

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

RPS # 03-285510

P 50495H

A REPAIR

DISTRICT _____

DATE 1/26/95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

DATE SYSTEM APPROVED 1/10/95

INDEXED

INSPECTOR C.B.O.

Jack Fyock Septic Service _____ IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION _____ LOT _____ ROAD 3455 Ivory Road

PROPERTY OWNER Laswell
3455 Ivory Road

ADDRESS _____

SEPTIC TANK CAPACITY 1000+ GALLONS

NUMBER OF BEDROOMS _____ (dry well)

SQUARE FEET PER BEDROOM _____

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - TO REPLACE COLLAPSED SEPTIC TANK; CONTRACTOR INDICATES EXISTING DRYWELL IS IN SOUND CONDITION.

Call for inspection when tank is in place so that a sanitarian can approve size and location. 01/17/95

PLANS APPROVED BY CBS for Mr. "C." W. @ site DATE 1/18/95

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, 90° ELBOWS NOT ACCEPTABLE.

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(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 PVC OR ABS

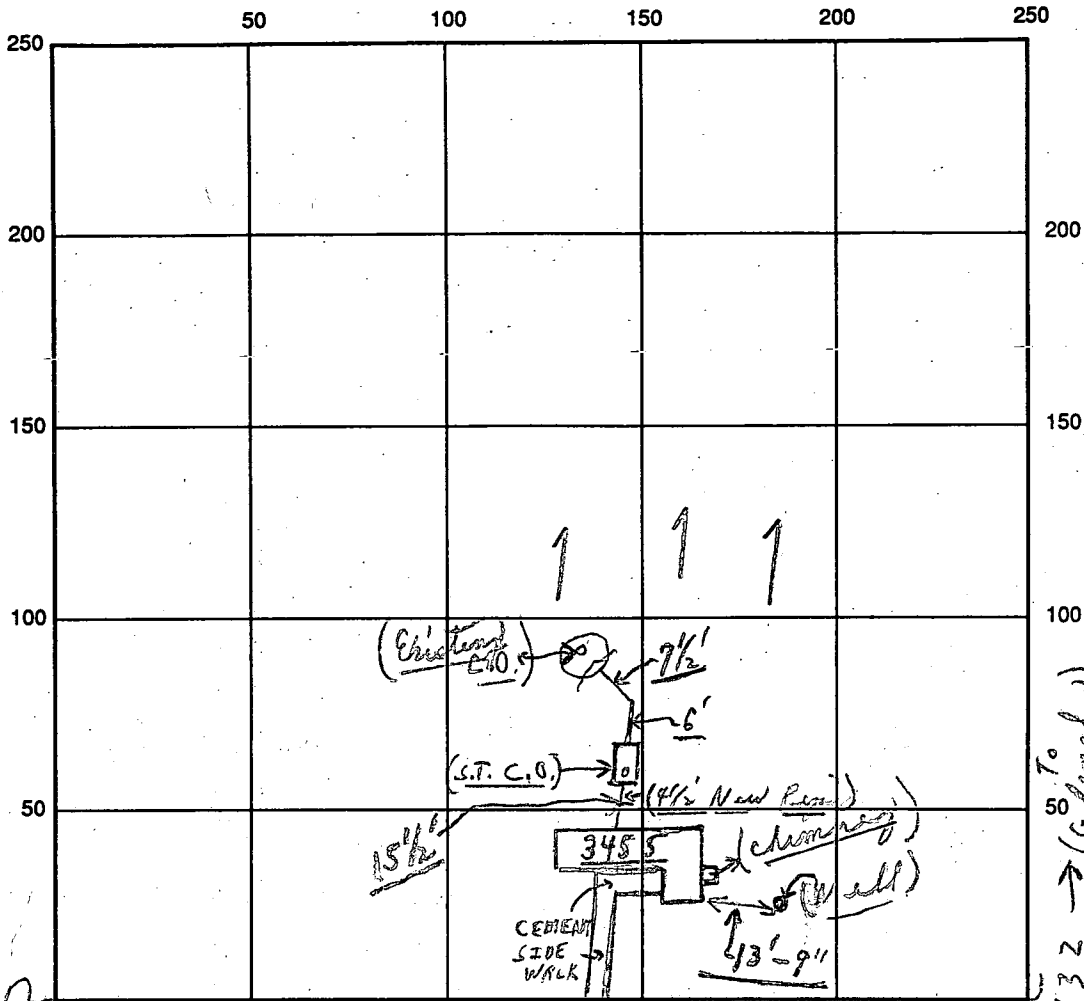
PERMIT VOID AFTER TWO YEARS

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 PVA 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

P 50495H



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

IVORY ROAD

SEPTIC TANK LEVEL New OK CLEANOUTS (New) (S.T.C.O.)

