

* Mail to owner *

PERMIT NUMBER: B 22004515

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: 12232 MOUNT ALBERT ROAD		Unit:
City: ELLICOTT CITY	State: MD	Zip Code: 21042
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot:	Tax Map:	Parcel:
		Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: RESIDENTIAL HOME	Proposed Use: RESIDENTIAL HOME	Estimated Cost: \$ 100,000
Trade Work to Be Completed (Separate Permits Required): <input checked="" type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None		
REPLACE ALL FLOORING, DAMAGED DRYWALL/INSULATION, STUDS + BEAMS FROM TERMITE/WATER DAMAGE, NEW WINDOWS, NEW INSULATION, NEW ROOF RE-WORK		
ELECTRICAL PLUMBING + HVAC REELECTRIFYING PANEL + FURNACE - 1ST FLOOR		

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): STEPHEN + SHEILA BORROR	Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 12232 MOUNT ALBERT ROAD	
City: ELLICOTT CITY	State: MD
Phone: 443-398-5534	Email: MOUNTAIN VIEW B @ MSN.COM
Zip Code: 21042	

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name:	Contact Name: STEPHEN BORROR
Street Address: 12232 MOUNT ALBERT RD	
City: ELLICOTT CITY	State: MD
Phone: 443-398-5534	Email: MOUNTAIN VIEW B @ MSN.COM
Zip Code: 21042	

CONTRACTOR INFORMATION REQUIRED

Business Name: MOUNTAIN VIEW BUILDERS, INC	License #: MHIC # 47213 / MHR # 2471
Licensee's Name: STEPHEN BORROR	
Street Address: P.O. Box 35 / 16665 HEREFORD RD	
City: MONKTON	State: MD
Phone: 443-398-5534	Email: MOUNTAIN VIEW B @ MSN.COM
Zip Code: 21111	

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name:	Name:
Street Address: N/A	
City:	State:
Phone:	Email:
Zip Code:	

BUILDING CHARACTERISTICS REQUIRED

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

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

Model Name & Options:				
# of Bedrooms (SF):	# 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: <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None				
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input checked="" type="checkbox"/> Partial				
1st Fl Width:	1st Fl Depth: 33'	2nd Fl Width: 36'	2nd Fl Depth:	Bsmt Width: 33' Bsmt Depth: 86'
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: 2000 sq ft	Occupiable Area: 2000 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: 12/12/2022

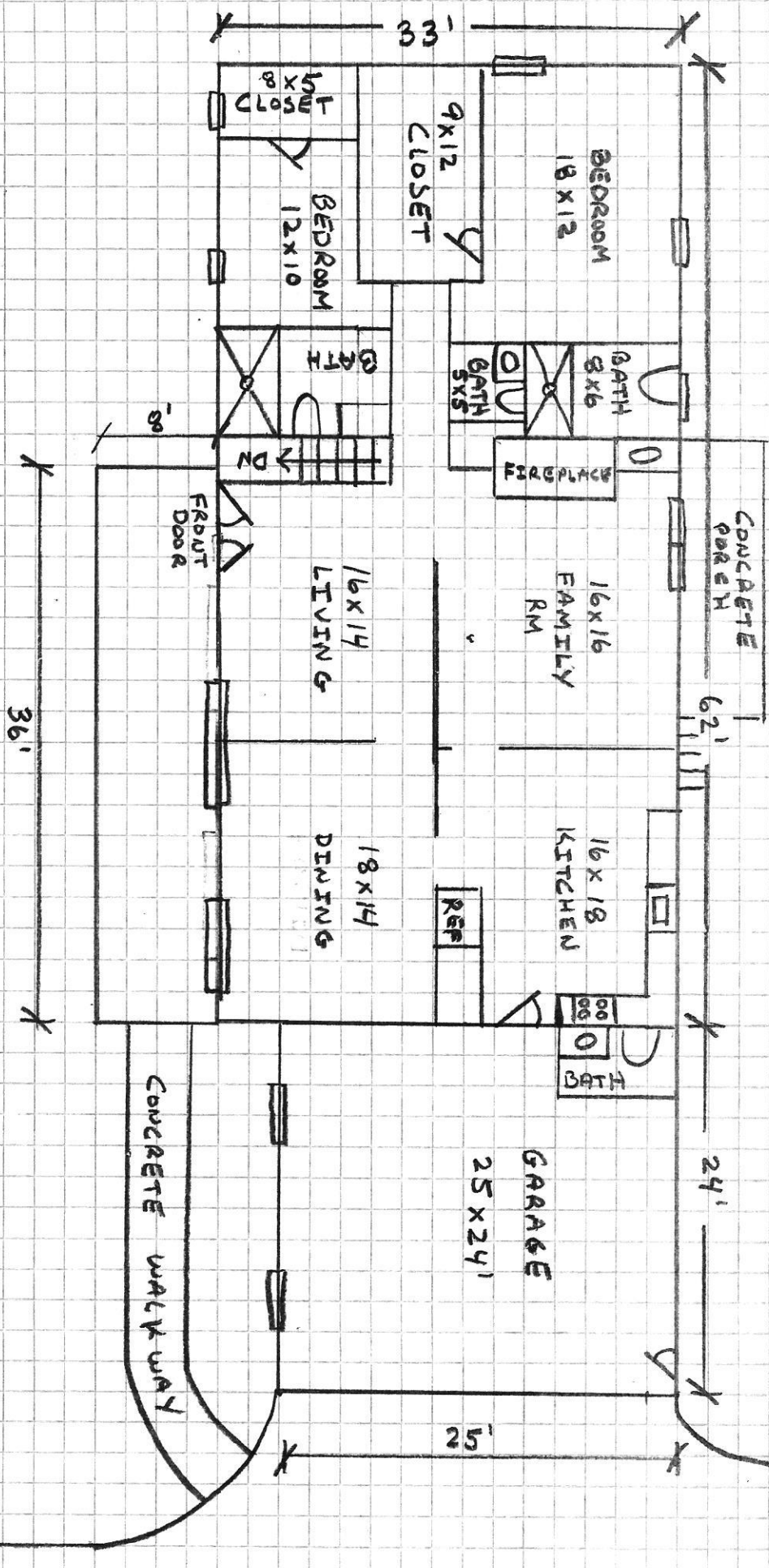
FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

