

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B09001446

Building Address 11546 Fox Run Dr.
Ellicott City, MD 21042

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 605101 Subdivision Hamwood Crossing

Section _____ Area _____ Lot 24

Tax Map 29 Parcel 28 Grid 9

Zoning RC Map Coordinates _____ Lot size _____

Property Owner's Name Tell MD III LP

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use Vacant

Proposed Use Residential Home

Estimated Construction Cost \$ 400,000

Description of Work 1 Hampton Colonial,
4.5 Bath, 4.5 Bath, 2nd floor

Contractor Company Tell MD III LP

Contact Person _____

Address _____

City _____ State MD Zip Code 21046

License No. _____

Phone 410 992 5978 Fax 410 992 3234

Occupant or Tenant Tell MD III LP

Contact Name Nelva Brackley

Address 7111 Ellicott Gateway Dr. #230

City Ellicott City State MD Zip Code 21046

Phone 410 992 5978 Fax 410 992 3234

Engineer or Architect Company FSE

Contact Person Mike Payne

Address _____

City Upper Merion State MD Zip Code 20772

Phone 301 671 8514 Fax 301 677 7485

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 _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	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"/>	Water Supply: _____ Public _____ Private _____
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Height: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
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 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 _____
Title/Company _____

Print Name _____
Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ <u>150.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>6/24/09</u>	<u>Melvin Smith</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # <u>48964.72</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # <u>04971581</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by _____	

BUILDER: TOLL MD III LIMITED PARTNERSHIP
 7164 COLUMBIA GATEWAY DRIVE
 SUITE 230
 COLUMBIA, MARYLAND 21046
 410-872-9105

LEGEND

- EXISTING CONTOURS ESTABLISHED UNDER F-05-031
- FIELD SURVEYED WELL LOCATION
- PASSED PERC HOLE PER SP-02-013
- FAILED PERC HOLE PER SP-02-013
- PASSED PERC HOLE FEBRUARY, 2007

NOTES:

