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

Date:	2/6/23	A a
То:	(Person's Name and Division)	Aproved 2/15/2023
From:	(Your Name, Company Name and Telephone Number)	- 7/10
Subjec	t: Project name Project site address 6958 WestcoHP Permit # B-22003852 SDP # Other information pertinent to this project	
✓ Plea	Letter of response to address plan review comment letter Revised plans and/or revised details: When submitting for a complete re-review, duplicate selecter Summarizing Changes Energy conservation calculations Copies of (be specific).	sets shall be submitted.
	Health Department Request Two sets of single family dwelling model plans to be placed on permanent file: Model name Other REVICE PLAN STEWNER SEPTIC CLEANOUT	and/or #
	Contact Perso Information: (Required) Telephone No: E-Mail Address: @ 51	1 \$40 075 (/U2 0 51/U2 - tracting con
NECE INFO OF IN ONCE SIGNA WILL INQUI AND A PLEA	SE ASSURE A CUMENT. AND/OR REVISIONS ARE APPROPRIATELY SIGN SSARY, BI A CENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED RMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER SPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROPE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND A STORY A GENCIE. IND THE BUILDING PERMIT IS READY FOR ISSUANCE, TO NOTIFY THE PROPRIATE CONTACT FERSON FOR PERMIT PICK UP. A SIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE IS PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTATIVE YOU.	THAT INSUFFICIENT THE DEPARTMENT BLEM. IN ADDITION, LL OTHER REQUIRED HE PERMIT DIVISION ALL PERMIT STATUS RELATED QUESTIONS SION AT 410-313-2436.
Receive	ed by	

White-Plan Review / Yellow-Applicant / Pink-Permit Division t:\Operations\Updated forms\transmit.frm - Rev. 04/2014

KEVISED Date: 2-6-23 Comments: 322003452 Aproved 2113/2023 DOCE TO PEINE PER COMPOSITE VICOD PECLIFIC CP APPROVED OVER) OFF 38 PESSIPE (FEATED Y/OCO FPA/AND ACIG!! OC SEPTIC CLEANOUT A3 PERMITH

B-22003852

NORTH

51LVA 6958 Westcott Pl

Date: 2-6-231
Comments: \$22003852

Aproved RML 1/3/2023

EXISTING SINGLE FAMILY RESIDENCE PROPOSED DECK AND STEPS **EXISTING JAPANESE** MAPLE TO REMAIN **EXISTING SINGLE** FAMILY RESIDENCE PROPOSED EXISTING DECK LANDSCAPING BY OTHERS-EXISTING DECK PROPOSED COVERED DECK AND STEPS

PERMIT# B22003852

6958 Westcott Pl

WESTCOTT PLACE

DATE ACCEPTED:

