



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 13792 Lakeside Dr.
 City: Clarksville State: md Zip Code: 21029
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Brighton Pines
 Section: _____ Area: _____ Lot: 7
 Tax Map: 34 Parcel: 6569 0110 Grid: 1
 Zoning: _____ Map Coordinates: _____ Lot Size: 7.3 A

Property Owner's Name: Robyn Howland
 Address: 13792 Lakeside Dr.
 City: Clarksville State: md. Zip Code: 21029
 Phone: 301 437 3634 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Glenn Murphy
 Address: 207 E Church St.
 City: Mt. Airy State: md. Zip Code: 21771
 Phone: 301 674 5973 Fax: _____
 Email: eli-73-73@yahoo.com

Contractor Company: GEM Contracting
 Contact Person: Glenn Murphy
 Address: 207 E Church St.
 City: Mt. Airy State: md Zip Code: 21771
 License No.: 71206
 Phone: 301 674 5973 Fax: _____
 Email: eli-73-73@yahoo.com

Engineer/Architect Company: GEM Contracting
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Existing Use: Single Family House
 Proposed Use: Replace Deck
 Estimated Construction Cost: \$ _____
 Description of Work: Demo and Replace existing deck 29 x 16

Occupant/Tenant Name: Robyn Howland
 Was tenant space previously occupied? Yes No
 Contact Name: Robyn Howland
 Address: 13792 Lakeside Dr.
 City: Clarksville State: md. Zip Code: 21029
 Phone: 301 437 3634 Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor: <u>461 Sqft</u>	1 st floor:
Area of construction (sq. ft.):	2 nd floor:
<u>461 Sqft</u>	Basement:
Use group:	<input type="checkbox"/> Finished Basement
Construction type:	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Masonry	No. of Bedrooms:
<input type="checkbox"/> Wood Frame	Multi-family Dwelling
<input type="checkbox"/> State Certified Modular	No. of efficiency units:
	No. of 1 BR units:
	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
Sprinkler System:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Grading Permit Number:
Building Shell Permit Number:

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: [Signature]
 Email Address: eli-73-73@yahoo.com
 Title/Company: Owner GEM Contracting

Print Name: Glenn Murphy
 Date: 8/14/19

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>8/14/19</u>	<u>H. Oswald</u>

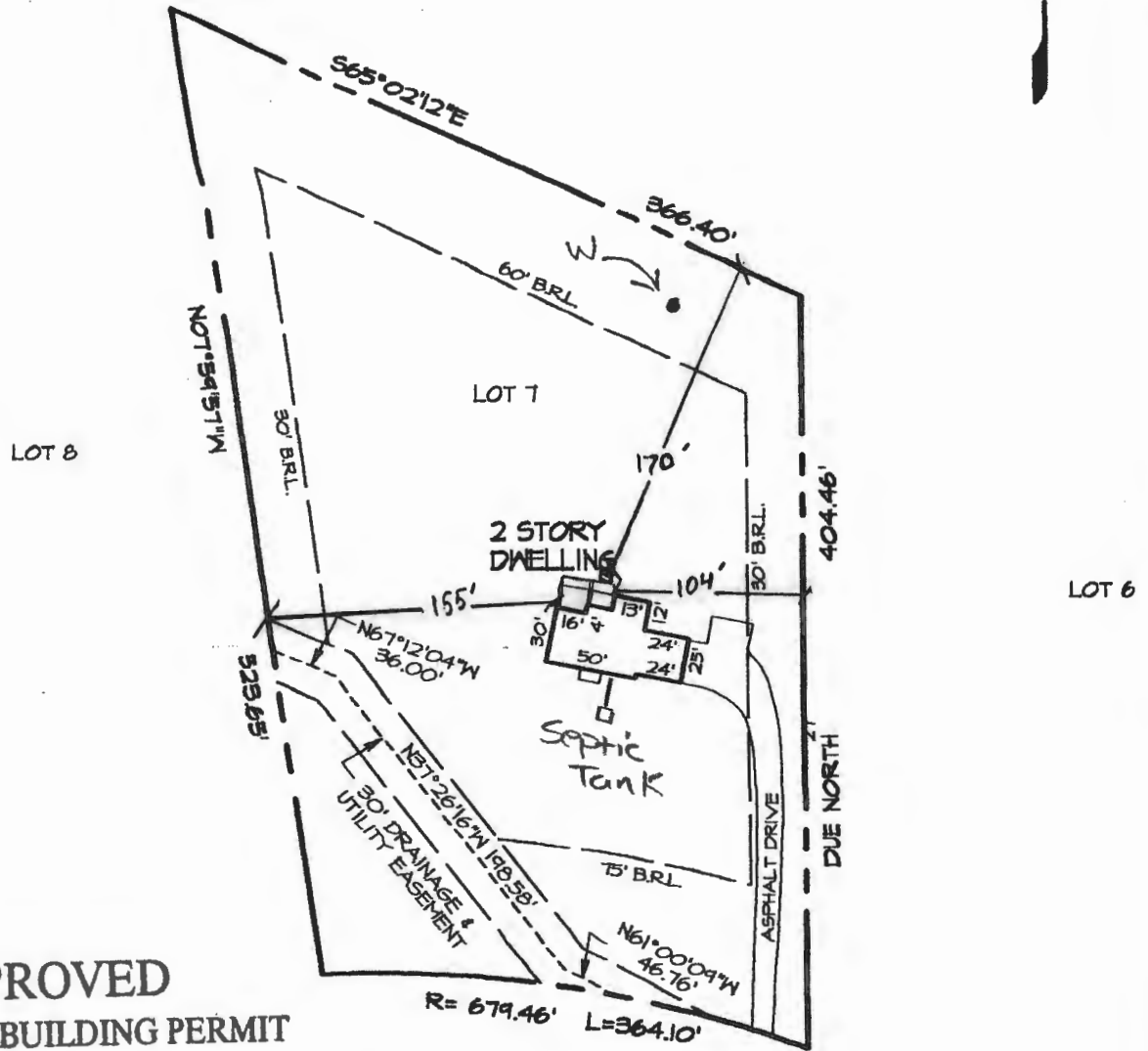
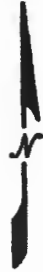
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

