

B11002151

Building Address: 8111 Holly Manor Way
Fulton, MD 20759

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: David Hart
 Address: 8111 Holly Manor Way
 City: Fulton State: MD Zip Code: 20759
 Home Phone: _____ Work Phone: 240-398-6386

Applicant's Name & Mailing Address, (If other than stated herein):

Phone: _____ Fax: _____
 Email: _____

Existing Use: Self Dwelling
 Proposed Use: Same
 Estimated Construction Cost: \$ 2000
 Description of Work: Burying 1-1000 gallon propane tank for home heating.
 Occupant or Tenant: _____

Contractor Company: Suburban Propane
 Contact Person: James McKenney
 Address: 31 Derwood Cr.
 City: Rockville State: MD Zip Code: 20850
 License No.: 78260
 Phone: 301-873-7442 Fax: 301-251-8931
 Email: _____

Was tenant space previously occupied? Yes No

Contact Name: David Hart
 Address: 8111 Holly Manor Way
 City: Fulton State: MD Zip Code: 20759
 Phone: 240-398-6386 Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 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>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>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 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 checked="" 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 checked="" 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] Print Name: James McKenney
 Email Address: jmckenney@suburbanpropane.com Date: 7-18-11
 Title/Company: Operations Mgr./Suburban Propane

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>8/3/11</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? Yes No
 Is Entrance Permit Required? Yes No
 Historic District? Yes No

Lot Coverage for New Town Zone: _____
 SDP/Red-line approval date: _____

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$ <u>110.00</u>
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

MO # 2764 666017

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3400 COURT HOUSE DRIVE
 ELICOTT CITY, MD 21043
 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 B10003950

Building Address 8111 Holly House Way
ELICOTT CITY MD 21043

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

Census Tract _____ Subdivision HOLLY HOUSE

Section 2 Area _____ Lot 3

Tax Map 45 Parcel 24 Grid 6

Zoning R8 Map Coordinates _____ Lot size 46098 SF

Property Owner's Name JONAS H. SELFRIDGE JR

Address 4170 TEN OAKS RD

City DORTON State MD Zip Code 21036

Phone 410-531-9930 Phone _____

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

Phone _____ Fax _____

Existing Use VACANT LOT

Proposed Use SINGLE FAMILY DWELLING

Estimated Construction Cost \$ 152,236

Description of Work 5000 sq ft, 4 1/2 BR, 1 FP, 2.5 STORY PORCH

Contractor Company JONAS H. SELFRIDGE BLDGS

Contact Person TIM BUDEN

Address 4170 TEN OAKS RD

City DORTON State MD Zip Code 21036

License No. 779 Phone 410-531-9930 Fax 410-521-9929

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ 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"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
1st floor: <u>58.6'</u> <u>63'</u>	Sewage Disposal: _____ Public _____ Private _____
2nd floor: <u>50'</u> <u>60'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>58.6'</u> <u>60'</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>5</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: _____	
State Certified Modular _____	
Manufactured Home _____	

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J. ENGEL/SELFRIDGE
 Applicant's Signature

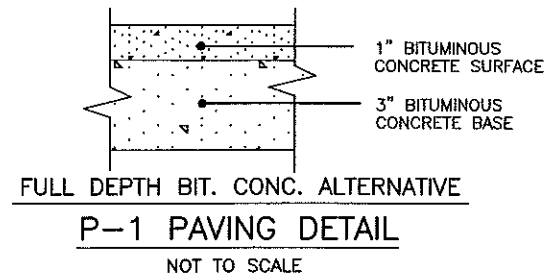
SUSAN CONKLIN
 Print Name

 Title/Company

12-21-10
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>1-11-11</u>	<u>DBernard</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is 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 # _____
			Historic District?	Validation # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for NewTown Zone _____	
			SDP/Red-line approval date _____	Accepted by _____
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				
T:\forms\PERMIT.FRM				Rev. 11/4/04



