PERMIT NUMBER: B 2 2003427

DATE ACCEPTED:

# HOWARD 3430 COURT HOUSE

### RESIDENTIAL BUILDING PERMIT APPLICATION DIVISION

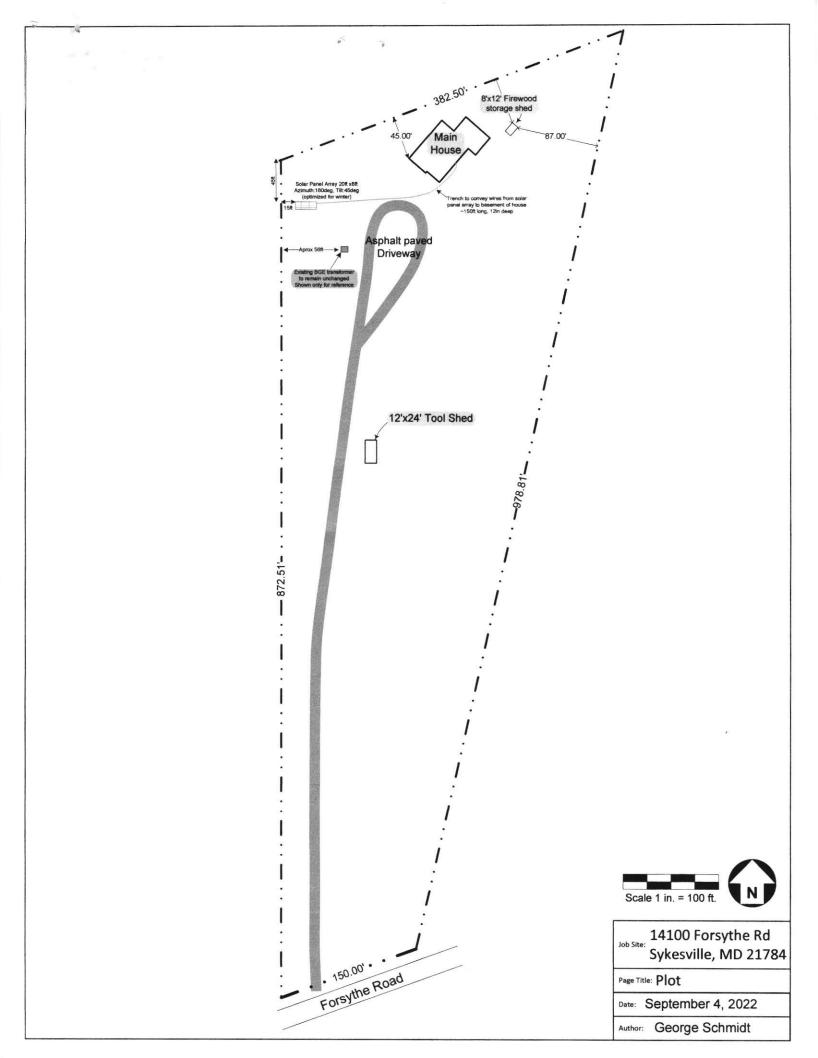
HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