DISTRIBUTION BOX LEVEL N/A

DRAIN FIELD/TITLE DEPTH — FT. TRENCH WIDTH — FT. INLET DEPTH — FT.

EFFECTIVE GRAVEL DEPTH — FT. TOTAL LENGTH — FT.

NUMBER OF TRENCHES — ONE SIDEWALL/BOTTOM AREA — SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

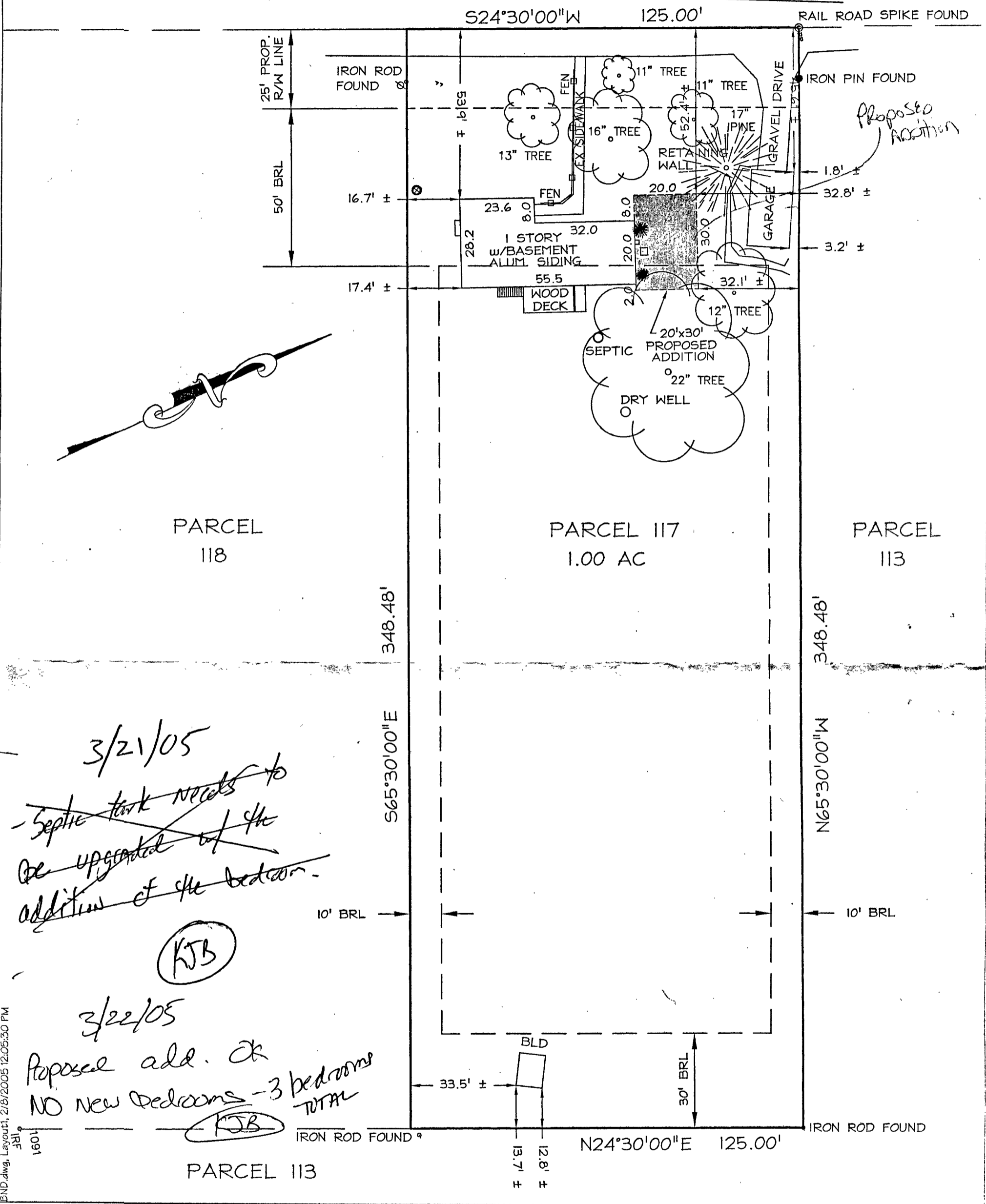
REMARKS: Find 1/18/95 one stop - ok to cover as finish completed as needed.
1/18/95 New tanks and some new pipe as per above; check
Material on site.

