

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

806002227

Building Address 12912 VISTAVIEW DR.
WEST FRIENDSHIP MD 21794
Suite/Apt. #: _____ SDPWP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name ELLEN HONG
Address 12912 VISTAVIEW DR.
City WEST FRIENDSHIP State MD Zip Code 21794
Home Phone (410) 489 2458 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use S.F.D.
Proposed Use Deck & Porch S.F.D.
Estimated Construction Cost \$ 29,000
Description of Work 18' x 14' SCREENED PORCH &
19' x 16' DECK WITH STAIRS TO
GROUND

Contractor Company OUTDOOR CARPENTRY & DESIGN
Contact Person LUIS BALDERAMA
Address 11292 SCAGGSVILLE RD.
City LAUREL State MD Zip Code 20723
License No. 83116
Phone (301) 617 0808 Fax (301) 617 0909

Occupant or Tenant _____
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Height: _____	
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
State Certified Modular _____	
Manufactured Home _____	

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 THERE TO; (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.

Applicant's Signature _____
Title/Company _____

Print Name LUIS BALDERAMA
Date 7/26/06

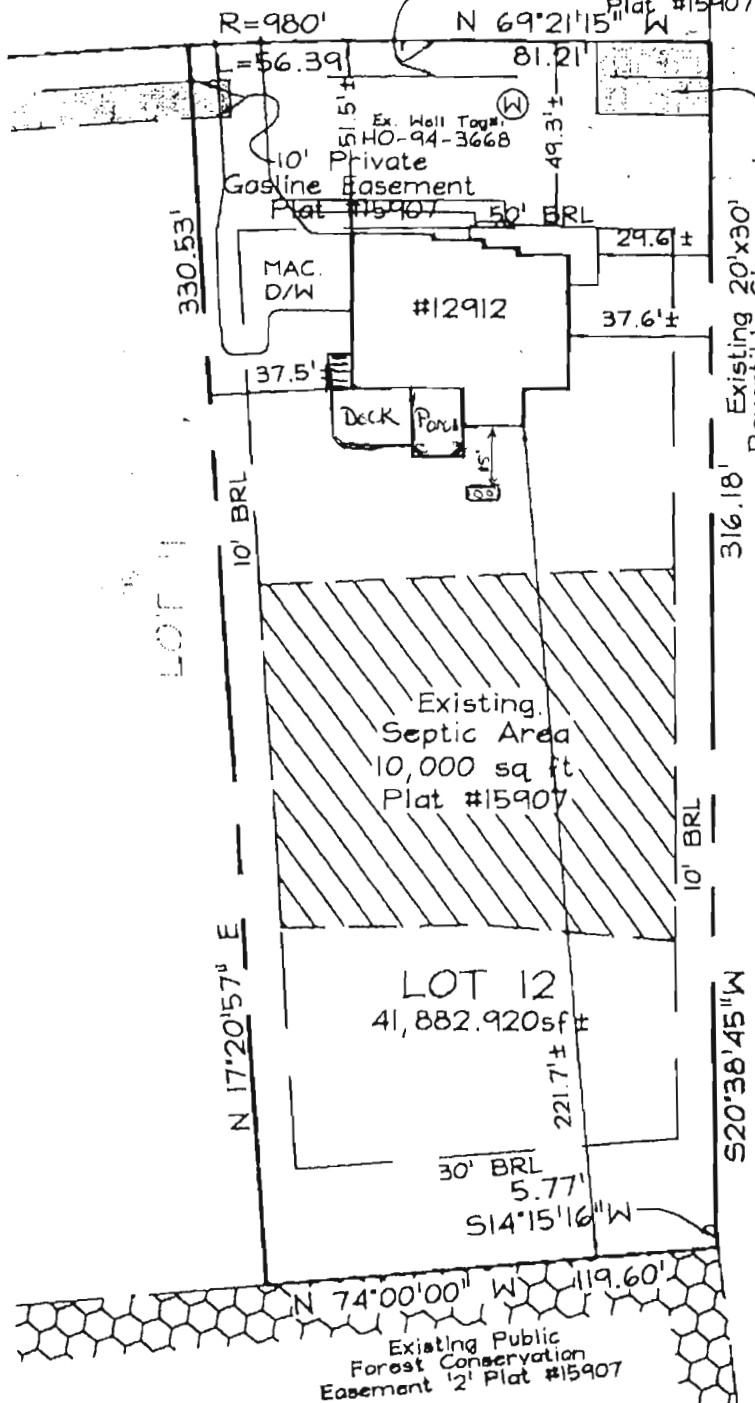
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>7/27/06</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		
Distribution of Copies- White: Building Official Green: LDD, DPZ		
T:\forms\PERMIT.FRM		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