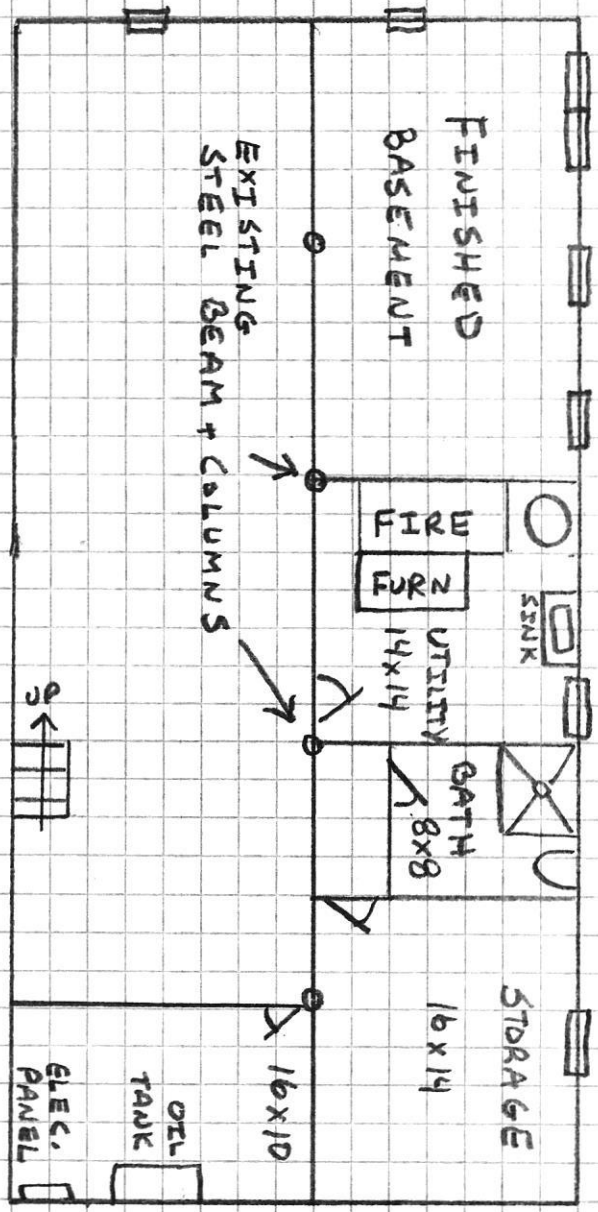
AGENCIES REQUIRED/APPROVALS:				
<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health <i>11/5/2025 AIC</i>	<input type="checkbox"/> SHA
SUBMITTAL FEES: \$13500		PAYMENT: ck #1365		ACCEPTED BY: <i>[Signature]</i>

