

PERMIT NUMBER: **23002443**

DATE ACCEPTED:



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.howardcountymd.gov

BUILDING SITE ADDRESS *REQUIRED*

Street Address: **17319 White Plains Court** Unit: _____
 City: **Mt. Airy** State: **MD** Zip Code: **21771**
 Subdivision/Village/Complex Name: **White Wood Estates** SDP/WP/BA #: _____
 Lot: **12** Tax Map: **0007** Parcel: **0001** Grading Permit #: _____

DESCRIPTION OF WORK *REQUIRED*

Existing Use: **Exterior Deck** Proposed Use: **Screened porch** Estimated Cost: **\$25.00**
 Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing None
Extend existing permitted deck and construct a return gable roof over it and screen in.
2x20 20x16 Screen Porch w/ Landing & Stairs

PROPERTY OWNER INFORMATION *REQUIRED*

Owner(s) Name(s) (As it appears on tax records): **Gary R. and Kathleen A. Ahrens** Primary Residence: Yes No
 Owner's Street Address: **17319 White Plains Court**
 City: **Mt. Airy** State: **MD** Zip Code: **21771**
 Phone: **(410) 978-6541** Email: **gary.ahrens@kw.com**

APPLICANT NAME *REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION*

Business Name: _____ Contact Name: **Gary R. Ahrens**
 Street Address: **17319 White Plains Court**
 City: **Mt. Airy** State: **MD** Zip Code: **21771**
 Phone: **301-978-6541** Email: **gary.ahrens@kw.com**

CONTRACTOR INFORMATION *REQUIRED*

Business Name: *Homeowner to act as Contractor* License #: **126 2023**
 Licensee's Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: **PERMITS**
 Phone: _____ Email: _____

ARCHITECT/ENGINEER INFORMATION *INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE*

Business Name: _____ Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____

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: _____
 # of Bedrooms (SF): **4** # of efficiency units (MF*): _____ # of 1 BR (MF*): _____ # of 2 BR (MF*): _____ # of 3 BR (MF*): _____
 # Rooms: _____ # Full Baths: **3** # Half Baths: **1** # 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: **60** 1st Fl Depth: **35** 2nd Fl Width: **60** 2nd Fl Depth: **35** Bsmt Width: **45** Bsmt Depth: **35**
 Energy Method: Prescriptive Performance UA Alternative ERI Gross Area: _____ sq ft Occupiable Area: _____ 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.

APPLICANT'S ORIGINAL SIGNATURE: *[Signature]* DATE SIGNED: **6/26/2023**

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

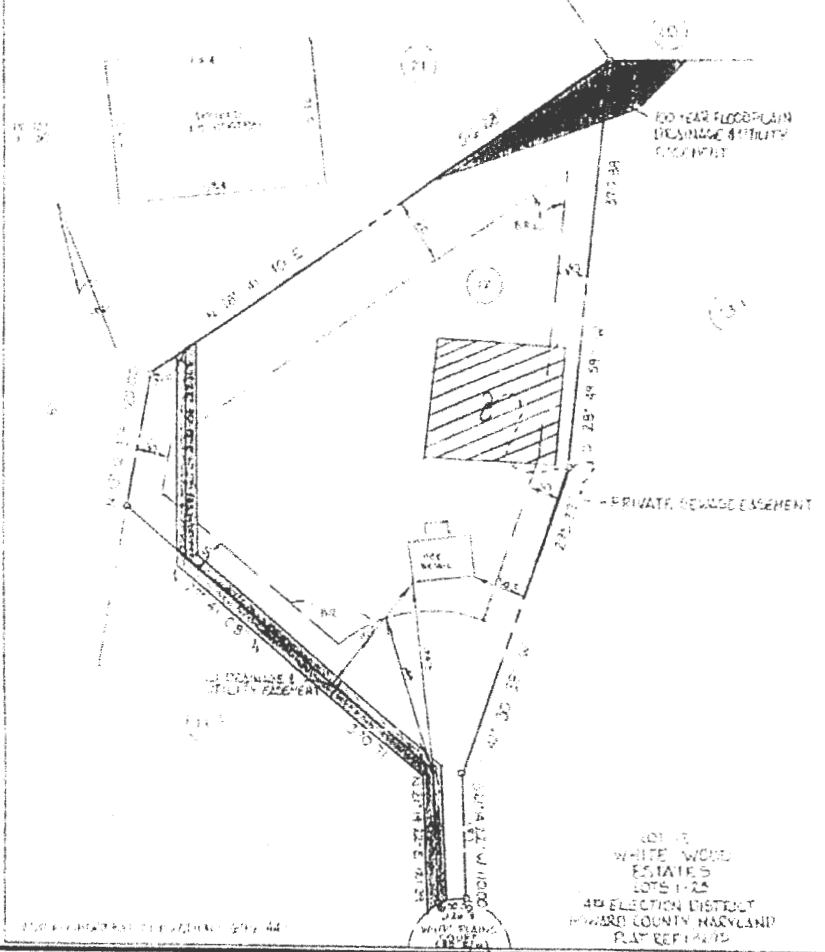
AGENCIES REQUIRED/APPROVALS:
 PR DPZ DED Health *Approved MUE 7/6/23* SHA CID