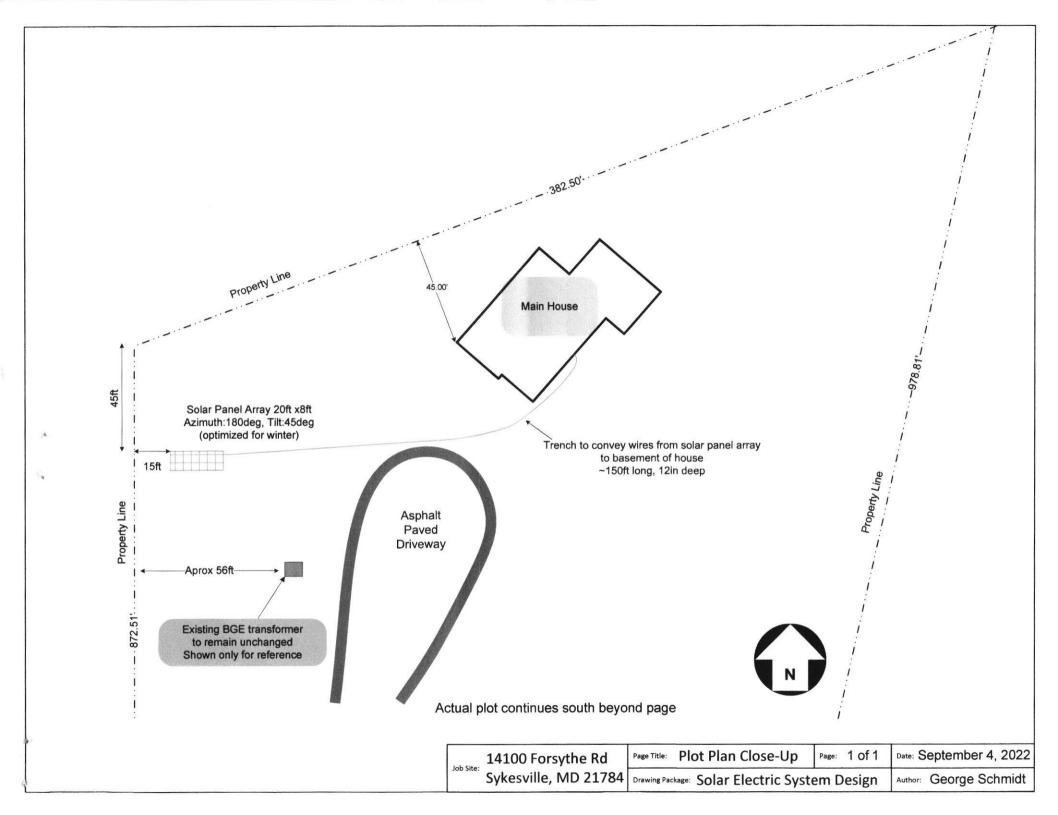
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4

