

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B06007705

Building Address 13584 Julia Manor Way
West Friendship Md
Suite/Apt. #: _____ SDPWP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot 18
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Mrs Sung Chung
Address 13584 Julia Manor Way
City West Friendship State Md Zip Code _____
Home Phone 410-489-9202 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 \$ _____
Description of Work 15x47 deck with
steps to grade

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

Occupant or Tenant Mr Sung Chung
Contact Name Sung Chung
Address 13584 Julia Manor Way
City West Friendship Md Zip Code _____
Phone 410-489-9202 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:	
No. of stories:		Public <input type="checkbox"/>	
Gross area, sq. ft. per floor:		Private <input type="checkbox"/>	
Use group:		Sewage Disposal:	
Construction type:		Public <input type="checkbox"/>	
<input type="checkbox"/> Reinforced Concrete		Private <input checked="" type="checkbox"/>	
<input type="checkbox"/> Structural Steel		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Masonry		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Wood Frame		Heating System:	
<input type="checkbox"/> State Certified Modular		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
		Natural Gas <input type="checkbox"/>	
		Propane Gas <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"/>	Water Supply:	
Depth _____	Width _____	Public <input type="checkbox"/>	
1st floor:		Private <input checked="" type="checkbox"/>	
2nd floor:		Sewage Disposal:	
Basement:		Public <input type="checkbox"/>	
Finished Basement <input type="checkbox"/>	Unfinished Basement <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	
Crawl space <input type="checkbox"/>	Slab on Grade <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
No. of Bedrooms _____		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Height: _____		Heating System:	
Multi-family dwellings:		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
No. of efficiency units: _____		Natural Gas <input type="checkbox"/>	
No. of 1 BR units: _____		Propane Gas <input type="checkbox"/>	
No. of 2 BR units: _____		Sprinkler system: N/A <input type="checkbox"/>	
No. of 3 BR units: _____		NFPA #13D _____	
Other Structure: _____		NFPA #13R _____	
Dimensions: _____		Other: _____	
Footings: _____			
Roof Height: _____			
<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 HERETO; (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 ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

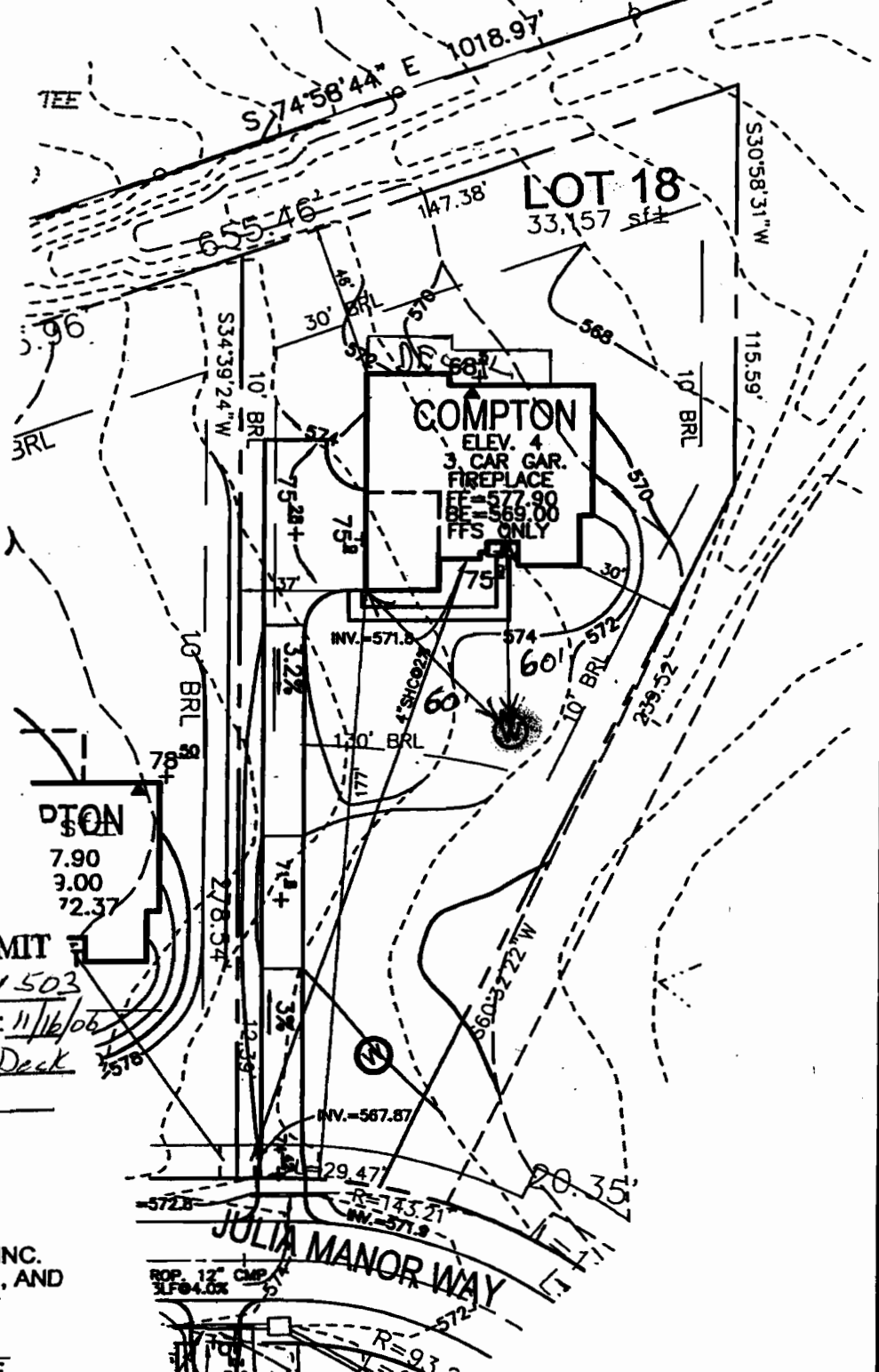
Gary Hollingshead
Applicant's Signature
Supervisor
Title/Company