DILP 2022 (K) 7 1w0 E



RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4

www.bowardcountymd.gov

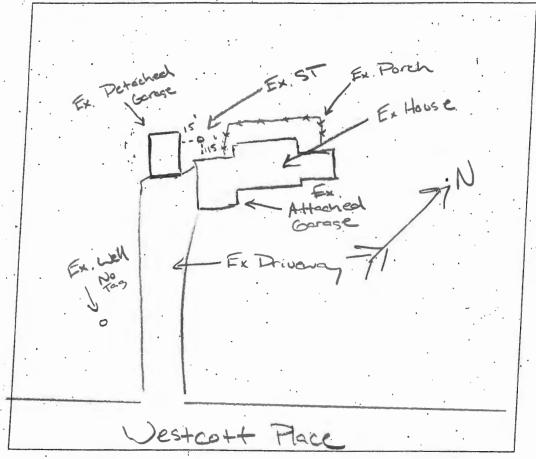
BUILDING SITE AD	DRESS REQUIRED		13/2	100				and the	
Street Address:	55 West	077.1	PERK				Unit:		
City:	2 - 11/1/-			State: MD			Zip Coo	le:	rG-
Subdivision/Village/Comple	ex Name:					SDP/WP/BA #:			
Lot:	Tax Map:	Pa	arcel:		Grading P	ermit #:			
DESCRIPTION OF W	VORK REQUIRED	y/tes	and the same						
Existing Use:		Proposed U	se:	- 1	DEC	4	Estimat	ted Cost: \$	achi
Trade Work to Be Complet	ted (Separate Permits Rec	<i>quired)</i> : □ M	lechanical (HV	ACR)	Electrical	□ Plumbing	□ No	one	
	20: 21.								
	277-118072		73	1 - 4 - 17	True	190	-	-	
	7 70-25 3 34 3-25					50 x	DE		
PROPERTY OWNER	INFORMATION	REQUIRED			al man	erec and the second			
Owner(s) Name(s) (As it a	appears on tax records):	EDWAL	105/10	(d + D)	ETOA		Primary	Residence:	Yes 🗆 No
Owner's Street Address:	RAST MIN	trout	Philip						
City:	3 July 2			State:	11		Zip Coo	le:	_
Phone:	444 0751		Email:	-1/LC	5/ 14	-Zakitle	4.6.2		1
APPLICANT NAME	REQUIRED - INDI	VIDUAL WH	O SIGNS TI	HIS APPLIC	ATION				
Business Name:	0.01			Contact Nan	ne:				
Street Address:			7/						
City:	- 1			State:	-1		Zip Coo	ie:	
Phone:			Email:						
CONTRACTOR INFO	RMATION REQU	IRED							
Business Name:	IDEE	K Vs.							
Licensee's Name:	O SILU	0		License #:	12	3071			
Street Address:	4	W/C							
City:	-/-	7		State:	11-1		Zip Coo	le:	N.
Phone:		6 V61 -	Email:	R-1/10			31		redla.
ARCHITECT/ENGIN	EER INFORMATION	N INDIVID	UAL WHO S	IGNED PLA	NS, IF APP	PLICABLE	MIC.	- A.	
Business Name:				Name:					
Street Address:									
City:				State:			Zip Coo	le:	
Phone:			Email:						
BUILDING CHARAC		JIRED					. T		
Primary Structure: SF D					1			Condo: ☐ Yes	
		ly: Dublic	□ Private	(Well)		sposal: Pu		Private (Seption	2)
Heating System: ☐ Electr			7	1		ree Project:			
Sprinkler System: NFP		□ NFPA 13D	☐ None			□ Yes □	No L	Voice Evac	
ADDITIONAL RESI	DENTIAL INFORMA	TION (PL	EASE SELEC	T/COMPLE	TE ALL THA	AT,APPLY)			
Model Name & Options:	1					(0.45-4)		" - 6 2 DD (14F)	41.
# of Bedrooms (SF):	# of efficiency units (N		# of 1 BR (I		# of 2 BR ((MF*):	T	# of 3 BR (MF	`);
# Rooms:	# Full Baths			# Half Bath			# Fire	eplaces:	
Garage/Carport Info:		etached Garag			□ Carport	□ None			
Basement/Foundation Info		Post & Pier		ed Basement		ed Basement:			
1st Fl Width:	1st Fl Depth:	2 nd Fl Width		2 nd Fl Depth		Bsmt Width		Bsmt De	
Energy Method: Prescr	The state of the s		ive 🗆 ERI	Gross Area:		sq ft	Occupi	able Area:	sq ft
AGREEMENT / DISC THE UNDERSIGNED HEREBY CERT			IS ALITHORIZED T	O MAKE THIS ADD	PLICATION: (2) TI	AAT THE INCORMA	TION IS CO	PRECT- (3) THAT HE	/SHE WILL COMPLY
WITH ALL REGULATIONS OF HO	WARD COUNTY WHICH ARE APPL THE/SHE GRANTS COUNTY OFFICE	LICABLE THERETO;	(4) THAT HE/SHE	WILL PERFORM	NO WORK ON TH	E ABOVE REFEREN	ICED PROP	ERTY NOT SPECIFICA	ALLY DESCRIBED IN
-/	maker -				200/	4/-	_		
/	2260				10/	112	2		
APPLICANT'S ORIGINAL SIGNA	ATURE			-DA	ATE SIGNED	1			
FOR OFFICE USE O	NLY	14		CHECKS PAY	ABLE TO: DIRE	CTOR OF FINAN	CE OF HC	WARD COUNTY	
AGENCIES REQUIRED/APP	PROVALS:					21.2/2			
					-	2/15/0	2)		
DR	DAPZ		ED		Health	712		☐ SHA	□ CID
SUBMITTAL FEES:	1500	PAYMENT:	m	(in		,	ACCEP	TED BY:	1/

