



**Building Permit Application**  
Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
www.howardcountymd.gov

Date Received: 4/25/14  
Permit No.: B/4001323

Building Address: 12440 FREDERICK RD  
City: WEX FRIEDSHIP State: MD Zip Code: 21794  
Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
Tax Map: 15 Parcel: \_\_\_\_\_ Grid: 12  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 1 A

Existing Use: Residential  
Proposed Use: Residential  
Estimated Construction Cost: \$ 100,000  
Description of Work: ADD'D 29'-1" x 44'-2"

Occupant or Tenant: \_\_\_\_\_  
Was tenant space previously occupied?  Yes  No  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Property Owner's Name: Mohammad Muftic  
Address: 12440 FREDERICK RD  
City: W. FRIEDSHIP State: MD Zip Code: 21794  
Phone: 443-604-3127 Fax: \_\_\_\_\_  
Email: brmuftic@gmail.com

Applicant's Name & Mailing Address, (if other than stated herein)  
Applicant's Name: M. Muftic  
Address: SAME  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Contractor Company: OWNER  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
License No.: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Engineer/Architect Company: MUFTIC & ASSOCIATES  
Responsible Design Prof.: Mohammad Muftic  
Address: 12440 Frederick Rd  
City: W. Friedship State: MD Zip Code: 21794  
Phone: 443-604-3127 Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	<b>Depth</b> <b>Width</b>	
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:	
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
<input type="checkbox"/> Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<u>Water Supply</u> ✓	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u> ✓	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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 WILL GRANT 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: Mohammad Muftic  
Email Address: brmuftic@gmail.com Date: 4/26/14

Title/Company: \_\_\_\_\_

**RECEIVED**  
APR 25 2014

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>12-15-14</u>	<u>[Signature]</u>

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	\$ <u>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$ <u>5300</u>
Check	# <u>5300</u>





DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3600		<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>		<b>PERMIT NUMBER</b> <b>B10000548</b>	
Building Address <u>12440 FREDERICK RD</u> <u>W. FRIENDSHIP, MD</u>			Property Owner's Name <u>MOHAMMED I. MUFTI</u> Address <u>12440 FREDERICK RD</u> City <u>W. FRIENDSHIP</u> State <u>MD</u> Zip Code <u>21794</u> Home Phone <u>410-489-5951</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated herein): _____		
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot Size <u>1 AC</u>			Phone _____ Fax _____		
Existing Use <u>RESIDENTIAL</u> Proposed Use <u>RESIDENTIAL</u> Estimated Construction Cost \$ <u>10,000-00</u>			Contractor Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____		
Description of Work <u>EXPANSION OF EXISTING</u> <u>KITCHEN 14' X 15'</u>			Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		
Occupant or Tenant <u>MOHAMMED I. MUFTI</u> Contact Name <u>MOHAMMED I. MUFTI</u> Address <u>12440 FREDERICK RD</u> City <u>W. FRIENDSHIP</u> State <u>MD</u> Zip Code <u>21794</u> Phone <u>410-489-5951</u> Fax _____			City _____ State _____ Zip Code _____ Phone _____ Fax _____		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b> Height: _____ No. of stories: <u>1</u> Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>Width</u> 1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #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.

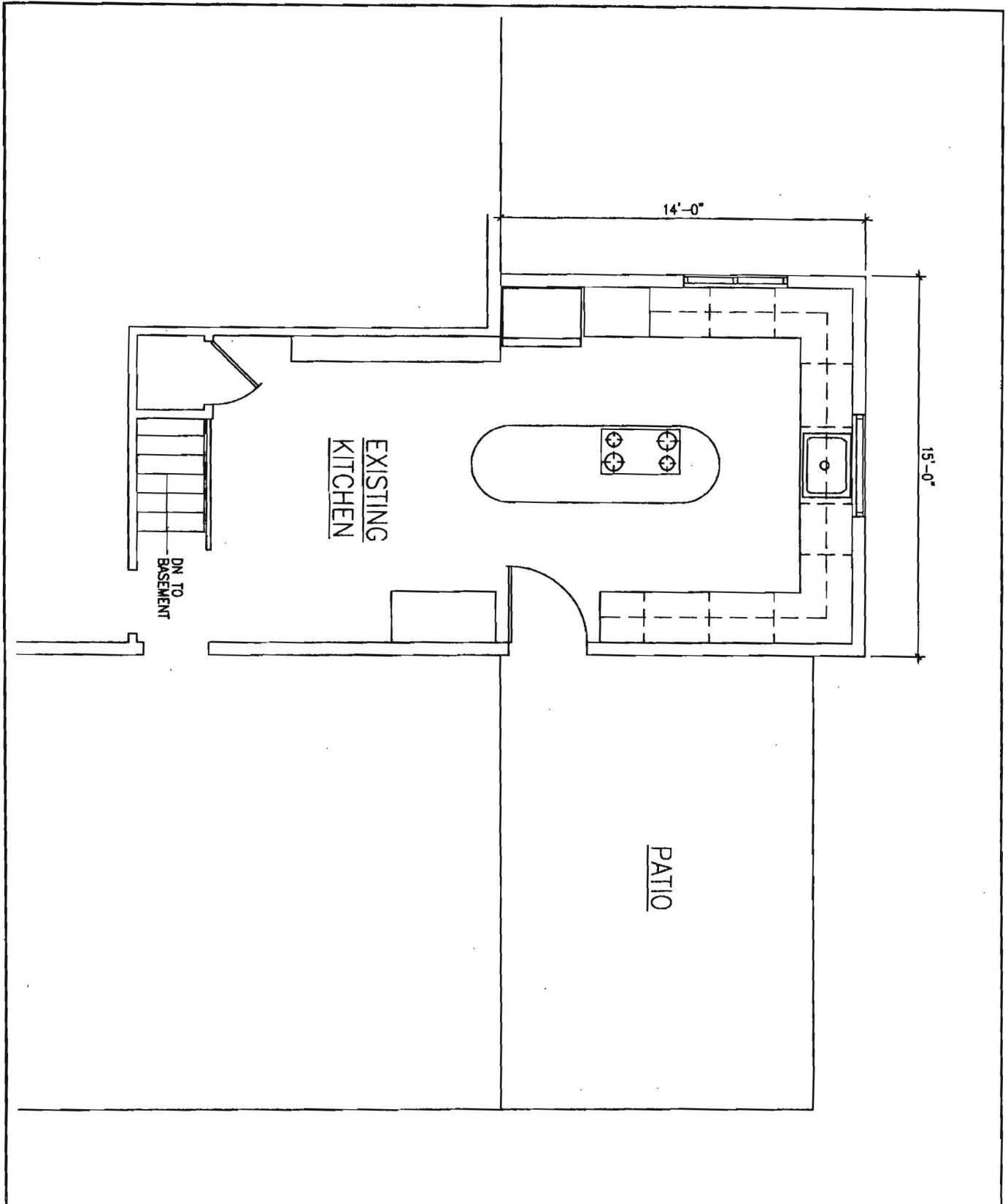
Applicant's Signature Mufti Print Name MOHAMMED I. MUFTI  
 Title/Company \_\_\_\_\_ Date 3/5/2010

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY AND LEGIBLY\*\*

AGENCY	DATE	SIGNATURE APPROVAL	FOR OFFICE USE ONLY	PROPERTY ID #
Land Development, DPZ			DPZ SETBACK INFORMATION	
State Highways			Front: _____	Filing fee \$ _____
Building Officials			Rear: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side: _____	Excise tax \$ _____
Health	<u>3/5/2010</u>	<u>Brian Baker</u>	Side St: _____	Add'l per fee \$ _____
Fire Protection			All minimum setbacks met?	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
			Is Entrance Permit Required?	Balance due \$ _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
			Historic District?	Validation # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone	
			SDP/Red-line approval date	Accepted by _____

Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA  
 T:\Operations\Updated forms





12440 FREDERICK ROAD, WEST FRIENDSHIP MD

SCALE: 1"=50'

TITLE:

PROPOSED KITCHEN ADDITION

DATE: 02/03/10

SHEET NO: A-1

Building Address 1240 Fenwick Road  
West Friendship Md 21794

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map 15 Parcel 148 Grid 12

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot Size \_\_\_\_\_

Property Owner's Name Howard County  
 Address 1240 Fenwick Rd  
 City West Friendship State Md Zip Code 21794  
 Home Phone (202) 674-4692 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Sub. Part  
 Proposed Use 900 sq. ft. above ground LP tank  
 Estimated Construction Cost \$ 2000

Description of Work Install (1) 900 gal. above ground LP tank  
LP tank

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company Area Energy  
 Contact Person Rick Jones  
 Address 80303 Lakeside Blvd  
 City Farmersville State Md Zip Code 21724  
 License No. 79709  
 Phone (202) 674-4692 Fax (202) 674-4692

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

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

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: _____ Basement: _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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Applicant's Signature \_\_\_\_\_  
 Title/Company \_\_\_\_\_

Print Name Richard Jarcy  
 Date 10/27/09

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 #
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ <u>110.00</u>
<input type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Officials			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____
<input checked="" type="checkbox"/> Health	<u>11-4-09</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
<input type="checkbox"/> Fire Protection			Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
			Accepted by _____	

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B08001390

Building Address 12440 FREDERICK RD  
WEST FRIENDSHIP MD 21794  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 603000 Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area 1 ACRB Lot \_\_\_\_\_  
Tax Map 15 Parcel 148 Grid 12  
Zoning RR-DEB Map Coordinates \_\_\_\_\_ Lot size 1 ACRB

Property Owner's Name MOHAMMED MUFTI  
Address 12440 FREDERICK ROAD  
City WEST FRIENDSHIP State MD Zip Code 21794  
Phone 443-604-3127 Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use RESIDENCE  
Proposed Use RESIDENCE  
Estimated Construction Cost \$ 2000.00  
Description of Work CARPORT CONVERTED TO GARAGE

Contractor Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant MOHAMMED MUFTI  
Contact Name MOHAMMED MUFTI  
Address 12440 FREDERICK ROAD  
City WEST FRIENDSHIP State MD Zip Code 21794  
Phone 443-604-3127 Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

**Building Characteristics**  
Height: 14'  
No. of stories: 1  
Gross area, sq. ft. per floor: 1064  
Use group: RESIDENTIAL  
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   
1st floor: 28' 54'  
2nd floor: \_\_\_\_\_  
Basement: 28' 36'  
Finished Basement  Unfinished Basement   
Crawl space  Slab on Grade   
No. of Bedrooms 2  
Height: 14'  
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  
\_\_\_\_ 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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Mufti  
Applicant's Signature

MOHAMMED MUFTI  
Print Name

Title/Company

5/8/08  
Date

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#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>5/9/08</u>	<u>[Signature]</u>	Side St.: _____	Add'l per. fee \$ _____
Health			All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	
T:\Forms\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____

APPROVED

WALK-THRU BUILDING PERMIT

BP# *B08001390*

A# *04088*

NO WELL FOUND  
IN 300'

