

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B06007706

Building Address 13535 Julia Manor Way
West Friendship Md
Suite/Apt. #: _____ SDPWP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Mr Frank Moon
Address 13535 Julia Manor Way
City West Friendship Md Zip Code _____
Home Phone 410-489-0290 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Gary Hollingshead
Phone 717-891-0931 Fax _____

Existing Use _____
Proposed Use _____
Estimated Construction Cost \$ 37,767.00
Description of Work Deck with steps
landing

Contractor Company Blake Contracting
Contact Person Gary Hollingshead
Address 13108 Manor Rd
City Glenn State Md Zip Code 21057
License No. 18140
Phone 410-817-9714 Fax _____

Occupant or Tenant Mr Frank Moon
Contact Name Frank Moon
Address 13535 Julia Manor Way
City West Friendship State Md Zip Code _____
Phone 410-489-0290 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: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
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"/>
Height: _____ 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 type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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.

Gary Hollingshead
Applicant's Signature
Supervisor
Title/Company

GARY HOLLINGSHEAD
Print Name
11/15/06
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: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>11/16/06</u>	<u>[Signature]</u>	Side St.: _____	Add'l per. fee \$ _____
Health			All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for New/Town Zone _____	Accepted by _____
T:\norma\PERMIT.FRM			SDP/Red-line approval date _____	



APPROVED

WALK-THRU BUILDING PERMIT

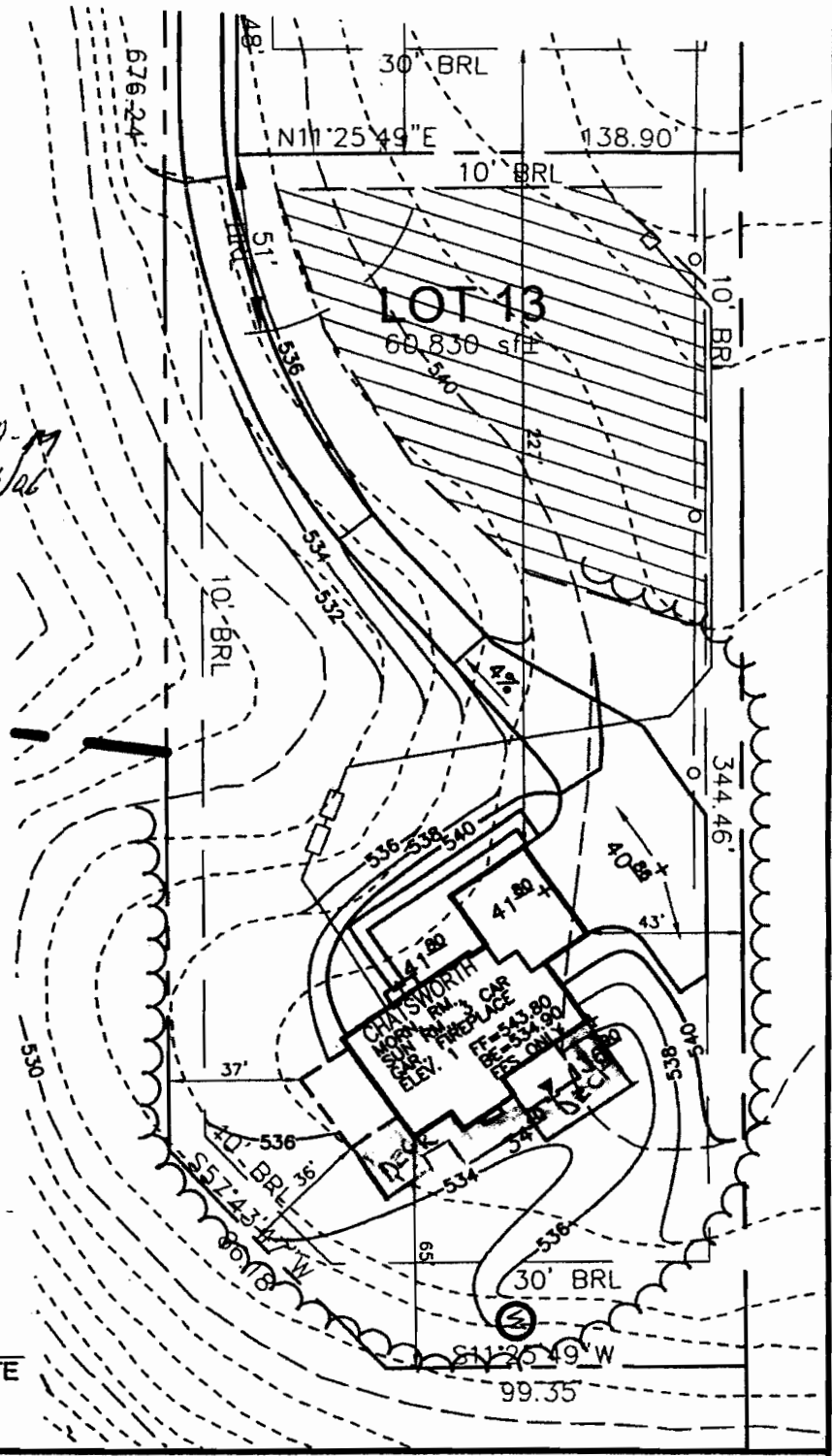
BP# β0600770x A# 515220-M
 APP. SAN SFO DATE: 11/16/06
 DESC. OF WORK: Deck

SEPTIC DATA:

- HOUSE:
INV. OUT=532.4
- SEPTIC TANK(1200GAL)
TOP GRADE:533.0
INV. IN=531.2
INV. OUT=530.9
- PUMP TANK(1000GAL)
TOP GRADE:532.0
INV. IN=529.8
INV. OUT=529.7
- DISTRIBUTION BOX:
TOP GRADE:545.5
INV. IN=542.5
INV. OUT=542.0

THE EXISTING WELL SHOWN ON THIS PLAN () HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC. PROFESSIONAL LAND SURVEYORS, AND IS ACCURATELY SHOWN.

JAMES ROBERT MEEKS, PLS #10857 DATE



SCALE 1"=50'
 DRAWN BY CMH
 CHECKED BY JCO
 DATE AUG. 11, 2004
 W. O. # 2034058
 SHEET# 1 OF 1

TAX MAP 22
 3RD ELECTION DISTRICT

PULTE HOMES
 PADDOCKS EAST
 LOT 13

PARCEL 7
 HOWARD COUNTY, MARYLAND



ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS

8407 MAIN STREET TEL: 410.461.7666
 ELLICOTT CITY, MD 21043 FAX: 410.461.8961

LAYOUT _____ INSP 4 _____
 INSP 2 _____ INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: 2/23/2005

P 522000

APPROVAL DATE: 5/4/05

A 515228-M

PERMIT
INDEXED
TAX ID #03-341879

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

Hatfield's Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: 13785 Burntwoods Road, Glenelg PHONE NUMBER: 410-531-6773

SUBDIVISION: Paddocks East LOT NUMBER: 13

ADDRESS: 13535 Julia Manor Way PROPERTY OWNER: Pulte Homes, Inc.

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 101 HOUSE SERVED BY PUBLIC WATER

REMOVING PERMIT
AND RETURNED
 10/16/06 - B06007706-78x169-Deck

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box at the highest elevation in the approved SDA.
NOTES:	

PLANS APPROVED: Kevin J. Bell Reviewed by: P.J. DATE: 9/07/04 2/23

NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

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 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A 515 228-M