

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**  
B0700 4765

Building Address 12422 Greenwood Court  
Monte Vista MD 21027  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision Greenwood  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 13  
 Tax Map 34 Parcel 77 Grid 11  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Dayton Oaks, 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 410 995 6736 Fax 410 381 9747

Existing Use vacant lot  
 Proposed Use single family residence  
 Estimated Construction Cost \$ 100,000.00  
 Description of Work Finish basement w/ kitchen  
1st floor master suite, 1st floor porch  
1st floor laundry, 2nd floor, (2) gar  
1st floor, 5'12" high, 10' x 5' kitchen

Contractor Company Don Thompson Builders  
 Contact Person Mary Ferrer  
 Address 6300 Woodside Court, Suite A  
 City Columbia State MD Zip Code 21046  
 License No. \_\_\_\_\_  
 Phone 410 995 6736 Fax 410 381 9747

Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company Don Thompson Builders  
 Contact Person \_\_\_\_\_  
 Address SEE AS ABOVE  
 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 type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	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 checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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.

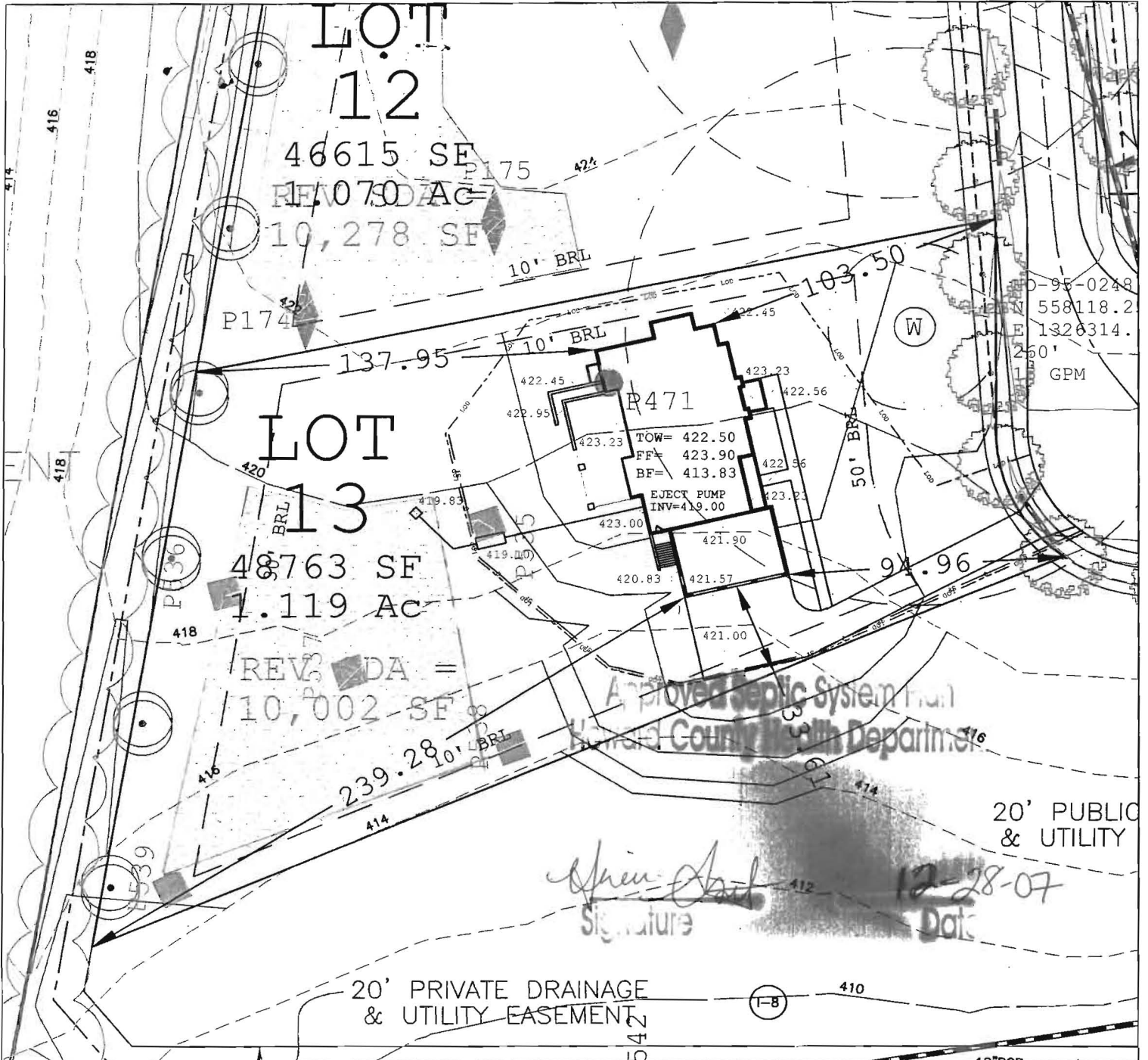
Applicant's Signature Mary Ferrer  
 Title/Company Don Thompson Builders

