DEPT. OF INSPECTIONS, LICENSES AND 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455	HOWARD OPERMIT APP		NUMBER		
INSPECTIONS (410) 313-1810	C.	A	1 11 1		
Building Address	13-3800 14 15 3 17 S 17	Address 1 7 / 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State M Zip Code		
Suite/Apt. #:SDP/WP/Petition #:		Home Phone	Work Phone 1/3-5 (g Address, (if other than stated herein):		
Census Tract	Subdivision				
SectionA	rea Lot	_			
Tax Map Parcel	Grid				
Zoning Map Coordin	2 3		Phone Fax		
Existing Use K 65:			Contractor Company S 2016		
Proposed Use Ry Garage Stimated Construction Cost \$			Contact Person Address		
Description of Work	. HOOK ON EVICTOR	City	Address Zip Code		
a simple contract	the second second second	Licanca No	License No Fax		
117.17.17.1	1 1				
		Engineer or Architect Comp	any self (Loures)		
	uir Dovosheuk				
	18055				
	Zip Code		tateZip Code		
Phone	Fax	Phone	Fax		
BUILDING DESCI	RIPTION – COMMERCIAL	RILLI DING DES	SCRIPTION – RESIDENTIAL		
Building Characteristics	<u>Utilities</u>	Building Characteristic	<u>Utilities</u>		
Height:	Water Supply: Public	SF Dwelling SF Townhouse Depth Width	Water Supply: Public		
No. of stories:	Private	Depth Width 1st floor: 55 × 75	Private Sewage Disposal:		
Gross area, sq. ft. per floor:	Sewage Disposal:  Public Private	2 <sup>nd</sup> floor: Basement:	Sewage Disposal:  Public Private		
Use group:	Electric Yes   No	Finished Basement   Unfinished Basemen space   Slab on Grade			
Construction type: Reinforced Concrete	Gas Yes $\square$ No $\square$	No. of Bedrooms	Gas Yes $\square$ No $\square$		
Structural Steel Masonry	Heating System: Electric □ Oil □	Multi-family dwellings: No. of efficiency units:	Heating System: Electric		
Wood Frame	Natural Gas □ Propane Gas □	No. of 1 BR units: No. of 2 BR units: No. of 3 BR units:	Natural Gas  Propane Gas		
State Certified Modular	Sprinkler system: N/A □		Sprinkler system: N/A		
	Full Partial	Other Structure: Dimensions:	NFPA #13D NFPA #13R		
	Other Suppression # of Heads	Footings:	Other:		
*	1 7 7 7	State Certified Modular Manufactured Home	8		
CORRECT; (3) THAT HE/SHE WILL CO	OMPLY WITH ALL REGULATIONS OF HOWA	ARD COUNTY WHICH ARE APPLICABLE TH	HIS APPLICATION; (2) THAT THE INFORMATION IS IERETO; (4) THAT HE/SHE WILL PERFORM NO WORK		
THIS PROPERTY FOR THE PURPOSE	OF INSPECTING THE WORK PERMITTED AN	D POSTING NOTICES	TS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO		
(Y. Vara	Sho when	Vladime	· Dorosheuk		
Applicant's Signature	1 1/1	Print Name			
dryosh @ aw	mod Com				
Email Address	443-533	- Trible lun			
Title/Company	,4	Date			
		OR OF FINANCE OF HOWARD COUN	TY		
**PLEASE WRITE NEATLY AND LEGIBLY.**  - FOR OFFICE USE ONLY -					
AGENCY DATE Land Development, DPZ		DPZ SETBACK INFORMATION	Filing fee S		
State Highways		Rear:	Permit fee \$		
Building Officials		Side:	Excise tax \$		
Dev. Engineering, DPZ	0 0 1	Side St.:	Add'l per fee S		
Health 5-5-10	Dana Benard	All minimum setbacks met?	TOTAL FEES S		
Fire Protection		YES □ NO □	Sub-total paid \$		
Is Sediment Control approval requ YES D NO D	sired prior to issuance?	Is Entrance Permit Required? YES D NO D	Balance due \$ Check # 4		
		Historic District? YES □ NO □	Validation #		
CONTINGENCY CONSTRUCTION START:  Lot		Lot Coverage for New Town Zone SDP/Red-line approval date	Accented by		