APP. SAN *SKD*

DATE: *5/10/08*

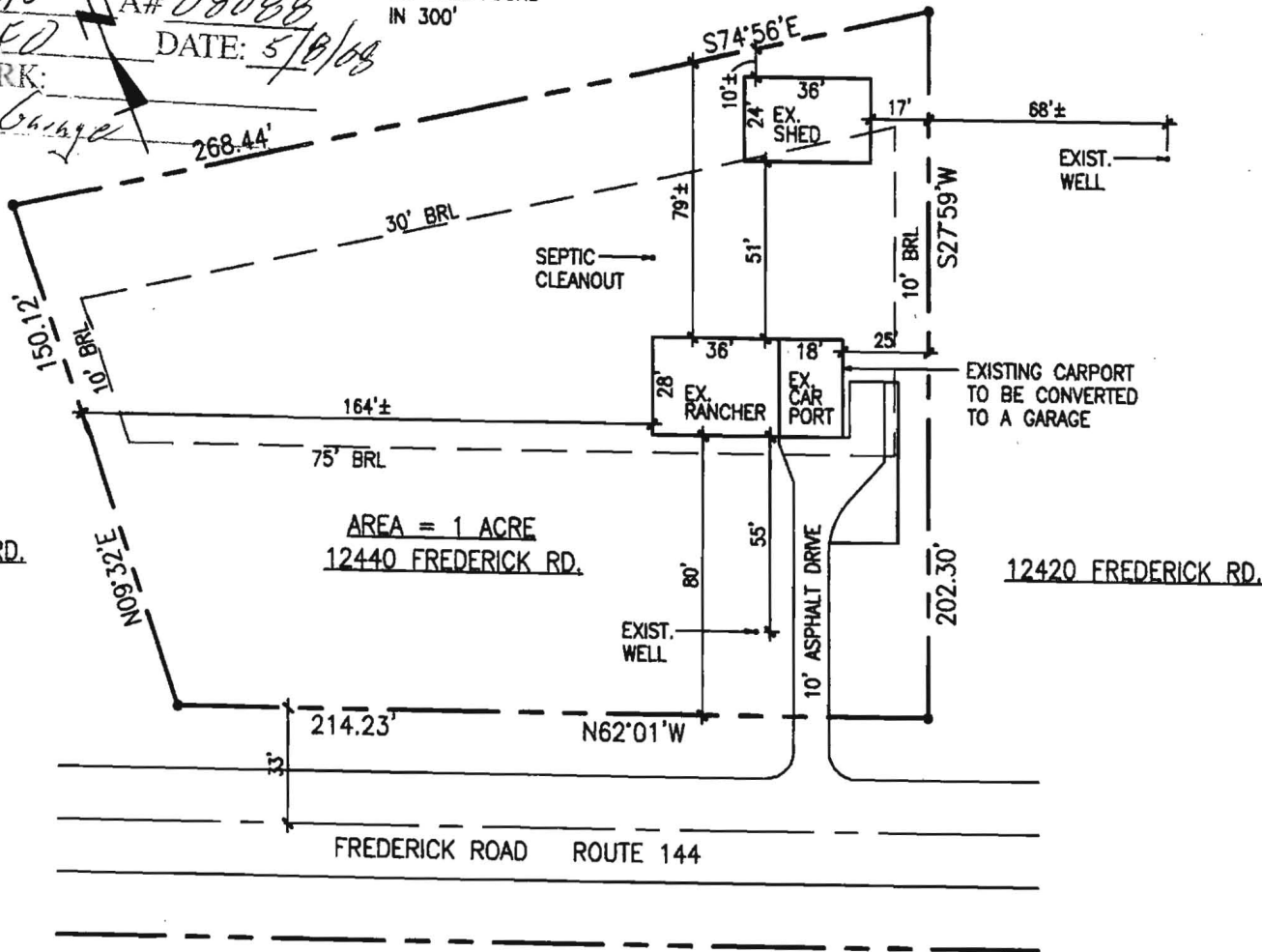
DESC. OF WORK:

*18' x 28' Garage*

FIRE STATION  
12460 FREDERICK RD.

AREA = 1 ACRE  
12440 FREDERICK RD.

12420 FREDERICK RD.



SCALE: 1"=50'

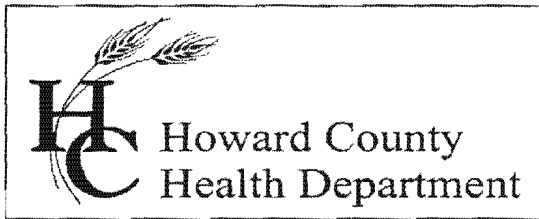
DATE: 4/12/08

SHEET NO: C-1

12440 FREDERICK ROAD, WEST FRIENDSHIP MD

SITE PLAN

TITLE:



**Bureau of Environmental Health**

8930 Stanford Blvd., Columbia, MD 21045  
Main: 410-313-1771 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

**Maura J. Rossman, M.D., Health Officer**

---

Date: May 27, 2014

To: Mohammed Mufti, Applicant  
[brmufti@gmail.com](mailto:brmufti@gmail.com)

From: Robert Bricker, REHS/R.S., L.E.H.S.  
Environmental Sanitarian II, Well and Septic Program

**RE: B14001323, Building Permit Application for construction of addition at 12440  
Frederick Road (Tax Map 15, Parcel 148)**

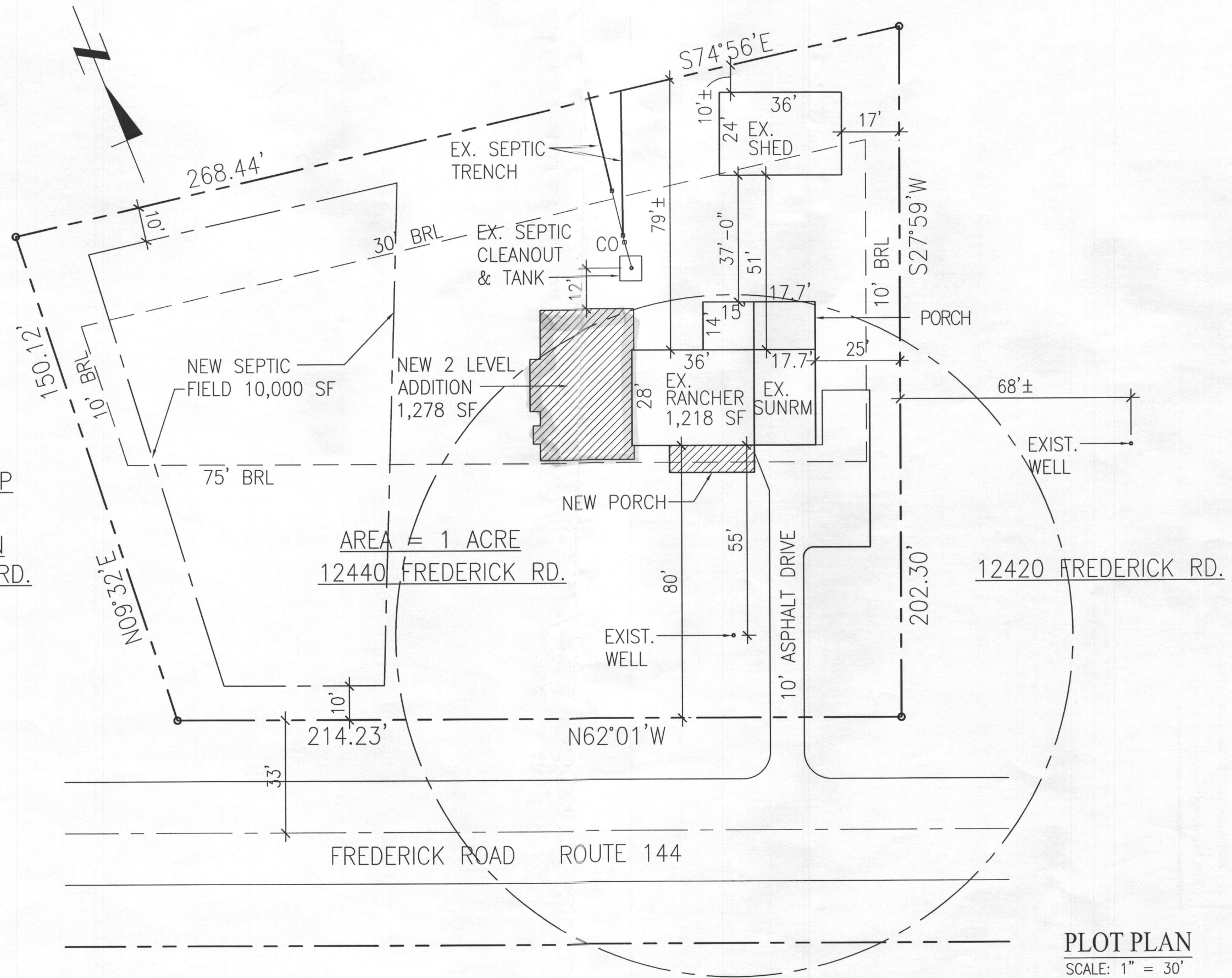
The referenced Building Permit Application is 'On Hold'. A Percolation Certification Plan is required for Health Department approval of this permit. Health Department records indicate that you have submitted a Percolation Test Application. This proposal may be considered when the Percolation Certification process is completed.

The Environmental Sanitarian, Dana Bernard, assigned to your percolation project is copied on this comment. You may 'Reply' or contact us at the Bureau of Environmental Health, Well and Septic Program (410-313-1771) to discuss any questions you may have concerning these requirements.

RB

Copy: Dana Bernard, Well and Septic Program  
file

WEST FRIENDSHIP  
VOLUNTEERS  
OLD FIRE STATION  
12460 FREDERICK RD.



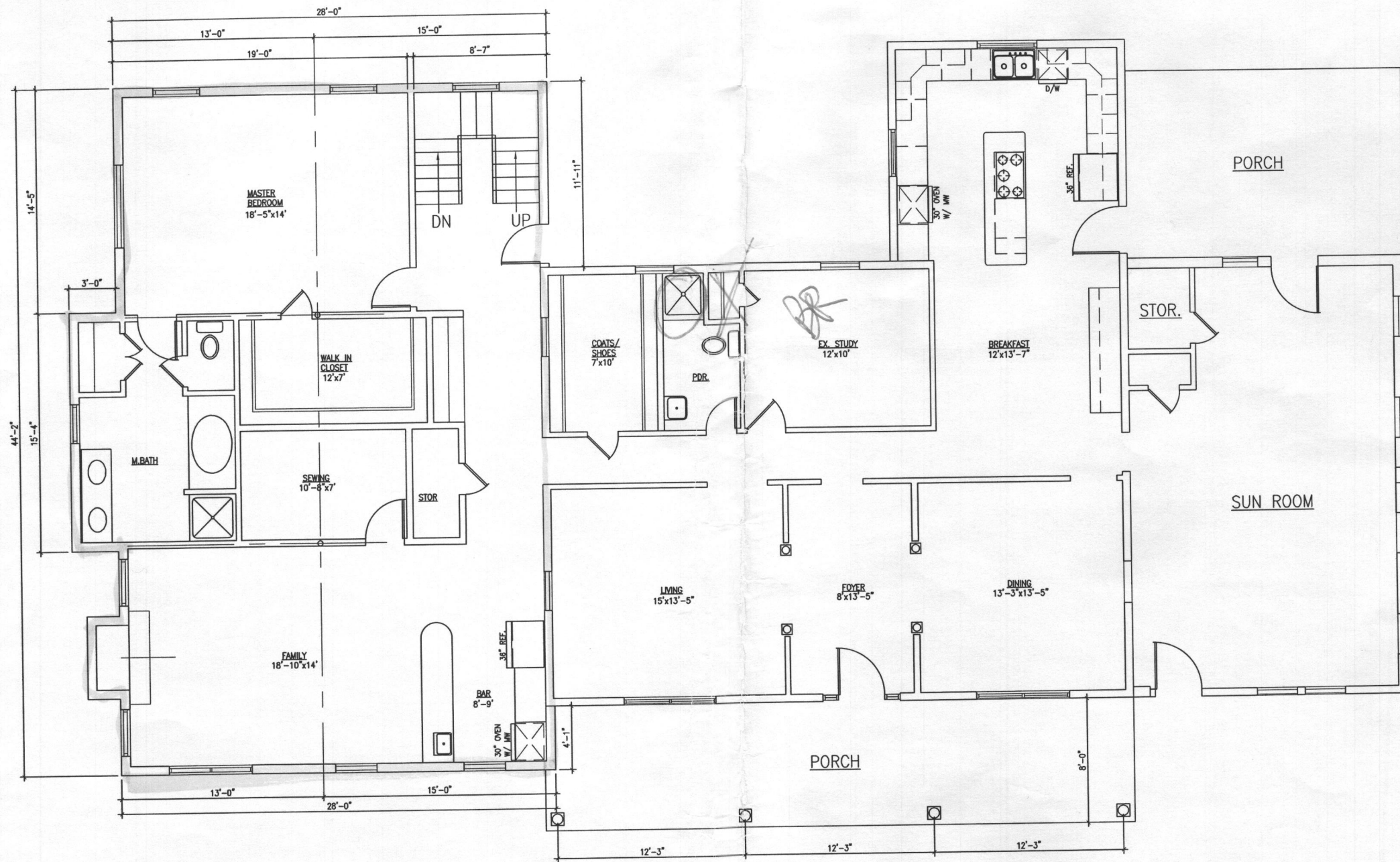
**PLOT PLAN**  
SCALE: 1" = 30'

