

Building Address: 11503 Fox River Drive
Ellicott City md 21042

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

Census Tract: _____ Subdivision: Homewood Crossing

Section: _____ Area: _____ Lot: 7

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Single Family Home

Proposed Use: Deck

Estimated Construction Cost: \$ 30,000

Description of Work: rear sun deck 14'x24'
w steps

Occupant or Tenant: Toll Brothers Inc.

Was tenant space previously occupied? Yes No

Contact Name: David Erat

Address: 11449 Hunt Crossing Ct

City: Ellicott City State: md Zip Code: 21042

Phone: 301 252 1609 Fax: 410 489 2278

Email: derat@tollbrothersinc.com

Property Owner's Name: Toll Brothers Inc

Address: 11449 Hunt Crossing Ct

City: Ellicott City State: md Zip Code: 21042

Home Phone: 301 252 1609 Work Phone: 301 252 1609

Applicant's Name & Mailing Address, (If other than stated herein):
Same as above

Phone: _____ Fax: _____

Email: _____

Contractor Company: Toll Brothers

Contact Person: David Erat

Address: 11449 Hunt Crossing Ct

City: Ellicott City State: md Zip Code: 21042

License No. : _____

Phone: _____ Fax: _____

Email: derat@tollbrothersinc.com

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input checked="" type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<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 POSTING NOTICES.

Applicant's Signature: [Signature]

Email Address: derat@tollbrothersinc.com

Title/Company: Manager Toll Brothers Inc.

Print Name: David Erat

Date: 2/22/12

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>2/22/12</u>	<u>[Signature]</u>
Fire Protection		

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

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 SEWER 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.

THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR HOMEWOOD CROSSING, PLAT No. 17896. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPEMENT PLAN SETBACK DISTANCES SHOWN. HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-0285) HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. ON 5-23-06 AND IS ACCURATELY SHOWN.

SWM FOR THIS LOT IS MANAGED PER PLAN 1 05-031

E & S CONTROLS PER PLAN 1 05-031

CULVERT FOR DRIVEWAY INSTALLED.

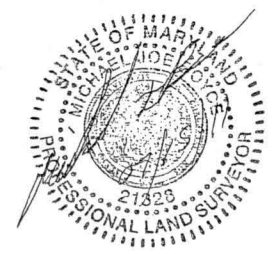
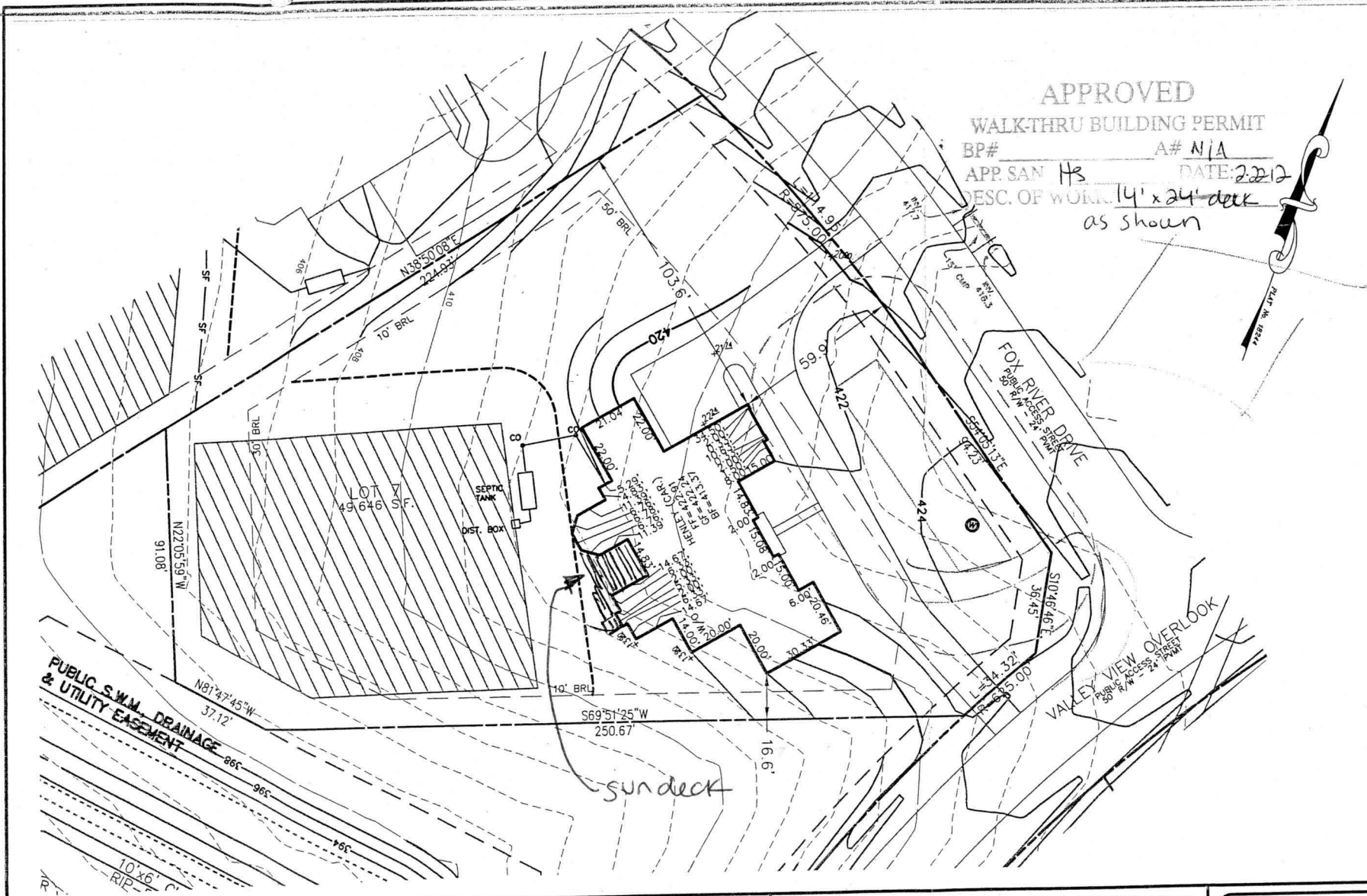
INV. @ HOUSE	411.5
GROUND @ INV. @ HOUSE	416.0
INV. IN TANK	410.8
INV. OUT TANK	410.5
TOP OF TANK	411.5
GROUND OVER TANK	414.5
INV. IN DIST. BOX	410.3
INV. OUT DIST. BOX	410.0
GROUND @ BOX	414.0

