Cancel Help approved 11.9.22 -4.0.

Record Detail * (This section is required.)

Opened Date Permit Type Permit Number Building/Residential/Alteration/SFD B22004185 11/09/2022

Description of Work

SFD/ Install one 4" x 12" exterior set of steps using concrete block and poured concrete for steps. Create opening in existing foundation to accommodate one prehung door.**MORE THAN 4 STEPS, HANDRAIL IS REQUIRED

check spelling

Address * (This section is required.)

Search Reset

Clear

Get Parcel & Owner

Street # 7107 **Unit Type** --Select--

CLARKSVILLE

City

Street Name BROOKSHIRE

Unit #

X Coordinate -76.93309

MD

State

39.17544 Zip Code 21029

Street Type

Primary

Yes

LN

Y Coordinate

Parcel * (This section is required.)

Search

Reset

Clear

Get Address & Owner

GIS ID * 850316

Parcel 475

Parcel Area 40000

Land Value 269500

Improved Value 794400

Exemption Value 524900

Plan Area RURAL

Legal Description

IMPSLOT 15 40,000 SQ[]7107 BROOKSHIRE LN[]ASHLEIGH KNOLLS PHASE 1

check spelling

Block

Lot 15

Census Tract 605102

Council Dist

Inspection Dist Supervisor Dist Map #

DAP Zone

Plan Area

State Tax Id

Subdivision Name

1405416132

Section Area

Tax Map 41

Grid 41-7 **Zoning District** RR-DEO

ADC Map 5052-A2

SDP No.

Final Plan No.

WP File No.

Primary Yes

Record Plat No.

11120

WS Contract No.

FDP No.

Owner Occupied O Yes O No Historic District Registry No. Stat Area

Year Built 1995

Historic District O Yes
No

5-15A

Flood Plain O Yes
No

Building No

Owner (This section is not required.)

Search

Reset

Clear

Name '

COLEY NATHANIEL J JR Address Line 1 7107 Brookshire lane Address Line 2

Address Line 3

Mail City Clarksville Phone 4102922301 Mail State Md

Mail Zip Code 21029

Primary

Yes

Cell Number

Fax Number

Professionals (This section is not required.)

Search

Reset

Clear

License # *

Business Name

08010041139

CONSTRUCTION INTEGRATION GROUP LLC

License Type MHIC Ind

First Name Middle Name

✓ MICHAEL Address Line 1 Last Name CROSBY

Primary Yes

▼ 6400 BALTIMORE NATIONAL PKE #419

Address Line 2

City CATONSVILLE State ZIP Code MD 21228-0000 Fax

Phone 1 4107818507

4432033150

E-mail

MIKECROSBYJR@GMAIL.COM

Applicant (This section is not required.)

Search

As Owner

As Lic. Prof

As Contact

Phone 2

Type *

MI Last Name

Applicant

Michael

First Name

Crosby

Relationship **Full Name** -Select--▼ Michael Crosby Primary **Organization Name** No

Cig construction integration group

Street Address

6400 Baltimore national pike

Address Line 2

City Catonsville State Zip Code MD 21228

Phone

410-781-8507 E-mail *

Cigenterprisemd@gmail.com

Contact (This section is not required.)