Mufti &  
Associates, Inc.  
6413 Windsor Mill Road  
Baltimore, MD 21207  
Phone: 443-604-3127

**Proposed Addition**  
12440 Frederick Road  
West Friendship, MD 21794

**Proposed Plot Plan**  
Scale: 1" = 30'

C-1



**FIRST FLOOR PLAN**  
SCALE: 1" = 8'

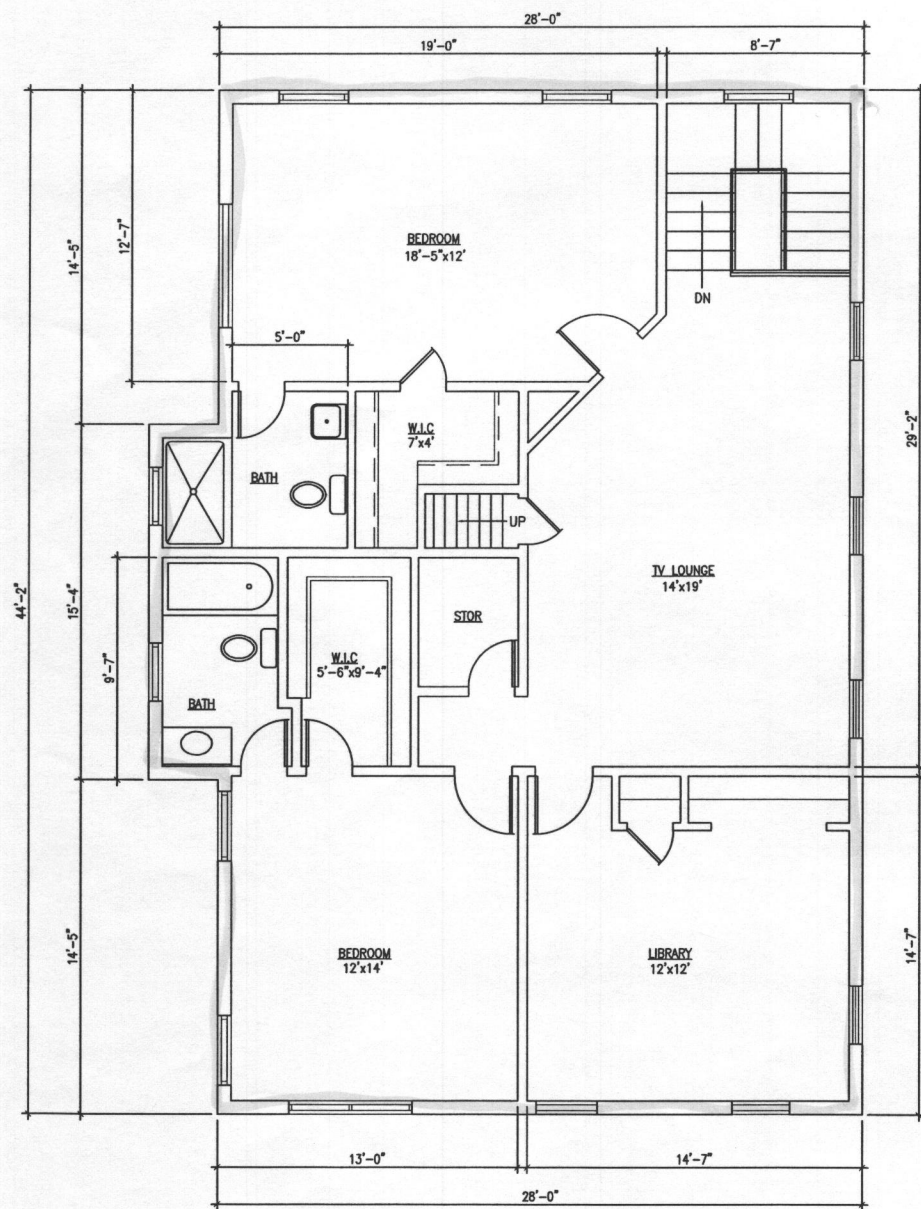
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Baltimore, MD 21207  
Phone: 443-604-3127

**Proposed Addition**  
12440 Frederick Road  
West Friendship, MD 21794

**Proposed F. Floor Plan**

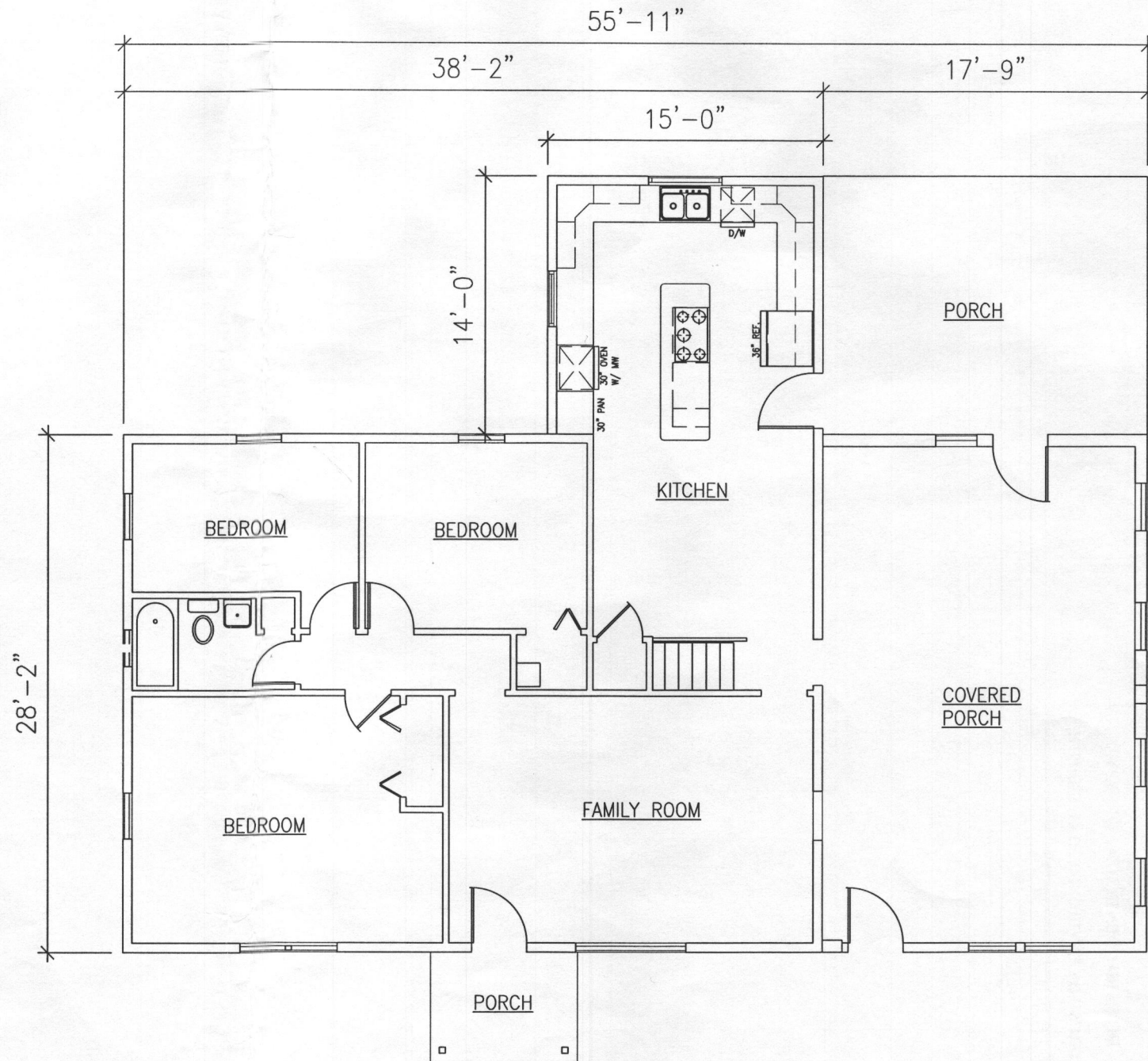
Scale: 1" = 8'

A-1



**SECOND FLOOR PLAN**

SCALE: 1" = 8'



**EXISTING HOUSE**

SCALE: 1" = 8'

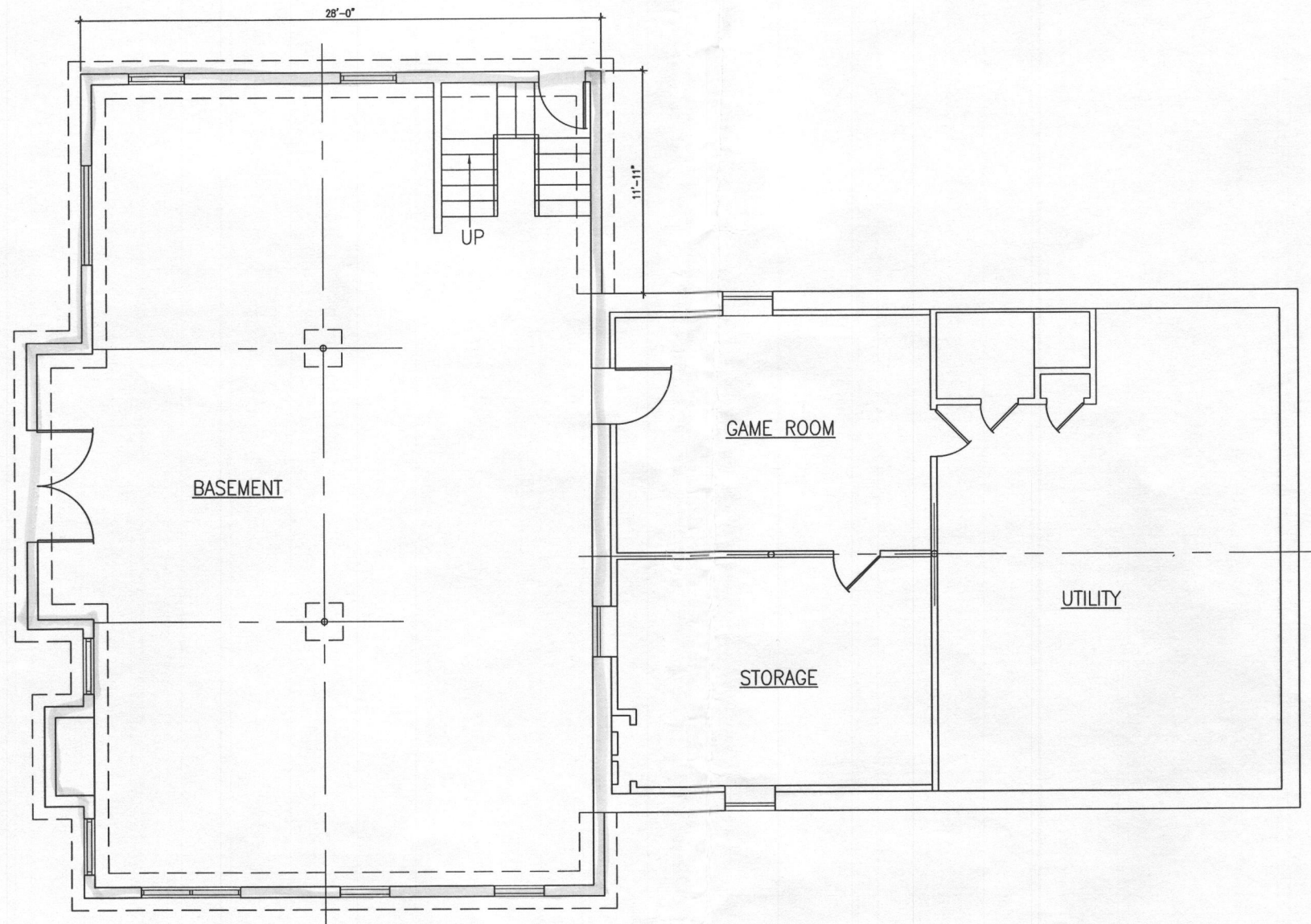
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Baltimore, MD 21207  
Phone: 443-604-3127

