

PERMIT NUMBER: B 2300 2287

DATE ACCEPTED: JUN 21 2023

RESIDENTIAL BUILDING PERMIT APPLICATION
 HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS DIVISION
 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4
 www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

Street Address: **12257 Woodspurge Court** Unit: _____
 City: **Ellicott City** State: **MD** Zip Code: **21042**
 Subdivision/Village/Complex Name: **Woodmark BLK B** SDP/WP/BA #: _____
 Lot: **12** Tax Map: _____ Parcel: **03-285723** Grading Permit #: _____

DESCRIPTION OF WORK REQUIRED

Existing Use: **Residence** Proposed Use: **Residence** Estimated Cost: **\$20,000.00**
 Trade Work to Be Completed (Separate Permits Required): Mechanical (HVAC) Electrical Plumbing None
New work shall add an onto an additional living space to include a new roof configuration, new windows and while closing off two fireplaces in the process, adding a new wood burning fireplace on the end. The new addition shall add approximately 120 square feet to our existing home. The general dimensions of this new addition are 12x10. 1-story

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): **Ogden Michael J; Ogden Janine L** Primary Residence: Yes No
 Owner's Street Address: **12257 Woodspurge Court**
 City: **Ellicott City** State: **MD** Zip Code: **21042**
 Phone: **(410) 200-0150** Email: **mogden@accuratebuilds.com**

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: _____ Contact Name: **Michael Ogden**
 Street Address: **12257 Woodspurge Court**
 City: **Ellicott City** State: **MD** Zip Code: **21042**
 Phone: **(410) 200-0150** Email: **mogden@accuratebuilds.com**

CONTRACTOR INFORMATION REQUIRED

Business Name: _____
 Licensee's Name: **Michael Ogden** License #: **OWNER TO ACT AS CONTRACTOR**
 Street Address: **12257 Woodspurge Court**
 City: **Ellicott City** State: **MD** Zip Code: **21042**
 Phone: **(410) 200-0150** Email: **mogden@accuratebuilds.com**

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: **Ronald Johnston & Associates** Name: **Ronald Johnston**
 Street Address: **11407 Barley Field Way**
 City: **Marriottsville** State: **MD** Zip Code: **21104**
 Phone: **(410) 442-3667** Email: **ron@rjarchitect.com**

BUILDING CHARACTERISTICS REQUIRED

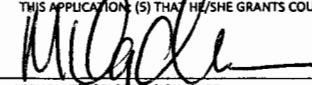
Primary Structure: SF Dwelling SF Townhouse SF Duplex Mobile Home Multi-Family Dwelling (MF*) Condo: Yes No
 Utilities: Electric Gas Water Supply: Public Private (Well) Sewage Disposal: Public Private (Septic)
 Heating System: Electric Natural Gas Propane Other: _____ Roadside Tree Project: No Yes: # _____
 Sprinkler System: NFPA 13 NFPA 13R NFPA 13D None Fire Alarm System: Yes No Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options: **Rancher**
 # of Bedrooms (SF): _____ # of efficiency units (MF*): _____ # of 1 BR (MF*): _____ # of 2 BR (MF*): _____ # of 3 BR (MF*): _____
 # Rooms: _____ # Full Baths: _____ # Half Baths: _____ # Fireplaces: **1**
 Garage/Carport Info: Attached Garage Detached Garage Integral Garage Carport None
 Basement/Foundation Info: Slab on Grade Post & Pier Unfinished Basement Finished Basement: Full or Partial
 1st Fl Width: **8** 1st Fl Depth: **18** 2nd Fl Width: _____ 2nd Fl Depth: _____ Bsmt Width: _____ Bsmt Depth: _____
 Energy Method: Prescriptive Performance UA Alternative ERI Gross Area: **120** sq ft Occupiable Area: **120** sq ft

