

52071

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00133414
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Building Address <u>3619 Sycamore Valley Rd</u> <u>ELLCOTT CITY MD 21043</u>	Property Owner's Name <u>HAROLD SHARES</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>3619 SYCAMORE VALLEY RD</u>
Census Tract <u>60-10</u> Subdivision <u>CITY OF ELLCOTT</u>	City <u>ELLCOTT</u> State <u>MD</u> Zip Code <u>21043</u>
Section _____ Area _____ Lot <u>29</u>	Home Phone <u>410 489-7818</u> Work Phone <u>410 489-7818</u>
Tax Map <u>21</u> Parcel <u>6</u> Grid <u>9</u>	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning <u>ED-50</u> Map Coordinates <u>7A9</u> Lot size <u>3,255</u>	Phone _____ Fax _____
Existing Use <u>8/12</u>	Contractor Company <u>OWNER</u>
Proposed Use <u>Garage</u>	Contact Person _____
Estimated Construction Cost \$ <u>5,000</u>	Address _____
Description of Work <u>20x20 Storage Bldg</u>	City _____ State _____ Zip Code _____
<u>LAWN EQUIPMENT</u>	License No. _____
Occupant or Tenant _____	Phone _____ Fax _____
Contact Name _____	Engineer or Architect Company _____
Address _____	Contact Person _____
City _____ State _____ Zip Code _____	Address _____
Phone _____ Fax _____	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

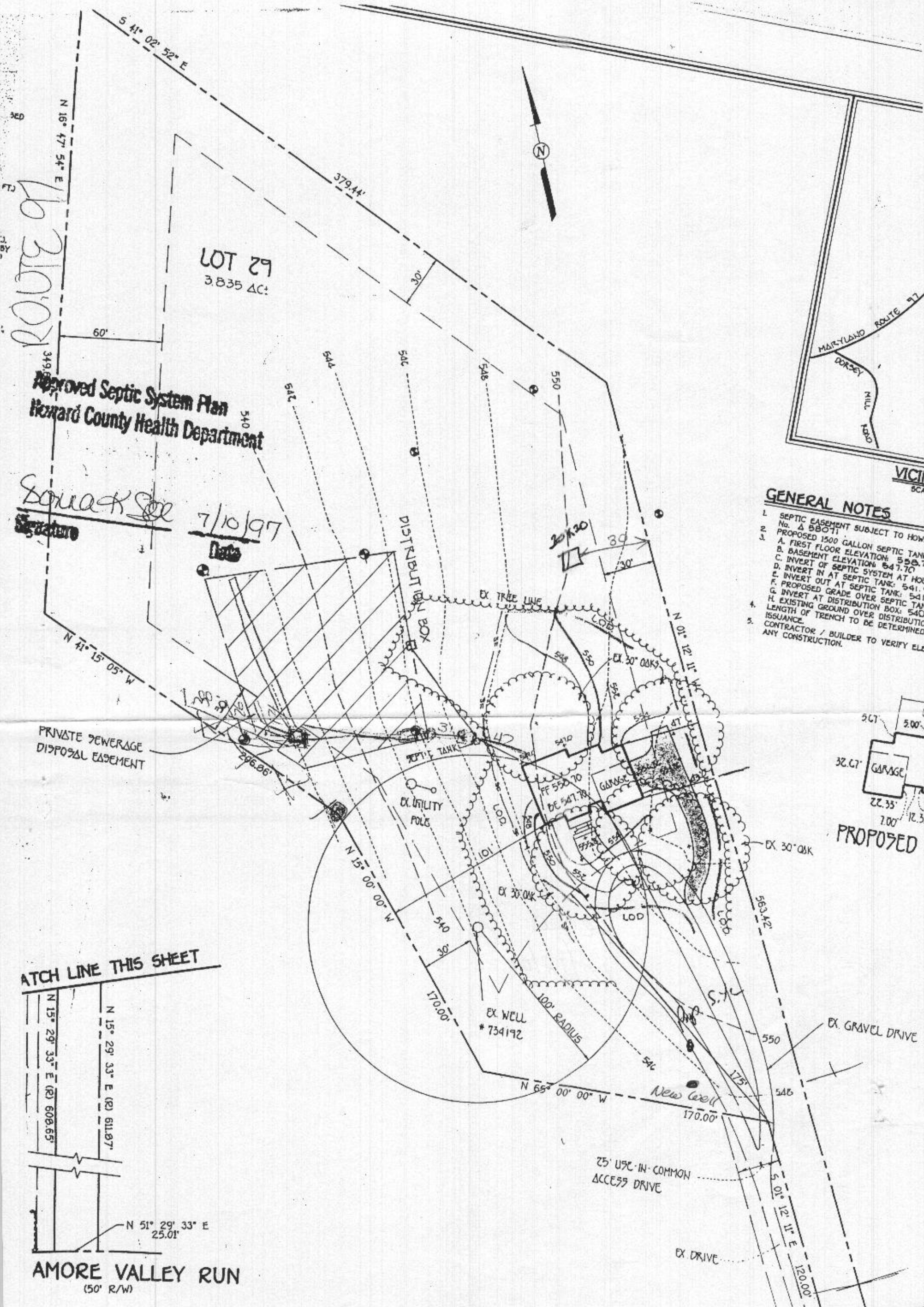
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: <u>12 feet</u>	Water Supply: _____	SF Dwelling ☐ SF Townhouse ☐ <u>101</u>	Water Supply: <u>Public</u>
No. of stories: <u>1</u>	Public _____	Depth _____ Width _____	Private _____
Gross area, sq. ft. per floor: <u>400</u>	Private _____	1st floor: _____	Sewage Disposal: _____
Use group: _____	Sewage Disposal: _____	2nd floor: _____	Public _____
Construction type: _____	Public _____	Basement: _____	Private _____
Reinforced Concrete _____	Electric Yes ☐ No ☒	Finished Basement ☐ Unfinished Basement ☐	Electric Yes ☐ No ☒
Structural Steel _____	Gas Yes ☐ No ☒	Crawl space ☐ Slab on Grade ☐	Gas Yes ☐ No ☒
Masonry _____	Heating System: _____	No. of Bedrooms _____	Heating System: _____
☒ Wood Frame	Electric ☐ Oil ☐	Multi-family dwellings: _____	Electric ☐ Oil ☐
State Certified Modular _____	Natural Gas ☐	No. of efficiency units: _____	Natural Gas ☐
	Propane Gas ☐	No. of 1 BR units: _____	Propane Gas ☐
	Sprinkler system: N/A ☐	No. of 2 BR units: _____	Sprinkler system: N/A ☐
	Full _____	No. of 3 BR units: _____	NFPA #13D _____
	Partial _____	Other Structure: _____	NFPA #13R _____
	Other Suppression _____	Dimensions: _____	Other _____
	# of Heads _____	Footings: _____	
		Roof: _____	
		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 THERE-TO; (4) THAT HE/SHE WILL PERFORM SO WORK ON THE ABOVE REFERRED TO 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>Harold L. Shares</u> Applicant's Signature	<u>Harold L. Shares</u> Print Name
_____	<u>10/17/02</u> Date
Title/Company	_____

