

1/28/85
as soon as possible

approved 1/28/85
C. W. Evers

PERMIT

P 34874

A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

05-349451

ELLICOTT CITY

DISTRICT _____

INDEXED

DATE 1/28/85

Jack Fyock IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE _____

SUBDIVISION _____ ROAD 12666 Route 216 LOT _____

PROPERTY OWNER Mr. & Mrs. Evers
12666 Route 216

ADDRESS Highland, Maryland 20777

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND

REPAIR. 6 FT STONE 60 FT.

LOCAL PERMIT SIGNED

AND RETURNED 8/18/99

Serial # BIV 12 M03
extension alteration

PLANS APPROVED BY Frank Skinner DATE 1/28/85

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

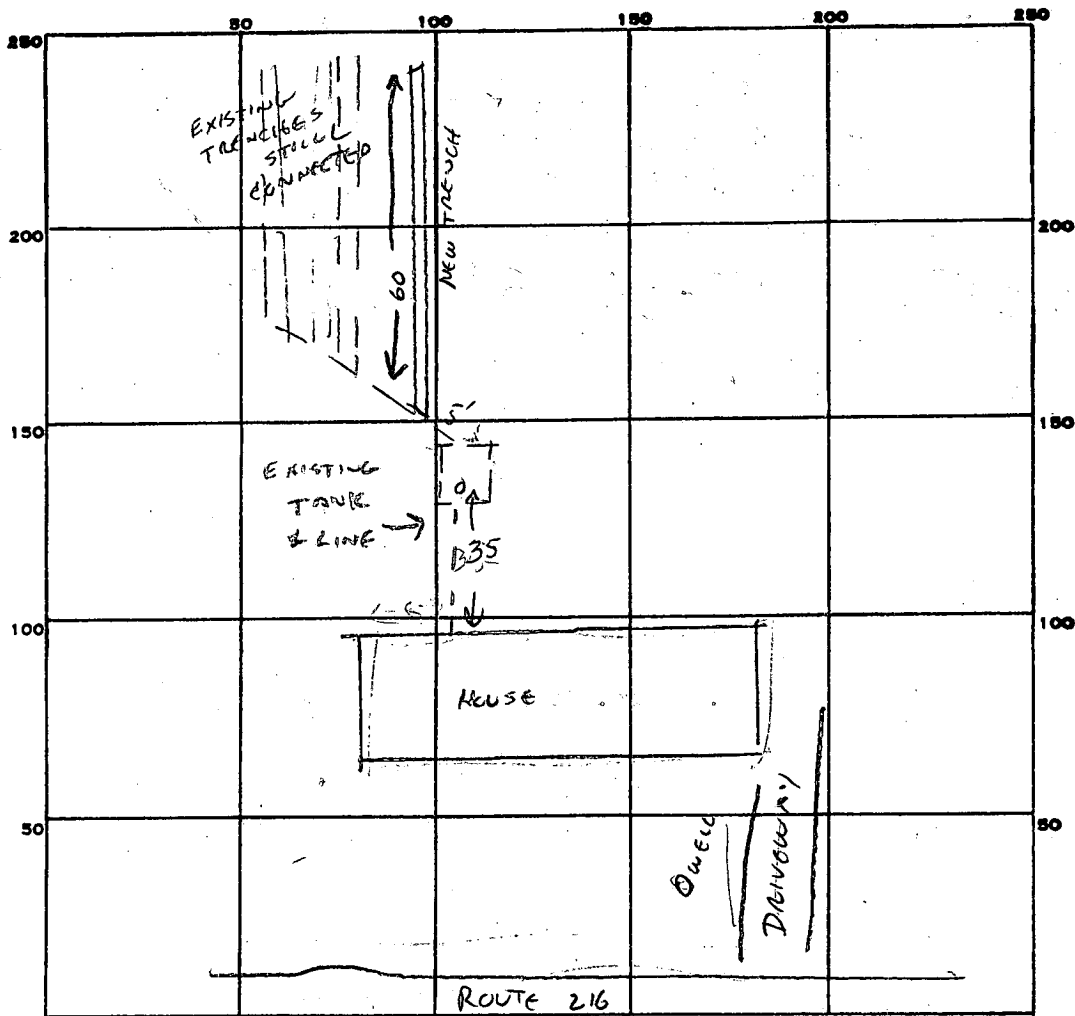
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

34874
1/28/85



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ☒

SEPTIC TANK, LEVEL EXISTING

CLEANOUTS EXISTING

DISTRIBUTION BOX, LEVEL —

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 FT IN. TOTAL LENGTH 60 FT.

