2/1/96
2/7/95 12/05

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 56420B

A 4720% B

03-318907

DISTRICT 3rd

DATE 1/26/94

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

INDEXED

DATE SYSTEM APPROVED 2-7-96

INSPECTOR bb

Olen Ketterman IS PERMITTED TO INSTALL X ALTER

ADDRESS 14960 Route 144 Woodbine, Maryland 21797 PHONE 442-1336

SUBDIVISION West Friendship Estates LOT 31 ROAD 3140 River Valley Chase

PROPERTY OWNER ~~Kelly & Susan Brennan~~ ~~Selfridge Builders, Inc.~~

ADDRESS Paul & Mary Glagola

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 155' down the right (366.58') lot line and 40' off that same lot line as seen when facing the lot from River Valley Chase. Run trenches on contour toward the back right lot corner.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 12/11/95 DKS

~~BUILDING PERMIT SIGNED~~

PLANS APROVED BY Amy McMillen **AND RETURNED** 6/27/02 DATE 8/28/95

B00137189 DECK

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

~~BUILDING PERMIT SIGNED~~ AND RETURNED 3-4-2002

B00134617 26018 DECK

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.

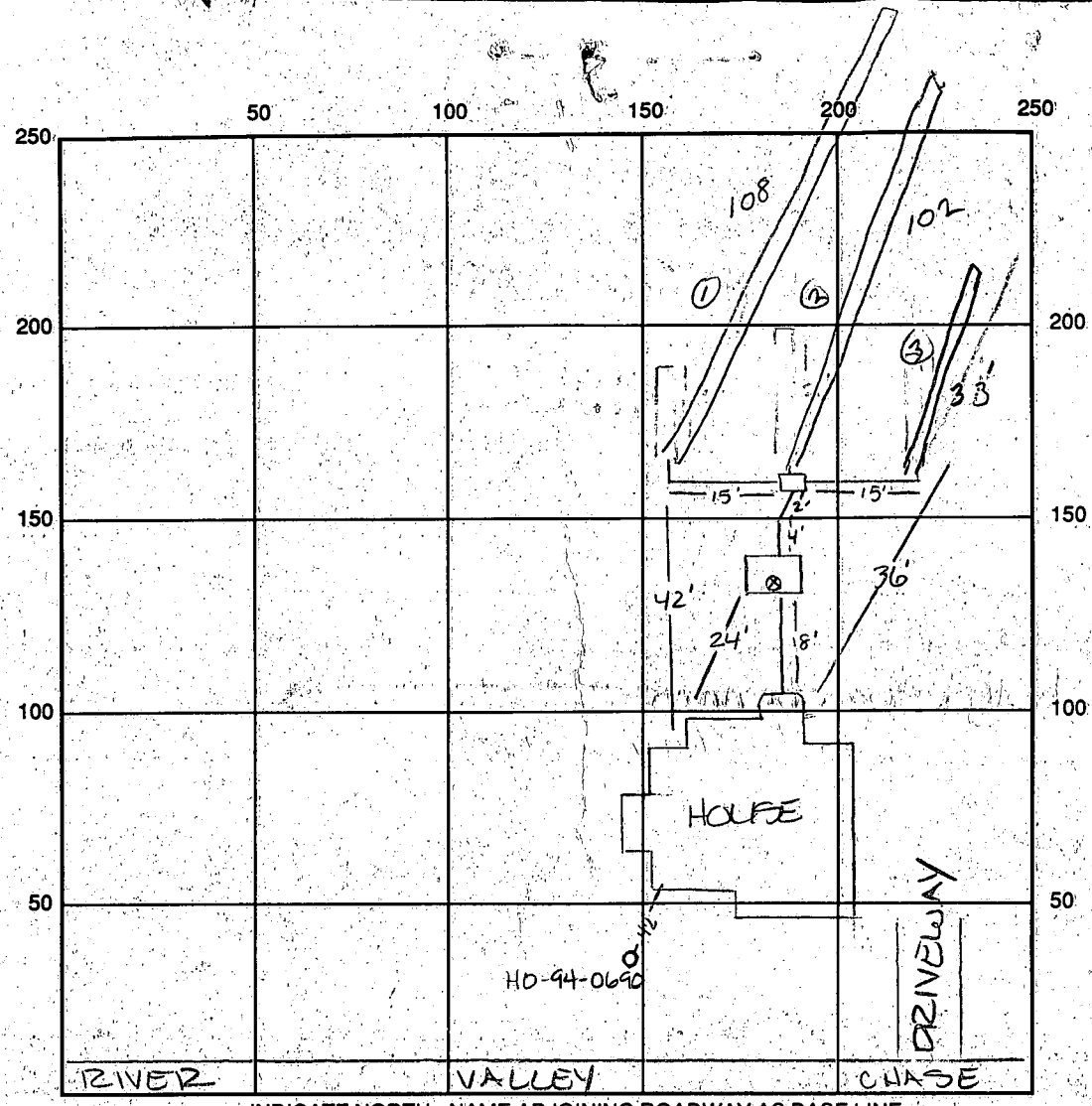
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

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

HD-260(6-90)

A 4720B



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL YES CLEANOUTS YES / 1 NOTED

DISTRIBUTION BOX LEVEL YES / BAFFLE NOT NOTED; LID CLOSED

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. ① 108 INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 3 FT. ② 102 ③ 33

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 729 SQ. FT.

DRYWALL INSIDE DIAMETER ~ FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: Permit card not signed, locked in box.
Trenches must be extended to adequate length. 2/1/96
CONTRACTOR WILL REQUEST INSP. WHEN TRENCHES ARE COMPLETE. 2/2/96 (CW)
2-7-96 OK TO COVER ALL WORK, CONTRACTOR UNABLE TO BACKFILL
GROUND FROZEN. KS

DATE SYSTEM APPROVED 2-7-96 INSPECTOR KS

APPLICATION

PERCOLATION TESTING

A 47201

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE. 461-9933

DISTRICT _____

DATE 6/12/91

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER PERCONTEE, INC.