**Proposed Addition**  
12440 Frederick Road  
West Friendship, MD 21794

**Proposed S. Floor Plan**

Scale: 1" = 8'

A-2



**BASEMENT PLAN**

SCALE: 1" = 8'

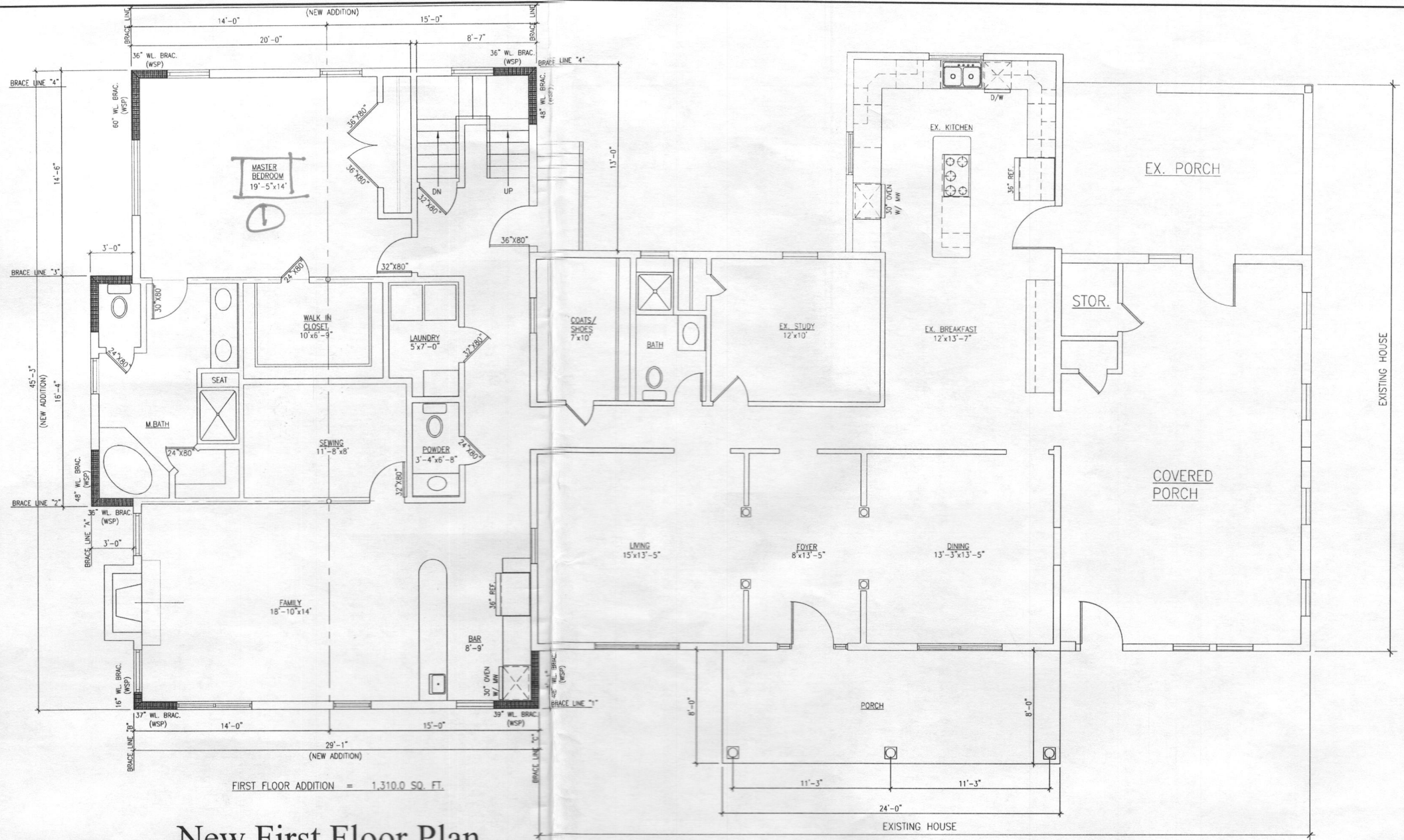
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Baltimore, MD 21207  
Phone: 443-604-3127

Proposed Addition  
12440 Frederick Road  
West Friendship, MD 21794

Proposed  
Basement Plan

Scale: 1" = 8'

A-0



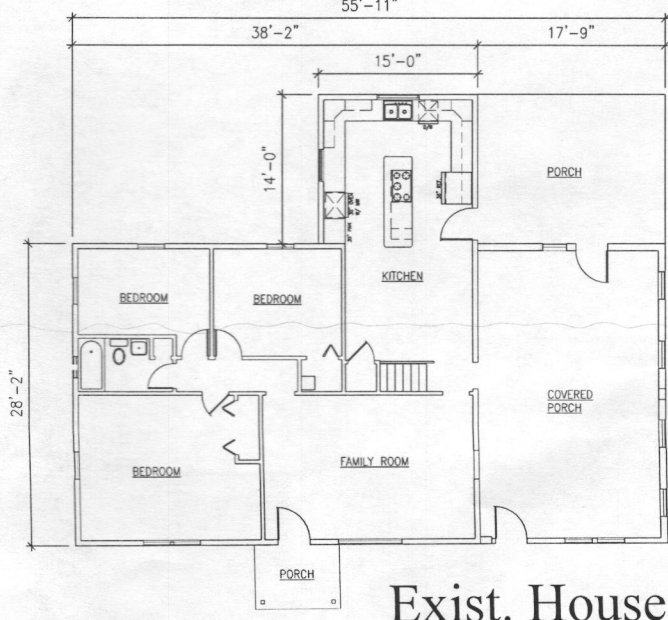
**New First Floor Plan**

SCALE: 1/4" = 1'-0"



**New Roof Plan**

SCALE: 1/8" = 1'-0"



**Exist. House**

SCALE: 1/8" = 1'-0"

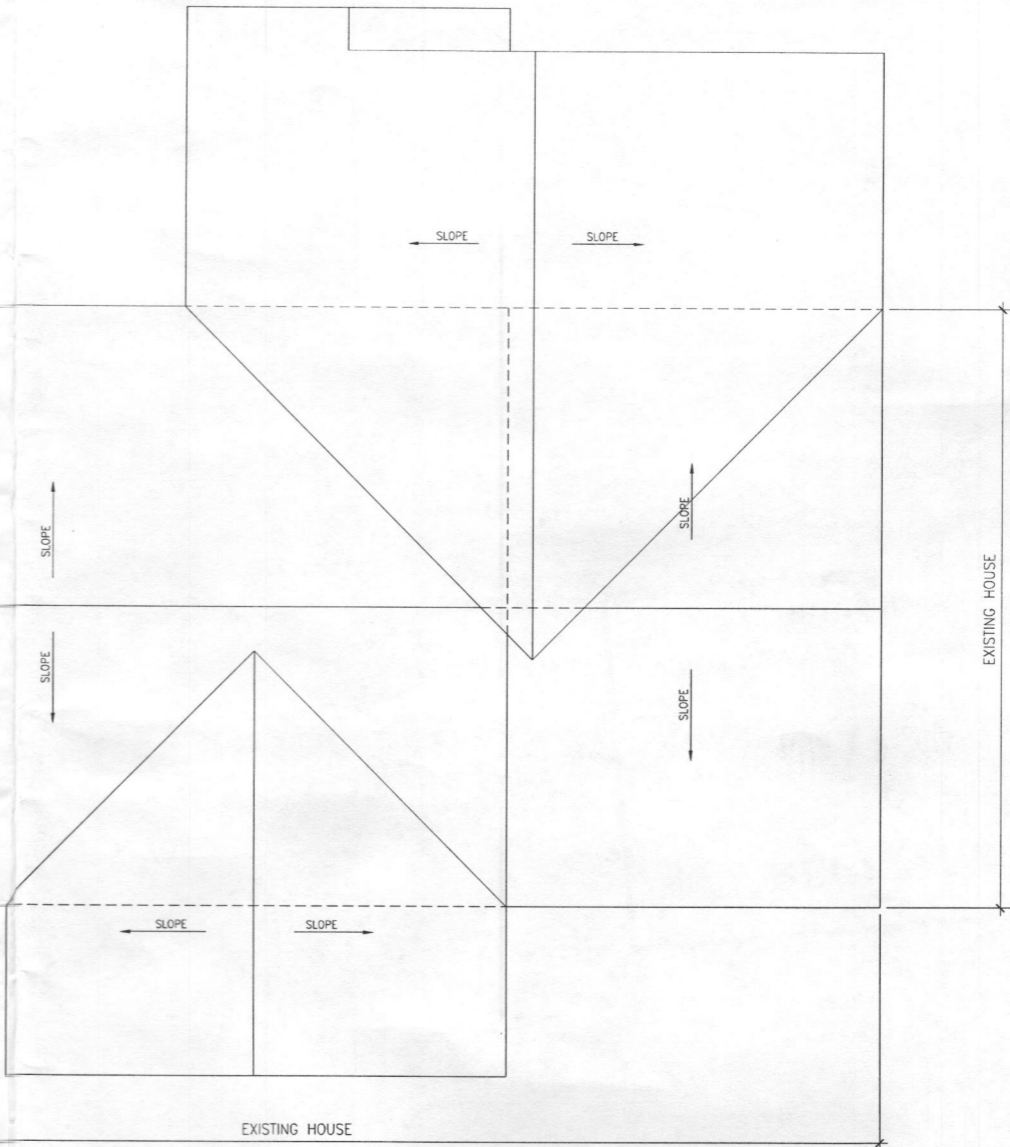
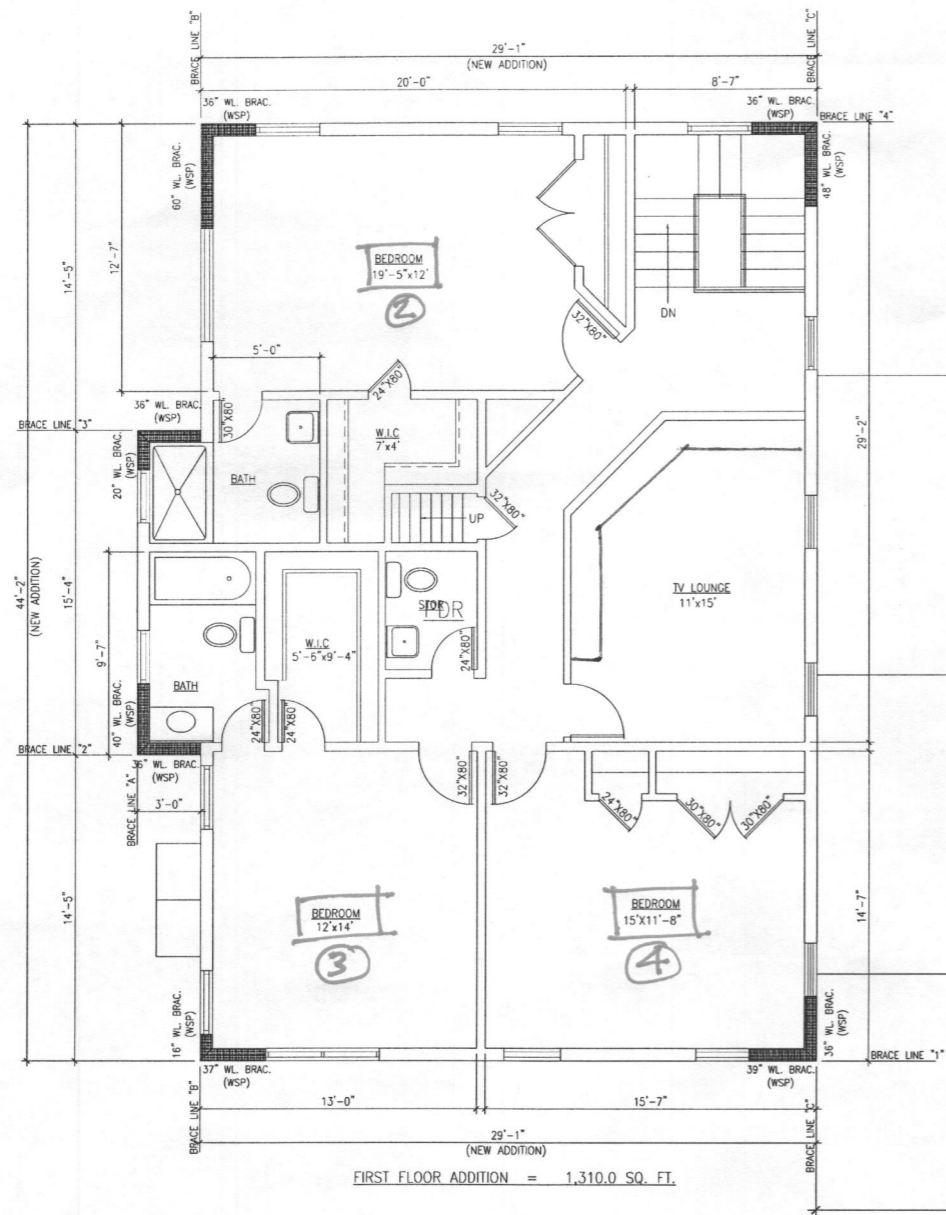
Mufti & Associates, Inc.  
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Baltimore, Md 21207  
Phone: 443-604-3127