NUMBER OF TRENCHES 1 + EXISTING ONE SIDEWALL TOTAL BOTTOM AREA 360

SEEPAGE PITS, INSIDE DIAMETER — FT. DEPTH BELOW INLET — FT.

ABSORBENT AREA 360 T SQ. FT. EXISTING STILL HOOKED UP.

REMARKS —

1-28-85 (FYDER) CONTR ACTOR NOTICED WATER RUNNING INTO SEPTIC TANK. WILL NOTIFY

HOMES OWNER TO CHECK FOR PLUMBING PROBLEM. CWI

DATE SYSTEM APPROVED 1-28-85 INSPECTOR Cullinan

134874

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2456 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B00120003

Building Address <u>12666 SCAGGSVILLE ROAD,</u> <u>HIGHLAND 20777</u>	Property Owner's Name <u>THEODORE H. EVERS</u>
Suite/Apt. # _____ SDP/WP/Petition #: _____	Address <u>12666 SCAGGSVILLE ROAD</u>
Census Tract <u>605102</u> Subdivision _____	City <u>HIGHLAND</u> State <u>MD</u> Zip Code <u>20777</u>
Section _____ Area _____ Lot _____	Home Phone <u>(301)854-3960</u> Work Phone _____
Tax Map _____ Parcel _____ Grid _____	Applicant's Name & Mailing Address, (if other than stated hereon): <u>(SAME)</u>
Zoning _____ Map Coordinates <u>14C13</u> Lot size _____	Phone _____ Fax _____
Existing Use <u>SINGLE FAMILY HOUSE</u>	Contractor Company <u>OWNER</u>
Proposed Use <u>SINGLE FAMILY HOUSE</u>	Contact Person _____
Estimated Construction Cost <u>\$ 12,000</u>	Address _____
Description of Work <u>RECONSTRUCT EXISTING PATIO</u> <u>AND ENCLOSE 19'S X 20' FAMILY</u> <u>ROOM</u>	City _____ State _____ Zip Code _____
Occupant or Tenant <u>OWNER</u>	License No. _____
Contact Name _____	Phone _____ Fax _____
Address _____	Engineer or Architect Company _____
City _____ State _____ Zip Code _____	Contact Person _____
Phone _____ Fax _____	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

