

Record Detail * (This section is required.)

Approved
MPC 6/5/26

Permit Type	Permit Number	Opened Date
Building/Residential/Alteration/SFD	B26002449	07/15/2026
Description of Work		
SFD/INTERIOR ALTERATIONS TO 2ND FLOOR PRIMARY BATHROOM TO INCLUDE REPLACEMENT OF BATHROOM FIXTURES AND TURNING OF BATHTUB**SUBJECT TO FIELD INSPECTION**		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
13628	GILBRIDE	LN
Unit Type	Unit #	X Coordinate
--Select--		-76.98665
		Y Coordinate
		39.22111
City	State	Zip Code
CLARKSVILLE	MD	21029
	Primary	Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
877837	30	3.25	286800	2044000	1129900	RURAL
Legal Description						
LOT 2 3.250 A []13628 GILBRIDE LN []HEDGEROW SEC 1						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	2	605101	5				
Plan Area	State Tax Id	Subdivision Name					
	1405411610	HEDGEROW					
Section	Area	Tax Map					
		28					
Grid	Zoning District	ADC Map					
28-20	RR-DEO	4933-C5					
SDP No.	Final Plan No.	WP File No.					
	F-89-111						
Record Plat No.	WS Contract No.	FDP No.				Primary	
8932						Yes	
Owner Occupied	Year Built	Historic District					
☐ Yes ☐ No	1994	☐ Yes ☒ No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-04A	☐ Yes ☒ No					
Building No							

Owner (This section is not required.)

Search Reset Clear

Name *
PAREN
Address Line 1
13628 GILBRIDE LN
Address Line 2
Address Line 3
Mail City
CLARKSVILLE
Mail State
MD
Mail Zip Code
21029
Phone
413-427-8849
Primary
Yes
E-mail

Cell Number Fax Number

Professionals (This section is not required.)

License # *
08010099270
License Type *
MHIC Ind
Primary
Yes

Business Name
FERRARO CUSTOM BUILDERS
First Name
ORION
Middle Name
Last Name
FERRARO
Address Line 1
1769 FLORENCE ROAD
Address Line 2
City
MOUNT AIRY
State
MD
ZIP Code
21771-0000
Phone 1
4109778903
Phone 2
Fax
4104151582
E-mail
FERRAROCUSTOMBUILDERS@GMAIL.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *
Applicant
Relationship
Applicant
Primary
No

First Name
ORION
MI
Last Name
FERRARO
Full Name
Organization Name
FERRARO CUSTOM BUILDERS
Street Address
1769 FLORENCE ROAD
Address Line 2
City
MOUNT AIRY
State
MD
Zip Code
21771-0000
Phone
4109778903
Cell
Fax
4104151582
E-mail *
FERRAROCUSTOMBUILDERS@GMAIL.COM

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type
Contact
Relationship
Applicant
Primary
Yes

First Name
Orion
MI
Last Name
Ferraro
Full Name
Orion Ferraro
Organization Name
Street Address
1769 Florence Rd.
Address Line 2
City
Mount Airy
State
MD
Zip Code
21771
Phone
410-977-8903
Cell
Fax
E-mail
orion4577@yahoo.com

Addtl Info

Est Construction Cost *
80000
Construction Type
434 - Additions, Alterations and Conversions - Residential

Housing Units *
0

Number of Buildings *
0

Public Owned
No

RESIDENTIAL ALTERATION INFO

RESIDENTIAL ALTERATION INFORMATION

Total Square Footage *
275

No of Stories *
SQFT (Number) 3

Basement
(Number) Partially Finished

Bedrooms
0

Full Baths
(Number) 0

Half Baths
(Number) 0

Water *
(Number) Private

Sewage *
Private

Existing Utilities *
Gas & Electric

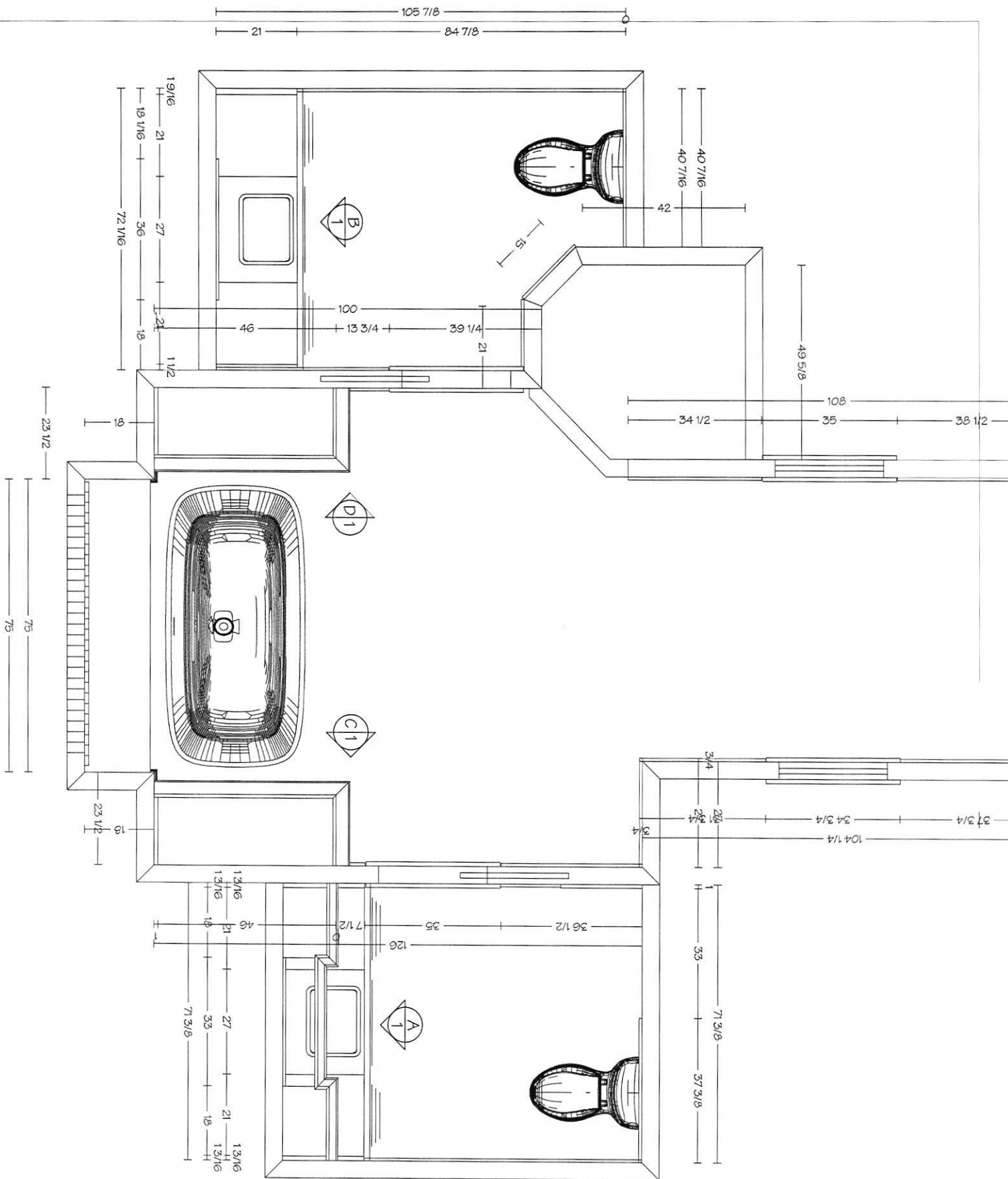
Existing Heating System *
Electric & Natural Ga:

