

PERMIT NUMBER  
300158427

Building Address 3711 Sofia Ct  
Glenwood MD 21738

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 604022 Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 27

Tax Map 21 Parcel 225 Grid 8

Zoning RCOE0 Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name BRIAN + LINDA BARILETT  
Address 3711 Sofia CT  
City GLEWOOD State MD Zip Code 21738  
Home Phone 410-489-5859 Work Phone 301-380-3245  
Applicant's Name & Mailing Address, (if other than stated hereon):  
  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use UNFINISHED BASEMENT  
Proposed Use FINISHED BASEMENT / STORAGE  
Estimated Construction Cost \$ 35,000  
Description of Work FINISH BASEMENT FOR THEATER ROOM, FAMILY, SITTING, AND EXERCISE ROOM W/ FULL BATH AND WET BAR

Contractor Company CATON CONTRACTING + REMEDIATION  
Contact Person JOE CULOTTA  
Address 17 Cedarwood RD  
City CATONSVILLE State MD Zip Code 21228  
License No. 42309  
Phone 410 744 4338 Fax \_\_\_\_\_

Occupant or Tenant BARTLETT

Contact Name SAME AS OWNER

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person *N/A*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL****BUILDING DESCRIPTION - RESIDENTIAL**

<u>Building Characteristics</u>	<u>Utilities</u>
Height:	Water Supply:
No. of stories:	_____ Public
Gross area, sq. ft. per floor:	_____ Private
Use group:	Sewage Disposal:
Construction type:	_____ Public
_____ Reinforced Concrete	_____ Private
_____ Structural Steel	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Masonry	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Wood Frame	Heating System:
_____ State Certified Modular	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"/>
	_____ Full
	_____ Partial
	_____ Other Suppression
	_____ # of Heads

Building Characteristics		Utilities	
SF Dwelling <input type="checkbox"/>	SF Townhouse <input type="checkbox"/>	Water Supply:	
<u>Depth</u>	<u>Width</u>	Public	
1st floor:		<input checked="" type="checkbox"/> Private	
2nd floor:		Waste Disposal:	
Basement:		Public	
		<input checked="" type="checkbox"/> Private	
Finished Basement <input type="checkbox"/>	Unfinished Basement <input type="checkbox"/>	Electric	Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/>	Slab on Grade <input type="checkbox"/>	Gas	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms: _____		Heating System:	
Height: _____		Electric <input type="checkbox"/>	Oil <input type="checkbox"/>
Multi-family dwellings:		Natural Gas <input type="checkbox"/>	
No. of efficiency units: _____		Propane Gas <input type="checkbox"/>	
No. of 1 BR units: _____			
No. of 2 BR units: _____			
No. of 3 BR units: _____			
Other Structure: _____		Sprinkler system:	N/A <input type="checkbox"/>
Dimensions: _____		_____ NFPA #13D	
Footings: _____		_____ NFPA #13R	
Roof Height: _____		_____ Other:	
_____ 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.

Joseph T. Allen  
Applicant's Signature  
President / Caton Contracting  
Title/Company

Print Name Joseph Cuiotta  
3/8/06 - CATON CONTRACTING +  
 Date Remodeling Inc.  
 FINANCE OF HOWARD COUNTY

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 \_\_\_\_\_ 3/8/06   
Fire Protection \_\_\_\_\_  
Is Sediment Control approval required prior to issuance?  
YES ☐ NO ☐

<u><b>DPZ SETBACK INFORMATION</b></u>		<u><b>PROPERTY ID#:</b></u>
Front: _____	Filing fee	\$ _____
Rear: _____	Permit fee	\$ _____
Side: _____	Excise tax	\$ _____
Side St.: _____	Add'l per. fee	\$ _____
All minimum setbacks met?	<b>TOTAL FEES</b>	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$ _____
Is Entrance Permit required?	Balance due	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check	\$ _____
Historic District?	Validation	\$ _____

CONTINGENCY CONSTRUCTION START: ☐  
ONE STOP SHOP: ☐

**Distribution of Copies-**  
T:Norma PERMIT.FRM

## While: Building Official

Green: LDD, DPZ

SDP/Red-line approval date

Yellow DED DPZ

## Pink Health

Gold: SHA

Accepted by

REV. 11/4/04

Caton Contracting and Remodeling, Inc.

