

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B09000091

Building Address 12309 DANIEL GIBBS LANE
CLASSYVILLE MD, 21029
 Suite/Apt. #: _____ SDP/WP/Petition #: 09-33
 Census Tract 15111 Subdivision WINDY GROVE
 Section _____ Area _____ Lot 29
 Tax Map 28 Parcel 74 Grid 18
 Zoning CC Map Coordinates _____ Lot size 1 ACRE

Property Owner's Name SELFRIDGE BUILDERS
 Address 4781 TEN OAKS ROAD
 City DAYTON State MD Zip Code 21036
 Phone 410 531-8930 Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone 410 531-8930 Fax 410 531-8939

Existing Use VALENT
 Proposed Use SINGLE FAMILY
 Estimated Construction Cost \$ 625,000.00
 Description of Work CUSTOM S.F.D. 4 Bdrm
1 story, Full Basement, 15 Rooms
FIS, 1 HB, 3 CAR GARAGE
2 FIREPLACES (GAS)

Contractor Company SELFRIDGE BUILDERS
 Contact Person TIM RAGEN
 Address 4781 TEN OAKS ROAD
 City DAYTON State MD Zip Code 21036
 License No. 789
 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 - 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"/> 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 _____ State Certified Modular _____	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 _____
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ 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 _____ Height: _____	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 Height: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ 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

Print Name

Title/Company

Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

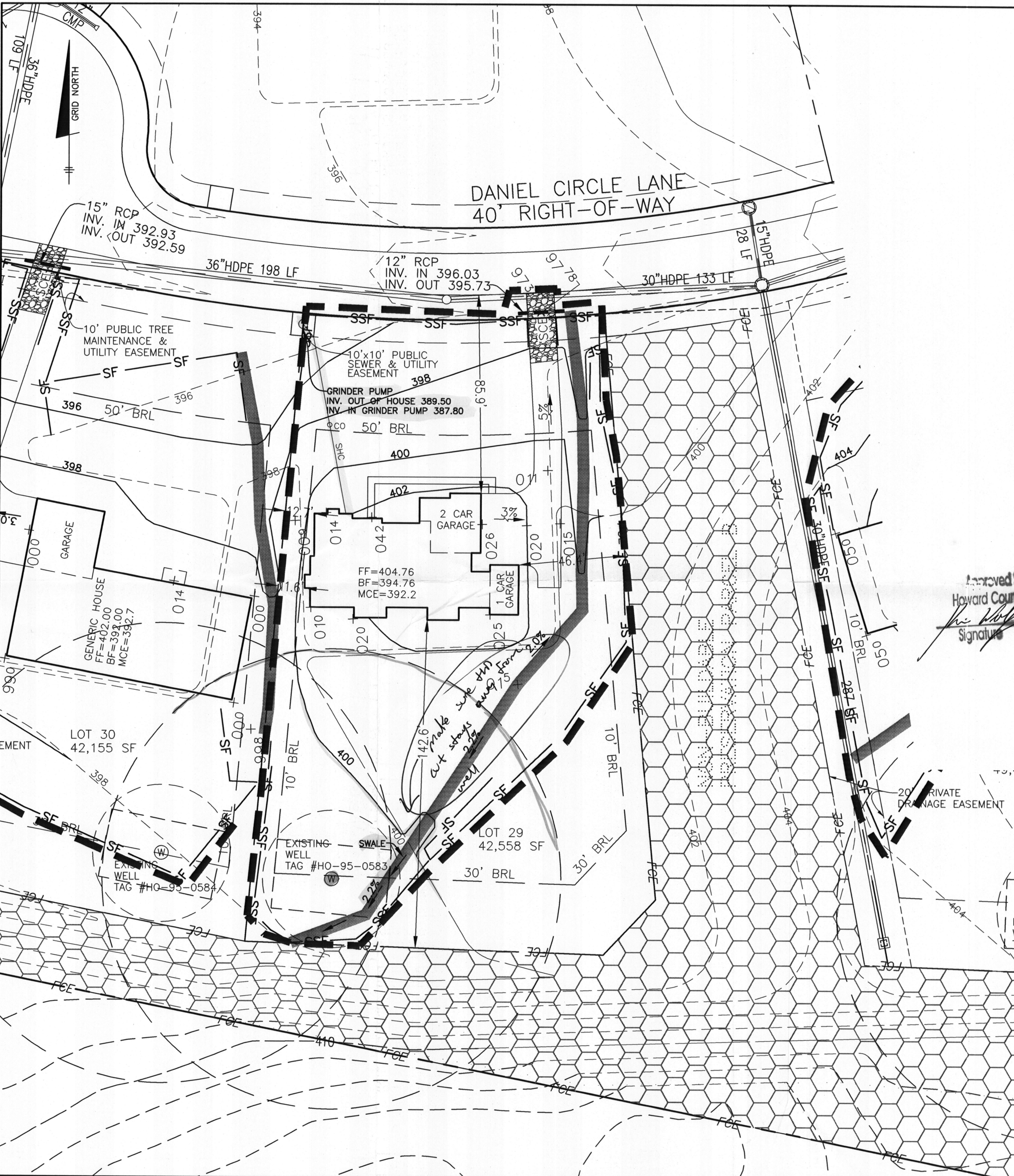
**** PLEASE WRITE NEATLY AND LEGIBLY. ****

