

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B10003385

Building Address 11449 Hunt Crossings Ct Property Owner's Name Toll MD III LP
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Address _____
 City _____ State _____ Zip Code _____
 Census Tract _____ Subdivision HomeWood Crossing Phone _____
 Section _____ Area _____ Lot 80 Applicant's Name & Mailing Address, (if other than stated hereon):
 Tax Map _____ Parcel _____ Grid _____ Phone _____ Fax _____
 Zoning _____ Map Coordinates _____ Lot size _____

Existing Use Vacant lot Contractor Company _____
 Proposed Use Residential Contact Person _____
 Estimated Construction Cost \$ _____ Address _____
 Description of Work Single family Dwelling City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant _____ Engineer or Architect Company _____
 Contact Name _____ Contact Person _____
 Address _____ Address _____
 City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____
 Phone _____ Fax _____ Phone _____ Fax _____

BUILDING DESCRIPTION - **COMMERCIAL**

BUILDING DESCRIPTION - **RESIDENTIAL**

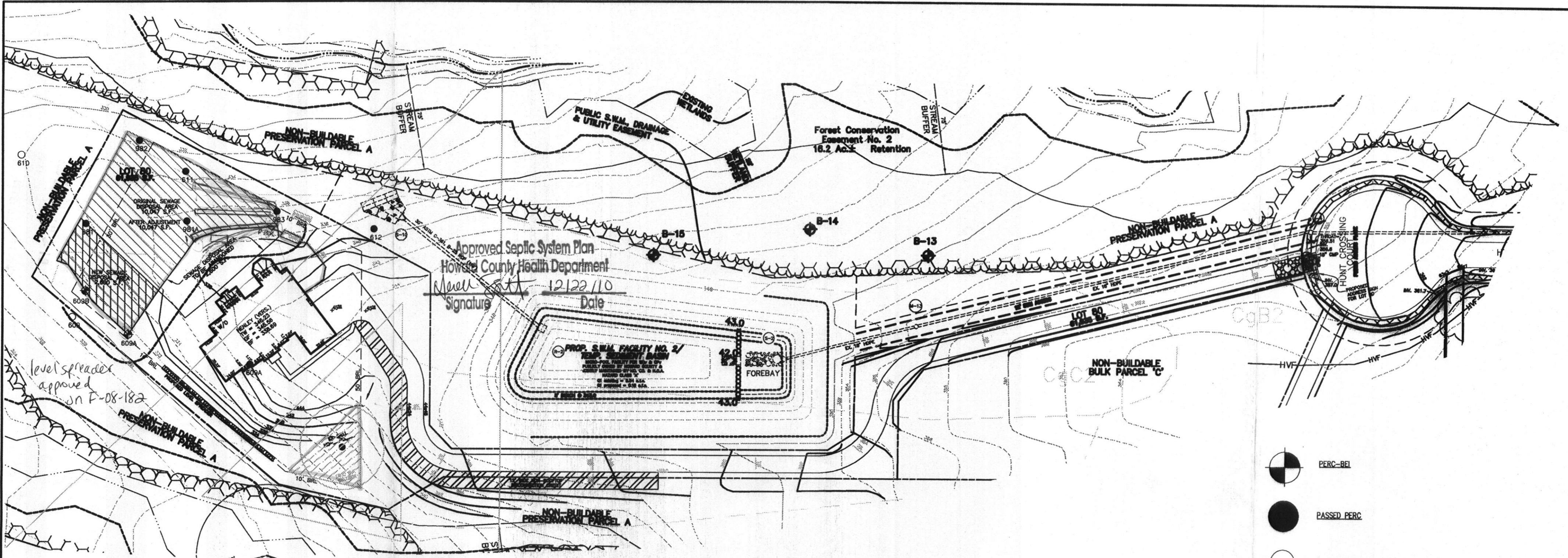
Building Characteristics		Utilities		Building Characteristics		Utilities	
Height:		Water Supply:	_____ Public _____ Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Depth	Width	Water Supply:
No. of stories:		Sewage Disposal:	_____ Public _____ Private	1st floor:			_____ Public _____ Private
Gross area, sq. ft. per floor:		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>		2nd floor:			Sewage Disposal:
Use group:		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>		Basement:			_____ Public _____ Private
Construction type:		Heating System:		Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>			Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Reinforced Concrete		Electric <input type="checkbox"/> Oil <input type="checkbox"/>		Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>			Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Structural Steel		Natural Gas <input type="checkbox"/>		No. of Bedrooms _____			Heating System:
_____ Masonry		Propane Gas <input type="checkbox"/>		Height: _____			Electric <input type="checkbox"/> Oil <input type="checkbox"/>
_____ Wood Frame		Sprinkler system: N/A <input type="checkbox"/>		Multi-family dwellings:			Natural Gas <input type="checkbox"/>
_____ State Certified Modular		_____ Full		No. of efficiency units: _____			Propane Gas <input type="checkbox"/>
		_____ Partial		No. of 1 BR units: _____			Sprinkler system: N/A <input type="checkbox"/>
		_____ Other Suppression		No. of 2 BR units: _____			_____ NFPA #13D
		_____ # of Heads		No. of 3 BR units: _____			_____ NFPA #13R
				Other Structure: _____			_____ Other:
				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 _____