ADDRESS: 11503 FOX RIVER DRIVE
ELLICOTT CITY, MD 21043

APPROVED:
FOR PRIVATE WATER & PRIVATE SEWERAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

COUNTY HEALTH OFFICER _____ DATE _____

APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# N/A
APP. SAN HS DATE: 2.22.12
DESC. OF WORK: 14' x 24' deck
as shown



TYPE: HENLEY (CAROLINA)-
WALKOUT BASEMENT
10' BASEMENT
SUPER EXPANDED FAMILY ROOM
NAPLES SUNROOM
GRAND CONSERVATORY
ADD 2 CARE GARAGE
ADJUST LOCATION OF 037' 8\"/>

OPTION No. 017
OPTION No. XXX
OPTION No. 534
OPTION No. 529
OPTION No. 037
OPTION No. 263019
OPTION No. 90007025
OPTION No. 90007865

PERMIT PLOT PLAN
LOT #7
HOMWOOD CROSSING
LIBER 9808, FOLIO 204
PLAT No. 17896
THIRD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

ESE Land Planning
Engineering
Land Surveying

ESE Consultants Inc.
7164 Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-4870

DATE: 07/05/11 SCALE: 1"=40' FILE: LOT_7 Henley Car
CHK'D: MJB JOB#: 1214 DRAWN: MJB

Building Address: 11503 Fox Run Drive
Ellicott City, MD 21042

Suite/Apt. # _____ SDP/WP/BA #: 66615471

Census Tract: _____ Subdivision: Thimwood Crossing

Section: _____ Area: 2 Lot: 7

Tax Map: 29 Parcel: 23 Grid: 9

Zoning: _____ Map Coordinates: _____ Lot Size: 1.14A

Existing Use: Deer lot

Proposed Use: Residential Home

Estimated Construction Cost: \$ 315,000

Description of Work: Hardy Core, 4 BR, 4.5 Bath, good condition, new survey, spec expanded fully fin.