DATE SYSTEM APPROVED 1/18/95 INSPECTOR Charles Bryan Shesky

PROPERTY KNOWN AS:
 3455 EAST IVORY ROAD
 MAP 22
 GRID 2
 PARCEL 117
 DEED REF: 759/713
 3rd ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

EAST IVORY ROAD

MONUMENT FOUND
 SHA 311



Proposed Addition

3/21/05

Septic tank needs to be upgraded w/ the addition of the bedroom.

(KJB)

3/22/05

Proposed add. of NO New Bedrooms - 3 bedrooms TOTAL

(KJB)

BOUNDARY SURVEY

This is to certify that I have surveyed the property known as:
3455 EAST IVORY ROAD
 The information shown has been established by current acceptable survey procedures and from available record information.

SEAL

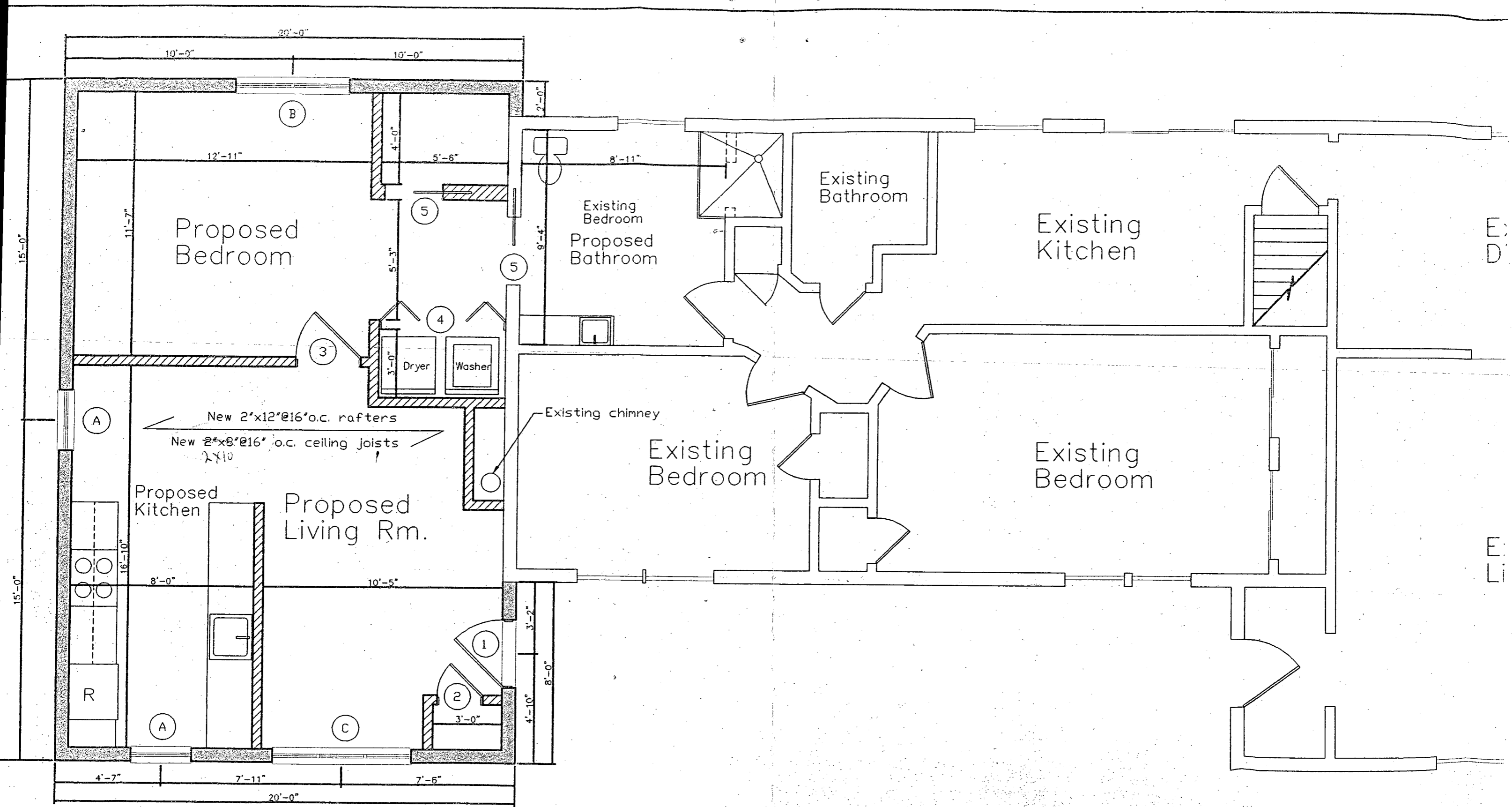
Donald Wayne Heller

SCALE: 1" = 30' DATE: 1/2005

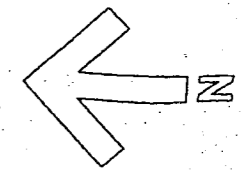
LDE INC.
 Planning|Engineering|Surveying
 9250 Rumsey Road Suite 106/Columbia, Maryland/21045
 (410)715-1070 (Balto.)/(301)596-3424(Wash.)/(410)715-9540 FAX

