

A approved 4/20/22
- H.O.

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Deck	B22001430	04/17/2022
Description of Work		
SFD/Build a 25'x18' open deck with 4'x4' landing and steps		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
3305	GREAT VALLEY	DR	
Unit Type	Unit #	X Coordinate	Y Coordinate
-Select--		-76.98723	39.28057
City	State	Zip Code	Primary
WEST FRIENDSHIP	MD	21794	Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
899095	559	41992	210000	684400	474400	RURAL

Legal Description
IMPSLOT 58 41,992 SQ[]3305 GREAT VALLEY DR[]W FRIEN EST S2 RSB S1&2

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	58	603000	5				
Plan Area	State Tax Id	Subdivision Name					
	1403321533	WEST FRIENDSHIP ESTATE					
Section	Area	Tax Map					
		22					
Grid	Zoning District	ADC Map					
22-2	RC-DEO	4813-B6					
SDP No.	Final Plan No.	WP File No.					
	F-95-183						
Record Plat No.	WS Contract No.	FDP No.	Primary				
12454			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1998	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	3-04	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *

FORAND CHRISTOPHER T

Address Line 1

3305 GREAT VALLEY DR

Address Line 2

Address Line 3

Mail City

WEST FRIENDSHIP

Mail State

MD

Mail Zip Code

21794

Phone

202-360-6758

Primary

Yes

E-mail

Cell Number

Fax Number

Professionals (This section is not required.)

Search Reset Clear

License # * 08010065612
 License Type * MHIC Ind
 Primary Yes

Business Name HNH CARPENTRY
 First Name HENRY Middle Name Last Name HOKE
 Address Line 1 10622 STREAM EDGE DRIVE
 Address Line 2

City LAUREL State MD ZIP Code 20723-0000
 Phone 1 4433245217 Phone 2 Fax 2405819955
 E-mail NOJOKEHOKE@AOL.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * Applicant
 Relationship Applicant
 Primary Yes

First Name Henry MI Last Name Hoke
 Full Name Henry Hoke
 Organization Name

Street Address 10622 Stream Edge Dr., 10622 Stream Edge Dr.
 Address Line 2

City Laurel State MD Zip Code 20273
 Phone 443-324-5217 Cell 443-324-5217 Fax
 E-mail * hnhdeckandporch@aol.com

Addtl Info

Est Construction Cost * 23000 Housing Units * 0 Number of Buildings * 0 Public Owned No
 Construction Type --Select--

MISC PERMIT INFO

MISCELLANEOUS PERMIT INFORMATION

Capital Project-No Fee * Yes No Capital Project Number Fee Exempt * Yes No Roadside Tree Project Permit * Yes No Roadside Tree Project Permit #

Existing Use * SFD Water Private Sewage Private Expiration Date 10/17/2022

PAYMENT INFORMATION

Check 1 Payee 1 Check 2 Payee 2 SAP Doc No SAP Entered

Submit Cancel

SCALE 1"=2000"

ENGINEER (KEITH PLAN)
 ALGATED TO RAISED
 HOUSE INVERT
 NO SLOPE TO
 SEPTIC TANK
 (CW)

GENERAL NOTES

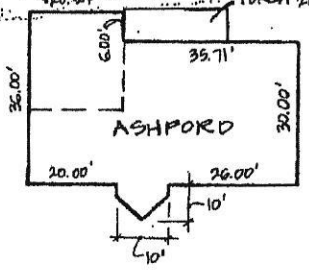
1. SEPTIC CASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
2. PROPOSED 1500 GALLON SEPTIC TANK
3. A. FIRST FLOOR ELEVATION: 589.3
 B. BASEMENT ELEVATION: 586.3
 * C. INVERT OF SEPTIC SYSTEM AT HOUSE: 587.4
 D. INVERT IN AT SEPTIC TANK: 587.4
 E. INVERT OUT AT SEPTIC TANK: 587.1
 F. PROPOSED GRADE OVER SEPTIC TANK: 590.5
 G. INVERT AT DISTRIBUTION BOX: 581.0
 H. EXISTING GROUND OVER DISTRIBUTION BOX: 590.5
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMITS ISSUANCE
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE ANY CONSTRUCTION
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM

Total linear feet of trench(es) required: 180 feet

Width of trench(es): 3 feet

Depth of trench(es): 4 feet

Depth of stone required below distribution pipe: 2 feet



1:50
 PLAN BY
 FCTC
 7/96

Approved Septic System Plan
 Howard County Health Department
 B 00108638 SED-3BR

C. Wilho 11/6/97
 Signature Date