Distribution of Copies T:\Operations\Updated forms

White: Building Officials

Green: LDD, DPZ

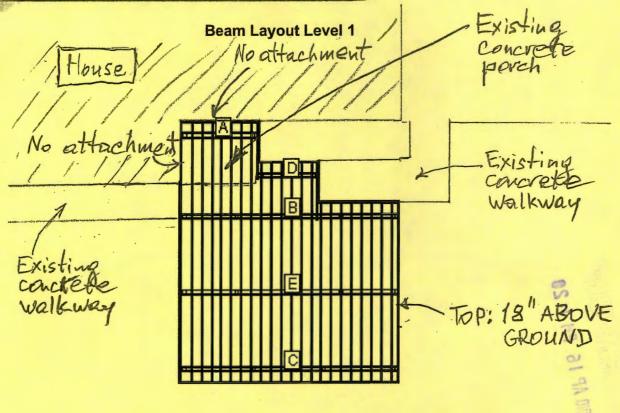
Yellow: DED, DPZ

Gold: SHA

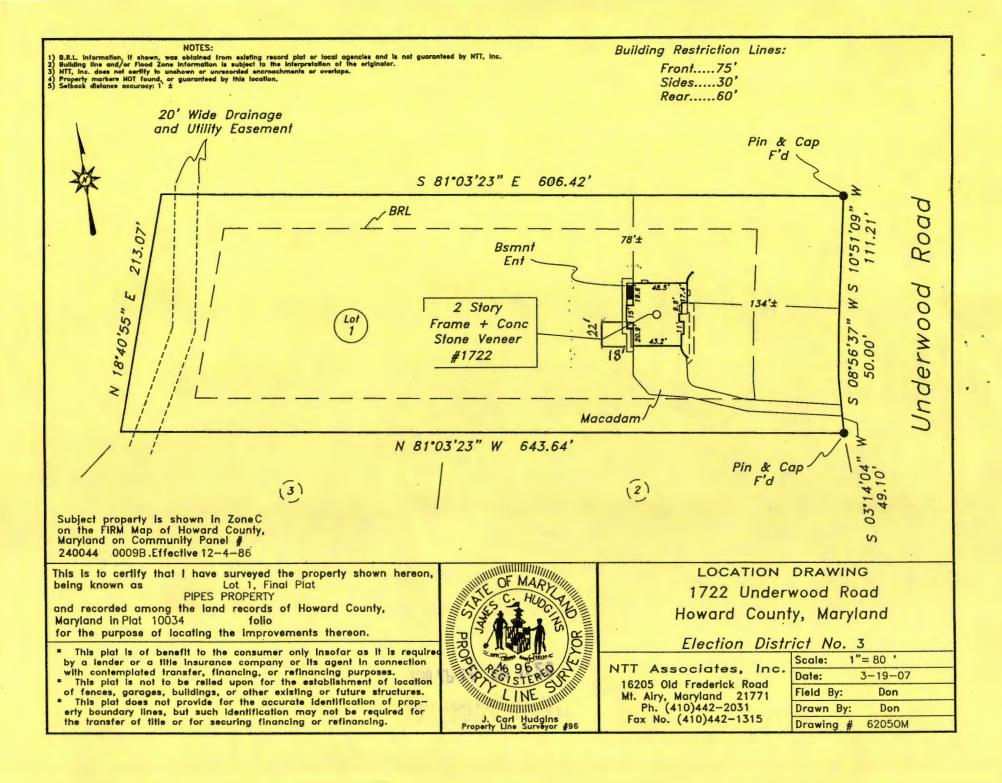
Pink: Health

# Design and Plan Your Deck





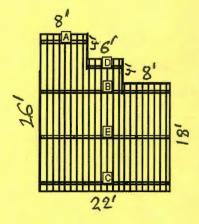
BEAM LABEL	BEAM LENGTH	POST COUNT	POST SPACING
A	7' 10 1/4"	& LAYING ON PORCH	6' 10 3/4"
В	21' 10 1/4"	5	5' 2 3/4"
C	21' 10 1/4"	4.	6' 11 1/2"
D	6' 1 1/2"	2 STANDING ON CONCRU	-5-2"
E	21' 10 1/4"	2 STANDING ON CONCRU 5 WALKWAY	5' 2 3/4"



# Design and Plan Your Deck



Permit Page: Level 1



#### LOAD AND SUPPORT:

Your deck will support a 46 PSF live load. Posts have 30" below ground support.