ADDRESS 11900 TECH RD; SILVER SPRING MD. 20904 PHONE JOHN REUWER 740-2100 X291

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION WEST FRIENSHIP ESTATES Section III LOT NO ~~Lot 120~~ 31

ROAD AND DESCRIPTION WEST IVORY RD. & RT 32, SOUTH OF RT. 70

TAX MAP 15 PARCEL # 42

SIZE OF LOT 3.00 AC. +/- TYPE BLDG SFD -
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED AND RETURNED 11-14-95
Serial #61912

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. John C. Reuwer
(SIGNATURE OF APPLICANT)

APPROVED BY ~~John C. Reuwer~~ FOR PERCONTEE, INC. FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

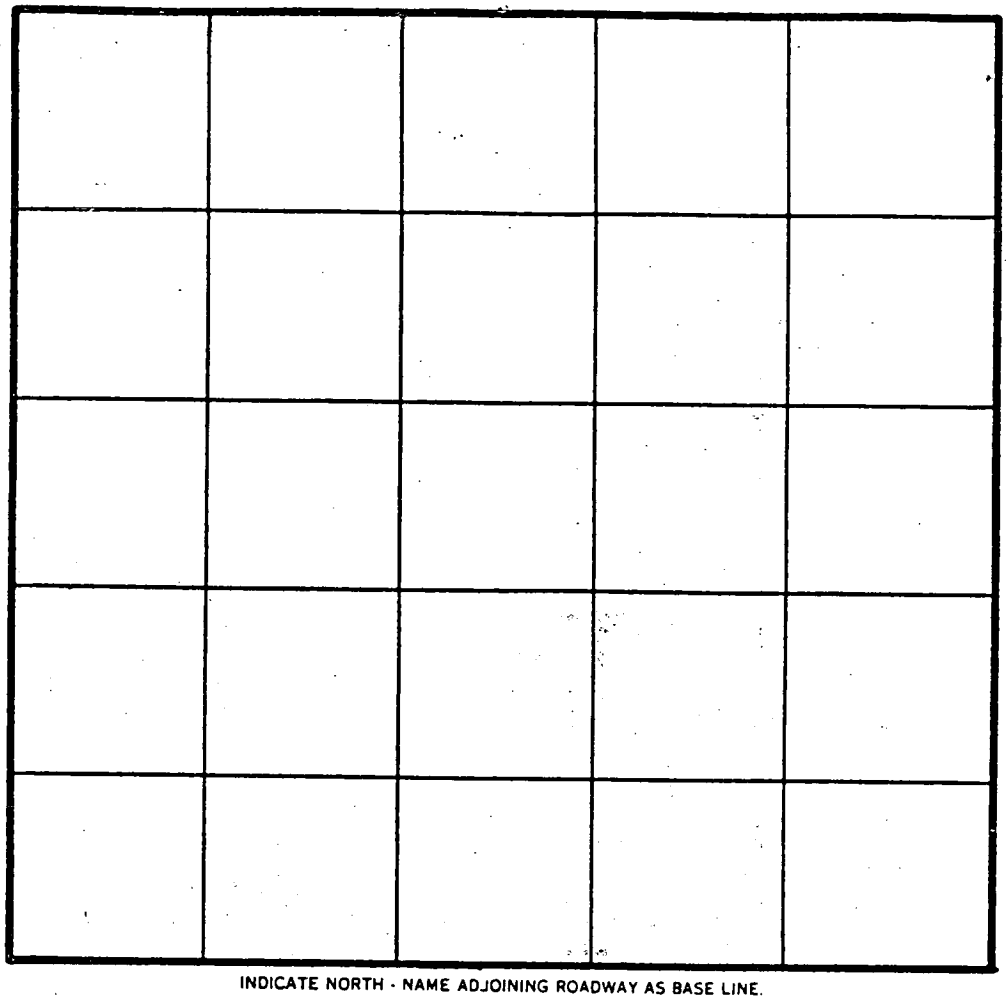
HD-216

THIS IS NOT A PERMIT

Lot 120
A 47201
See Sheet A 47198

SOIL PROFILE

0'



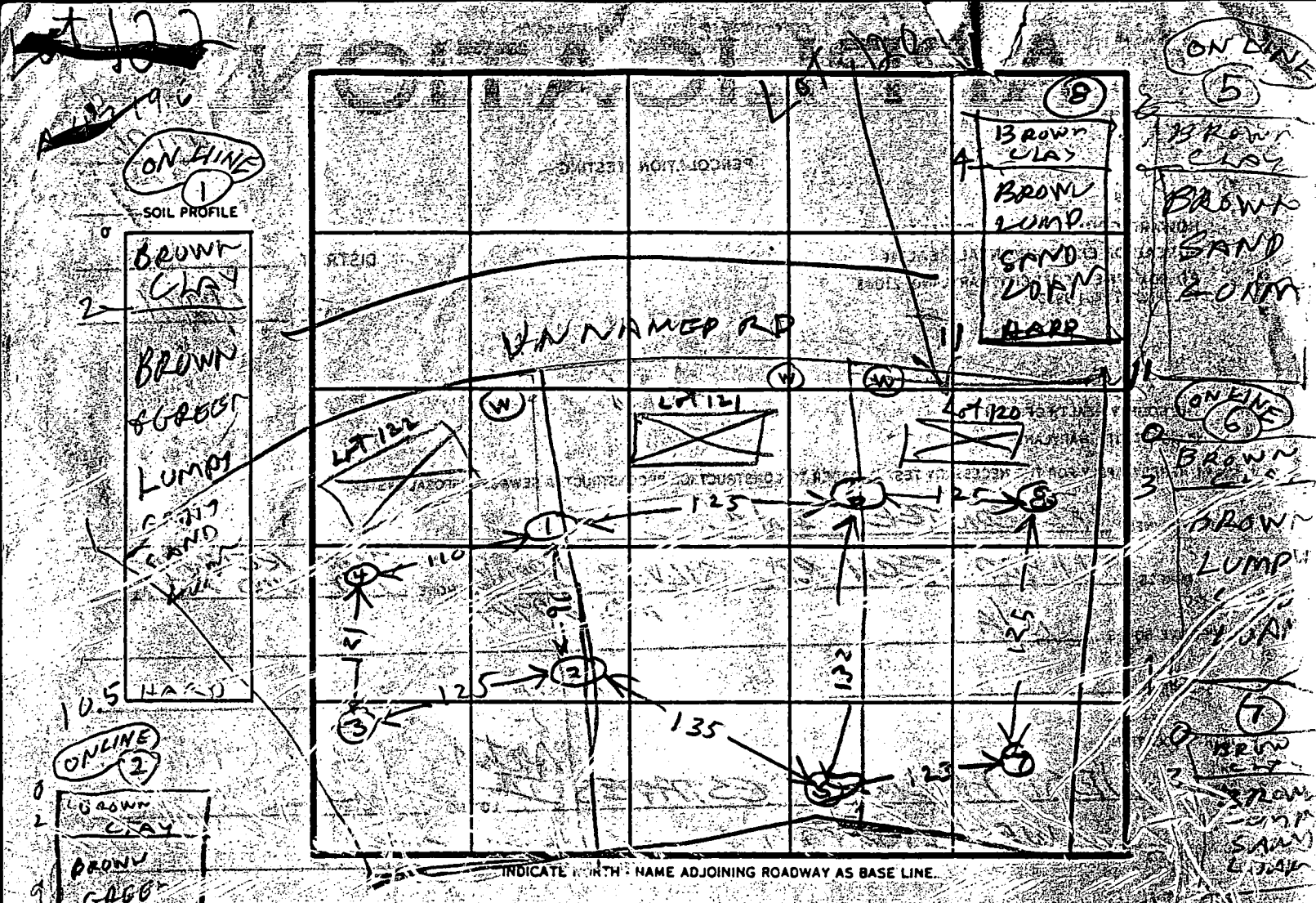
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____



DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME	
7/12/91	1 S	7.5	1020	1024	1024	1030	6	ON LINE #1
	3	3	1021	1024	1024	1030	6	#1
	1V	10.5	OK SHALLOW					#12
	2 S	2.5	1030	1036	1042	1048	6	ON LINE #121
	2V	9	OK SHALLOW					
	3 S	3.5	1046	1053	1053	1102	9	LOT #12
	3V	11.5	OK SHALLOW					
7/12/91	4V	9	OK SHALLOW					LOT #12
	5 S	3.5	1114	1117	1119	1128	9	ON LINE #120 #1
	5V	11	OK SHALLOW					
1	6 S	3.5	1124	1128	1128	1138	10	ON LIN
	6D	7	1124	1126	1126	1129	3	#120
1	6V	11	OK SHALLOW					#121
1	7 S	4	1142	1143	1143	1146	3	LOT #1
	7V	10	OK SHALLOW					
1	8V	11	OK SHALLOW					LOT #12

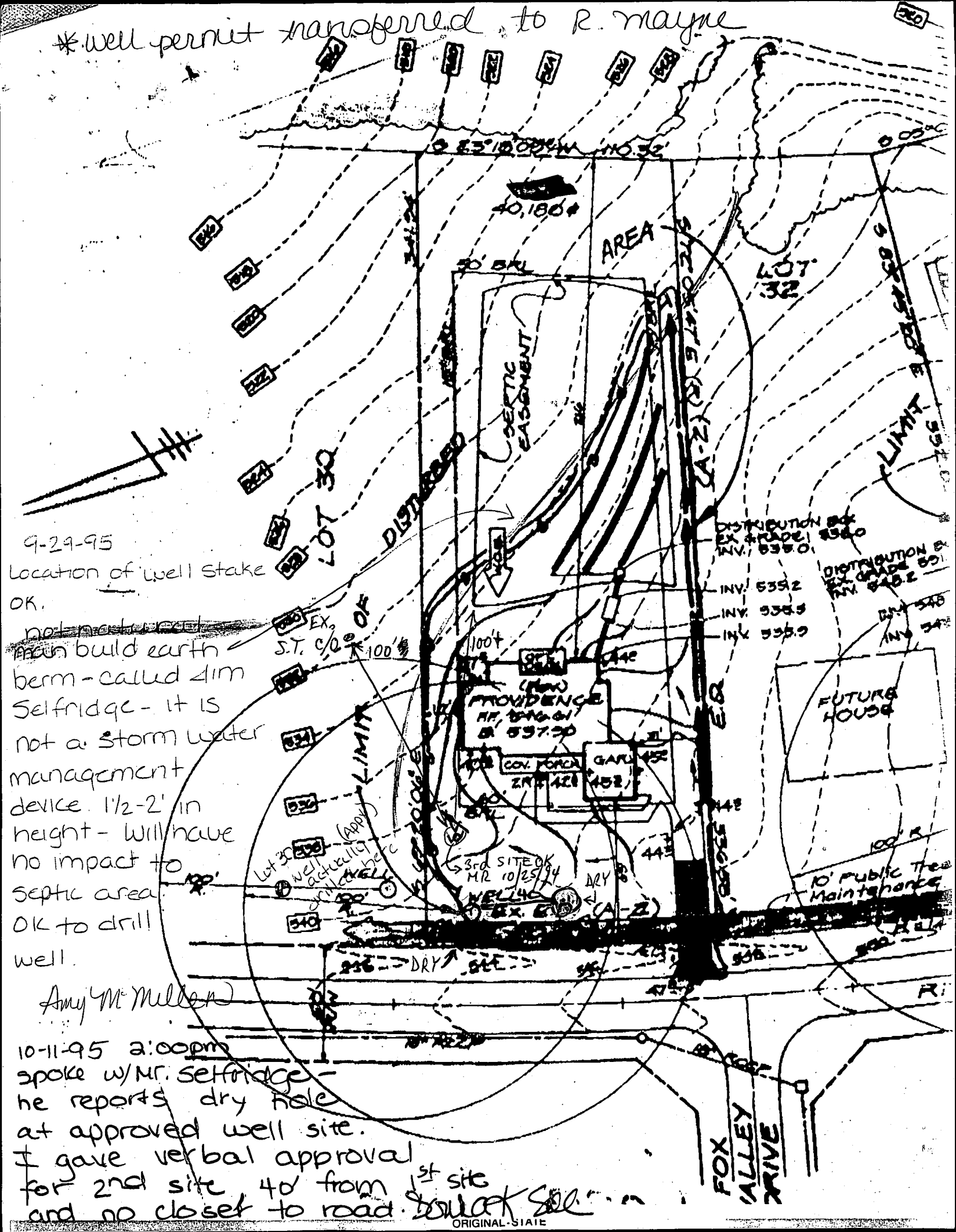
REMARKS NO SURVEYOR STAKED HOLES

TYPE OF SOIL

TESTED BY R HOMES

ALSO PRESENT JOHN RENWICK HUGH OKEEFFE MAN

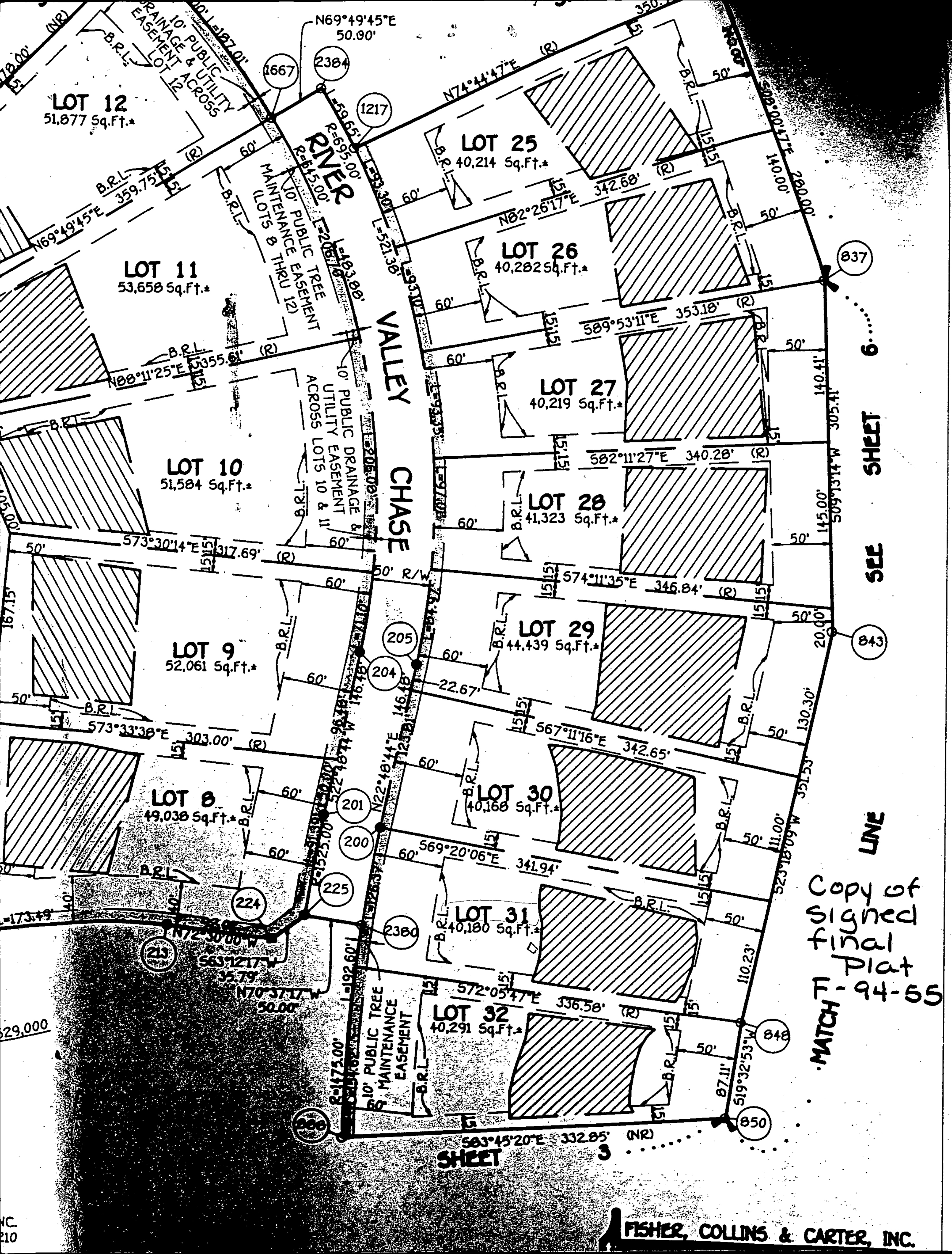
*well permit transferred to R. Mayne



9-29-95
Location of well stake OK.
~~not natural~~ man build earth berm - called Jim Selfridge - it is not a storm water management device. 1½-2' in height - will have no impact to septic area OK to drill well.

Amy M. Mullen

10-11-95 2:00pm
spoke w/ Mr. Selfridge - he reports dry hole at approved well site.
I gave verbal approval for 2nd site 40' from 1st site and no closer to road. Deborah Sell


LOT 12
51,877 Sq.Ft.±
10' PUBLIC DRAINAGE & UTILITY EASEMENT ACROSS LOT 12
N69°49'45"E
50.00'
LOT 25
40,214 Sq.Ft.±
N74°44'47"E
RIVER
R=695.00'
R=645.00'
10' PUBLIC TREE MAINTENANCE EASEMENT (LOTS 8 THRU 12)
N69°49'45"E 359.75'
LOT 11
53,658 Sq.Ft.±
LOT 26
40,282 Sq.Ft.±
N82°26'17"E 342.68'
S89°53'11"E 353.18'
N88°11'25"E 355.61'
VALLEY
CHASE
LOT 27
40,219 Sq.Ft.±
10' PUBLIC DRAINAGE & UTILITY EASEMENT ACROSS LOTS 10 & 11
LOT 10
51,584 Sq.Ft.±
S82°11'27"E 340.28'
LOT 28
41,323 Sq.Ft.±
S73°30'14"E 317.69'
50' R/W
S74°11'35"E 346.84'
S09°13'14"W 305.41'
140.41'
145.00'
LOT 9
52,061 Sq.Ft.±
LOT 29
44,439 Sq.Ft.±
S73°33'38"E 303.00'
S67°11'16"E 342.65'
N22°48'44"E
LOT 8
49,038 Sq.Ft.±
LOT 30
40,168 Sq.Ft.±
S69°20'06"E 341.94'
S23°18'09"W 351.53'
LOT 31
40,180 Sq.Ft.±
N72°30'00"W
S63°12'17"W 35.79'
N70°37'17"W 50.00'
10' PUBLIC TREE MAINTENANCE EASEMENT
S72°05'47"E 336.58'
LOT 32
40,291 Sq.Ft.±
S19°32'53"W
S83°45'20"E 332.85' (NR)
SHEET 3
