



SEPTIC SYSTEM TO BE INSTALLED FIRST BEFORE BUILDING PERMIT IS SIGNED.

# PERMIT

SEWAGE DISPOSAL SYSTEM  
MARYLAND STATE DEPARTMENT OF HEALTH\*

P 28510  
A 23968

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

05-381460

11/13/78

house connection  
INDEXED

DATE 7/20/78

Costello Builders

IS PERMITTED TO INSTALL  ALTER

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SUBDIVISION Highland Lake ROAD Isle of Skye Drive LOT 6

PROPERTY OWNER Costello Builders 442-2288 (Call for name change)

ADDRESS 6701 Pine Drive Whittier 596-5023

SPECIFICATIONS 3 bedrooms Columbia, Md. 2104

SEPTIC TANK CAPACITY 1000 GALLONS

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET. BOTTOM AREA \_\_\_\_\_ SQ. FT.

DEEP TRENCH \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET. BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA 165 SQ. FT. per bedroom below inlet.

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 11 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT \_\_\_\_\_ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA \_\_\_\_\_ FT. FROM \_\_\_\_\_ LOT LINE AND \_\_\_\_\_ FT. FROM \_\_\_\_\_ LOT LINE AS SEEN WHEN FACING LOT FROM

**BUILDING PERMIT SIGNED AND RETURNED**

10-2-03 800 1441362 - Renovate  
975-8 800/54031 - Extend Porch

14A11

Location: per engineers plat. If dry well and trench are used, need a 5 ft. earth buffer between dry well and trench.

From plat 120 ft road 3 125 ft from right as from rd. 8/11/78

PLANS APPROVED BY Donald W. Monaghan/C.B. Streaker DATE 11/9/77

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

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.

BLDG. PERMIT SIGNED AND RETURNED 8/30/78  
Serial No. 36959

A 23968

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

6615 Isle of Skye Dr.

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLCOTT CITY, MD 21043  
PERMITS (410) 313-2456 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00144362

Building Address 6615 Isle of Skye

Property Owner's Name SCOTT WHITTIER

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Address 6615 Isle of Skye

Census Tract 605101 Subdivision Highland Lake

City Highland State \_\_\_\_\_ Zip Code 20777

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 6

Home Phone 301 854-1697 Work Phone 410 531 4075  
Applicant's Name & Mailing Address, (if other than stated hereon):

Tax Map 34 Parcel 370 Grid 22

Zoning RROED Map Coordinates 14A10 Lot size \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_

Contractor Company \_\_\_\_\_

Proposed Use \_\_\_\_\_

Contact Person \_\_\_\_\_

Estimated Construction Cost \$ \_\_\_\_\_

Address \_\_\_\_\_

Description of Work RENOVATE BED/BATH  
(BOTH EXISTING)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code 21245

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Phone 410 531 4075 Fax \_\_\_\_\_

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

#### Building Characteristics

#### Utilities

Height: \_\_\_\_\_  
No. of stories: \_\_\_\_\_  
Gross area, sq. ft. per floor: \_\_\_\_\_  
Use group: \_\_\_\_\_  
Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

Water Supply:  
 Public  
 Private  
Sewage Disposal:  
 Public  
 Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system: N/A   
 Full  
 Partial  
 Other Suppression  
 # of Heads

#### Building Characteristics

#### Utilities

SF Dwelling  SF Townhouse   
Depth \_\_\_\_\_ Width \_\_\_\_\_  
1st floor: \_\_\_\_\_  
2nd floor: \_\_\_\_\_  
Basement:  
Finished Basement  Unfinished Basement   
Crawl space  Slab on Grade   
No. of Bedrooms: \_\_\_\_\_  
Multi-family dwellings:  
No. of efficiency units: \_\_\_\_\_  
No. of 1 BR units: \_\_\_\_\_  
No. of 2 BR units: \_\_\_\_\_  
No. of 3 BR units: \_\_\_\_\_  
Other Structure: \_\_\_\_\_  
Dimensions: \_\_\_\_\_  
Footings: \_\_\_\_\_  
Roof: \_\_\_\_\_  
 State Certified Modular  
 Manufactured Home

Water Supply:  
 Public  
 Private  
Sewage Disposal:  
 Public  
 Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system: N/A   
 NFPA #13D  
 NFPA #13R  
 Other:

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  
Land Development, DPZ

DATE

SIGNATURE APPROVAL

DPZ SETBACK INFORMATION

PROPERTY ID#

Front:

Filing fee \$

OK MR 10/2/03

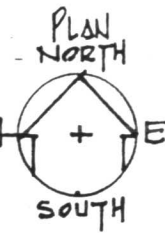
59495

OK FOR RENOVATIONS TO EX BR & BATH MR 10/2/03

ALTER EXIST. HVAC SUPPLY REGISTERS / DUCTWORK TO SUIT  
 ALTER EXIST. PLUMBING (WATER, WASTE + VENT) TO SUIT  
**NOT FOR CONSTRUCTION**

PROPOSED PLAN 1/4" = 1'-0"

**NOT FOR CONSTRUCTION**



DEMO. EXIST. SGD & WINDOW - RE-DO STRUCT & SIDING & ADD 4 NEW CSMTS (EGRESS) (SAFETY GLASS PER CODE)

NEW POSTS (TYP.)

DEMO EXIST. BALCONY

LIGHT SOFFIT ABOVE

FIXED GLASS 4'9" x 42"

FLAT SCR. TV. IN STO. CLO. BELOW

NEW WINDOWS DEMO EXIST. & RE-DO STRUCT + SIDING

EXIST. HIGH WALL & WINDOWS (CLERESTORY)

NEW LIGHT SOFFIT / SHELF ABV. w/ STRUCT. TIE BEAM

EXIST. SKYL.

NEW BEDROOM

15' x 13'3" > 16'6" SLOPING CLG

NEW SKYL.

NEW WALL w/ BUILT-IN STRUCT. TIE BEAM 5' PACKET DOORS & TRANSOM ABV.

NEW BATH 4'8" x 13'3"

SLOPING CLG. RIDGE

NEW SKYL.

3'2" x 4' FG w/ TRANSOM ABV

SEAT

ADD WING WALL

DEMO EXIST. BATH & WALLS

DN.

EXIST. HALL

BUILT-UP CER./STONE TILE FLOOR OVER MEMBRANE & SLOPE TO SHOWER DRAIN

EXIST. WARDROBE

LIGHT SOFFIT ABOVE

ADD FRMG FOR NEW SLOPED CLG (DEMO. EXIST. GYP. BD ABV. NEW FRMG).

CHIMNEY

GLASS ENCL. SHOWER w/ SEAT (OPEN ABOVE) 4'6" x 6'0"

RENOVATIONS to the WHITTIER HOUSE

KMA-KEVINMCKENNA-ARCHITECTS COLUMBIA MD 410.381.5817

JULY 03 REVISED AUG 03 ■ REVISED 15 SEPT. 03 ■