### **DECK AND POST HEIGHT:**

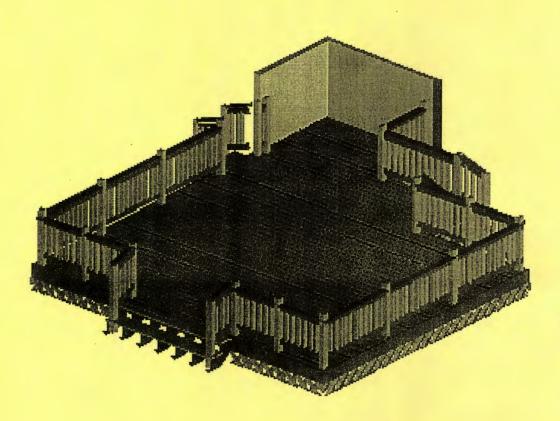
You selected a height of 18" from the top of the decking to the ground level. The top of the deck support posts will therefore be 11.25" above ground level.

#### Joists:

Set joists on top of beams, 12"; center to center.

Stress Analysis: Level 1

Component	PSF
Joist Deflection	131
Joist Bending	55
Joist Shear	93
Joist Compression	227
Beam Deflection	56
Beam Bending	56
Beam Shear	58
Bolt Shear	118
Post Stability	179



