

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B10002181

Building Address 14545 Edgewood Way
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot 25
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Tall Md V Limited L.P.
Address _____
City _____ State MD Zip Code 21114
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use _____
Proposed Use _____
Estimated Construction Cost \$ _____
Description of Work Water Tank

Contractor Company Y
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant _____
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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms _____	Propane Gas <input type="checkbox"/>
Height: _____	Sprinkler system: N/A <input type="checkbox"/>
Multi-family dwellings: _____	_____ NFPA #13D
No. of efficiency units: _____	_____ NFPA #13R
No. of 1 BR units: _____	Other: _____
No. of 2 BR units: _____	
No. of 3 BR units: _____	
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.

Applicant's Signature _____ Print Name 7/15/10
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>7/21/10</u>	<u>[Signature]</u>
Fire Protection		

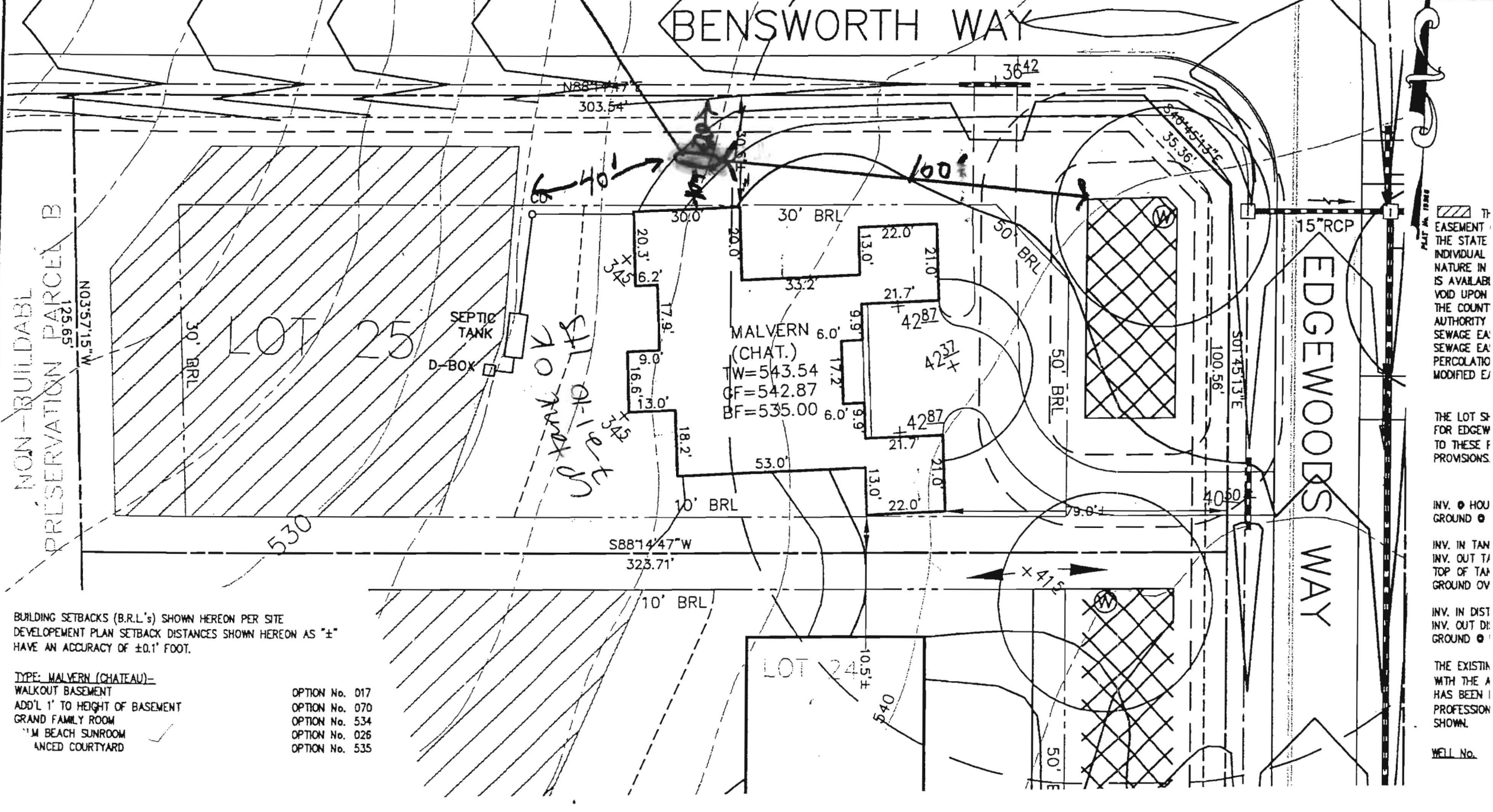
Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