Mufti Residence  
Proposed New House Addition  
12440 Frederick Road  
West Friendship, Maryland 21794

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Drawn by:	
Designed by:	MM 4/21/14

Sheet Title:  
**PLANS**  
Scale: AS NOTED

**A-1**



# New Second Floor Plan

SCALE: 1/4" = 1'-0"

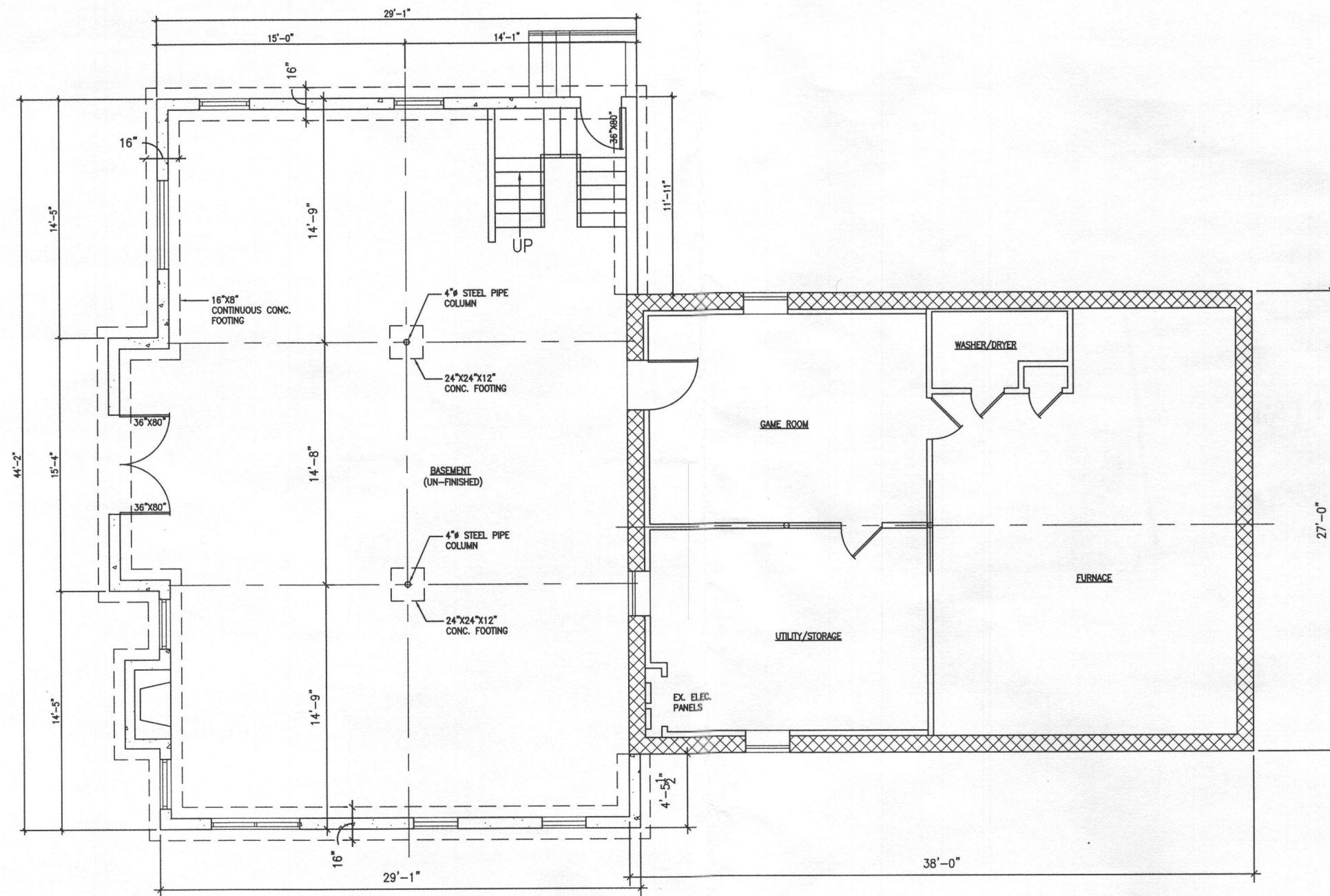
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Phone: 443-604-3127

Mufti Residence  
Proposed New House Addition  
12440 Frederick Road  
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Designed by:	MM 4/21/14

Sheet Title:  
**PLANS**  
Scale: AS NOTED

**A-2**



**BASEMENT PLAN**  
SCALE: 1" = 8'

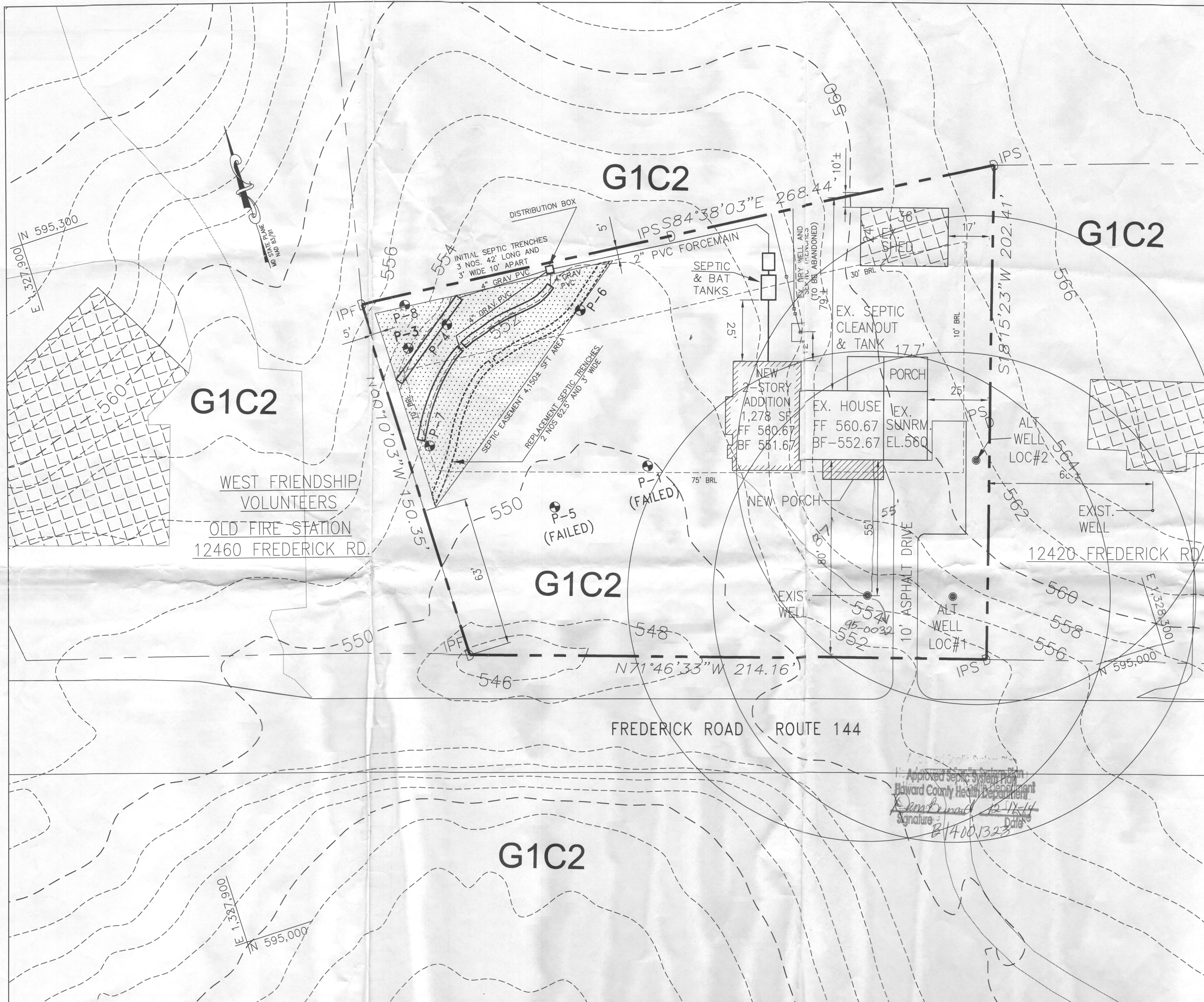
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**Proposed Addition**  
12440 Frederick Road  
West Friendship, MD 21794

