

600009390
 B10002107

Building Address 11024 Hunters View Rd
21087 MD, MD, 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 603000 Subdivision Riverwood
 Section _____ Area _____ Lot 7
 Tax Map 29 Parcel 20 Grid 4
 Zoning R00 Map Coordinates _____ Lot Size 43,228 sq

Property Owner's Name Winchester Homes
 Address 6905 Rockledge Dr. #1800
 City Baltimore State MD Zip Code 21217
 Home Phone _____ Work Phone 301 803 4907
 Applicant's Name & Mailing Address, (if other than stated herein):

 Phone 410 279 1624 Fax _____

Existing Use Unoccupied
 Proposed Use SFD
 Estimated Construction Cost \$ 350,000
 Description of Work Garrett, 2 story full bsmt.
112 3FB 11A 3000 sq ft. 2.5 car garage
4 BR 78
 Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. 57
 Phone _____ Fax _____
 Engineer or Architect Company Borchardt
 Contact Person Talene Carr
 Address 8490 Fall Hill Rd
 City Beltsville State MD Zip Code 21113
 Phone 410 485-6105 Fax 410 526-9111

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"/> 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: _____ <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	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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>38</u> Width <u>72</u> 1 st floor: <u>38</u> <u>72</u> 2 nd floor: <u>48</u> <u>56</u> Basement: <u>1</u> <u>72</u>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: <u>11x28</u> Roof: <u>Asph Gable</u> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

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 _____
 Title/Company _____

Print Name Carol V. Carr
 Date 7-13-10

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 Officials			
Dev. Engineering, DPZ			
Health	<u>7-21-10</u>	<u>D Bernard</u>	
Fire Protection			

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>

Filing fee	\$ <u>150.00</u>
Permit fee	\$ _____
Excise tax	\$ _____
Add'l per fee	\$ _____
TOTAL FEES	\$ _____
Sub-total paid	\$ _____