EXISTING LAYOUT

1ST FLOOR

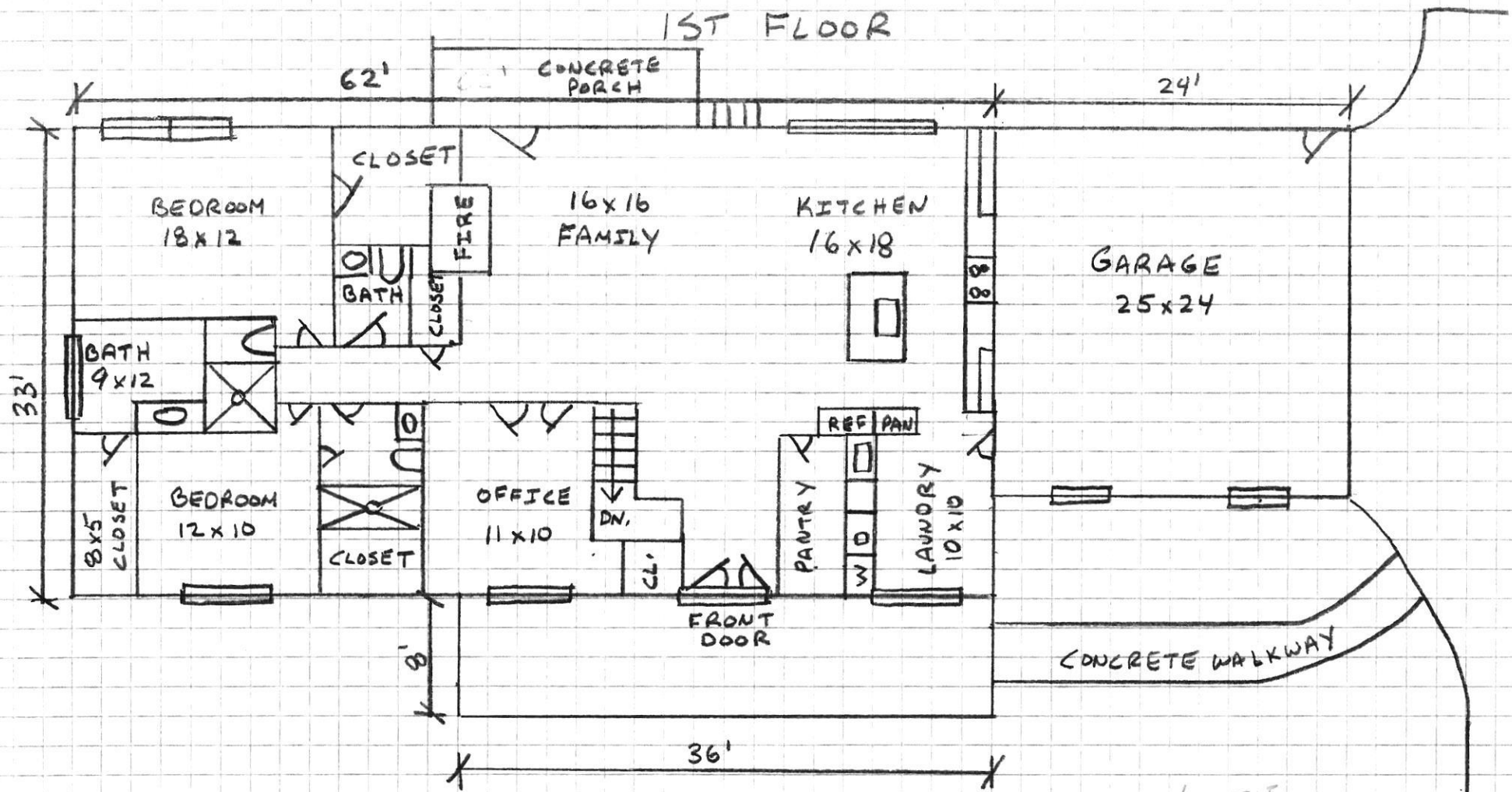


EXISTING LAYOUT BASEMENT



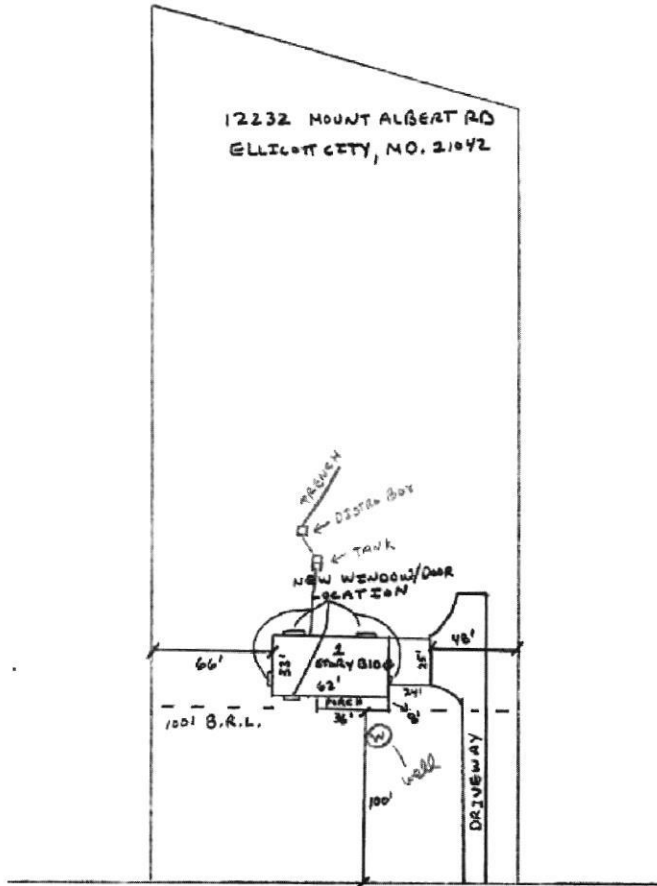
PROPOSED LAYOUT

1ST FLOOR



Approved 1/5/2025
R/E 322004575

12232 MOUNT ALBERT RD
ELLIOTT CITY, MO. 21042



11/16/04 - PM

03293815

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 11/4/04

P 521564

APPROVAL DATE: 11/16/04

PERMIT INDEXED

A REPAIR

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS: P. O. Box 89, Glen Elg 21737 PHONE NUMBER: 410-988-9270

SUBDIVISION: Woodmark LOT NUMBER: 63

