

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
BO7000376

Building Address 13211 MAY ESTATES CIRCLE
ELLICOTT CITY MD 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision BURGESS EST.
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name SCOTT & STALEY MOFFET
 Address 13211 MAY ESTATES CIRCLE
 City ELLICOTT CITY State MD Zip Code 21042
 Home Phone 410531-5202 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use SF w/ PARTIAL FINISHED BSMT
 Proposed Use SF w/ FULL FINISHED BSMT w/ FULL BATH
 Estimated Construction Cost \$ _____
 Description of Work FINISH REMAINING BSMT
w/ FULL BATH ON EXISTING POUND IN
FINISHED AS REC ROOM & HOME THEATER ROOM
FINISH 580 SQ FT

Contractor Company Kent Bldg Svcs
 Contact Person Kent Yingling
 Address 7516 Flamewood Dr
 City Clarksville State MD Zip Code 21029
 License No. 73726
 Phone 410 215 4035 Fax _____

Occupant or Tenant SCOTT & STALEY MOFFET
 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: _____ 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 _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" 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 _____ Height: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" 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 type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular _____ 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.

R. Kent Yingling
 Applicant's Signature
Kent Bldg Svcs
 Title/Company

R. Kent Yingling
 Print Name
2/1/07
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DFZ SETBACK INFORMATION	PROPERTY IDE
Land Development, DFZ			Front: _____	Filing fee \$ _____
State Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DFZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>2/1/07</u>	<u>R. Bush</u>	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?	Valuation \$ _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies			Lot Coverage for New Town Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DFZ				
Yellow: DED, DFZ				
Pink: Health				
Gold: SHA				

APPROVED

2/1/07

DATE

VIC

WALK-THRU BUILDING PERMIT

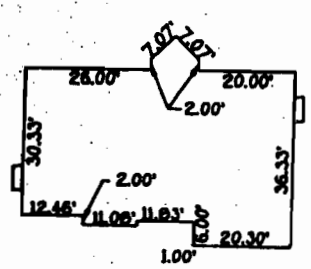
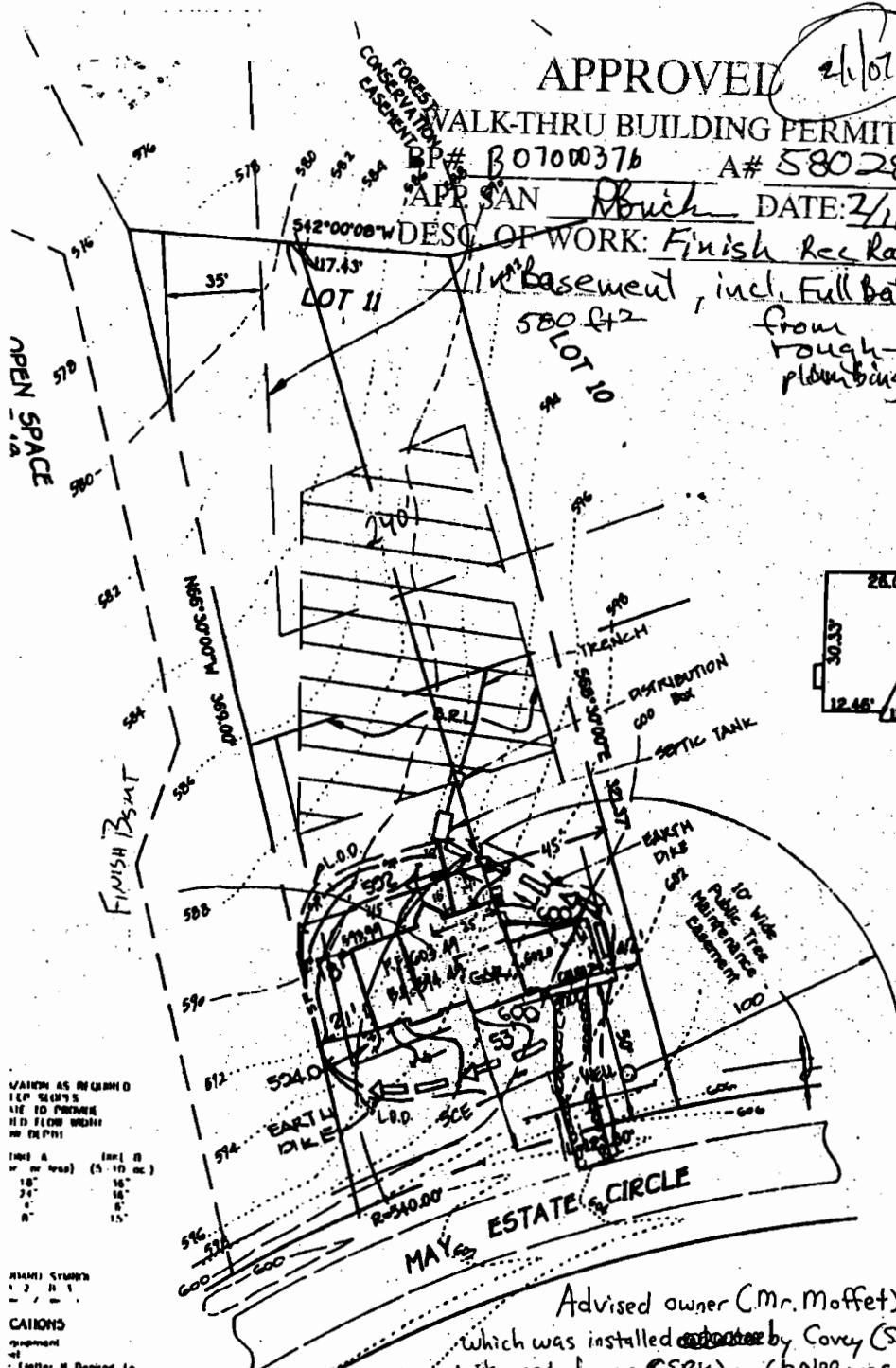
APP # B0700376 A# 58028-F