Is Sediment Control approval required prior to issuance?
 YES NO

Is Entrance Permit Required?
 YES NO

Balance due \$ _____
 Check # 16430
 Validation # 15090

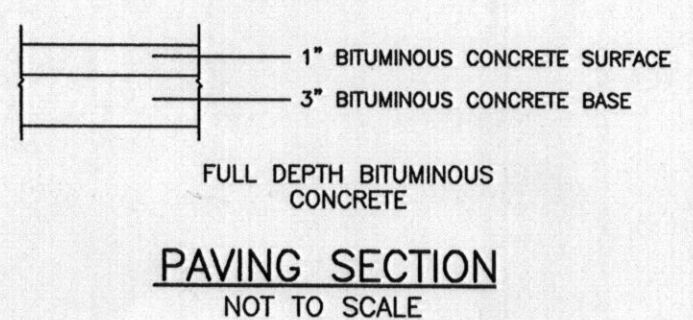
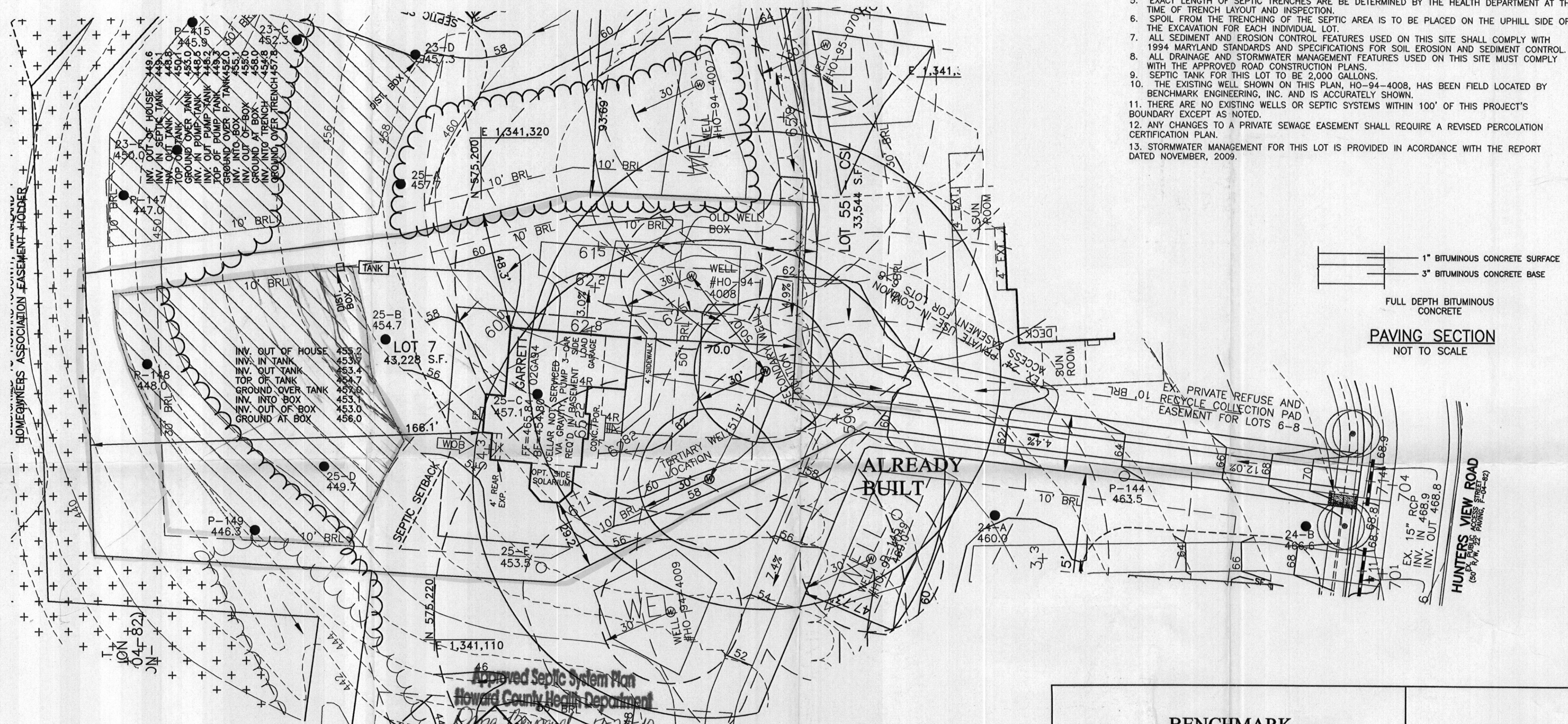
CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Historic District? YES NO
 Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____

Accepted by D

NOTES:

1. THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR RIVERWOOD, PLAT No. 18035. REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS AND ALL EASEMENTS.
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. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
3. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER GP-05-31 AND MODIFIED FOR THIS SPECIFIC HOUSE.
4. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS AND HAS BEEN FIELD VERIFIED BY J.A. RICE, INC., ON OR ABOUT SEPTEMBER 2002.
5. EXACT LENGTH OF SEPTIC TRENCHES ARE TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF TRENCH LAYOUT AND INSPECTION.
6. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
7. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
8. ALL DRAINAGE AND STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS.
9. SEPTIC TANK FOR THIS LOT TO BE 2,000 GALLONS.
10. THE EXISTING WELL SHOWN ON THIS PLAN, HO-94-4008, HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.
11. THERE ARE NO EXISTING WELLS OR SEPTIC SYSTEMS WITHIN 100' OF THIS PROJECT'S BOUNDARY EXCEPT AS NOTED.
12. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
13. STORMWATER MANAGEMENT FOR THIS LOT IS PROVIDED IN ACORDANCE WITH THE REPORT DATED NOVEMBER, 2009.



Approved Septic System Plan
 Howard County Health Department
 Signature: *[Signature]*
 Date: 7-27-10

LEGEND

- EXISTING CONTOURS ESTABLISHED UNDER F-04-082
- FIELD SURVEYED WELL LOCATION
- PASSED PERCOLATION TEST PER TEST NOTES
- FAILED PERCOLATION TEST PER TEST NOTES
- EXISTING APPROVED SEPTIC RESERVE AREA

I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION, AND IS CORRECT, TO THE BEST OF KNOWLEDGE AND BELIEF.