View Map	View GroundRent Rec	lemption	View GroundRent Registration							
Special Tax Recaptur	、									
Account Identifier:	District - 05 Acc	count Number -	409918	•						
	C	Owner Informat	ion							
Owner Name:	5ILVA EDWARD SILVA DELORES		Use: Principal Residence	RESIDENTIAL e:YES						
Mailing Address:	6958 WESTCOT CLARKSVILLE M	–	Deed Reference:	/20447/ 00098						
	Location & Structure Information									
Premises Address: 6958 NW WE: CLARKSVILLE				LOT 8 3.0039 A 6958 WESTCOTT PL ASHLEIGH GREENE SUB SI						
Map: Grid: Parcel: Neight 0041 0001 0458 50202	nborhood: Subdivis 202.14 2002	ion: Section:	Block: Lot: Assessr 8 2023	ment Year: Plat No: 8726 Plat Ref:						
Town: None										
	Above Grade Living A	Area Finished B		perty Land Area County Use						
StoriesBasementType		alityFull/Half Ba		tice of Major Improvements						
	ARD UNITFRAME/5	2 full/2 half		Acce of Major Improvements						
	,	Value Informati	on							
	ssessments									
		As of 01/01/2023	As of 07/01/2022	As of 07/01/2023						
Land:	270,000	296,200								
Improvements	442,300	633,600	710 700	F0.1.000						
Total: Preferential Land:	712,300 0	929,800 0	712,300	784,800						
Preferential Land:	-	ransfer Informa	tion							
College Ell VA EDWADD 1		ate: 04/14/2021	Cion	Price: \$0						
Seller: 51LVA EDWARD J. Type: NON-ARMS LENGT		Deed1: /20447/ 00098		Deed2:						
Seller: GREEN EDWARD		ate: 08/31/2009		Price: \$715,000						
Type: ARMS LENGTH IMP		eed1: /12010/ 001	40	Deed2:						
Seller: WINCHESTER HO		ate: 03/25/1992		Price: \$375,000						
Type: ARMS LENGTH IMP		eed1: /02500/ 00	392	Deed2:						
,		emption Inform	ation							
Partial Exempt Assessm		•	07/01/2022	07/01/2023						
County:	000		0.00	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
State:	000		0.00							
Municipal:	000		0.00 0.00	0.00 0.00						
Special Tal Recapt in										
	Homeste	ad Application	Information							
Homestead Application										
	Homeowners' Tax Credit Application Information									
Homeowners' Tax Credi	Homeowners' Tax Credit Application Status: No Application Date:									

SITE INSPECTION SHEET

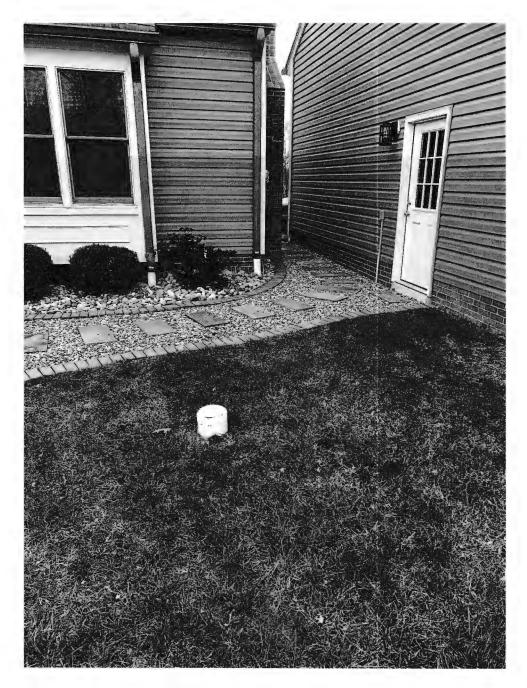
OWNER: Edward Silva	PHONE #:
ADDRESS: 6958 Westcott Floce	CONTRACTOR:
	WELL TAG#: HO-88-0504 (Records)
SUBDIVISION: Ashlesh Grant LOT: 8	COUNTY#: Hower of
PROPOSAL: BZZOO3852 proposeum	g renovation of existing
porch.	

