

31100P13

Inspections: 410-313-1810  
 Automated Line: 410-313-3800

Building Address: 11045 Hunters View Rd  
Ellicott City, 21042

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

Census Tract: \_\_\_\_\_ Subdivision: Oxoverwood

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 45

Tax Map: 29 Parcel: 20 Grid: 04

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 1,1300 AP

Existing Use: SFH

Proposed Use: Open deck

Estimated Construction Cost: \$ \_\_\_\_\_

Description of Work:  
20' x 10' deck w/ 4x4 landing w/  
steps. 400' total

Occupant or Tenant: \_\_\_\_\_

Was tenant space previously occupied?  Yes  No

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Property Owner's Name: WINCHESTER HOMES

Address: 16905 ROCKLEDGE DR, STE 800

City: Bethesda State: MD Zip Code: 20817

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Applicant's Name & Mailing Address (if other than stated herein):  
T&A Contractors, Inc. Jessica Rice  
4512 Yandy Spring Rd, Burtonsville, MD

Phone: 301-924-2111 Fax: 301-549-4200

Email: Jessica.Rice@sundeksbvtanda.com

Contractor Company: T&A Contractors, Inc.

Contact Person: Jessica Rice

Address: 4512 Yandy Spring Road

City: Burtonsville State: MD Zip Code: 20846

License No.: MALICE#17489 Expires 5-10-12

Phone: 301-924-2111 Fax: 301-549-4200

Email: Jessica.Rice@sundeksbvtanda.com

Engineer/Architect Company: \_\_\_\_\_

Responsible Design Prof.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL	
<b>Building Characteristics</b>	<b>Utilities</b>
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"/> <b>Roadside Tree Project Permit</b>	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<b>Roadside Tree Project Permit #</b>	No. of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL	
<input checked="" type="checkbox"/> <b>Building Characteristics</b>	<b>Utilities</b>
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<b>Depth</b>	<input type="checkbox"/> Public
<b>Width</b>	<input checked="" type="checkbox"/> Private
1 <sup>st</sup> floor: _____	<u>Sewage Disposal</u>
2 <sup>nd</sup> floor: _____	<input type="checkbox"/> Public
Basement: _____	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Finished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Unfinished Basement	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	<u>Heating System</u>
<input type="checkbox"/> Slab on Grade	<input type="checkbox"/> Electric
No. of Bedrooms: _____	<input type="checkbox"/> Oil
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Natural Gas
No. of efficiency units: _____	<input type="checkbox"/> Propane Gas
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	<input checked="" type="checkbox"/> <b>Roadside Tree Project Permit</b>
Roof: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<b>Roadside Tree Project Permit #</b>
<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: Jessica Rice Print Name: Jessica Rice