SEE SHEET 6
MATCH LINE
Copy of signed final Plat F-94-55
FISHER, COLLINS & CARTER, INC.

C 1 | 2847 | SEQUENCE NO. (MDE USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A47201

ST/CO USE ONLY
DATE Received 09/13/95 (8-13)

DATE WELL COMPLETED 10/10/95 (15-20)

Depth of Well 245 (22-26) (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-0690 (28-37)

OWNER James Selfridge (last name first name)

STREET OR RFD Fox Valley Chase TOWN West Friendship

SUBDIVISION West Friendship Est. SECTION I LOT 31

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	check if water bearing
Top Soil	0	2	
Sandy	2	25	
Sand Stone	25	35	✓
MICKA	35	55	
Sand Stone	55	60	✓
MICKA	60	245	
Two Only Hole Drilled By Joe Mayne 360'-440'	Turn Permit Over to Ralph Mayne	10/5/95	

NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED yes [Y] no [N]

CIRCLE APPROPRIATE LETTER

- A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
- E ELECTRIC LOG OBTAINED
- P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

TYPE: (MWD)/MSD/MGD

DRILLERS LIC. NO. 116

Ralph Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 117

Ralph E. Mayne

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) yes [Y] (44) no [N] (44)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] (45-46) BENTONITE CLAY [BC] (45-46)

NO. OF BAGS 10 NO. OF POUNDS 1000

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48-52) ft. to 34 (54-58) ft.

TOP BOTTOM

(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
PL (60-61)	6 (63-64)	38' (66-70)

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD

screen type or open hole insert appropriate code below

[ST] STEEL [BR] BRASS BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

C 2

EACH SCREEN		DEPTH (nearest ft.)	
1	HO (8-9)	36 (11-15)	245' (17-21)
2	(23-24)	(26-30)	(32-36)
3	(38-39)	(41-45)	(47-51)

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (56-60) (NEAREST INCH)

	from	to
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (70) (E.R.O.S.) (72) W Q (74-76)

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 (8-9)

PUMPING RATE (gal. per min.) 6.• (11-15)

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 29. (17-20) ft.