Existing Sprinkler System *
None

Type of New Fireplace
--Select--

Expiration Date
2/1/2027

Submit Cancel



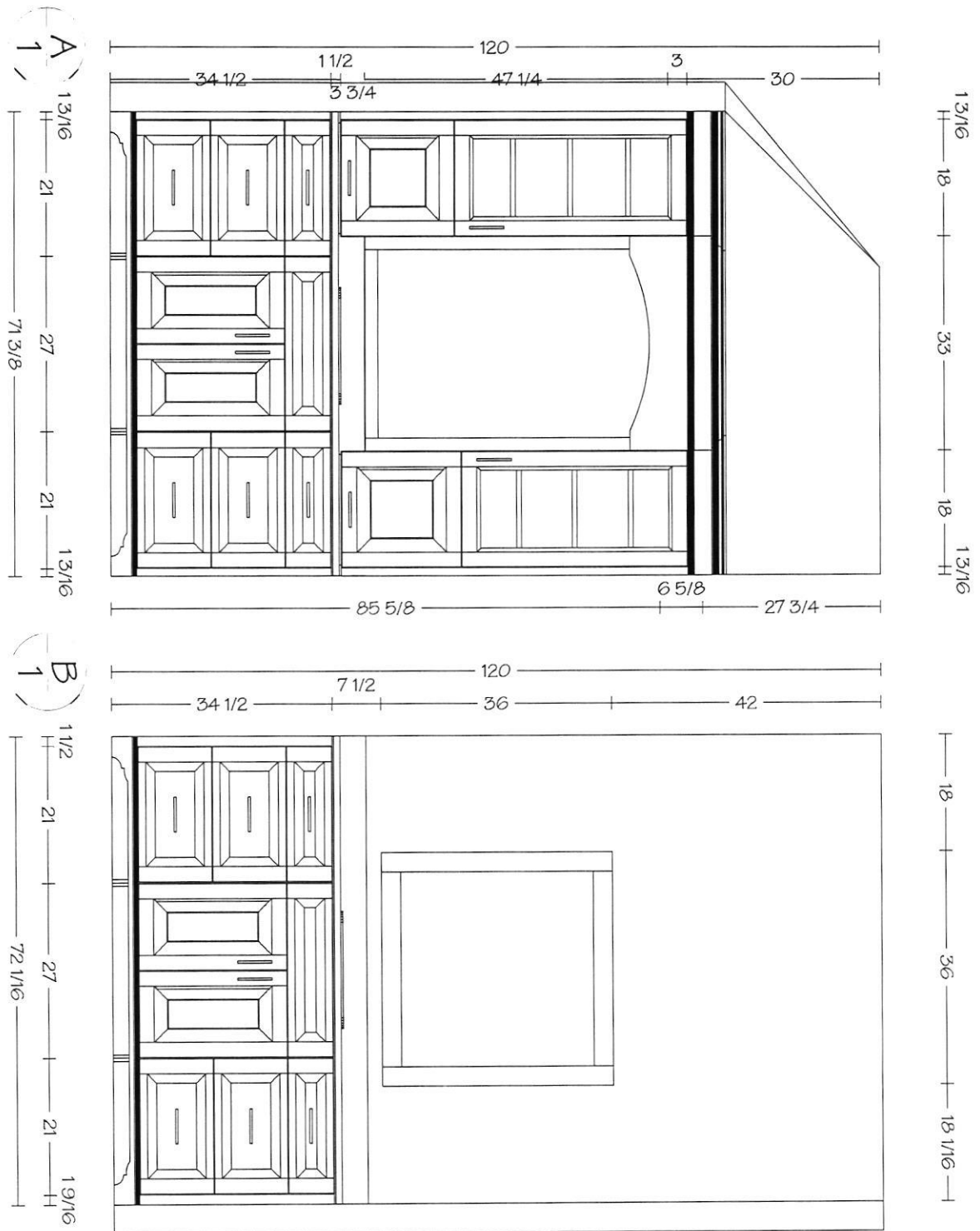
DATE
04/22/21
PAGES
17 OF 40
DRAFTSMAN

JOB DESCRIPTION
PARENT RESIDENCE
SHIP TO ADDRESS
13628 Gilbride Ln.

