

**HOWARD COUNTY  
PERMIT APPLICATION**

Site ins 80  
**PERMIT NUMBER  
B00137597**

Building Address 975 Long Corner Road  
Mt. Airy MD 21771  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract (A-101) Subdivision N/A  
Section NA Area NA Lot N/A  
Tax Map 100 Parcel 101 Grid B  
Zoning RR-100 Map Coordinates 2F9 Lot size 5.036 ac

Property Owner's Name John & Barbara MAYO-WELLS  
Address 1150 Frederick Road  
City Ellicott City State MD Zip Code 21042  
Home Phone 410 531 2257 Work Phone none  
Applicant's Name & Mailing Address, (if other than stated hereon):  
J.F. & B. MAYO-WELLS  
P.O. Box 87  
Mt. Airy MD 21771-0087  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Residential SFD  
Proposed Use Residential SAME WITH GARAGE  
Estimated Construction Cost \$ 12,270.00 ~~11,000~~ site prep  
Description of Work Erect 24x52' modular storage building (double-wide garage style w/windows). Site to be prepared level with gravel bed.

Contractor Company Niche Cabinet Company  
Contact Person John Franklin  
Address 4636 Ridge Road  
City Mt. Airy State MD Zip Code 21771  
License No. 06691247  
Phone 410 273 2211 Fax 410 273 2211

Occupant or Tenant Vacant at present, but soon to be owner-occupied.  
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: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> <u>(4-level split level)</u> 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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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.

John Franklin Mayo-Wells  
Applicant's Signature  
Owner

John Franklin Mayo Wells  
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	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	55601
State Highways			Rear: _____	Filing fee \$ <u>35.00</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health	<u>8/8/02</u>	<u>Karen Noonan</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Check # _____
				Validation # _____
				Accepted by <u>[Signature]</u>

**HOWARD COUNTY  
PERMIT APPLICATION**

PERMIT NUMBER

800137547

Site insp

Building Address 97...  
1111 King RD 31741  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 100101 Subdivision N/A  
Section NA Area 123 Lot N/A  
Tax Map 100 Parcel 101 Grid E  
Zoning NA Map Coordinates 2F9 Lot size 5000 sq ft

Property Owner's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City 11111 State MD Zip Code 21192  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Commercial SFJ  
Proposed Use Commercial Warehouse  
Estimated Construction Cost \$ 100,000  
Description of Work Build 29x22' building for storage  
building (doublewide garage style open front)  
site to be prepared level and drainage to be

Contractor Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. 6371547  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

Engineer or Architect Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
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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 _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

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Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> <u>(4 double doors)</u>	Heating System: _____ Electric <input checked="" 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: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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John A. ...  
Applicant's Signature  
Owner  
Title/Company

John A. ...  
Print Name  
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

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AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
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State Highways			Rear: _____	Filing fee \$ <u>25.00</u>
Building Official			Side: _____	Permit fee \$ _____
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Health	<u>8/8/02</u>	<u>Karen Noonan</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
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CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # _____
				Validation # _____
				Accepted by <u>[Signature]</u>

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

LAYOUT \_\_\_\_\_ INSP 4 \_\_\_\_\_  
INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_  
INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

APPROVAL DATE: \_\_\_\_\_

# PERMIT INDEXED

P \_\_\_\_\_

A 517428-B

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

04-322452

IS PERMITTED TO INSTALL  ALTER

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT NUMBER: \_\_\_\_\_

ADDRESS: 975 Long Corner Road PROPERTY OWNER: Mayo-Wells

SEPTIC TANK CAPACITY (GALLONS): \_\_\_\_\_ OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: \_\_\_\_\_

SQUARE FEET PER BEDROOM: \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED: \_\_\_\_\_

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	<b>BUILDING PERMIT SIGNED AND RETURNED</b>
NOTES:	300 137597 STORAGE BUILDING 8/8/2002

PLANS APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

- 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 UNLESS SPECIFICALLY AUTHORIZED

**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**

517428-B