

G08010153

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00-1439

Building Address 12614 Grosvenor Court
Collegeville, MD 21029
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Providence / Ellicottville
Section _____ Area _____ Lot 11
Tax Map 35 Parcel 77 Grid 11
Zoning RR Map Coordinates _____ Lot size 4302171

Property Owner's Name Dunton, LLC
Address 6300 Woodside Court Suite A
City Columbia State MD Zip Code 21046
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone 410 9956736 Fax 410 3818712

Existing Use Warehouse
Proposed Use Warehouse
Estimated Construction Cost \$ 110,000.00
Description of Work Warehouse / 15,000 sq ft

Contractor Company Dave Thompson Construction
Contact Person Tracy Thompson
Address 6300 Woodside Court Suite A
City Columbia State MD Zip Code 21046
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: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

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

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>7/28/08</u>	<u>R. Bialik</u>
Fire Protection		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: <u>30</u>	Filing fee \$ _____
Rear: <u>30</u>	Permit fee \$ _____
Side: <u>10</u>	Excise tax \$ _____
Side St.: <u>N/A</u>	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>22037</u>
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____ Accepted by _____

Distribution of Copies -
T:\Norm\PERMIT.FRM

White: Building Official


Green: LDD, DPZ

Yellow: DED, DPZ













Pink: Health

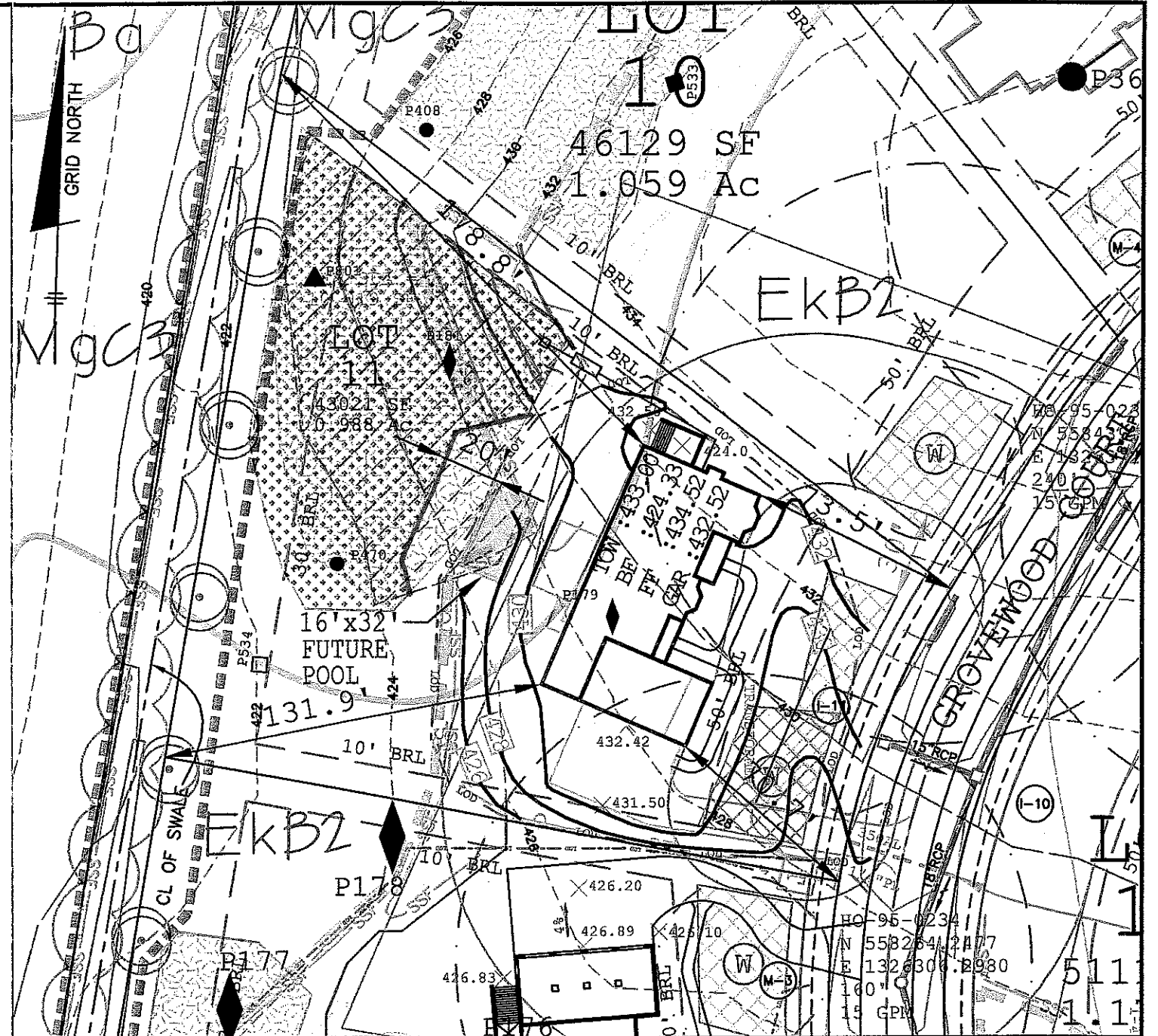
Gold: SHA

NOTES :

1. THE LOTS SHOWN HEREON COMPLIES WITH MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENTAL.
2. EXISTING WELLS ON THE SUBJECT PROPERTY AND WITHIN 100 FEET OF SUBJECT PROPERTY BOUNDARIES ARE REPRESENTED TO THE BEST OF MY KNOWLEDGE AND BELIEF.
3. TOPOGRAPHY ON THIS PLAT IS BASED ON A FIELD SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. IN MARCH 2002.
4. ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN. PERCOLATION CERTIFICATION PLAN (2/08/07) IS MODIFIED AS SHOWN.