SHIP TO CITY STATE ZIP
Clarksville MD 21029

NICK MILLER DESIGN

Phone: 443-345-3456
nick@nickmillerdesign.com



DATE
04/22/21
PAGES
18 OF 40
DRAFTSMAN

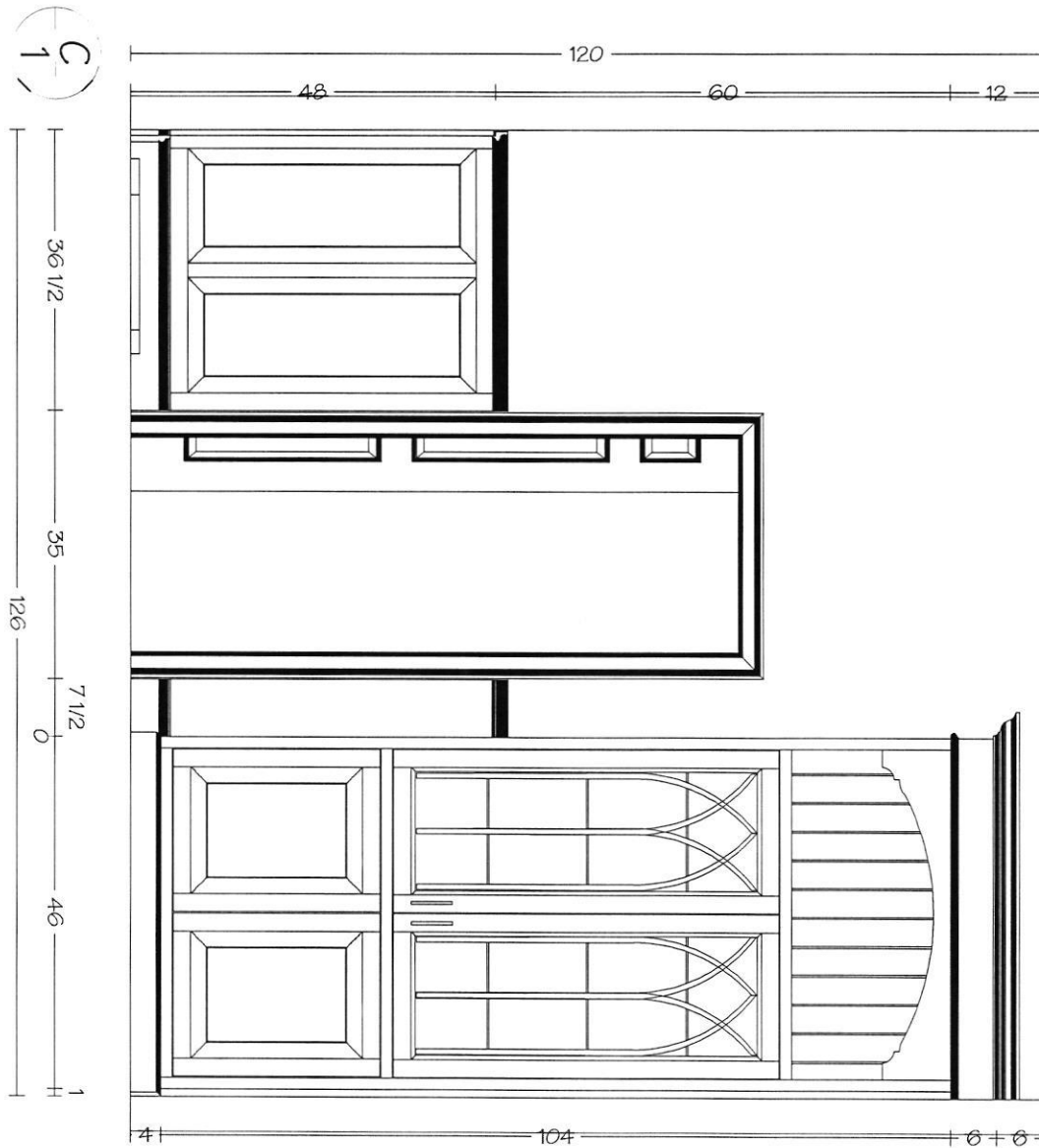
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PARENT RESIDENCE