ADDRESS: 12232 Mount Albert Road PROPERTY OWNER: Manifred Reinhard

SEPTIC TANK CAPACITY (GALLONS): Ex 1000

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 3

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 73

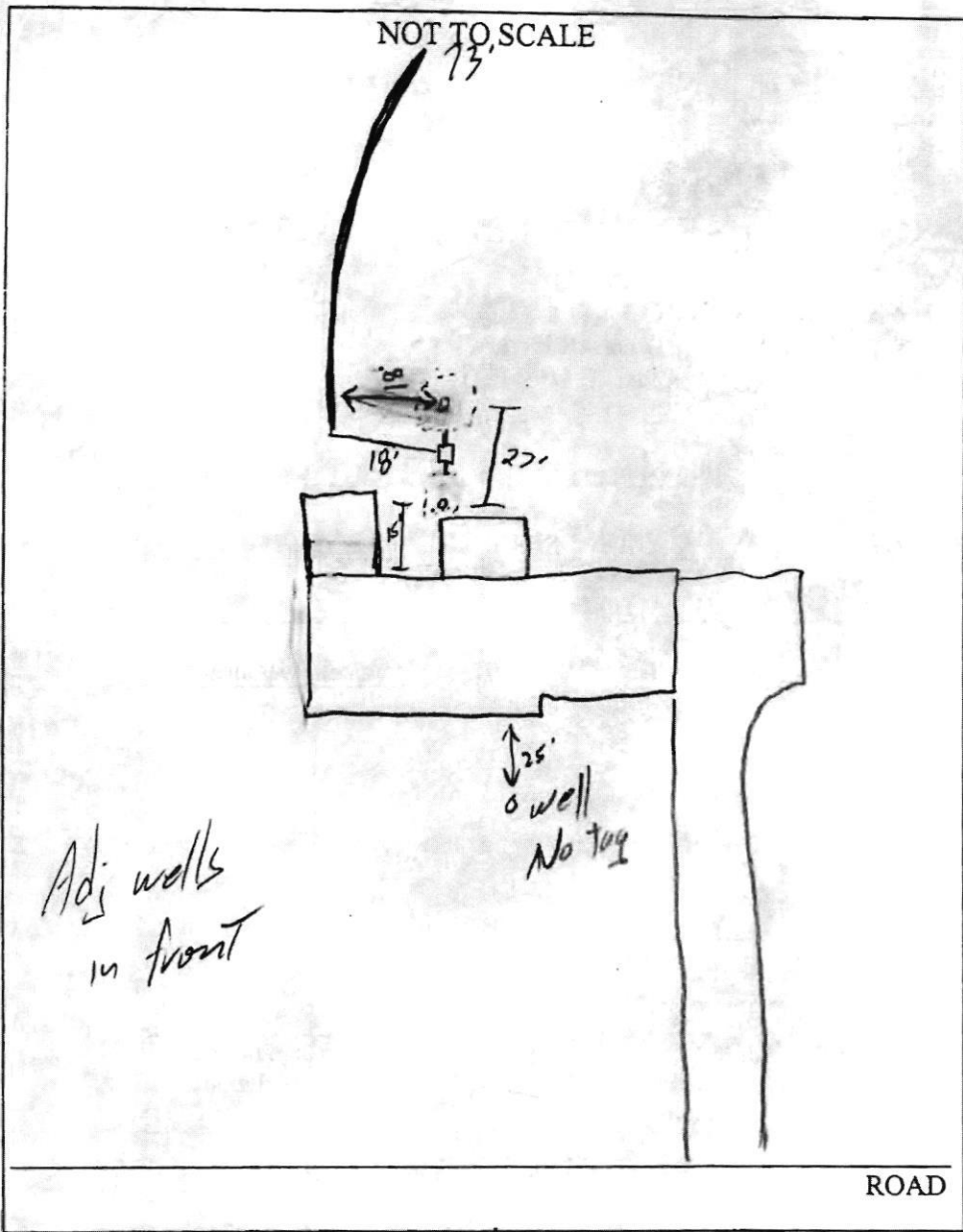
TRENCHES:	Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below distribution pipe.
LOCATION:	D.B. between S.T. & D.W. Speed levator up to D.W.
PURPOSE:	Existing septic system has failed. Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: [Signature] DATE: 11/9/04