WHEN PUMPING 85 (22-25) ft.

TYPE OF PUMP USED (for test)

[A] air (27) [P] piston (27) [T] turbine (27)

[C] centrifugal (27) [R] rotary (27) [O] other (describe below) (27)

[J] jet (27) [S] submersible (27)

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES (NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. (29)

CAPACITY: GALLONS PER MINUTE (to nearest gallon) (31-35)

PUMP HORSE POWER (37-41)

PUMP COLUMN LENGTH (nearest ft.) (43-47)

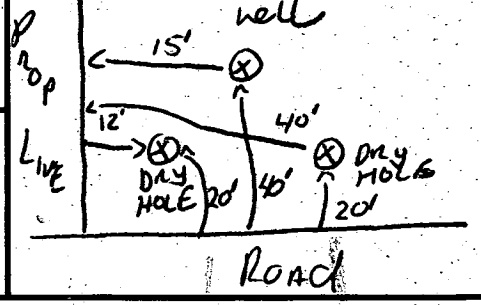
CASING HEIGHT (circle appropriate box and enter casing height)

[+] (49) above LAND SURFACE

[–] (49) below 2 (50-51) (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



COUNTY

ISTING
/EMENT

RTH
LE BERM
I)

ISTING
EMENT

equivalent.
single resi-

dth at

placing of stone.

construction
impractical.

n which will
f-way. This may
tions demand
ment. All
hts-of-way must

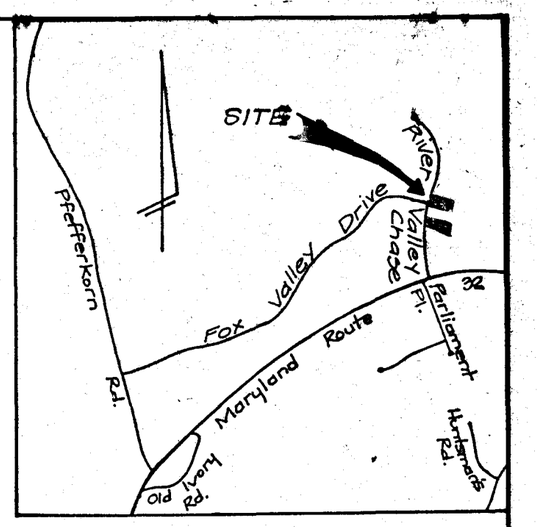
o entrance onto
done on an area
ment trapping

after each rain.

RANCE (SCE)

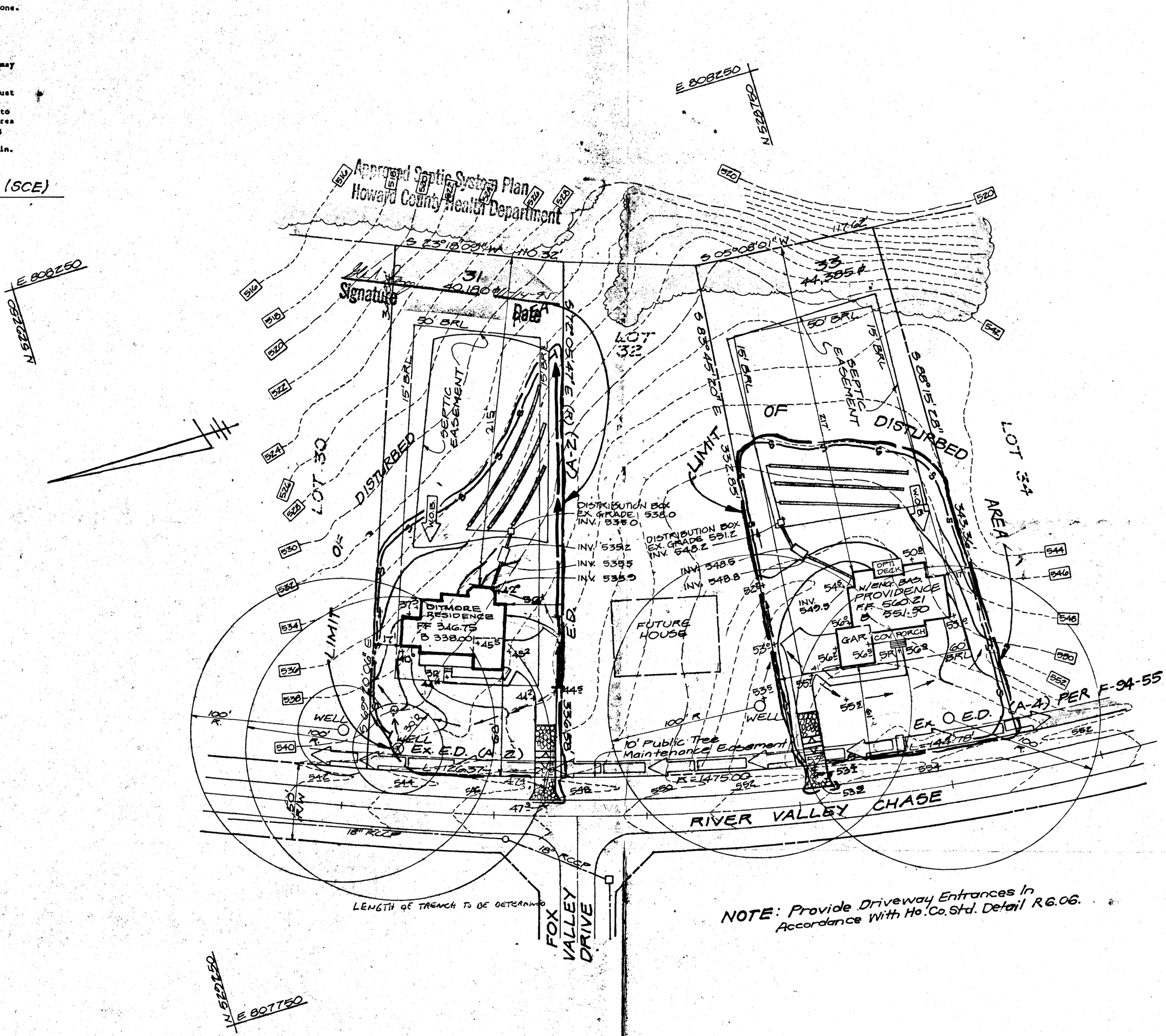
LEGEND

Contour Interval 2 Ft.
Proposed Contour ----- 448 -----
Existing Contour ——— 448 ———
Spot Elevation +482
Direction of Drainage ——→
Silt Fence —S—S—S—
Stabilized Construction Entrance w/Mountable Berm — SCE
Ex. Earth Dike — Ex. E.D. (A-1)
Earth Dike — E.D. (A-1)
Limit of Disturbance ——————



VICINITY MAP

Scale: 1" = 2000'



NOTE: Provide Driveway Entrances In Accordance With Ho. Co. Std. Detail R6.06.