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 # <u>1162</u>
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by _____

BENSWORTH WAY



THE EASEMENT IN THE STATE INDIVIDUAL NATURE IS AVAILABLE VOID UPON THE COUNTY AUTHORITY SEWAGE EA PERCOLATION MODIFIED E/

THE LOT SETBACKS FOR EDGWOOD TO THESE PROVISIONS.

INV. @ HOU GROUND @

INV. IN TAN INV. OUT TO TOP OF TAN GROUND OV

INV. IN DIST INV. OUT TO GROUND @

THE EXISTING WITH THE A HAS BEEN PROFESSION SHOWN.

WELL No.

NON-BUILDABLE PRESERVATION PARCEL B

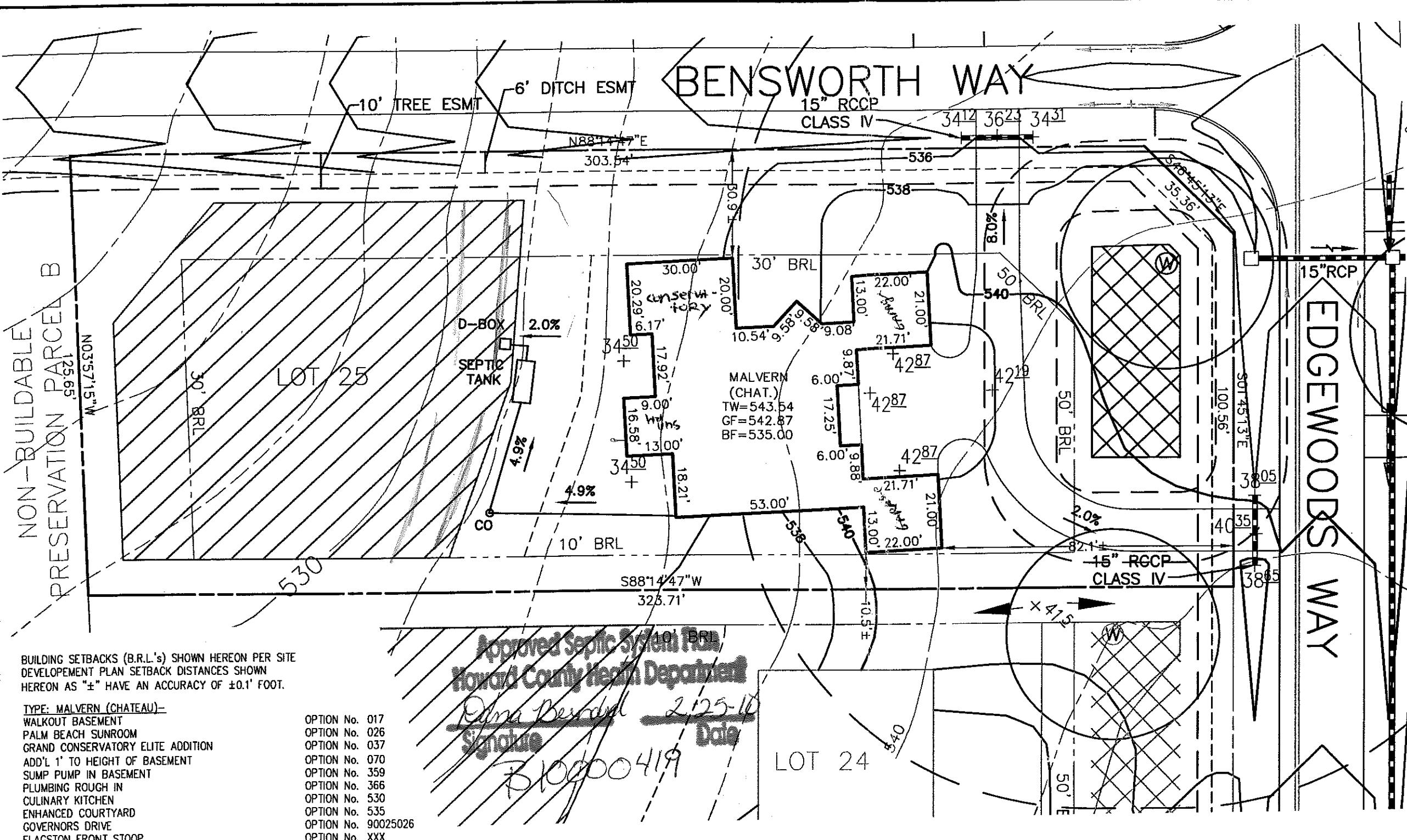
BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPEMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