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: Nathan Brantley

Address: 7164 Columbia Gateway Dr #230

City: Columbia State: MD Zip Code: 21046

Phone: 410 992 5878 Fax: _____

Email: _____

Property Owner's Name: 711 MD III LP

Address: 7164 Columbia Gateway Dr #230

City: Columbia State: MD Zip Code: 21046

Home Phone: _____ Work Phone: 410 992 5878

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

Phone: _____ Fax: _____

Email: _____

Contractor Company: Tall MD # LP

Contact Person: Nathan Brantley

Address: 7164 Columbia Gateway Dr #230

City: Columbia State: MD Zip Code: 21046

License No.: 849

Phone: 410 992 5878 Fax: 410 992 3281

Email: _____

Engineer/Architect Company: ESF

Responsible Design Prof.: Mike Royce

Address: 7164 Columbia Gateway Dr #230

City: Columbia State: MD Zip Code: 21046

Phone: 410 265 4175 Fax: _____

Email: mlroyce@esfinc.com

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	<u>Water Supply</u>
No. of stories: _____	<input type="checkbox"/> Public
Gross area, sq. ft./floor: _____	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.): _____	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group: _____	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
	<input type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression
	No. of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor: <u>93'</u> <u>88'</u>	<input type="checkbox"/> Private
2 nd floor: <u>73'</u> <u>88'</u>	<u>Sewage Disposal</u>
Basement: <u>73'</u> <u>88'</u>	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>4</u>	<input checked="" type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units: _____	<input type="checkbox"/> Natural Gas
No. of 1 BR units: _____	<input type="checkbox"/> Propane Gas
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	

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Applicant's Signature: _____

Print Name: Nathan Brantley

Email Address: _____

Date: 12/21/10

Title/Company: _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

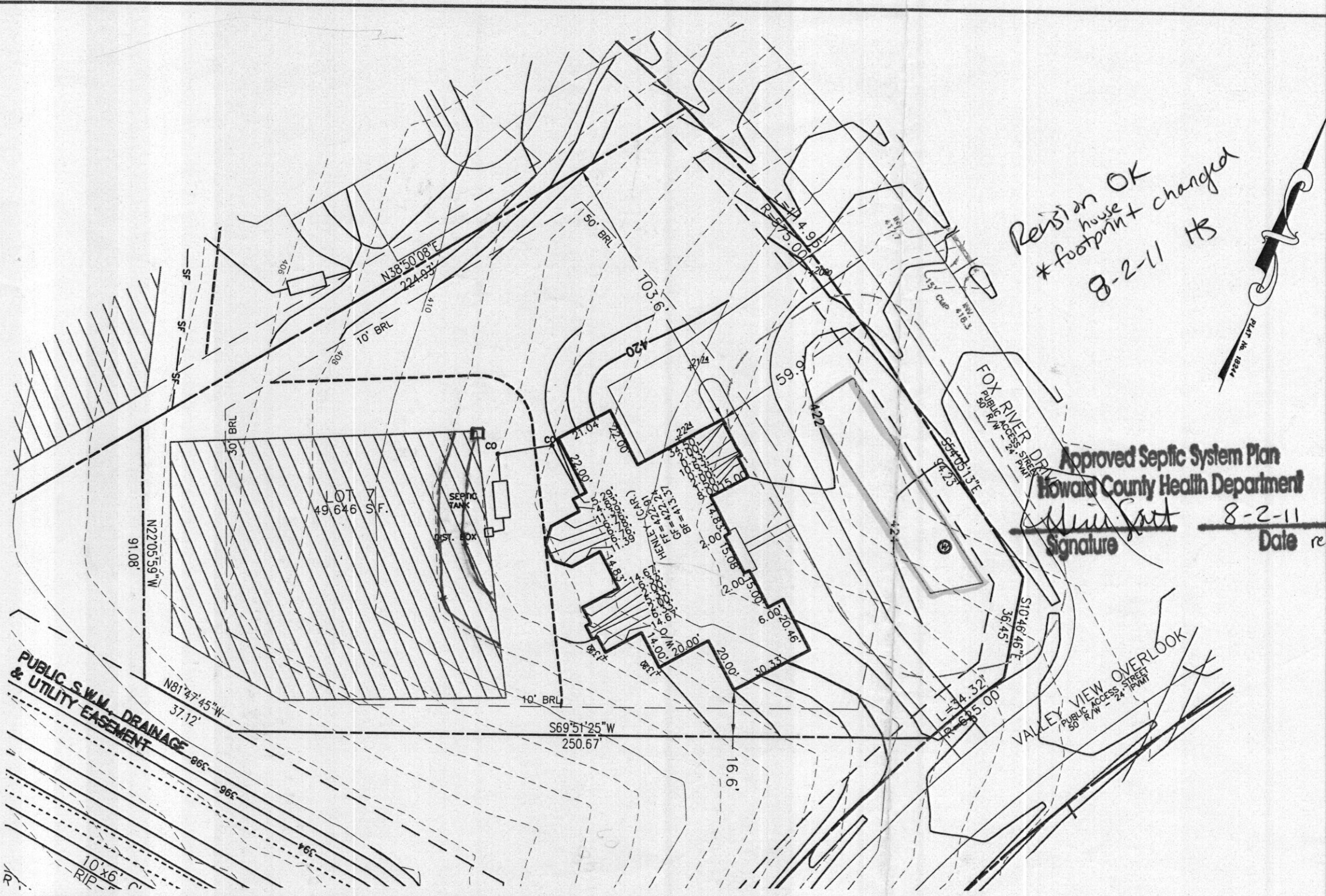
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>2-8-11</u>	<u>[Signature]</u>
Fire Protection		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ <u>150</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