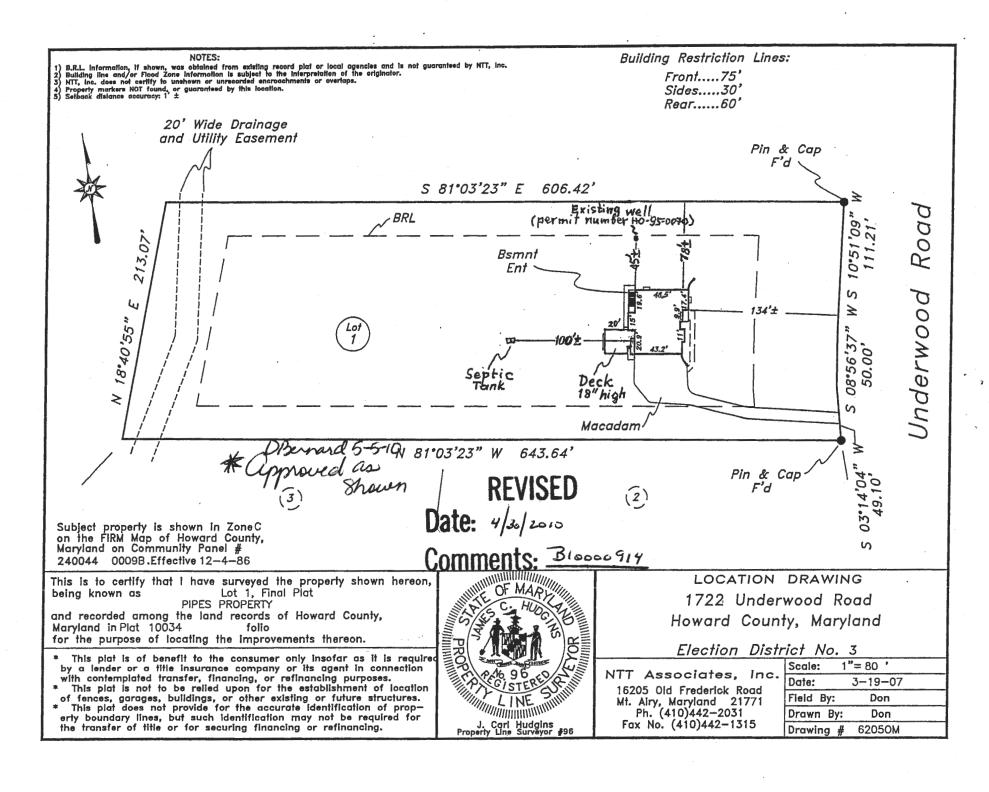
MA TO 19 1:50

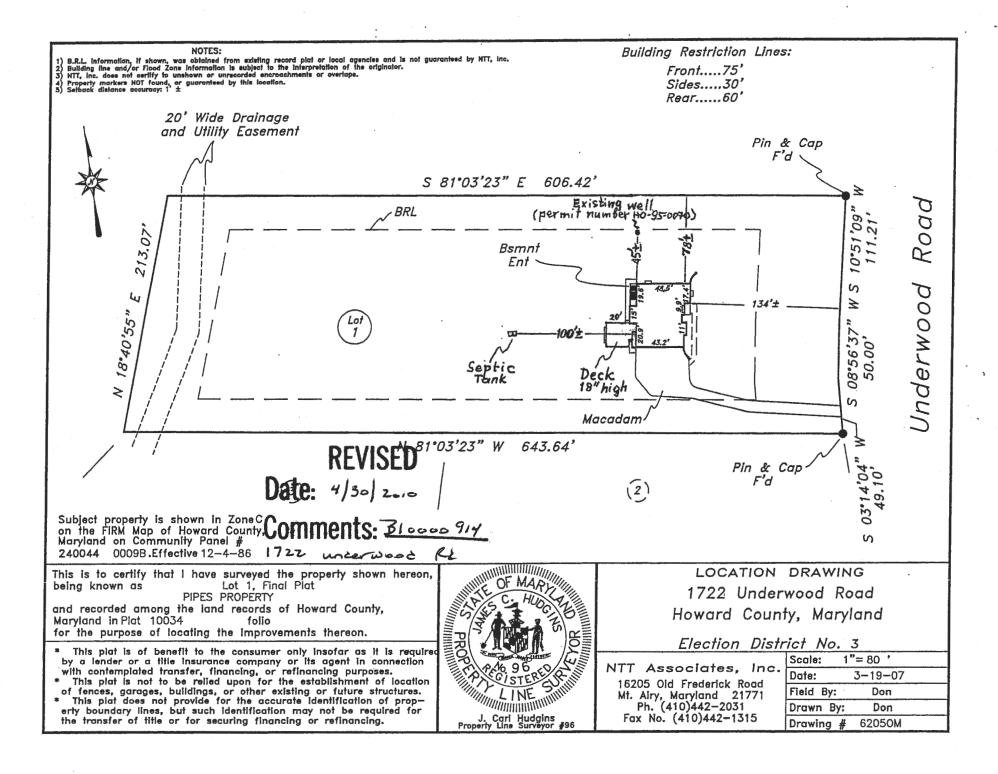
Lowes Deck Design

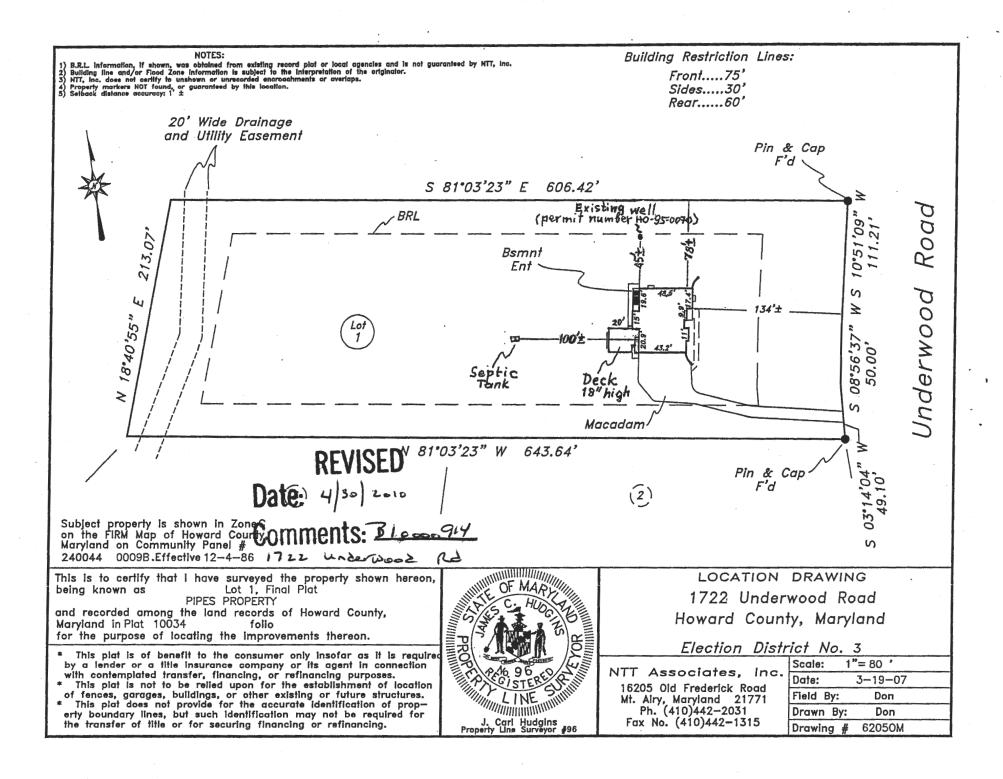
Print this document and take it to your local Lowe's.

