



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: _____

Permit No.: _____

Building Address: 12027 OPEN RUN CT
 City: ELLCOTT CITY State: MD Zip Code: 21042
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: RIVERWOOD PHZ
 Section: _____ Area: _____ Lot: _____
 Tax Map: 29 Parcel: 20 Grid: 4
 Zoning: _____ Map Coordinates: _____ Lot Size: 1.15 AC
 Existing Use: SF RESIDENTIAL
 Proposed Use: _____
 Estimated Construction Cost: \$ 80,000
 Description of Work: NEW 18'x34' DECK WITH 18'x23' ROOF, 5'x5' LANDING AND STEPS
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: MILAN + NEEPA RAMI
 Address: 12027 OPEN RUN CT
 City: E.C. State: MD Zip Code: 21042
 Phone: 443-625-9500 Fax: _____
 Email: _____
 Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____
 Contractor Company: RHINE LANDSCAPING
 Contact Person: DAN MURPHY
 Address: PO BOX 1825
 City: SYKESVILLE State: MD Zip Code: 21784
 License No.: MHIC 121739
 Phone: 410 442 2445 Fax: 410 489 4312
 Email: dan@rhinelandscaping.com
 Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

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

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

I, 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.

Dan Murphy
 Applicant's Signature
dan@rhinelandscaping.com
 Applicant's Address
LANDSCAPE ARCHITECT
 Applicant's Title/Company

DAN MURPHY
 Print Name
6-22-16
 Date

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

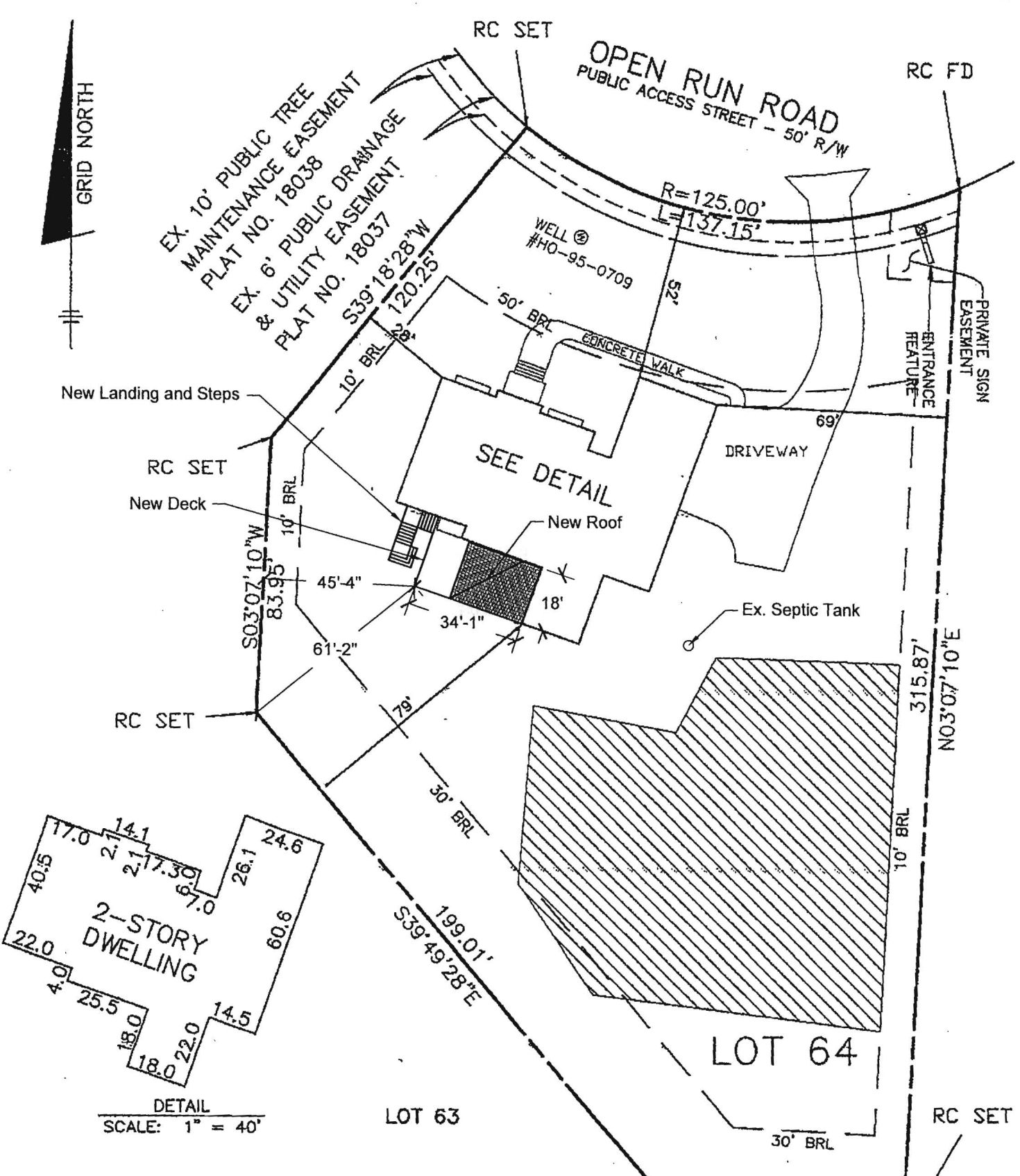
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>6/23/16</u>	<u>H. Oswald</u>