AGREEMENT/ DISCALIMER REQUIRED

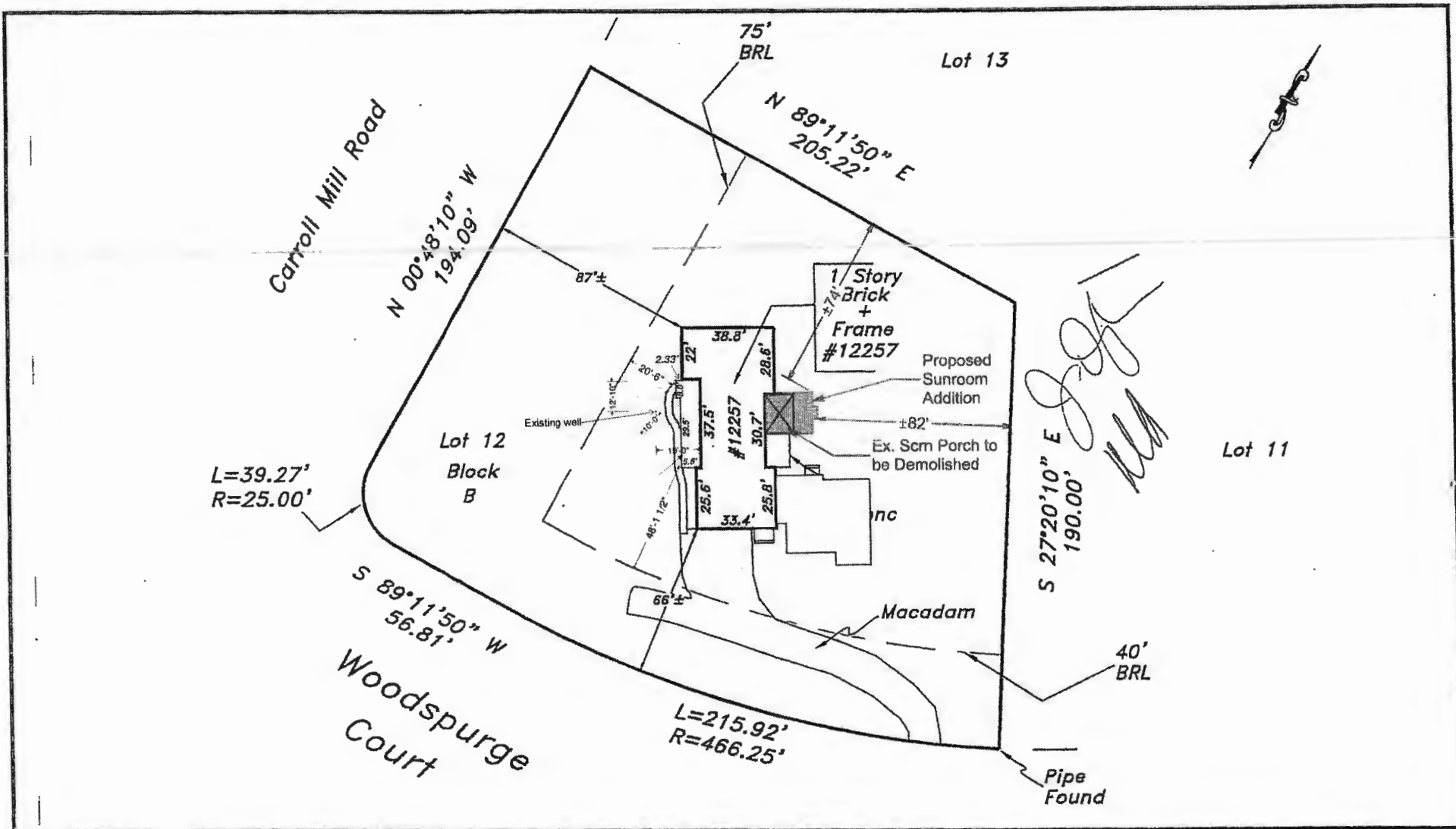
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

 June 21, 2023
 APPLICANT'S ORIGINAL SIGNATURE DATE SIGNED

FOR OFFICE USE ONLY CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:
 PR OPZ DED Health SHA CID
 APPROVED: *MRE 7/10/23*

SUBMITTAL FEES: **\$2500** PAYMENT: **ck# 2352** ACCEPTED BY: *MRE*



The purpose of this drawing is to locate, describe, and represent the positions of buildings and substantial improvements affecting the property shown hereon, being known as:
 Lot 12, Block B,
 WOODMARK
 recorded among the land records of Howard County, Maryland in
 Plat Book 13 Plat 64

PREPARED FOR:
Lakeside

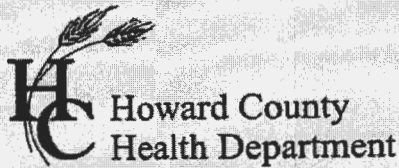
This is page one of a two page document. The advice found on the affixed page is an integral part of this drawing, and is not valid without all pages.