SUBMITTAL FEES: _____ PAYMENT: _____ ACCEPTED BY: _____

GENERAL NOTES:

1. THIS PLAN IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar as it is required by a LENDER OF TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONVEYANCE OF PROPERTY AND IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF PROPERTY LINES OR THE LOCATION OF BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS AS A RESULT OF THIS PLAN UNLESS THE CLIENT PROVIDES ACCURATE IDENTIFICATION OF EXISTING LINES AND SUCH IDENTIFICATION MAY NOT BE SUFFICIENT FOR THE PURPOSES OF TITLE OR FLOODING PROGRAM FLOOD INSURANCE DATA MAY BE OBTAINED FROM THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE DATA MAPS.

2. THE DISTANCE FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAN MEANS APPROXIMATELY AN ACCURACY OF 1/8" PER 100'.



LOT 15
 WHITE WOOD
 ESTATES
 LOTS 1-25
 4th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 PLAN REF 14-215

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 NATIONAL SQUARE OFFICE PARK - 1877 BALDWIN NATIONAL FREE
 EJECTS CITY, MARYLAND 21114
 SEP 16 - 1979

STATE OF MARYLAND
 CHARLES J. CROVO, JR.
 PROFESSIONAL LAND SURVEYOR
 REG. 1076
 RESIDENCE
 11400 WOODBURN RD
 GREENBELT, MD 21741