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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

Number of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



DETAIL
SCALE: 1" = 40'

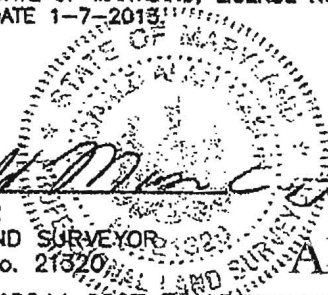
SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THESE DOCUMENTS, WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, ALL IN COMPLIANCE WITH REGULATION 09.13.03.12 OF THE CODE OF MARYLAND REGULATIONS AND THAT I AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 21320, EXPIRATION DATE 1-7-2013.

Notes:

- 1.) R&C=Rebar with yellow cap stamped "Prop. Cor.-BEI-351"
- 2.) Distances are plat distances, Grid North is the Maryland State plane projection of the North American Datum of 1983 as on Plat#19723.

Donald A. Mason
DONALD A. MASON
PROFESSIONAL LAND SURVEYOR
MARYLAND REG. No. 21320



APPROVED

BOUNDARY SURVEY

FEMA FIRM No. 240044 0027-B
ZONE: C
DATED: 12/04/86
BP# _____ A# _____
WALK-THRU BUILDING PERMIT
APP. SAN H. OSWALD DATE: 6/23/11
SC. OF WORK: Construct 18'x34' LOT No.64
deck w/ roof & landing + steps

**RIVERWOOD - PHASE 2
BLOCK
PLAT No.19723**

8480 BALTIMORE NATIONAL PIKE A SUITE 418
ELLCOTT CITY, MARYLAND 21043
phone: 410-485-6105 fax: 410-465-6644
www.bei-civilengineering.com

FIELD OBS. BY AIS&ML
COMP. BY EWF
DRAWN BY EWF

3RD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 40' DATE: 06/13/11

LAYOUT 4/29/11 INSP 4 _____
INSP 2 5/3/2011 INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: _____

PERMIT

P 534510

APPROVAL DATE: 5/4/2011

A 516084

Tax ID # 03-351521

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

Hatfields Equipment

IS PERMITTED TO INSTALL ALTER

ADDRESS: PO Box 519 Annapolis Junction 20701 PHONE NUMBER: 301 854 6172

SUBDIVISION: Riverwood II LOT NUMBER: 64

ADDRESS: 12027 Open Run Road PROPERTY OWNER: Winchester Homes

SEPTIC TANK CAPACITY (GALLONS): 2000 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4 APPLICATION RATE: 0.8

SQUARE FOOTAGE OF HOUSE: Unkwn ^{2'}
4' - 8.5' 41

LINEAR FEET OF TRENCH REQUIRED: 200'
150' ~84

TRENCHES:	Trenches to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 4.0 feet below original grade with 2.0 feet of stone below distribution pipe. <u>6.5' ~ 84' den.</u>
LOCATION:	
NOTES:	Septic pump detail to be provided by installer prior to issuance of septic permit. Pump Performance test required prior to Health Department approval of pumped septic system. Do not order the septic tank until after layout inspection and Sanitarian approval. Stake easement corners. Call for layout inspection. Mark utilities. Gravel tickets must be available for Environmental Sanitarians. Stone must be approved by the Howard County Health Department. A written variance request is required for tanks deeper than 3 feet. A traffic bearing lid is required for tanks deeper than 4 feet.