Search

As Owner

As Lic. Prof

As Contact

Cell

Last Name Туре First Name MI Contact Michael Crosby Relationship

Licensed Professional V Michael Crosby

Full Name

Primary Yes

Organization Name Cig construction integration group

Street Address

6400 Baltimore national pike

Address Line 2

City State Zip Code Catonsville MD **~** 21228 Phone Cell Fax

410-781-8507 E-mail

Cigenterprisemd@gmail.com

Addtl Info

Est Construction Cost * 10000

Housing Units *

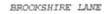
Number of Buildings * Public Owned

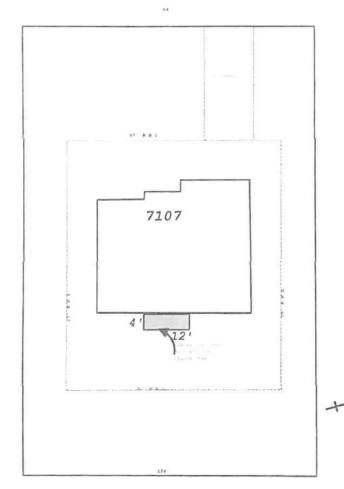
Construction Type --Select--

RESIDENTIAL ALTERATION INFO

RESIDENTIAL	L ALTERATION INF	ORMATION						
Total Square	Footage *	No of Stories * Basement	Bedrooms	Full Baths Half	f Baths	Water *	Sewage *	
48	SQFT	2Select	~			Private ~	Private	~
Existing Utilit	ties *	Existing Heating System *	Existing Sprinkler System	 Type of New F 	Fireplace	Expiration		Fee Exempt *
Electric	~	Electric ~	None	✓ -Select		> 5/8/2023		O Yes No
PAYMENT IN	FORMATION					- 8		
Check 1	Payee 1	Check 2	Payee 2	SAP Doc	No	SAP Entered	-	
							0	

Submit Cancel





1707 BROOSHIRE LANE	Drawing:	Project: 7402	Drawn: Builder	Notes:	CIG Enterprises, LLC	
Plot plan	Scale:	Date: 11/1/2022	Rev:			
e: Plot plan	1/16":1'0				410-781-8507	



HOWARD COUNTY HEALTH DEPARTMENT **BUREAU OF ENVIRONMENTAL HEALTH**

XXXXXXX 313-2640

PERMIT 05-416132

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

41371

5th DISTRICT

INDEXED

DATE

DATE SYSTEM APPROVED

INSPECTOR

VanSant Plumbir	ng & Heating	IS P	ERMITTED TO I	NSTALL X	AI TER
ADDRESS 3 North Avenue, M			•	795-6566	(*)
SUBDIVISION Ashleigh Knoll	120		7107 Broo	kshire Lane	2
PROPERTY OWNER	Wineheste	er Homes, Inc.	Thoma	is	
ADDRESS				H.,	
SEPTIC TANK CAPACITY 1250 NUMBER OF BEDROOMS 4	_GALLONS		a a	e e eng	
210 SQUARE FEET PER BED	- ROOM	e d w	4	** V.	
LINEAR FEET OF TRENCH REQUIRED	280	entes			* :
original grad	below original gradele. 2 feet of stone	e. Effective below distribu	area begir ition pipe	s at 3½ fe	et below
left lot line	oution box 125 feet f e. Run trenches alon	g contour in h	oth direct	ions.	*
NOTES - No trench to	exceed 100 feet in 10 or above on septic to	ength. Provid	le 6" - 8"	diameter c	leanout and
* 0 6 4		. 5	12		
PLANS APROVED BY	C. Williams		8 g	DATE	03/15/94
COVER NO WORK UNTIL INSPECTED AND A	PPROVED			*	K 2
NEITHER THE HOWARD COUNTY COUNCIL	NOR THE HEALTH DEPARTMENT IS F	RESPONSIBLE FOR THE	SUCCESSFUL OP	ERATION OF ANY	SYSTEM
NOTE: CLEANOUT REQUIRED EVERY 70 ACCEPTABLE.	FEET OF SEWER LINE AND/OR AT	90° SWEEPS IN LINES	S FROM HOUSE	TO DRAIN FIELDS	, 90° ELBOWS NOT
NOTE: ALL PARTS OF SEPTIC SYSTEMS AUTHORIZED)	(I.E. TANK, DISTRIBUTION BOX TRI	ENCHES) TO BE 100 F	EET FROM WELL	(UNLESS OTHER	WISE SPECIFICALLY
NOTE: IF DEEP TRENCH(ES) ARE USED CA	LL FOR INSPECTION BEFORE AND A	FTER PLACING GRAVEL	IN TRENCH(ES)	25	

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