Call 091051585
229800



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 SEWER 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 SEWER 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.

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BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPEMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-0285) HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. ON 5-23-06 AND IS ACCURATELY SHOWN.

SWM FOR THIS LOT IS MANAGED PER PLAN f 05-031

E & S CONTROLS PER PLAN f 05-031

CULVERT FOR DRIVEWAY INSTALLED.

INV. @ HOUSE	411.5
GROUND @ INV. @ HOUSE	416.0
INV. IN TANK	410.8
INV. OUT TANK	410.5
TOP OF TANK	411.5
GROUND OVER TANK	414.5
INV. IN DIST. BOX	410.3
INV. OUT DIST. BOX	410.0
GROUND @ BOX	414.0

ADDRESS: 11503 FOX RIVER DRIVE
ELLICOTT CITY, MD 21043

APPROVED:
FOR PRIVATE WATER & PRIVATE SEWERAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

COUNTY HEALTH OFFICER _____ DATE _____



TYPE: HENLEY (CAROLINA)-
WALKOUT BASEMENT
10' BASEMENT
SUPER EXPANDED FAMILY ROOM
NAPLES SUNROOM
GRAND CONSERVATORY
ADD 2 CARE GARAGE
ADJUST LOCATION OF 0.37 8' TOWARDS FRONT OF HSE
HORSE SHOE DRIVE

OPTION No. 017
OPTION No. XXX
OPTION No. 534
OPTION No. 529
OPTION No. 037
OPTION No. 263019
OPTION No. 90007025
OPTION No. 90007865

PERMIT PLOT PLAN
LOT #7
HOMEWOOD CROSSING
LIBER 9808, FOLIO 204
PLAT No. 17896
THIRD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

ESE Land Planning
Engineering
Land Surveying

ESE Consultants Inc.
7164 Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-4870

DATE: 07/05/11
CHK'D: MJB

SCALE: 1"=40'
JOB#: 1214

FILE: LOT_7 Henley Car
DRAWN: MJB

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 SEWER 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 SEWER 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.

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E & S CONTROLS PER PLAN f 05-031