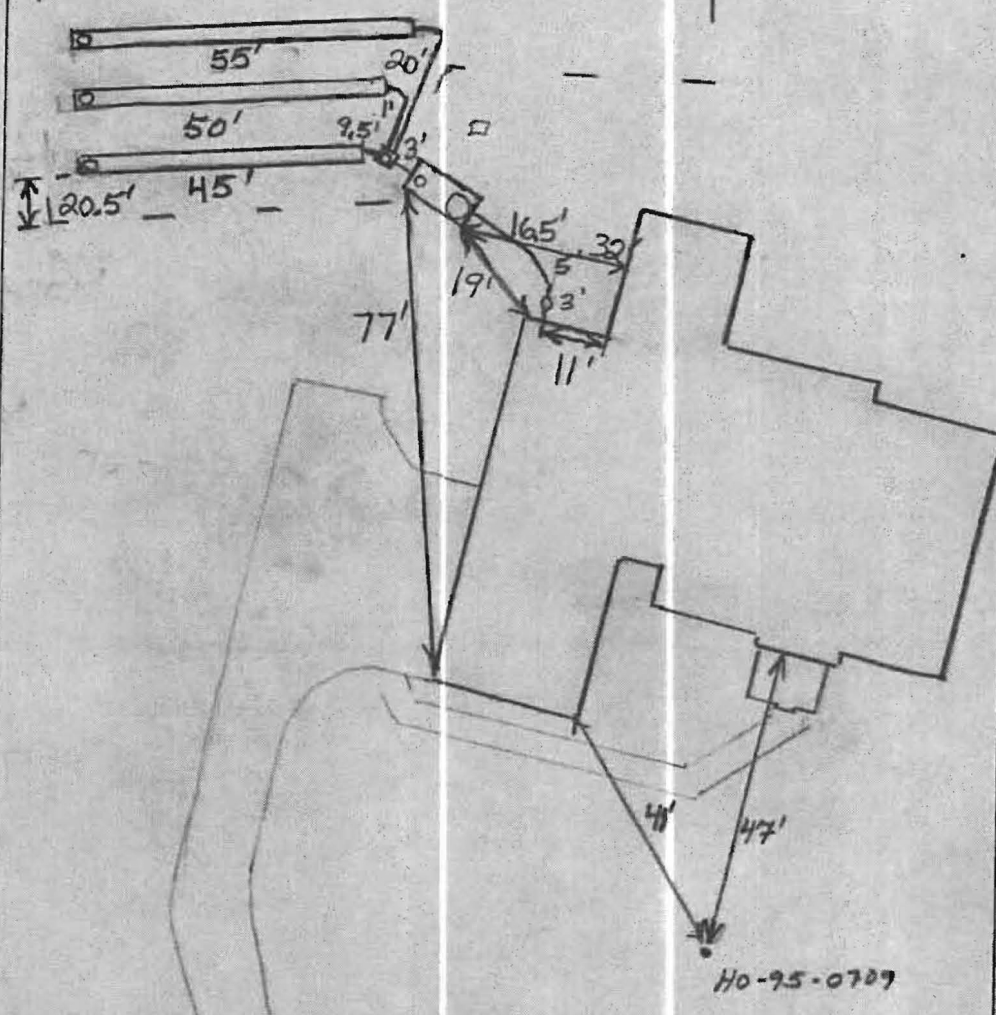
PLANS APPROVED: Dana Bernard DATE: 1/24/10

- 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 OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR
THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM

(30)

NOT TO SCALE



ROAD NAME
OPEN RUN RD

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4'	8.5'
NUMBER OF TRENCHES		3
TOTAL LENGTH		150'
ABSORPTION AREA		?
DISTRIBUTION BOX LEVEL		Levelers
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
MANUFACTURER	Babylon
CAPACITY	2000 GAL
SEAM LOC	Top
TANK LID DEPTH	2-3'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Front
6" PORT LOC	Rear
WATERTIGHT TEST	No
SLOTTED	Yes
DATE ON LID	Dry
RUMP/SEPTIC TANK LEVEL N/A	
MANUFACTURER	
CAPACITY	
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	
SLOTTED	
DATE ON LID	

PRE-CONSTRUCTION:

4/29/11 Some fill exists on top part of septic area. Dig w/ shovel to original grade, check contour. Install 3x trenches (42', 50', 55') or close to 150' as possible in top corner of SRA. OK to set tank into SRA same. Call for f/v insps (kw)

INSTALLATION: 5/3/2011 Tank set. House connection made. Started on trenches. (PB)

5/4/2011 System finished. O.K. to backfill. (PB)

FINAL INSPECTOR B. Baker DATE OF APPROVAL 5/4/2011