

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B0700 3378

Building Address 5400 Tamsaway Ct
Chicksville MD 21029
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 28 Parcel 300 Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Charles Ukert
 Address _____
 City Chicksville State MD Zip Code 21029
 Home Phone 410-529-279 Work Phone 410-529-340
 Applicant's Name & Mailing Address, (if other than stated hereon):
same as above
 Phone _____ Fax _____

Existing Use Vacant
 Proposed Use Garage
 Estimated Construction Cost \$ 5,000
 Description of Work Garage

Contractor Company HomeAdvisor
 Contact Person Charles Ukert
 Address 5400 Tamsaway Ct
 City Chicksville State MD Zip Code 21029
 License No. _____
 Phone _____ Fax _____

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

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: <u>20'</u>	Water Supply: _____ Public _____ Private _____
No. of stories: <u>1</u>	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: <u>1300 sq. ft.</u>	Electric Yes <input checked="" 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 _____ <input checked="" type="checkbox"/> Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

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

Print Name _____

Title/Company _____

Date _____

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>8/30/2007</u>	<u>R. Buehler</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"/>		

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for NewTown Zone _____
 SDP/Red-line approval date _____

PROPERTY ID#:

Filing fee \$ _____
 Permit fee \$ _____
 Excise tax \$ _____
 Add'l per. fee \$ _____
 TOTAL FEES \$ _____
 Sub-total paid \$ _____
 Balance due \$ _____
 Check # _____
 Validation # _____

Accepted by _____

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

410 313 2001

WWW.CO.HO.MD.US

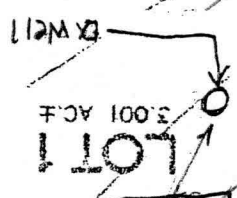
Plot # 7830

160'

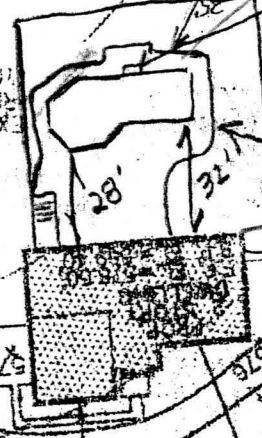
APPROVED
WALK-THRU BUILDING PERMIT
 BP# **6**
 APP. SAN **PT**
 DESC. OF WORK: **POOL**
 A# **37571**
 DATE: **4/5/05**

R=29.60'

VEHICULAR INGRESS & EGRESS IS RESTRICTED



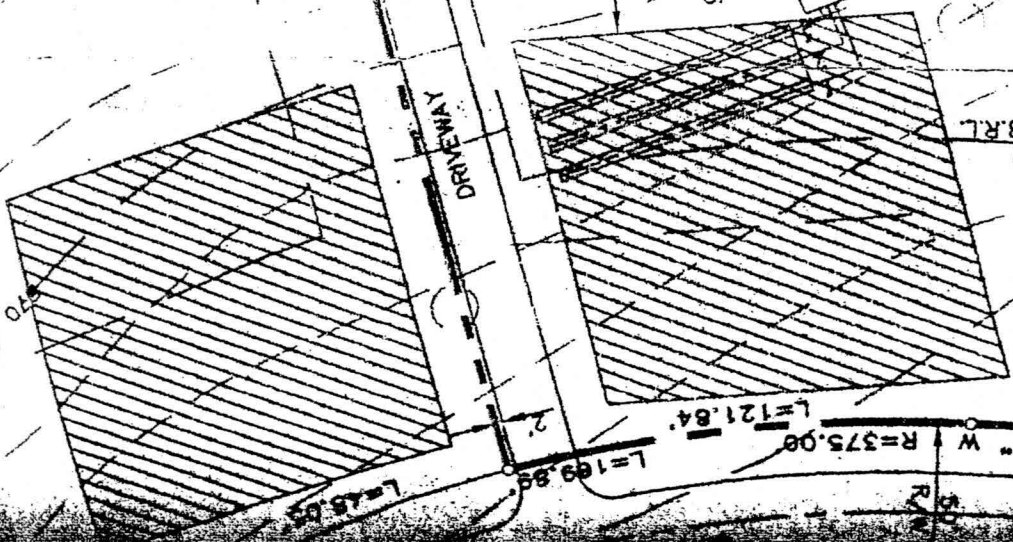
EXISTING SEPTIC RESERVE AREA (10,000 SQ. FT.)



N 80°21'25" W 506.18'

EX. WELL

DRIVEWAY



B.R.L.

B.R.L.