SHIP TO ADDRESS

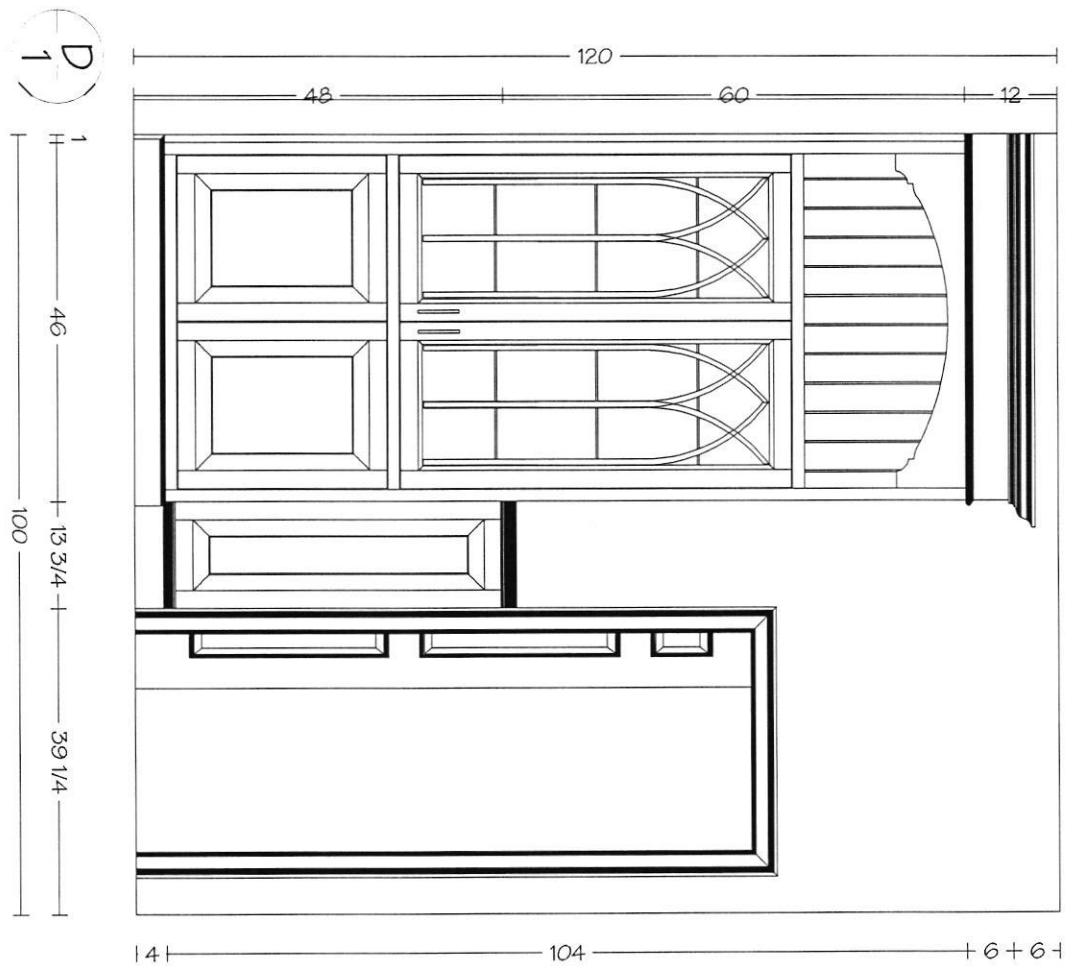
SHIP TO CITY STATE ZIP

NICK MILLER DESIGN

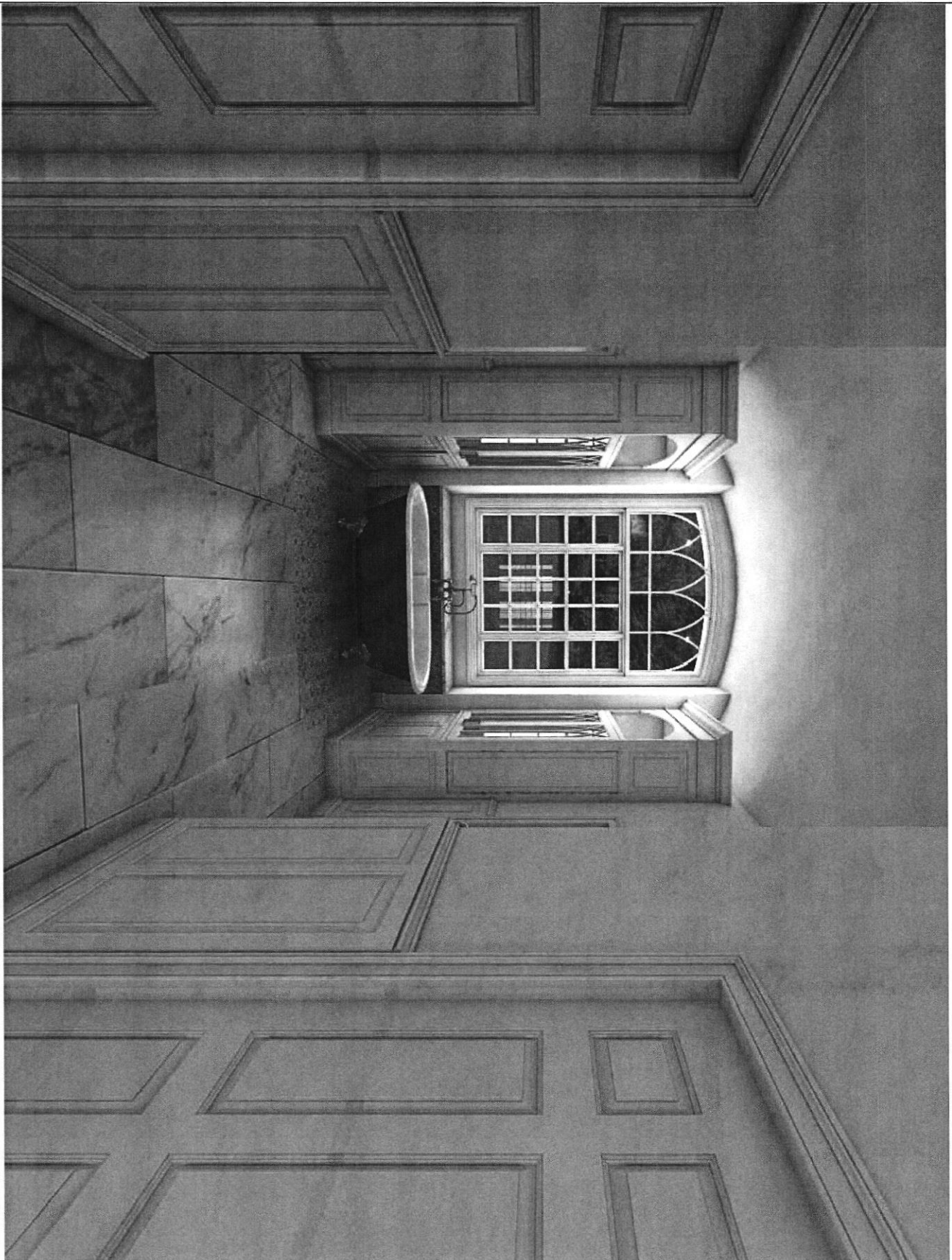
Phone: 443-345-3456
nick@nickmillerdesign.com



DATE 04/22/21 PAGES 19 OF 40 DRAFTSMAN	JOB DESCRIPTION PARENT RESIDENCE	NICK MILLER DESIGN Phone: 443-345-3456 nick@nickmillerdesign.com
	SHIP TO ADDRESS	
	SHIP TO CITY STATE ZIP	



DATE 04/22/21 PAGES 20 OF 40 DRAFTSMAN	<table> <tr> <td colspan="3" data-bbox="224 1821 1047 1896"> JOB DESCRIPTION PARENT RESIDENCE </td></tr> <tr> <td colspan="3" data-bbox="224 1896 1047 1964">SHIP TO ADDRESS</td></tr> <tr> <td data-bbox="224 1964 467 2034">SHIP TO CITY</td><td data-bbox="467 1964 618 2034">STATE</td><td data-bbox="618 1964 1047 2034">ZIP</td></tr> </table>	JOB DESCRIPTION PARENT RESIDENCE			SHIP TO ADDRESS			SHIP TO CITY	STATE	ZIP	NICK MILLER DESIGN Phone: 443-345-3456 nick@nickmillerdesign.com
JOB DESCRIPTION PARENT RESIDENCE											
SHIP TO ADDRESS											
SHIP TO CITY	STATE	ZIP									



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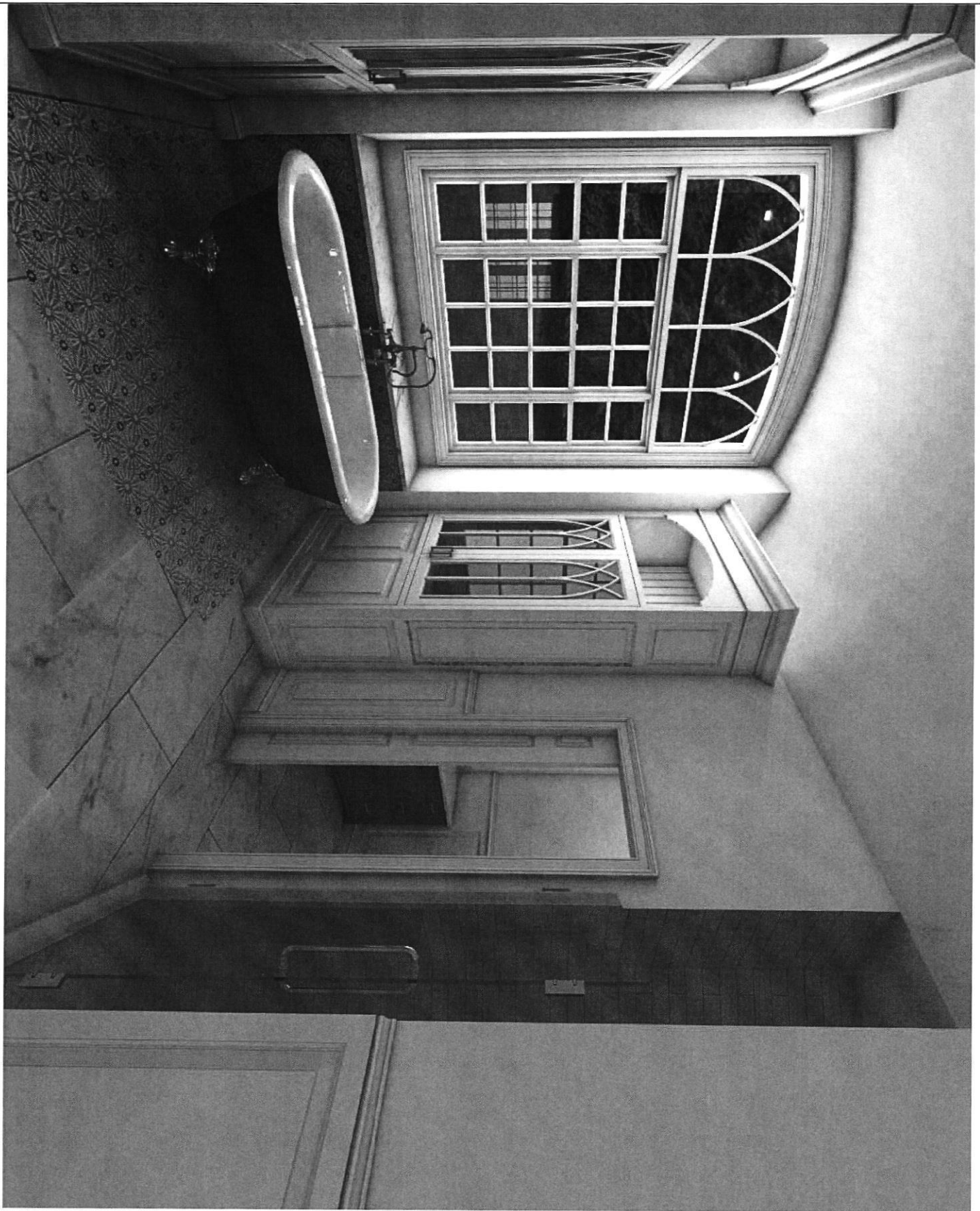
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DRAFTSMAN