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL OR 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

9521564



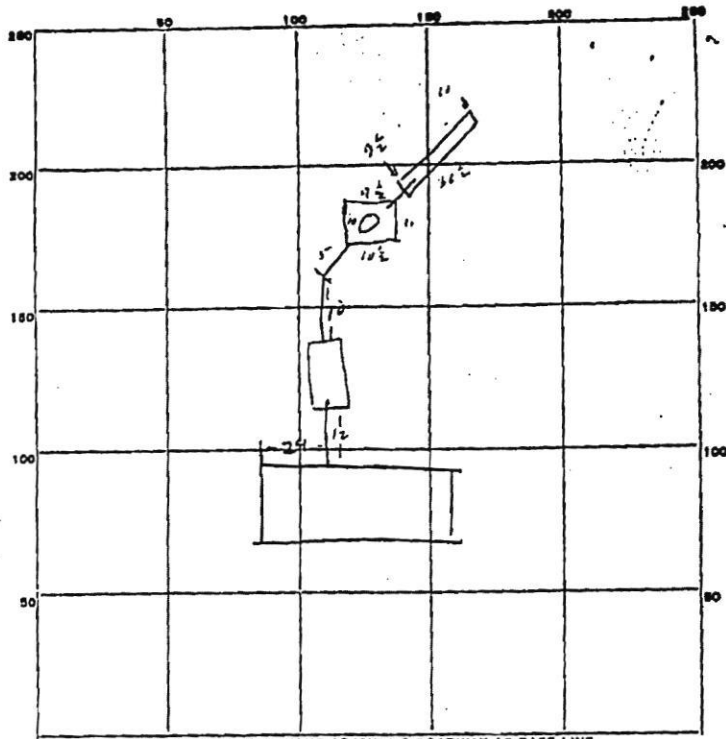
TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	3'	9'
NUMBER OF TRENCHES		1
TOTAL LENGTH		73'
ABSORPTION AREA		4384
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	EX. 1000 GAL
SEAM LOC	Mid
TANK LID DEPTH	2.5'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	<input type="checkbox"/>
6" PORT LOC	Front
WATERTIGHT TEST	<input checked="" type="checkbox"/>
SEPTIC TANK 2 LEVEL	<input type="checkbox"/>
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	<input type="checkbox"/>

PRE-CONSTRUCTION 11/9/04 - See proc sheet

INSTALLATION 11/16/04 - D.B & trench installed per specs. Speed leveler in D.B up to P.W. (50) OK to cover

FINAL INSPECTOR [Signature] DATE OF APPROVAL 11/16/04



PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 9 3/4 FT. TRENCH WIDTH 2 FT. Dw 7 1/2' deep

GRAVEL DEPTH 4 3/4 IN. TOTAL LENGTH 36 1/2 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 168 Sideval

SEEPAGE PITS, INSIDE DIAMETER 41 PERIMETER 41 FT. DEPTH BELOW INLET 6 FT. 41
246 DW. 4.75
36.5
48.75
1.25
49.5
217.25

ABSORBENT AREA 414 SQ. FT. 246 #11 DW
5
36.5
169.5
217

REMARKS 2/17, no sign of any work on septic system
started !! R.M.