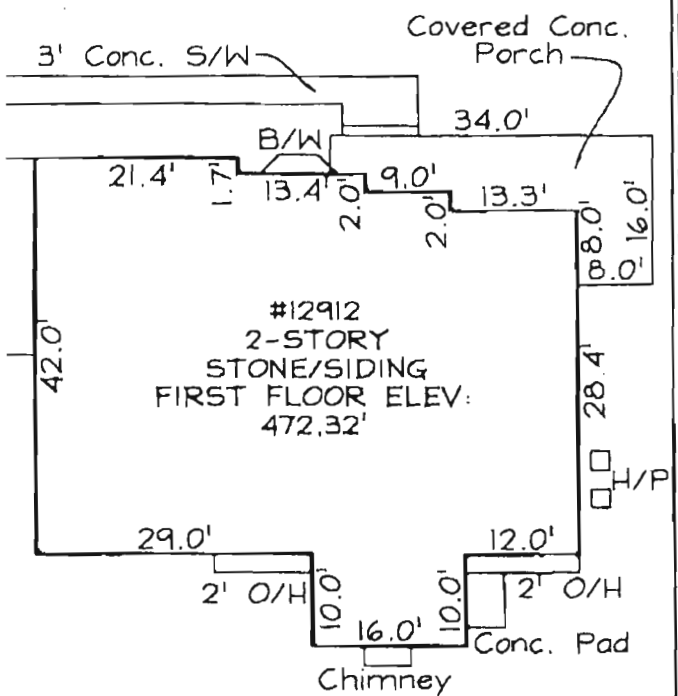
VISTAVIEW DRIVE

(Public Access Place)

Plat #15907 Ex. 10' Public Tree Maintenance
and Utility Easement (Typ.)**PLAN VIEW**

SCALE: 1"=50'

APPROVED
WALK-THRU BUILDING PERMIT
BP# 806000007 A# 513359-L
APP. SAN GAC DATE: 7/27/06
DESC. OF WORK: Deck/Porch
shown - 10' to septic tank from
pier foundation.

**FOUNDATION DETAIL**

SCALE: 1"=20'

LEGEND

F/P	• FIREPLACE	O/H	OVERHANG
B/W	• BAY WINDOW	H/P	HEAT PUMP/AIR COND.
D/W	• DRIVEWAY	MAC	MACADAM
CONC	• CONCRETE	E/M	ELECTRIC METER

DIMENSIONS LABELED ± ARE WITHIN 0.1'

ADDRESS No. 12912 VISTAVIEW DRIVE

FIRST FLOOR ELEV. = 472.32'

WELL TAG #: HO-94-3668

THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY
INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE
COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED
TRANSFER, FINANCING OR REFINANCING;

THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ES-
TABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR
OTHER EXISTING OR FUTURE IMPROVEMENTS;

AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE
ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT
SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER
OF TITLE OR SECURING FINANCING OR REFINANCING.

FSH Associates

Engineers Planners Surveyors

2315 Jomart Street Ellicott City, MD 21043

Tel: 410-750-2251 Fax: 410-750-7350

E-mail: FSHAssociates@cs.com

**LOCATION
DRAWING**

FOUNDATION	Date: 01/12/04
FINAL	Date: 07/02/04
DRAWN BY:	GS
SCALE:	As Shown
W.O. No.:	3003



LOT 12
FOX CHASE ESTATES
PLAT No. 15907
3RD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

LAYOUT 5/18/04-1PM INSP 4 _____
INSP 2 6/17/04 Canfield INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 5/14/2004

APPROVAL DATE: 6/24/04

PERMIT INDEXED

P 520362

A 513359-L

ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043

03-339734

Maticic Construction Services, Inc IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 5977 Sandy Ridge Court, Elkridge PHONE NUMBER: 410-379-6463

SUBDIVISION: Fox Chase Estates LOT NUMBER: 12

ADDRESS: 12912 Vistaview Drive PROPERTY OWNER: Williamsburg Group

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 170 HOUSE SERVED BY PUBLIC WATER ☐

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place distribution box in middle of high edge of staked SDA. Run (3) 56' trenches to right side of property.
NOTES:	Adjust tank location out of fill as much as possible to provide best location and suitable cover.

PLANS APPROVED: MER OK/MR DATE: 12/4/03

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 NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL

BUILDING PERMIT SIGNED

AND RETURNED

7/27/06 - B06002227 - 18x14 porch & 11x16 Deck
A513359-L