

Walk-Thru

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> B10001241
<b>Building Address</b> 12044 Open Run Rd, Ellicott City Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>Riverwood</u> Section _____ Area _____ Lot <u>15</u> Tax Map <u>29</u> Parcel <u>20</u> Grid <u>4</u> Zoning _____ Map Coordinates _____ Lot Size <u>41,022</u>		<b>Property Owner's Name</b> <u>Winchester Homes</u> <b>Address</b> <u>10905 Rockledge Dr, Ste 800</u> City <u>Bethesda</u> State <u>MD</u> Zip Code <u>20807</u> Home Phone _____ Work Phone _____ <b>Applicant's Name &amp; Mailing Address, (if other than stated herein):</b> <u>J+A Contractors, Inc</u> <u>Jessica Rice</u> <u>4517 Sandy Spring Rd</u> <u>Burtonsville, MD 20806</u> Phone <u>301-924-2111</u> Fax <u>301-549-4266</u>	
<b>Existing Use</b> <u>SFH</u> <b>Proposed Use</b> <u>open deck</u> <b>Estimated Construction Cost \$</b> <u>2,000</u> <b>Description of Work</b> <u>Construct open 33' x 16' w/</u> <u>landing + steps to grade</u> <b>Occupant or Tenant</b> _____ <b>Contact Name</b> _____ <b>Address</b> _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		<b>Contractor Company</b> <u>J+A CONTRACTORS, INC</u> <b>Contact Person</b> <u>Jessica Rice</u> <b>Address</b> <u>4517 Sandy Spring Rd</u> City <u>Burtonsville</u> State <u>MD</u> Zip Code <u>20806</u> License No. <u>17409</u> Phone <u>301-924-2111</u> Fax <u>301-549-4266</u> <b>Engineer or Architect Company</b> _____ <b>Contact Person</b> _____ <b>Address</b> _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	

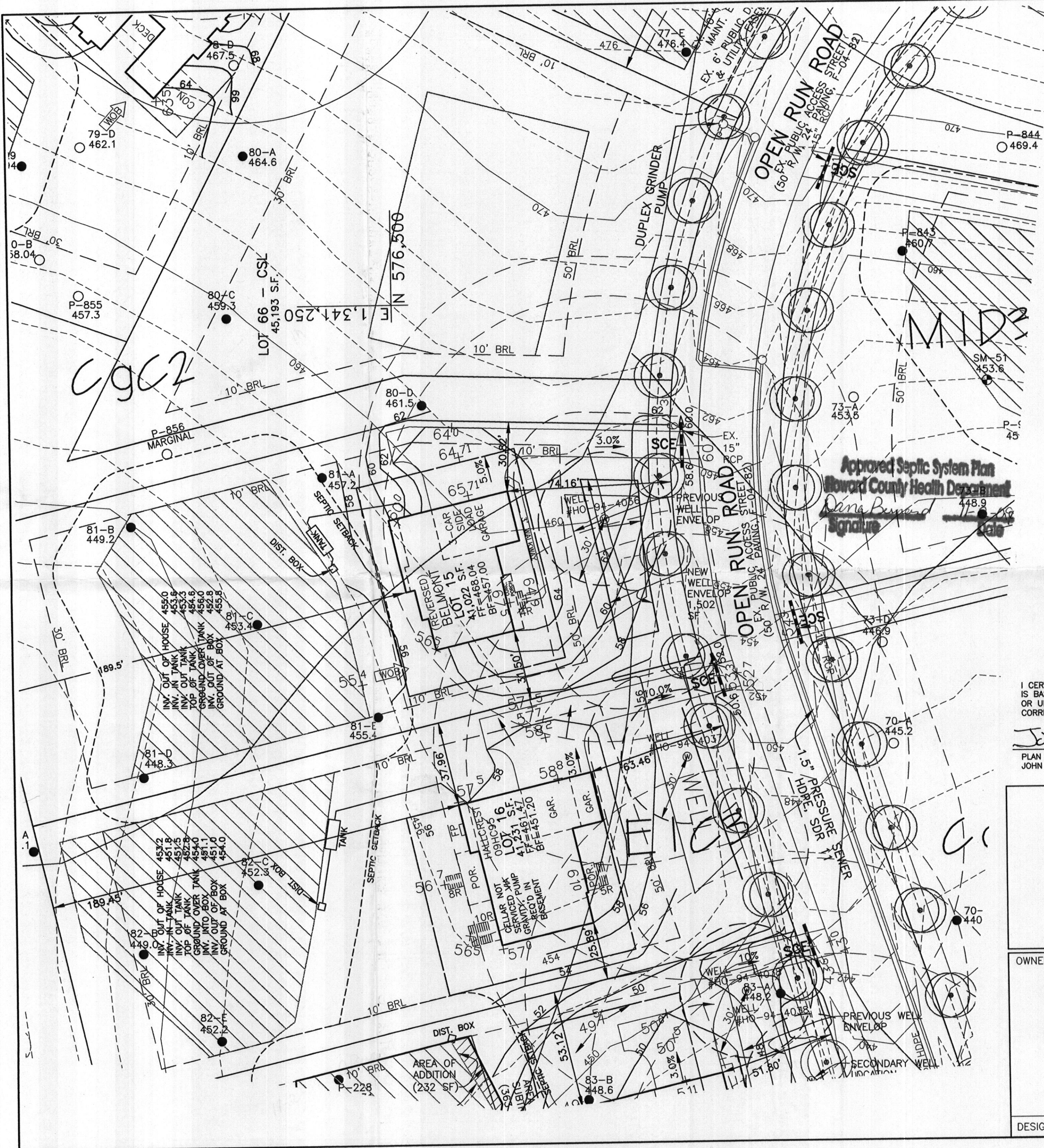
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> 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	<b>Building Characteristics</b> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" 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 checked="" 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 checked="" 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: Jessica Rice Print Name: Jessica Rice  
 Email Address: JessicaR@sundecksbytanda.com  
 Authorized Agent: \_\_\_\_\_ Date: May 12, 2010  
 Title/Company: \_\_\_\_\_