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			All minimum setbacks met? _____	TOTAL FEES \$ _____
Fire Protection			YES ☐ NO ☐	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required? _____	Balance due \$ _____
YES ☐ NO ☐			YES ☐ NO ☐	Check # _____
CONTINGENCY CONSTRUCTION START: ☐			Historic District? _____	Validation # _____
ONE STOP SHOP: ☐			YES ☐ NO ☐	
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by _____

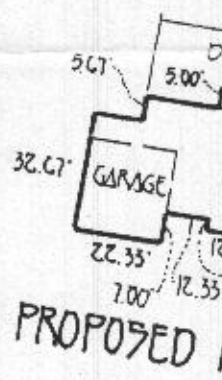
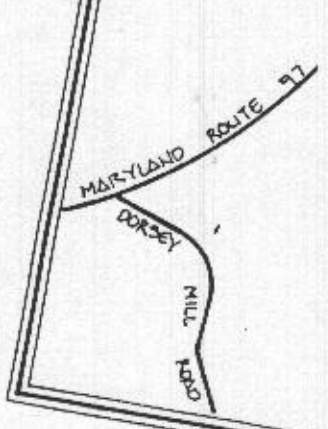


ROUTE 97

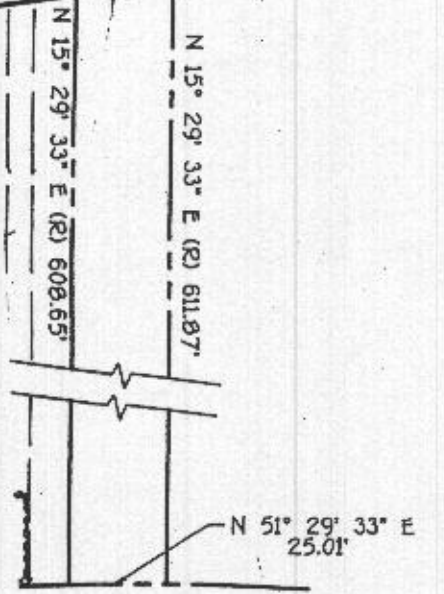
Approved Septic System Plan
Howard County Health Department

Signature
7/10/97
Date

- GENERAL NOTES**
1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
 2. PROPOSED 1500 GALLON SEPTIC TANK
 3. A. FIRST FLOOR ELEVATION: 558.7
B. BASEMENT ELEVATION: 547.70
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 541.0
D. INVERT IN AT SEPTIC TANK: 541.0
E. INVERT OUT AT SEPTIC TANK: 541.0
F. PROPOSED GRADE OVER SEPTIC TANK: 541.0
G. INVERT AT DISTRIBUTION BOX: 540.0
H. EXISTING GROUND OVER DISTRIBUTION BOX: 540.0
I. LENGTH OF TRENCH TO BE DETERMINED BY CONTRACTOR / BUILDER TO VERIFY ELEVATIONS AND ISSUANCE.
 4. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS AND ISSUANCE.
 5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS AND ISSUANCE.



MATCH LINE THIS SHEET



AMORE VALLEY RUN
(50' R/W)

MATCH LINE THIS SHEET

PLAN TO ACCOMPANY APPLICATION
FOR BUILDING PERMIT
CATTAIL CREEK CONSTRUCTION