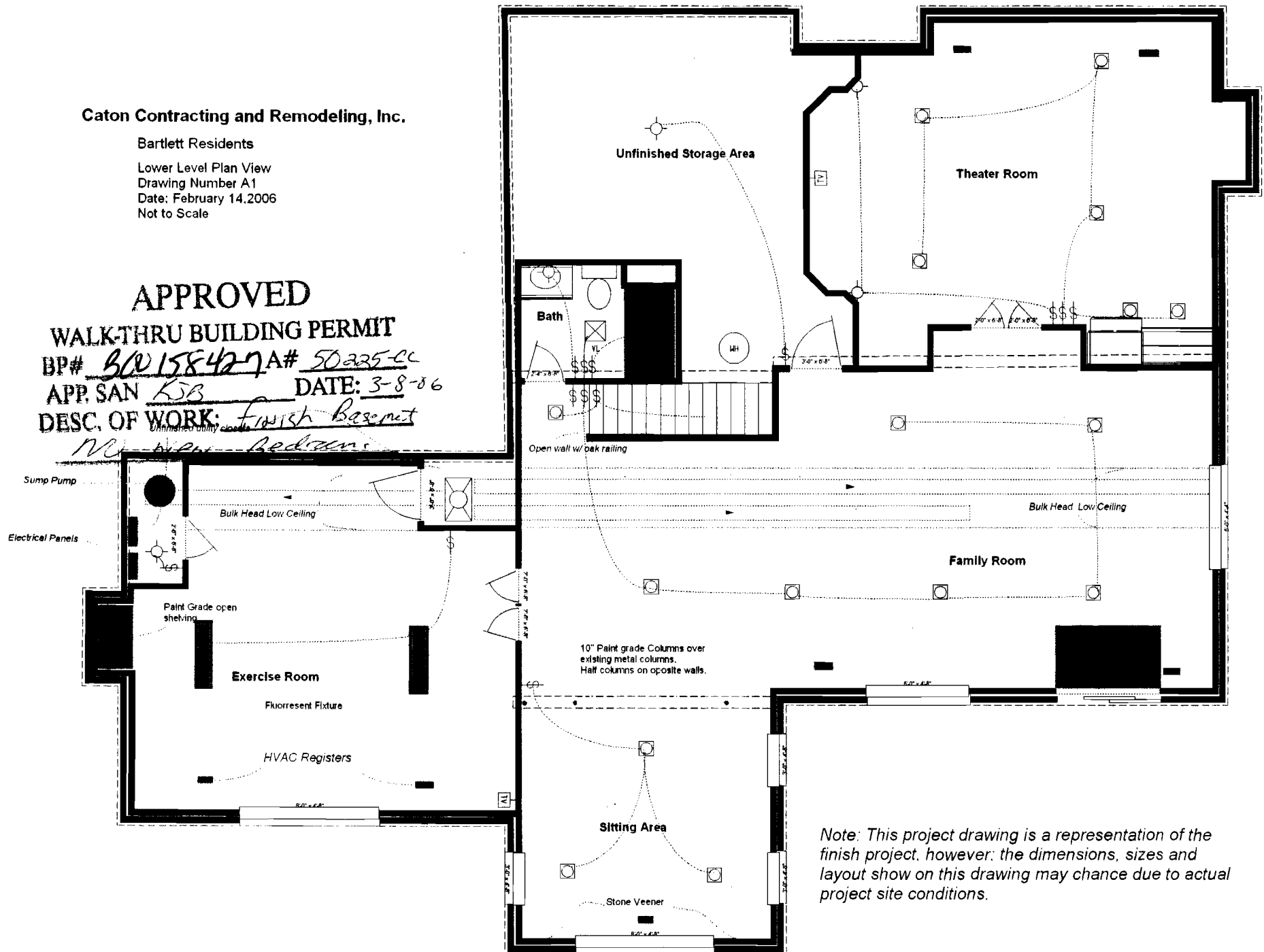
Bartlett Residents

Lower Level Plan View  
Drawing Number A1  
Date: February 14, 2006  
Not to Scale

**APPROVED**

**WALK-THRU BUILDING PERMIT**

BP# BCV158427 A# 50225-CC  
APP. SAN KJB DATE: 3-8-06  
DESC. OF WORK: Finish Basement  
NO NEW BEDRMS



Note: This project drawing is a representation of the finish project, however, the dimensions, sizes and layout show on this drawing may chance due to actual project site conditions.

LAYOUT 11/24/03-1PM INSP 4INSP 2 11/26/03-2PM INSP 5

INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 9/12/03APPROVAL DATE: 11/26/03**PERMIT  
INDEXED**

04-366131

P 519571A 50225-CC**ON-SITE SEWAGE DISPOSAL SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH**Fogles Septic Clean, IncIS PERMITTED TO INSTALL ☒ ALTER ☐ADDRESS: 580 Obrecht Rd, SykesvillePHONE NUMBER: 410-795-5670SUBDIVISION: Vineyards @ Cattail CreekLOT NUMBER: 27ADDRESS: 3711 Sofia CourtPROPERTY OWNER: Rylea Homes, Inc.SEPTIC TANK CAPACITY (GALLONS): 1250OUTLET BAFFLE FILTER REQUIRED ☐PUMP CHAMBER CAPACITY (GALLONS): N/ACOMPARTMENTED TANK REQUIRED ☐NUMBER OF BEDROOMS: 4SQUARE FEET PER BEDROOM: 240LINEAR FEET OF TRENCH REQUIRED: 300HOUSE SERVED BY PUBLIC WATER ☐

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Start the first trench slightly above the top right corner easement stake. Start the trenches with a 10' center to center spacing and run them on contour towards the opposite side of the lot.
NOTES:	Maximize use of the area or there may not be room for two repairs. Maintain 100' of separation between the septic tank and the well. Shallow system only-High water table.

PLANS APPROVED: Brian Baker9/12/03DATE: 7/3/03

NOTES: PERMIT VOID AFTER 2 YEARS

CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

WATERTIGHT SEPTIC TANKS REQUIRED

ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED

MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS  
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

**BUILDING PERMIT SIGNED****AND RETURNED**

4/6/2004 B00147188 UG 1000 GAL PROPANE TANK  
9-8-04 B0050249-DECK

A 50225-CC