

Needs Pumped

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50925

A _____

DISTRICT _____

DATE 10/11/95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9993 313-2640

INDEXED

DATE SYSTEM APPROVED

INSPECTOR

Van Sant Plumbing & Heating

IS PERMITTED TO INSTALL ☒ ALTER _____

ADDRESS 3 N. Main Street, Mt. Airy, Maryland 21771

PHONE 795-6566

SUBDIVISION Ashleigh Knolls LOT 35 ROAD 7117 Ramsgate Court

PROPERTY OWNER

Winchester Homes, Inc. MIKE AYERES &

ADDRESS

ZIBA DARANILOS

- House is served by a shared community septic system. As part of the general permit for the community system, items previously installed or under construction include individual septic tank, connection from tank to common effluent line, Community system headworks, and shared disposal fields.

- This permit is for installation of the individual house sewer line and individual pump and alarm, Location as per the signed building permit site plan, copy attached.

Contact Health Department for inspection before covering the installation.

SEWER PERMIT SIGNED

AND RETURNED 2/2/2001

B00128324 - FINISH BASEMENT

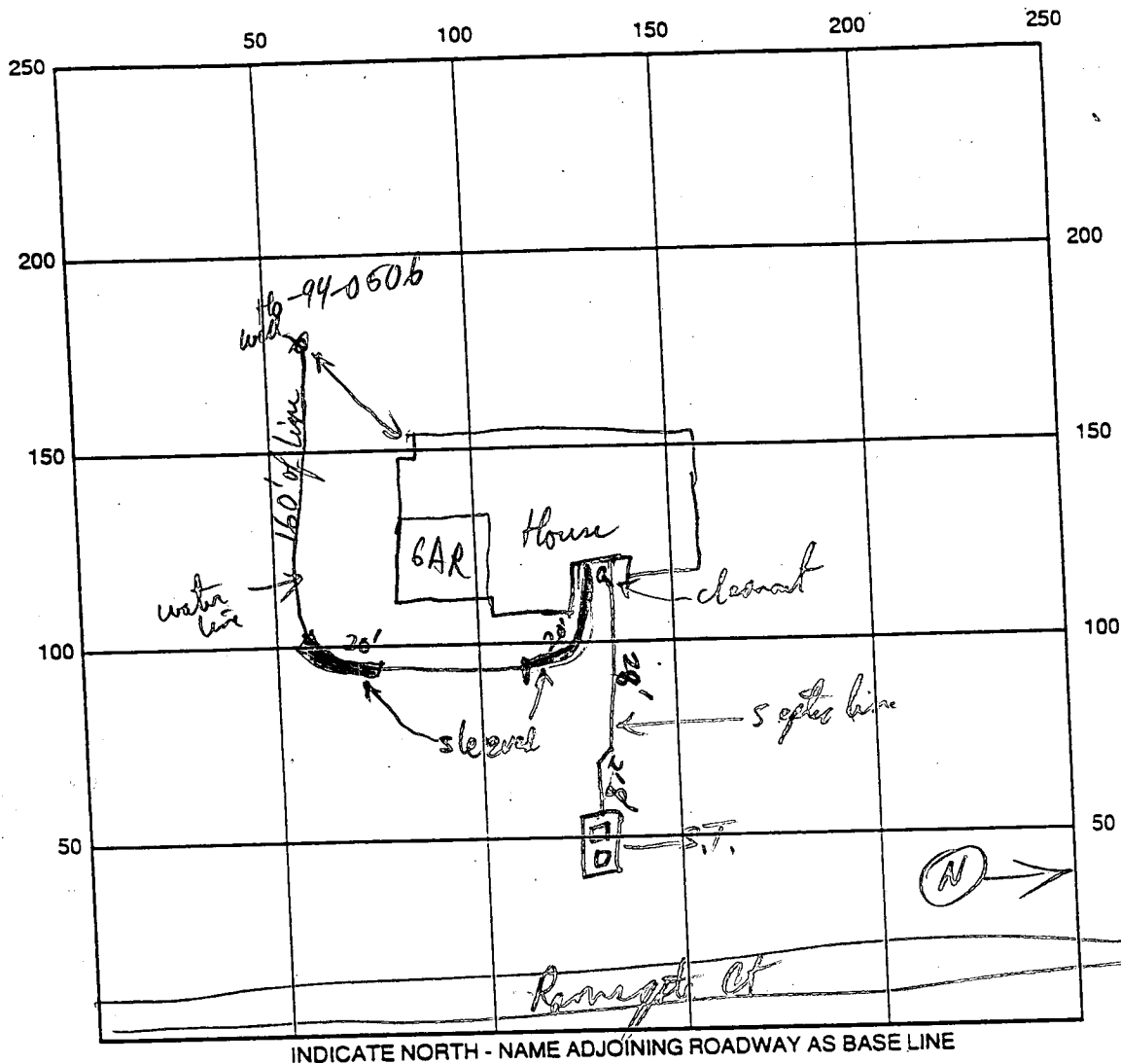
BLDG. PERMIT SIGNED

AND RETURNED 10-12-95

S.F.D. LIBRMS

Serial # 62031

P 50925



SEPTIC TANK LEVEL _____ CLEANOUTS _____

REMARKS: *Pitless adapter & water line OK at 4 1/2 ft. R/P 11/9/95*
House connection to ST. OK to cover 11/9/95 R/P
Visit site - Not ready for Pump Test 11/16/95 R/P

