

Building Address: 11547 Fox River Drive
Ellicott City MD 21042

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

Census Tract: _____ Subdivision: Hamerwood Crossing

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Vacant lot

Proposed Use: Residential lot

Estimated Construction Cost: \$ _____

Description of Work: _____

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Toll MDIA LP

Address: 7164 Columbia Gateway Dr #236

City: Columbia State: MD Zip Code: 21046

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein): _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: _____

Contact Person: Nathan Brandenburg

Address: _____

City: _____ State: _____ Zip Code: _____

License No.: _____

Phone: 410-992-5978 Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
	<input type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression
	No. of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>4 BR</u>	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	
Roof:	
<input type="checkbox"/> State Certified Modular	
<input type="checkbox"/> 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 _____

Email Address _____

Title/Company _____

Print Name _____

Date _____

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>E. B. Bernard</u>
Fire Protection		

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? Yes No

Is Entrance Permit Required? Yes No

Historic District? Yes 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	\$

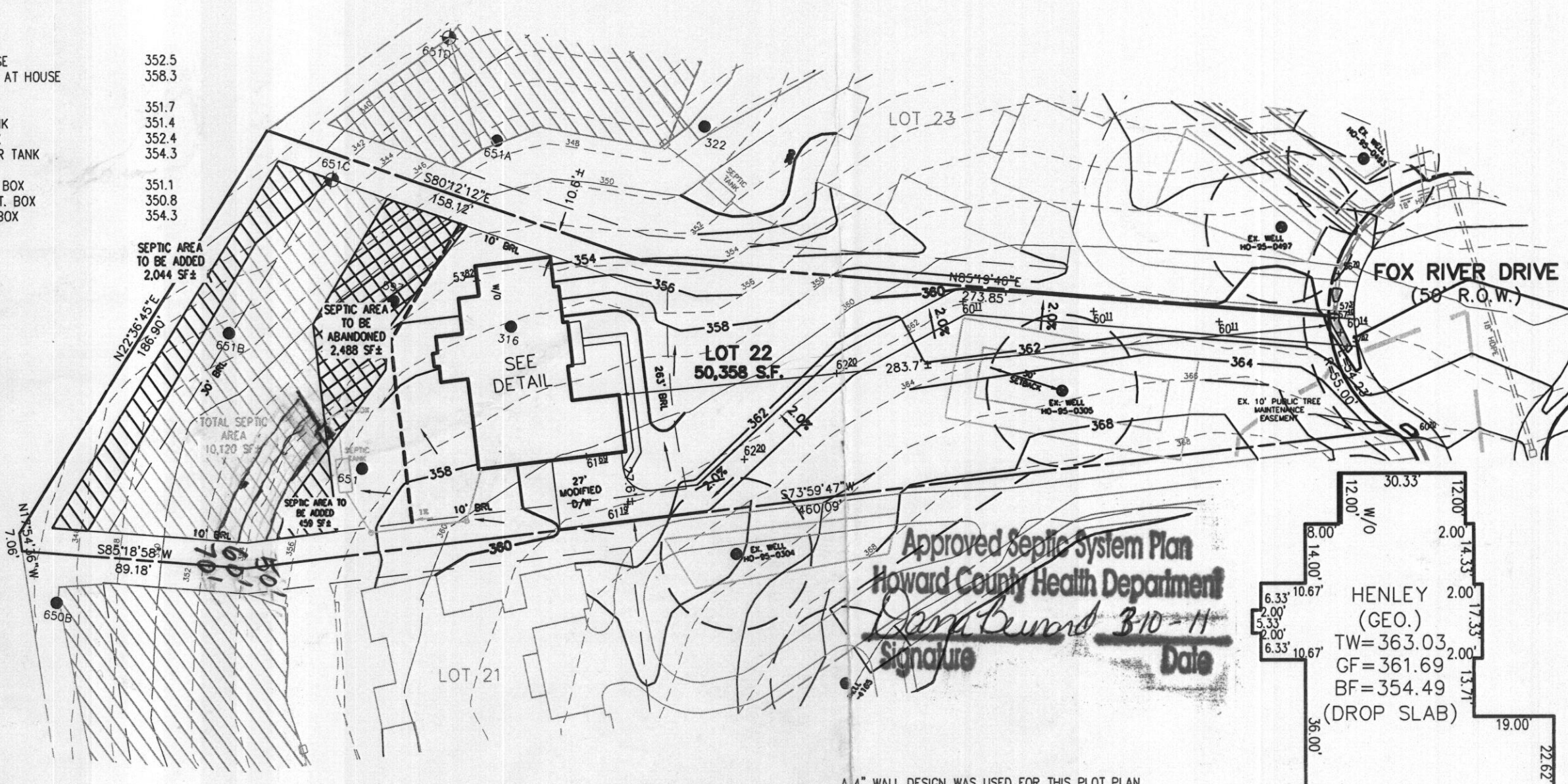
Is Sediment Control approval required for issuance? Yes No

