

**HOWARD COUNTY
 PERMIT APPLICATION**

B1000 2335

PERMIT NUMBER

Building Address 13717 Springdale Drive
 Suite/Apt. #: _____ SDP/WP/Petition #: 19215
 Census Tract _____ Subdivision Preserve At Home
 Section _____ Area _____ Lot 30
 Tax Map 35 Parcel 77 Grid 11
 Zoning RR Map Coordinates _____ Lot Size 1.15A

Property Owner's Name Dr. & Mrs. C. H. ...
 Address 13717 Springdale Drive
 City Beltsville State MD Zip Code 21079
 Home Phone 410-270-5721 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein): _____
 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 100,000
 Description of Work Remodel, 3 1/2 baths
 Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Contractor Company Complete Home LLC
 Contact Person Amy Ferrer
 Address 13717 Springdale Drive
 City Beltsville State MD Zip Code 21079
 License No. _____
 Phone 410-282-7683 Fax 410-331-1881
 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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <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	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <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"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1 st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2 nd floor: _____	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 type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms <u>4</u>	
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: _____	
<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 Amy Ferrer
 Title/Company _____

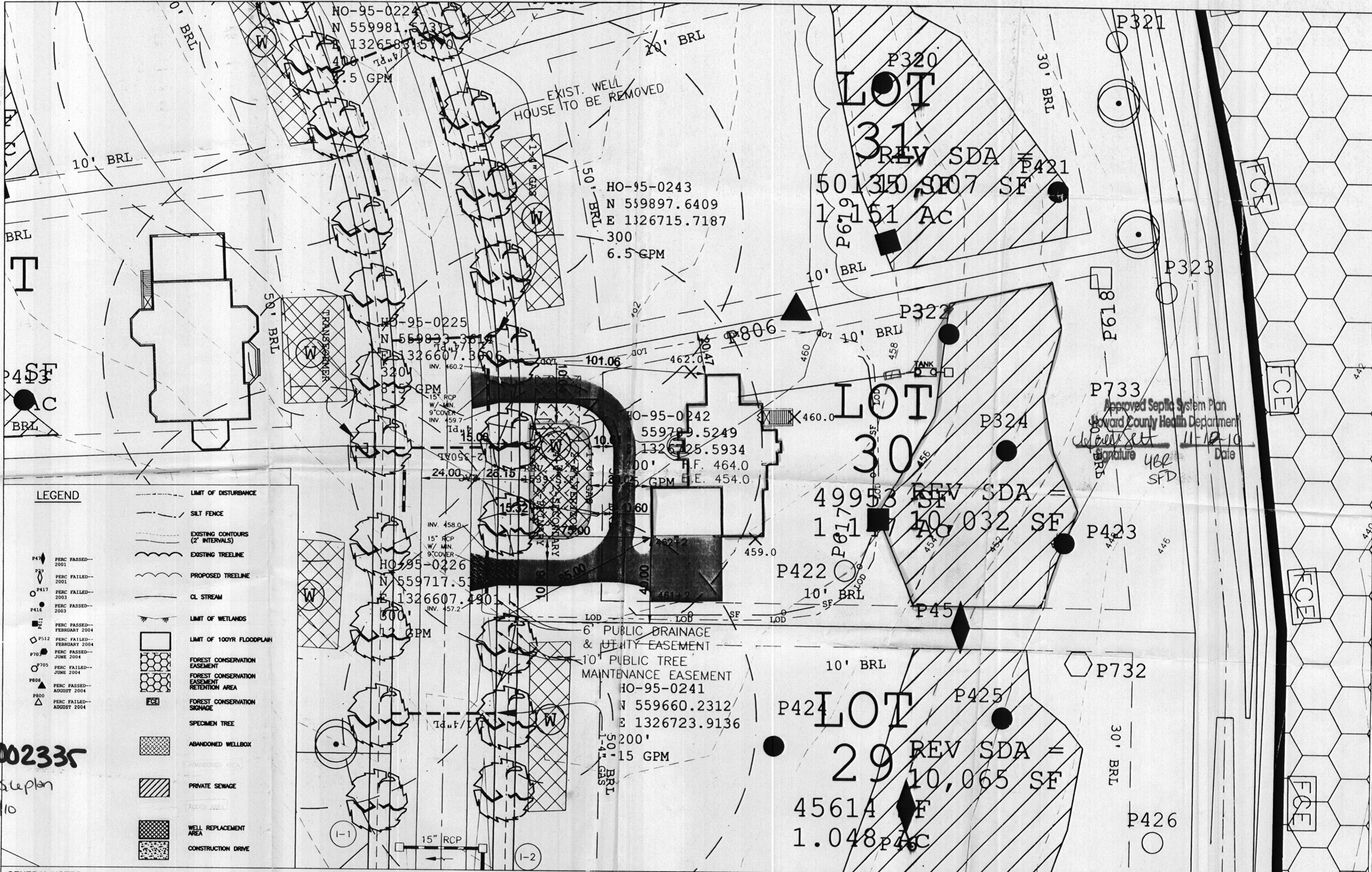
Print Name Amy Ferrer
 Date 11/20/10

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Officials		
Dev. Engineering, DPZ		
Health	<u>11-12-10</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"/>		
Distribution of Copies - White: Building Officials T:\Operations\Updated forms		

DPZ SETBACK INFORMATION	PROPERTY ID #
Front: <u>50</u>	Filing fee \$ <u>1270</u>
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? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit Required? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone <u>N/A</u>	Check # <u>1270</u>
SDP/Red-line approval date <u>N/A</u>	Validation # _____
	Accepted by <u>[Signature]</u>

Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



LEGEND

	PERC PASSED - 2001		LIMIT OF DISTURBANCE
	PERC FAILED - 2001		SILT FENCE
	PERC PASSED - 2003		EXISTING CONTOURS (2' INTERVALS)
	PERC PASSED - FEBRUARY 2004		EXISTING TREELINE
	PERC PASSED - FEBRUARY 2004		PROPOSED TREELINE
	PERC PASSED - JUNE 2004		CL. STREAM
	PERC PASSED - JUNE 2004		LIMIT OF WETLANDS
	PERC PASSED - AUGUST 2004		LIMIT OF 100YR FLOODPLAIN
	PERC PASSED - AUGUST 2004		FOREST CONSERVATION EASEMENT
	PERC PASSED - AUGUST 2004		FOREST CONSERVATION EASEMENT RETENTION AREA
	PERC PASSED - AUGUST 2004		FOREST CONSERVATION SIGNAGE
	PERC PASSED - AUGUST 2004		SPECIMEN TREE
	PERC PASSED - AUGUST 2004		ABANDONED WELL BOX
	PERC PASSED - AUGUST 2004		PRIVATE SEWAGE
	PERC PASSED - AUGUST 2004		WELL REPLACEMENT AREA
	PERC PASSED - AUGUST 2004		CONSTRUCTION DRIVE

GENERAL NOTES:

- THIS AREA DESIGNATES A PRIVATE SEWAGE AREA OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE AREAS 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 SEWAGE AREA. RE-RECORDATION OF MODIFIED SEWAGE AREA SHALL NOT BE NECESSARY.
- THIS AREA IDENTIFIES WELL REPLACEMENT AREA.
- TOPOGRAPHY SHOWN IS TWO-FOOT CONTOUR INTERVALS AND HAS BEEN FIELD VERIFIED OR FIELD RUN.
- ANY CHANGES TO A PRIVATE SEWAGE AREA SHALL REQUIRE A REVISED PERC CERTIFICATION PLAN.
- EXISTING WELLS, SEPTIC SYSTEMS, AND SEWAGE DISPOSAL AREAS WITHIN 100' OF THE PROPERTY AND THOSE WITHIN 200' DOWNGRADE OF EXISTING OR PROPOSED SEPTIC OR SEWAGE DISPOSAL AREAS HAVE BEEN SHOWN LISTING ALL REASONABLE EFFORTS.
- THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT # 19214 ET. SEQ. REFER TO PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS, ANY RESTRICTIONS, AND PROVISIONS.
- THE EXISTING WELLS SHOWN ON THIS PLAN HAVE BEEN FIELD LOCATED BY A PROFESSIONAL LAND SURVEYOR AND ARE ACCURATELY SHOWN.
- TESTING AND RESULTS FOR GROSS ALPHA, GROSS BETA AND VOC'S WILL BE REQUIRED PRIOR TO USE AND OCCUPANCY.

SITE SPECIFIC NOTES

- Plot Plan Lot # 30
- ALL DRIVEWAY CULVERTS ARE TO BE 15" RCP OR HDPE WITH MINIMUM 9" COVER
- ANY WELL DRILLED WITHIN 10' OF DRIVEWAY TO BE PROTECTED WITH TWO BOLLARDS.
- PAVING SPECIFICATIONS: 2" ASPHALT OVER 4" GR# OR 2.5" ASPHALT OVER 1.5" OVERLAY

PROPOSED ELEVATIONS:

TOP OF BASEMENT SLAB:	454.0	GRADE AT HOUSE INVERT:	460.5
TOP OF FOUNDATION WALL:	462.7	GRADE AT SEPTIC TANK:	457.0
TOP OF FIRST SUBFLOOR:	464.0	GRADE AT DISTRIBUTION BOX:	456.5
INVERT OUT OF HOUSE:	458.0	GRADE AT TRENCHES:	456.0
INVERT INTO TANK:	457.0		
INVERT OUT OF TANK:	456.7		
INVERT INTO DISTRIBUTION BOX:	456.0		

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

Peter Beilenson, M.D., M.P.H.
HOWARD COUNTY HEALTH OFFICER

DATE

I certify that the information shown hereon is based on field work performed under my direct supervision and is correct, to the best of my knowledge and belief.

Dale Thompson
Dale Thompson

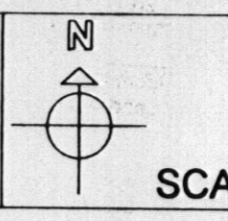
28 Oct 2010
DATE

SEPTIC DESIGN PARAMETERS:

1st Floor Sq. Ft.	2363 sq. ft.
2nd Floor Sq. Ft.	2098 sq. ft.
Basement Sq. Ft.	2363 sq. ft.
Number of Bed rms	4

TAGGED WELL DATA

TAG NUMBER:	HO-95-0242
NORTHING:	559789.5249
EASTING:	1326725.5934
WELL YIELD:	15 GPM
WELL DEPTH:	200'



OWNER: Johnson
BUILDER: Compass Homes
6206 Heather Glen Way
Clarksville, MD 21029

SCALE: 1:30
DATE: 9/28/10

PROJECT NAME: Johnson Residence
PC-30
PRESERVE @ CLARKSVILLE
CLARKSVILLE
HOWARD COUNTY
MARYLAND

TITLE: PLOT PLAN LOT # 30
6219 Heather Glen Way
Clarksville, Maryland 21029

PURPOSE: CONSTRUCTION OF NEW SINGLE FAMILY DETACHED DWELLING AND PERC. RE-CERTIFICATION TO REVISE WELL BOX

B10002335
lastest septon
10/28/10

Approved Septic System Plan
Howard County Health Department
Walter Setz
Signature
11-12-10
Date
462
SFD