

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

307000820

Norris

Building Address 6531 Haviland Mill Rd  
Clarksville 21029  
Suite/Apt. #: \_\_\_\_\_ SDPWP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision CASA Verde  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 3  
Tax Map 34 Parcel 56 Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates 13 H-10 lot size \_\_\_\_\_

Property Owner's Name Matt + Elizabeth Rebec  
Address 6531 Haviland Mill Rd  
City Clarksville State Md Zip Code 21029  
Home Phone 410-772-9114 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
Proposed Use SFD + Pool  
Estimated Construction Cost \$ 25,000  
Description of Work Inground concrete  
pool 26' x 44' in rear yard w/ 48"  
high fence to code.

Contractor Company Maryland Pools  
Contact Person Joanne Lathan  
Address 9515 Gerwig Lane  
City Columbia State Md Zip Code 21046  
License No. 6694  
Phone 410-995-6600 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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: <u>3-8'</u> Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ 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 Height: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> NFA #13D <input type="checkbox"/> NFA #13R <input type="checkbox"/> 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.

J. Lathan  
Applicant's Signature  
Title/Company agent

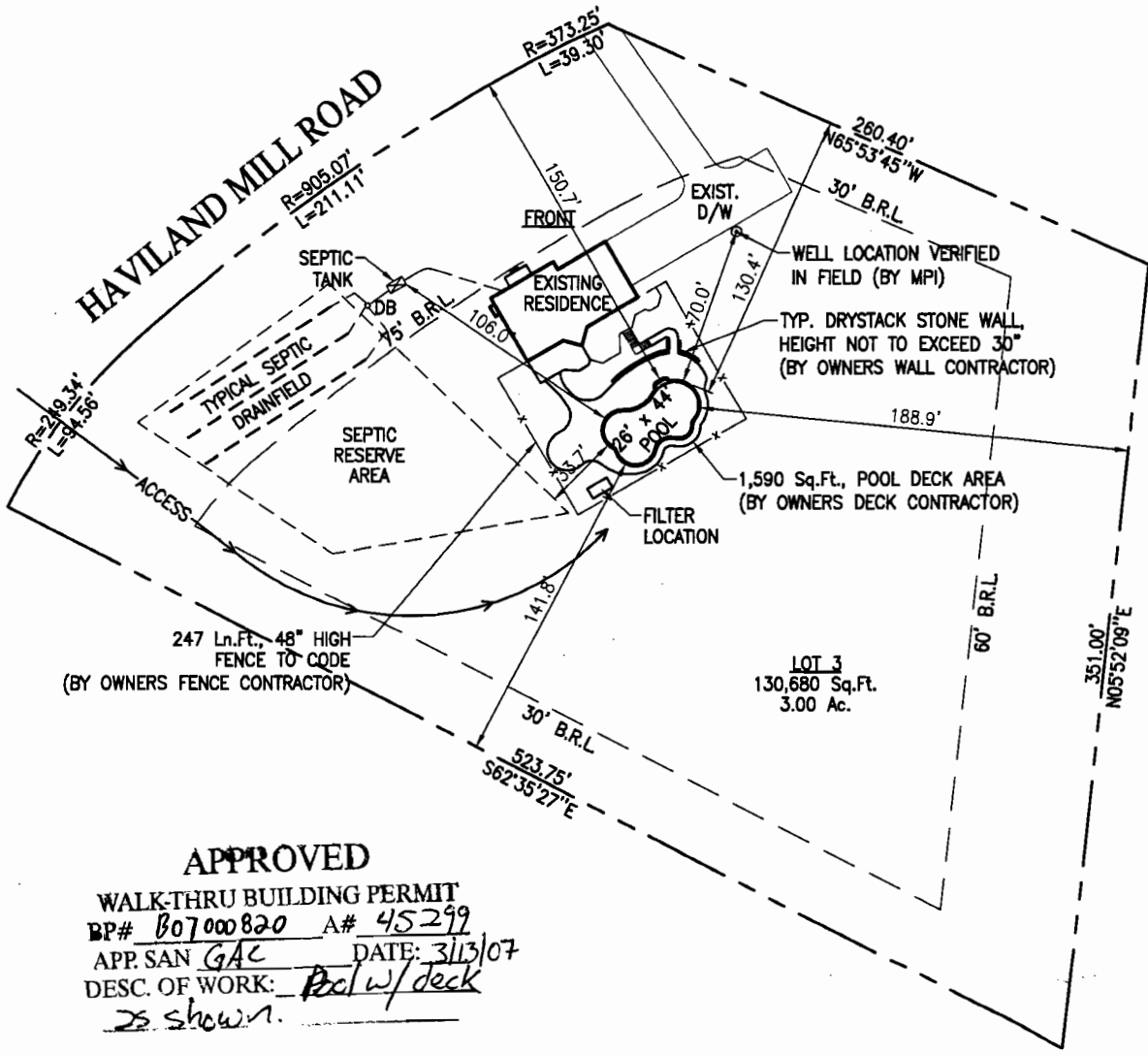
J. Lathan  
Print Name  
Date \_\_\_\_\_

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>3/13/07</u>	<u>John A. Jh</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		
Distribution of Copies: White: Building Official Green: LDD, DPZ		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____
	Accepted by _____

SETBACKS:	
REAR PL.	10'
SIDE PL.	10'
HOUSE	0'
SEPTIC	20'
WELL	10'