Email Address: Jessica.Rice@sundeksbvtanda.com Date: April 13, 2011

Authorized Agent: \_\_\_\_\_

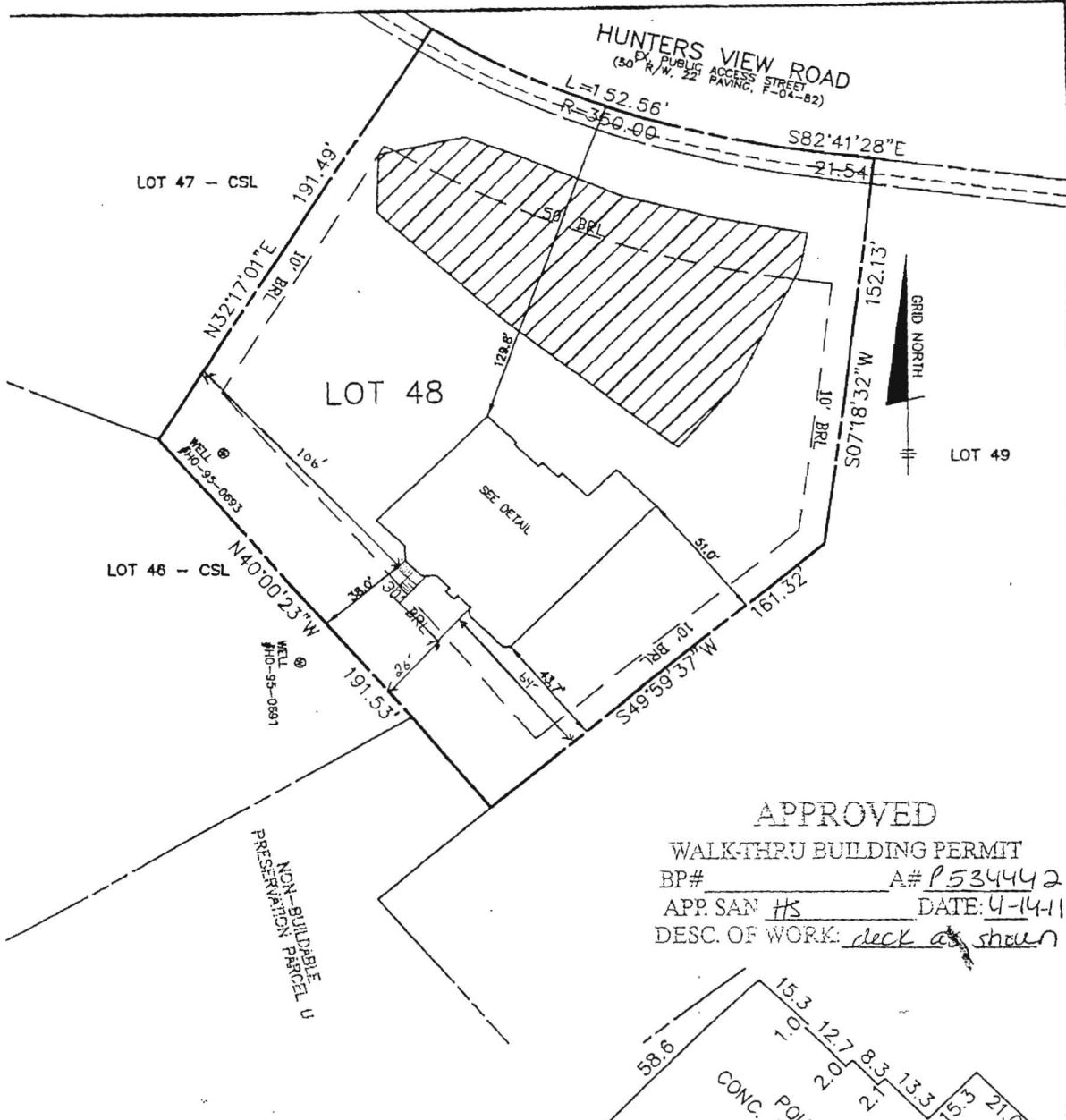
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA ( Zoning )		
PSZA ( Engineering )		
Health	<u>4-14-11</u>	<u>[Signature]</u>
Fire Protection		

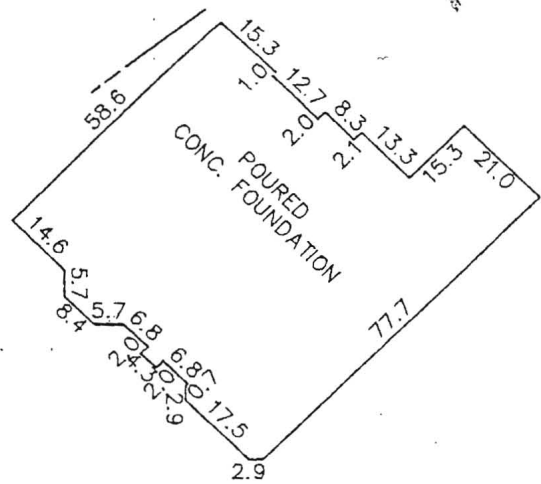
Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START  
 ONE STOP SHOP

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

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



**APPROVED**  
 WALK-THRU BUILDING PERMIT  
 BP# \_\_\_\_\_ A# P534442  
 APP. SAN# HS DATE: 4-14-11  
 DESC. OF WORK: deck as shown



**FOUNDATION DETAIL**  
 SCALE: 1" = 30'  
 WALL CHECK

**RIVERWOOD PHASE 2**  
**PLAT No. 19722**  
**LOT No. 48**  
 11045 HUNTERS VIEW ROAD  
 3rd ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 50' DATE: 12-16-10

TOP OF FOUNDATION WALL = 480.4  
 OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 0.2'