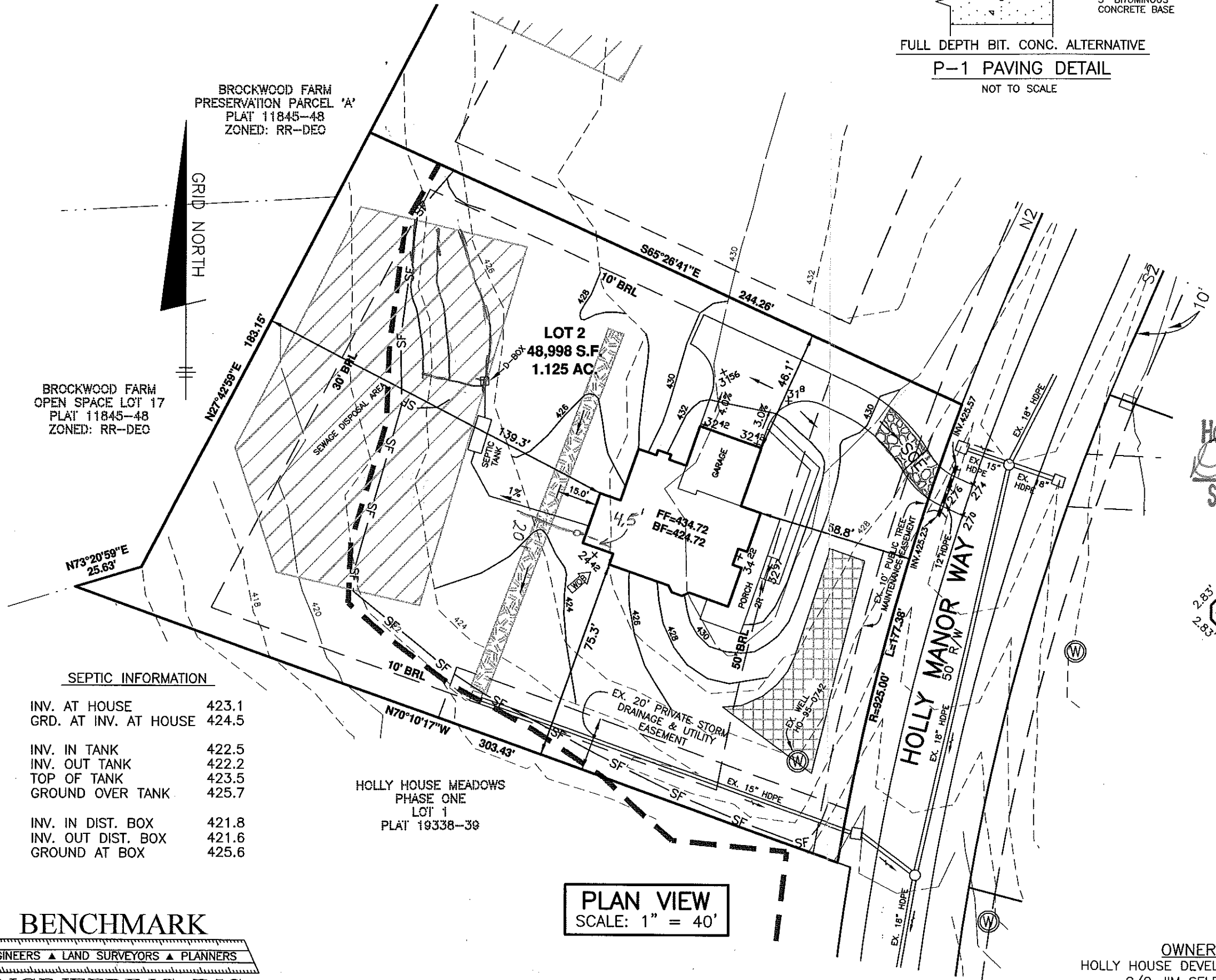
NOTES:

1. THE LOT SHOWN HEREON WAS RECORDED ON 12-04-2008 AS PLAT NUMBER 20378. REFER TO THIS PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. 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 MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
3. EXACT LENGTH OF SEPTIC TRENCHES ARE BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PRECONSTRUCTION INSPECTION.
4. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
5. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER F-08-090 AND SHALL COMPLY WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
6. STORMWATER MANAGEMENT FOR THIS LOT IS PROVIDED IN THE P-1 MICROPOOL EXTENDED DETENTION POND CONSTRUCTED UNDER F-08-090.
7. THE EXISTING WELL (TAG NO. HO-95-0742) SHOWN ON THIS PLAN WAS FIELD LOCATED BY BENCHMARK ENGINEERING, INC. IN NOVEMBER, 2010 AND IS ACCURATELY SHOWN.
8. DRIVEWAY CULVERT COMPUTATIONS WERE PROVIDED AND APPROVED UNDER F-08-090.

BROCKWOOD FARM
PRESERVATION PARCEL 'A'
PLAT 11845-48
ZONED: RR-DEO

BROCKWOOD FARM
OPEN SPACE LOT 17
PLAT 11845-48
ZONED: RR-DEO

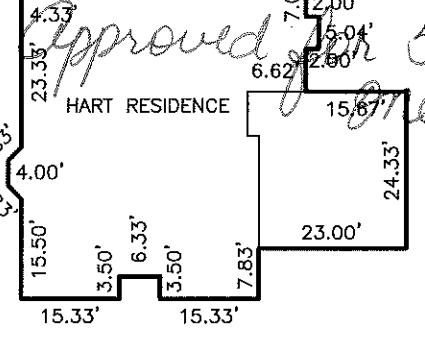
GRID NORTH



LOT 2
48,998 S.F.
1.125 AC

PLAN VIEW
SCALE: 1" = 40'

Approved Septic System Plan
Howard County Health Department
Dana Bernard 1-11-11
Signature Date



FOOTPRINT
SCALE: 1" = 30'

LEGEND

- EXISTING CONTOURS
- 1500 S.F. WELL BOX
- FIELD LOCATED WELL
- PRIVATE SEWER DISPOSAL AREA
- SILT FENCE PER F-08-090
- LIMIT OF DISTURBANCE PER F-08-090
- EROSION CONTROL MATTING PER F-08-090
- STABILIZED CONSTRUCTION ENTRANCE PER THIS PERMIT PLAN

SEPTIC INFORMATION

INV. AT HOUSE	423.1
GRD. AT INV. AT HOUSE	424.5
INV. IN TANK	422.5
INV. OUT TANK	422.2
TOP OF TANK	423.5
GROUND OVER TANK	425.7
INV. IN DIST. BOX	421.8
INV. OUT DIST. BOX	421.6
GROUND AT BOX	425.6

HOLLY HOUSE MEADOWS
PHASE ONE
LOT 1
PLAT 19338-39

HOLLY HOUSE MEADOWS

LOT 2
HOLLY MANOR WAY

TAX MAP: 45 GRID: 6 PARCEL: 24
ZONED: RR-DEO
ELECTION DISTRICT NO. 5
HOWARD COUNTY, MARYLAND

HART RESIDENCE

DATE: DECEMBER 16, 2010 BEI PROJECT NO. 2372

SCALE: AS SHOWN DRAWING 1 OF 1

OWNER:
HOLLY HOUSE DEVELOPMENT LLC
C/O JIM SELFRIDGE
4781 TEN OAKS ROAD
DAYTON, MD 21036

BENCHMARK
ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS
ENGINEERING, INC.