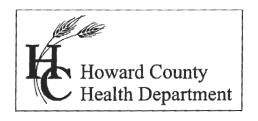
One of our associates will help you find the materials you need.

Vhadimir Doroshenko 1722 Underwood Rd Sykesville MD 21784









7178 Columbia Gateway Drive, Columbia MD 21046 Phone (410) 313-2640 Fax (410) 313-2648 TDD (410) 313-2323 Toll Free 1-866-313-6300

Website: www.hchealth.org

# Peter L. Beilenson, M.D., M.P.H., Health Officer

April 20, 2010

RE: Building Permit # B10000914 1722 Underwood Road Building Site Plan

Mr. Doroshenko:

Prior to building permit approval, an approved Building Plan is required. Further review is contingent upon submission of a Building Plan showing the following:

- Well location and setbacks required are 30 feet from new foundation and 100 feet from septic tank, system and easement, and 10 feet from driveways. Well tag numbers for existing wells must be included.
- Plan should be drawn to a reasonable scale between 1:30 and 1:100 and noted on plan.
- Show the exact location of existing structures, wells, septic easements, septic reserve areas, and other septic system components such as septic tank, dry wells and distribution boxes.
- Show proposed structure on plan.

Your building permit will be placed "on hold" until all Health Dept. requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

Wana L. Bernard, Sanitarian

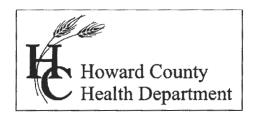
Bureau of Environmental Health

Well and Septic Program

Phone (410) 313-2775

E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file



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Bureau of Environmental Health

Well and Septic Program Phone (410) 313-2775

E-mail: DBernard@howardcountymd.gov

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# COMPLETE THIS FORM WHEN DROPPING OFF ANY CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:

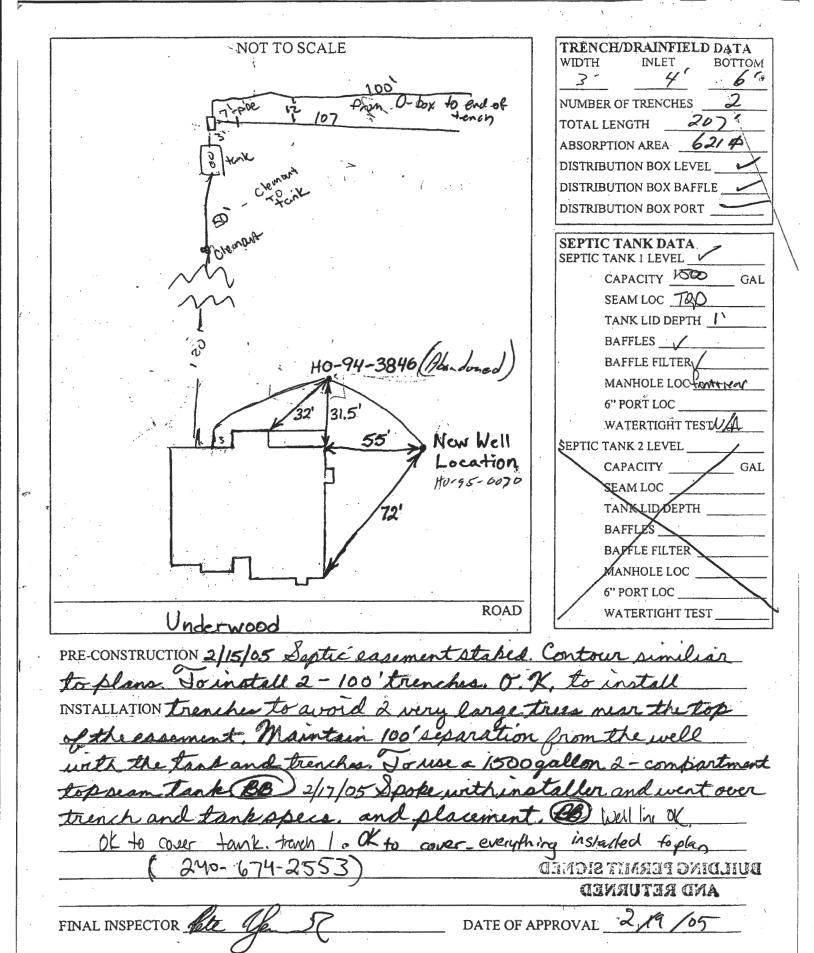
Date: To:	Jana Bernard, Bereau of Env. Health (Person's Name and Division)				
From:	Vladimit Doroshenko (410) 429-5025 (Your Name, Company Name and Telephone Number)				
Subject:	Project name deck addition				
	Project site address 1722 Underwood Rd, Sykosville MD 21784				
	Permit Number 810000914 SDP#				
	Other information pertinent to this project				
✓ Pleas	e check the attachments below that you are submitting with this transmittal:				
	Letter of response to Howard County plan review code letter				
<u>\</u>	Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.				
	Structural steel certification				
	Energy conservation calculations				
	Certification for (be specific).				
	Copies of (be specific).				
	Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or #				
	Other				
	Is there anyone else that should be contacted regarding this project if there are questions?				
	If so, please list that person's name and telephone number below:  (Person's name)  (Telephone number)				