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	Lot Coverage for New Town Zone _____	
Yellow: DED, DPZ	Pink: Health	Gold: ISHA	SDP/Red-line approval date _____	Accepted by _____

10/6/05
 Location of
 Surveyor's
 Stake
 (BB)
 Maryland State Grid Meridian



APPROVED

WALK-THRU BUILDING PERMIT

BP# B06007705 A# 511503

APP. SAN SFD DATE: 11/16/06

DESC. OF WORK: 18' x 47' Deck

P-523307

THE EXISTING WELL SHOWN ON
 THIS PLAN (TAG #H094-3917)
 HAS BEEN FIELD LOCATED BY
 ROBERT H. VOGEL ENGINEERING, INC.
 PROFESSIONAL LAND SURVEYORS, AND
 IS ACCURATELY SHOWN.

MARK C. MARTIN, LS #10884 DATE

SCALE 1"=50'
 DRAWN BY CMH
 CHECKED BY JCO
 DATE JANUARY, 2005
 W. O. # 2034058
 SHEET# 1 OF 1

TAX MAP 22
 3RD ELECTION DISTRICT

PULTE HOMES
 PADDOCKS EAST

PARCEL 7
 HOWARD COUNTY, MARYLAND

LOT 18



**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 1 _____ INSP 3 _____
INSP 2 _____ INSP 5 _____

ISSUE DATE: 9/8/2005

APPROVAL DATE: 12/13/05

PERMIT

SHARED SEPTIC SYSTEM

Tax ID # 03-341925

INDEXED

HOUSE SEWER LINE CONNECTION ON-SITE SEWAGE DISPOSAL SYSTEM

P 523387

A 511503

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Hatfields Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: PO Box 519, Annapolis Junction PHONE NUMBER: 410-531-6650

SUBDIVISION Paddocks East UNIT NUMBER: 18

ADDRESS: 13584 Julia Manor Way PROPERTY OWNER: Pulte Homes

NUMBER OF BEDROOMS: 4

HOUSE SERVED BY A PRIVATE WELL #HO 95-0125

LOCATION:	Install 4" house sewer line connection as per the approved site plan. Final acceptance of the sewer system will be subject to the approval of the Maryland Dept. of the Environment.
NOTES:	This permit is limited to the installation of the individual house sewer line connection. The house water connection shall be witnessed at the same time.

PLANS APPROVED: _____ DATE: _____

PERMIT VOID AFTER 2 YEARS

1. CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS.
2. ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED.
3. CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT.
4. NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
5. PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 FOR INSPECTION OF SEPTIC CONNECTION

**BUILDING PERMIT SIGNED
AND RETURNED**

11/16/06- B06007705- 18x47 Deck