

Building Address 15035 ROLLING HILLS DR
GLENWOOD, MD 21738

Property Owner's Name SHAHAB A. MALIK

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Address 15035 ROLLING HILLS DRIVE

Census Tract _____ Subdivision _____

City GLENWOOD State MD Zip Code 21738

Section _____ Area _____ Lot _____

Phone 410-442-5897 Phone 410-582-9630

Tax Map _____ Parcel _____ Grid _____

Applicant's Name & Mailing Address, (if other than stated hereon):
SHAHAB A. MALIK SAME AS ABOVE

Zoning _____ Map Coordinates _____ Lot size _____

Phone _____ Fax _____

Existing Use RESIDENTIAL

Contractor Company SELF

Proposed Use RESIDENTIAL

Contact Person SHAHAB A. MALIK

Estimated Construction Cost \$1500/ft²

Address 15035 ROLLING HILLS DRIVE

Description of Work DECK

City GLENWOOD State MD Zip Code 21738

License No. _____

Phone 410-442-5897 Fax _____

Occupant or Tenant SHAHAB A. MALIK

Engineer or Architect Company SELF

Contact Name SHAHAB A. MALIK

Contact Person _____

Address 15035 ROLLING HILLS DRIVE

Address _____

City GLENWOOD State MD Zip Code 21738

City _____ State _____ Zip Code _____

Phone 410-442-5897 Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<p>Building Characteristics</p> <p>Height: _____</p> <p>No. of stories: _____</p> <p>Gross area, sq. ft. per floor: _____</p> <p>Use group: _____</p> <p>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</p>	<p>Utilities</p> <p>Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____</p>	<p>Building Characteristics</p> <p>SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____</p> <p>1st floor: _____</p> <p>2nd floor: _____</p> <p>Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement</p> <p><input type="checkbox"/> Craw space <input type="checkbox"/> Slab on Grade <input type="checkbox"/></p> <p>No. of Bedrooms _____</p> <p>Height: _____</p> <p>Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____</p> <p>Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____</p> <p><input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home</p>	<p>Utilities</p> <p>Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____</p>

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 _____ Print Name _____

Title/Company _____ 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			Side St.: _____	Add'l per. fee \$ _____
Health	<u>3/24/09</u>	<u>Shahab Malik</u>	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 _____

11/8/01 - In progress 1:30pm
 11/13/01 Follow up 3pm
 11/14/01 Follow up 3pm
 12/5/01 Anytime
 1/8/02 Pump Test @ 11 a.m.

ISSUE DATE: 9/21/2001
 APPROVAL DATE: 1/8/02

PERMIT INDEXED

P 516038-A
 A 58993-C

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

04-364546

South Carroll Backhoe, Inc IS PERMITTED TO INSTALL ALTER
 ADDRESS: 4410 Salem Bottom Road, Westminster PHONE NUMBER: 410-875-4197
 SUBDIVISION: Cattail Ridge LOT NUMBER: 30
 ADDRESS: 15035 Rolling Hills Drive PROPERTY OWNER: Goodier Builders
 SEPTIC TANK CAPACITY (GALLONS): 1250 (TOPSEAM)
 PUMP CHAMBER CAPACITY (GALLONS): N/A 1250 (TOPSEAM)
 NUMBER OF BEDROOMS: 4
 SQUARE FEET PER BEDROOM: 180
 LINEAR FEET OF TRENCH REQUIRED: 240

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 2.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	As seen from Rolling Hills Drive, start the first trench 10' from the right lot line and 10-12' from the rear lot line. Run 3 trenches toward Rolling Hills Drive as shown on plan.
NOTES:	Maintain at least 100' from all parts of the septic system to the well on this lot and the well across Winding Path Court.

PLANS APPROVED: MER OK SRU 8/23/01 DATE: 8/22/01

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

ALL PERMITS INDEXED
 3-14-2002
 800 134849 JOKIY DECK

A58993-C