- TYPE: MALVERN (CHATEAU)-
 WALKOUT BASEMENT
 ADD'L 1' TO HEIGHT OF BASEMENT
 GRAND FAMILY ROOM
 11' M BEACH SUNROOM
 ANCED COURTYARD

- OPTION No. 017
- OPTION No. 070
- OPTION No. 534
- OPTION No. 026
- OPTION No. 535

To Scale 1"=30'

PLOT PLAN
 LOT #25
 EDGEWOOD FARM



THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWER SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN. RECORDATION OF A MODIFIED EASEMENT PLAT SHALL NOT BE NECESSARY.

THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR EDGEWOOD FARM, PLAT No. 19266, ET. SEQ.. REFER TO THESE PLATS FOR ANY RESTRICTIONS AND/OR PROVISIONS.

INV. @ HOUSE	533.0
GROUND @ INV. @ HOUSE	534.5
INV. IN TANK	528.8
INV. OUT TANK	528.5
TOP OF TANK	529.5
GROUND OVER TANK	532.1
INV. IN DIST. BOX	528.3
INV. OUT DIST. BOX	528.0
GROUND @ BOX	531.9

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-0781) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC.- PROFESSIONAL LAND SURVEYOR(S); AND IS ACCURATELY SHOWN.

WELL No. HO-95-0781
 ADDRESS: 14545 EDGEWOODS WAY
 GLENELG, MD 21737

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

- TYPE: MALVERN (CHATEAU)-
 WALKOUT BASEMENT
 PALM BEACH SUNROOM
 GRAND CONSERVATORY ELITE ADDITION
 ADD'L 1' TO HEIGHT OF BASEMENT
 SUMP PUMP IN BASEMENT
 PLUMBING ROUGH IN
 CULINARY KITCHEN
 ENHANCED COURTYARD
 GOVERNORS DRIVE
 FLAGSTON FRONT STOOP

- OPTION No. 017
 OPTION No. 026
 OPTION No. 037
 OPTION No. 070
 OPTION No. 359
 OPTION No. 366
 OPTION No. 530
 OPTION No. 535
 OPTION No. 90025026
 OPTION No. XXX

Approved Septic System Plan
 Howard County Health Department
 Dana Berndt 2/25/10
 Signature Date

310000419



PLOT PLAN
 LOT #25
EDGEWOOD FARM
 LIBER 4174, FOLIO 0436
 PLAT No. 19266, et seq
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

ESE Land Planning
 Engineering
 Land Surveying

ESE Consultants Inc.
 7164 Columbia Gateway Dr.
 Suite 203
 Columbia, MD 21046
 TEL: 410-872-9105
 FAX: 410-872-4870

DATE: 2/05/10 SCALE: 1" = 30' FILE: LOT_25
 CHK'D: MJB JOB#: 1498 DRAWN: CRC