**Proposed Basement Plan**

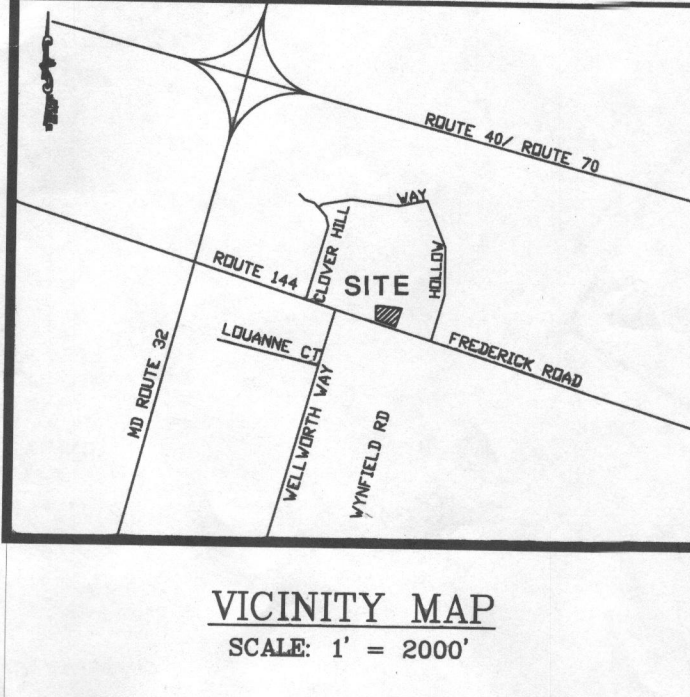
Scale: 1" = 8'

**A-0**



**LEGEND**

- 548--- EXIST GRADE
- 572--- PROPOSED GRADE
- WATER MAIN
- FIRE HYDRANT
- EXIST WELL HEAD
- ELECTRIC POLE
- WATER METER
- TRAVERSE POINT
- EXIST TREE
- PASSED TEST HOLES (MAY 2014)
- SEPTIC AREA (SEE NOTE#2)



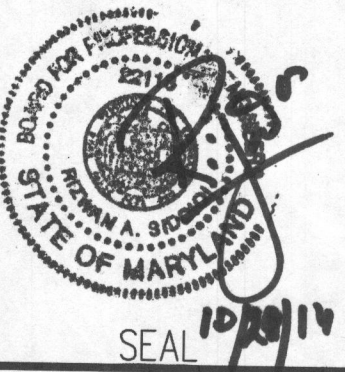
- GENERAL NOTES:**
- SUBJECT PROPERTY IS CURRENTLY ZONED
  - TOPOGRAPHY SHOWN IS BASED ON HOWARD COUNTY GIS INFORMATION AND IS VERIFIED TO ACCURATELY REPRESENT THE RELATIVE CHANGES ON THE SUBJECT PROPERTY.
  - BOUNDARY SHOWN IS BASED ON BOUNDARY SURVEY PERFORMED BY POINT-TO-POINT LAND SURVEYORS IN JUNE 2014.
  - THE PURPOSE OF THIS PERC CERT IS TO ESTABLISH A SEPTIC DISPOSAL AREA TO ACCOMMODATE A PROPOSED ADDITION. THE AREA PROVIDED IS LARGE ENOUGH TO ACCOMMODATE AN INITIAL SYSTEM AND ONE COMPARTMENT FOR A FOUR (4) BEDROOM HOUSE. THE HEALTH DEPARTMENT MAY NOT APPROVE ANY BUILDING PERMIT FOR IMPROVEMENTS TO THE HOUSE PROPOSING MORE THAN FOUR (4) BEDROOMS.
  - SUBJECT PROPERTY IS BEING SERVED BY WELL FILED LOCATED AND AS SHOWN ON PLAN.
  - CURRENT HOUSE IS BEING SERVED BY SEPTIC.
  - NEW PERC TESTS WERE PERFORMED AND OBSERVED BY COUNTY INSPECTOR IN MAY 2014. FIVE PASSING TESTS INCLUDE P-3, P-4, P-6, P-7 AND P-8 AS SHOWN ON SITE PLAN. TESTS P-1 & P-5 FAILED.
  - THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL AREA OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS SEWAGE DISPOSAL AREA SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
  - ANY CHANGES TO THE PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
  - ALL WELLS AND SEPTIC SYSTEMS LOCATED WITHIN 100 FEET OF THE LOT BOUNDARIES AND 200 FEET DOWN GRADIENT OF ANY WELLS AND/OR SEPTIC SYSTEM HAVE BEEN SHOWN.
  - THE EXISTING SEPTIC SYSTEM ON THIS LOT HAS BEEN FIELD LOCATED BY THE ENGINEER AND IS ACCURATELY SHOWN AND MUST BE ABANDONED PRIOR TO INSTALLATION OF NEW SEPTIC SYSTEM.
  - BEST AVAILABLE TECHNOLOGY (BAT) FOR SEPTIC TREATMENT WILL BE PROVIDED BY TWO-COMPARTMENT SEPTI-TECH M400 WITH 1500 GALLON SEPTIC TANK SYSTEM AS SHOWN ON THE PLAN.

**SOILS LEGEND**

MAP SYMB	SOIL GROUP	SOIL TYPE
G1C2	B	GLENELG LOAM, 3-8 % SLOPES

FROM NATURAL RESOURCES CONSERVATION SERVICES WEB SOIL SURVEY 2.0

**OWNER/DEVELOPER**  
MUHAMMAD IJAZ MUFTI  
12440 FREDERICK ROAD  
WEST FRIENDSHIP, MD 21794  
PHONE: 443-604-3127



**Mufti & Associates, Inc.**  
6413 Windsor Mill Road  
Baltimore, Md 21207

Phone: 443-604-3127

**Proposed Addition**  
Mufti's Residence  
12440 Frederick Road  
West Friendship, MD 21794

Revisions:

Revisions:	Date:

Sheet Title:

**SITE PLAN FOR BAT INSTAL'S**

Date: 10/21/14  
Scale: 1" = 20'

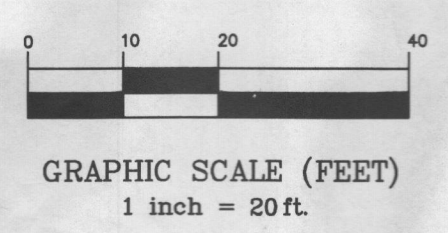
**B-1**

APPROVED FOR PRIVATE WATER & SEWERAGE SYSTEMS

HEALTH OFFICER, HO. CO. HEALTH DEPT. \_\_\_\_\_ DATE \_\_\_\_\_

I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION, AND IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PLAN PREPARER: *[Signature]*



**SEWAGE DISPOSAL SYSTEM SPEC WORKSHEET**

ADDRESS: 123440 FREDERICK ROAD  
SUBDIVISION: N/A LOT: N/A

INITIAL SYSTEM: APPLICATION RATE: 0.8  
EFFECTIVE AREA BEGINNING DEPTH: 5 FT  
BOTTOM MAXIMUM DEPTH: 8 FT

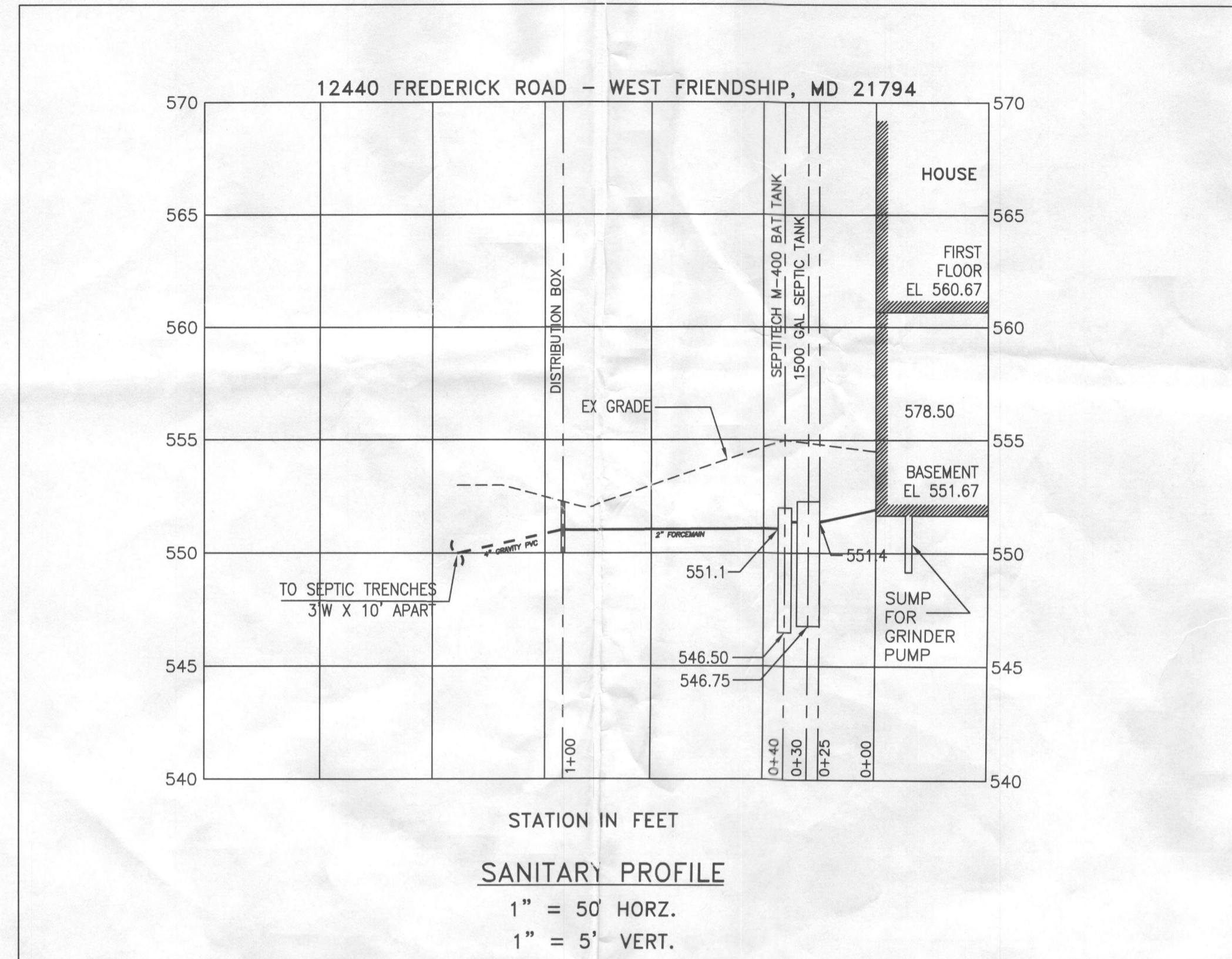
DESIGN FLOW = 150 GALLONS PER DAY PER BEDROOM  
DESIGN FLOW FOR 4 BEDROOMS = 150 X 4 = 600 GALLONS PER DAY  
APPLICATION RATE (FOR 8-15 MIN/INCH PERC) = 0.8  
SQUARE FEET OF TRENCH REQUIRED = 600 GPD ÷ 0.8 (APPLICATION RATE) = 750 SFT