LOCATION DIAGRAM



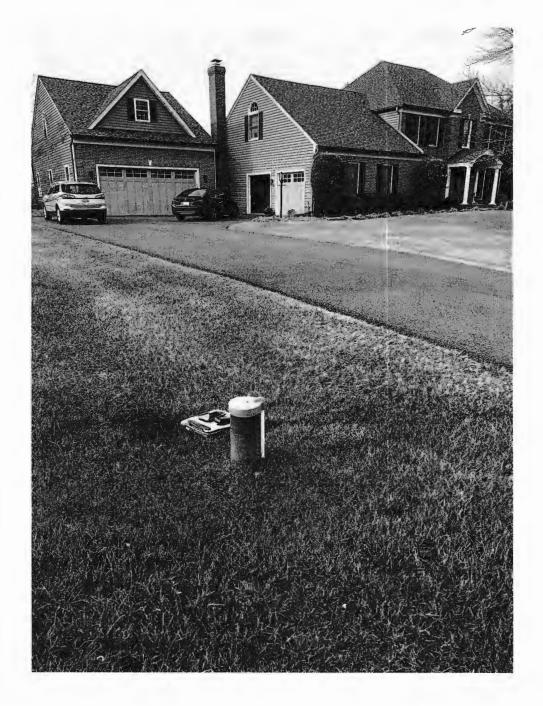
COMM	ENTS:	injell 1	nas I	piece unse	al with a	an intell	is dell	احا
L		مد لضم	5 67	5 located	No	Signs	A Pailus	<u>e</u>
wil								
Lo	de +	we W	C 500	replaced,			,	
				· ·				
DATE:	2/2	12023		INSPECTOR:	RSF			Minella

6958 Westcott Place 2/2/2023



Ex. ST

6958 Dest-cott Place 2/2/2023



Existing Dilled Well

1/1:40 /1/100 2:000

PERMIT

2991 OKJEN # 45323

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH 1

TRICT_5th

40715

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH 461-9933 05-409918

INDEXED

ATE SYSTEM APPROVED 8-29-91

INSPECTOR________

Frall Septic Service, Inc. IS PERMITTED TO	INSTALL X ALTER
ADDRESS P. O. Box 659, Mt. Airy, Maryland 21771 PHONE	795-5674
SUBDIVISION Ashleigh Greene ROAD 6958 Wescott Place	LOT8
PROPERTY OWNER Winchester Homes, Inc.	Ed GreenE
ADDRESS	
IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY	22%
GARBAGE GRINDER? YES TO NO X	
SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4	
TRENCHES - sq. ft. per bedroom with garbage disposal. Trenc Inlet 4.5 feet below original grade. Bottom maximum original grade. Effective area begins at 4.5 feet be 4.5 feet of stone below distribution pipe.	depth 9 feet below
LOCATION - Start the first trench 160 feet from the front lot li left lot line as seen when facing the lot from Wescot trenches on contour toward the left lot line.	t Place. Run 2-98 ft
NOTE - No trench to exceed 100 feet in length. Provide 6" - and cap to grade or above on septic tank.	8" diameter cleanout
PLANS APPROVED BY S. Abel	DATE _5/10/89
COVER NO WORK UNTIL INSPECTED AND APPROVED	
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION	N OF ANY SYSTEM
NOTE. CLEANOUT REQUIRED EVERY TO FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIEL	.DS
NOTE ALL PARTS OF SEPTIC SYSTEMS II.E., TANK, DISTRIBUTION BOX TRENCHESI TO BE 100 FEET FROM WELL (UNLESS OTHER	WISE SPECIFICALLY AUTHORIZEDI
NOTE: IF DEEP TRENCHIES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHIES)	
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 40 PVC OR ABS	
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. CONC ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED	RETE OR TERRA COTTA OR PVC OR ABS
NOTE DISTRIBUTION BOXES MUST HAVE BAFFLES	

