

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER

B09001732

Building Address 8076 Huntbrook Ln  
Fulton Md 20759  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 1  
 Tax Map 46 Parcel 103 Grid 1  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name James Beard  
 Address 8076 Huntbrook Ln  
 City Fulton State MD Zip Code 20759  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
 Proposed Use SFD w/ TANK  
 Estimated Construction Cost \$ 1000  
 Description of Work INSTALL (1) 500 GAL TANK  
And Run line to home UG

Contractor Company Michel Welding & Mechanical  
 Contact Person Robert J Michel SE  
 Address 2518 Green Rd  
 City Baldwin State MD Zip Code 21013  
 License No. 73061  
 Phone 410 692 3416 Fax 443.927.9357

Occupant or Tenant Owner  
 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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads
_____ State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> _____ Depth _____ Width _____	Water Supply: _____ _____ Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ _____ Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" 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: <u>N/A</u> <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other:
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: _____	
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  
Michel Welding's Mechanical Repair  
 Title/Company

Print Name Robert J Michel SE  
 Date 7/10/09

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

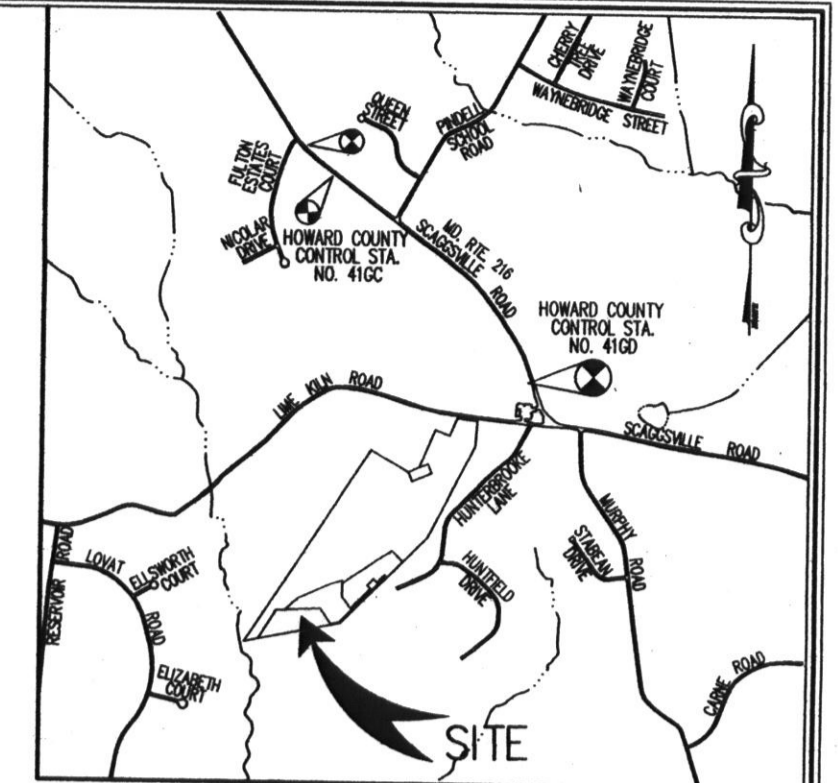
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>7/10/2009</u>	<u>R. Busch</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENT CONSTRUCTION START:   
 ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ <u>116.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____



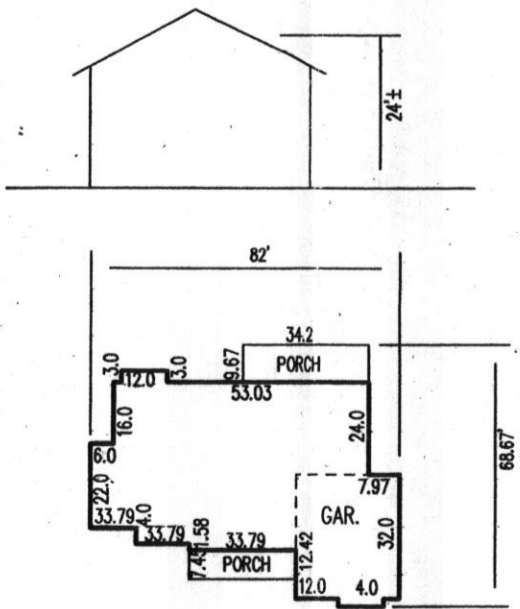
VICINITY MAP  
SCALE: 1" = 2,000'

**GENERAL NOTES**

1. SUBJECT PROPERTY ZONED: RR-DEO
2. TOTAL AREA OF PROPERTY: 3.257 ACRES
3. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
4. CONTRACTOR/BUILDER TO VERIFY ELEVATION IN THE FIELD BEFORE BEGINNING ANY CONSTRUCTION.
5. EXISTING TOPOGRAPHY IS FLOWN AERIAL.
6. NO WETLANDS CURRENTLY EXIST ON THE PROPERTY.
7. STORMWATER MANAGEMENT IS PROVIDED BY NON-ROOFTOP DISCONNECTED AND THE USE OF A LEVEL SPREADER.