LENGTH OF TRENCH (WIDTH ADJUSTMENT) = 750 ÷ 3 FOOT WIDE TRENCH = 250 FEET  
LENGTH OF TRENCH (DEPTH ADJUSTMENT USE 36") = 250 X 0.5 (% FROM TABLE) = 125 FEET

SINCE MAXIMUM TRENCH LENGTH IS 125 FEET  
USE 3 TRENCHES EACH 42 FT LONG FOR INITIAL SYSTEM  
USE 2 TRENCHES EACH 62.5 FT LONG FOR FUTURE REPLACEMENT SYSTEM

MINIMUM TRENCH SPACING = 2D+W = 2X3 + 3 = 9 FEET  
USE MINIMUM TRENCH SPACING FOR 3 FT WIDE TRENCH AS 10 FEET

THE HOUSE WOULD ALSO REQUIRE A 1,500 GALLON SEPTIC TANK PLUS A BAT SYSTEM



**PUMPING REQUIREMENTS:**

NOTE: THE SEPTIC DESIGN IS NOT A LOW PRESSURE DOSE (LPD) SYSTEM BUT FLOW FROM BAT TANK IS PUMPED INTO DISTRIBUTION BOX AND THEN FED BY GRAVITY INTO SEPTIC TRENCHES. CALCULATIONS BELOW ARE FOR BAT TANK PUMPING SYSTEM:

A) TOTAL DYNAMIC HEAD (TDH) = STATIC + FRICTION + DISTAL HEAD

STATIC HEAD = DISCHARGE EL AT DIST BOX - LOW FLOAT EL (21" ABOVE TANK BOTTOM)  
= 551.0 - (546.5 + 1.75) = 2.75 (FROM HYDRAULIC PROFILE)

FRICTION LOSS (FROM MDE DESIGN MANUAL TABLE 4.3)

(2" FM )	100 FT
2" - 45° BENDS (4 PER)	08 FT
4 COUPLINGS (2 PER)	08 FT
1 GATE VALVE (1.3 PER)	1.3 FT
TOTAL	117.3 FT SAY 118 FT @ 1.54 FT/100 FT (FROM TABLE 4.4)
	= 1.82 FT

DISTAL HEAD = 0 FT (DISCHARGES INTO DISTRIBUTION BOX)

TOTAL DYNAMIC HEAD = 2.75 FT + 1.82 FT + 0 FT = 4.57 FT (USE 5.0 FT)

B) PUMP CURVE: SEE CUT SHEETS ON SHEET B-3

C) PUMP ON, PUMP OFF AND ALARM ELEVATION:

PUMP ON EL (21" ABOVE BAT TANK BOTTOM) = 548.25

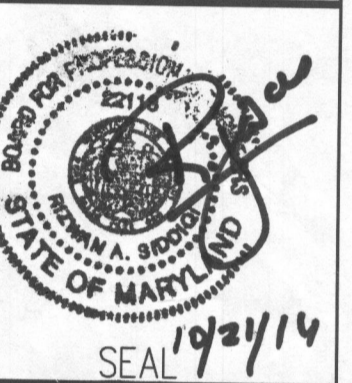
PUMP OFF EL (7 INCH ABOVE LOW FLOAT EL) = 548.83

ALARM EL = THERE IS NO ALARM FLOAT BEACUSE ALARM CODES ARE GENERATED FROM PLC

**BAT NOTES:**

1. ANY CHANGE TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REVISED SITE PLAN MAY BE REQUIRED.
2. THE MAXIMUM DEPTH OF THE BAT PER THE MANUFACTURER'S SPECIFICATION IS 2 FEET.
3. NO BLOWERS ARE USED IN SEPT-TECH SYSTEM.
4. THE BAT SYSTEM SHALL BE MAINTAINED AND OPERATED FOR THE LIFE OF THE SYSTEM.
5. THE BAT SHALL BE OPERATED BY AND MAINTAINED BY A CERTIFIED SERVICE PROVIDER.
6. WITHIN ONE MONTH OF INSTALLATION, A PERSON INSTALLING THE BAT SYSTEM SHALL REPORT TO THE MARYLAND DEPARTMENT OF THE ENVIRONMENT (MDE) IN A MANNER ACCEPTABLE TO MDE, THE ADDRESS AND DATE OF COMPLETION OF THE BAT INSTALLATION AND THE TYPE OF BAT INSTALLED.
7. ELECTRICAL WORK FOR THE BAT INSTALLATION MUST BE PERFORMED BY A LICENSED ELECTRICIAN.
8. AN AGREEMENT AND EASEMENT MUST BE COMPLETED AND SIGNED BY ALL APPLICABLE PARTIES, AND RECORDED IN LAND RECORDS OF HOWARD COUNTY.
9. THE HEALTH DEPARTMENT REQUIRES DOCUMENTATION FOR THE START-UP CERTIFICATION FROM THE MANUFACTURER PRIOR TO FINAL APPROVAL OF THE INSTALLATION

OWNER/DEVELOPER  
MUHAMMAD IJAZ MUFTI  
12440 FREDERICK ROAD  
WEST FRIENDSHIP, MD 21794  
PHONE: 443-604-3127



Mufti & Associates, Inc.  
6413 Windsor Mill Road  
Baltimore, Md 21207

Phone: 443-604-3127

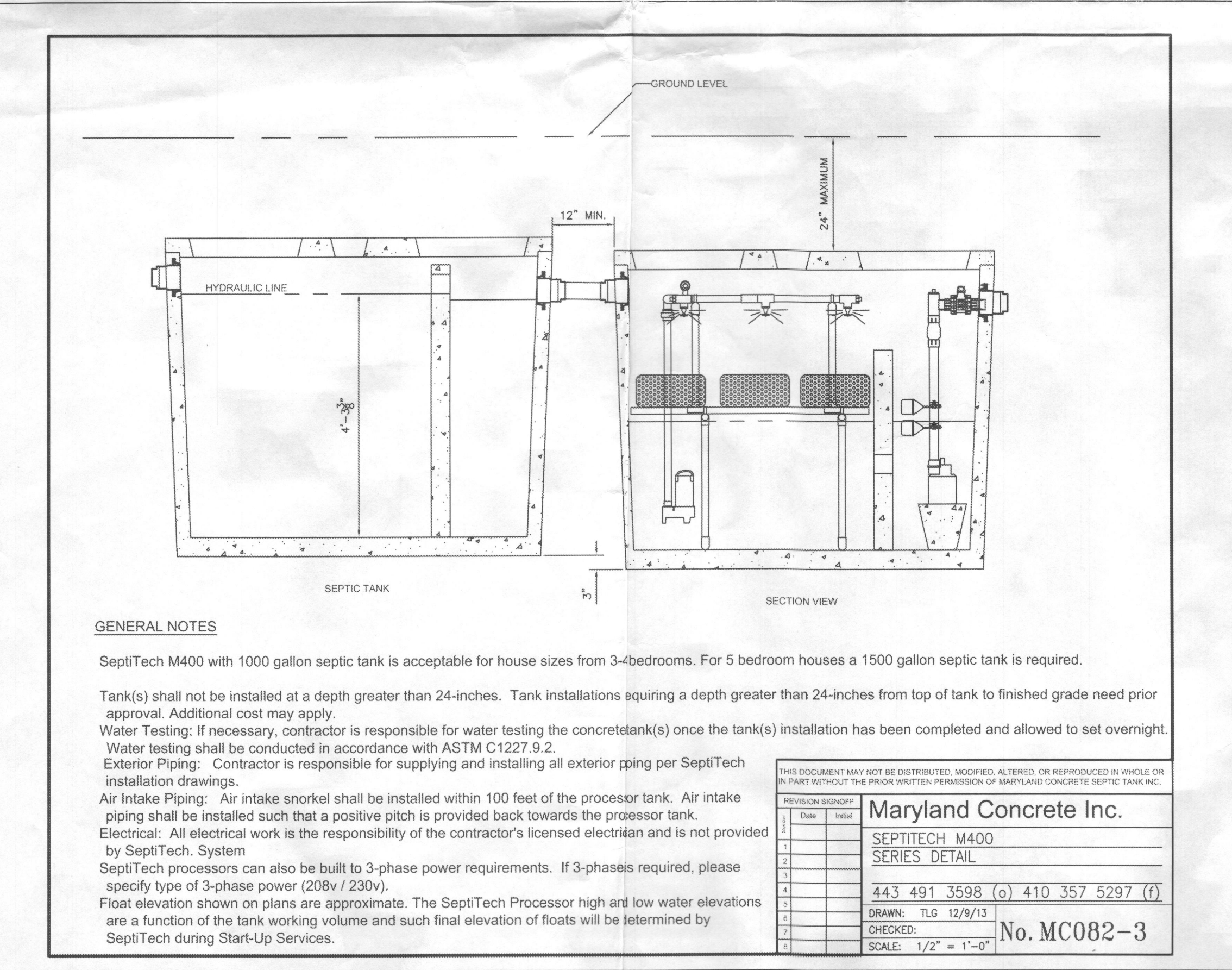
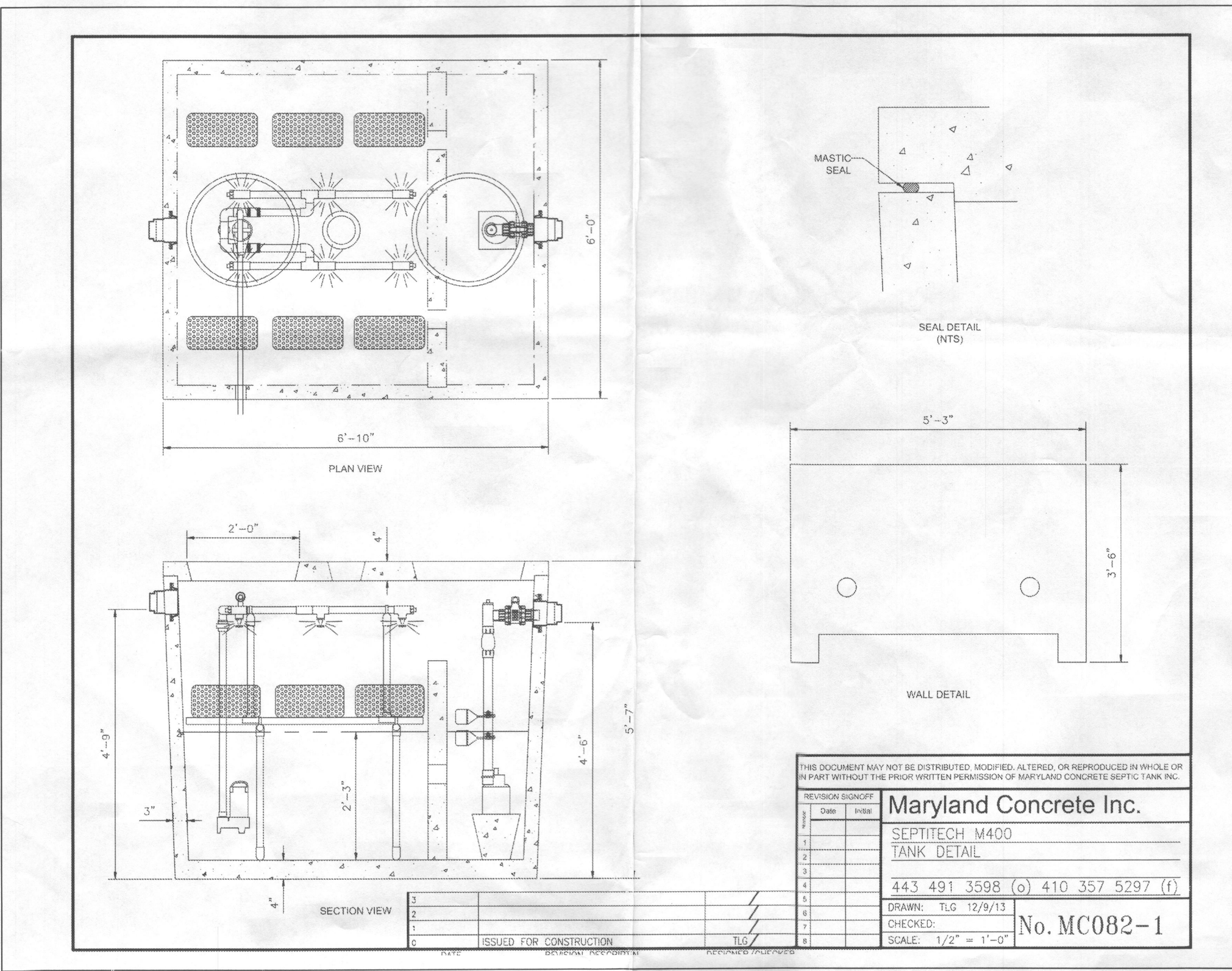
**Proposed Addition**  
Mufti's Residence  
12440 Frederick Road  
West Friendship, MD 21794