...n will be done according ...nt and erosion control and ...struction project will have a ... Environment Approved. ...f Erosion before beginning ...spection by the Howard ...ts, as are deemed

8-2-94

ENGINEER'S CERTIFICATE

I hereby certify that this plan for Sediment and Erosion Control represents a practical and workable plan based on my personal knowledge of the site condtions and that it was prepared in accordance with the requirements of the Howard Soil Conservation District.

8-2-94

STATE OF MARYLAND — G. NELSON CLARK — NO. 7139 — REGISTERED PROFESSIONAL ENGINEER — 8-2-94

CLARK • FINEFROCK & SACKETT, INC.
ENGINEERS • PLANNERS • SURVEYORS
7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (410) 381-7500 – BALTO. • (301) 621-8100 – WASH.

DESIGNED ZAL RMT	SITE DEVELOPMENT, SEDIMENT AND EROSION CONTROL PLAN LOTS 31 & 33 WEST FRIENDSHIP ESTATES SECTION 1 3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE 1" = 50'
DRAWN MCR		DRAWING 1 OF 1
CHECKED JME		JOB NO. 94-144
DATE 8-2-94	For: JAMES H. SELFRIDGE BLDRS, INC. 8131 Dorsey Run Road Jessup, Maryland 20794	FILE NO. 94-144X

GP-95-08

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 B00134617

FOX VALLEY DRIVE

Building Address 3140 River Valley Chase Dr

Suite/Apt. #: ______ SDP/WP/Petition #: W. Friendship

Census Tract 6030 Subdivision ~~Fox Valley~~

Section ____ Area ____ Lot 31 Est.

Tax Map 15 Parcel ____ Grid 21

Zoning RC Map Coordinates 9K6 Lot size

Property Owner's Name KELLY & SUSAN BRENNAN

Address 3140 RIVER VALLEY CHASE DRIVE

City WEST FRIENDSHIP State MD Zip Code 21794

Home Phone 410-489-6641 Work Phone 410-780-7510

Applicant's Name & Mailing Address, (if other than stated hereon): N/A

Phone Fax

Existing Use SINGLE FAMILY HOME

Proposed Use " " " WITH DECK & STAIRS

Estimated Construction Cost $ 8,800

Description of Work ADD 28'L x 18' TREATED DECK WITH STAIRS

Contractor Company OWNER

Contact Person KELLY BRENNAN

Address

City State Zip Code

License No.

Phone Fax

Occupant or Tenant

Contact Name

Address

City State Zip Code

Phone Fax

Engineer or Architect Company

Contact Person

Address

City State Zip Code

Phone Fax

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame

____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private

Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☑ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☒ Unfinished Basement ☒
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 5

Multi-family dwellings:
No. of efficiency units:
No. of 1 BR units:
No. of 2 BR units:
No. of 3 BR units:

Other Structure:
Dimensions:
Footings:
Roof:

____ State Certified Modular
____ Manufactured Home

Utilities

Water Supply:
____ Public
X Private

Sewage Disposal:
____ Public
X Private

Electric Yes ☒ No ☐
Gas Yes ☒ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☒
Propane Gas ☐

Sprinkler system: N/A ☒
____ NFPA #13D
____ NFPA #13R
____ Other:

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.

Applicant's Signature [signature]

Print Name Susan M Brennan

Title/Company

Date 2-28-02

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

** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
X Land Development, DPZ		
State Highways		
X Building Official		
Dev. Engineering, DPZ		
X Health	3/11/02	
Fire Protection		

Is Sediment Control approval required prior to issuance? YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START ☐

ONE STOP SHOP ☐

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? YES ☐ NO ☐
Is Entrance Permit required? YES ☐ NO ☐
Historic District? YES ☐ NO ☐
Lot Coverage for New Town Zone
SDP/Red-line approval date

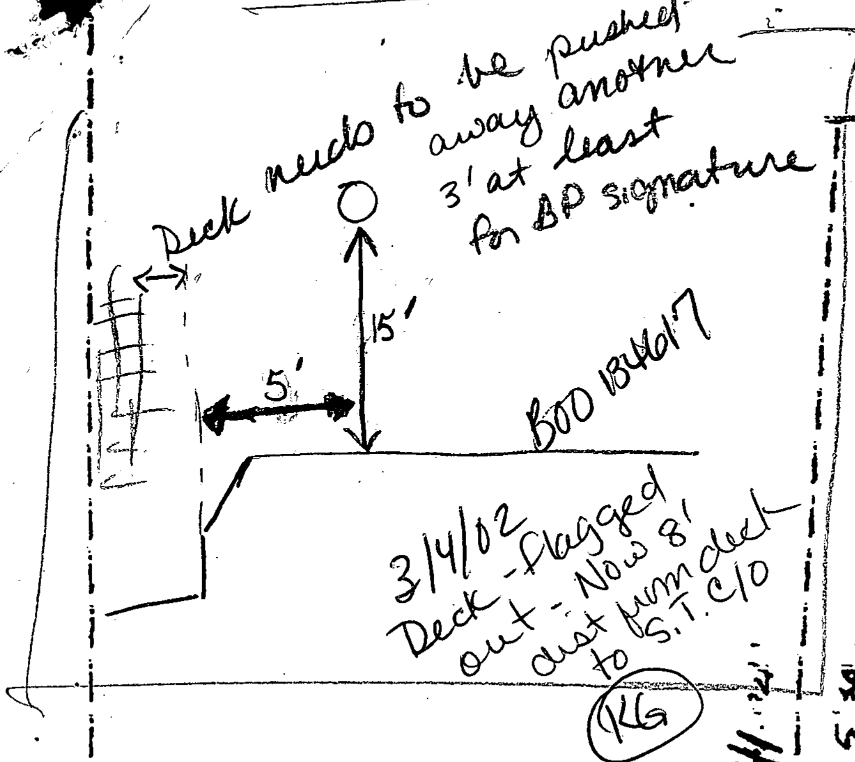
PROPERTY ID# 16623
Filing fee $
Permit fee $
Excise tax $
Add'l per fee $
TOTAL FEES $
Sub-total paid $
Balance due $
Check
Validation
Accepted by