**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 12-16-10.

*Donald A. Mason*  
 DONALD A. MASON  
 PROFESSIONAL LAND SURVEYOR  
 MD REG. No. 21320  
 FOR BENCHMARK ENGINEERING, INC.  
 MD REG. No. 351  
 FEMA FIRM No. 240044 0027 B  
 ZONE: C  
 DATED: 12/04/86

**BENCHMARK**  
**ENGINEERING, INC.**  
 8400 BALTIMORE NATIONAL PIKE & SUITE 418  
 ELLICOTT CITY, MARYLAND 21043  
 phone: 410-485-8105 • fax: 410-465-8644  
 www.bei-civilengineering.com

FIELD OBS. BY  
 COMP. BY  
 DRAWN BY

B1000 2073

Building Address 11047 Hill View Rd  
Ellicott City, MD 21043  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 603001 Subdivision 1101111001  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 48  
Tax Map 29 Parcel 20 Grid \_\_\_\_\_  
Zoning R-10 Map Coordinates \_\_\_\_\_ Lot Size 479.30

Property Owner's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated herein):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
Proposed Use \_\_\_\_\_  
Estimated Construction Cost \$ \_\_\_\_\_  
Description of Work As shown on 2006  
\_\_\_\_\_  
\_\_\_\_\_  
Occupant or Tenant \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. \_\_\_\_\_  
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 _____ State Certified Modular _____	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"/> Depth _____ Width _____ 1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ 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: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private _____ Sewage Disposal: _____ Public _____ Private _____ Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> NFA #13D _____ NFA #13R _____ 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 \_\_\_\_\_  
Date \_\_\_\_\_

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	9-7-10	<i>Michael Satt</i>	
Fire Protection			

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

	PROPERTY ID #
Filing fee	\$ <u>105.00</u>
Permit fee	\$ _____
Excise tax	\$ _____
Add'l per fee	\$ _____
TOTAL FEES	\$ _____
Sub-total paid	\$ _____
Balance due	\$ _____
Check #	<u>10000/10001</u>
Validation #	_____

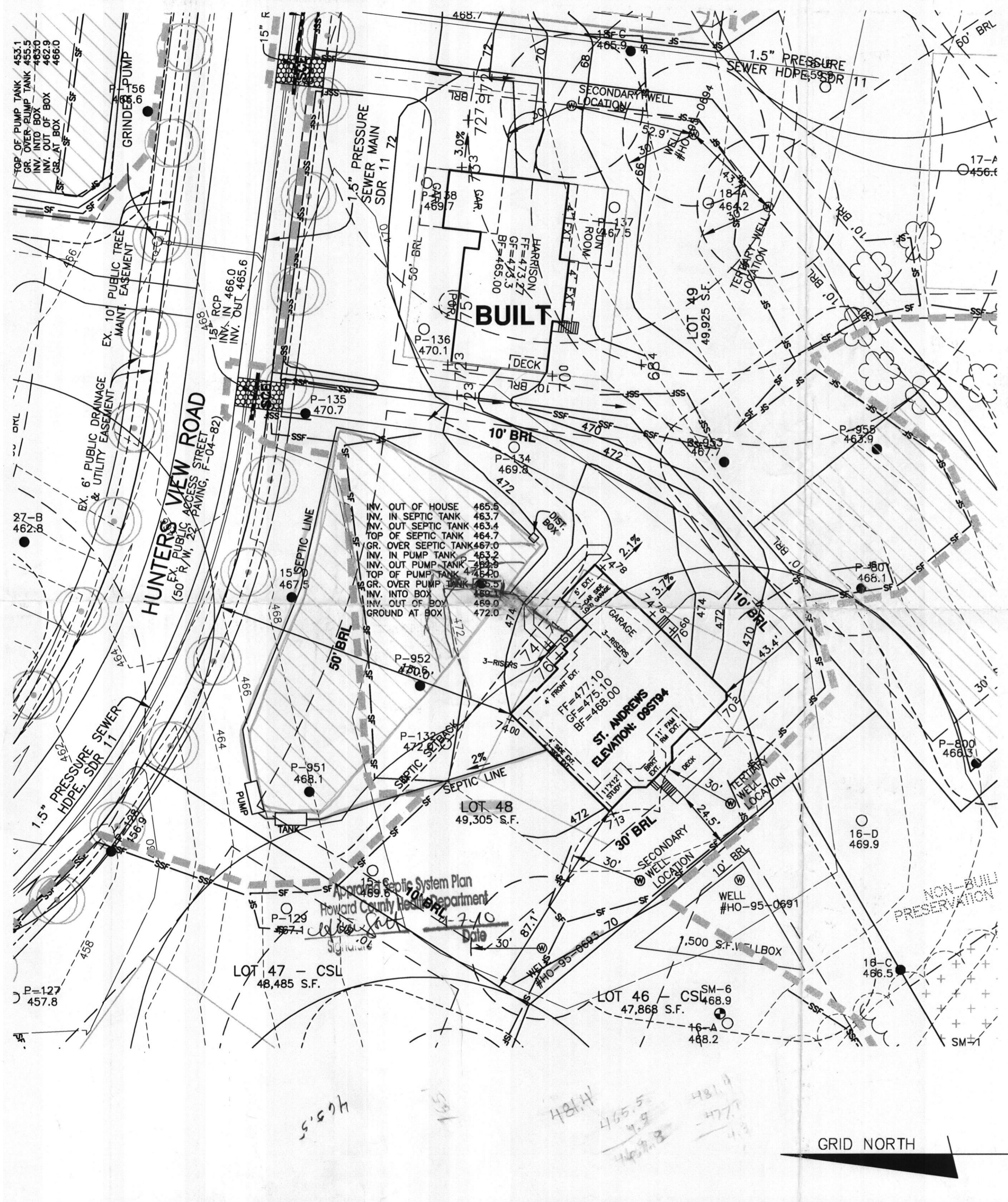
Is Sediment Control approval required prior to issuance?  
YES  NO