LEGEND	
SYMBOL	DESCRIPTION
- - - -	EXISTING CONTOUR 2' INTERVAL
- - - -	PROPOSED CONTOUR 2' INTERVAL
62.5	SPOT ELEVATION
TP - TP	TREE PROTECTION
SS - SS	SUPER SILT FENCE
XXXXXX	LEVEL AREA FOR NON-ROOFTOP DISCONNECT
LOD	LIMITS OF DISTURBANCE
●	EROSION CONTROL MATTING
	NON ROOFTOP DISCONNECT (SWM)



BERNDT RESIDENCE  
SCALE: 1" = 50'

**NOTE**  
THE EXISTING WELL SHOWN ON THIS PLAN, TAGNO. HO 95-1149 HAS BEEN FIELD LOCATED BY FISHER, COLLINS & CARTER, INC., PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.

**DEVELOPER'S CERTIFICATE**

"I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN AND THAT ANY RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF THE ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT."

Signature: *James Berndt* DATE: 12/5/2008

**ENGINEER'S CERTIFICATE**

"I HEREBY CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITION AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT."

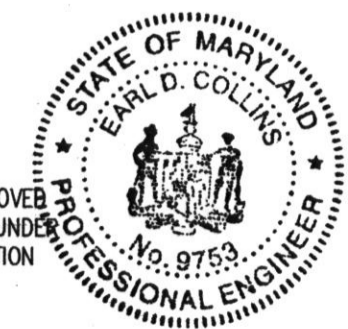
Signature: *Earl D. Collins* DATE: 12-5-08

**OWNER/BUILDER/DEVELOPER**

JIM BERNDT  
6289 HIDDEN CLEARING  
COLUMBIA, MARYLAND 21045  
410-740-2084

"I HEREBY CERTIFY THAT THIS DOCUMENT WAS PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 9753, EXPIRATION DATE IS 2/28/08."

Signature: *Earl D. Collins* DATE: 12-5-08



HUNTERBROOKE LANE  
EX 50' R/W  
PLAT NO. 13490

**SITE DEVELOPMENT & SEDIMENT/EROSION CONTROL PLAN, DUSTIN PROPERTY LOT 1**

ZONED: RR-DEO  
TAX MAP NO.: 46 PARCEL NO.: 103 GRID NO.: 1  
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
SCALE: 1" = 50' DATE: NOVEMBER, 2008  
SHEET 1 OF 2

FISHER, COLLINS & CARTER, INC.  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLSWORTH CITY, MARYLAND 21041  
(410) 481-2850

THIS DEVELOPMENT IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.  
APPROVED: *John R. Robinson* 12/6/08  
HOWARD SOIL CONSERVATION DISTRICT DATE

GP-09-33



HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

D 300 253A

Building Address 2076 HUNTERCROCKET LN  
Fulton, MD 21775  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: GP 09-33  
Census Tract \_\_\_\_\_ Subdivision Dustin Prop.  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 1  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name JAMES BENDT  
Address 6289 HIDDEN CLEARING  
City COLUMBIA State MD Zip Code 21045  
Phone \_\_\_\_\_ Phone 301-642-8901  
Applicant's Name & Mailing Address, (if other than stated hereon):  
LULIA MEYER  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
410-296-6700 410-296-7992

Existing Use VACANT LOT  
Proposed Use NEW CH  
Estimated Construction Cost \$ 250,000  
Description of Work 2 STORES, 5 BDRMS 1 1/2 BATHS  
FP, 3 CAR GARAGE, 10 PAGES  
SIN L/L-FULL FM W/HATHRM, EXERCISE  
RAIL

Contractor Company ~~JAMES BENDT~~  
Contact Person FRED S. DICKSON CO. INC.  
FRED  
Address 3899 A CLIFFER AVE  
City ELICOTT CITY State MD Zip Code 21043  
License No. 402  
Phone 410-707-6447 Fax \_\_\_\_\_

Occupant or Tenant SEE CWAPP  
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 _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
_____ State Certified Modular	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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms <u>5</u>	Propane Gas <input checked="" type="checkbox"/>
Height: _____	Sprinkler system: N/A <input checked="" type="checkbox"/>
Multi-family dwellings: _____	NFPA #13D _____
No. of efficiency units: _____	NFPA #13R _____
No. of 1 BR units: _____	Other: _____
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
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LULIA MEYER  
Applicant's Signature  
Agent, 1st City, Towels, Inc.  
Title/Company

Victoria Meyer  
Print Name  
12/5/08  
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#:
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ <u>100</u>
<input checked="" type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Health	<u>12/10/08</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
<input checked="" type="checkbox"/> 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 checked="" 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 New Town Zone _____	Accepted by <u>[Signature]</u>
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	