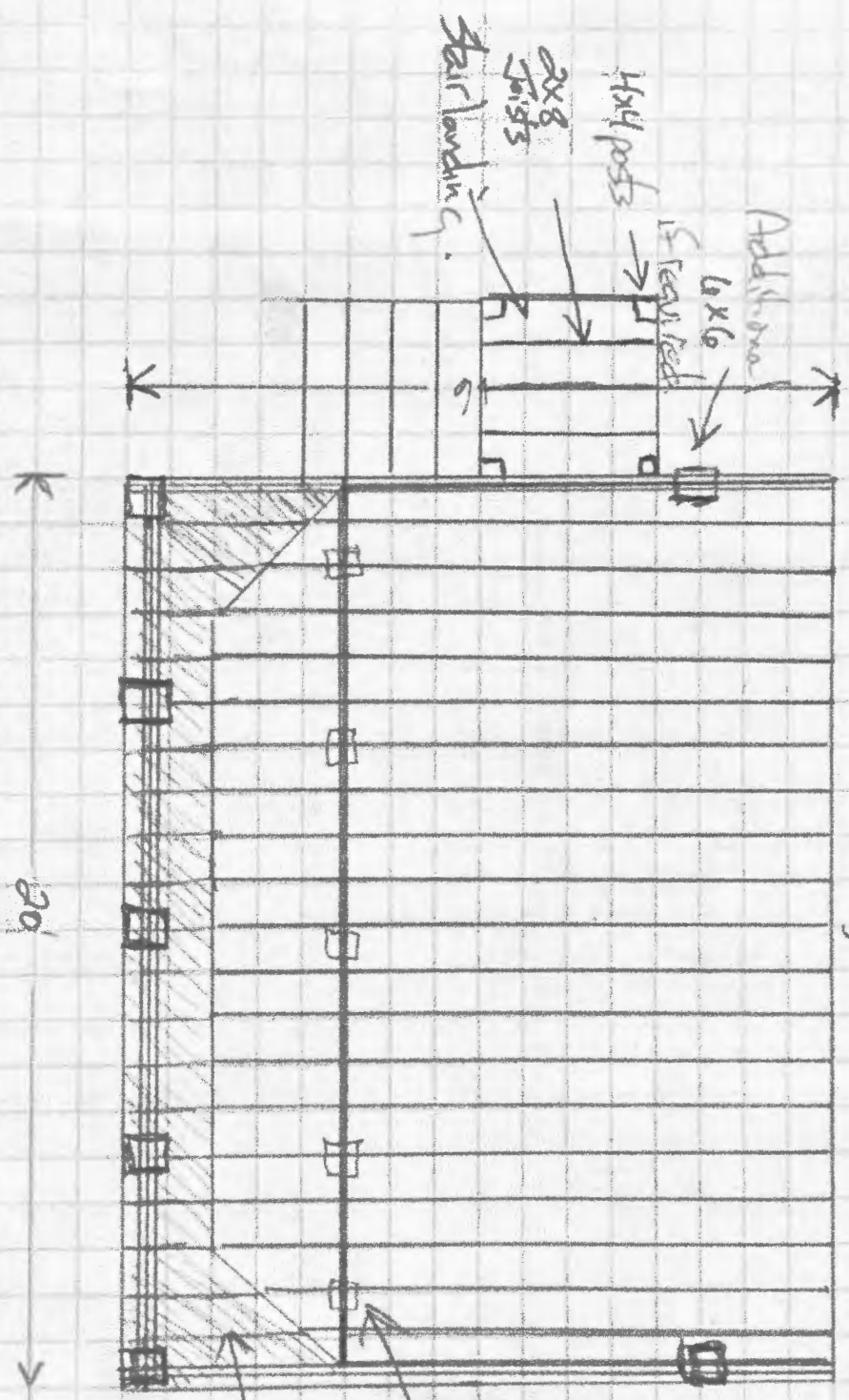
PROFESSIONAL LAND SURVEYOR DATE
 REG. # 1076