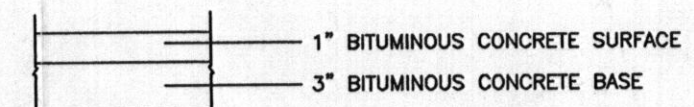
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\*PLEASE WRITE NEATLY AND LEGIBLY.\*\*  
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	Filing fee	PROPERTY ID #
Land Development, DPZ			Front: _____	\$ _____	
State Highways			Rear: _____	\$ _____	
Building Officials			Side: _____	Excise tax \$ _____	
Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____	
Health <u>5-12-10 D Bernard</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 # _____	
			Historic Distrid?	Validation # _____	
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
			Lot Coverage for New Town Zone _____		
			SDP/Red-line approval date _____	Accepted by _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>					
Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA					



**NOTES:**

1. THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR RIVERWOOD, 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 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.
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-94-4036, 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. THE PURPOSE FOR THIS PERCOLATION CERTIFICATION PLAN IS TO REVISE THE WELL ENVELOPE IN ORDER TO ALLOW THE THREE CAR GARAGE OPTION.
13. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
14. STORMWATER MANAGEMENT FOR THIS LOT IS PROVIDED IN FACILITY #6, WET-ED POND, AS SHOWN ON THE FINAL ROAD CONSTRUCTION PLANS, F-04-82.



FULL DEPTH BITUMINOUS CONCRETE  
**PAVING SECTION**  
 NOT TO SCALE

**LEGEND**

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

**Approved Septic System Plan**  
 Howard County Health Department  
*Dana B. ...*  
 Signature

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.

*John M. Carney* 10/26/09  
 PLAN PREPARER  
 JOHN M. CARNEY FOR BENCHMARK ENGINEERING, INC.