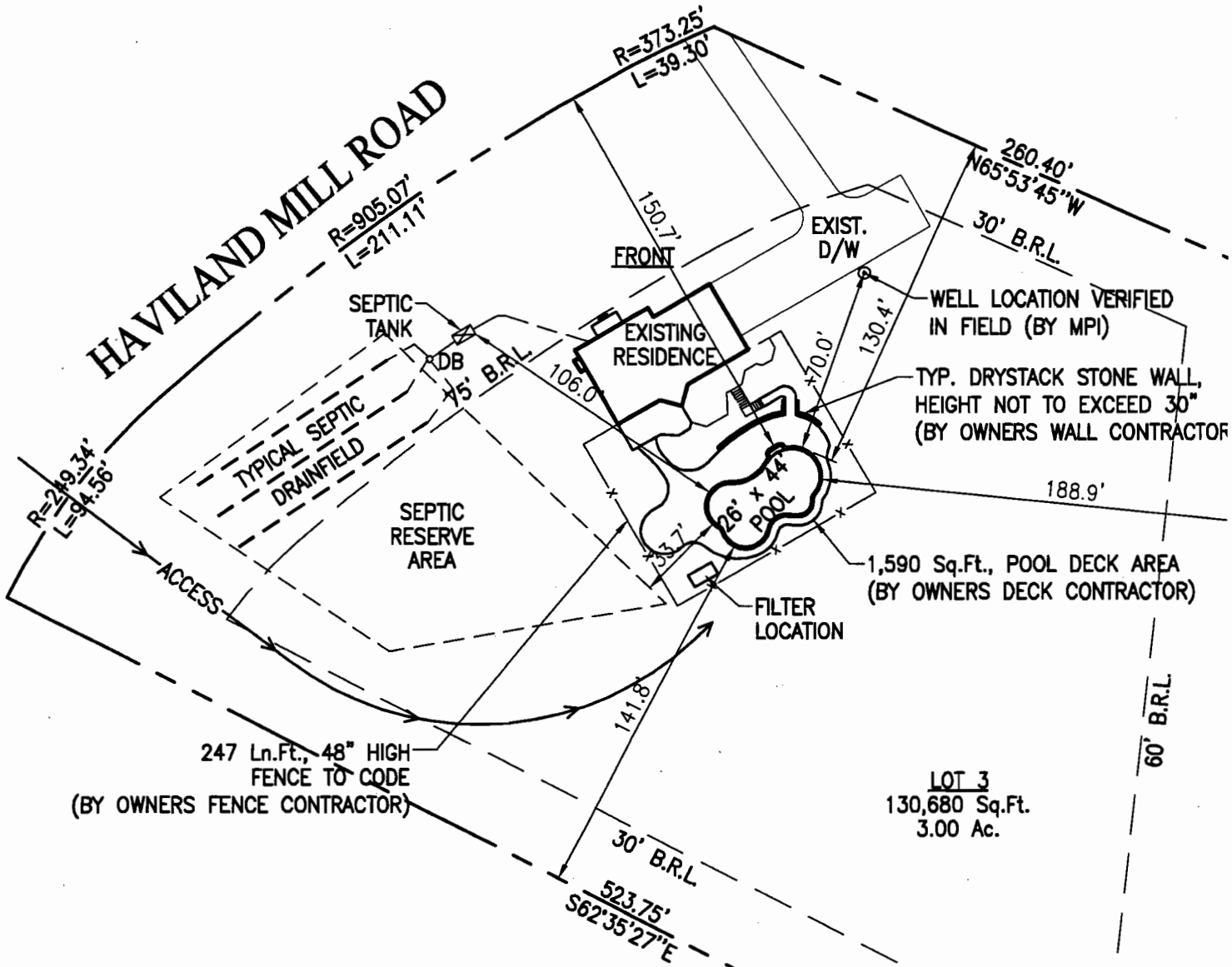
**SITE PLAN**  
 1"=60'  
 LOT 3  
**CASA VER**  
 TAX ACCOUNT #  
 MAP 34, GRID 19, PA  
 ELECTION DISTRIC  
 HOWARD COUNTY, M.

**APPROVED**  
 WALK-THRU BUILDING PERMIT  
 BP# 007000820 A# 45299  
 APP. SAN GAC DATE: 3/13/07  
 DESC. OF WORK: Pool w/ deck  
as shown.

REVISION:  
 3/12/07  
 PERMIT NUM  
 POOL:  
 ELECT:  
 OTHER:

**SETBACKS:**

REAR PL.	10'
SIDE PL.	10'
HOUSE	0'
SEPTIC	20'
WELL	10'



**APPROVED**

**WALK-THRU BUILDING PERMIT**  
 BP# B07000820      A# 45299  
 APP. SAN GAC      DATE: 3/13/07  
 DESC. OF WORK: Pool w/ deck  
as shown.

11-20-95  
2:00 C.O.  
11/21/95 10:00  
13

Tax ID - 05-414393

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50980 P

A 45299

DISTRICT 5th

DATE 11-16-95

DATE SYSTEM APPROVED 11/21/95

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933 313-2640

# INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL X ALTER       

ADDRESS 13775 Triadelphia Road, Glenelg, MD 21737 PHONE 988-9270

SUBDIVISION Casa Verde LOT 3 ROAD 6581 Haviland Mill Road

PROPERTY OWNER G. Matthew Norris & Elizabeth R. Gough  
ADDRESS 6581 Haviland Mill Road  
Clarksville, Maryland 21029

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

### BUILDING PERMIT SIGN AND RETURNED

*3/15/07 B07000820-1 ground pool 26x44*

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 the distribution box 55 feet from the front lot line and 150 feet from the right side of the lot as seen when facing the lot from Haviland Mill Road (south lot line). Run the trenches toward the right lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK 7/21/95 DKS*

PLANS APPROVED BY Amy McMillen REVISED DATE 7/18/95

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

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**

HD-260(6-90)  
VT/

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

*A 45299*