447203

WELL # 94-0690

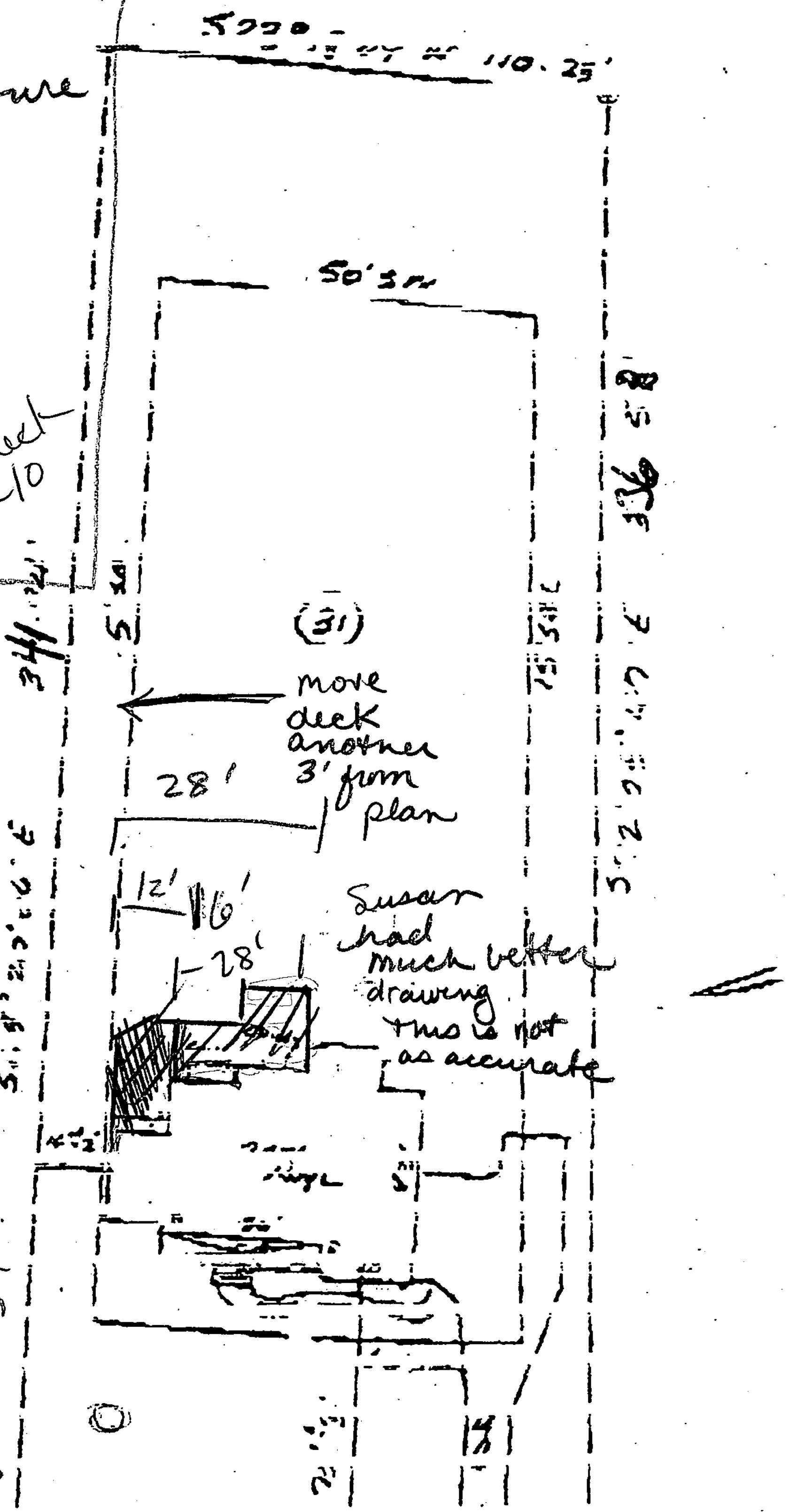
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

T:\forms\PERMIT.FRM Rev. 5/17/00



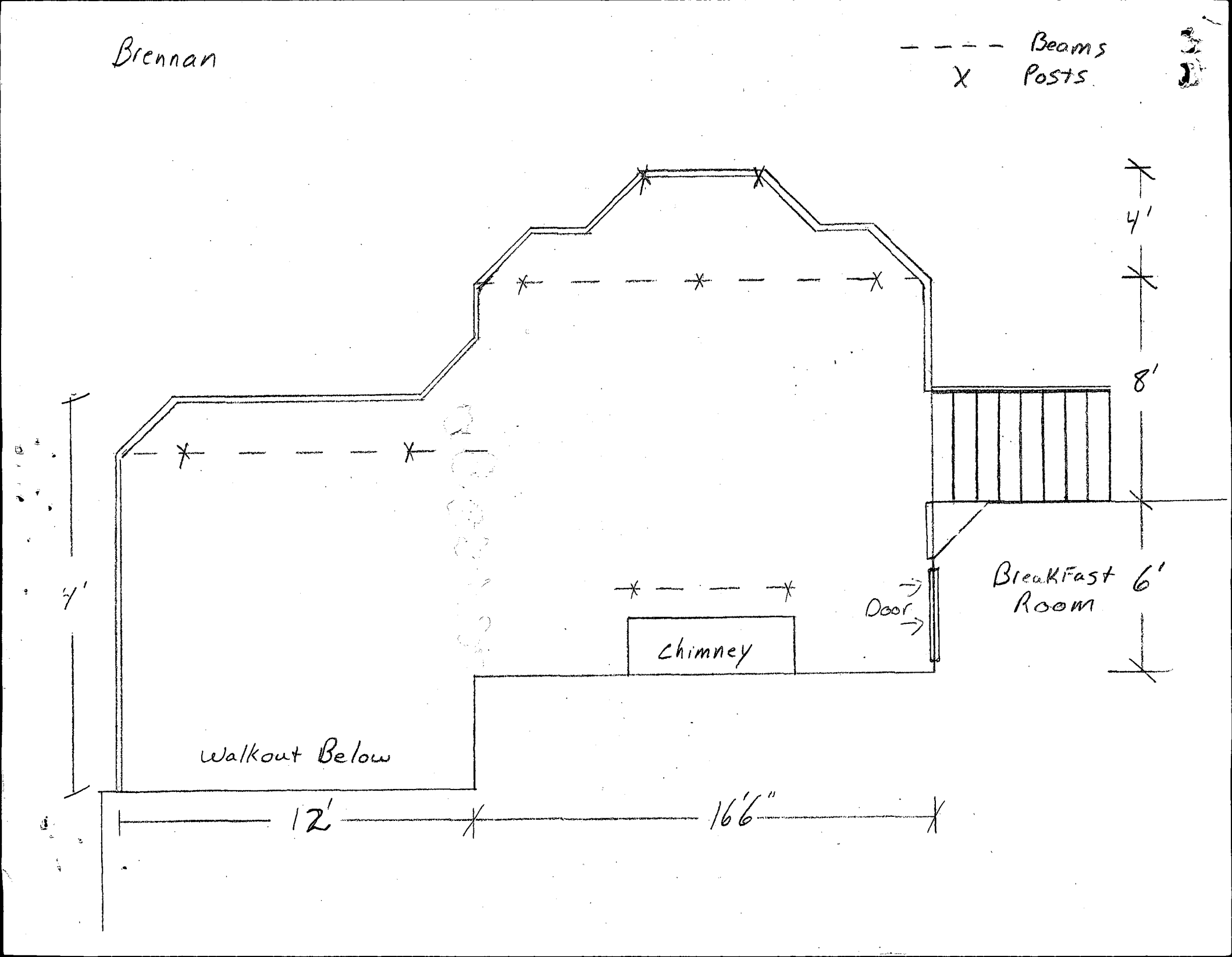
2/29/02
~ 3:15 Called ō to Shane on option - move S.T.