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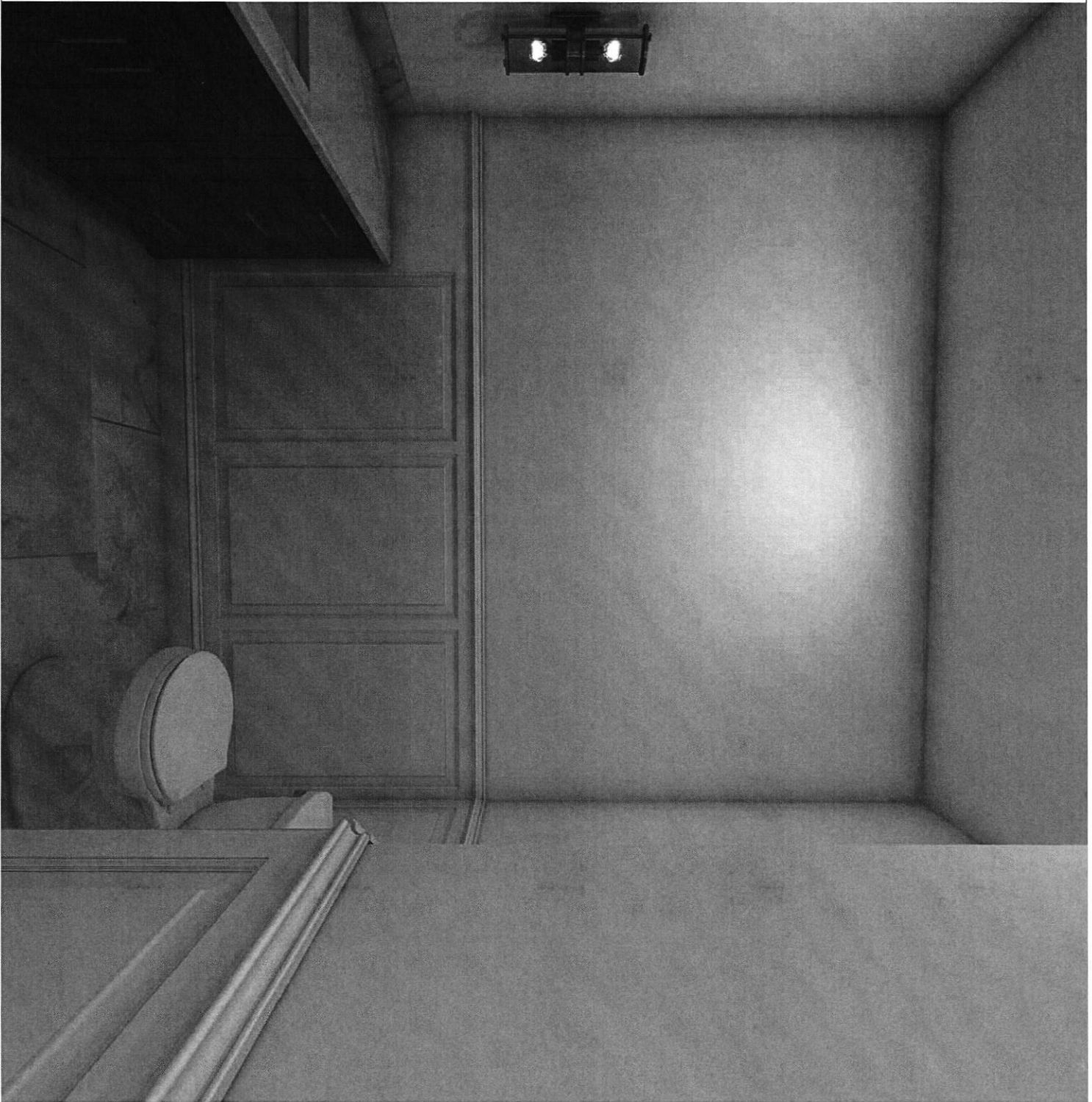
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Phone: 443-345-3456
nick@nickmillerdesign.com



DATE 04/22/21 PAGES 25 OF 40 DRAFTSMAN	JOB DESCRIPTION PARENT RESIDENCE			NICK MILLER DESIGN Phone: 443-345-3456 nick@nickmillerdesign.com
	SHIP TO ADDRESS			
	SHIP TO CITY	STATE	ZIP	



DATE 04/22/21 PAGES 26 OF 40 DRAFTSMAN	JOB DESCRIPTION PARENT RESIDENCE			NICK MILLER DESIGN Phone: 443-345-3456 nick@nickmillerdesign.com
	SHIP TO ADDRESS			
	SHIP TO CITY	STATE	ZIP	



DATE
04/22/21
PAGES
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DRAFTSMAN