|  | The second secon | www.ho   | wardcountymd                               | .gov                    |                |                        |                  |
|--|--|--|--|-------------------------|----------------|------------------------|------------------|
| BUILDING SITE ADD  | ORESS REQUIRED   |  |  |                         |                |                        |                  |
| Street Address: 14100 Fo   | rsythe Rd  |  |  |                         | Unit           | :N/A                   |                  |
| City:Sykesville  |  |  | State: M                                   | D                       | Zip            | Code: 21784            |                  |
| Subdivision/Village/Comple   | x Name: N/A  |  |  | SDP/                    | WP/BA #:       |                        |                  |
| Lot: N/A   | Tax Map: 8   | Parcel: 2  | 35   | Grading Permi           | t #:N/A        |                        |                  |
| DESCRIPTION OF W   | ORK REQUIRED   | STATE OF THE PARTY | <b>MARKET</b>                              | 11-12-3                 |                |                        |                  |
| Existing Use: Single Fan   |  | Proposed Use: Sir  | gle Family Dy                              | velling                 | Esti           | mated Cost: \$15,0     | 00.00            |
| Trade Work to Be Complete  |  |  |  |                         |                | None                   |                  |
| Construct steel gro     Install twelve solar     Dig a trence from t | electric panels onto<br>he solar panel array   | the ground-me<br>to dwelling for   | ount structure                             |                         |                |                        |                  |
| PROPERTY OWNER   |  | REQUIRED   |  |                         |                |                        | Was El Na        |
| Owner(s) Name(s) (As it a  |  | eorge K. and M   | artha J. Schm                              | idt                     | Prin           | nary Residence:        | Yes U No         |
| Owner's Street Address: 14   | 4100 Forsythe Rd   |  |  |                         |                |                        |                  |
| City: Sykesville   |  |  | State: M                                   |                         |                | Code: 21784            |                  |
| Phone: (443) 610-1250  |  | Name and Address of the Owner, where   |  | midt@gmail.co           | n              |                        |                  |
| APPLICANT NAME   | REQUIRED - INDIV   | IDUAL WHO SIG  | SNS THIS APPL                              | ICATION                 |                |                        |                  |
| Business Name: Homeov  | vner   |  | Contact I                                  | Name: George K.         | Schmidt        |                        |                  |
| Street Address: 14100 F  | orsythe Rd   |  |  |                         |                |                        |                  |
| City: Sykesville   |  |  | State: M                                   | D                       | Zip            | Code: 21784            |                  |
| Phone: (443) 610-1250  |  | Emai   | : georgeksch                               | midt@gmail.co           | m              |                        |                  |
| CONTRACTOR INFO  |  |  |  |                         |                |                        |                  |
| Business Name: *   | DWNER AC   | TS AS  | CONTRAC                                    | TOR                     |                |                        |                  |
| Licensee's Name:   |  |  | License                                    | #:                      |                |                        |                  |
| Street Address:  |  |  |  |                         |                |                        |                  |
| City:  |  | ***************************************  | State:                                     |                         | Zip            | Code:                  |                  |
| Phone:   | The second secon | Ema  | ll:  |                         |                |                        |                  |
| ARCHITECT/ENGIN  | EER INFORMATION  | INDIVIDUAL   | VHO SIGNED P                               | LANS, IF APPLIE         | CABLE          |                        |                  |
| Business Name: N/A   |  |  | Name:                                      |                         |                |                        |                  |
| Street Address:  |  |  |  |                         |                |                        |                  |
| City:  |  |  | State:                                     |                         | Zin            | Code:                  |                  |
| Phone:   |  | Ema  | il:  |                         |                |                        |                  |
| BUILDING CHARAC  | TERISTICS REQU   |  |  |                         |                |                        |                  |
| Primary Structure: SF D  |  |  | Mobile Home                                | Multi-Family Dwelli     | ng (MP*)       | Condo: ☐ Yes           | ■ No             |
|  |  |  | Private (Well)                             | Sewage Dispos           |                | Private (Septi         |                  |
| Heating System: ■ Electr   |  |  | Titute (Tren)                              | Roadside Tree           |                |                        | ,                |
| Sprinkler System:  NFP   |  |  | None Fire                                  | Alarm System:           |                |                        |                  |
| ADDITIONAL RESIL   |  |  |  |                         |                | TOICE EVOL             |                  |
| Model Name & Options:  | JENTIAL INFORMA  | TION (PLEASE   | SELECT/COMP                                | LETE ALL THAT           | APPLY)         |                        |                  |
| # of Bedrooms (SF): 3  | # of efficiency units (M   | F*)· # of  | 1 BR (MF*):                                | # of 2 BR (MP           | *).            | # of 3 BR (MF          | *).              |
| # Rooms: 7   | # Full Baths   |  | # Half B                                   |                         |                | Fireplaces: 1          | 1.               |
| Garage/Carport Info:   |  |  |  |                         |                | таеріасез: Т           | <del> </del>     |
|  |  |  | Integral Garage                            | <del></del>             | None           | tull on El Control     | -                |
| Basement/Foundation Info   |  |  | Unfinished Basem                           |                         |                | Full or Partial        | <u>.</u>         |
| l  | 1st Fl Depth:  | 2 <sup>nd</sup> Fl Width:  | 2 <sup>nd</sup> FI De                      |                         | Ismt Width:    | Bsmt De                |                  |
|  | ALIMER REQUIR  | ED<br>(1) THAT HE/SHE IS AUTH<br>ICABLE THERETO; (4) THA   | ORIZED TO MAKE THIS<br>T HE/SHE WILL PERFO | APPLICATION; (2) THAT T | HE INFORMATION | PROPERTY NOT SPECIFICA | LLY DESCRIBED IN |
| APPLICANT'S ORIGINAL SIGN  | ATURE X  | Smot   |  | 9/6/E                   | 2022           |                        |                  |
|  |  |  |  |                         |                |                        |                  |
| FOR OFFICE USE O   |  |  | CHECKS                                     | PAYABLE TO: DIRECTO     | R OF FINANCE C | HOWARD COUNTY          |                  |
| AGENCIES REQUIRED/API  | PROVALS:   |  |  |                         |                |                        | -                |
| 9 PR   | CI DPZ   | □ DED  |  | ∰ Health                |                | □ SHA                  | □ съ             |
| SUBMITTAL FEES:  | 5500   | PAYMENT:   | CL#  | 3060                    | AC             | CEPTED BY:             | MF               |

