

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT

05-361761

INDEXED

DATE

IS PERMITTED TO INSTALL

ADDRESS

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION

PROPERTY OWNER

ADDRESS

SPECIFICATIONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEWAGE INLET ADJACENT SIDEWALL AREA SQ. FT.

SEPTIC TANK CAPACITY GALLONS

FOR GARAGE GRINDER, DISCREET DISPOSAL AREA SEE TANK CAPACITY

OTHER

PLANS APPROVED BY DATE

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

0502. PERMIT

AND RETURNED

0502. PERMIT

AND RETURNED

0502. PERMIT

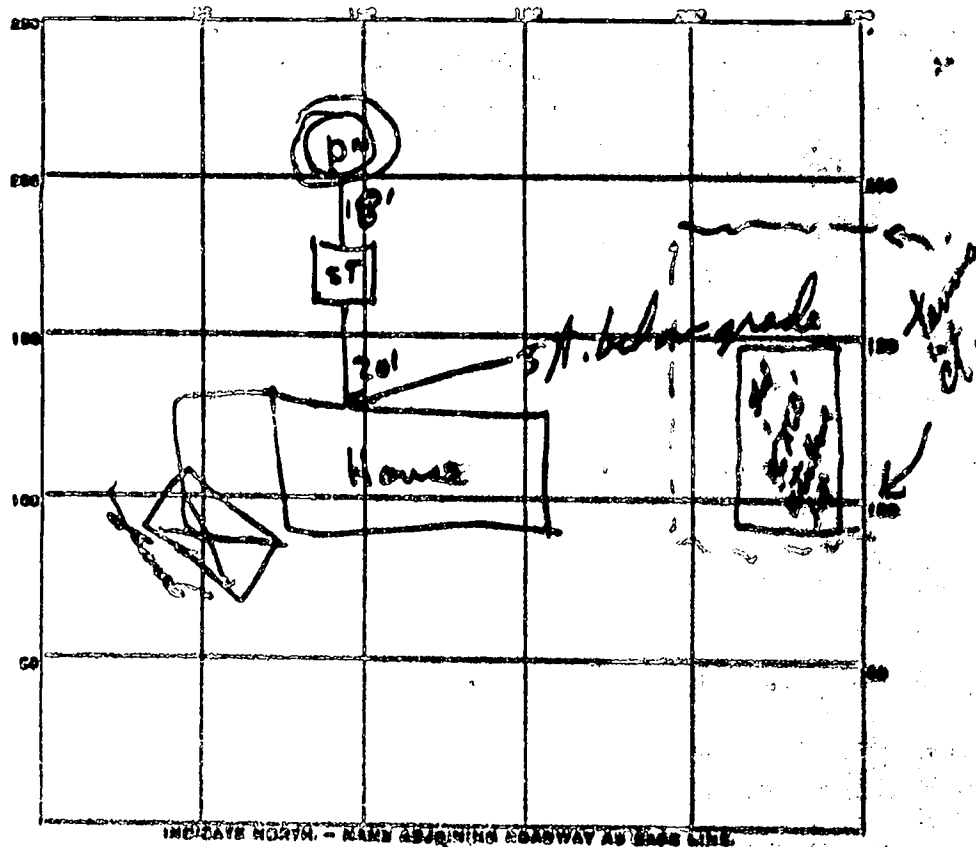
AND RETURNED

11/15/78

11/15/78

11/15/78

512861-C



PERMIT CARD

OK

Tria, R.T.

SEPTIC TANK, LEVEL

OK

CLEANOUTS

OK

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH

PT.

TRENCH WIDTH

PT.

GRAVEL DEPTH

IN.

TOTAL LENGTH

PT.

NUMBER OF TRENCHES

TOTAL BOTTOM AREA

GEOPAGE PITS, INSIDE DIAMETER

12 FT.

DEPTH BELOW INLET

8 FT.

ABSORBENT AREA

301 SQ. FT.

REMARKS

DN to DN & 14 by 8 ft. = 350 sq. ft.

