

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

B08001633

Building Address 2210 McKeandree View Property Owner's Name Edgar Pugh
 Suite/Apt. #: _____ SDP/WP/Petition #: #19520 Address 2210 McKeandree View
 Census Tract 604002 Subdivision McKeandree View City Ellicott City State MD Zip Code 21794
 Section _____ Area _____ Lot 8 Phone _____ Phone _____
 Tax Map 14 Parcel 54/249 Grid 12/8 Applicant's Name & Mailing Address, (if other than stated hereon):
 Zoning RC Map Coordinates _____ Lot size 49,634 Phone Rusty Dennis Fax _____
410-994-2214 410-541-4141

Existing Use Vacant Lot Contractor Company Miller Homes
 Proposed Use SPU Contact Person Rusty Dennis
 Estimated Construction Cost \$ 450,000 Address 1520 McKeandree View
 Description of Work Build 3 BR, 2.5 BA Single Family Home City Ellicott City State MD Zip Code 21794
 License No. 22 Phone _____ Fax _____
410-541-4944

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 _____

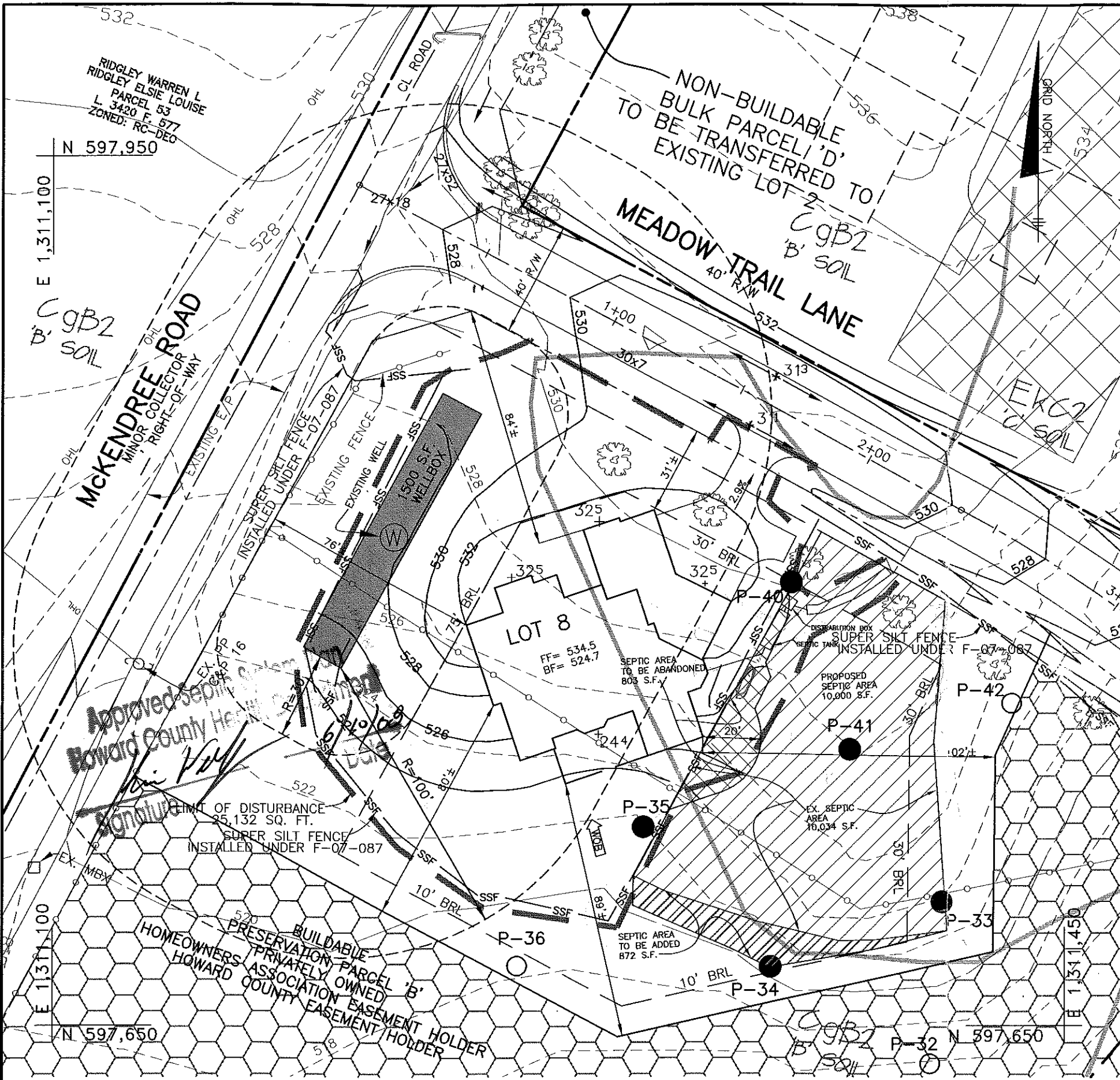
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<p>Building Characteristics</p> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<p>Utilities</p> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<p>Building Characteristics</p> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Height: <u>27</u> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<p>Utilities</p> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> 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 _____ Print Name Rusty Dennis
 Title/Company _____ Date 5/2/08