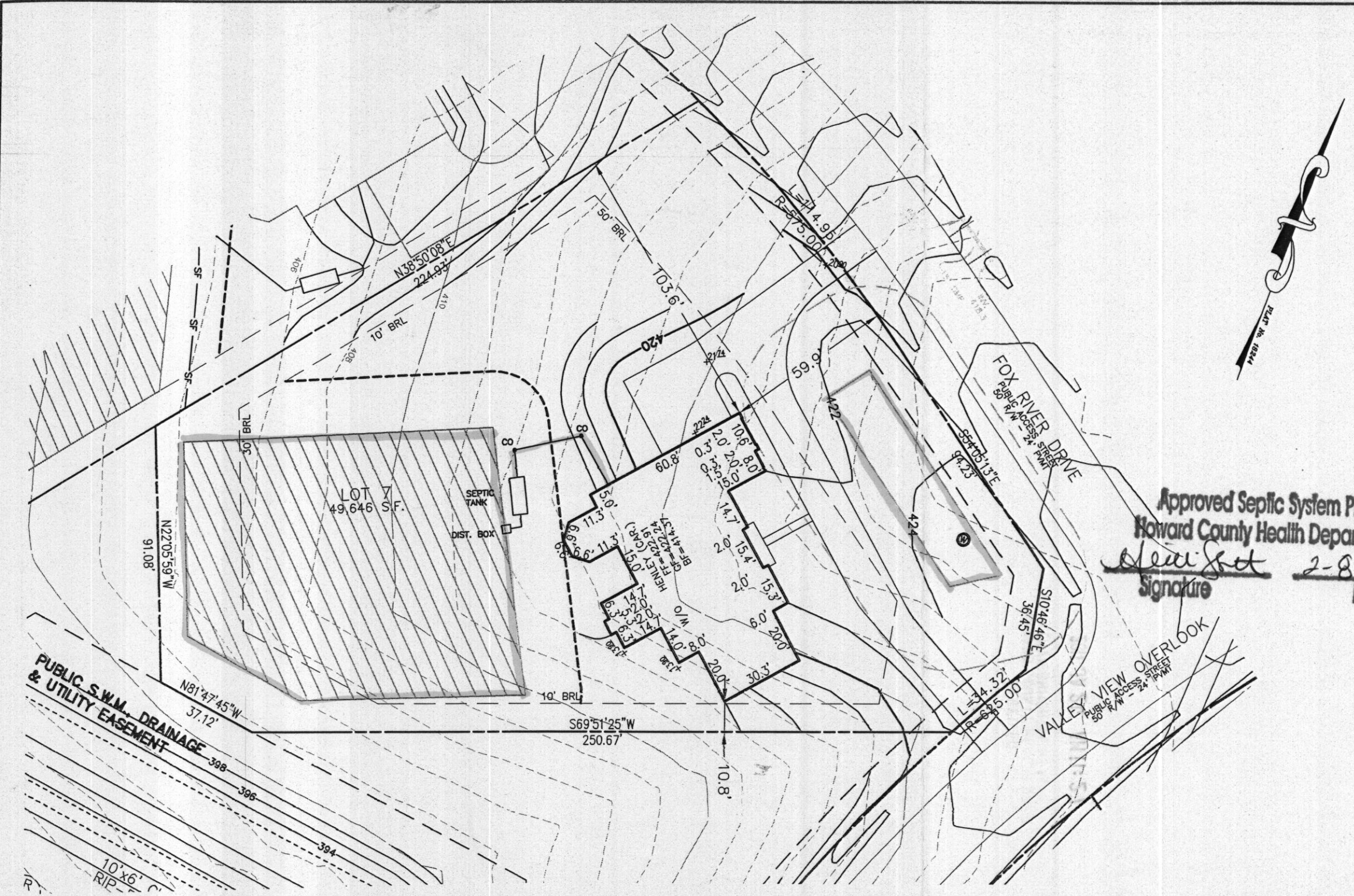
CULVERT FOR DRIVEWAY INSTALLED.

INV. @ HOUSE	411.5
GROUND @ INV. @ HOUSE	417.0
INV. IN TANK	410.8
INV. OUT TANK	410.5
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INV. IN DIST. BOX	410.3
INV. OUT DIST. BOX	410.0
GROUND @ BOX	414.0

ADDRESS: 11503 FOX RIVER DRIVE
ELLCOTT CITY, MD 21043

APPROVED:
FOR PRIVATE WATER & PRIVATE SEWERAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

COUNTY HEALTH OFFICER _____ DATE _____



Approved Septic System Plan
Howard County Health Department
Henley Car
Signature 2-8-11
Date



TYPE: HENLEY (CAROLINA)-
WALKOUT BASEMENT
ADD'L 1' TO HEIGHT OF BASEMENT
SUPER EXPANDED FAMILY ROOM
NAPLES SUNROOM
GRAND CONSERVATORY

OPTION NO. 017
OPTION No. 070
OPTION No. 534
OPTION No. 529
OPTION No. 037

PERMIT PLOT PLAN
LOT #7
HOMEWOOD CROSSING
LIBER 9808, FOLIO 204
PLAT No. 17896
THIRD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

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DATE: 12/20/10 SCALE: 1"=40' FILE: LOT_7 Henley Car
CHK'D: MJB JOB#: 1214 DRAWN: GVS