Pump test OK per Jeff Welby - No Insp by this Dept 2/1/96

DATE SYSTEM APPROVED *R/P 2/2/96* INSPECTOR *Jeff Welby*

Post-It Fax Note 7671

Date	1/29/96	# of pages	1
To	Craig Williams		
From	Jim Miller		
Co./Dept.	Health Dept		
Co.	Utilities		
Phone #	4958		
Fax #	4919		

SPEED
LETTER® 44-902Wilson Jones Carbonless
Snap-A-Way® Forms

SPEED LETTER®

TO

Craig Williams
Health Dept

FROM

Jim Miller
Utilities

SUBJECT

MESSAGE

Pump Test 2/1/96 @ 1:00 PM

Lot 35 7117 Ramsgate Ct

DATE

1/28/96

SIGNED

Jim Miller

REPLY

DATE

SIGNED

Wilson Jones - Carbonless - MADE IN U.S.A.
44-902 Triplicate - © Wilson Jones, 1993

RECIPIENT: RETAIN WHITE COPY, RETURN PINK COPY

KIM -

SPEED LETTER

TO

~~Craig Williams~~
Environmental Health

Fax # 2648

FROM

Jeff Welby
B of Utilities

SUBJECT

Ashleigh Knolls - Final Inspection

- FOLD NO. 9 or 10

MESSAGE

The final inspection was successfully completed on the filling
lot on 2/8/96:

7117 Ramsgate Ct.

Lot 35

Winchester

DATE

SIGNED

J. Welby

REPLY

- FOLD FOR NO. 9

- FOLD FOR NO. 10

DATE

SIGNED

SPEED LETTER®

TO
Cray Williams
Environmental Health

FROM
Jeff W
B of Utilities

Fax # 2648

SUBJECT
Ashleigh Knolls - Final Ping Test

MESSAGE
The billing ltr was final took approval
for U & O:

7117 Ramsgate Ct Lot 35 Winc
Thanks,

DATE 2/8/96

SIGNED

[Signature]

DATE

SIGNED

RECIPIENT: RETAIN WHITE COPY, RETURN PINK COPY

Post-It® Fax Note	7671	Date	2/8/96	# of Pages	1
To	Cray Williams	From	Jim Miller	Co/Dept.	Envir. Health
Phone #		Phone #	4958	Fax #	4919

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

62031

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

G-3058

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

7117 Ramsgate Court
Clarksville, Maryland 21029GRADING/SEDIMENT CONTROL ☒ YES ☐ NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

House type is Oxford:
2 story, full bent., 9 R, 2 FB, 1 HB,
4 BR, garage, opt. FP

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER.	FOLIO
35	174	2	2	7		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
Ashleigh Knolls	RR	41	5	6051.02

OWNER NAME AND ADDRESS

PHONE NO.

Winchester Homes, Inc.
6305 Ivy Lane, Suite 800
Greenbelt, Md. 20770 (301) 474-4411

OCCUPANT'S NAME AND ADDRESS

PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

PHONE NO.

R.M. Mochi Group
330 N. Ridge Rd., Suite 235
Ellicott City, Md. 21043 (410) 461-0079

CONTRACTOR'S NAME AND ADDRESS

PHONE NO.

Winchester Homes, Inc.

Same as above

EXISTING USE

PROPOSED USE

Vacant

Res. Single Family

EST. CONSTRUCTION COST

LICENSE NUMBER

PERMIT FEE

\$170,000

158-14160

UTILITIES			
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY
			X

TYPE OF HEAT	AC
HP	X

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

Permit Administrator

SIGNATURE

9/27/95

TITLE

DATE

W/S CODE

FOR OFFICE USE ONLY

DISTRICT IN FEET FROM R/W LINE TO FRONT BUILDING LINE

SIDE YARD

(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE

DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY)

SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction before a permit placard has been issued, and displayed on the job is a violation of the law.

Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

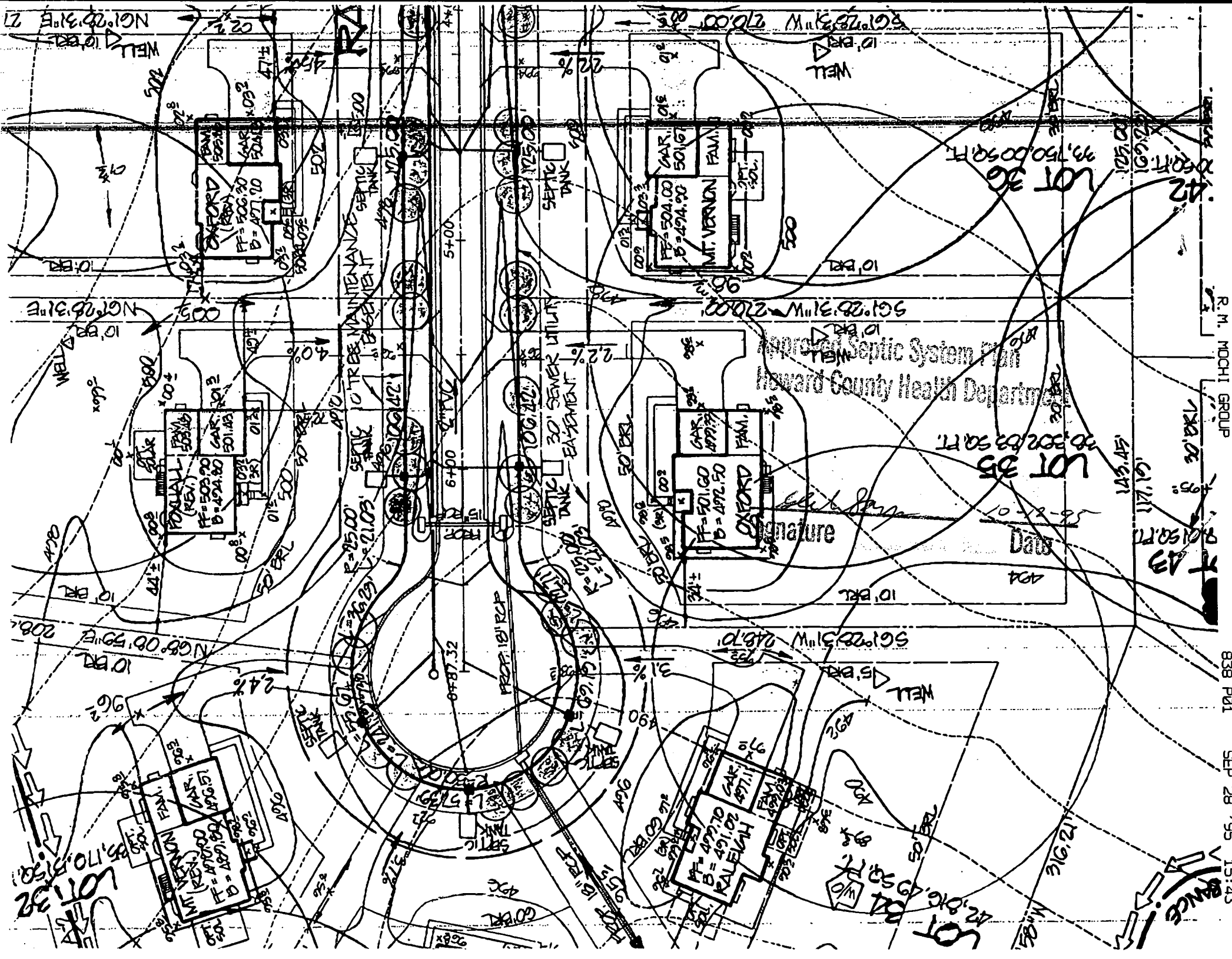
LP-69-591

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING	9-26-95	John
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	10-12-95	John
FIRE PROTECTION		
STORM WATER MGM		

