIT

BP# 1306008789

APP SAN AT/GAC

DESC OF LOT 24'x24'

2 car garage

387° 22' 55" E  
1213

N 89° 07' 35" E

353.07

S 75° 34' 16" E  
82.81

N 27° 04' 30" W

B.R.L.

10

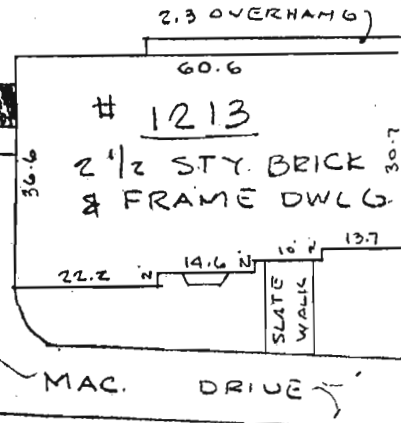
B.R.L.

469.69

B.R.L.

S 01° 10' 35" E  
338.82

9



House Detail  
Scale 1" = 30'

SHADY CREEK ROAD

I HEREBY CERTIFY THAT I HAVE MADE A SURVEY OF THIS LOT FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS THEREON AND THAT THEY ARE LOCATED AS SHOWN.

John C. Mellema Jr.

10-23-91

NOTE: I, ALSO KNOWN AS LOT 10 AS SHOWN ON A PLAT ENTITLED "MEADOWOOD SECTION ONE LOTS 1-31" AND RECORDED IN HOWARD CO. MD. ON PLAT C.M.P. # 7808



THIS PLAT IS NOT INTENDED FOR USE IN ESTABLISHING PROPERTY LINES

LOCATION SURVEY

1213 SHADY CREEK RD. HOWARD CO. MARYLAND

JOHN C. MELLEMA SR., INC.  
LAND SURVEYORS

5313 EAST DRIVE

BALTIMORE, MARYLAND 21227

(301) 247-7488

SCALE:

1" = 100'

DATE:

10-23-91

JOB NO:

91859