

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
**307007358**

Building Address 11111 7077

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision Harwood *outings Prep*

Section \_\_\_\_\_ Area Highland Overlook Lot 30

Tax Map \_\_\_\_\_ Parcel 99 Grid 4

Zoning RR Map Coordinates \_\_\_\_\_ Lot size 1.67 Ac

Property Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State MD Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Phone 410 9956736 Fax \_\_\_\_\_

Existing Use \_\_\_\_\_

Proposed Use \_\_\_\_\_

Estimated Construction Cost \$ 100,000.00

Description of Work \_\_\_\_\_

Contractor Company D... B...

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State MD Zip Code \_\_\_\_\_

License No. \_\_\_\_\_

Phone 410 9956736 Fax 410 381 8747

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: _____ <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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

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

Print Name \_\_\_\_\_

Title/Company \_\_\_\_\_

Date 11/22/07

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>11/20/2007</u>	<u>R. Busch</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>11141</u>
SDP/Red-line approval date _____	Validation # _____

494 (2.90 ACRES - RETENTION) 497.8

SBR, SFD Basement not gravity sewer

R. Bucher Signature  
11/8/2007 Date

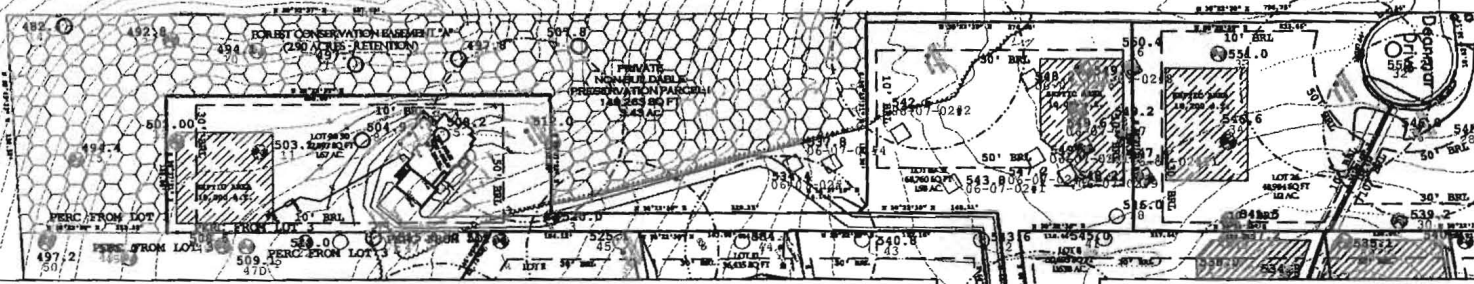
LOT 30  
503.72897 SQ FT  
11 1.67 AC.

FF = 516.52  
TON = 515.00  
BF = 508.33

SEPTIC AREA  
10,000 s.f.

PERC FROM LOT 3

PERC FROM LOT 3



Approved Septic System Plan  
Howard County Health Department

INSET

SCALE: 1"=200'

The existing well(s) shown on this plan have been field located by a Professional Land Surveyor, and is (are) accurately shown. All drilled wells and SDA's within the boundaries of this property are shown.

**TAGGED WELL DATA**  
TAG NUMBER: HO-05-0080  
NORTHING: 551772.788760  
EASTING: 1321215.548183

PERCOLATION TEST PASSED  
 PERCOLATION TEST FAILED

TITLE:  
PERCOLATION PLAT  
PLOT PLAN

Signature  
Date  
Dale Thompson Builders, Inc.  
6300 Woodside Court  
Suite A  
Columbia, MD 21046

DATE: 10-02-07  
SCALE: 1: 50

**PROPOSED ELEVATIONS:**

TOP OF BASEMENT SLAB:	508.33
TOP OF FOUNDATION WALL:	515.00
TOP OF FIRST SUBFLOOR:	516.52
INVERT OUT OF HOUSE:	508.00
INVERT INTO TANK:	504.50
INVERT OUT OF TANK:	504.00
INVERT INTO PUMP:	n / a
INVERT OUT OF PUMP:	n / a
INVERT @ SHC:	n / a
INVERT INTO DISTRIBUTION BOX:	503.67
INVERT INTO TRENCHES:	503.00
GRADE AT HOUSE INVERT:	514.80
GRADE AT SEPTIC TANK:	508.81
GRADE AT PUMP:	n / a
GRADE AT DISTRIBUTION BOX:	506.67
GRADE AT TRENCHES:	506.00
PAVING SPECIFICATIONS:	2" ASPHALT OVER 4" CR-6 OR 2.5" ASPHALT OVER 1.5" OVERLAY

PROJECT NAME:  
SINGLE-FAMILY DWELLING  
HIGHLAND OVERLOOK  
LOT 30  
FULTON, HOWARD COUNTY  
MARYLAND

APPROVED FOR PRIVATE WATER AND PRIVATE/PUBLIC SEWERAGE SYSTEMS IN CONFORMANCE WITH THE MASTER PLAN OF HOWARD COUNTY.

Penny E. Boronstein, M.D., M.P.H., HOWARD COUNTY HEALTH OFFICER

DATE