DATE SYSTEM APPROVED 2/24/76 INSPECTOR R.M. [Signature]

2/17/76

2/24/76 before
signature

PERMIT

P. 22814
21941

SEWAGE DISPOSAL SYSTEM

A _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 3rd

DATE 2/13/76

Jack Fyock _____ IS PERMITTED TO INSTALL X ALTER _____
Ten Oaks Road, Glenelg, Maryland _____ PHONE 286-2939
ADDRESS _____

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Woodmark ROAD 12232 Mt. Albert Road LOT 63, Blk. B, Sec. 7

PROPERTY OWNER Manfred J. Reinhard and Wife

ADDRESS 1131 Hibank Avenue, Baltimore, Md. 21239 Phone: 433-1191

SPECIFICATIONS 3 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

dry well and trench - Dry well to be located 225 ft. from front of lot, 75 to 100 ft. from right side line. Inlet at 5 ft. and maximum depth 10 ft.; 200 sq. ft. absorbent sidewall area. 5 ft. earth buffer between dry well and trench. Trench to run approximately parallel with right property line towards rear of lot. Trench inlet at 5 ft. Maximum depth 10 ft. Trench to be 35 ft. long. Call office for inspection of trench before pouring stone in trench.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE 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 ACCEPTED.

PLANS APPROVED BY David J. O'Neill DATE 8/14/75

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

A 21941

*Official Role
& Return*
8/14/75
9:30 AM

58757.8

APPLICATION

A 21941

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT *Septic Tank*
ENVIRONMENTAL HEALTH SERVICES *3 bdr, 1000 gal*
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043 *4 bdr - 1250 gal*
TELEPHONE: 483-3000, EXT. 358

DISTRICT 3rd

DATE 8/11/75

Dry well to be located 225' from front of lot 75' 100' from right side line. Inlet at 5' max depth 10', 200' sq' absorbent siltwall near 5' earth buffer between dry well and trench. Trench to run approximately parallel with right property line towards rear of lot. Trench inlet at 5' max depth 10' 3 bedroom 35' long, 4 bedroom 60' long. Call office for inspection of trench before pouring stone in trench.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Manfred J. Reinhard and Wife Any questions call Mrs. Levy:
ADDRESS _____ PHONE 531-5084

PROPERTY LOCATION:
SUBDIVISION Woodmark LOT NO. 62 63, Blk. C, Sec. 7
ROAD AND DESCRIPTION Mt. Albert Road

SIZE OF LOT 94,300 sq. ft. TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. BLDG. PERMIT SIGNED AND RETURNED 8/26/75

SIGNATURE OF APPLICANT /s/ Helen M. Levy

APPROVED BY DAC Will FOR Dry well + Trench DATE 8/14/75
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

*Original hole
& Retent*
8/14/75
9:30 A.M.

58753.8

APPLICATION

A 21941

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT *Septic Tank*
ENVIRONMENTAL HEALTH SERVICES *3 bdr 1000 gal*
P. O. BOX 478, ELLICOTT CITY, MARYLAND 21043 *4 bdr 1250 gal*
TELEPHONE: 465-5000, EXT. 358

DISTRICT 3rd

DATE 8/11/75

Dry well to be located 225' from front of lot 75' from right side line. Inlet at 5' max depth 10', 200' sq' absorbent sidewall across 5' earthen buffer between dry well and trench. Trench to run approximately parallel with right property line towards rear of lot. Trench inlet at 5' max depth 10' 3 bedroom 35' long, 4 bedroom 60' long. Call office for inspection of trench before pouring stone in trench.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Manfred J. Reinhard and Wife Any questions call Mrs. Levy:
ADDRESS _____ PHONE 531-5084

PROPERTY LOCATION:
SUBDIVISION Woodmark LOT NO. 62 63, Blk. C, Sec. 7
ROAD AND DESCRIPTION Mt. Albert Road

SIZE OF LOT 94,300 sq. ft. TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. BLDG. PERMIT SIGNED AND RETURNED 8/26/75