DRAWN: GDW JOB #: 05-200-03

05-200-03.dwg, Layout1, 2/8/2005 12:05:30 PM



1 First Floor Plan
 A-1 SCALE: 1/4" = 1'-0"



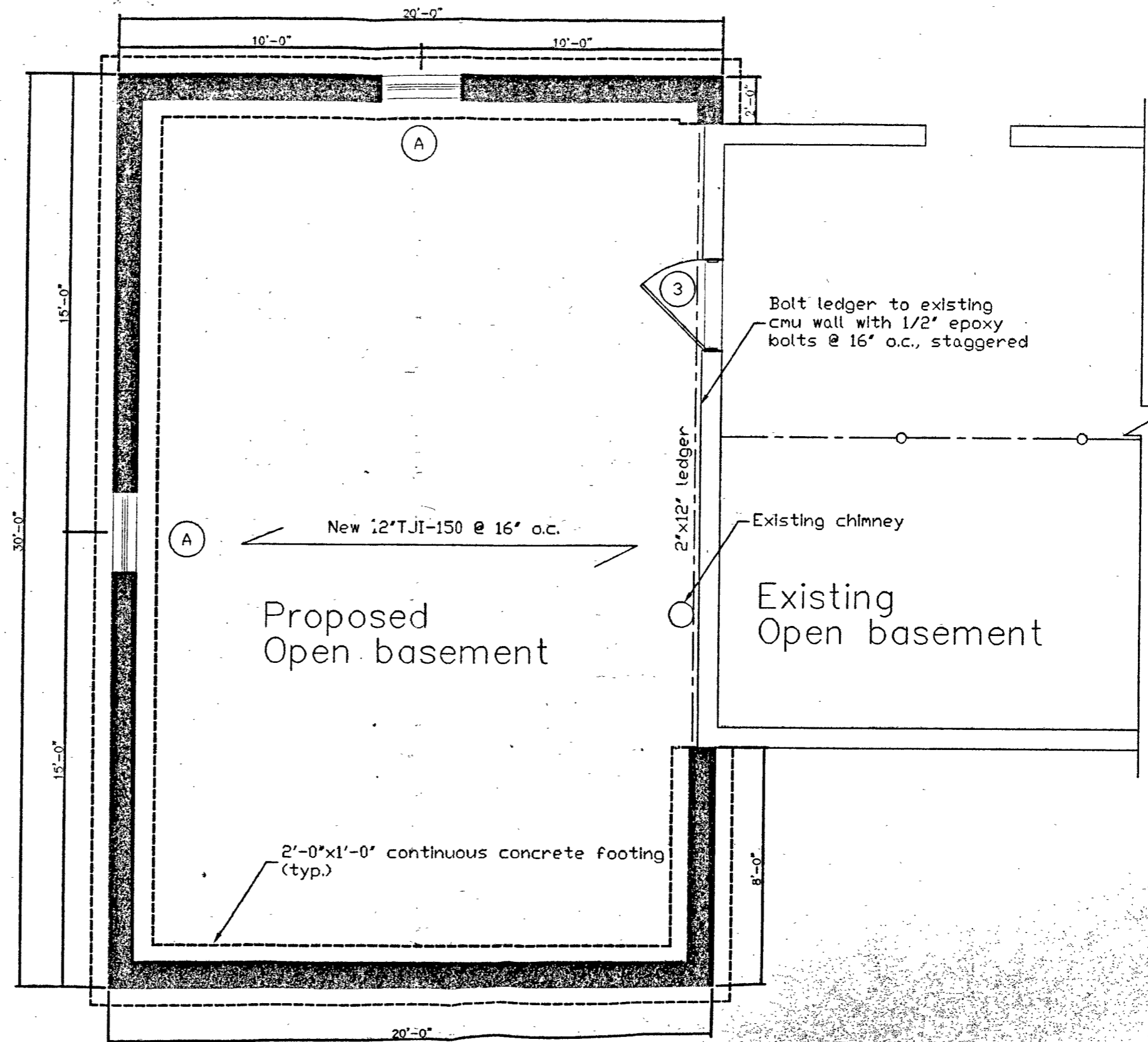
B 00152352

NEW 2"x12"

Handwritten notes: PA 6, 2, 1/2, 1/2

Existing Dining Room

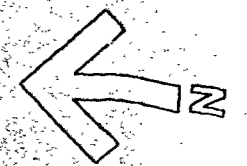
Existing Living Room



2
A-1

Partial basement plan

SCALE: 1/4" = 1'-0"



01/15/19 11:03

OF MAP

BO052352 KJB

Building Address 3455 E. Ivory Rd
West Friendship, Md. 21794
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6030 Subdivision _____
Section _____ Area _____ Lot _____
Tax Map 22 Parcel 117 Grid 2
Zoning RR-DEP Map Coordinates 9H8 Lot size _____

Property Owner's Name Harold Laswell
Address 3455 E. Ivory Rd
City West Friendship State md Zip Code 21794
Home Phone 301-854-5123 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):

PLEASE CALL ME WHEN READY
Joy Richman
Phone 410-250-0720 Fax _____

Existing Use Single Family Home
Proposed Use Addition
Estimated Construction Cost \$ 50,000
Description of Work Construct 20x30
Addition with unfinished basement
for in-law suite + 2 bedrooms, living room,
and bath

Contractor Company PAKES Home Imp Inc.
Contact Person Mike Sopher
Address 14200 Cherry Lane Ct.
City Laurel State md Zip Code 20707
License No. 39804 Phone 301-617-9005 Fax 410-365-5990

Occupant or Tenant S/A Owner *Bath
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 <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <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"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ 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 _____ 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: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Water Supply: _____ Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Sewage Disposal: _____ Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: _____ 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"/> NFA #13D <input type="checkbox"/> NFA #13R <input type="checkbox"/> Other: _____

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 _____
Title/Company _____

Print Name Joy C. Richman
Date 2/22/05

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>2/22/05</u>	<u>J. Bell</u>	
Fire Protection			

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START
ONE STOP SHOP

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

PROPERTY ID#:	64748
Filing fee	\$ <u>25</u>
Permit fee	\$ _____
Excise tax	\$ _____
Add'l per. fee	\$ _____
TOTAL FEES	\$ _____
Sub-total paid	\$ _____
Balance due	\$ _____
Check	# <u>4925</u>
Validation	# <u>64748</u>

Accepted by _____

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

* TOTAL 3 BEDROOMS - NO ADDITIONAL BEDROOMS