Print Name Mary Ferrer  
 Date 11/30/07

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>12/28/07</u>	<u>[Signature]</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 \$ <u>100.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	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>21971</u>
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by _____



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-95-0248  
NORTHING: 558118.2596  
EASTING: 1326314.6482

<p>TITLE: <b>PERCOLATION PLAT PLOT PLAN</b></p>		<p>OWNER/ BUILDER: <b>Dale Thompson Builders, Inc.</b> 6300 Woodside Court Suite A Columbia, MD 21046</p>	<p><b>PROPOSED ELEVATIONS:</b></p> <table border="0"> <tr><td>TOP OF BASEMENT SLAB:</td><td>413.83</td></tr> <tr><td>TOP OF FOUNDATION WALL:</td><td>422.50</td></tr> <tr><td>TOP OF FIRST SUBFLOOR:</td><td>423.90</td></tr> <tr><td colspan="2"> </td></tr> <tr><td>INVERT OUT OF HOUSE:</td><td>419.00</td></tr> <tr><td>INVERT INTO TANK:</td><td>417.50</td></tr> <tr><td>INVERT OUT OF TANK:</td><td>417.00</td></tr> <tr><td>INVERT INTO PUMP:</td><td>N/A</td></tr> <tr><td>INVERT OUT OF PUMP:</td><td>N/A</td></tr> <tr><td>INVERT INTO DISTRIBUTION BOX:</td><td>416.50</td></tr> <tr><td>INVERT INTO TRENCHES:</td><td>413.00</td></tr> <tr><td colspan="2"> </td></tr> <tr><td>GRADE AT HOUSE INVERT:</td><td>423.00</td></tr> <tr><td>GRADE AT SEPTIC TANK:</td><td>419.10</td></tr> <tr><td>GRADE AT PUMP:</td><td>N/A</td></tr> <tr><td>GRADE AT DISTRIBUTION BOX:</td><td>419.83</td></tr> <tr><td>GRADE AT TRENCHES:</td><td>419.50</td></tr> </table>	TOP OF BASEMENT SLAB:	413.83	TOP OF FOUNDATION WALL:	422.50	TOP OF FIRST SUBFLOOR:	423.90			INVERT OUT OF HOUSE:	419.00	INVERT INTO TANK:	417.50	INVERT OUT OF TANK:	417.00	INVERT INTO PUMP:	N/A	INVERT OUT OF PUMP:	N/A	INVERT INTO DISTRIBUTION BOX:	416.50	INVERT INTO TRENCHES:	413.00			GRADE AT HOUSE INVERT:	423.00	GRADE AT SEPTIC TANK:	419.10	GRADE AT PUMP:	N/A	GRADE AT DISTRIBUTION BOX:	419.83	GRADE AT TRENCHES:	419.50
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<p>DATE: 11.29.07 SCALE: 1:50</p>	<p>APPROVED FOR PRIVATE WATER AND PRIVATE/PUBLIC SEWERAGE SYSTEMS IN CONFORMANCE WITH THE MASTER PLAN OF HOWARD COUNTY.</p> <p>Peter Bellenson, M.D., M.P.H., HOWARD COUNTY HEALTH OFFICER</p>		<p>PAVING SPECIFICATIONS: 2" ASPHALT OVER 4" CR-6 OR 2.5" ASPHALT OVER 1.5" OVERLAY</p>																																		
<p>PROJECT NAME: SINGLE-FAMILY DWELLING <b>LOT 13</b> PRESERVE @ CLARKSVILLE CLARKSVILLE, HOWARD COUNTY MARYLAND</p>	<p>DATE</p>																																				