APPROVED:  
 FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS  
 HOWARD COUNTY HEALTH DEPARTMENT

*Michael J. ...* 10/23/09  
 COUNTY HEALTH OFFICER

**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](mailto: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 15**

LOCATION: 12044 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:  
**REVISED PERCOLATION  
 CERTIFICATION PLAN**

HOUSE TYPE:  
**BELMONT**

DATE: OCTOBER 26, 2009 PROJECT NO. 1950

DESIGN: JMC DRAFT: JMC SCALE: 1" = 30' DRAWING 1 OF 1

**HOWARD COUNTY  
PERMIT APPLICATION**

C-0000 7340

**B09002505  
PERMIT NUMBER**

Building Address 12044 Open Run Road  
Ellicott City, MD 21042  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 603000 Subdivision Riverwood  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 15  
Tax Map 29 Parcel 20 Grid 4  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot Size \_\_\_\_\_

Property Owner's Name Winchester Homes  
Address 6905 Rockledge Dr #400  
City Bethesda State MD Zip Code 20817  
Home Phone \_\_\_\_\_ Work Phone 301 803-4903  
Applicant's Name & Mailing Address, (if other than stated herein):  
Carol Viers  
410  
Phone 410 279-1624 Fax \_\_\_\_\_

Existing Use Vacant  
Proposed Use SFD  
Estimated Construction Cost \$ 350,000  
Description of Work Belmont w/3 car garage  
2.5 car garage with 4th floor, 1484 sq ft  
FP 2.5 car garage

Contractor Company Winchester Homes  
Contact Person Andrew Campbell  
Address 6905 Rockledge Dr  
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 Benchmark Eng  
Contact Person John Carey  
Address 8480 Ball Lake National Pk  
City Ellicott City State MD Zip Code 21043  
410  
Phone 410 665-6105 Fax 410 665-6644

**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 <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: _____ Basement: _____	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 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: _____ Roof: _____  <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: _____

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Applicant's Signature Carol Viers  
Title/Company \_\_\_\_\_

Print Name Carol Viers  
Date 10-20-09

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>10-2-09</u>	<u>D Bernard</u>	
Fire Protection			

Is Sediment Control approval required prior to issuance?  
YES  NO

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID #
Front: _____	Filing fee \$ <u>100</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per fee \$ <u>20</u>
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>2009/10</u>
SDP/Red-line approval date _____	Validation # _____
	Accepted by _____

EASEMENT  
RETENTION

82-A  
446.1

450

30' BRL

189.5

81-B  
449.2

81-D  
448.3

IT OF HOUSE	453.2
TANK	451.8
IT TANK	451.5
TANK	452.8
OVER TANK	454.0
TO BOX	451.1
IT OF BOX	451.0
AT BOX	454.0

INV. OUT OF HOUSE	455.0
INV. IN TANK	453.6
INV. OUT TANK	453.3
TOP OF TANK	454.6
GROUND OVER TANK	456.0
INV. OUT OF BOX	452.8
GROUND AT BOX	455.8

P-858  
MARGINAL

10' BRL

81-C  
453.4  
DIST. BOX

TANK

SEPTIC SETBACK

81-E  
455.4

55.4

TANK

SEPTIC SETBACK

81-A  
457.2

58

DECK

60

62

80-D  
461.5

56  
56  
POR.

HALLCREST  
09HC95  
LOT 16  
41,231 S.F.  
FF=461.47  
BFF=451.20

AR NOT  
ICED VIA  
DY, PUMP  
EQ'D IN  
ASEMENT

(REVERSED)  
BELMONT  
LOT 15  
41,022 S.F.  
FF=468.04  
BF=457.00

3-CAR  
SIDE  
LOAD  
GARAGE

65.71

64.71

64.0

5.0%

30.82'

**APPROVED**  
WALK-THRU BUILDING PERMIT

BP# *139* A# *33*  
APP SAN *DATE: 5-13-80*  
DESC. GARWORK *33' x 40' Deck*

*Approved as shown*

50.9

POR.

50' BRL

30'

50'

50'

50'

50'

50'

*Scale 1" = 30'*

OPEN RUN ROAD  
EX. PUBLIC ACCESS STREET  
W. 24 PAVING (F-04-82)

SC

15"

EX.

RCP

15"

EX.

15"