James Carl Hudgins
 Property Line Surveyor #96
 Expiration Date: 3/11/16

LOCATION DRAWING
 12257 Woodspurge Court
 3rd ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

NTT Associates, Inc.
 16205 Old Frederick Rd.
 Mt. Airy, Maryland 21771
 Phone: (410) 442-2031
 Fax: (410) 442-1315
 www.nttsurveyors.com

Scale:	1" = 60'
Date:	11-4-15
Field By:	DR
Drawn By:	DR
File No.:	LMD22377
Page No.:	1 of 2



Bureau of Environmental Health
 8930 Stanford Boulevard, Columbia, MD 21045
 Main: 410-313-2640 | Fax: 410-313-2648
 TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
 Facebook: www.facebook.com/hocohealth

Maura J. Rossman, M.D., Health Officer

RECEIPT DATE: _____ **ONSITE SEWAGE DISPOSAL SYSTEM** P _____
 APPROVAL DATE: 1/19/23 **PERMIT: CONSTRUCTION** A _____
 PROPERTY ADDRESS: 12257 Woodspurge Ct
 SUBDIVISION: Woodmark LOT: 12 TAX ID: _____
 CONTRACTOR: _____ EMAIL: _____
 CONTRACTOR ADDRESS: _____ PHONE: _____
 PROPERTY OWNER: Ogden EMAIL: Mogden@accuratebuilds.com
 OWNER ADDRESS: _____ PHONE: 410-200-0150
 SEPTIC TANK SIZE (GALLONS): 1500 TANK MANUFACTURER: _____
 PUMP MODEL: Goulds PUMP SIZE: 1/3 hp PUMP TANK CAPACITY: 1500

DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 4 APPLICATION RATE: 0.8

TRENCHES:	LINEAR FEET REQUIRED: <u>90' (2 x 45')</u>	INLET DEPTH: <u>3'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>8'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>11'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>3'</u>
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND TANK LOCATIONS MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	Needs force main constructed to watertight standards set forth in COMAR 26.04.04 and maintain 10' to well locations or sleeve within 50' of well locations.	

ISSUED BY: Jeff Williams ISSUE DATE: _____ EXPIRATION DATE: _____

- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- NOTE: WATERTIGHT TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM
 ELECTRICAL PERMIT ISSUED E _____
- NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

**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 410-313-1771 TO SCHEDULE INSPECTIONS.**

NOT TO SCALE

TRENCH/DRAINFIELD DATA

WIDTH 3' INLET 3' BOTTOM 8'

NUMBER OF TRENCHES 2

TOTAL LENGTH 90 F

ABSORPTION AREA 270 SF + 15' SIDE WALL

DISTRIBUTION BOX LEVEL PUMP

DISTRIBUTION BOX BAFFLE CONC

DISTRIBUTION BOX PORT YES

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL YES

MANUFACTURER BABYLON

CAPACITY 1500 GAL

SEAM LOC TOP

TANK LID DEPTH 4.5'

BAFFLES YES

BAFFLE FILTER YES

MANHOLE LOC FRONT/BACK

6" PORT LOC -

WATERTIGHT TEST -

SLOTTED YES

DATE ON LID 12/14/2022

PUMP/SEPTIC TANK LEVEL YES

MANUFACTURER BABYLON

CAPACITY 1500 GAL

SEAM LOC TOP

TANK LID DEPTH 4'

BAFFLES -

BAFFLE FILTER -

MANHOLE LOC FRONT/BACK

6" PORT LOC -

WATERTIGHT TEST -

SLOTTED -

DATE ON LID 12/14/2022

ROAD NAME

PRE-CONSTRUCTION:

01/12/2023 Confirmed contour of 2x trs.

INSTALLATION:

01/17/2023 S1C AND S2 INSTALLED. TANKS SET. (D)
01/18/2023 OK to straighten out tanks; tanks set; S1C installed. (D)
01/19/2023 Street main installed; D box set; P/A
Complete. (D)

FINAL INSPECTOR

[Handwritten Signature]

DATE OF APPROVAL

01/19/2023