NOTES

1. THIS DRAWING IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
2. THIS DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THIS DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
4. ALL BUILDINGS, STRUCTURES AND OTHER IMPROVEMENTS SHOWN HEREON ARE IN APPROXIMATE RELATION TO THE APPARENT BOUNDARY LINES.
5. THE PROPERTY SHOWN HEREON IS SUBJECT TO ANY AND ALL EASEMENTS, RIGHT OF WAYS AND/OR COVENANTS OF RECORD.
6. LEVEL OF ACCURACY OF APPARENT SETBACK DISTANCES = +/- 3'



APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____
 APP. SAN H. Oswald DATE: 8/14/19
 DESC. OF WORK: Demo & replace existing deck 29' x 16'

LAKESIDE DRIVE

SURVEYORS CERTIFICATE

THIS LOCATION DRAWING HAS BEEN PREPARED IN ACCORDANCE WITH THE "MINIMUM STANDARDS OF PRACTICE FOR PROFESSIONAL LAND SURVEYORS" AS ADOPTED BY THE STATE OF MARYLAND.

Brian R. Dietz
 BRIAN R. DIETZ
 PROFESSIONAL LAND SURVEYOR NO. 21080

1. BEING LOT 7, SECTION 1 AREA 2 PLAT OF BRIGHTON PINES PLAT No. 6564
2. THIS PARCEL IS IN ZONE C, NATIONAL FLOOD INSURANCE MAP NO. 240044 0032 B, REVISED: DECEMBER 4, 1986

7-13-02

Richardson Engineering, LLC

730 W. Padonia Road, Suite 101
 Baltimore, Maryland 21030
 Tele.: 410-560-1502
 Fax: 410-560-0827

LOCATION DRAWING
 of
 13792 LAKESIDE DRIVE
 HOWARD COUNTY, MARYLAND

CASE No. 0624755-

DRAWN BY: BRD FIELD WRK: BRD DATE: 07-13-02 JOB NO. 502168 SCALE: 1"=100'

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 42878
A 33506
DISTRICT 5th
DATE 10/27/88
DATE SYSTEM APPROVED 1-5-89
INSPECTOR S. Abel

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-398444

INDEXED

A. P. Snow

IS PERMITTED TO INSTALL ALTER

ADDRESS 14196 Frederick Road, Cooksville, MD 21723 PHONE 854-6190

SUBDIVISION Brighton Pines ROAD 13792 13798 Lakeside Drive LOT 7, Sec. 1, Area 2

PROPERTY OWNER Polaris Development Mr. + Mrs. Morrissey

ADDRESS 3414 Morningwood Drive, Suite 1, Olney, MD 20832 Phone: 774-8082

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 168 sq. ft. absorbent sidewall per bedroom. Trench to be 2 ft. wide.
Inlet 3 1/2 ft. below original grade. Bottom maximum depth 8 ft. below
original grade. Effective area begins 3 1/2 ft. below original grade. 4 1/2 feet of
stone below distribution pipe. Beginning from right front lot corner, place the
first trench 150 ft. down the right (404.46') line and 120 ft. off the right lot
line as seen when facing property from Lakeside Drive. Run trenches along contour
back towards the right (404.46') lot line. OK/CW

BUILDING PERMIT SIGNED

11402 AND RETURNED
600139830 - FINISH BASEMENT
PLANS APPROVED BY Bert Nixon

DATE 1/7/87

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL. (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER TWO 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 OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