S 28°15'30" W R=375.00
 L=121.84
 L=199.89
 L=45.05

1644.30'
 35.58'
 53.16'

568
578
576

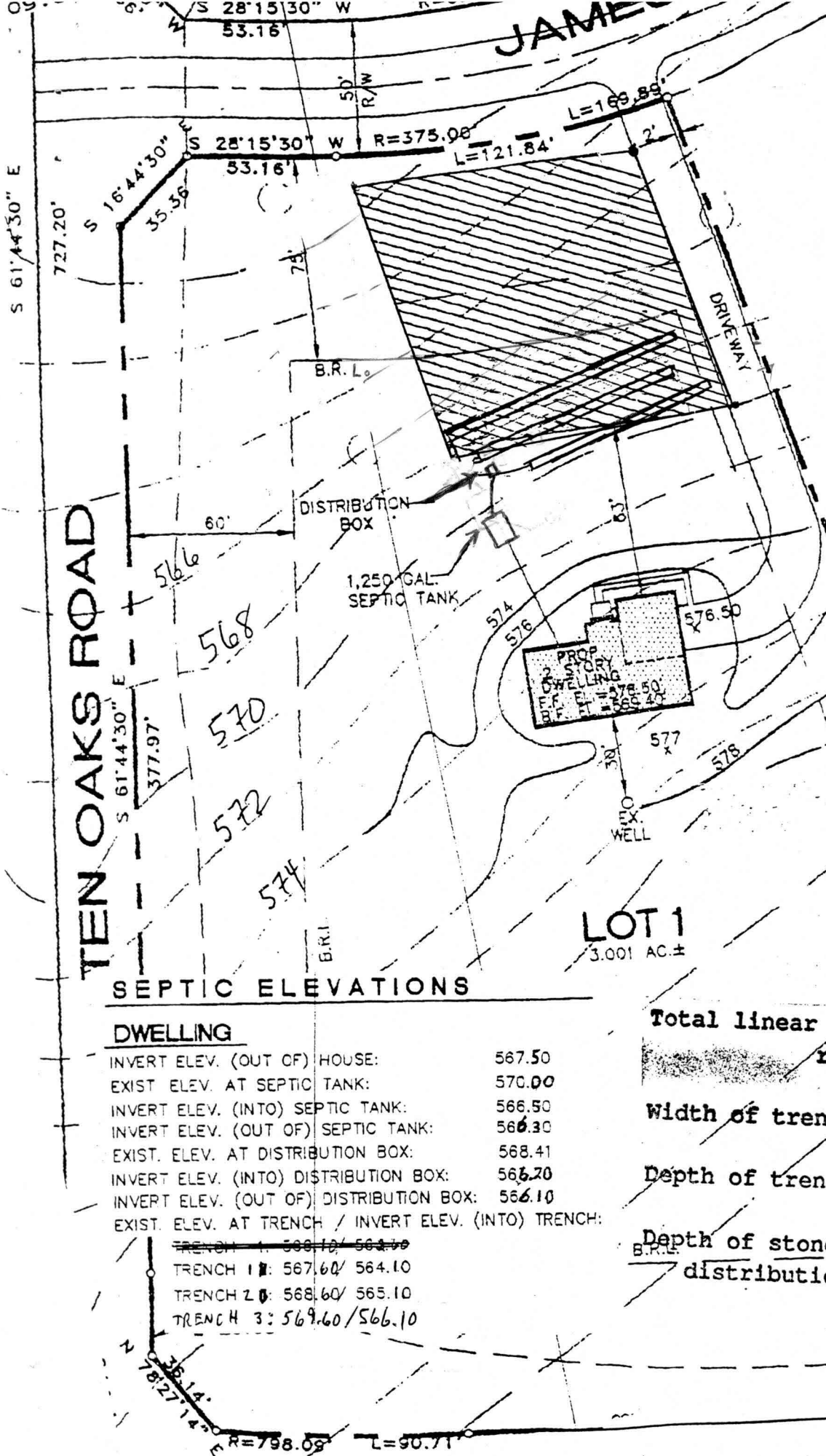
574

572

577.89'

35.58'

1644.30'



Approved Septic System Plan
 Howard County Health Department

Mark E. R. R. R.
 Signature

7/21/00
 Date

Plan by
 Colbert Matz
 Rosenfelt

1:50

SEPTIC ELEVATIONS

DWELLING

INVERT ELEV. (OUT OF) HOUSE:	567.50
EXIST. ELEV. AT SEPTIC TANK:	570.00
INVERT ELEV. (INTO) SEPTIC TANK:	566.50
INVERT ELEV. (OUT OF) SEPTIC TANK:	566.30
EXIST. ELEV. AT DISTRIBUTION BOX:	568.41
INVERT ELEV. (INTO) DISTRIBUTION BOX:	566.20
INVERT ELEV. (OUT OF) DISTRIBUTION BOX:	566.10
EXIST. ELEV. AT TRENCH / INVERT ELEV. (INTO) TRENCH:	

TRENCH 1:	568.10 / 564.10
TRENCH 2:	567.60 / 564.10
TRENCH 3:	568.60 / 565.10
TRENCH 4:	569.60 / 566.10

Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 5.5 feet

Depth of stone required below distribution pipe 2 feet