DATE SYSTEM APPROVED

9/19/65

INSPECTOR

R.F. Bitter

10059

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 <u>B00118588</u>
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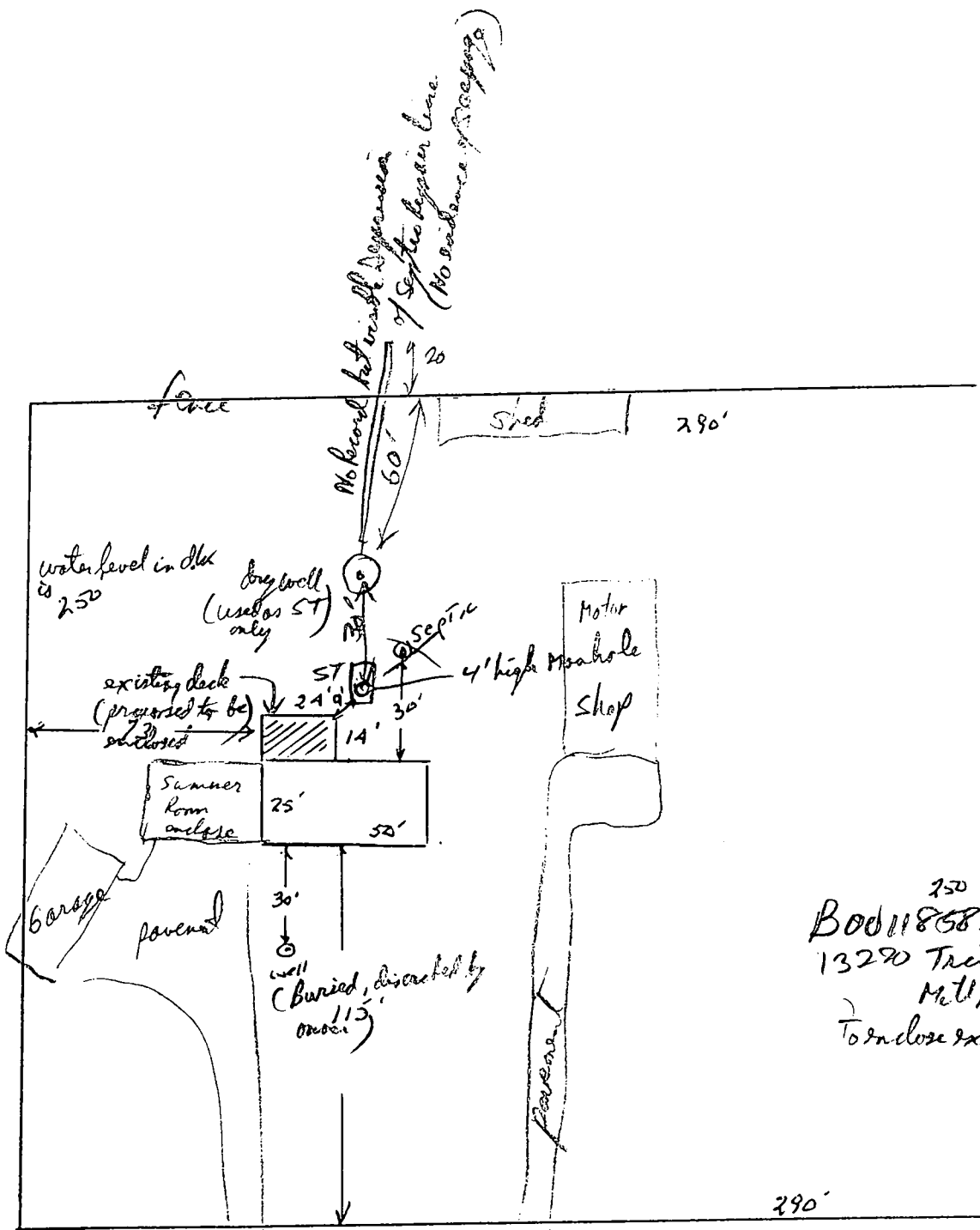
Building Address <u>13270 Philadelphia Mill Rd</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>106510</u> Subdivision _____ Section _____ Area _____ Lot _____ Tax Map <u>34</u> Parcel <u>236</u> Grid <u>3</u> Zoning <u>RDU</u> Map Coordinates <u>13K6</u> Lot size _____ Existing Use <u>EXIST</u> Proposed Use <u>Expand existing room</u> Estimated Construction Cost \$ <u>10,000</u> Description of Work <u>Expand existing room porch 24x14</u> Occupant or Tenant <u>SHANNON OLSON</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Property Owner's Name <u>Nichols, Janet</u> Address <u>13270 Philadelphia Mill Rd</u> City <u>Clarksville</u> State <u>MD</u> Zip Code <u>21031</u> Home Phone <u>531-2993</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____ Contractor Company <u>Pat's Enclosure Inc.</u> Contact Person <u>Pat</u> Address <u>224 Etn Ave NW</u> City <u>Glenn Dale</u> State <u>MD</u> Zip Code <u>21061</u> License No. <u>12744</u> Phone <u>760-1910</u> Fax _____ Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
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 Characteristics SF Dwelling ☒ SF Townhouse ☐ Depth <u>24</u> Width <u>14</u> 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 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.

Applicant's Signature <u>Shannon Olson</u> Title/Company _____	Print Name <u>Pat's Enclosure Inc.</u> Date <u>6/15/99</u>
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Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY ** PLEASE WRITE NEATLY AND LEGIBLY ** FOR OFFICE USE ONLY	
AGENCY _____ DATE <u>6/15/99</u> SIGNATURE APPROVAL <u>Shannon Olson</u> ☒ Land Development, DPZ ☐ State Highways ☒ Building Official ☒ Dev. Engineering, DPZ ☒ Health ☐ 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 _____ Accepted by <u>Pat</u>
PROPERTY ID# <u>41596</u> Filing fee \$ <u>25.00</u> Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check <u>#1587</u> Validation <u>#22532</u>	



2081
 4/2/89
 SCALE 1" = 50'