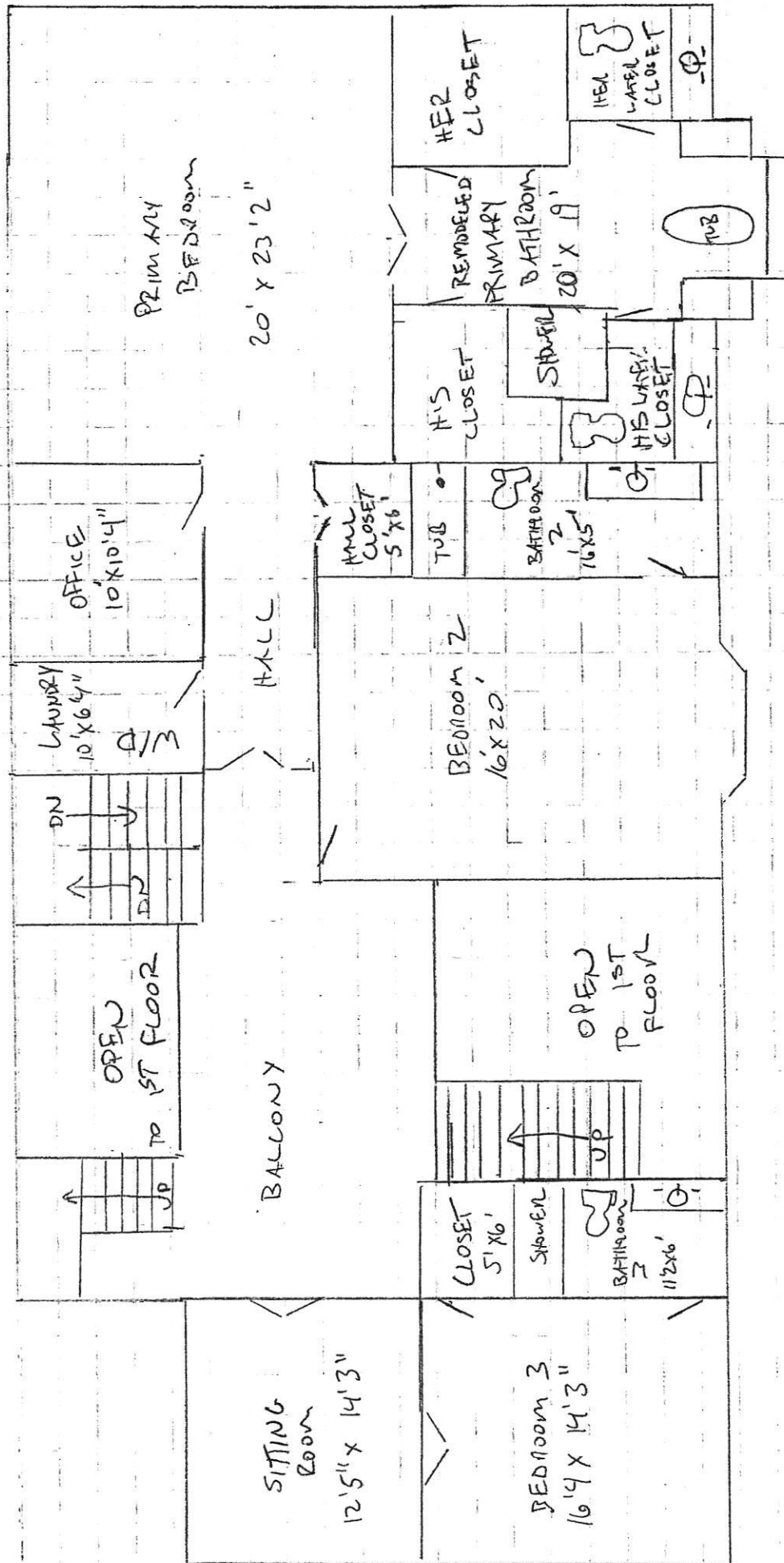
JOB DESCRIPTION
PARENT RESIDENCE

SHIP TO ADDRESS

SHIP TO CITY STATE ZIP

NICK MILLER DESIGN

Phone: 443-345-3456
nick@nickmillerdesign.com



2ND FLOOR PROPOSED FLOORPLAN

SCALE: 1/8" = 1'0"

13628 GILBRIDE LN

CLARKSVILLE, MD 21029

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-411610

P 48813

A 40502

DISTRICT 5th

DATE 1/4/93

DATE SYSTEM APPROVED 4/15/93

INSPECTOR RH

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

INDEXED

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

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

SUBDIVISION Hedgerow LOT 2 ROAD 13628 Gilbride Lane

PROPERTY OWNER Russell & Ellen Harper

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 135

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place distribution box 120 feet from front lot line and 180 feet from the left lot line. Run trenches on contour toward the front lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 7/29/92 RH

PLANS APPROVED BY Mark Rifkin/Craig Williams REVISED DATE 1/17/90
7/02/92

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**

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

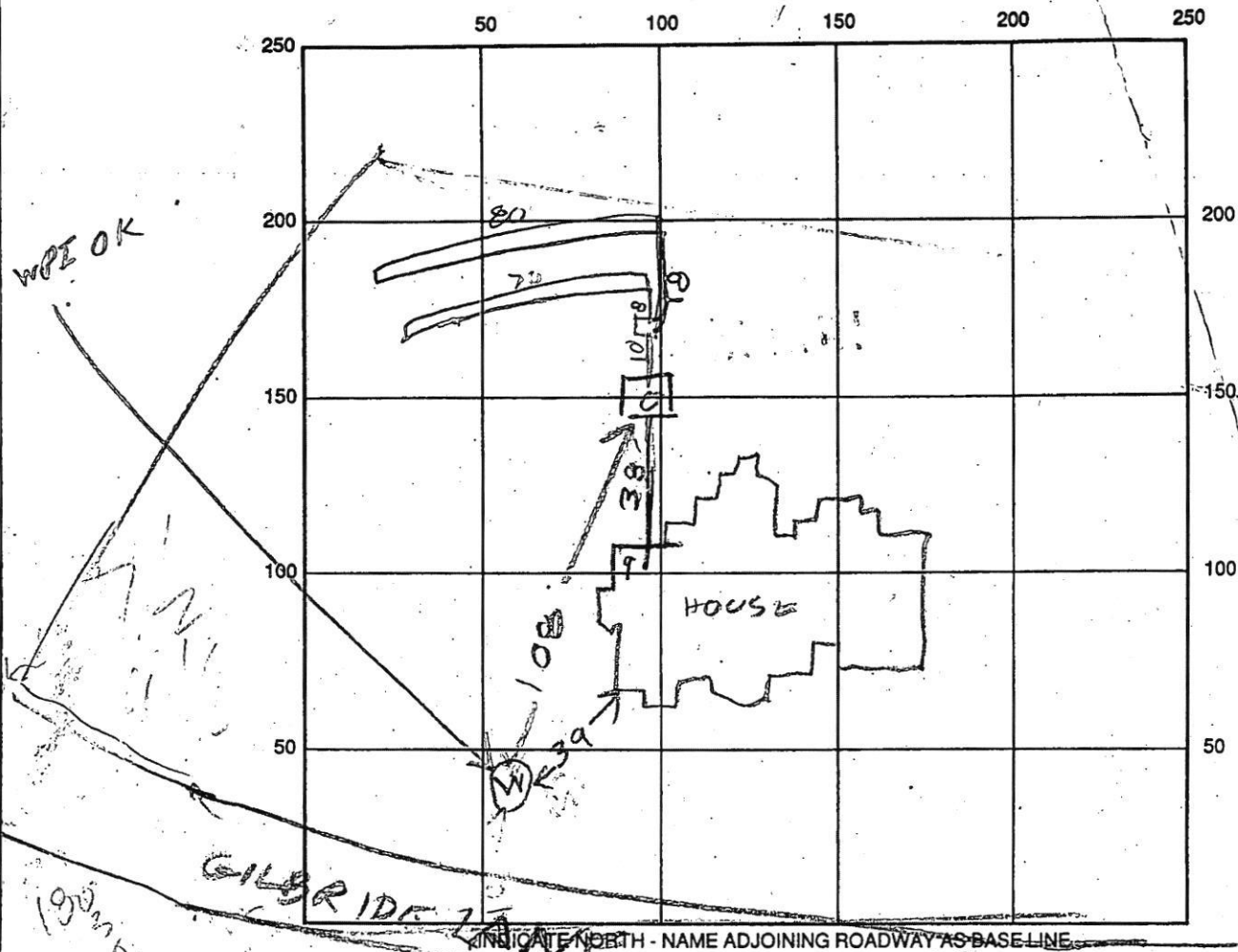
HD-260(6-90)