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: <u>30</u>	Filing fee \$ <u>150</u>
State Highways			Rear: <u>30</u>	Permit fee \$ _____
Building Official			Side: <u>10</u>	Excise tax \$ _____
Dev. Engineering DPZ			Side St.: <u>75</u>	Add'l per. fee \$ _____
Health	<u>6/10/08</u>	<u>Rusty Dennis</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 _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	

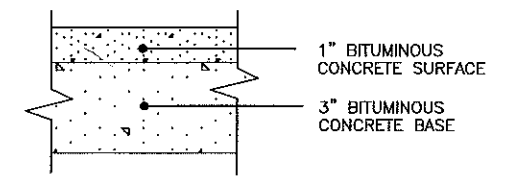
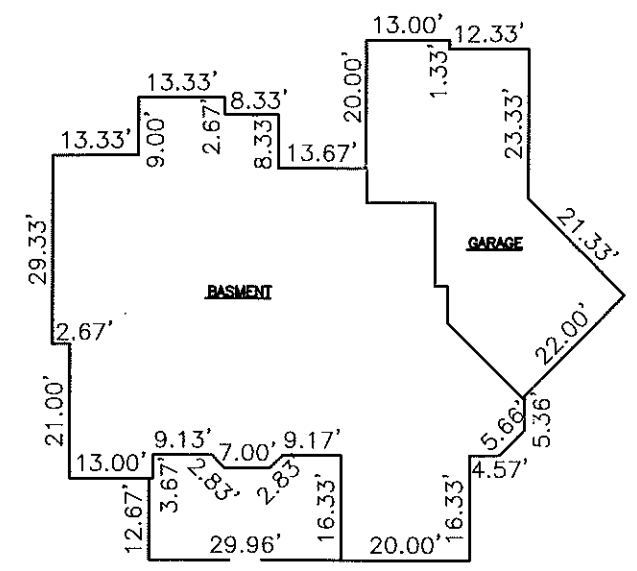


LEGEND

- EXISTING CONTOURS
- EXISTING TREELINE
- EXISTING STREAM
- SOILS DELINEATION
- SOILS TYPE
- PASSED PERC HOLE
- FAILED PERC HOLE

NOTES:

1. THE LOT SHOWN HEREON WAS RECORDED ON 11-05-07 AS PLAT NUMBER 19519. 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-07-087 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-07-87.
7. THE EXISTING WELL (TAG NO. HO-95-1136) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. ON 8-07 AND IS ACCURATELY SHOWN.
8. DRIVEWAY CULVERT COMPUTATIONS ARE BEING PROVIDED WITH THIS BUILDING PERMIT PLOT PLAN. THE CULVERT SHALL BE 15" CMP OR ELLIPTICAL EQUIVALENT.



FULL DEPTH BIT. CONC. ALTERNATIVE
P-1 PAVING DETAIL
NOT TO SCALE

PUGH RESIDENCE

SCALE: 1"=30'

SEPTIC INFORMATION

INV. AT HOUSE	526.0
GRADE AT INV. AT HOUSE	529.5
INV. IN TANK	525.8
INV. OUT TANK	525.5
GROUND OVER TANK	529.0
INV. IN DIST. BOX	525.4
INV. OUT DIST. BOX	525.3
GROUND AT DIST. BOX	529.3

* EJECTOR PUMP
REQUIRED FOR
BASEMENT SERVICE

BENCHMARK

ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS

ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418
ELLCOTT CITY, MARYLAND 21043
PHONE: 410-465-6105 FAX: 410-465-6644
www.bei-civilengineering.com

**McKENDREE VIEW LOT 8
PERMIT PLAN /**

2210 MEADOW TRAIL LANE

TAX MAP: 14 GRID: 12 PARCEL: 54
TAX MAP: 14 GRID: 6 PARCEL: P/O 219
ELECTION DISTRICT NO. 4
HOWARD COUNTY, MARYLAND

BUILDER: C. EDGAR PUGH, JR.
2289 McKENDREE ROAD
WEST FRIENDSHIP, MARYLAND 21794
410-442-2189

HOUSE TYPE:	-	
DATE:	APRIL, 2008 REV. 5-22-08	PROJECT NO. 1777
SCALE:	1" = 40'	DRAWING 1 OF 1