**HOUSE LOCATION
 DRAWING**

FOUNDATION LOCATION _____
 FINAL LOCATION _____
 BOUNDARY SURVEY _____

SCALE: 1"=50'
 DATE: 3/22/79
 DRAWN BY: JCL
 CHECKED BY: MJA
 PROJECT No: 520311

Existing house



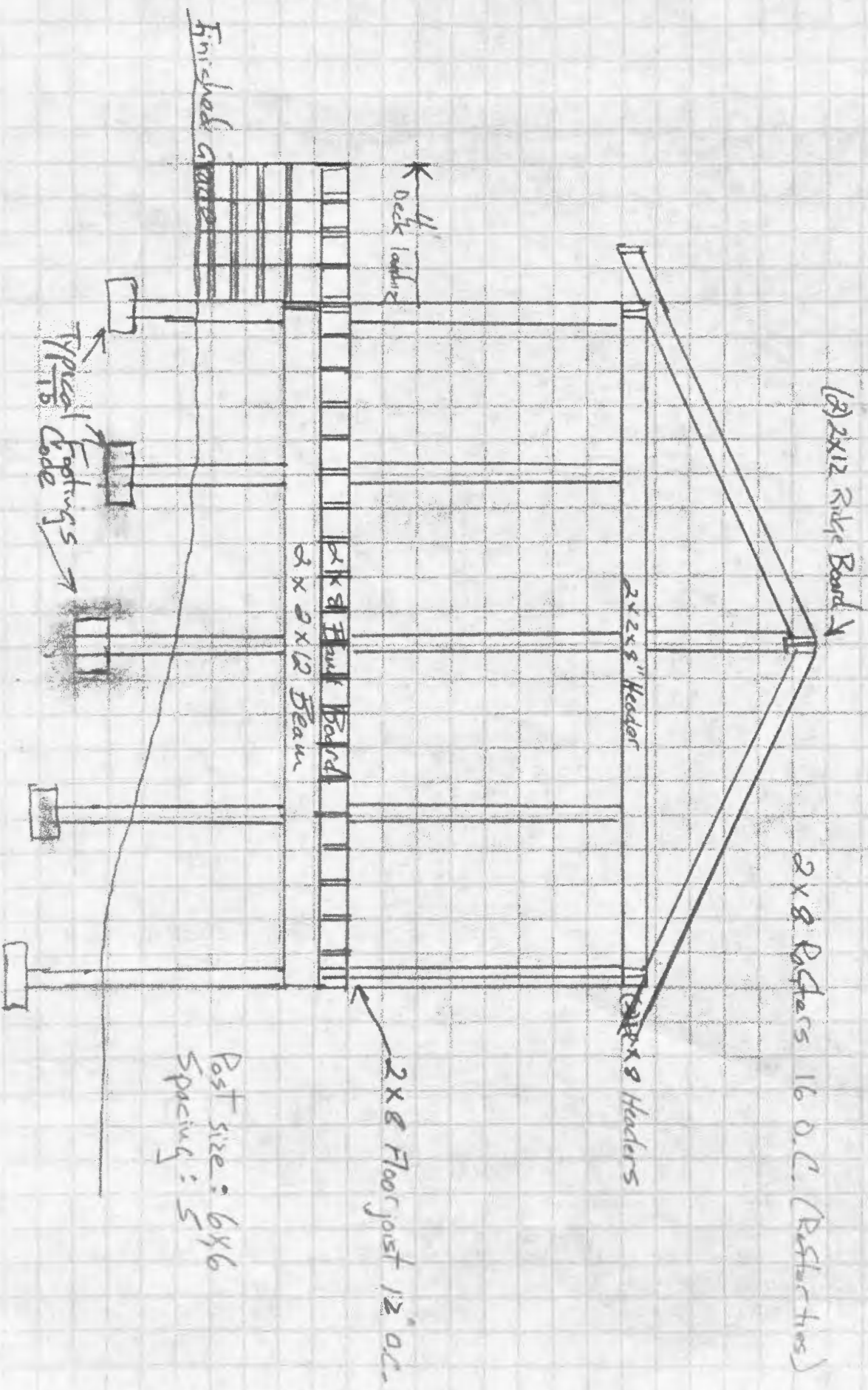
Existing Deck - permitted 1999.