APPROVED

DATE

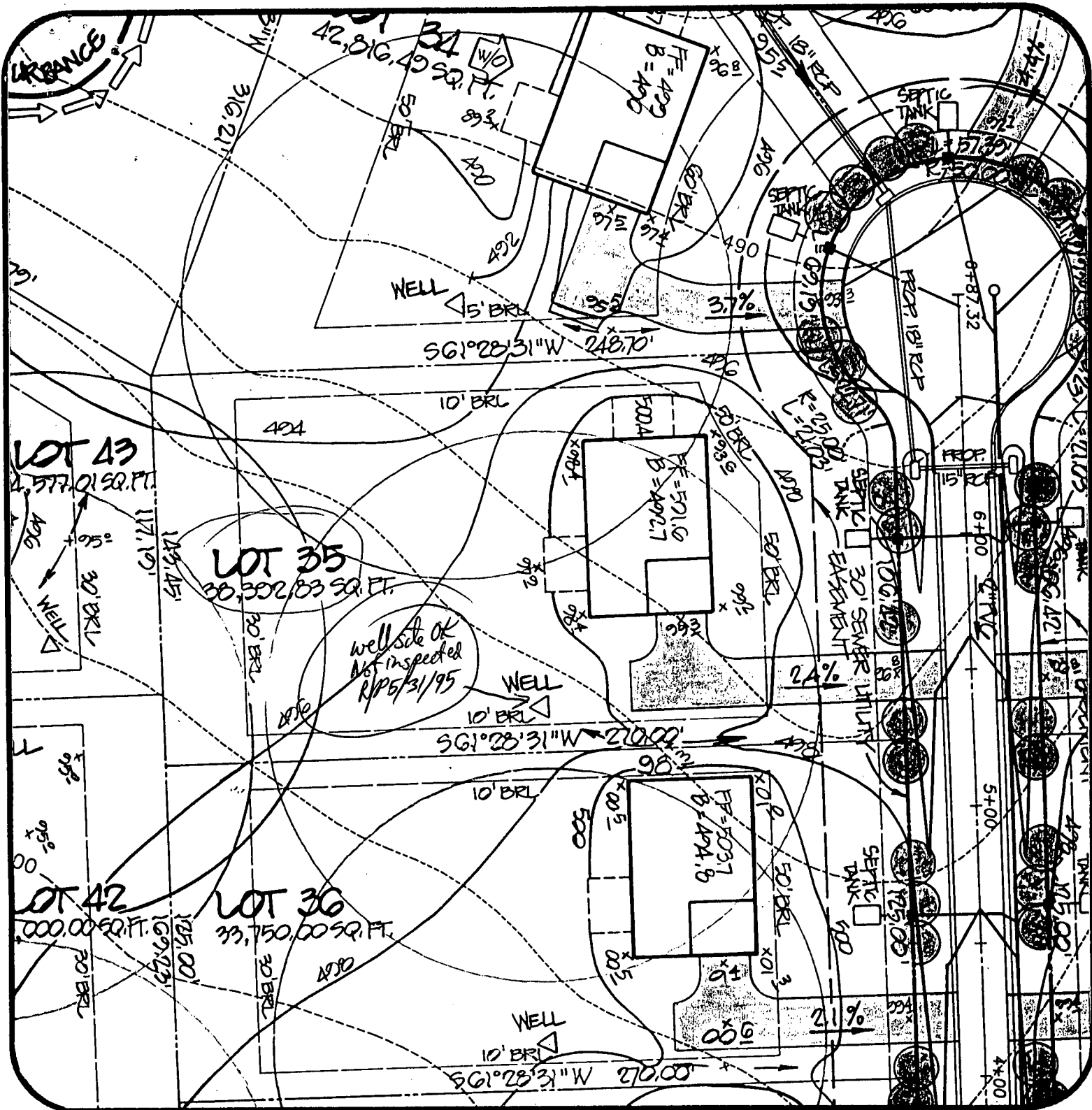
Distribution of Copies:
White - Building Official
Green - Planning & ZoningYellow - Engineering
Pink - Health Dept.
Gold - S.H.A.



R. M. MOCHI GROUP

838 P01

SEP 28 '90 13:43



Ashleigh Knolls Lot 35

DATE: 5/2/95

PROJECT NO.: 80027.01

DRAWN BY: TJP

SCALE: 1" = 50'

R.M. MOCHI GROUP, P.C.
CIVIL ENGINEERS
LAND SURVEYORS
PLANNERS
ENVIRONMENTAL

3300 N. Ridge Road, Suite 235
Ellicott City, MD 21043-3305

(410) 461-0079
Fax: (410) 750-6340

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒ Replacement ☐

Name of Installer Van Sant Pllg + Htg Receipt # _____ Date _____

License Number _____ Well Driller _____ Registered Plumber ☒ Telephone 829-0444
(410) 795-6990

Name of Property Owner Winchester Homes Telephone 670-1010
Subdivision Shleigh Knolls Lot # 35 Well Tag # 46-99-0506
Site Address 7117 Ramsgate Ct
Clarksville

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible ☒ _____
- Make Goulds
- Model # _____
- Capacity _____ GPM
- Pump exceeds well capacity Yes _____ No ☒
- If Yes, is low pressure cutoff switch installed? Yes _____ No ☒
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards ☒ Other _____

Motor

- Horsepower 3/4
- RPM _____
- Voltage
 - 110 _____
 - 220 ☒

Pitless Adapter

- Make Campbell
- Model # 5106
- Depth 48"

Tank

- Capacity 100
- Pressure relief valve? ☒

Piping

- Type PS
- Size 1"
- NSF and/or BOCA Code approved ☒
- Depth of supply line 48"

Well data

- Depth _____ ft.
- Yield _____ GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? ☒

Pitless adapter & water line
OK to cover @ 4 1/2' R/P 11/9/95

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

Information given above is true to the best of my knowledge.

