

B110000604

Building Address: 12652 Frederick Rd w. Friendship
21794

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

Census Tract: _____ Subdivision: Terrapin Preserve

Section: _____ Area: 1 Lot: 5

Tax Map: 15 Parcel: 72 Grid: 11

Zoning: _____ Map Coordinates: _____ Lot Size: 1.00 A

Existing Use: SFD

Proposed Use: SFD

Estimated Construction Cost: \$ 4,000

Description of Work: Install 500 gal in ground propane Tank

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: Owner

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Cary Cumberland

Address: 815 Windriver Dr

City: Sykesville State: md Zip Code: 21784

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (if other than stated herein):
Jessamy Clancy 7051 Madethy Way
Eldersburg Md 21784

Phone: 410-340-1229 Fax: _____

Email: AppliedAndApproved@yahoo.com

Contractor Company: Valley National Crises

Contact Person: William Greulwig

Address: 7201 Montevideo Rd

City: Jessup State: md Zip Code: 20794

License No.: 67793

Phone: 410-799-1114 Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: Contractor

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>JAN 04 2011</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>Fire Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	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 checked="" type="checkbox"/> Public
1 st floor:	<input checked="" type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" 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:	<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:	<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<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: [Signature]

Email Address: AppliedAndApproved@yahoo.com

Title/Company: permits

Print Name: Jessamy Clancy

Date: 1/4/11

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>1/4/11</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

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

Filing Fee	\$ <u>100.00</u>
Permit Fee	\$
Tech Fee	\$ <u>10.00</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

Call # 2253

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

510001232

Building Address 1715 Hickory Blvd
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision Town
 Section _____ Area _____ Lot 5
 Tax Map 15 Parcel 72 Grid 11
 Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name John R. ...
 Address 1715 Hickory Blvd
 City Beltsville State MD Zip Code 21104
 Home Phone _____ Work Phone 410 277-2155
 Applicant's Name & Mailing Address, (if other than stated herein): _____
 Phone _____ Fax _____

Existing Use Commercial
 Proposed Use Commercial
 Estimated Construction Cost \$ 200,000
 Description of Work Commercial building
 Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Contractor Company John R. ...
 Contact Person John R. ...
 Address 1715 Hickory Blvd
 City Beltsville State MD Zip Code 21104
 License No. 1185
 Phone 410 277-2155 Fax 410 497-1113
 Engineer or Architect Company JSA
 Contact Person John R. ...
 Address 1900 Station Rd
 City _____ State _____ Zip Code _____
 Phone 410 277-5745 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
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: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <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 _____ 1 st floor: <u>64 x 54</u> 2 nd floor: <u>64 x 54</u> Basement: <u>64 x 54</u>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

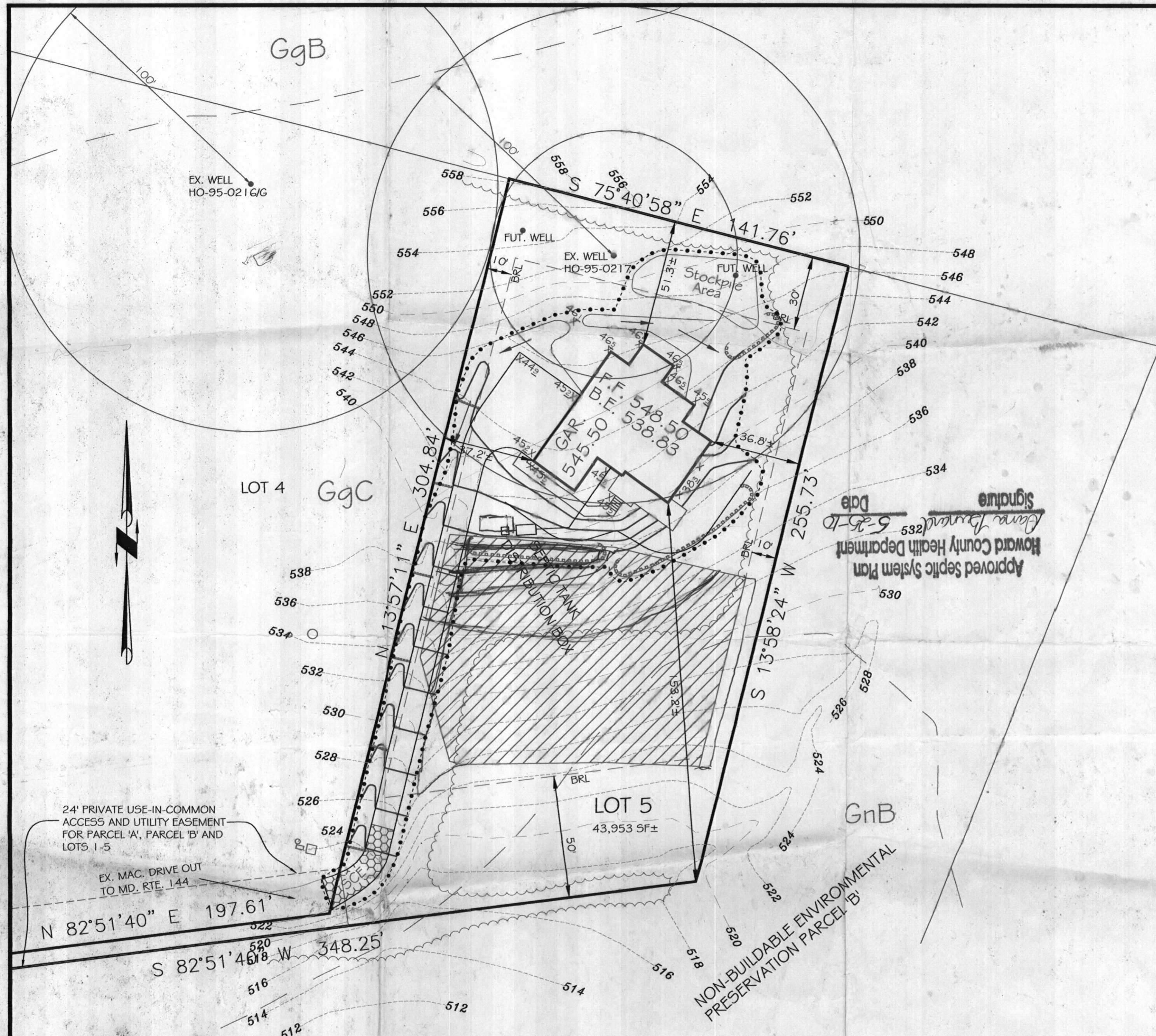
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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 [Signature] Print Name John R. ...
 Email Address john.r...@...com
 Title/Company ... Date 5-11-10