APP SAN Mouch DATE: 2/1/07 GENERAL NOTES

DESC OF WORK: Finish Rec Room
1 1/2" Basement, incl. Full Bath
from rough-in plumbing

- SEPTIC EASEMENT SUBJECT TO
- PROPOSED 1500 GALLON SEPTIC
- A. FIRST FLOOR ELEVATION
- B. BASEMENT ELEVATION
- C. INVERT OF SEPTIC SYSTEM
- D. INVERT IN AT SEPTIC TANK
- E. INVERT OUT AT SEPTIC TANK
- F. PROPOSED GRADE OVER SEI
- G. INVERT AT DISTRIBUTION
- H. EXISTING GROUND OVER DE
- LENGTH OF TRENCH TO BE DE
- ISSUANCE
- CONTRACTOR / BUILDER TO V
- ANY CONSTRUCTION.

OPEN SPACE



DETAIL SCALE: 1"=30"

5/4/00-
proposed deck
has no impact
to well or
septic. OK
SRU

CAUTION AS REQUIRED

TOP SURF

SEE TO PREVENT

IN FLOW WIDTH

NO DEPTH

TYPE A	TYPE B
INCHES	(5-10 INCHES)
10"	10"
24"	16"
36"	18"
48"	15"

CAUTION

INSTALL A Sloped Side

With A Minimum (2)

to Basin Where (4) the

to Are Not Adequately

near Specifications for

Seeding Season, (1)

CAUTION

INSTALL B

Seed And Straw Mutch

Seed Using Jute, Or

Fabricator, And, 2" Stone

Used Rip-Rap 4"-8"

Engineering Design

crete Equivalent, In

d Or Pressed Into

least 8 inches

in Any Of The Above

As Provided Aler

Advised owner (Mr. Moffet) that the 6" cleanout which was installed ~~above~~ by Covey (Septic Contractor) and witnessed by me (SRU) on 6/29/99 was not visible. Because of prior knowledge of this subdivision and previous discussions with septic contractor (Covey) it is known that grading which occurred at a later date by builder, crushed in and buried cleanouts on a few lots in this subdivision. Advised Mr. Moffet to talk w/ builder and have this issue corrected. AND THAT FAILURE TO INSTALL A 6" CLEANOUT ABOVE GRADE **PLAN TO ACCOMPAN**



LEAVES NO
READY ACCESS TO
PUMP-OUT SEPTIC
TANK WHICH
WILL LEAD TO PREMATURE
FAILURE OF
SEPTIC SYSTEM

BENSON BRANCH

LOT 11

TAX MAP No. 22 PARCEL 4
THIRD ELECTORAL
HOWARD COUNTY.

SRU