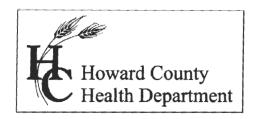
PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY <u>SIGNED AND SEALED</u>, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT <u>IS</u> READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by

white: Plan Review Division

yellow: Applicant pink: Permit Division





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Dana L. Buraud Dana L. Bernard, Sanitarian Bureau of Environmental Health

Well and Septic Program Phone (410) 313-2775

E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file

/¢	LAYOUT 2 15/05	INSP 4				
	INSP 2	INSP 5				
1	INSP 3	INSP 6 _		<u>'</u>		
<i>;</i>	ISSUE DATE:	02/14/2005	DEDM	TT '	P 521990	
	APPROVAL DATE:	2/19/05		D	A 46642	
		ON-SITE		OSAL SYSTEM		
			COUNTY HEALT			
	352		OF ENVIRONME MILLS DRIVE, EI	NTAL HEALTH LICOTT CITY, MD	21043	
				1 2		
	Mercer Custom Hom	nes, LLC	IS PE	RMITTED TO INS	STALL ALTER [	
	ADDRESS: <u>13787</u>	Rover Mill	Rd. W. Friendsh	1p PHONE NUMBER:	410-489-5438	
	SUBDIVISION: Pip	es Property		LOT NUMBER:	1	
	ADDRESS: 1722 Ut	nderwood Road	* PROP	PERTY OWNER: N	Michael Mercer	
	SEPTIC TANK CAPACI	TY (GALLONS):	/500 1000	OUTLET BAFFLE I	FILTER REQUIRED [	
	PUMP CHAMBER CAPA	ACITY (GALLONS	): <u>N/A</u>	COMPARTMENTED	TANK REQUIRED 🔀	
	NUMBER OF BEDROOM	, ,	4,	2-Comp.		
	SQUARE FEET PER BE	DROOM:	210	-		
	Linear feet of trench required: $175$ house served by public water $\Box$					
	TRENCHES:		grade. Effective area		ottom maximum depth 6.0 original grade. 2.0 feet of	
	LOCATION:		ion box exactly 105' from contour to right side		nt corner of the staked SDA.	
	NOTES:			and with 18-36" cover.		
	Contractor encouraged to extend trenches to 100' each for maximum use and efficiency.  Inline cleanout required between house and tank.					
	PLANS APPROVED:	MER	· t		DATE: 7/19/04	

NOTES: PERMIT VOID AFTER 2 YEARS

CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

WATERTIGHT SEPTIC TANKS REQUIRED

ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED

MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES, AND THE TERMS OF THIS PERMIT

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 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM **BUILDING PERMEDSIGNED**VE ANY REQUEST FOR INSPECTION ON VOICEMAIL

2-7-05 BOD ISDOGS- UG LA TANK