

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER

000158466

Building Address 6166 Lawyers Hill Road  
Elkridge MD 21075

Suite/Apt. #: \_\_\_\_\_ SDPWP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

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

Tax Map 32 Parcel 53 Grid 21

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size 90 ACRES

Existing Use Backyard

Proposed Use above ground pool

Estimated Construction Cost \$ 2000.00

Description of Work put up an  
above ground swimming pool  
52 inches tall with attached  
fence + deck area

Occupant or Tenant Occupant

Contact Name Stacy White

Address 6166 Lawyers Hill Rd.

City Elkridge State MD Zip Code 21075

Phone 410-796-0850 Fax \_\_\_\_\_

Property Owner's Name Charles & Stacy White

Address 6166 Lawyers Hill Road

City Elkridge State MD Zip Code 21075

Home Phone 410-796-0850 Work Phone 410-854-6348

Applicant's Name & Mailing Address, (if other than stated hereon):

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

Contractor Company N/A Same as owner

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

Address \_\_\_\_\_

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

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

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

Engineer or Architect Company N/A

Contact Person Same as owner

Address \_\_\_\_\_

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

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

BUILDING DESCRIPTION - COMMERCIAL N/A

BUILDING DESCRIPTION - RESIDENTIAL N/A

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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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 type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Height: _____	
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 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 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.

Stacy Anne White  
 Applicant's Signature

Stacy Anne White  
 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>5/9/06</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by _____

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:



01-185780

11/21/80 FULLY APPROVE

# PERMIT

P 30954 C.B.

A Repair

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 1st

DATE 9/86/80

## INDEXED

Joe Newbauer as of 11/12/80 A.M.

Cecil Crubshaw

Installer not known at this time IS PERMITTED TO INSTALL ALTER X

ADDRESS (Revised Drive + another yellow) PHONE \_\_\_\_\_

SUBDIVISION on 11/3/80 @ site ROAD 6166 Lawyers Hill Road LOT \_\_\_\_\_

PROPERTY OWNER Melville Chapel Methodist Church phone {744-4158}

ADDRESS 6166 Lawyers Hill Road, Elkridge, Md. 21227

SPECIFICATIONS for 3 Bedrooms (1) Replace old pipes from house to new septic tanks if clogged + or broken with cast iron

(2) New SEPTIC TANK CAPACITY 1000 GALLONS  
 DRAIN FIELD DEPTH as away with old tank FEET. BOTTOM AREA \_\_\_\_\_ SQ. FT.  
 DEEP TRENCH \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET. BOTTOM AREA \_\_\_\_\_ SQ. FT.  
 SEEPAGE PITS 15x15 ABSORBENT SIDE-WALL AREA 360+ SQ. FT.  
 INLET PIPE 2 1/2-4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 FT. BELOW ORIGINAL GRADE  
 EFFECTIVE DEPTH AT 2 1/2 FT. BELOW ORIGINAL GRADE.

**BUILDING PERMIT SIGNED AND RETURNED**  
8/25/04 800149945-2 CAL GARAK

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

REPAIR - Call for an appointment when ground is opened up and Sanitarian will recommend the repair system.

(PUBLIC WATER AVAILABLE)

⊕ Solved 2 1/2-4' (used per REVEREND and locked original grade.)

⊕ One old drywell 50'-60' and (3) install new dry well 15'x15'-inches as shallow as possible in hole #1, 9-10 minimum depth, 6' separating between inlet + bottom DATE 9/26/80 Place dry well on same C.B. location as old one.

PLANS APPROVED BY Palmer F. Wine

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.

**BUILDING PERMIT SIGNED AND RETURNED**

3/9/06 - 800158466

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRAZZO ACCEPTED.

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

APPROVE