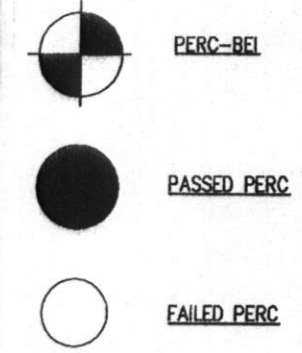
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	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>12-22-10</u>	<u>[Signature]</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 # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____



Approved Septic System Plan
 Howard County Health Department
 Signature: *[Signature]* Date: 12/22/10

level spreader approved on F-08-182



PERC CERT NOTES:

1. THE LOT SHOWN HEREON WAS RECORDED ON MAY 2, 2006 AS PLAT NUMBER 18245. REFER TO THIS PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE 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 SEWER SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN. RECORDATION OF A MODIFIED EASEMENT PLAT SHALL NOT BE NECESSARY.
3. EXACT LENGTH OF SEPTIC TRENCHES ARE TO 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 COUNTY CONSERVATION DISTRICT UNDER F-05-069 AND GP-07-067 AND SHALL COMPLY WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
6. STORMWATER MANAGEMENT FOR THIS LOT WAS PROVIDED UNDER F-05-069 AND AS SHOWN HERE ON.
7. THE EXISTING WELL (TAG NO. HO 95-1710) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.
8. TOPOGRAPHIC INFORMATION ESTABLISHED AT TWO FOOT INTERVALS BASED ON AERIAL TOPOGRAPHY PREPARED BY ZOI LLC, DATED APRIL 2001 AND SUPPLEMENTED BY FIELD RUN TOPOGRAPHY PREPARED BY FISHER, COLLINS & CARTER, INC.
9. A 15" DRIVEWAY CULVERT IS TO BE INSTALLED AS SHOWN HEREON.