- FOR OFFICE USE ONLY -

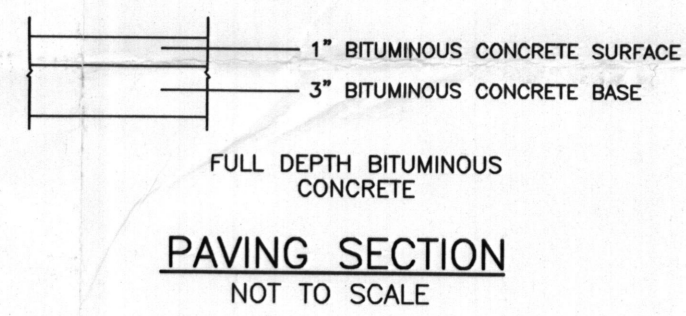
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>2/6/09</u>	<u>[Signature]</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 # <u>25047</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			Lot Coverage for NewTown Zone _____	
Green: LDD, DPZ			SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>
Yellow: DEP, DPZ				
Pink: Health				
Gold: SHA				

NOTES:

1. THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR WALNUT GROVE, PLAT No. 19225. REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS AND ALL EASEMENTS.
2. SEDIMENT AND EROSION CONTROLS WERE APPROVED FOR MASS GRADING BY HOWARD SOIL CONSERVATION DISTRICT UNDER F-06-031. SEDIMENT AND EROSION CONTROLS FOR THIS SPECIFIC LOT WERE APPROVED UNDER GP-09-025 AND ARE BONDED. THESE CONTROLS MAY NEED TO BE MODIFIED FOR THIS SPECIFIC HOUSE.
3. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS.
4. SEPTIC SERVICE FOR THIS LOT IS PROVIDED BY A SHARED SEPTIC SYSTEM, CONTRACT Nos. 50-4330-D AND 50-4359-D. THE DISPOSAL AREA IS LOCATED ON PARCEL "H."
5. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
6. ALL DRAINAGE AND STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS (F-06-031). THE STORMWATER MANAGEMENT FOR THIS LOT IS PROVIDED BY A WET EXTENDED DETENTION FACILITY FOR WQv AND CPv AND BY OPEN CHANNELS FOR Rev.
7. THE EXISTING WELL SHOWN ON THIS PLAN, HO-95-0583, HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC., AND IS ACCURATELY SHOWN.



Approved Septic System Plan
 Howard County Health Department
 Signature: [Signature] Date: 2/6/09



NO.	DATE	REVISION
<p>BENCHMARK ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS ENGINEERING, INC.</p> <p>8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418 ELLICOTT CITY, MARYLAND 21043 PHONE: 410-465-6105 ▲ FAX: 410-465-6644 EMAIL: BEI@BEI-CIVILENGINEERING.COM</p>		
OWNER/BUILDER:		PROJECT:
SELFRIDGE BUILDERS 4781 TEN OAKS ROAD DAYTON, MD 21036		WALNUT GROVE LOT 29
PHONE: 410-531-8930 FAX: 410-531-8939		LOCATION: 12309 DANIEL CIRCLE LANE CLARKSVILLE, MD 21029 TAX MAP No. 28 - BLOCK Nos. 17 AND 18 - PARCEL No. 74 5th ELECTION DISTRICT, HOWARD COUNTY, MARYLAND
TITLE: Revised BUILDING PERMIT PLAN		
HOUSE TYPE: STONECREST HALL		
DATE:	JANUARY, 2009 FEBRUARY 3, 2009	PROJECT NO. 2073
DESIGN:	JMC	DRAFT: JMC
SCALE:	1" = 30'	DRAWING 1 OF 1