1:40



The S.T. C/O is 5' away from proposed addition.
Told Kelly & Susan there needs to be 10' separation but Mark would allow 8' separation. Explained that a distance is needed so that a backhoe could reach the shovel on the side closest to deck to replace S.T. if necessary & also room for equipment to pump out the tank.
Susan will call the deck installer for revisions on deck design.
Kelly will submit new plan for us to OK

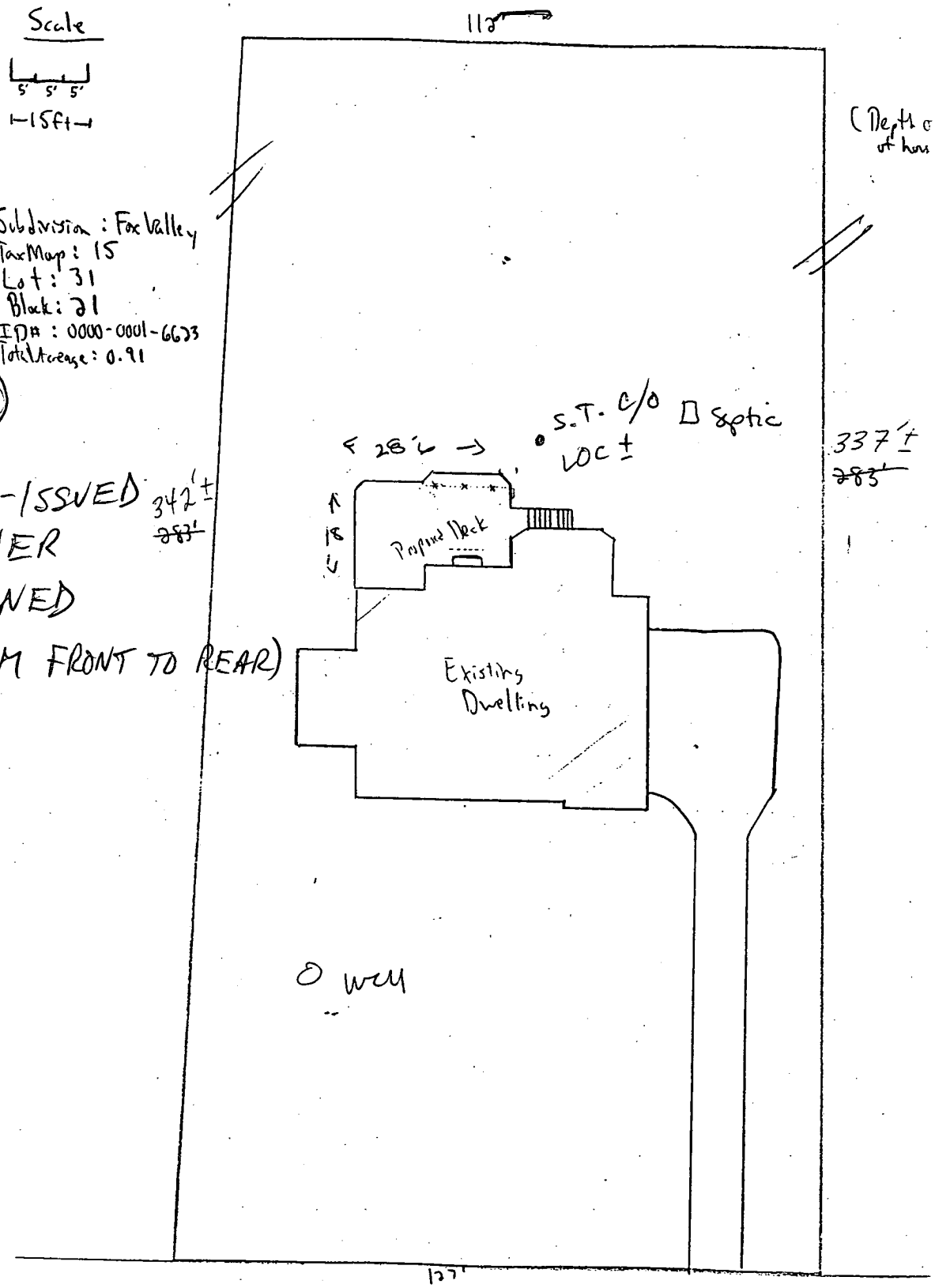
Brennan


Beams
Posts
4'
8'
6'
Breakfast Room
Door
Chimney
Walkout Below
4'
12'
16'6"

Scale

5' 5' 5'

15ft



1:30

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 B0013789

Building Address 3140 River Valley Chase

Suite/Apt. #: ______ SDP/WP/Petition #: ______

Census Tract 6030 Subdivision Fox Valley

Section ______ Area ______ Lot 31

Tax Map 15 Parcel ______ Grid 21

Zoning RC Map Coordinates 9166 Lot size .91

Property Owner's Name Paul + Mary Giagola

Address 3140 River Valley Chase

City N. Friendship State MD Zip Code 21794

Home Phone 4104423705 Work Phone 4108841960

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone ______ Fax ______

Existing Use SFD

Proposed Use Same

Estimated Construction Cost $ 800-

Description of Work Finish Deck on Existing Frame 16' x 18' / 288 sf
S. PSN# B01134617

Contractor Company Owner

Contact Person ______

Address ______

City ______ State ______ Zip Code ______

License No. ______

Phone ______ Fax ______

Occupant or Tenant ______

Contact Name ______

Address ______

City ______ State ______ Zip Code ______

Phone ______ Fax ______

Engineer or Architect Company ______

Contact Person ______

Address ______

City ______ State ______ Zip Code ______

Phone ______ Fax ______

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame

____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private

Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☐ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms ______

Multi-family dwellings:
No. of efficiency units: ______
No. of 1 BR units: ______
No. of 2 BR units: ______
No. of 3 BR units: ______

Other Structure: ______
Dimensions: ______
Footings: ______
Roof: ______

____ State Certified Modular
____ Manufactured Home

Utilities

Water Supply:
____ Public
____ Private

Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ NFPA #13D
____ NFPA #13R
____ Other:

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.

[signature]
Applicant's Signature

Mary Giagola
Print Name

Title/Company

6/27/02
Date

MR 6/27/02

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#: 1-623