

1510127645 MAIL TO COM

DEPARTMENT 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	PERMIT NUMBER B000.1317377
---	---	--------------------------------------

Building Address <u>999 Day, Rd. E</u> <u>Chesville MD. 21784</u> Suite/Apt. #: <u>N/A</u> SDP/WP/Petition #: <u>N/A</u> Census Tract <u>02300</u> Subdivision <u>N/A</u> Section <u>N/A</u> Area <u>N/A</u> Lot <u>16</u> Tax Map <u>9</u> Parcel <u>270</u> Grid <u>3</u> Zoning <u>RC DED</u> Map Coordinates <u>4K8</u> Lot size _____	Property Owner's Name <u>Paul J. Parkent</u> Address <u>1209 3rd Ave</u> City <u>Chesville</u> State <u>MD</u> Zip Code _____ Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
--	--

Existing Use <u>Single Family Home</u> Proposed Use <u>Single Family Home</u> Estimated Construction Cost \$ <u>250k</u> Description of Work <u>Installing 18 500gal tank for prep work</u>	Contractor Company <u>United Builders</u> Contact Person <u>James Hill</u> Address <u>205 Naylor Rd</u> City <u>Chesville</u> State <u>MD</u> Zip Code <u>21784</u> License No. _____ Phone <u>410 912 8000</u> Fax _____
--	--

Occupant or Tenant <u>Owner</u> 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>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: <u>N/A</u> <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 THERE TO; (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 <u>Paul J. Parkent</u>	Print Name _____
Title/Company _____	Date _____

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

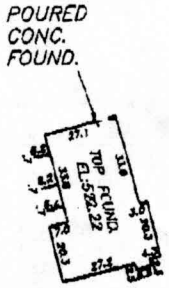
AGENCY <input checked="" type="checkbox"/> Land Development, DPZ <input type="checkbox"/> State Highways <input type="checkbox"/> Building Official <input checked="" type="checkbox"/> Dev. Engineering, DPZ <input type="checkbox"/> Health <input type="checkbox"/> Fire Protection	DATE <u>9/5/07</u>	SIGNATURE APPROVAL <u>Mark Left</u>	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 New Town Zone _____ SDP/Red-line approval date _____	PROPERTY ID#: <u>48133</u> Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # _____ Validation # _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Accepted by <u>[Signature]</u>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>				

MARK, is this what you needed

NOTES:

1. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR REFINANCING.
2. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF BUILDINGS GARAGES BUILDINGS POOLS BUILDING ADDITIONS OR OTHER
3. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
4. ACCURACY OF BUILDING MEASUREMENTS: 0.1'
5. ACCURACY OF SETBACK DIMENSIONS: 5.4'
6. ACCURACY OF ELEVATIONS: 0.1'
7. [Symbol] DESIGNATES PREVIOUSLY APPROVED PERC AREA.
8. [Symbol] DESIGNATES PERC AREA PER SITE PLAN.
9. [Symbol] DESIGNATES PERC AREA PER SITE PLAN.

THE PROPERTY SHOWN HEREON LIES IN ZONE - AS SHOWN ON FLOOD INSURANCE RATE MAP NO: 240044-009B (UNPRINTED) NO SPECIAL FLOOD HAZARD AREAS