Signature of Applicant: Harford A. Van Sant

Date: 10/24/95

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

W50695-5-17-95

B 1 9081	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-94-0506 <small>fill in this form completely</small>
Date Received (APA) 05/19/95		B 3 LOCATION OF WELL	
OWNER INFORMATION Winchesteer Home 6305 Ivy Lane Greenbelt MD 20770		Howard 8 COUNTY Ashleigh Knolls 23 SUBDIVISION SECTION 44 46 LOT 35 Highland 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 1 MI	
DRILLER INFORMATION George F. Easterday Driller's Name L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771 Address Signature: <i>George F. Easterday</i> Date:		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		RAMSGATE CT 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 100 37 DISTANCE FROM ROAD ENTER FT OR MI FT TAX MAP: 40 BLK: 12 PARCEL 124	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13- COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 05/31/95 CO SIGNATURE EXP. DATE 5/31/96 NORTH GRID 488000 EAST GRID 0817000	
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 8187 N 4808	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary Drive-POINT other		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41		Not to be filled in by driller (OEP USE ONLY) APPROX. PERMIT NUMBER 54 GAP 63 FORCE R/P WRITE INITIALS IN BOX PERMIT No. 40-94-0506 SPECIAL CONDITIONS	
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =			

COUNTY

Post-it® Fax Note		7671	Date	2/14	# of pages	1
To	Bonnie		From	JMB		
Co./Dept.			Co.			
Phone #			Phone #			
Fax #			Fax #			



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

February 14, 1996

Winchester Homes, Inc.
6305 Ivy Lane, Suite 800
Greenbelt, Maryland 20770

RE: Ashleigh Knolls, Lot #35
7117 Ramsgate Court
Well Permit #HO-94-0506

Dear Sirs:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on February 8, 1996.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-0506. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months.

Dates of Water Samples: February 1, 1996 (Chemical)
February 12, 1996 (Bacteriological)
Date of Well Completion: July 21, 1995

Approving Authority

Donna K. Soe
Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS

cc: Building Inspector's office
file

Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits (410) 313-2640 Community Environmental Health (410) 313-2644
Food Protection Program (410) 313-2642 TDD (410) 313-2323



Fredericktowne Labs, Inc.

3039 Ventrie Ct. • P.O. Box 244 • Myersville, MD 21773 • (301) 293-3340 or 694-7133 • FAX 293-2366

Certificate of Analysis

Acct. No. 120 - 13

Field Record

Site visit performed on: Thursday, February 01, 1996 9:00 AM

by: H. A. Van Sant

State ID No. 94-700

Property Owner: Winchester Homes

Property Address: 7117 Ramsgate Court
Clarksville, MD. 21029

Bill Starnes
1-800-682-6726

Sample Source: Kitchen Sink

Field pH: Not Performed

Res. Cl.: Not Performed

Laboratory Report

Sample Received at laboratory: 2/1/96

12:07:58 PM

Bacteriological results:

<u>Total Colif. (/100ml)</u>	<u>Fecal Colif. (/100ml)</u>	<u>Date/Time Analysis Started</u>	<u>Method</u>	<u>Analyst</u>
>80	<1.1	2/2/96 8:45 AM	9221B	CH

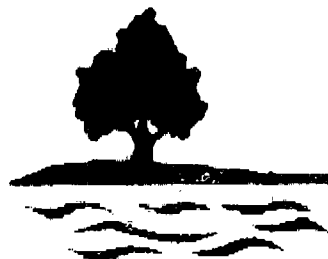
Bacteriological analysis of this sample indicates the water is unsafe for human consumption.

Inorganic Chemical results:

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>MCL</u>	<u>Date of Analysis</u>	<u>Method</u>	<u>Analyst</u>
Nitrate Nitrogen	<0.5	mg/l	10	2/2/96	WeWWG 5880	PH

Verified by:

M. B. Miller 2/14/96
Date



Fredericktowne Labs, Inc.

3039 Ventrie Ct. • P.O. Box 244 • Myersville, MD 21773 • (301) 293-3340 or 694-7133 • FAX 293-2366

Acct. No. 120 - 13.1

Field Record

Site visit performed on: Monday, February 12, 1996 8:45 AM
by: H.A. Van Sant State ID No. 94-700
Property Owner: Winchester Homes
Property Address: 7117 Ramsgate Court
Clarksville, MD. 21029

Sample Source: Kitchen Sink

Field pH: Not Performed
Res. Cl.: Not Performed

Laboratory Report

Sample Received at laboratory: 2/12/96 10:22:25 AM

Bacteriological results:

<u>Total Colif. (/100ml)</u>	<u>Fecal Colif (/100ml)</u>	<u>Date/Time Analysis Started</u>	<u>Method</u>	<u>Analyst</u>
<1.1	<1.1	2/12/96 10:38 AM	9221B	CH

Bacteriological analysis of this sample indicates the water is safe for human consumption.