Is Entrance Permit Required?  
YES  NO

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

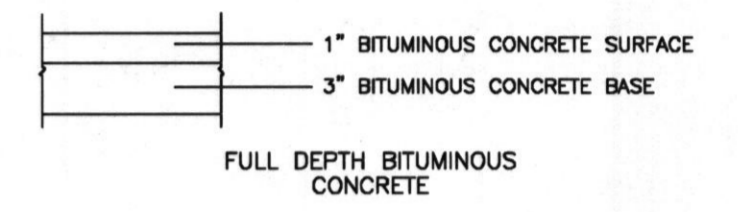
Historic District?  
YES  NO   
Lot Coverage for New Town Zone \_\_\_\_\_  
SDP/Red-line approval date \_\_\_\_\_

Accepted by \_\_\_\_\_



**NOTES:**

1. THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR RIVERWOOD, PLAT No. 19722. 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-95-0693, 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 POND #4 OF F-04-082, A WET ED POND.



**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
- PROPOSED REVISED SEPTIC RESERVE AREA

**PAVING SECTION**  
NOT TO SCALE

**BENCHMARK**  
ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS  
**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418  
ELLCOTT CITY, MARYLAND 21042  
PHONE: 410-465-6105 ▲ FAX: 410-465-6644  
EMAIL: [benchmrk@ccis.com](mailto:benchmrk@ccis.com)

<b>OWNER/BUILDER:</b> CAMBERLEY HOMES, INC. 6905 ROCKLEDGE DRIVE SUITE 800 BETHESDA, MD 20817 PHONE: 301-803-4800 FAX: 301-803-4929	<b>PROJECT:</b> <b>RIVERWOOD</b> <b>LOT 48</b>
<b>LOCATION:</b> 11045 HUNTERS VIEW ROAD ELLCOTT CITY, MD 21042 TAX MAP No. 29 - BLOCK Nos. 3, 4, 9 & 10 - PARCEL No. 20 3rd ELECTION DISTRICT, HOWARD COUNTY, MARYLAND	
<b>TITLE:</b> BUILDING PERMIT PLAN	
<b>HOUSE TYPE:</b> ST. ANDREWS	
<b>DATE:</b> JUNE, 2010	<b>PROJECT NO.</b> 1950
<b>DESIGN:</b> JMC	<b>DRAFT:</b> JMC
<b>SCALE:</b> 1" = 30'	<b>DRAWING</b> 1 <b>OF</b> 1