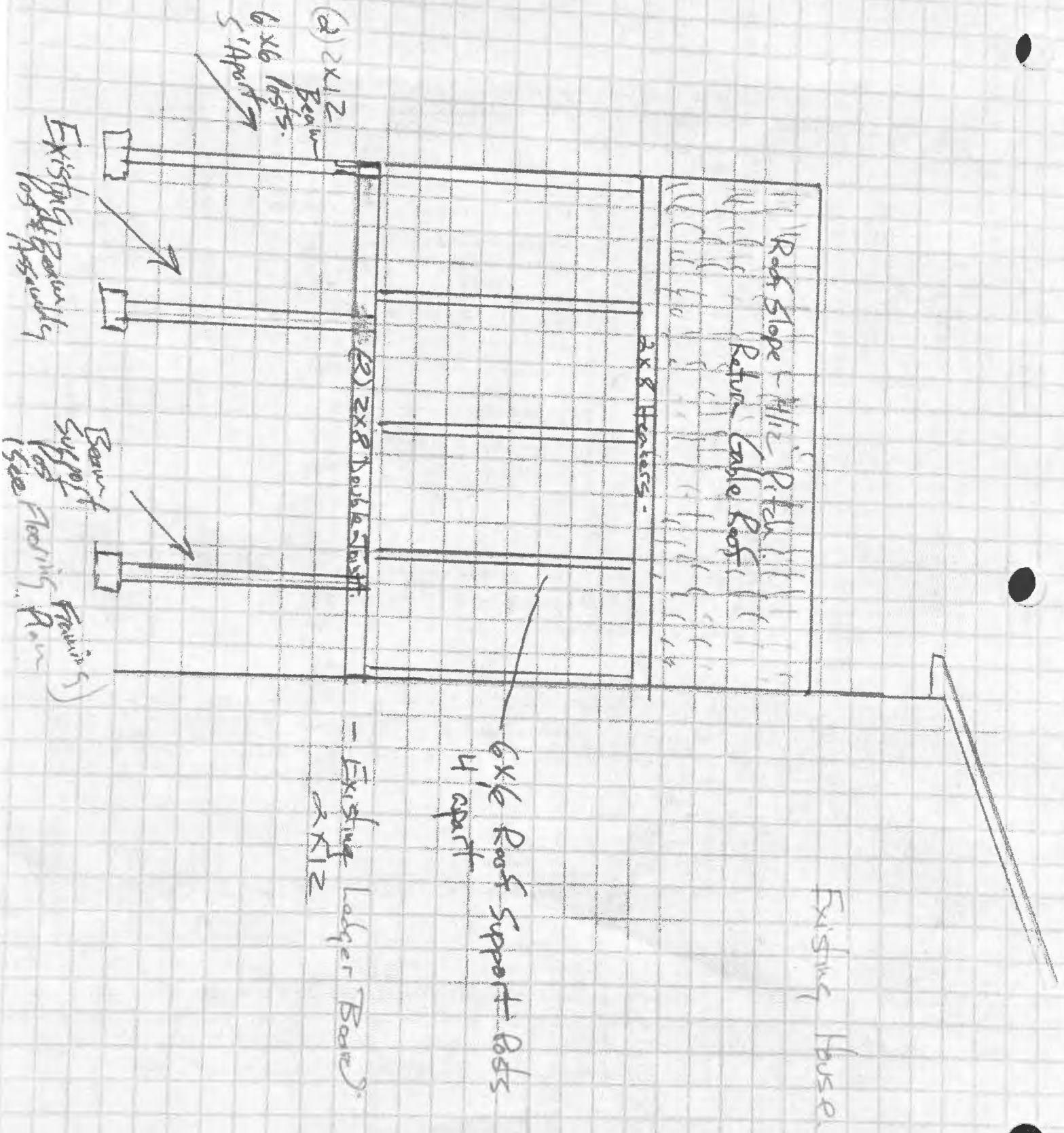
Ledger Board 2x10
Floor joist 2x8 120.C.

Existing (2) 2x10 Beam/Posts

Shaded part is deck extension w/ additional post and beam structure

Cross Section for Return Gable over existing deck





Existing Posts
Possibly

Beam Support
for Existing Floor
Joists

(2) 2x12 Beams
6x6 Posts
5' Apart

(2) 2x8 Double Joist

6x6 Roof Support Posts
4' apart

Existing Ledger Board
2x12

5/2/97
NO INSP.
5/5/97 - NO INSP.

348265

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 58056

A 40068

DISTRICT 4th

DATE 3-31-97

DATE SYSTEM APPROVED 5/5/97

INSPECTOR M. Riffin

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
XXXXXX XXXX 313-2640

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 4410 Salem Bottom Road Westminster, MD 21157 PHONE 875-4197

SUBDIVISION White Woods Estates LOT 12 ROAD 17319 White Plains Court

PROPERTY OWNER Gary K. Ahrens

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS TOP SEAMED SEPTIC TANK REQUIRED

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

BLDG. PERMIT SIGNED
AND RETURNED 4-15-97
Serial # BR 117328
deck

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 200 feet off the rear (516.28') lot line and 135 feet off the breakpoint of the 295.77' and 370.88' lot lines. Run trenches on contour towards the right side as seen when facing the lot from White Plains Court.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 2/7/97 DKS

PLANS APPROVED BY Donna K. Soe DATE 02/04/97

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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

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.