Inorganic Chemical results:

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>MCL</u>	<u>Date of Analysis</u>	<u>Method</u>	<u>Analyst</u>
Turbidity & Sand	0.1	NTU'	10	2/12/96	180.1	CH

Verified by:

M. L. Miller 2/14/96
Date

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration

201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehnen Joseph, Ph.D., Director

(3)

013817

Category Code 4-F-4C

Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

SAMPLE TYPE:

- Community ☐
- Non-Community ☐
- Non-Transient ☐
- Private ☒
- Check Sample ☐
- Special ☐

Source Michael Quinn - Powder Room
Location: 7117 Ramsgate Ct, Clarksville
Iced: Yes ☒ No ☐ ☒ am.
Treated: Yes ☐ No ☒ Time Collected 9:05 ☐ pm.
Collector # 95-456 Bottle No. AJ158
Collector Name B. Canning County Howard

13

County

Plant No.

Sampling Station

04 24 96

Date Collected

pH 7.0

Res. Cl: Free 00

Total 00

Card No. ---

LABORATORY RECORD

Thiosulfate: Pres. ☒ Absent ☐ Undetermined ☐

PRESUMPTIVE MTF TEST*

CONFIRMED MTF TEST

ml. of Sample	10 ml.									
Gas. 24 hours										
Gas. 48 hours										

ml. of Sample	10 ml.									
Coliforms †										
Fecal Coliforms ‡										

No. of Pos.	
	0

PRESUMPTIVE P/A TEST*

CONFIRMED P/A TEST

ml. of Sample	100ml.									
Gas. 24 hours										
Gas. 48 hours										

ml. of Sample	100ml.									
Total Coliforms †										
Fecal Coliforms ‡										

** Presumptive Coliforms/100 ml. (Membrane Filter) =

† Verified Total Coliforms/100ml. (Membrane Filter) =

‡ Verified Fecal Coliforms/100ml. (Membrane Filter) =

Standard Plate Count §/ml. =

** using m Endo-Agar LES at 35° C incubation

* using Lauryl Sulfate Trypticase Broth at 35°C incubation

† using Brilliant Green Lactose Bile Broth at 35°C incubation

‡ using EC Broth at 44.5°C incubation

§ using Plate Count Agar at 35°C incubation

Date & Hour

20 APR 95 14

Recd.

20 APR 96 14

Exam

20 APR 96 14

Rept.

Laboratory

- Annapolis ☐ Cumberland ☐
- Cambridge ☐ Frederick ☐
- Central ☒ Salisbury ☐
- Cheverly ☐

Bacteriologist

Plaza



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

May 9, 1996

Mr. Michael Ayers
7117 Ramsgate Court
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #35
7117 Ramsgate Court
Well Permit #HO-94-0506

Dear Mr. Ayers:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on February 8, 1996.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.


FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit #HO-94-0506.