SIGNATURE OF APPLICANT /s/ Helen M. Levy

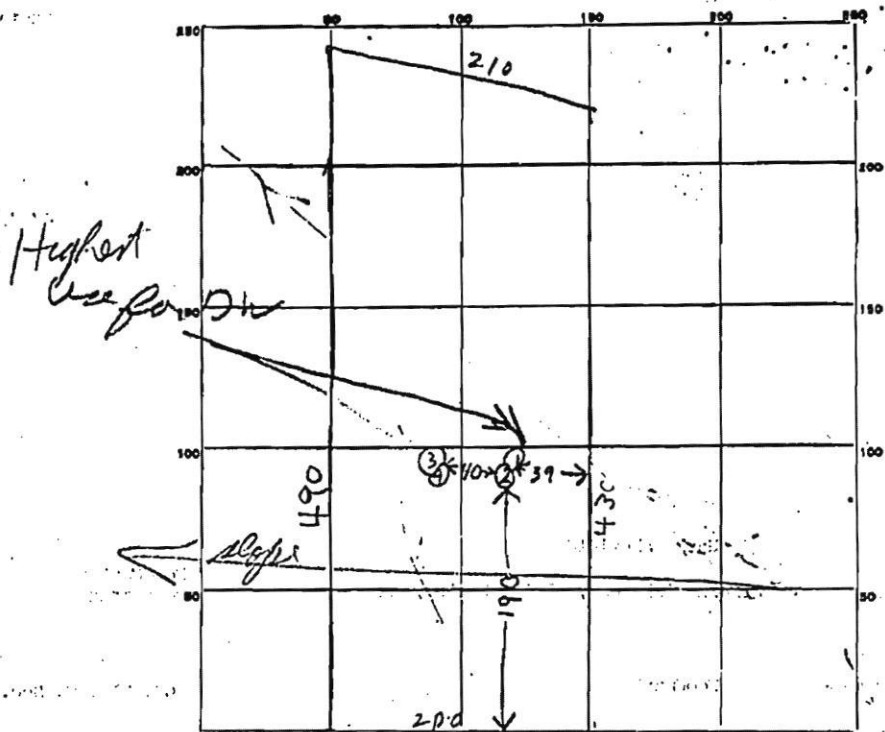
APPROVED BY [Signature] FOR Dry well + Trench DATE 8/14/75
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

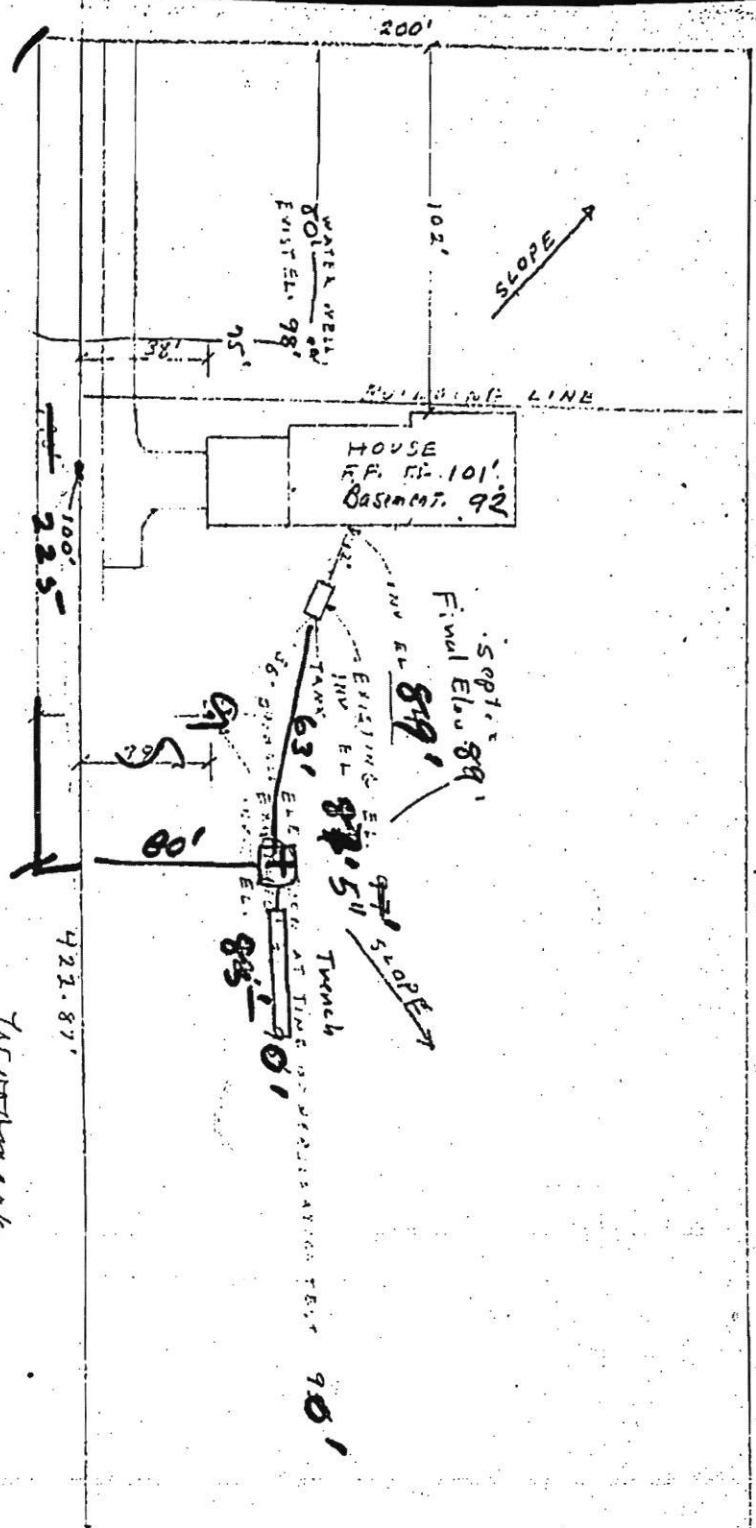
MT ALBERT RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/14/71	1	9 1/2	1038	1040	1040	1043	3
	2	3	1038	1040	1040	1044	4
	3	11 1/2	1038	1039	1039	1040	1
	4	4	1038	1039	1039	1042	2