T:\\Operations\UpdatedForms\ResidentialBuildingPermitApp01.28.2020

George Schmidt





#### Freemon, Robert

From:

Freemon, Robert

Sent:

Friday, September 16, 2022 8:54 AM

To:

georgekschmidt@gmail.com

Cc:

Silvast, Zackary

Subject:

14100 Forsythe Rd

**Attachments:** 

A31675\_04-324633\_14100\_FORSYTHE.pdf

#### Hi George,

Prior to approving building permit B22003427 the Health Dept. needs to see a revised site plan showing the well and septic. Additionally the revised site plan needs to show a profile description of how the electrical line will be placed over or under the septic line leaving the house. I have attached the well and septic records of the property for your review. The site plan would need to be submitted to the permitting department as the new revised site plan for the building permit. If you have any questions let me know.



Howard County Health Department 8930 Stanford Blvd. Columbia, MD 21045 Bureau of Environmental Health

Well and Septic Program
Robert "Spencer" Freemon
Phone: 410-313-6357

Email: rfreemon@howardcountymd.gov

Website: https://www.howardcountymd.gov/health/well-septic-program

Hotel Market Moon

WPI- Tholos

## PERMIT

SEWAGE DISPOSAL SYSTEM

341,50

31675

#### HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
992-2330

MARYLAND STATE DEPARTMENT OF HEALTH\*
UNTY 04-324633 E

**ELLICOTT CITY** 

DISTRICT 3rd

INDEXED

| ,   | S a  |                    |
|---|--|--------------------|
| •   |  |                    |
| Pat Lendrim   | IS PERMITTED TO INSTALL _  | X ALTER            |
|   |  | ACTEN              |
| DDRESS 14010 Forsythe Road, Sykersille, MD 21                         | 784 PHONE 442-2  | 416                |
|   | A STATE OF THE PARTY OF THE PAR | 4 4                |
| UBDIVISION Robert Levick ROAD   | 14100 Forsythe LOT   | 8                  |
| ROPERTY OWNER Richard Schmit-   | t 442-1003   |                    |
| DDRESS  |  |                    |
| e riq   | 8  | 8 8                |
| F GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50%        | 6 AND ABSORPTION AREA BY 22%.  |                    |
| x   | and the  | 80.0               |
| GARBAGE GRINDER? YESNOX   |  | €.                 |
| SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BE                        | 3/ 479   | 3                  |
| EPTIC TANK CAPACITY GALLONS NUMBER OF BE                              | DROOMS   |                    |
| RENCHES - 158 sq. ft. per bedroom. Trench to                          | he 2 feet wide. Inlet 4 f  | eet helow original |
| rade. Bottom maximum depth 9 feet below origin                        |  |                    |
| pelow original grade. 5 feet of stone below di                        |  |                    |
| 25 feet from the rear lot line and 130 feet from                      |  |                    |
| the lot from Forsythe Road. Continue to dig the                       |  |                    |
| distance. Place the second trench parallel to                         | and 10 foot away from the  | first trough       |
| OTE: No trench to exceed 100 feet in length.                          |  |                    |
| s required. Trenches to be installed on level                         |  |                    |
| and after gravel is installed. Provide 6" - 8"                        |  |                    |
| septic tank.  | diameter Cleanout and Cap  | to grade or above  |
| CPC20 Calmi.  |  |                    |
|   |  |                    |
|   |  |                    |
|   |  |                    |
|   |  |                    |
| LANS APPROVED BY Frank Skinner  | DATE   | 12/10/84           |
| OVER NO WORK UNTIL INSPECTED AND APPROVED.                            |  | 190                |
| EITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESP    | ONSIBLE FOR THE SUCCESSFUL OPERATION (   | OF ANY SYSTEM.     |
| OTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING ( |  |                    |
| OTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TR   | ENCH TO EXCEED 100 EEEL IN LENGTH  |                    |
| OTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDU   | LE 40 PVC OR ARS   | HIGNEDY /          |
|   | Less of #B Mario   | 46/97              |
| PERMIT VOID AFTER THREE YEARS.  | AVALAX TELS (A) IN   | 7 GAR              |

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED. Storage Sheet

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRE

"CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A31675