5.  THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL EASEMENT (S.D.E.) OF AT LEAST 10,000 S.F. AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS EASEMENT ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A REVISED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
6. THE PURPOSE FOR THIS PERCOLATION CERTIFICATION PLAN IS TO REVISE THE WELL BOX EASEMENT AREA AND REVISE THE SEWAGE DISPOSAL EASEMENT (S.D.E.) IN SUPPORT OF A BUILDING PERMIT APPLICATION FOR THE CONSTRUCTION OF A FOUR-BEDROOM SINGLE FAMILY RESIDENCE. THE REVISED WELL BOX AREA SHOWN MEASURES TO BE 1,500 S.F. THE REVISED S.D.E. AREA SHOWN MEASURES TO BE 10,115 S.F.

LEGEND

	P123	PERC PASSED-- 2001
	P123	PERC PASSED-- 2003
	P123	PERC PASSED-- FEBRUARY 2004
	P123	PERC FAILED-- FEBRUARY 2004
	P123	PERC PASSED-- JUNE 2004
	P123	PERC PASSED-- AUGUST 2004
		1500 S.F. WELLBOX
		WELLBOX TO BE ABANDONED
		SOILS DIVISION LINE
		SOILS TYPE
		NEW S.D.E.
		S.D.E. AREA TO BE ABANDONED



REVISED
 Date: 7/22/08
 Comments: 30800/1839
 12614 Greenwood Ct

I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON WORK PERFORMED IN MY PRESENCE OR BY MY DIRECTION, AND IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

 DATE: 7/17/08



APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.

 DATE: 

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-95-0233
NORTHING:	558328.8984
EASTING:	1328316.1107

TITLE: PERCOLATION CERTIFICATION PLAN REVISION AND PLOT PLAN DATE: 6.12.2008 SCALE: 1:50	OWNER/BUILDER: Approved Septic System Plan Howard County Health Department 6300 Woodside Court Suite 100 Columbia, MD 21046	PROPOSED ELEVATIONS: TOP OF BASEMENT SLAB: 424.33 TOP OF FOUNDATION WALL: 433.00 TOP OF FIRST SUBFLOOR: 434.52 INVERT OUT OF HOUSE: 429.67 INVERT INTO TANK: 429.00 INVERT OUT OF TANK: 428.67 INVERT INTO PUMP: N/A INVERT OUT OF PUMP: N/A INVERT INTO DISTRIBUTION BOX: 428.16 INVERT OUT OF DISTRIBUTION BOX: 428.00 INVERT INTO TRENCHES: 427.00 GRADE AT HOUSE INVERT: 431.70 GRADE AT SEPTIC TANK: 432.00 GRADE AT PUMP: N/A GRADE AT DISTRIBUTION BOX: 431.60 GRADE AT TRENCHES: 430.00 PAVING SPECIFICATIONS: 2" ASPHALT OVER 4" CR-6 OR 2.5" ASPHALT OVER 1.5" OVERLAY