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY AND LEGIBLY.

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	Filing fee	PROPERTY ID #
Land Development, DPZ			Front: _____	\$ _____	
State Highways			Rear: _____	Permit fee \$ _____	
Building Officials			Side: _____	Excise tax \$ _____	
Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____	
Health <u>5-25-10</u> <u>D. Bernard</u>			All minimum setbacks met?	TOTAL FEES \$ _____	
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____	
Sediment Control approval required prior to issuance?			Is Entrance Permit Required?	Balance due \$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>10044</u>	
			Historic District?	Validation # _____	
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
			Lot Coverage for New Town Zone		
			SDP/Red-line approval date _____	Accepted by _____	

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:



NOTES:

1. TOPOGRAPHY SHOWN HEREON WAS FIELD-RUN BY SHANABERGER & LANE IN MARCH, 2010.
2. PRIVATE SEWAGE EASEMENT.
3. THE EXISTING WELLS SHOWN ON THIS PLAN WERE FIELD-LOCATED IN MARCH, 2010.
4. THERE ARE NO STEEP SLOPES OF 25% OR GREATER ON THIS LOT.
5. BEARINGS AND DISTANCES SHOWN HEREON ARE FROM PLAT #1890G.
6. LEGEND
 - - - - - DESIGNATES LIMIT OF DISTURBANCE
 - DESIGNATES PROPOSED SILT FENCE
 - 488 ----- DESIGNATES EXISTING CONTOUR
 - DESIGNATES PROPOSED CONTOUR
 - 46@ X ----- DESIGNATES PROPOSED SPOT ELEVATION
 - DESIGNATES BUILDING RESTRICTION LINE
7. PLAN IS SUBJECT TO APPROVED GRADING PLAN GP-77.
8. STORMWATER MANAGEMENT WAS PROVIDED UNDER F-06-82 BY A GRASS CHANNEL AND A DRY SWALE.

SEPTIC SYSTEM DATA

HOUSE

INV. AT HOUSE 536.83

SEPTIC TANK

EX. GRADE 540.2
 FIN. GRADE 540.8
 INV. IN 536.3
 INV. OUT 536.0

DISTRIBUTION BOX

EX. GRADE 540.2
 FIN. GRADE 540.5
 INV. IN 535.9
 INV. OUT 535.6

* THE NUMBER OF TRENCHES, THEIR LENGTH, DEPTH, AND ORIENTATION TO BE DETERMINED BY HEALTH DEPARTMENT.

PIPE FROM HOUSE TO SEPTIC TANK TO BE AT 1.15% SLOPE TO SERVICE BASEMENT BY GRAVITY.

Approved Septic System Plan
 Howard County Health Department
 Date: 5-25-10
 Signature: *Blaine Howard*

SHANABERGER & LANE
 8726 TOWN & COUNTRY BLVD.
 SUITE 201
 ELLICOTT CITY, MD. 21043
 PHONE: 410-461-9563
 FAX: 410-461-9693



SITE PLAN
LOT 5
TERRAPIN PRESERVE
 TAX MAP 15 GRID 11 PARCEL 72
 3RD ELECTION DIST. HOWARD COUNTY, MD
 SCALE: 1"=30' MAY 6, 2010