CONTINGENCY CONSTRUCTION START

ONE STOP SHOP

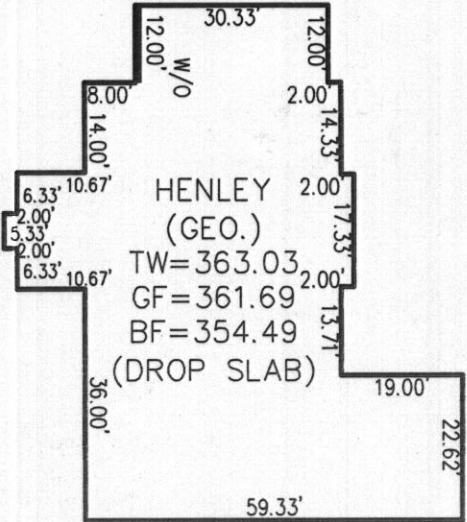
PLAT No. 17888

INV. AT HOUSE	352.5
GRD. AT INV. AT HOUSE	358.3
INV. IN TANK	351.7
INV. OUT TANK	351.4
TOP OF TANK	352.4
GROUND OVER TANK	354.3
INV. IN DIST. BOX	351.1
INV. OUT DIST. BOX	350.8
GROUND AT BOX	354.3



NON-BUILDABLE PRESERVATION PARCEL A

Approved Septic System Plan
 Howard County Health Department
Dan Beard 3/10/11
 Signature Date



DETAIL: 1"=30'

- 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 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.
 3. EXACT LENGTH OF SEPTIC TRENCHES ARE TO 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-95-0305) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY FISHER, COLLINS, & CARTER, INC. AND IS ACCURATELY SHOWN.
 8. TOPOGRAPHIC INFORMATION ESTABLISHED AT TWO FOOT INTERVALS BASED ON AERIAL TOPOGRAPHY PREPARED BY 2DI LLC. DATED APRIL 2001 AND SUPPLEMENTED BY FIELD RUN TOPOGRAPHY PREPARED BY FISHER, COLLINS & CARTER, INC.
 9. DRIVEWAY CULVERT- A 18" CMP MEETS THE 10 YEAR STORM DESIGN REQUIREMENT.

COMPUTED RUNOFF = 2.58 CFS
 CAPACITY OF 18" CMP = 5.60 CFS

ADDRESS: 11547 FOX RIVER DRIVE
 ELLICOTT CITY, MD 21043

TYPE: HENLEY (GEORGIAN)-

THREE (3) CAR SIDE ENTRY GARAGE	OPTION No. 001
WALKOUT BASEMENT	OPTION No. 017
EXPANDED FAMILY ROOM	OPTION No. 023
CONSERVATORY ELITE	OPTION No. 035
ADD'L 1' TO HEIGHT OF BASEMENT	OPTION No. 070

APPROVED: FOR HOWARD COUNTY DEPARTMENT OF PLANNING & ZONING

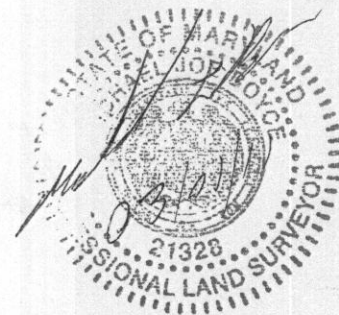
_____ CHIEF, DEVELOPMENT ENGINEERING DIVISION	_____ DATE
_____ DIRECTOR	_____ DATE

A 4" WALL DESIGN WAS USED FOR THIS PLOT PLAN.
 THE PURPOSE OF THIS PLAN IS TO REVISE THE SEPTIC RESERVE AREA OF A PREVIOUSLY APPROVED PLOT PLAN TO CREATE ADDITIONAL USABLE AREA IN THE BACK YARD.

APPROVED FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEMS

HOWARD COUNTY HEALTH DEPARTMENT

Debra for Peter Bidelsen 3/8/2011
 COUNTY HEALTH OFFICER



TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, THE FOLLOWING STATEMENTS ARE TRUE:

1) ALL EXISTING WELLS, SEPTIC SYSTEMS AND SEWAGE DISPOSAL EASEMENTS WITHIN 100' OF THE PROPERTY BOUNDARIES HAVE BEEN SHOWN. ALL EXISTING AND PROPOSED WELLS THAT ARE LOCATED WITHIN 200 FEET DOWNGRADIENT OF ANY EXISTING OR PROPOSED SEPTIC SYSTEM AND SEWAGE DISPOSAL EASEMENTS HAVE BEEN SHOWN. THE ENGINEER HAS USED ALL EFFORTS TO FIND THE LOCATIONS OF ALL SURROUNDING WELLS AND SEPTIC SYSTEMS

THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTHS AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT AS SHOWN ON THE RECORD PLAT 18240 GENERAL NOTES ITEM 2.

ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN

THE SOIL TYPE FOR THIS LOT IS _____

PERC CERT REVISION & PERMIT PLOT PLAN
 LOT #22
HOMWOOD CROSSING
 D.B. 9808, PG. 204
 PLAT No. 17888
 FIFTH (5th) ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

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

DATE: 2/28/11	SCALE: 1"=50'	FILE: Lot 22 Henley Georgian
CHK'D: MJB	JOB#: 1214	DRAWN: CRC