REQ. PERMIT SIGNED
AND RETURNED 2-5-99

Serial # B0118924

due

A 40502



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

ST

SEPTIC TANK LEVEL 1000

CLEANOUTS MAN HOLE

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 8.5 FT.

TRENCH WIDTH 2 FT.

INLET DEPTH 5.5 FT.

EFFECTIVE GRAVEL DEPTH 4 FT.

TOTAL LENGTH 70/80 FT. 150

NUMBER OF TRENCHES 2

ONE SIDEWALL/BOTTOM AREA 600 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT.

EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: 4/13/93 - HOUSE MOVED CLOSER TO FRONT THAN SHOWN ON PLANS
BUT TANK LOCATION OK. COVER TANK & HOUSE SEWER RIDGES
4/14/93 - DISTRIBUTION BOX INSTALLED R/H 4/15/93^{1PM} TRENCH #1 OK
DIG TRENCH #2 4/15/93^{3PM} - TRENCH #2 OK

DATE SYSTEM APPROVED

4/15/93

INSPECTOR

Raymond Hodges

APPLICATION

PERCOLATION TESTING

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

4/13/87
perc OK'd pending
approved plat

A 40502

P _____

DISTRICT 374

DATE 10-29-87

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 LOWELL SARGENT Russell & Ellen Harper

ADDRESS 13243 WESTHEATH LANE PHONE 329-3824
CLARKSVILLE, MARYLAND 21029 498-4334

PROSPECTIVE BUYER — RUSS HARPER

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION TEN OAKS LOT NO. 2

ROAD AND DESCRIPTION WEST OF HIGHLAND ROAD, NORTH OF TRIADELPHIA ROAD
(13428 Gilbride Lane)

TAX MAP 28+34 PARCEL # 60, 59
30+64

SIZE OF LOT 3.0 AC. TYPE BLDG. SFD
(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]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for field located holes & S/D plat

BLDG. PERMIT SIGNED

AND RETURNED 6/30/92

Serial # 44246

SFD - 3 Bedrooms

THIS IS NOT A PERMIT

PIPE STEM TO LOT 3

D
SOIL PROFILE

Brown/orange
clay 3 1/2-4'
to brown
silty mica
low
w/ small
large layered
rock
fragments
5'
hard?

C

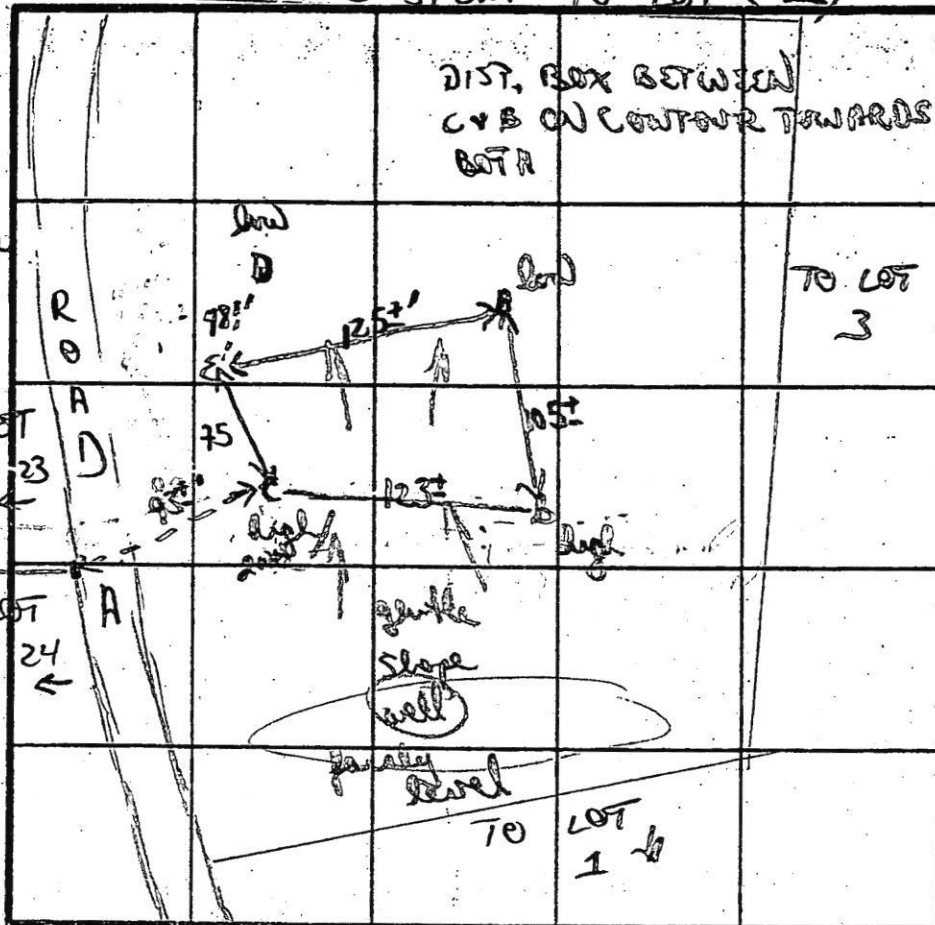
orange/brown
cheater clay
(heavy 3 1/2')
changing to
brown silty
mica low
w/ 5% scattered
fragments 6'

12'D

A

orange/brown
clay 3 1/2'
clay low
4 1/2'

to light
tan silty
massive
low w/
patches small
med frags
6' 12'D



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

E
Brown
cheater/light
gravelled
clay 4-4 1/2'
w/ patches
med/lge
frags 5-8'
to 5-10%
small 9' 1/2'
R'D

INLET 4'
MAX 8'

$\bar{X} = 7 \text{ min}$
180.4/30

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/13/82	C	4' S	133	136	136	142	6 min
		12' D	bottom (see profile)				
	D	Rock bottom	7' D			DOWN	USE
	B	3 1/2' S	137	141	141	146	5 min
		12' D	bottom (see profile)				
	A	4' S	149	152	152	157	5 min
		12' D	bottom (see profile)				
	E	4' S	210	217	217	229	12 min
		7 1/2' M	211	215	215	222	7 min
		12' D	bottom (see profile)				

REMARKS

Adjusted uphill slightly due to rock. For field
in brush, some measurements were approx.