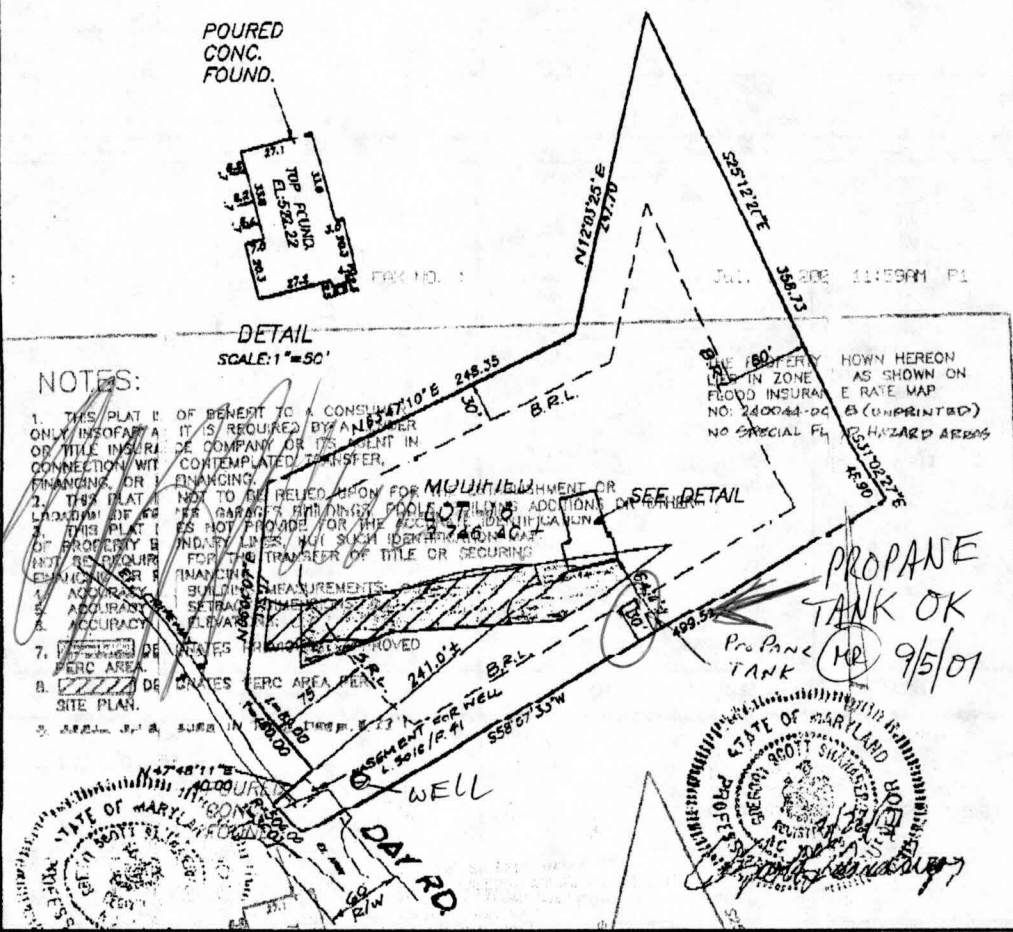


DETAIL SCALE: 1"=50'

NOTES:

1. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR REFINANCING.
2. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF BUILDINGS GARAGES BUILDINGS POOLS BUILDING ADDITIONS OR OTHER
3. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
4. ACCURACY OF BUILDING MEASUREMENTS: 0.1'
5. ACCURACY OF SETBACK DIMENSIONS: 5.4'
6. ACCURACY OF ELEVATIONS: 0.1'
7. [Symbol] DESIGNATES PREVIOUSLY APPROVED PERC AREA.
8. [Symbol] DESIGNATES PERC AREA PER SITE PLAN.
9. [Symbol] DESIGNATES PERC AREA PER SITE PLAN.

THE PROPERTY SHOWN HEREON LIES IN ZONE - AS SHOWN ON FLOOD INSURANCE RATE MAP NO: 240044-009B (UNPRINTED) NO SPECIAL FLOOD HAZARD AREAS



I HEREBY CERTIFY THAT I HAVE LOCATED THE IMPROVEMENTS AS SHOWN THIS PLAT DOES NOT REPRESENT A BOUNDARY SURVEY AND CANNOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

FOUNDATION LOCATION DRAWING
 MODIFIED LOT 16
 DICKEY FARMS
 453417.595



HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00127645

Property Address Lot 16 999 DAY Rd. Sykesville Md. 21784

Site/Apt. #: N/A SDP/WP/Petition #: N/A

Insus Tract 6030 Subdivision N/A

Location N/A Area N/A Lot 16

Tax Map 9 Parcel 270 Grid 3

Zoning PC-DEO Map Coordinates 4K8 Lot size _____

Existing Use Vacant Lot

Proposed Use New Single Family Home

Estimated Construction Cost \$ 170,000

Description of Work New custom single 3 bed 2 1/2 bath (1) fireplace Family Home Attached (2) car Garage

Occupant or Tenant owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name JEFF PARKENT

Address 1904 Park Ave.

City Baltimore State MD Zip Code 21227

Home Phone 410 242 1262 Work Phone _____

Applicant's Name & Mailing Address (if other than stated hereon):
PATAPSCO HOMES
Dan Ricker 13898 Forsythe Rd
Sykesville Md.
21784

Phone 410 489-0319 Fax _____

Contractor Company PATAPSCO HOMES

Contact Person Dan Ricker

Address 13898 Forsythe Rd

City Sykesville State Md. Zip Code 21784

License No. _____ Fax same

Phone 410 489 0319 Fax _____

Engineer or Architect Company Fisher Collins

Contact Person MARK ROBLT

Address _____

City ELLCOTT State Md. Zip Code _____

Phone 410-465-2855 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: <u>2</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" 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 checked="" type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
<input type="checkbox"/> State Certified Modular	Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>37</u> <u>54</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>33</u> <u>54</u>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Basement: <u>37</u> <u>54</u>	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	_____ NFPA #13D _____ NFPA #13R Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>3</u>	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: <u>(3)</u>	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: <u>hip roof 5/12</u>	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 EXISTING NOTICES.

Applicant's Signature [Signature] Title/Company owner

Print Name Daniel Ricker Date 12-5-00

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>2/10/01</u>	<u>Mark R. [Signature]</u>
Fire Protection	<u>2/22</u>	

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 NewTown Zone _____

SDP/Red-line approval date _____

PROPERTY ID#	AMOUNT
48933	
Filing fee	\$ <u>25</u>
Permit fee	\$ _____
Excise tax	\$ _____
Add'l per. fee	\$ _____
TOTAL FEES	\$ _____
Sub-total paid	\$ _____
Balance due	\$ _____
Check cash	\$ _____
Validation	# _____

Accepted by [Signature]

Approved Septic System Plan
 Howard County Health Department

Total linear feet of trench required 180 feet

Width of trench(es) 3 feet

Depth of trench(es) 3 feet

Depth of stone required below distribution pipe 1 1/2 feet

SEPTIC SYSTEM DATA

INV. AT HOUSE 511.0
 SEPTIC TANK
 EX. GRADE 514.2
 FIN. GRADE 514.2
 INV. IN 510.7
 INV. OUT 510.4

PUMP PIT
 515.0
 515.0
 510.3

DISTRIBUTION BOX
 EX. GRADE ~~522.0~~ 523.0
 FIN. GRADE ~~522.0~~ 523.0
 INV. IN 521.8
 INV. OUT 521.6

TRENCHES	#1	#2
EX. GRADE	523.0	522.0
FIN. GRADE	523.0	522.0
INV. IN	521.5	520.5
BOTTOM	520.0	519.0
LENGTH	85	95

Shan Berger
 Signature
 Date: 2/22/01

