

Building Address 12024 Open Run Road
Ellicott City MD 21042

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision liveoak Phase 2

Section plat 19723 Area _____ Lot 14

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot Size _____

Existing Use Grass

Proposed Use Deck w/ Steps

Estimated Construction Cost \$ 15,000

Description of Work
20x20 Deck w/ Landing +
Dual Steps

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name Shanmulla Chakravar

Address 12024 Open Run Road

City Ellicott City State MD Zip Code 210

Home Phone 303-819-7301 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated her

Below ↓

Phone _____ Fax _____

Contractor Company North Ridge Builders

Contact Person Rick Baker

Address 1957 Andover Ct.

City Maecottsville State MD Zip Code 2110

License No. 89352

Phone 410-707-6762 Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ _____ Public <input checked="" type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: _____ _____ Public <input checked="" type="checkbox"/> Private
1 st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2 nd floor: _____	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 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: N/A <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other:
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	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMANT IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO EN THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Rick Baker
 Applicant's Signature

Rick@NorthRidgeBuilders.net
 Email Address

President / North Ridge Builders
 Title/Company

Arthur Baker
 Print Name

7/20/10
 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	<u>7-21-10</u>	<u>DBernard</u>
Fire Protection		

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met?
 YES NO

PROPERTY

Filing fee \$ _____

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

Historic District? _____

Balance due \$ _____

Check # _____

Validation # _____

LOT 65
RIVERWOOD PHASE 2
PLAT # 19723

(Scale 1-50)