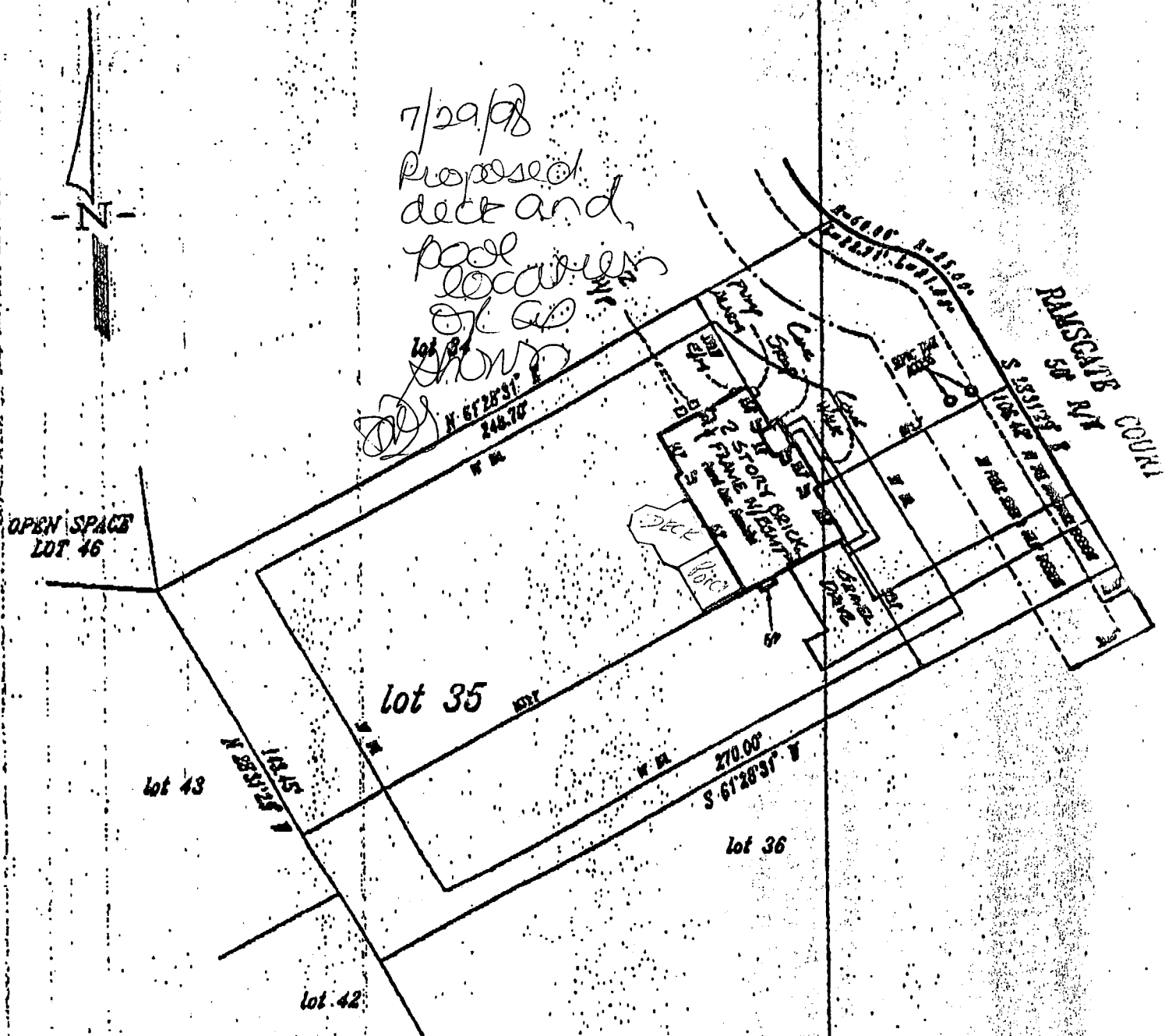
Dates of Water Samples: February 1, 1996 (Chemical)
February 12, 1996 (Bacteriological)
April 24, 1996

Date of Well Completion: July 21, 1995

Approving Authority


Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS
cc: file



Michael D. Ayres
Ella D. Darrington

LEGEND

F/P = FIREPLACE
 B/W = BAY WINDOW
 D/W = DRIVEWAY
 CONC = CONCRETE

O/H = OVERHANG
 H/P = HEAT PUMP/AIR
 G/M = GAS METER
 E/M = ELECTRIC METER

ADDRESS No.: 7117 RAMSGATE COURT

TOP OF WALL ELEV. = 500.1

FIRST FLOOR ELEV. =

NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED. THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER OF INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING;

THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OTHER EXISTING OR FUTURE IMPROVEMENTS;

AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, & SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.

FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE "C"
 AREA OF MINIMAL FLOODING
 PER COMMUNITY PANEL NUMBER 240044 0037 B

LOT 35
ASHLEIGH KNOLLS
 PHASE 2

PLAT No. 11540
 ELECTION DISTRICT No. 5
 HOWARD COUNTY, MARYLAND

LOCATION DRAWING

FOUNDATION	DATE: 10/27/95
FINAL	DATE: 2/8/96
DRAWN BY: AWG	SCALE: 1"=50'
PROJECT No.: 94517.00	



R.M. MOCHI GROUP

3300 N. Ridge Road, Suite 235
 Ellicott City, MD 21043-3305

(410) 461-0079
 Fax: (410) 750-6340

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATIONDEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

B00113289

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

7117 RAMSGATE CT
CLARKSVILLE, MD 21029GRADING/SEDIMENT CONTROL ☐ YES ☒ NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

16X14 OPEN AIR PORCH
16X16 DECK IRREGULAR SHAPE
WITH 3' BUMP OUT
Elev. 24"

LOT NO. PARCEL NO. SEC. AREA BLOCK NO. LIBER FOLIO

SUB DIVISION ZONE ZONE MAP ELEC. DIST. CENSUS TR.

OWNER NAME AND ADDRESS PHONE NO.

Ashley KANULS
Mike AVERES & ZIBA DARILOS
7117 RAMSGATE CT
CLARKSVILLE, MD 21029
301-854-9473

OCCUPANT'S NAME AND ADDRESS PHONE NO.

