

**HOWARD COUNTY
 PERMIT APPLICATION**

**B09002810
 PERMIT NUMBER**

Building Address Lot 66 Farming Ln
Highland Md 20777
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot 6
 Tax Map 45 Parcel 63 Grid 5
 Zoning _____ Map Coordinates 18C5 Lot Size _____

Property Owner's Name Winchester Homes Inc
 Address 6405 Rockledge Dr Sta 800
 City Bethesda State MD Zip Code 20817
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Existing Use SFD
 Proposed Use SFD with tank
 Estimated Construction Cost \$ 1000

Contractor Company Michel Wekking's Mechanical
 Contact Person Robert J Michel Sr
 Address 2518 Green Rd
 City Baltimore State MD Zip Code 21013
 License No. 73061
 Phone 410 692 5414 Fax 443 927 9357

Description of Work Install (1) 1000 UG propane tank and run 1/2" line to home as per NEMA 54.58

Occupant or Tenant Owner
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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 # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____	Water Supply: _____ <input type="checkbox"/> Public <input 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 _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
_____ State Certified Modular _____ Manufactured Home	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #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 Michel Wekking's Mechanical Repair
 Title/Company _____

Print Name Robert J Michel Sr
 Date 10/8/09

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>10-15-09</u>	<u>Debra Ann</u>	
Fire Protection			

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____

All minimum setbacks met?
 YES NO

Is Entrance Permit Required?
 YES NO

Historic District?
 YES NO

Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____

PROPERTY ID #

Filing fee \$ _____
 Permit fee \$ _____
 Excise tax \$ _____
 Add'l per fee \$ _____
 TOTAL FEES \$ _____
 Sub-total paid \$ _____

Balance due \$ _____
 Check # _____
 Validation # _____

Accepted by _____

SYMBOL	NAME / DESCRIPTION	SOIL GROUP
GIB2	Glenn loam, 3 to 8 percent slopes, moderately eroded	B
MIC2	Minor loam, 8 to 15 percent slopes, moderately eroded	B
MIC3	Minor loam, 8 to 15 percent slopes, severely eroded	B
MID3	Minor loam, 15 to 25 percent slopes, severely eroded	B