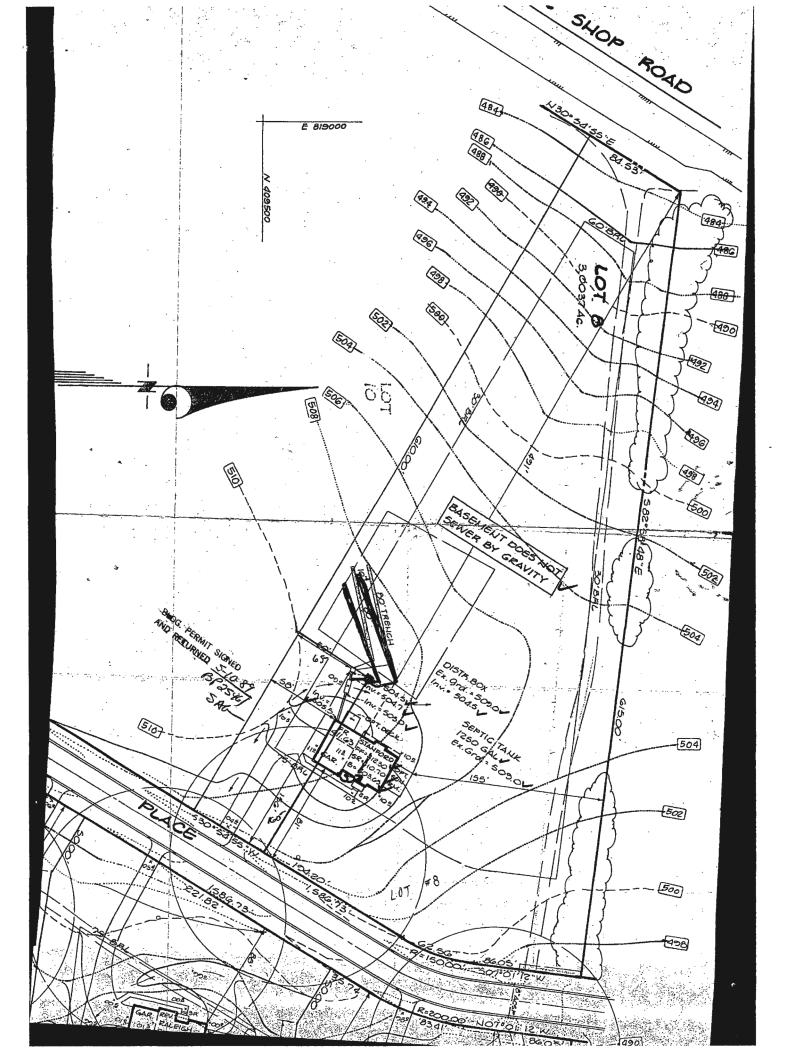
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