SAME AS ABOVE SAME

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

N/A

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

DESIGN BUILDERS
201 PATUXENT RD
LAUREL, MD 20707
301-317-8562

EXISTING USE

PROPOSED USE

SFD

EST. CONSTRUCTION COST

LICENSE NUMBER

PERMIT FEE

\$7150.00

41733

VWS CODE

FOR OFFICE USE ONLY

DISTRICT IN FEET FROM R/W LINE TO FRONT BUILDING LINE

SIDE YARD

(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE

DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY)

SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTIONTo begin construction before a permit placard has been issued
and displayed on the job is a violation of the law.Use and occupancy permit must be applied for two weeks
before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

SIZE OF BLDG. FRONT DEPTH HEIGHT

TYPE OF BLDG. AREA VOLUME ROOF

B. ROOMS
ROOMS
BATHS
FIREPLACES

FOOTINGS

FOUNDATION

S. WALLS

UTILITIES

WATER WELL SEWER/SEPTIC GAS ELECTRICITY TYPE OF HEAT AC

I have carefully examined and read this application and know the same is true and correct,
and that is doing this work, all provisions of Howard County Ordinances and the State
Laws of Maryland will be complied with, whether specified or not; and I will notify the
Department of Inspections, and Permits twenty-four hours in advance when I am ready for
the inspections called for elsewhere in the application; and that no work will be covered up
until such inspections have been completed with.Marshall Marshall
Agent SIGNATURE

TITLE

DATE

7/29/98

FUNCTION DATE SIGNATURE APPROVAL

ZONING/PLANNING

S.H.A.

SEDIMENT/GRADING

BUILDING OFFICIAL

WATER & SEWER

HEALTH DEPT.

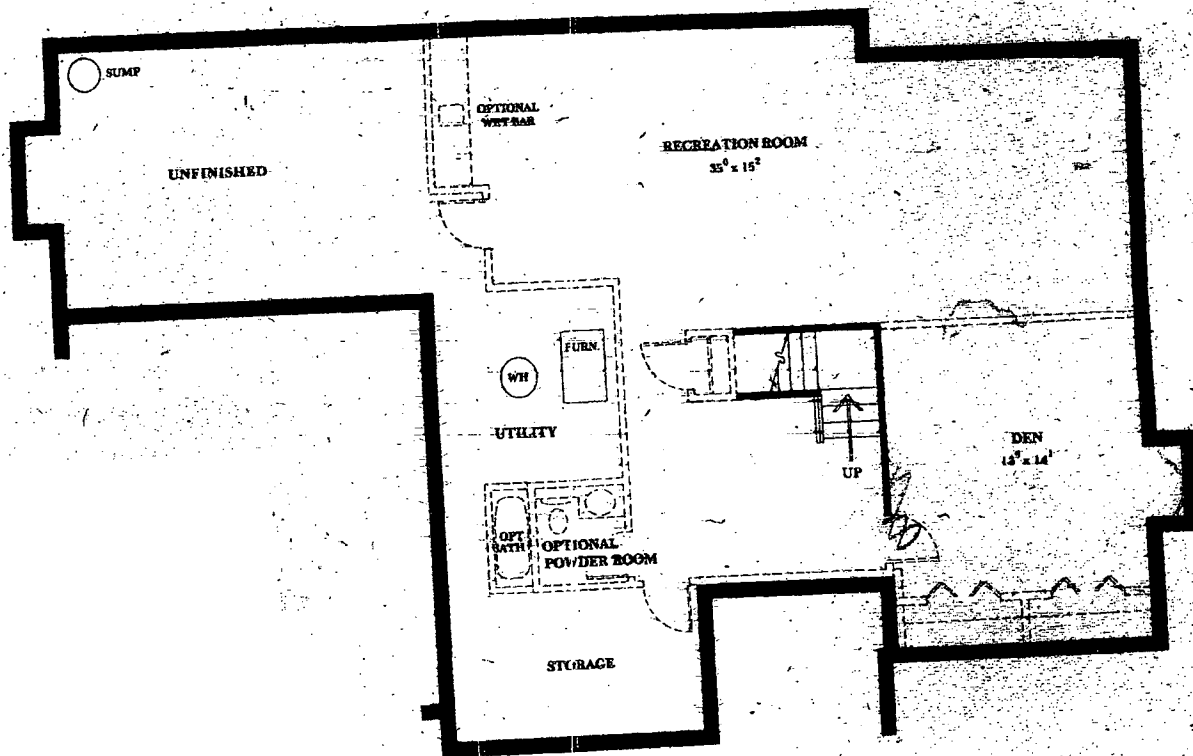
FIRE PROTECTION

STORM WATER MGM.

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FINISHED LOWER LEVEL*

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