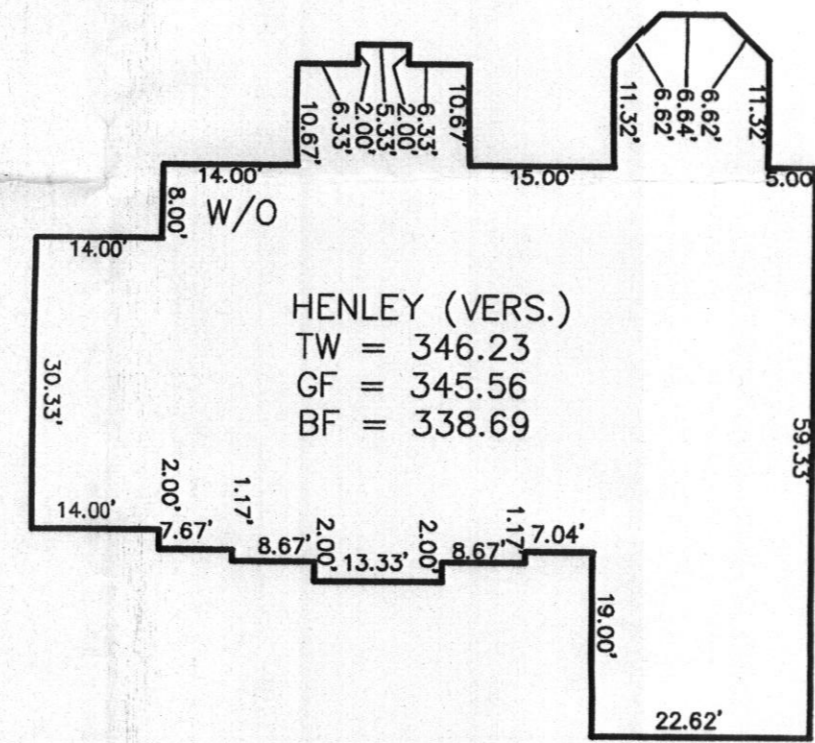
TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, THE FOLLOWING STATEMENTS ARE TRUE:
 1) ALL EXISTING WELLS, SEPTIC SYSTEMS AND SEWERAGE DISPOSAL EASEMENTS WITHIN 100' OF THE PROPERTY BOUNDARIES HAVE BEEN SHOWN. ALL EXISTING AND PROPOSED WELLS THAT ARE LOCATED WITHIN 200 FEET DOWNGRADIENT OF ANY EXISTING OR PROPOSED SEPTIC SYSTEM AND SEWERAGE DISPOSAL EASEMENTS HAVE BEEN SHOWN. THE ENGINEER HAS USED ALL EFFORTS TO FIND THE LOCATIONS OF ALL SURROUNDING WELLS AND SEPTIC SYSTEMS

THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTHS AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT AS SHOWN ON THE RECORD PLAT 18240 GENERAL NOTES ITEM 2.

ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN

THE SOIL TYPE FOR THIS LOT IS CgC2 & CgB2

INV. AT HOUSE	336.7
GRD. AT INV. AT HOUSE	344.0
INV. IN TANK	335.7
INV. OUT TANK	335.4
TOP OF TANK	336.4
GROUND OVER TANK	337.8
INV. IN DIST. BOX	335.2
INV. OUT DIST. BOX	334.9
GROUND AT BOX	337.8



HENLEY (VERS.)
 TW = 346.23
 GF = 345.56
 BF = 338.69

DETAIL 1"=20'

APPROVED: FOR HOWARD COUNTY DEPARTMENT OF PLANNING & ZONING

 CHIEF, DEVELOPMENT ENGINEERING DIVISION

 DIRECTOR

DATE _____

DATE _____

ADDRESS: 11992 HUNT CROSSING COURT
 ELLICOTT CITY, MD 21043

APPROVED FOR PRIVATE WATER & PRIVATE SEWERAGE SYSTEMS
 HOWARD COUNTY HEALTH DEPARTMENT

 COUNTY HEALTH OFFICER

DATE _____



TYPE: HENLEY COLONIAL - WALKOUT BASEMENT
 ADD'L 1' TO HEIGHT OF BASEMENT
 EXPANDED FAMILY ROOM
 CONSERVATORY
 NAPLES SUNROOM

- OPTION No. 017
- OPTION No. 070
- OPTION No. 023
- OPTION No. 039
- OPTION No. 529

**Land Planning
 Engineering
 Land Surveying**

ESE Consultants Inc.
 7164 Columbia Gateway Dr.
 Suite 203
 Columbia, MD 21046
 TEL: 410-872-9105
 FAX: 410-872-4870

DATE: 11/24/10 SCALE: 1"=50' FILE: 1214 LOT 80 Well Rev.
 CHK'D: MJB JOB#: 1214 DRAWN: MJB/GVS/CRC

REVISED PERCOLATION CERTIFICATION
 AND PERMIT PLAN

**LOT #80
 HOMEWOOD CROSSING**

D.B. 9808, PG. 204
 PLAT No. 21251
 THIRD ELECTION DISTRICT
 HOWARD COUNTY