

G 02009390  
**HOWARD COUNTY**  
**PERMIT APPLICATION**

B10003714  
**PERMIT NUMBER**

Building Address 12043 Old Mill Rd RA  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision Rosewood  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 61  
 Tax Map 29 Parcel 20 Grid 4  
 Zoning R200 Map Coordinates \_\_\_\_\_ Lot Size 51,793 AC

Property Owner's Name Carol V. ...  
 Address 690 ...  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated herein):  
Carol V. ...  
 Phone 410 279-1624 Fax \_\_\_\_\_

Existing Use Vacant  
 Proposed Use SFD  
 Estimated Construction Cost \$ 350,000  
 Description of Work Asphalt 1/2 story finished  
front SFA, 1HA FP 3 car attached garage  
SBR porch

Contractor Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

Engineer or Architect Company Perkins Eastman  
 Contact Person John ...  
 Address 1185 ...  
 City Ellicott City State MD Zip Code 21043  
 Phone 410 465-6105 Fax 410 465-6640

**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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <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	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 # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1 <sup>st</sup> floor: <u>57</u> <u>74</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2 <sup>nd</sup> floor: <u>57</u> <u>72</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>57</u> <u>74</u>	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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms <u>3</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: _____	
<input type="checkbox"/> State Certified Modular <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 \_\_\_\_\_  
 Title/Company \_\_\_\_\_

Print Name Carol V. ...  
 Date 11-30-10

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>12-7-10</u>	<u>[Signature]</u>	
Fire Protection			

Is Sediment Control approval required prior to issuance?  
 YES  NO

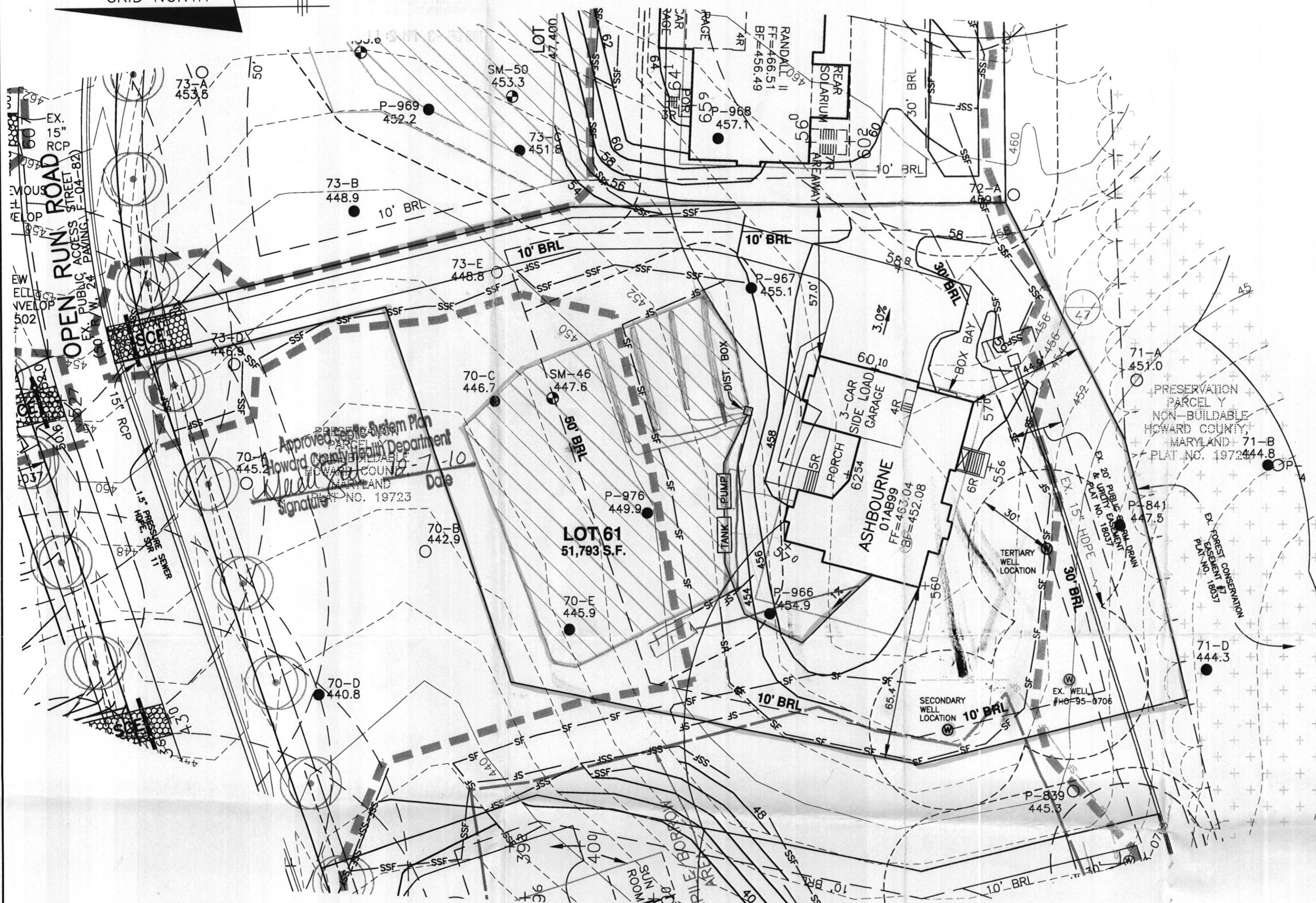
CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