SOILS LEGEND

APPROVED

WALKTHRU BUILDING PERMIT

BP# _____ APP SAN 148 DATE: 10-15-04

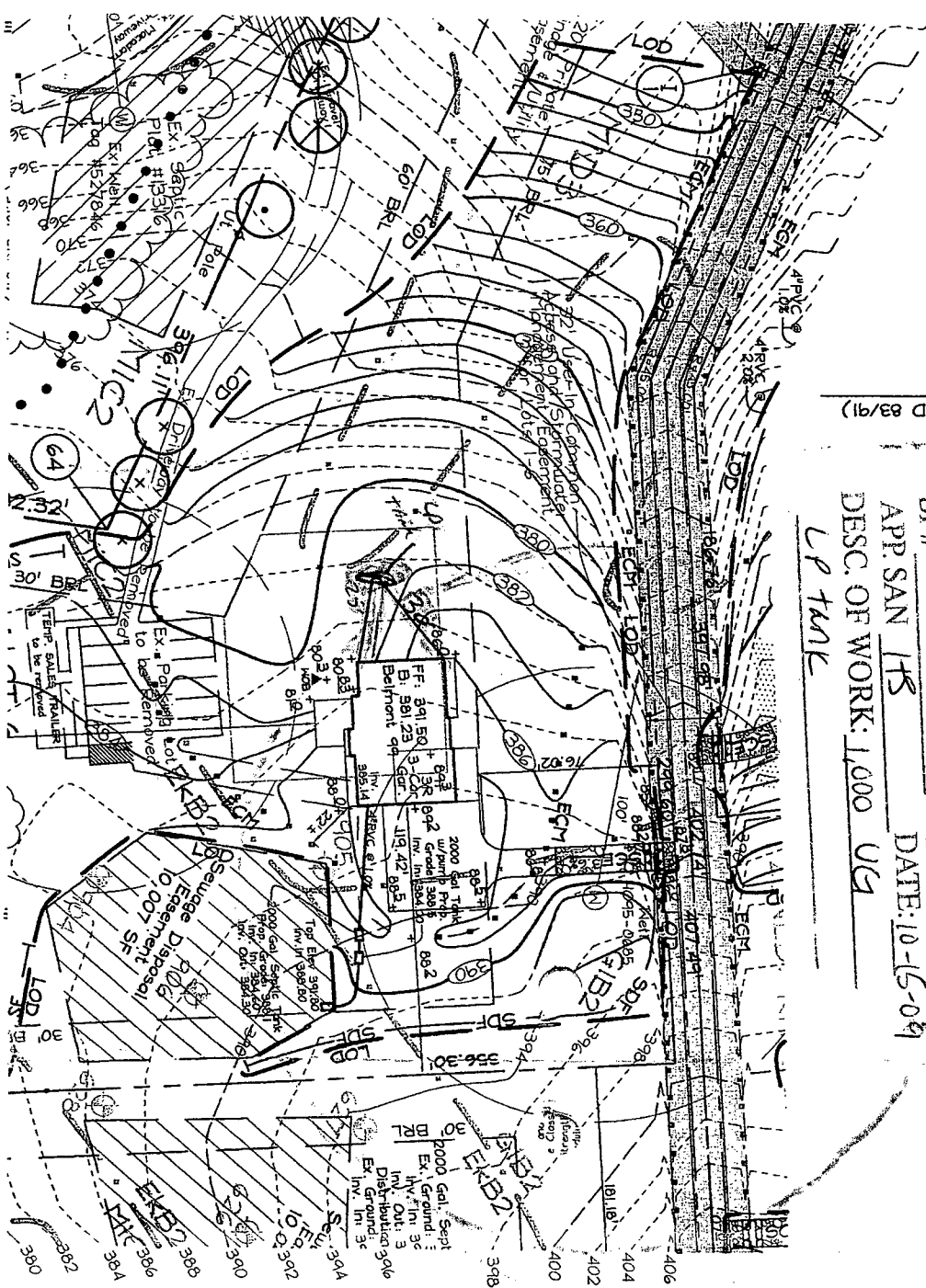
DESC. OF WORK: 1000 UG

LP TANK

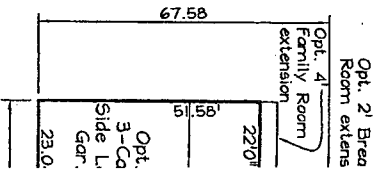
Maryland State Grid (NAD 83/91)

N 540,180

E 1,324,920



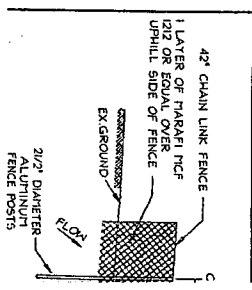
SCHEMATIC



BE

HOU:
NOT
BY C

DETAIL - SUPER



Lot # 6
1" = 50'

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

**HOWARD COUNTY
 PERMIT APPLICATION**

**B01002060
 PERMIT NUMBER**

Building Address 12606 Farming Drive
Highland, MD 20777
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision Wister Hill
 Section _____ Area _____ Lot 6
 Tax Map 45 Parcel 63 Grid 5 Plat
19778
 Zoning _____ Map Coordinates _____ Lot Size 3.877 AC

Property Owner's Name Whispering Hoop
 Address 6905 Rock Hill Dr #400
 City Beltsville State MD Zip Code 20817
 Home Phone _____ Work Phone 301-903-4809
 Applicant's Name & Mailing Address, (if other than stated herein):
Carol Viers
 Phone 410-279-1624 Fax _____ EMAIL ADDRESS Carolspermits@broadstripe.net

Existing Use Vacant
 Proposed Use SFO
 Estimated Construction Cost \$ 225,000

Contractor Company Whispering Hoop
 Contact Person Andrew Campbell
 Address Same as above
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Description of Work Buliment w/ 2 car garage
Rear Solarium 2 story full basement 12R
SFB 1MB CP 40R

Engineer or Architect Company FSH Associates
 Contact Person Charles Hepton
 Address 6339 Howard Lane
 City Ellicott City State MD Zip Code 21075
 Phone 410-567-5200 Fax 410-796-1562

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"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Depth _____ Width _____ 1 st floor: <u>35</u> <u>62</u> 2 nd floor: <u>39</u> <u>62</u> Basement: <u>57</u> <u>62</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u>4</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D <input type="checkbox"/> NFA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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Applicant's Signature Carol Viers
 Title/Company _____

Print Name Carol Viers
 Date 8.7.09

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

AGENCY	DATE	SIGNATURE APPROVAL	FOR OFFICE USE ONLY	PROPERTY ID #
Land Development, DPZ			DPZ SETBACK INFORMATION	
State Highways			Front: _____	Filing fee \$ _____
Building Officials			Rear: _____	Permit fee \$ _____
Dev Engineering, DPZ			Side: _____	Excise tax \$ _____
Health <u>9-15-09</u> <u>Dana Bernard</u>			Side St.: _____	Add'l per fee \$ _____
Fire Protection			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			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 # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>				Accepted by _____

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

Maryland State Grid (NAD 83/91)

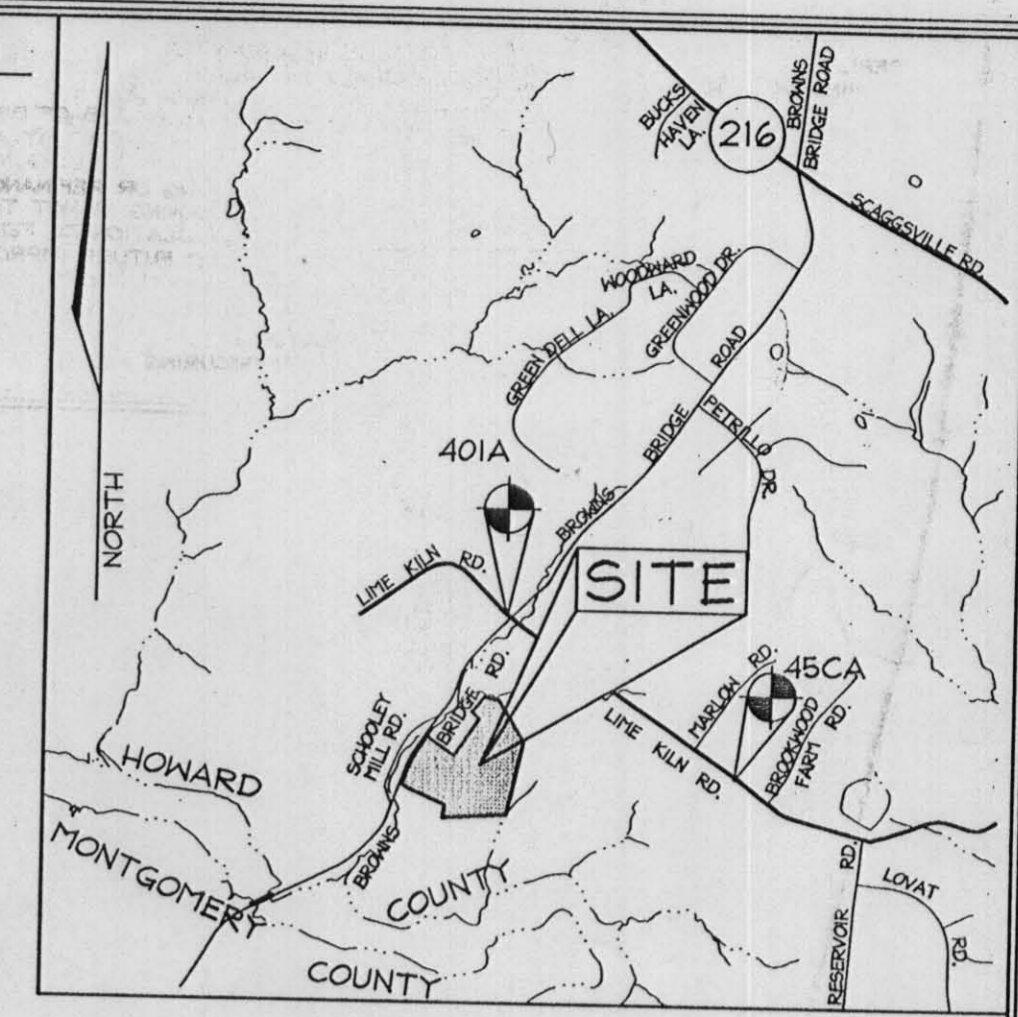
E 1,324,100
N 540,350

SYMBOL	NAME / DESCRIPTION	SOIL GROUP
EK32	Elk oak silt loam, 3 to 8 percent slopes, moderately erode	B
GIB2	Glenn loam, 3 to 8 percent slopes, moderately erode	B
MIC2	Manor loam, 8 to 15 percent slopes, moderately erode	B
MIC3	Manor loam, 8 to 15 percent slopes, severely erode	B
MID2	Manor loam, 15 to 25 percent slopes, moderately erode	B
MID3	Manor loam, 15 to 25 percent slopes, severely erode	B
MIE	Manor loam, 25 to 45 percent slopes	B

Number	Elevation
601	358.98
602	359.25
603	365.94
604	372.08
605	370.31
606	381.64
607	388.98
608	395.51
609	391.48
610	387.63
616	400.75
617	399.91
618	403.76
618A	412.59
619	408.82
619A	417.71
620	408.61
620A	415.73
620B	412.45
621	398.66
622	380.48
623	389.40
624	385.62
626	391.30
627	394.53
628	386.38
629	383.32
904	386.28
905	387.93
906	388.23
907	375.87
908	372.49
909	376.43
910	384.18
911	379.45

LEGEND

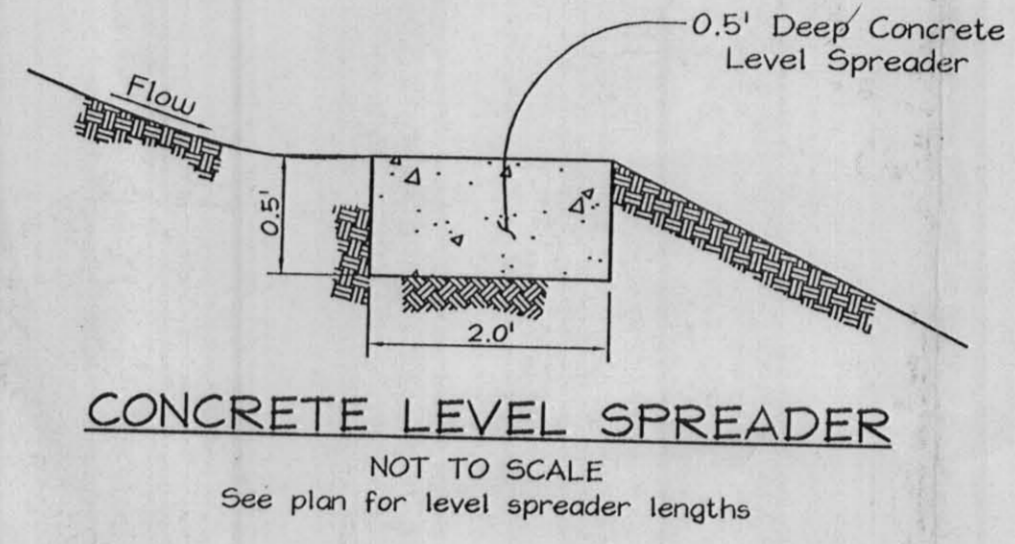
- Existing Contour
- Existing Spot Elevation
- Existing Trees to Remain
- Existing Stream Buffer
- Existing Septic Area
- Proposed Septic Easement
- Proposed Well Area
- Proposed House
- Proposed Perc Test (passed)
- Proposed Perc Test (failed)
- Steep Slopes (Greater Than 25%)
- Moderate Slopes (15-24.99%)