Revisions:	Date:

Sheet Title:

**BAT  
DETAILS-1**

Date: 10/21/14  
Scale: 1" = 20'



TECHNICAL BROCHURE  
BLSP03

LSP03AT

LSP03AV

LSP07

LSP03/LSP07  
SUBMERSIBLE SUMP PUMPS

GOULDS WATER TECHNOLOGY  
a xylem brand

Wastewater

GOULDS WATER TECHNOLOGY

MODEL: LSP03, LSP07  
SIZE: 3/4" SOLIDS MAX.  
RPM: 3450  
HP: 1/2 and 3/4

TOTAL DYNAMIC HEAD (FEET)

CAPACITY (GPM)

MODEL INFORMATION

Order No.	HP	Vs	Amps	Minimum Circuit Breaker	Phase	Float Switch Style	Cord Length	Discharge Connection	Min. On Level	Min. Off Level	Minimum Basin Diameter	Maximum Solids Size	Shipping Weight lbs/kg
LSP0311						Plug / No Switch			Manual	Manual	9"		
LSP0311A						Built-in Wide Angle	10'		11"	5"	12"		
LSP0311AT						Piggyback Wide Angle		1 1/2"	11"	5"	12"	3/4"	11/5
LSP0311AV			2.9	10	1	Piggyback Vertical		1 1/2"	8.5"	2"	12"		
LSP0311F						Plug / No Switch			Manual	Manual	9"		
LSP0311AF						Built-in Wide Angle	20'		11"	5"	12"		
LSP0311ATF						Piggyback Wide Angle			11"	5"	12"		
LSP0711F			7.1	10	1	Plug / No Switch		1 1/2"	Manual	Manual	9"		15/6.8
LSP0711AF						Built-in Wide Angle	20'	1 1/2"	12.5"	6.5"	12"		
LSP0711ATF						Piggyback Wide Angle			12.5"	6.5"	12"		
LSP0712AF			3.5	10	1	Plug / No Switch		1 1/2"	Manual	Manual	9"		
LSP0712ATF						Built-in Wide Angle	20'	1 1/2"	12.5"	6.5"	12"		
LSP0712ATF						Piggyback Wide Angle			12.5"	6.5"	12"		

POWER CORD: 16/3 SJTW WITH THREE PRONG GROUNDING PLUG

6/8" DIA.

2 1/4"

1 1/2" NPT DISCHARGE

12"

xylem  
Let's Solve Water

Xylem, Inc.  
2881 East Bayard Street Ext., Suite A  
Seneca Falls, NY 13148  
Phone: (866) 325-4210  
Fax: (888) 322-5877  
www.xyleminc.com/brands/gouldswatertechnology

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Wastewater

GOULDS WATER TECHNOLOGY

FEATURES

- Corrosion-resistant construction
- Stainless Steel motor casing and fasteners
- Glass-filled thermoplastic impeller and casing.
- Upper and lower heavy duty ball bearing construction.
- Motor is permanently lubricated for extended service life and is powered for continuous operation. All ratings are within the working limits of the motor.
- Hard coated 400 series stainless steel shaft for improved corrosion resistance.
- Float switch is adjustable for various liquid levels. Easily removed for direct pump operation or switch replacement.

Complete unit is lightweight, portable and easy to service.

Available in manual and automatic versions. See next page for specific order numbers.

A double labyrinth lip seal system protects the motor. It consists of three lip seals and a V-ring in addition to an impeller counterblade system which keeps solid particles away from the seal unit.

AGENCY LISTINGS

Canadian Standards Association  
File #LR114251

Underwriters Laboratories  
File #E3318

APPLICATIONS

- Specially designed for the following uses:
- Basement draining
- Water transfer
- Dewatering

SPECIFICATIONS

- Discharge size: 1 1/2" NPT
- Capacities: to 57 GPM
- Maximum head: 34 feet TDH
- Maximum solids: 3/4" spherical
- Temperature: 104° F (40° C) maximum liquid temperature.
- Maximum pump submergence is 10 ft. for LSP03; 16 ft. for LSP07.

MOTOR

- Single phase, 3450 RPM, 60 Hz
- LSP03, 1/2 HP, 115 V, 2.9 maximum amps
- LSP07, 3/4 HP, 115 V (7.1 amps) or 230 V (3.5 amps)
- Built-in thermal overload protection with automatic reset.
- Permanent split-capacitor type
- Class B insulation
- Stainless steel shaft
- Air filled design
- Power cord length: LSP03; 10 feet standard, 20 feet optional, LSP07; 20 feet.

FLOAT SWITCH OPTIONS

- Models are available with a float switch. Several options for automatic operation.
- "AV" models are supplied with a vertical float switch.
- "A" models are supplied with a built-in float switch.
- "AT" models are supplied with a piggy-back replaceable float switch.

PAGE 2

Wastewater

GOULDS WATER TECHNOLOGY

DIMENSIONS  
(All dimensions are in inches. Do not use for construction purposes.)

	F	H
LSP03	9 1/4	7 1/4
LSP07	11 1/4	9 1/4
LSP03AV	9 1/4	7 1/4

POWER CORD: 16/3 SJTW WITH THREE PRONG GROUNDING PLUG

6/8" DIA.

2 1/4"

1 1/2" NPT DISCHARGE

12"

xylem  
Let's Solve Water

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2881 East Bayard Street Ext., Suite A  
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www.xyleminc.com/brands/gouldswatertechnology

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Revisions:

Rev.	Date:

Sheet Title:

BAT  
DETAILS-2

Date: 10/21/14  
Scale: 1" = 20'

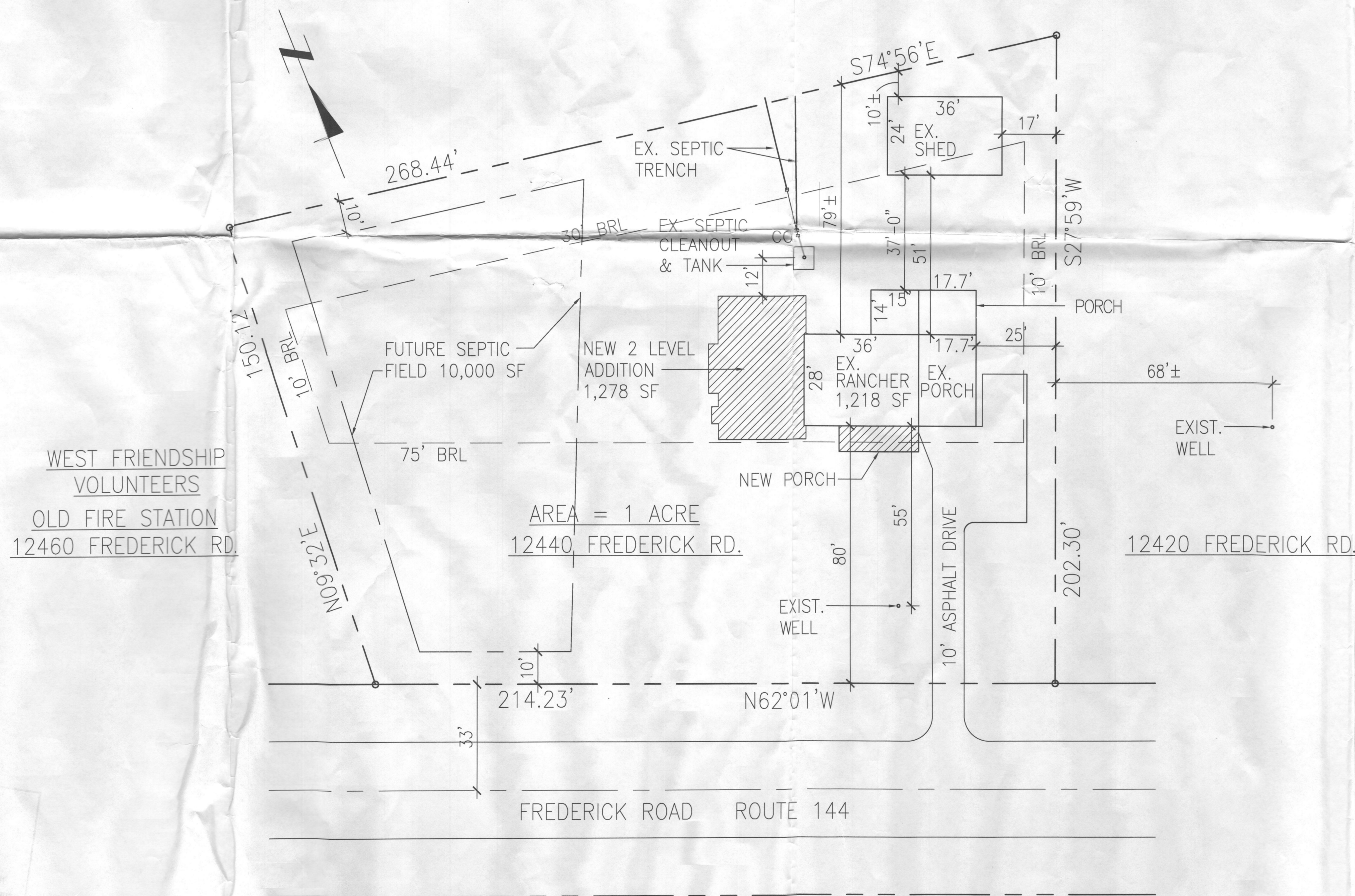
B-3

# MUFTI Residence - Addition

## 12440 Frederick Road

### West Friendship, MD 21794

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MAY 01 2014



WEST FRIENDSHIP  
VOLUNTEERS  
OLD FIRE STATION  
12460 FREDERICK RD.

AREA = 1 ACRE  
12440 FREDERICK RD.

12420 FREDERICK RD.

**DRAWINGS INDEX:**

- C-1 SITE PLAN/ COVER SHEET
- A-1 FIRST FLOOR PLAN  
ROOF PLAN, EXISTING HOUSE PLAN
- A-2 SECOND FLOOR PLAN
- A-3 ELEVATIONS
- A-4 ELEVATIONS, SECTIONS
- A-6 BASEMENT PLAN/FRAMING PLANS

Mufti &  
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Baltimore, Md 21207  
Phone: 443-604-3127

**Proposed Addition**  
Mufti's Residence  
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West Friendship, MD 21794

Revisions:	Date:

Sheet Title:  
**PLOT PLAN**

Date: 04/21/14  
Scale: 1" = 20'

**C-1**

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