[Signature] 7/27/10
 PLAN PREPARER
 JOHN M. CARNEY FOR BENCHMARK ENGINEERING, INC.

APPROVED:
 FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS
 HOWARD COUNTY HEALTH DEPARTMENT
 Signature: *[Signature]* 7/20/2010
 COUNTY HEALTH OFFICER DATE

BENCHMARK
 ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE & SUITE 418 & ELLICOTT CITY, MARYLAND 21043
 (P) 410-465-8105 (F) 410-465-8844
 60 THOMAS JOHNSON DRIVE & FREDERICK, MARYLAND 21702
 (P) 301-371-3505 (F) 301-371-3506
 WWW.BEI-CVLENGINEERING.COM

OWNER/BUILDER: CAMBERLEY HOMES, INC. 6905 ROCKLEDGE DRIVE SUITE 800 BETHESDA, MD 20817 PHONE: 301-803-4800 FAX: 301-803-4929		PROJECT: RIVERWOOD LOT 7	
LOCATION: 11024 HUNTERS VIEW ROAD ELLICOTT CITY, MD 21042 TAX MAP No. 29 - BLOCK Nos. 3, 4, 9 & 10 - PARCEL No. 20 3rd ELECTION DISTRICT, HOWARD COUNTY, MARYLAND		TITLE: REVISED PERCOLATION CERTIFICATION PLAN	
HOUSE TYPE: GARRETT		DATE: JULY, 2010	PROJECT NO. 1950
DESIGN: JMC	DRAFT: JMC	SCALE: 1" = 30'	DRAWING <u>1</u> OF <u>1</u>

G 00009390

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B07003012

Building Address 11024 Hunters View Rd
Ellicott City, MD 21042
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 607000 Subdivision Riverwood
Section _____ Area _____ Lot 7
Tax Map 29 Parcel 20 Grid 4
Zoning RC080 Map Coordinates _____ Lot size 43,228 sq ft

Property Owner's Name Whitbeck Homes
Address 6905 Rockledge Dr #200
City Bethesda State MD Zip Code 20817
Home Phone _____ Work Phone 803-4806
Applicant's Name & Mailing Address, (if other than stated hereon):
410 Carol Vins
Phone 279-1624 Fax _____

Existing Use VACANT
Proposed Use SFD
Estimated Construction Cost \$ 500,000
Description of Work Harrison w/rear solarium
3 car sublevel garage 4' rear ext. F/K
2 story finished basmt. 141 SFB 240
4 BR FP

Contractor Company Whitbeck Homes
Contact Person Ron O'Brien
Address Same As Above
City _____ State _____ Zip Code _____
License No. 57 Phone _____ Fax _____

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

Engineer or Architect Company Beckmark Engineers
Contact Person John Carey
Address 8480 Pullman National Pk
City Ellicott City State MD Zip Code 21043
Phone 410-465-6105 Fax 410-465-6644

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 checked="" 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"/>
Basement: _____	Gas Yes <input 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"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms: <u>4</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 _____	

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.