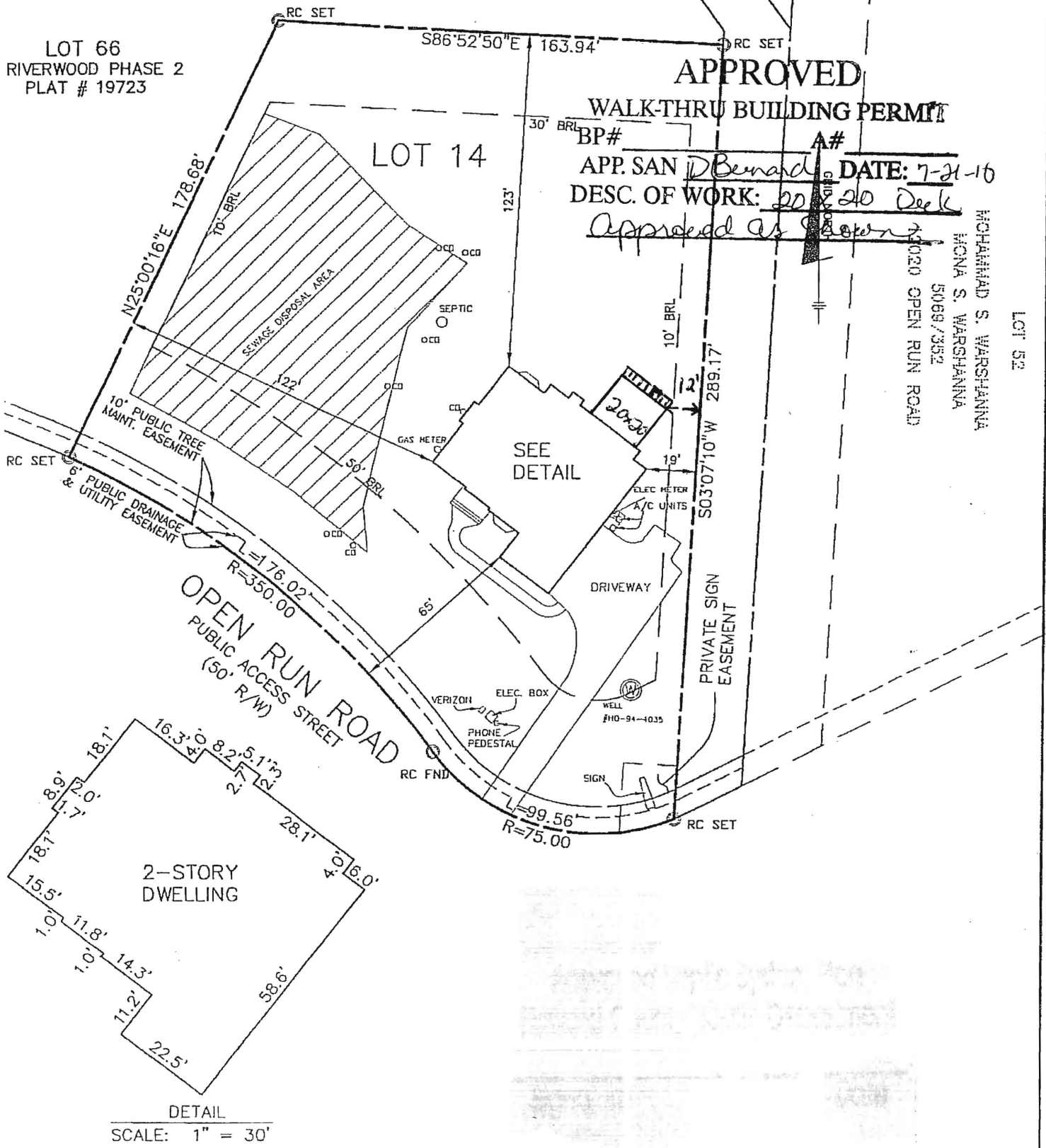
LOT 66
RIVERWOOD PHASE 2
PLAT # 19723

APPROVED
WALK-THRU BUILDING PERMIT

BP# _____ A# _____
APP. SAN D. Bernard DATE: 7-21-16
DESC. OF WORK: 20' x 20' Deck
Approved as Shown

MOHAMMAD S. WARSHANNA
MONA S. WARSHANNA
5069/352
10020 OPEN RUN ROAD

LOT 52



Notes:

- 1.) RC SET=Rebar with yellow cap stamped "Prop. Cor.-BEI-351"
- 2.) Distances are plat distances, Grid North is the Maryland State plane projection of the North American Datum of 1983 as of

SURVEYOR'S CERTIFICATE OF MARYLAND
THIS DRAWING WAS MADE UNDER MY SUPERVISION

DEPT. 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**

**B09001312
PERMIT NUMBER**

Building Address 12024 Open Road
Ellicott City, MD 21043

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 603000 Subdivision Riverwood

Section _____ Area _____ Lot 14

Tax Map 29 Parcel 20 Grid 4

Zoning RCDEU Map Coordinates _____ Lot Size 49869 sq

Property Owner's Name W. Chester Moore
Address 6905 Rockledge Dr. # 200
City Bethesda State MD Zip Code 20817
Home Phone _____ Work Phone 301-703-4306
Applicant's Name & Mailing Address, (if other than stated herein):
Carol U. Moore

Phone 410 279-1624 Fax _____

Existing Use Warehouse
Proposed Use SFO
Estimated Construction Cost \$.350,000

Contractor Company W. Chester Moore
Contact Person Andrew Campbell
Address _____
City _____ State _____ Zip Code _____
License No. 57
Phone _____ Fax _____

Description of Work RAJONAL II w/3 car side
load garage, 2 story rear expansion 2 story
front 2 story 10K SFO 1st 4BR FP

Engineer or Architect Company Benchmark Eng.
Contact Person John Carney
Address 4480 Beltsville Avenue, Pk 4
City Ellicott City, MD State MD Zip Code 21043
Phone 410 465-6105 Fax 410 465-6644

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: <u>62x66</u> 2 nd floor: <u>52x66</u> Basement: <u>52x66</u>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" 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 checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: <u>Asph/Flt</u>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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 Carol U. Moore