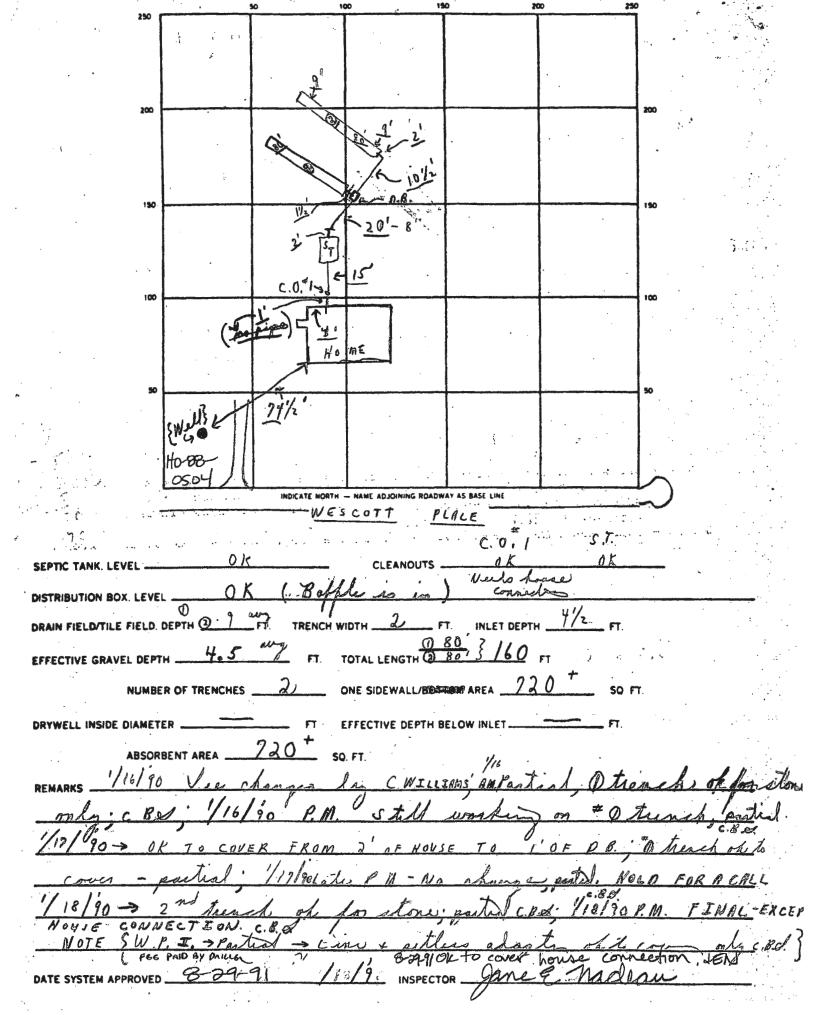
APPLICATION

٠	PERCOLATION TES	TING A 40770
		P
	HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH	DISTRICT 5th
	P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 461-9933	DATE 12/1/87
•	THE COUNTY MEAL TH OFFICER	

I, HEREBY, APPLY	FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSA	AL SYSTEM
PROPERTY OWNER	Winchester Homes, Inc. Real Estate Deve	lopment Group
ADDRESS	6301 Ivy Lane Greenbelt, MD 20770 PHONE	301-220-1117
PROSPECTIVE BUYER	N/A	
ADDRESS	N/A PHONE	
PROPERTY LOCATION:		
SUBDIVISIONAsh	nleigh Greene Section I LOT NO	8
ODAR AND DESCRIPTION	Intersection Hall Shop Road & Simpson Ro	ad_
RUAD AND DESCRIPTION	6958 WESTSCOTT Place	
TAX MAP 41	PARCEL * 139	
SIZE OF LOT	4.2 AC TYPE BLDG	Single Family
		(SINGLE FAMILY DWELLING OR COMMERCIAL)
THE SYSTEM INSTALL	ED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECO	OME AVAILABLE I FULLY UNDERSTAND THE
-	THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE LINDER ANY C	CIRCUMSTANCES. I ALSO AGREE TO COMPLY
	TSIGNATURE OF	
APPROVED BY Sol	alul FOR Dup temolus	DATE 5-10-89
REJECTED BY	FOR	DATE
HOLD PENDING FURTHER	TESTS	DATE
	ORHOLDING 2-17-BE Pending subdivision	plat approval and
perc hole	Tocations. JEN	VV

THIS IS NOT A PERMIT





APPLICATION

PERCOLATION TESTING

5t	h		

40715

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 461-9933

	,	
DISTRICT	5th	
DATE	12/1/87	

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OCOMPLY
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THIS IS NOT A PERM