Carol Vins
Applicant's Signature
Carol Vins
Title/Company

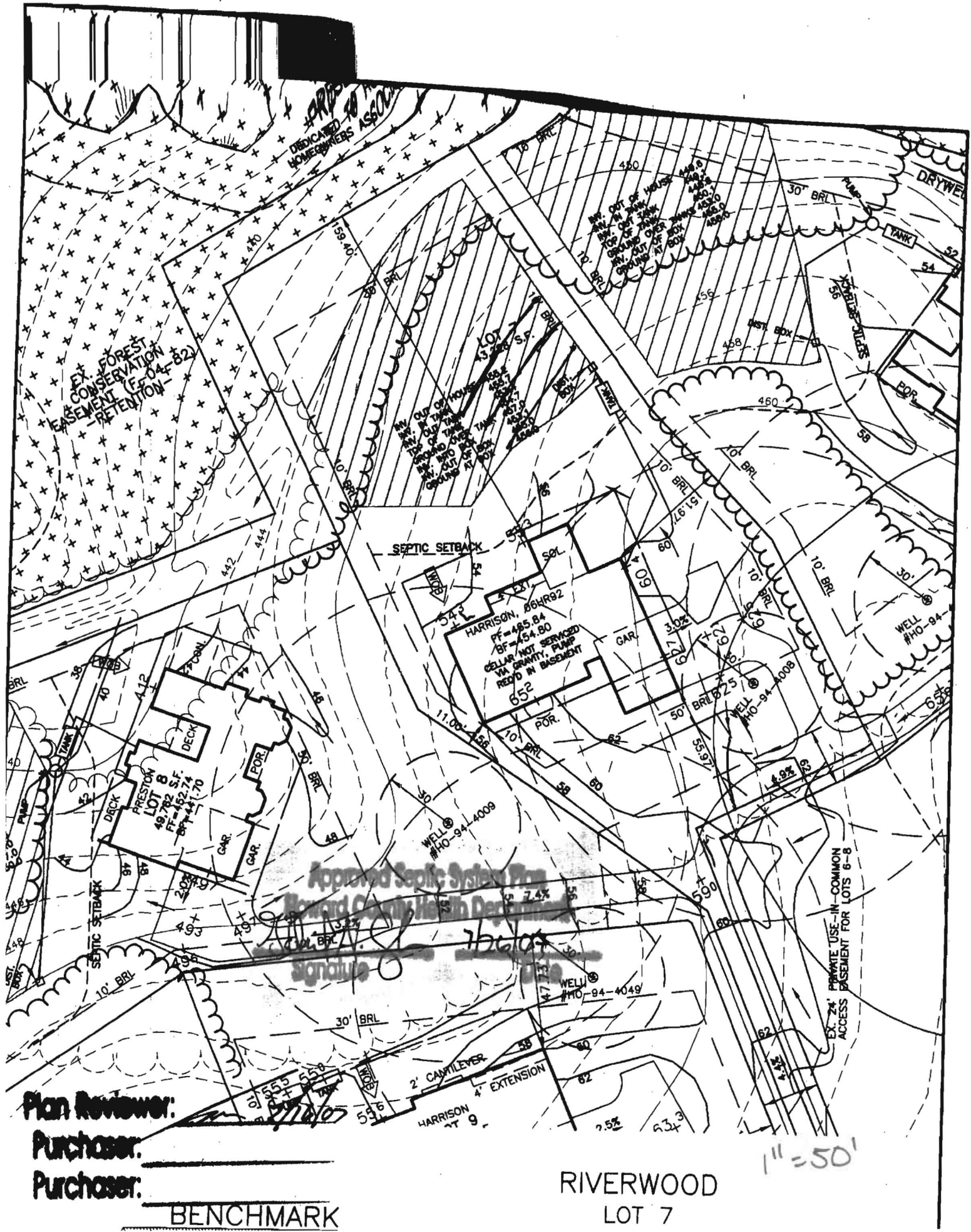
Carol Vins
Print Name
7-23-07
Date

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

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>7/26/07</u>	<u>Tahira A. Gh</u>
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		
Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA		

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? 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 # <u>19260</u>
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	



Plan Reviewer: _____
 Purchaser: _____
 Purchaser: _____
 BENCHMARK

RIVERWOOD
 LOT 7



*Health
Dept
Feji*

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS

Robert J. Frances, P.E., Acting Director

BUILDING PERMIT

CANCELLATION

DATE: September 26, 2007

TO: (X) Building Inspector
(X) Licenses and Permits Division
(X) Owner
(X) Zoning & Engineering

RE: Cancellation and/or Expired Application/Permit

Serial Number – B07003012

Date of Registration – 07/23/07

Owner – Winchester Homes, Inc

Address – 6905 Rockledge Dr, Ste 800, Bethesda, MD 20817

Building Location – 11024 Hunters View Rd, Ellicott City, MD 21042

Reason – The owner has decided to build on a different lot.

FROM: *Avis L. Corbin*

Avis L. Corbin, Chief
Licenses and Permits Division

cc: Brenda Saucedo, Inspections and Enforcement