Title/Company _____

Print Name Carol U. Moore

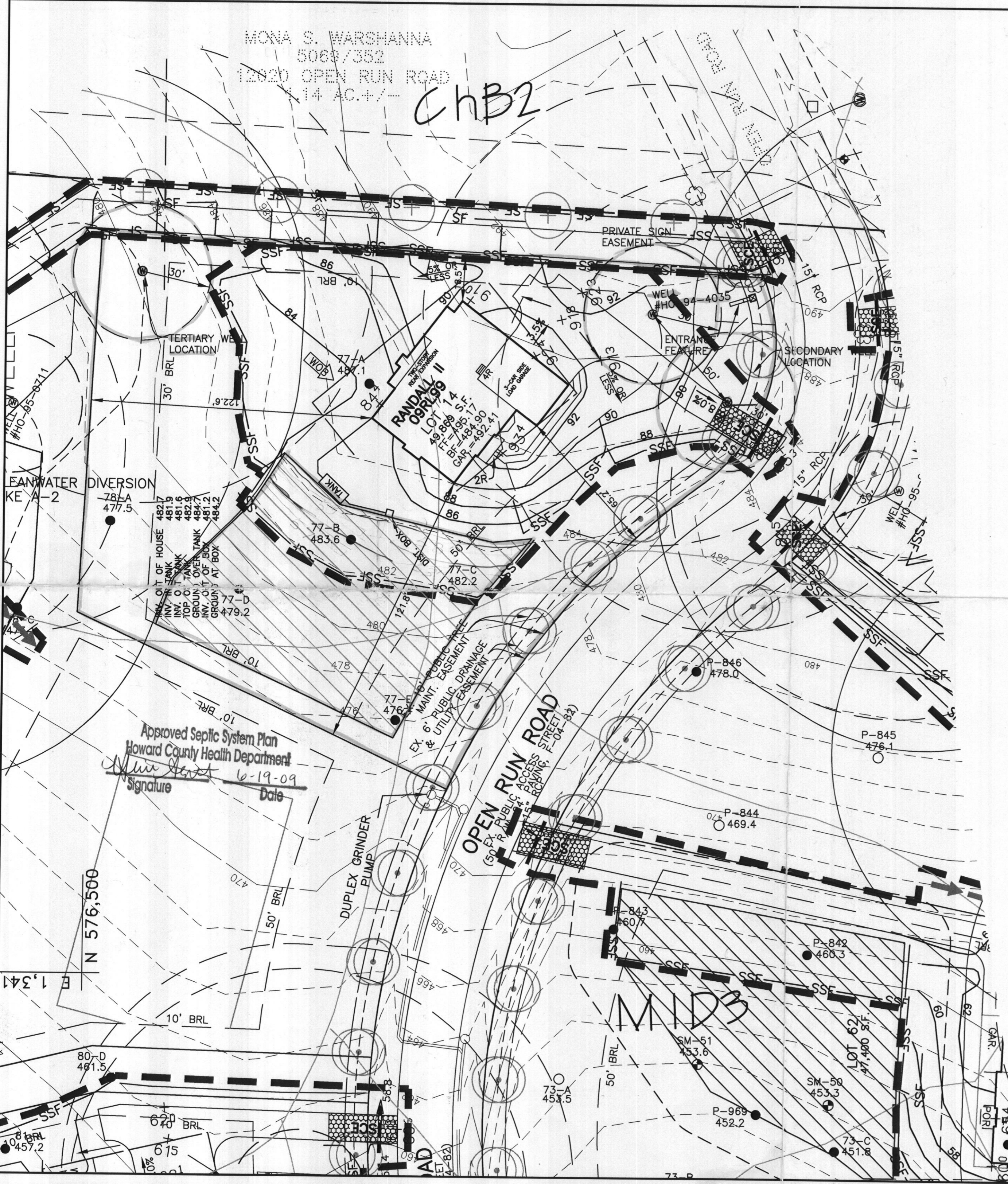
Date 6-5-09

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Officials			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____
Health <u>6-19-09</u> <u>William D. ...</u>			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
				Accepted by _____

Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
T: Operations/Updated forms

MONA S. WARSHANNA
5067/352
12020 OPEN RUN ROAD
14 AC. +/-
ChB2



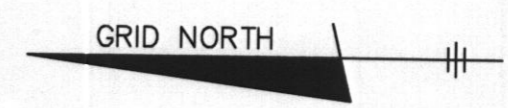
- NOTES:**
1. THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR RIVERWOOD, PHASE 1, PLAT No. 18037. REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS AND ALL EASEMENTS.
 2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWER 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.
 5. EXACT LENGTH OF SEPTIC TRENCHES ARE 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-94-4035, HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.

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

	1" BITUMINOUS CONCRETE SURFACE 7001A
	3" BITUMINOUS CONCRETE BASE 402.8
	FULL DEPTH BITUMINOUS CONCRETE

PAVING SECTION
NOT TO SCALE



Approved Septic System Plan
Howard County Health Department
Signature
6-19-09
Date

NO.	DATE	REVISION

BENCHMARK
ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418
ELLICOTT CITY, MARYLAND 21043
PHONE: 410-465-6105 ▲ FAX: 410-465-6644
EMAIL: benchmark@ccis.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 14	
LOCATION: 12024 OPEN RUN 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: PERMIT PLAN			
HOUSE TYPE: RANDALL II - 09RL99		DATE: JUNE 3, 2009	
DESIGN: JMC		PROJECT NO. 1950	
DRAFT: JMC		SCALE: 1" = 30'	
		DRAWING 1 OF 1	