TYPE OF SOIL

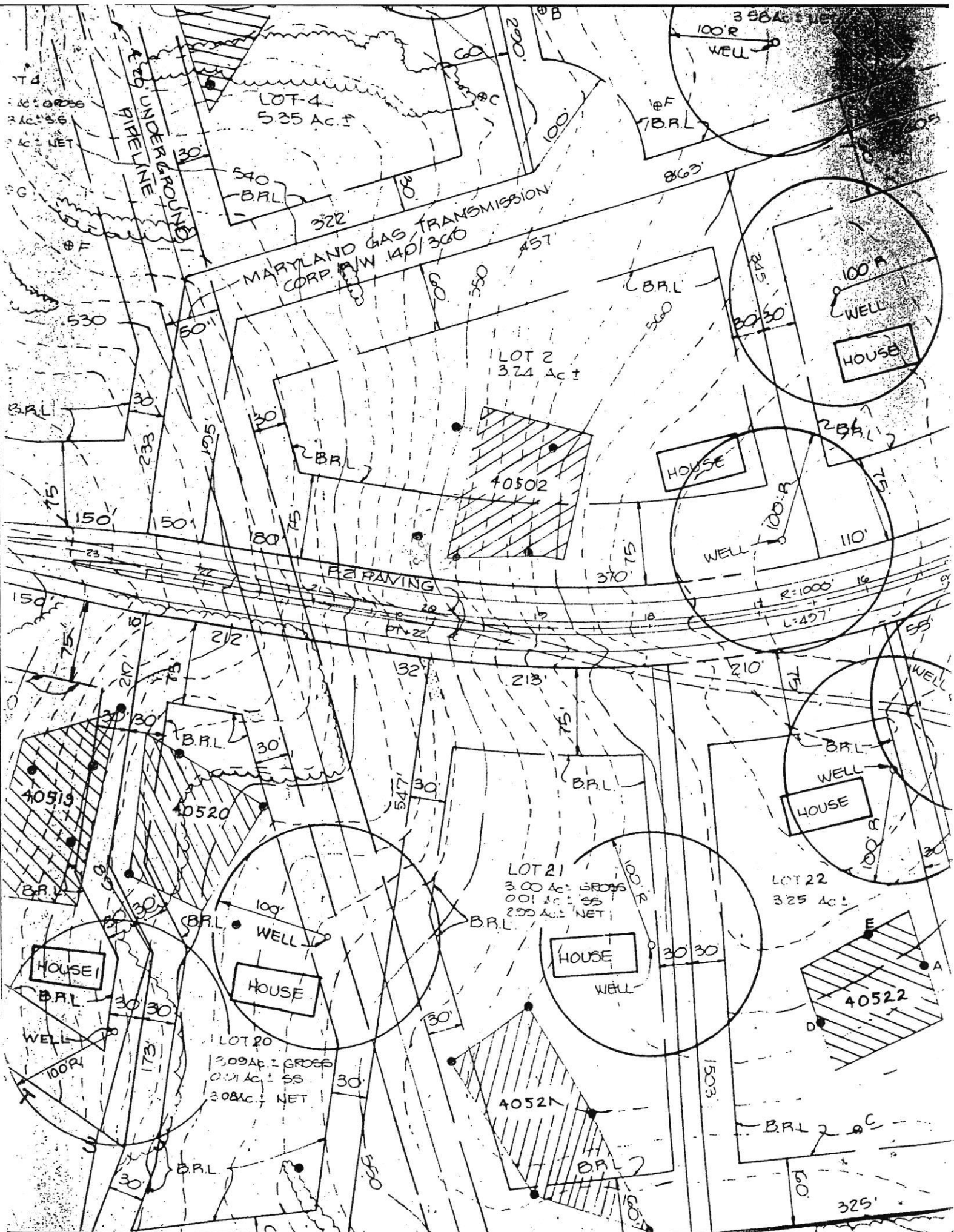
Brown/orange clays to 4'; silty med loam w/ scattered
fragments below

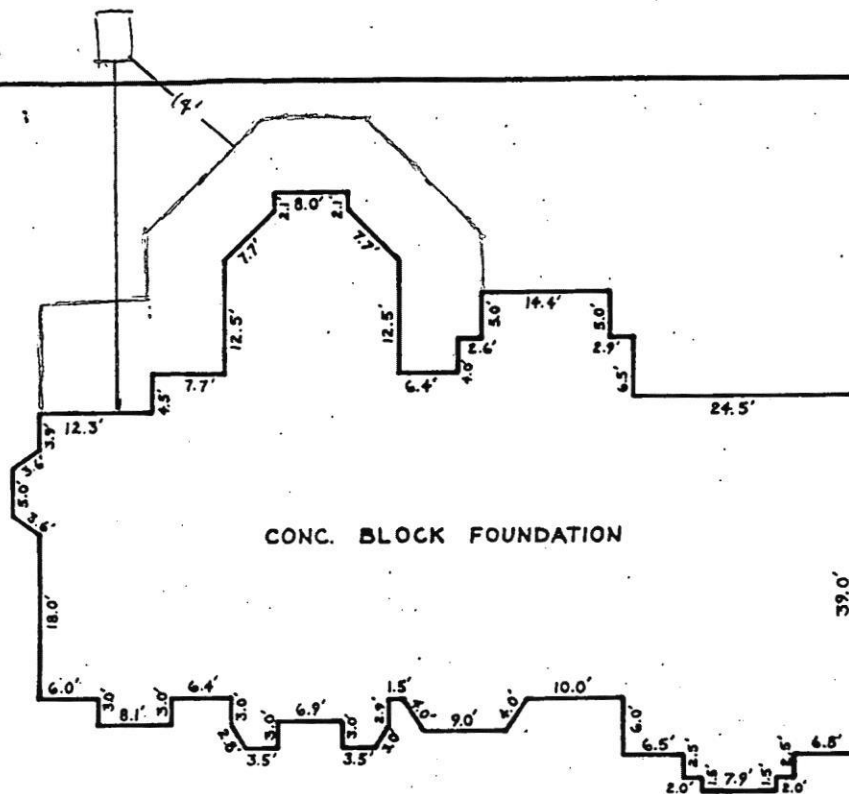
TESTED BY

B N from

ALSO PRESENT

rod, Keith





7/5/99
Shown deck
location will
have no impact
on the existing
well and/or septic
OK to proceed