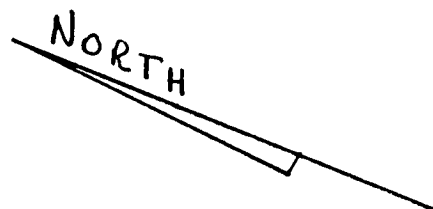
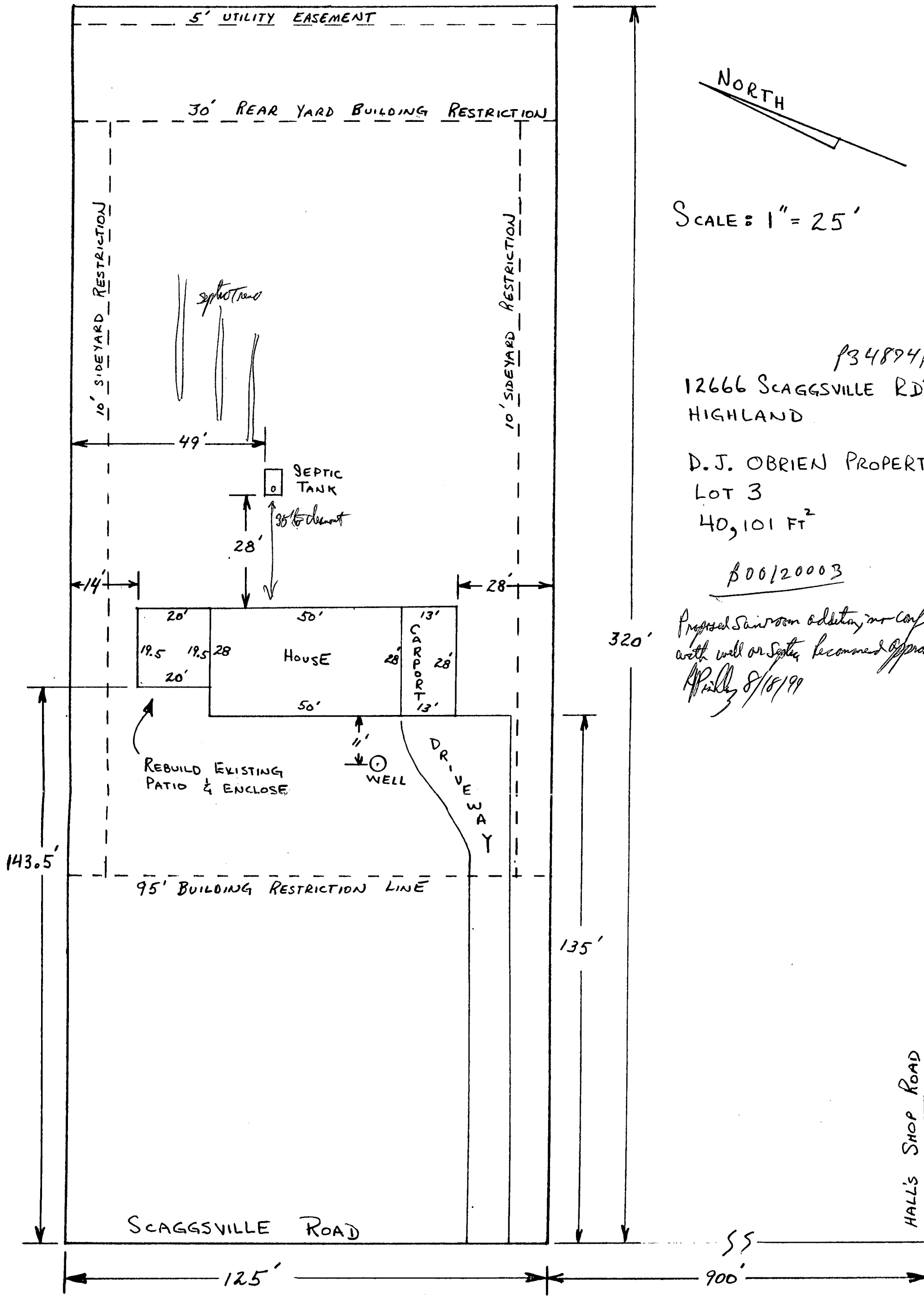
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling ☒ SF Townhouse ☐	Water Supply: _____ Public _____ Private ☒
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: <u>48'</u> <u>50'</u>	Sewage Disposal: _____ Public _____ Private ☒
Gross area, sq. ft. per floor: _____	Electric Yes ☐ No ☐	2nd floor: _____	Electric Yes ☒ No ☐
Use group: _____	Gas Yes ☐ No ☐	Basement: <u>28'</u> <u>50'</u>	Gas Yes ☐ No ☒
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐	Finished Basement ☒ Unfinished Basement ☐	Heating System: _____ Electric ☐ Oil ☒ Natural Gas ☐ Propane Gas ☐
State Certified Modular _____	Sprinkler system: N/A ☐ Full _____ Partial _____ Other Suppression _____ # of Heads _____	Crawl space ☐ Slab on Grade ☐	Sprinkler system: N/A ☒ NFA #13D _____ NFA #13R _____ Other: _____
		No. of Bedrooms <u>3</u>	
		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 _____	

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 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.

<u>Theodore H. Evers</u> Applicant's Signature <u>OWNER</u> Title/Company	<u>THEODORE H. EVERS</u> Print Name <u>8/18/99</u> Date
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Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

<u>AGENCY</u>	<u>DATE</u>	<u>SIGNATURE APPROVAL</u>	<u>DPZ SETBACK INFORMATION</u>	<u>PROPERTY ID#:</u> <u>42728</u>
☒ Land Development, DPZ	<u>8/18/99</u>	<u>[Signature]</u>	Front: _____	Filing fee \$ <u>25</u>
☒ State Highways			Rear: _____	Permit fee \$ <u>25</u>
☒ Building Official			Side: _____	Excise tax \$ <u>3.14</u>
☒ Dev. Engineering, DPZ			Side St.: _____	Sub-total paid \$ _____
☒ Health	<u>8/18/99</u>	<u>[Signature]</u>	All minimum setbacks met? YES ☐ NO ☐	Add'l permit fee \$ <u>76.07</u>
☒ Fire Protection			Is Entrance Permit required? YES ☐ NO ☐	TOTAL FEES \$ <u>76.07</u>
Is Sediment Control approval required prior to issuance? YES ☐ NO ☐			Historic District? YES ☐ NO ☐	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: ☐			Lot Coverage for New Town Zone _____	Check # <u>1173</u>
ONE STOP SHOP: ☐			SDP/Red-line approval date _____	Validation # <u>24206</u>
			Accepted by <u>[Signature]</u>	



SCALE: 1" = 25'

P34874 Repair
12666 SCAGGSVILLE RD
HIGHLAND

D.J. OBRIEN PROPERTY
LOT 3
40,101 FT²

000/20003

Proposed Sunroom addition, no conflict
with well or septic, becomes approved
APR 8/18/99