

G07000359

DEPARTMENT 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**

PERMIT NUMBER

B09000239

Building Address <u>13595 Brockland Way</u> <u>Chesapeake MD 21029</u>	Property Owner's Name <u>NVR INC</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>1085 Manahan Dr S 130</u>
Census Tract _____ Subdivision <u>Lighter Hill</u>	City <u>Chesapeake</u> State <u>MD</u> Zip Code <u>21075</u>
Section _____ Area _____ Lot <u>12</u>	Phone _____ Phone _____
Tax Map _____ Parcel _____ Grid _____	Applicant's Name & Mailing Address, (if other than stated hereon): <u>Jim Keenan PO Box 552</u> <u>Chesapeake MD 21075</u>
Zoning _____ Map Coordinates _____ Lot size _____	Phone <u>443 309 7792</u> Fax <u>410 489 0550</u>

Existing Use <u>Vacant lot</u>	Contractor Company _____
Proposed Use <u>Build a 3 story house</u>	Contact Person _____
Estimated Construction Cost \$ <u>300,000</u>	Address <u>1085 Manahan Dr S 130</u>
Description of Work <u>Build 3 story house with 3 car garage, full basement, masonry lower and finished basement</u>	City <u>Chesapeake</u> State <u>MD</u> Zip Code <u>21075</u>
	License No. _____ Phone _____ Fax _____

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

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics		Utilities	
Height: _____	No. of stories: _____	Water Supply: _____ Public _____ Private	Sewage Disposal: _____ Public _____ Private
Gross area, sq. ft. per floor: _____	Use group: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	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 _____	

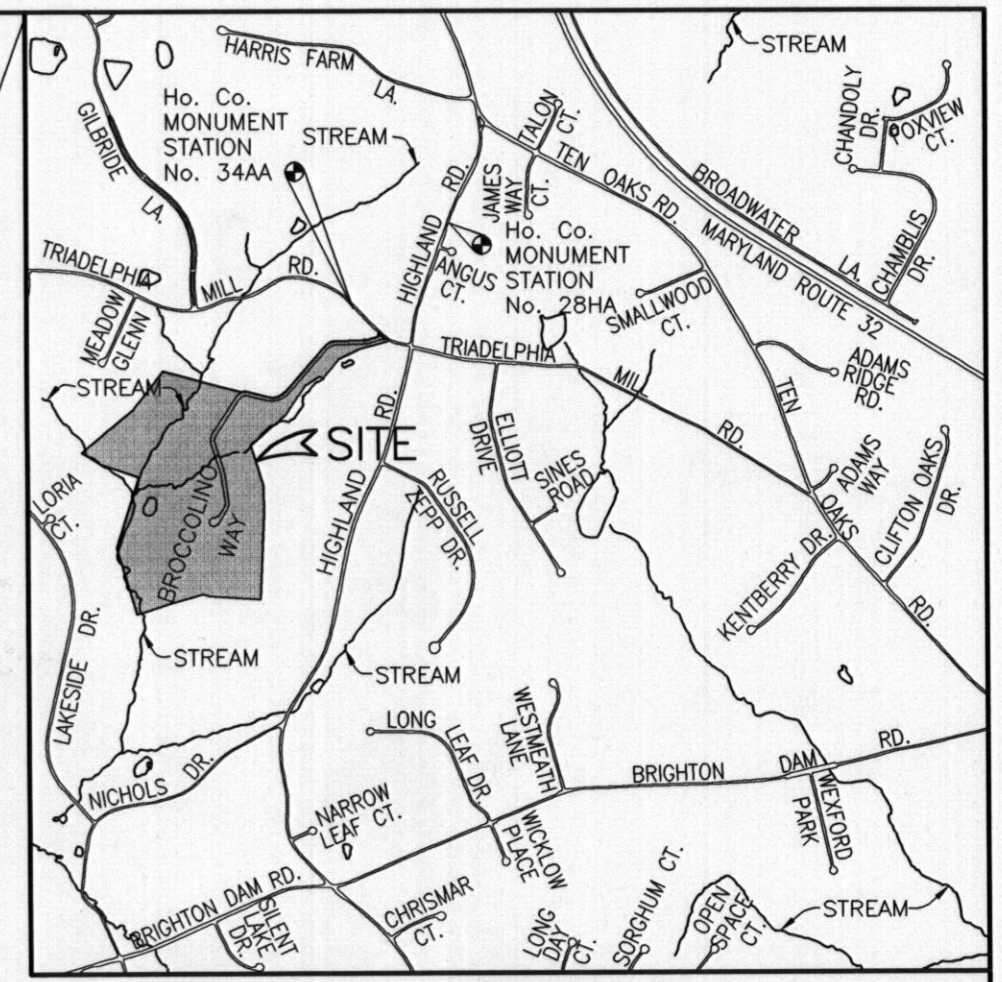
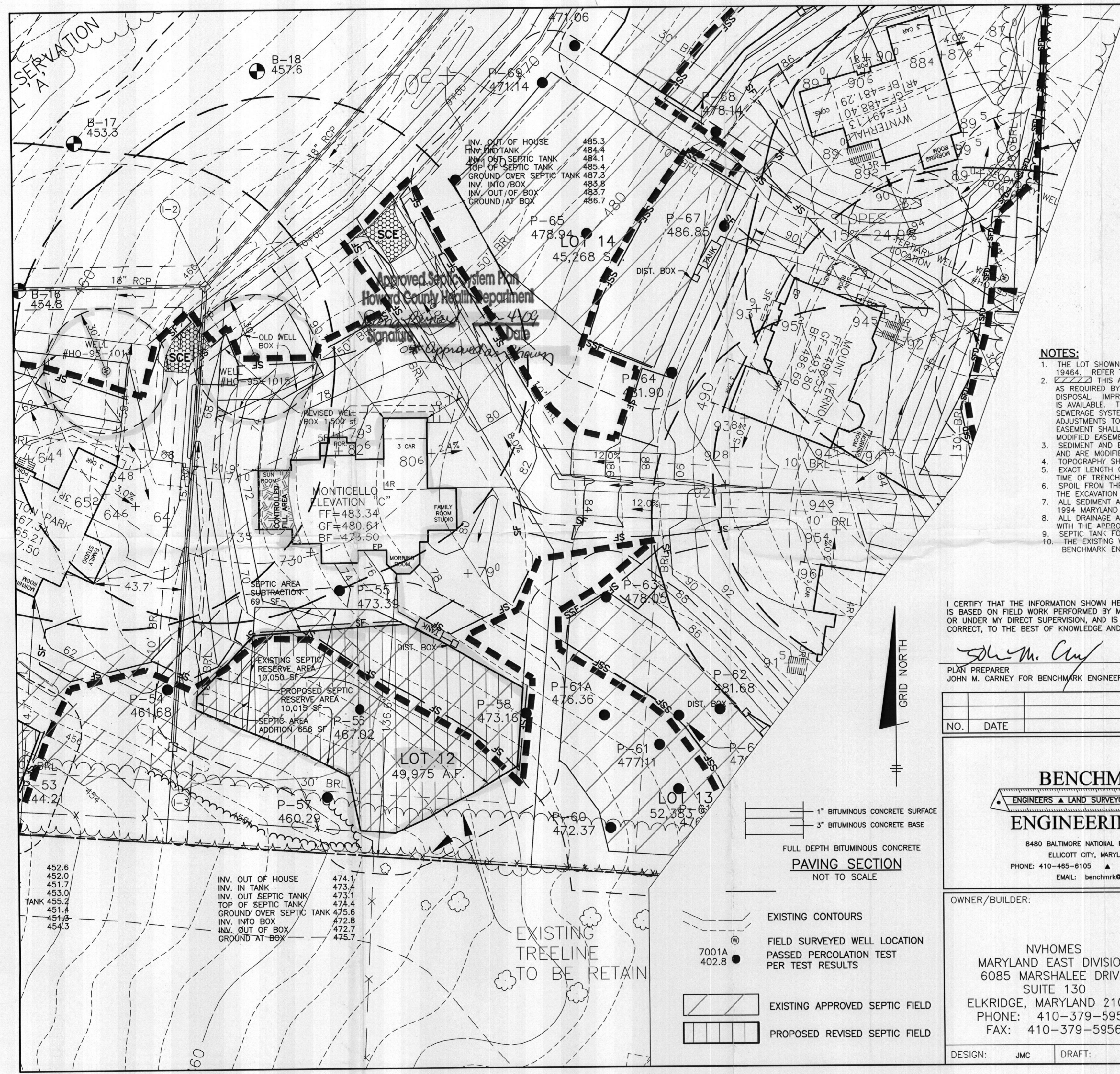
Building Characteristics		Utilities	
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Depth _____ Width _____	Water Supply: _____ Public _____ Private	Sewage Disposal: _____ Public _____ Private
1st floor: _____	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____	
Height: _____	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 Height: _____		
_____ 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.

<u>Jim Keenan</u> Applicant's Signature	<u>Jim Keenan</u> Print Name
<u>Agent NVR Home</u> Title/Company	<u>3/13/09</u> Date

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	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>3-4-09</u>	<u>Dana Brunel</u>	Side St.: _____	Add'l per. fee \$ _____
Health			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 # <u>5873</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	



- NOTES:**
1. THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR BRIGHTON MILL, PLAT No. 19464. REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS AND ALL EASEMENTS.
  2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ. FT. 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 EASEMENT PLAT SHALL NOT BE NECESSARY.
  3. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT AND ARE MODIFIED FOR THIS SPECIFIC HOUSE.
  4. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS.
  5. EXACT LENGTH OF SEPTIC TRENCHES ARE 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-95-1015, HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.

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*  
 PLAN PREPARER  
 JOHN M. CARNEY FOR BENCHMARK ENGINEERING, INC.

APPROVED:  
 FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS  
 HOWARD COUNTY HEALTH DEPARTMENT  
*B. Wilson for Peter Brilensen* 2/24/09  
 COUNTY HEALTH OFFICER 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@cais.com

OWNER/BUILDER:	PROJECT:
NVHOMES MARYLAND EAST DIVISION 6085 MARSHALEE DRIVE SUITE 130 ELKRIDGE, MARYLAND 21075 PHONE: 410-379-5956 FAX: 410-379-5956	<b>BRIGHTON MILL LOT 12</b>
DESIGN: JMC	DRAFT: JMC
DATE: DECEMBER, 2008 FEBRUARY, 2009	LOCATION: 13595 BROCCOLINO WAY CLARKSVILLE, MD 21029 TAX MAP No. 34 - BLOCK No. 9999 - PARCEL No. 2 5th ELECTION DISTRICT, HOWARD COUNTY, MARYLAND TITLE: REVISED PERCOLATION CERTIFICATION PLAN AND PERMIT PLAN HOUSE TYPE: MONTICELLO ELEVATION "C" PROJECT NO. 2061 SCALE: 1" = 30' DRAWING 1 OF 1