BENCHMARKS

Sta. 401A	N 541,725.800	E 1,325,316.889	El.: 360.066 (feet)
Sta. 45CA	N 540,071.002	E 1,327,702.745	El.: 426.811 (feet)

- GENERAL NOTES**
- Subject property zoned RR-DEO per 02/02/04 Comprehensive Zoning Plan.
 - Total area of property = 21.226 ac.±
 - Private water and sewer will be used within this site.
 - This area designates a private sewage easement, of at least 10,000 SF as required by the Maryland State Department of the Environment for individual sewage disposal (COMAR 26.04.03). Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant adjustments to the private sewage easement. Recordation of a modified sewage easement shall not be necessary.
 - All wells and septic fields within 100' of property's boundary have been shown.
 - Existing Topography based on a Field Run Topographic Survey prepared by FSH Associates on May, 2005 with two foot contours.
 - All wells to be drilled prior to submittal of record plat for signature. It is the developer's responsibility to schedule the well drilling prior to final plat submission. It will not be considered 'government delay' if the well drilling holds up the Health Department signature of the record plat.
 - Number of proposed lots: 6
 - Deed History:
 - Jennie M. Thompson, Trustee of the Trust of Jennie M. Thompson (March 24, 2000-Present)
 - Paul C. Thompson & Jennie M. Thompson et al (March 27, 1985-March 24, 2000)
 - Paul C. Thompson & Jennie M. Thompson (January 10, 1979-March 27, 1985)
 - Paul C. Thompson & Jennie M. Thompson (February 28, 1941-January 10, 1979)
 - The lots shown hereon comply with the minimum ownership, width and lot area as required by the Maryland Department of the Environment.



"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 MY KNOWLEDGE AND BELIEF."

Zacharia Yosef FSH
ZACHARIA YOSEF FSH, P.E. #22418
FSH ASSOCIATES

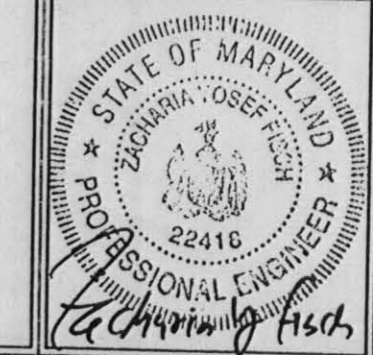
1/3/2007
DATE

AMENDED PERCOLATION CERTIFICATION PLAN
J. THOMPSON PROPERTY
LOTS 1 THRU 6
(A RESUBDIVISION OF NON-BUILDABLE PARCEL 'A' THOMPSON PROPERTY PLAT #13316)
TAX MAP 45 GRID 5
5TH ELECTION DISTRICT
PARCEL 13
HOWARD COUNTY, MARYLAND

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS IN ACCORDANCE WITH THE MASTER PLAN OF HOWARD COUNTY
Robert W. Baker
COUNTY HEALTH OFFICER
HOWARD COUNTY HEALTH DEPARTMENT
1/3/07
DATE

OWNER
JENNIE M. THOMPSON
8067 Browns Bridge Road
Highland, Maryland 20777

DEVELOPER/CONTRACT PURCHASER
HAILEY DEVELOPMENT LC
3405 National Drive, Suite 105
Burlingtonville, Maryland 20866
Telephone: (301) 476-7715



FSH Associates
Engineers Planners Surveyors
6339 Howard Lane, Elkrige, MD 21075
Tel.: 410-567-5200 Fax: 410-796-1562
E-mail: info@fsha.biz

DESIGN BY: ZYF
DRAWN BY: HK
CHECKED BY: ZYF
SCALE: 1"=50'
DATE: Jan. 2, 2007
H.O. No.: 3288
SHEET No.: 1 OF 2