SOIL AUGER FINDING _____

TESTED BY Harold Hodger

REMARKS 1-263



478.93

Woodmark
 Lot 3, Block C
 Maple Ridge
~~531-5087~~ 531-5265

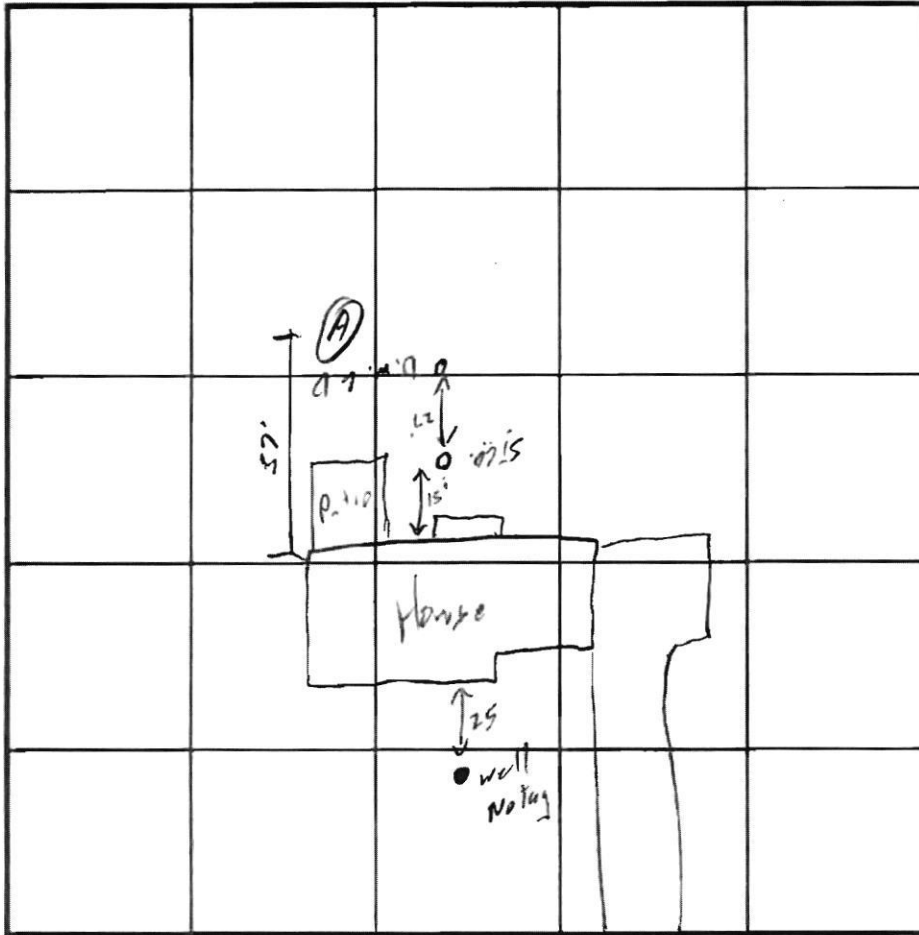
COUNTY #

SOIL PROFILE

0' [Empty box for soil profile]

SOIL PROFILE

0' [Empty box for soil profile]



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(A)

6" Topsoil
Orange Clay

2' Thin Sandy Loam

14'

↓

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/9/04	(A)	3.5' / 14'	10:41	10:42	10:42	10:45	3

REMARKS _____

TYPE OF SOIL 73' of trench

TESTED BY SD ALSO PRESENT Skp, Mike, Mrs.

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 TRENCH WIDTH 2

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 9 SQ. FT/BEDROOM 180

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS 12232 Mt Albert Rd PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT