

SELLER - P:

*Phonda Wilson* 7/7/01  
DATE

ION:

DATE

*A. Feather*  
COMMUNITY SALES MANAGER

DATE

GENERAL SALES MANAGER

DATE

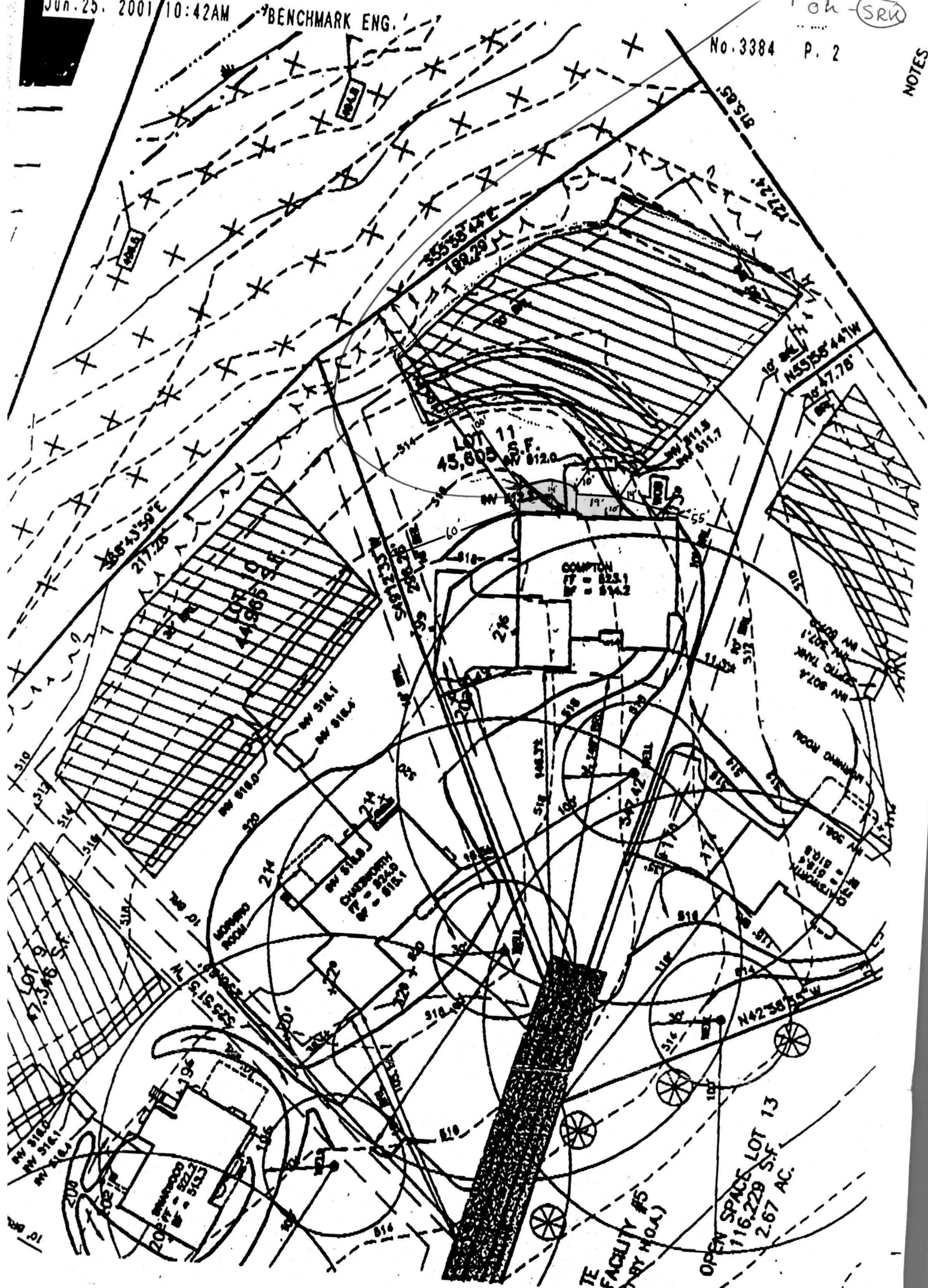
2/14/02  
Proposed deck  
on (SRK)

Jun. 25. 2001 10:42AM

BENCHMARK ENG.

No. 3384 P. 2

NOTES:



[6188 ON XR/XT] 23:01 NOM 10/25/80

NOV-12-01 MON 12:24 Balvozian

6177294121

Building Address 15265 Buckle Road  
Woodbury, MD 21797  
 Suite/Apt. #: N/A SDP/WP/Petition #: N/A  
 Census Tract 0640.02 Subdivision Washington  
 Section N/A Area N/A Lot 11  
 Tax Map 1A Parcel 09 Grid 15  
 Zoning RC DFO Map Coordinates 9AS Lot size

Property Owner's Name Ralph Adams  
 Address 1501 S. Edgewood St / Suite C  
 City Columbia State MD Zip Code 21227  
 Home Phone 410 644 5603 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
Permit # B00131310  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family Dwelling  
 Proposed Use Underground Storage Tank  
 Estimated Construction Cost \$ 2800.00  
 Description of Work Install (1) 1000 gallon underground storage tank according to NFPA 58

Contractor Company Suburban Remodel  
 Contact Person Robert Trent  
 Address 31 Deewood Circle  
 City Frederick, MD State MD Zip Code 20850  
 License No. \_\_\_\_\_ Fax 301-231-0608  
 Phone 301-231-0606

Occupant or Tenant Same as 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: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

**BUILDING DESCRIPTION - RESIDENTIAL**

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

Robert Trent  
 Applicant's Signature  
 Title/Company \_\_\_\_\_

Robert Trent  
 Print Name  
8-1-01  
 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#:
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	51400
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing fee \$ <u>100</u>
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>9/7/01</u>	<u>Mark [Signature]</u>	Side St: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? 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"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>213223</u>
				Validation # <u>42963</u>
				Accepted by <u>[Signature]</u>

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



Building Address 15265 Bucks Run Dr.  
Woodbine, MD 21797

Suite /Ap t#: n/a SDP/WP/P etition #: GP-99-180

Census Tract 6040 Subdivision Wellington West

Section 2 Area 2 Lot 11

Tax Map 14 Parcel 69 Grid 20

Zoning RCDEO Map Coordinates 9A5 Lot size \_\_\_\_\_

Property Owner's Name Pulte Home Corp.

Address 1501 S. Edgewood St. Ste#K

City Baltimore State MD Zip Code 21227

Home Phone \_\_\_\_\_ Work P Phone 410-644-5603

Applicant's Name & Mailing Address, (if other than stated hereon):  
Building Permit Services, Inc. - Pat Orla  
7806 Deboy Ave., Baltimore, MD 21222

Phone 410-477-9666 Fax 410-4778437

Existing Use Vacant Lot

Proposed Use SFD

Estimated Construction Cost \$ 150,000.00

Description of Work Const.SFD-"Compton"  
2sty,full bsmt,9R,3FB,1HB,2FP,& Garage (5Br) opt

Fin.L.L. w/ bath \_\_\_\_\_

Contractor Company Pulte Home Corp.

Contact Person Dianna Wenzlaff

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. MHBR# 516

Phone \_\_\_\_\_ 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 - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>													
<p><u>Building Characteristics</u></p> <p>Height: _____</p> <p>No. of stories: _____</p> <p>Gross area, sq. ft. per floor: _____</p> <p>Use group _____</p> <p>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</p>	<p><u>Utilities</u></p> <p>Water Supply:  <input type="checkbox"/> Public  <input type="checkbox"/> Private</p> <p>Sewage Disposal:  <input type="checkbox"/> Public  <input type="checkbox"/> Private</p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/>                      Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System:                      Electric <input type="checkbox"/> Oil <input type="checkbox"/>                      Natural Gas <input type="checkbox"/>                      Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: <u>N/A</u> <input type="checkbox"/>  <input type="checkbox"/> Full  <input type="checkbox"/> Partial  <input type="checkbox"/> Other Suppression                      # of Heads _____</p>	<p><u>Building Characteristics</u></p> <p>SFDwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/></p> <table border="0"> <tr> <td>1st floor: <u>64'</u></td> <td>Depth</td> <td>Width</td> </tr> <tr> <td></td> <td></td> <td><u>66'</u></td> </tr> <tr> <td>2nd floor: <u>36'</u></td> <td></td> <td><u>66'</u></td> </tr> <tr> <td>Basement: <u>64'</u></td> <td></td> <td><u>66'</u></td> </tr> </table> <p>Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>                      Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>                      No. of Bedrooms <u>5</u></p> <p>Multi-family dwellings:                      No. of efficiency units: _____                      No. of 1 BR units: _____                      No. of 2 BR units: _____                      No. of 3 BR units: _____</p> <p>Other Structure: _____                      Dimensions: _____                      Footings: <u>8"x24"</u>                      Roof: <u>FG/Gable</u></p> <p><input type="checkbox"/> State Certified Modular  <input type="checkbox"/> Manufactured Home</p>	1st floor: <u>64'</u>	Depth	Width			<u>66'</u>	2nd floor: <u>36'</u>		<u>66'</u>	Basement: <u>64'</u>		<u>66'</u>	<p><u>Utilities</u></p> <p>Water Supply:  <input type="checkbox"/> Public  <input checked="" type="checkbox"/> Private</p> <p>Sewage Disposal:  <input type="checkbox"/> Public  <input checked="" type="checkbox"/> Private</p> <p>Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                      Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System:                      Electric <input type="checkbox"/> Oil <input type="checkbox"/>                      Natural Gas <input checked="" type="checkbox"/>                      Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: <u>N/A</u> <input type="checkbox"/>  <input type="checkbox"/> NFPA # 13D  <input type="checkbox"/> NFPA#13R                      Other: _____</p>
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2nd floor: <u>36'</u>		<u>66'</u>													
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Applicant's Signature \_\_\_\_\_ Agent \_\_\_\_\_

Title/Company \_\_\_\_\_

Building Permit Services, Inc. - Pat Orla

Print Name \_\_\_\_\_

Date 7/3/01

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 Official			
Dev. Engineering DPZ	<u>7/11/01</u>	<u>[Signature]</u>	
Health			
Fire Protection			

Is Sediment Control approval required prior to issuance?  
 YES  NO

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filling fee \$ <u>100.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Subtotal paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line, approval date _____	Validation # _____

Accepted by \_\_\_\_\_

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

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

a:\permit.fm

Rev. 10/15/98

required 300 feet

# Approved Septic System Plan

## Howard County Health Department

Jun. 25 2001 10:42AM

BENCHMARK ENG.

Width of trench(es) 3.0 feet

Depth of trench(es) 3.5 feet

Depth of stone required below distribution pipe 1.5 feet

Amir McMill 7/11/01  
Signature Date

NOTES