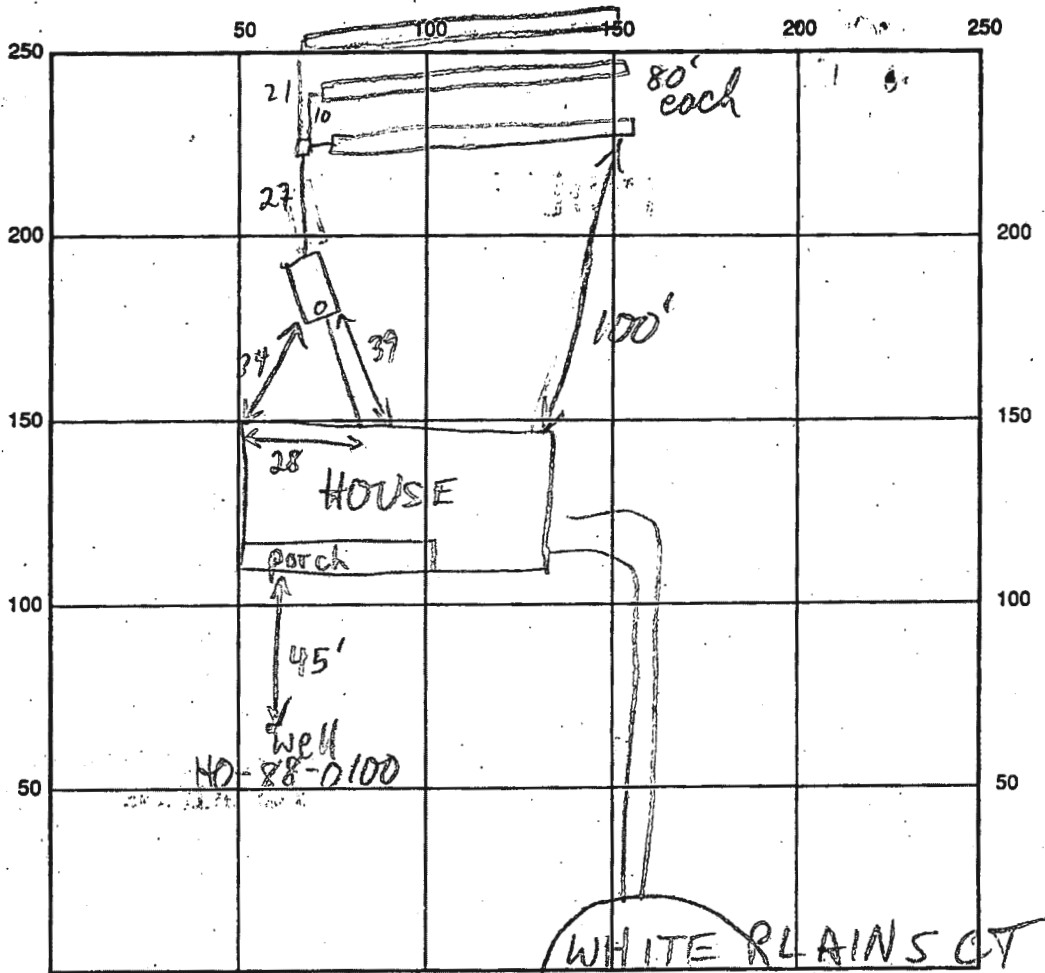
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

HD-260(6-90)

CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A 40068



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 GAL - TOP SEAMED CLEANOUTS S.T. - OK

DISTRIBUTION BOX LEVEL OK -

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 3 @ 80 FT.