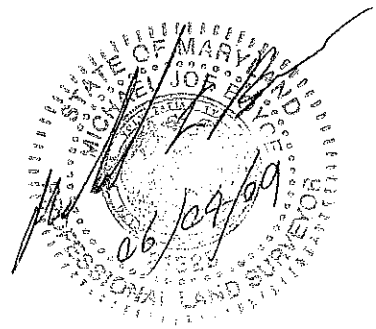
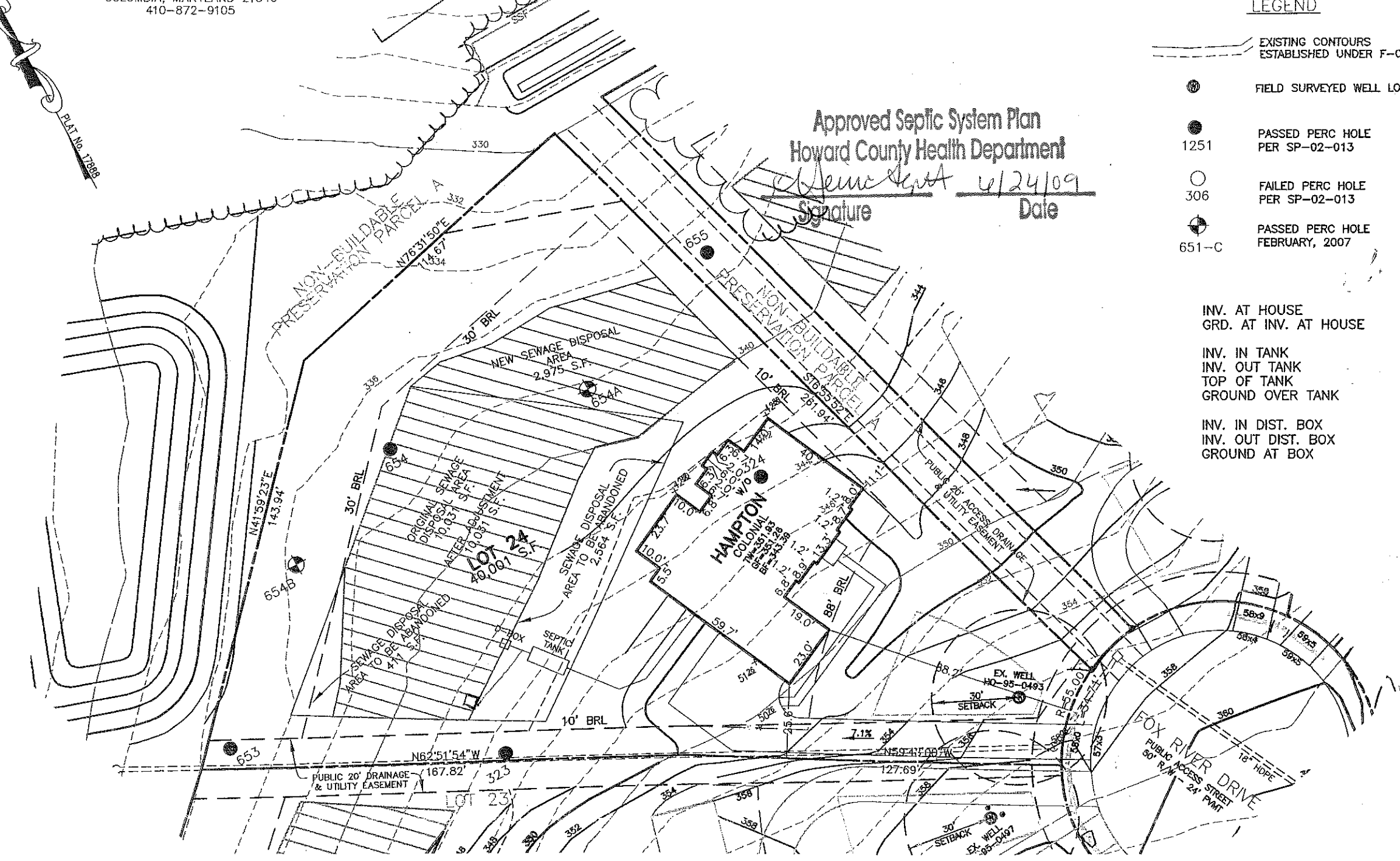
1. THE LOT SHOWN HEREON WAS RECORDED ON DECEMBER 13, 2005 AS PLAT NUMBER 17888. REFER TO THIS PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWER 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.
3. EXACT LENGTH OF SEPTIC TRENCHES ARE BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PRECONSTRUCTION INSPECTION.
4. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
5. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER F-05-069 AND GP-07-067 AND SHALL COMPLY WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
6. STORMWATER MANAGEMENT FOR THIS LOT WAS PROVIDED UNDER F-05-069.
7. THE EXISTING WELL (TAG NO. HO-95-0493) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. ON 09-07-2006 AND IS ACCURATELY SHOWN.
8. THE PURPOSE OF THIS PERCOLATION CERTIFICATION PLAN IS TO ADJUST THE SEPTIC EASEMENT IN SUPPORT OF A BUILDING PERMIT FOR NEW CONSTRUCTION AT 11546 FOX RIVER DRIVE, ELLICOTT CITY, MARYLAND 21043.
9. TOPOGRAPHIC INFORMATION ESTABLISHED AT TWO FOOT INTERVALS BASED AERIAL TOPOGRAPHY PREPARED BY 3DI, L.L.C. DATED APRIL 14, 2001 AND SUPPLEMENTED BY FIELD RUN TOPOGRAPHY PREPARED BY FISHER, COLLINS & CARTER, INC.

Approved Septic System Plan
 Howard County Health Department
Seamus Smith
 Signature 6/24/09
 Date

INV. AT HOUSE	341.4
GRD. AT INV. AT HOUSE	349.0
INV. IN TANK	340.3
INV. OUT TANK	340.0
TOP OF TANK	341.0
GROUND OVER TANK	344.0
INV. IN DIST. BOX	340.8
INV. OUT DIST. BOX	340.5
GROUND AT BOX	342.3

TYPE: HAMPTON (COLONIAL)-	
WALKOUT BASEMENT	OPTION No. 017
SOLARIUM	OPTION No. 501
ADD'L 1' TO HEIGHT OF BASEMENT	OPTION No. 070
BRICK SIDES AND REAR OF HOME	OPTION No. 673

ADDRESS: 11546 FOX RIVER DRIVE
 ELLICOTT CITY, MD 21043



APPROVED:
 FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS
 HOWARD COUNTY HEALTH DEPARTMENT

 COUNTY HEALTH OFFICER

 DATE

PERMIT PLOT PLAN
 & PERCOLATION CERTIFICATION PLAN
 LOT #24
HOMEWOOD CROSSING
 D.B. 9808, PG. 204
 PLAT No. 17888
 THIRD ELECTION DISTRICT
 HOWARD COUNTY

**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: 06/03/09 SCALE: 1"=40' FILE: LOT 24 HAMPTON COLONIAL
 CHK'D: MJB JOB#: 1214 DRAWN: GVS

Jun 04, 2009 - 3:01 pm P:\Projects\1214 Benedict Form\Plat\Lot 24\Plot plans\PP-24 Hampton Col.dwg GSTEWART