

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B07003519

Building Address 11184 DOUGLAS AVE.
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates M A5 Lot size .93

Property Owner's Name FRANK DIARO
Address 11184 DOUGLAS AVE.
City ELLCOTT CITY State MD Zip Code 21104
Home Phone 410 948 7553 Work Phone 410 966 7403
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone 443 324 0445 Fax _____

Existing Use SFD
Proposed Use NEW POOL
Estimated Construction Cost \$ 51,000.00
Description of Work INSTALL 16' X 36'
Inground Swimming Pool

Contractor Company STIEFEL'S POOL SVC. INC
Contact Person STEVE STIEFEL
Address 44130 MEDOLYAN RD
City PERRY HALL State MD Zip Code 21128
License No. 22120
Phone 410 254 9409 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: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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	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 _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
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 _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Height: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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: _____	
<input type="checkbox"/> State Certified Modular <input checked="" type="checkbox"/> 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 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.

Steve Stiefel
Applicant's Signature
REP. STIEFEL'S POOL SVC.
Title/Company

STEVE STIEFEL
Print Name
8/22/07
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>8/23/2007</u>	<u>R. Brich</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 Yellow: DED, DPZ Pink: Health Gold: SHA		

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 _____	



APPROVED

WALK-THRU BUILDING PERMIT
BP# B07003519 A#

APP. SAN. *Abuel* DATE: 8/23/2007

DHSC. OF WORK: 367 XV6 / *crosshatched*

crosshatched

N-77°07'W-100.50

Willow
6.5" dBH

White oak
26" dBH

SEPTIC EASEMENT

Approx. Distribution
Box 492

Diverted
to 3
DRAIN
Fields

Topmost
trench location

Existing 1000 gal
Septic Tank

Property located in
Zone C - FIEM MAP
Community Plan
240049016 B-REVISED
4 DEC-1986

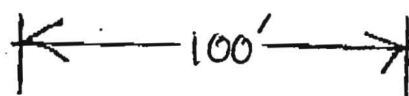
proposed pool
36x16



DOUGLAS

AVENUE

S-75°15'00"E-100.00



Linear scale;
1 inch = 50 feet
9 ft 50





HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

May 30, 2000

Frank Byro
11184 Douglas Avenue
~~Ellicott City, MD 21042~~
Mammothville, MD 21104

**RE: Post Building Permit Site Evaluation
11184 Douglas Avenue**

Dear Mr. Byro:

This is to confirm our previous conversations regarding your post building permit approval septic system evaluation.

As you are aware, building permit approval was granted under the assumption that your proposed remodeling will not increase the potential wastewater flow into your septic system. As you are aware, on May 19, 2000, during the inspection of your septic system drywell, it was observed that the liquid level seen down the drywell cleanout was approximately a few feet from the ground surface. Although no other obvious signs of septic system failure were observed, given the age of your septic system this observation indicates that it is very likely that the soil below and surrounding your drywell is at the end of its useful life.

It is important to understand that conventional septic systems (drywells or gravel trenches) installed in appropriate soil conditions will eventually cease to function properly and may cause serious problems requiring a repair. Most septic systems installed in appropriate soil conditions and maintained properly, last an average of 15-20 years.

Although you are not required to repair your septic system at this time, it is recommended that you plan to repair your septic system given the inevitability of septic system failure. When you decide to pursue this issue, a septic contractor should call this office to provide relevant information to process a septic repair permit. Please feel free to call me directly at (410) 313-2669 if you have any further questions.

Bureau of Environmental Health
3525-H Ellicott Mills Drive • Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits (410) 313-1771 Community Environmental Health Program (410) 313-1773
Director (410) 313-2640 TDD(410) 313-2323 TOLL FREE - 1-877-4MD-DHMH

Respectfully,

Steven R. Krieg

Steven R. Krieg, Sanitarian
Water and Sewerage Program

SRK

cc: File