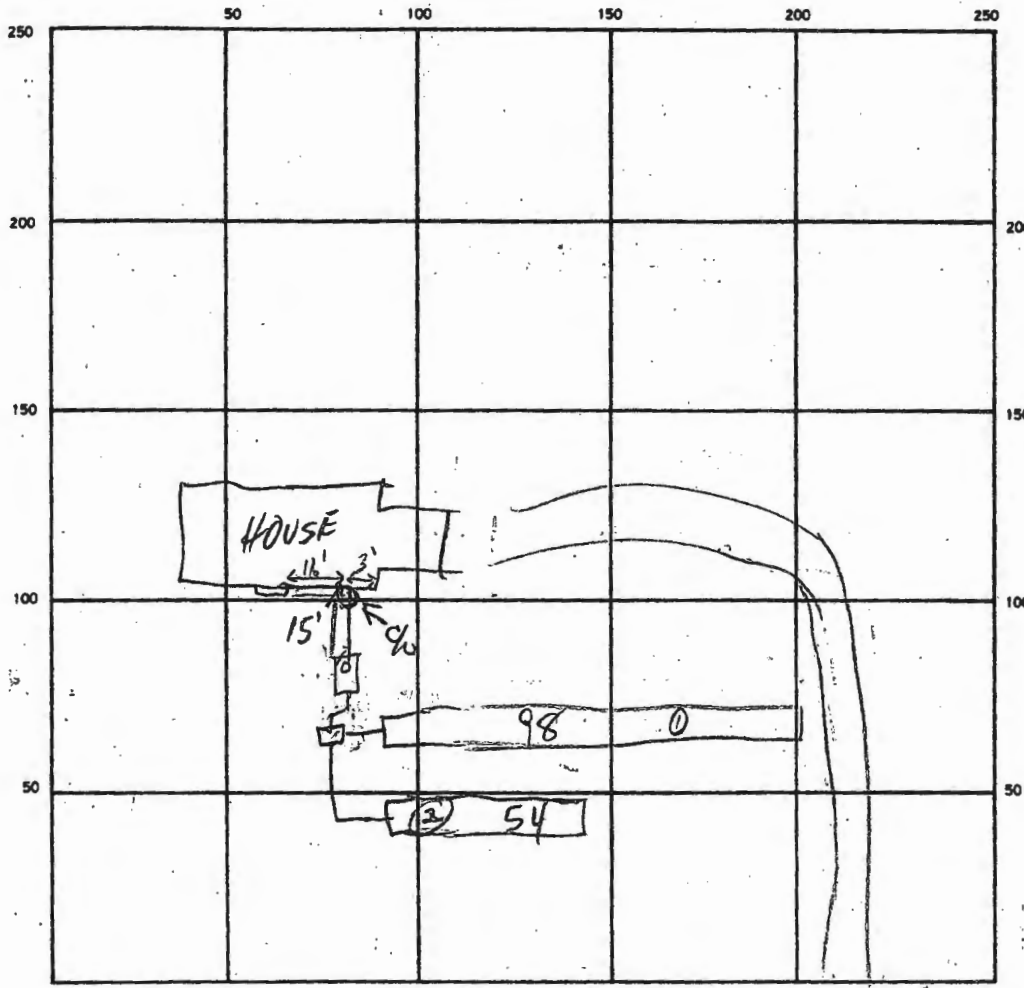
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 33506



$$\begin{array}{r} 238 \\ 168 \\ \hline 672 \end{array}$$

$$\begin{array}{r} 2 \\ 45 \\ \hline 180 \end{array}$$

$$\begin{array}{r} 149 \\ 45 \\ \hline 220 \end{array}$$

$$\begin{array}{r} 180 \\ 180 \\ \hline 400 \end{array}$$

$$\begin{array}{r} 752 \\ 4.5 \\ \hline 75.0 \\ 6000 \end{array}$$

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

LAKE SIDE DR

SEPTIC TANK, LEVEL TANK 1500 GM CLEANOUTS INLINE AT HOUSE & TANK
 DISTRIBUTION BOX, LEVEL ✓
 DRAIN FIELD/TILE FIELD, DEPTH 8 FT. TRENCH WIDTH 2' FT. INLET DEPTH 2' FT.
 EFFECTIVE GRAVEL DEPTH 4 1/2 FT. TOTAL LENGTH 98 FT. 152 FT.
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.
 DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET 4 1/2 FT.
 ABSORBENT AREA 685 SQ. FT.

BUILDING PERMITTED AND RETURNED

REMARKS 12/30/88 TRENCHES DUG; OK TO STONE & PAPER; COVER
TRENCH 1 MR 1/3/89 TRENCHES COMPLETE; TANK SET BUT
NEEDS ADJUSTMENT PER CONTRACTOR NO OTHER WORK MR
1-5-89 OK TO COVER

DATE SYSTEM APPROVED 1-5-89 INSPECTOR SAB