NUMBER OF TRENCHES 3 ONE-SIDEWALL/BOTTOM AREA 3 @ 240 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

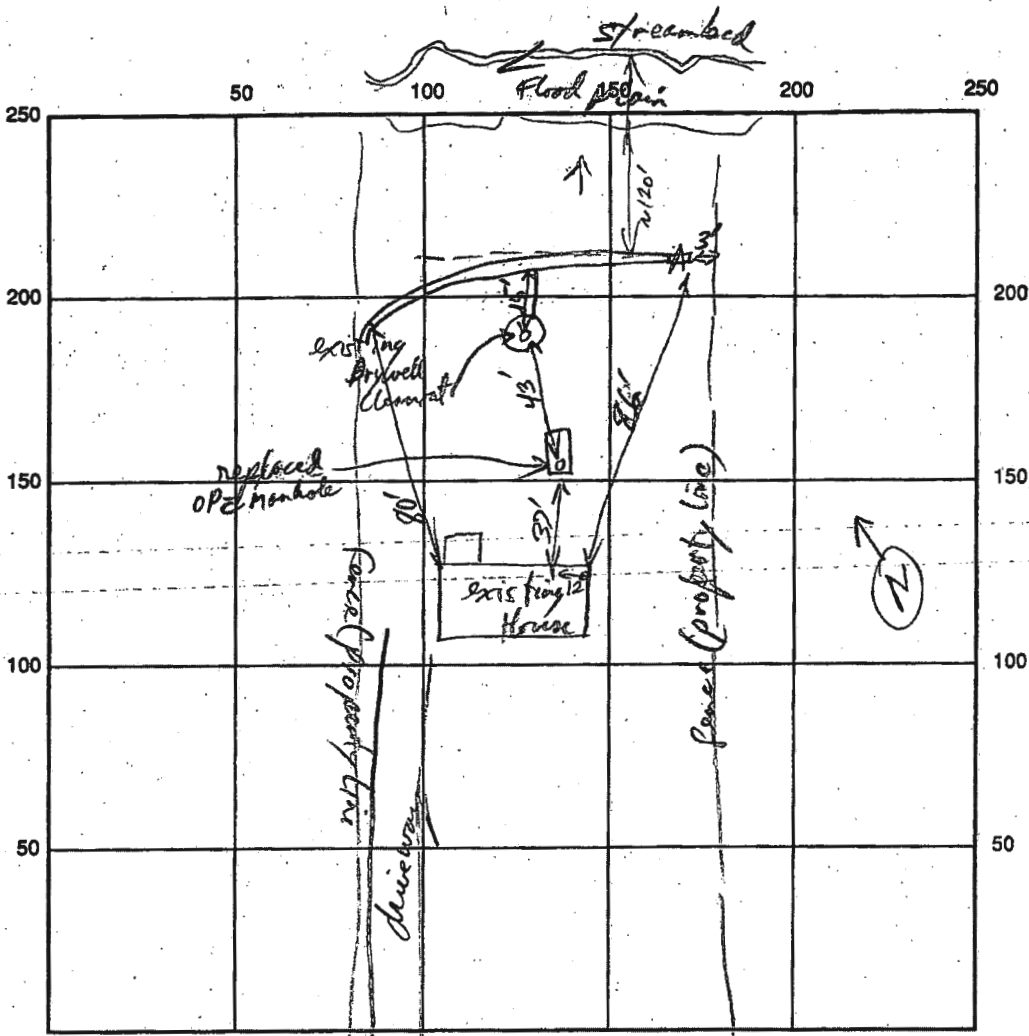
ABSORBENT AREA 720 SQ. FT.

REMARKS: 5/5/97 OK TO FINISH + COVER MR

WPI OK 3-4' B.G. MR 5/5/97

DATE SYSTEM APPROVED 5/5/97 INSPECTOR M. Ripkin

Back 2:30



Hole A

Orange CL
 3-4' hole
 3-4'

Tan-Sandy
 Soil
 No Rocky

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
College Ave

SEPTIC TANK LEVEL existing 1000 gal CLEANOUTS New Manhole on S.T.

DISTRIBUTION BOX LEVEL NA

DRAIN FIELD/TITLE DEPTH 10 FT. TRENCH WIDTH 3 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 6.5 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 395 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: Begin Open Trench OK. R/P 12/13/93 New Manhole, Trench OK to lower

DATE SYSTEM APPROVED 12/13/93 INSPECTOR R. Riley