DPZ SETBACK INFORMATION	Filing fee	PROPERTY ID #
Front: _____	\$ <u>150.00</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 New Town Zone _____	Check # <u>15760</u>	
SDP/Red-line approval date _____	Validation # <u>12767</u>	
	Accepted by <u>[Signature]</u>	

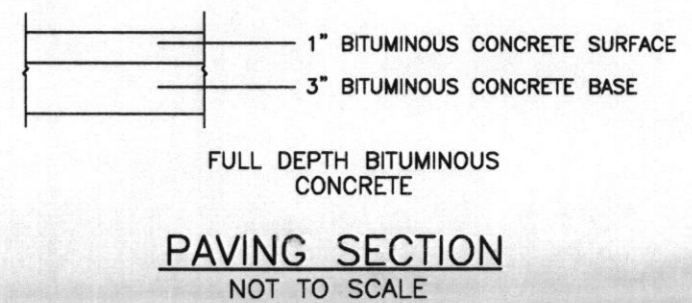
GRID NORTH

**NOTES:**

- 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.
- THE EXISTING WELL (HO-95-0706) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.
- THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT.
- ANY CHANGES TO THE PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
- THERE ARE NO EXISTING WELLS OR SEPTIC SYSTEMS WITHIN 100' OF THE PROPERTY'S BOUNDARIES EXCEPT THAT WHICH IS SHOWN.
- EXACT LENGTH OF SEPTIC TRENCHES IS TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF TRENCH LAYOUT AND INSPECTION. SPOIL FROM THE TRENCHING OF THE OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION.
- TOPOGRAPHY SHOWN IS BASED ON THE APPROVED F-04-082 AND F-06-134 ROAD CONSTRUCTION PLANS AND HAS BEEN FIELD VERIFIED BY J.A. RICE, INC. ON OR ABOUT SEPTEMBER, 2002.
- STORMWATER MANAGEMENT FOR THIS LOT IS PROVIDED IN ACCORDANCE WITH THE REPORT DATED NOVEMBER, 2009.
- SEDIMENT AND EROSION CONTROL MEASURES WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER GP-05-031 AND MODIFIED FOR THIS SPECIFIC HOUSE AND SHALL COMPLY WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOILS EROSION AND SEDIMENT CONTROL.
- THE LOT SHOWN HEREON WAS RECORDED AS PLAT NO. 19723. REFER TO THIS PLAT FOR LOT DIMENSIONS, AREAS AND EASEMENTS.
- SEPTIC TANK FOR THIS LOT SHALL BE 2,000 GALLONS.



Approved Septic System Plan  
 Howard County Health Department  
 Date: 12-7-10  
 Signature: [Signature]  
 PLAT NO. 19723



INV. OUT OF HOUSE	449.9
INV. IN TANK	449.0
INV. OUT SEPTIC TANK	448.7
TOP OF SEPTIC TANK	450.0
GROUND OVER SEPTIC TANK	453.0
INV. IN PUMP TANK	448.5
INV. OUT PUMP TANK	448.3
TOP OF PUMP TANK	449.5
GROUND OVER PUMP TANK	452.5
INV. INTO BOX	451.1
INV. OUT OF BOX	451.0
GROUND AT BOX	454.0

**PLAN VIEW**  
 SCALE: 1" = 30'

**LEGEND**

- EXISTING CONTOURS ESTABLISHED UNDER F-04-082
- FIELD SURVEYED WELL LOCATION
- PASSED PERCOLATION TEST PER TEST NOTES
- EXISTING APPROVED SEPTIC RESERVE AREA
- LIMIT OF DISTURBANCE
- STABILIZED CONSTRUCTION ENTRANCE

<p><b>BENCHMARK</b>                  ENGINEERS &amp; LAND SURVEYORS &amp; PLANNERS  <b>ENGINEERING, INC.</b>                  8480 BALTIMORE NATIONAL PIKE &amp; SUITE 418 &amp; ELLICOTT CITY, MARYLAND 21043                  (P) 410-465-6105 (F) 410-465-6644                  80 THOMAS JOHNSON DRIVE &amp; FREDERICK, MARYLAND 21702                  (P) 301-371-3505 (F) 301-371-3506                  WWW.BE-CIVILENGINEERING.COM</p>	
<p>OWNER:                   CAMBERLEY HOMES, INC.                  6905 ROCKLEDGE DRIVE, SUITE 800                  BETHESDA, MARYLAND 20817                  301-803-4800</p>	<p><b>RIVERWOOD</b>                  LOT 61                  12043 OPEN RUN ROAD</p> <p>TAX MAP: 29    GRID: 3,4,9,10    PARCEL: 20                  ZONED: RC-DEO                  ELECTION DISTRICT NO. 3                  HOWARD COUNTY, MARYLAND</p> <p><b>BUILDING PERMIT PLAN</b></p> <p>HOUSE TYPE: <b>ASHBOURNE (01AB99)</b></p> <p>DATE: OCTOBER 28, 2010    BEI PROJECT NO. 1950</p> <p>DESIGN: JMC/DBT    DRAFT: JMC/DBT    SCALE: AS SHOWN    SHEET 1 OF 1</p>