

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

T360129210

Building Address 10830 Braeburn Rd
Columbia MD 21044

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

Census Tract 6056 Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates 15 14 Lot size _____

Property Owner's Name Virginia J William
Braxlett

Address 6197 Wooded Run Dr

City Columbia State MD Zip Code 21044

Home Phone 410.992-7845 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use Vacant lot

Proposed Use SF Dwelling

Estimated Construction Cost \$ 393,000

Description of Work 1 1/2 story 4 Bedrooms
Garage 2 1/2 b.h.

Contractor Company Whitaker Const Inc

Contact Person _____

Address 16318 Whitaker Rd

City Silver Spring State MD Zip Code 20906

License No. _____

Phone 301570 4534 Fax _____

Occupant or Tenant _____

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 DESCRIPTION - RESIDENTIAL

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 Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms _____	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 _____ NFA #13R _____ Other: _____
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 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.

Mark Riffin
Applicant's Signature

Whitaker Const Inc
Title/Company

Mark Riffin
Print Name

4/24/01
Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>4/24/01</u>	<u>Mark Riffin</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#:	
<u>448104</u>	
Filing fee	\$ <u>2900</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>1589</u>
Validation	# _____

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

Accepted by _____

Distribution of Copies - White: Building Official - Green: LDD, DPZ - Yellow: DED, DPZ - Pink: Health - Gold: SHA

Approved Septic System Plan
Howard County Health Department

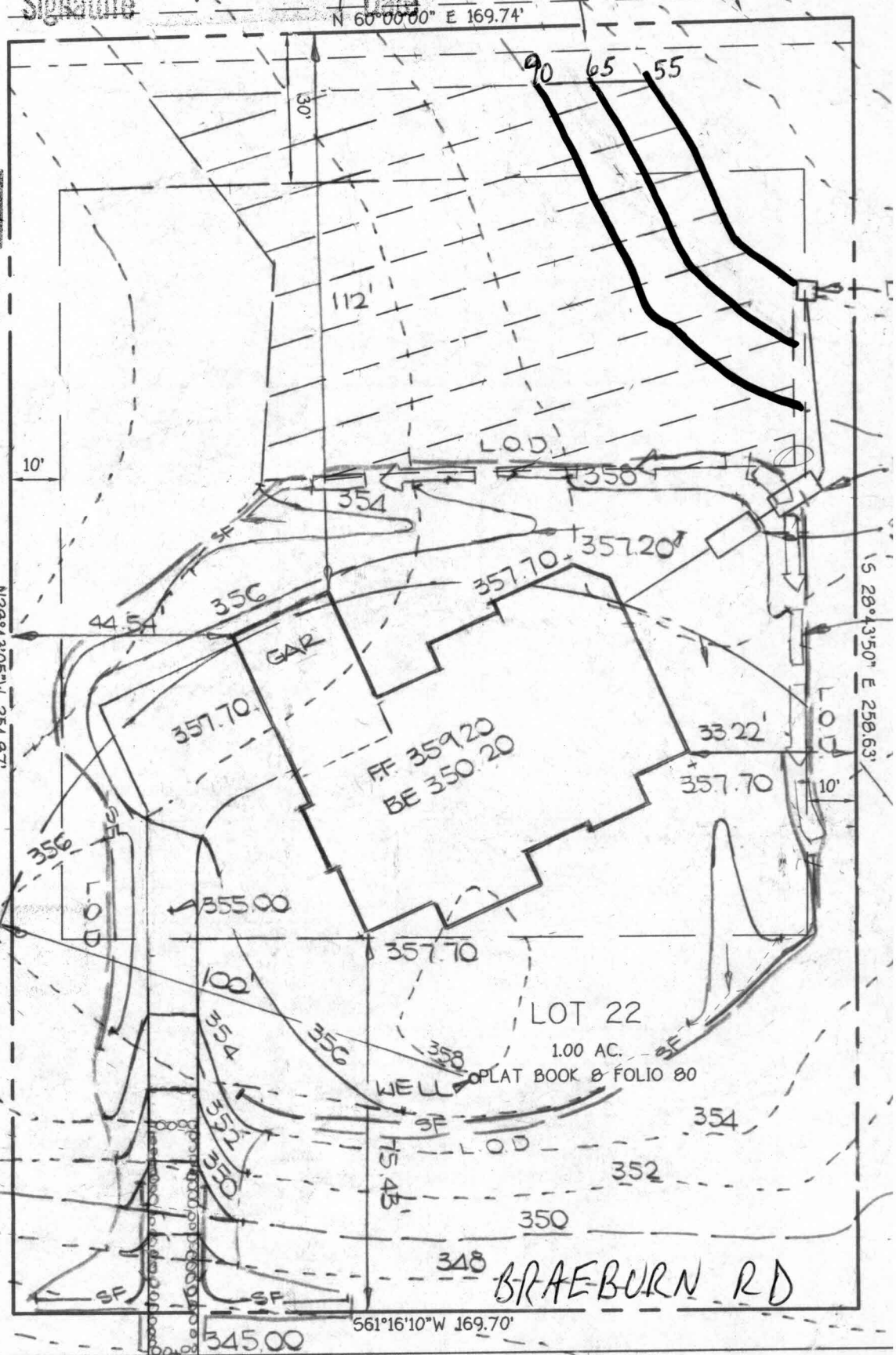
1:30
PLAN BY FCC
TOPD IS FIELD-RUN

Mark E. Felker 4/25/01
Signature Date

5' UTILITY EASEMENT

Total linear feet of trench required 210 feet
Width of trench(es) 2 feet
Depth of trench(es) 8 1/2 feet
Depth of stone required below distribution pipe 4 feet

2. PROPOSED 1500 GALLON SEPTIC TANK. 354.20
3. A. FIRST FLOOR ELEVATION 350.20
- B. BASEMENT ELEVATION 350.05
- C. INVERT OF SEPTIC SYSTEM AT HOUSE 353.10
- D. INVERT IN AT SEPTIC TANK. 353.24
- E. INVERT OUT AT SEPTIC TANK. 353.04
- F. PROPOSED GRADE OVER SEPTIC TANK. 355.40
- G. INVERT AT DISTRIBUTION BOX. 357.50
- H. EXISTING GROUND OVER DISTRIBUTION BOX. 362.00
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.



BRAEBURN RD

Install (1) 500 Gallon U.G. ASME LP
TANK, PER NFPA 58

Scale = 1" = 30'

11/21/01 - proposed LP Tank
location ON SRU

B00133003

