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DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3530 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 515-2455 INSPECTIONS (410) 515-1810 AUTOMATED INFORMATION (410) 515-3000		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER <u>B 00160145</u>	
Building Address <u>11507 Fox River Drive</u> <u>Ellicott City MD 21042</u>			Property Owner's Name <u>Tull MD 3 LP</u>		
Suite/Apt #: <u>05-441374</u> SDP/WPI/Petition #: _____			Address <u>7164 Columbia Gateway Dr #230</u>		
Census Tract <u>605101</u> Subdivision <u>Woodway</u>			City <u>Columbia</u> State <u>MD</u> Zip Code <u>21046</u>		
Section _____ Area _____ Lot <u>8</u>			Home Phone _____ Work Phone <u>410-489-6292</u>		
Tax Map <u>29</u> Parcel <u>28</u> Grid <u>9</u>			Applicant's Name & Mailing Address, (if other than stated hereon): _____		
Zoning <u>RC</u> Map Coordinates <u>1433</u> Lot size <u>1.10 Ac</u>			Phone _____ Fax _____		
Existing Use <u>Vacant Lot</u>			Contractor Company <u>Tull MD 3 LP</u>		
Proposed Use <u>Residential Home</u>			Contact Person <u>Nathan Bridle</u>		
Estimated Construction Cost \$ <u>350,000</u>			Address <u>7164 Columbia Gateway Dr #230</u>		
Description of Work <u>Water, sewerage w/</u> <u>conservatory and playground</u>			City <u>Columbia</u> State <u>MD</u> Zip Code <u>21046</u>		
Occupant or Tenant <u>Tull MD 3 LP</u>			License No. <u>678</u>		
Contact Name <u>Nathan Bridle</u>			Phone <u>410-489-6292</u> Fax <u>410-489-6293</u>		
Address <u>7164 Columbia Gateway Dr #230</u>			Engineer or Architect Company _____		
City <u>Columbia</u> State <u>MD</u> Zip Code <u>21046</u>			Contact Person _____		
Phone <u>410-489-6292</u> Fax <u>410-489-6293</u>			Address <u>218C Balthasar Valley Pike #418</u>		
City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u>			City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u>		
Phone _____ Fax _____			Phone <u>410-465-6105</u> Fax <u>410-465-6644</u>		

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities	
Height:		Water Supply:	
No. of stories:		Public _____	
Gross area, sq. ft. per floor:		Private _____	
Use group:		Sewage Disposal:	
Construction type:		Public _____	
Reinforced Concrete _____		Private _____	
Structural Steel _____		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
Masonry _____		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Wood Frame _____		Heating System:	
State Certified Modular _____		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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>		Water Supply:	
1st floor: Depth <u>72'</u> Width <u>82'</u> Height <u>12'</u>		Public _____	
2nd floor: <u>72'</u> <u>82'</u> <u>12'</u>		Private _____	
Basement: <u>72'</u> <u>82'</u> <u>10'</u>		Sewage Disposal:	
Finished Basement <input type="checkbox"/> Unfinished Basements _____		Public _____	
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>		Private _____	
No. of Bedrooms <u>4</u>		Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Height: <u>40'</u>		Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Multi-family dwellings:		Heating System:	
No. of efficiency units: _____		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
No. of 1 BR units: _____		Natural Gas <input type="checkbox"/>	
No. of 2 BR units: _____		Propane Gas <input checked="" type="checkbox"/>	
No. of 3 BR units: _____		Sprinkler system: N/A <input type="checkbox"/>	
Other Structure: _____		NFPA #13D _____	
Dimensions: _____		NFPA #13R _____	
Footings: _____		Other: _____	
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 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 ON TO HIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

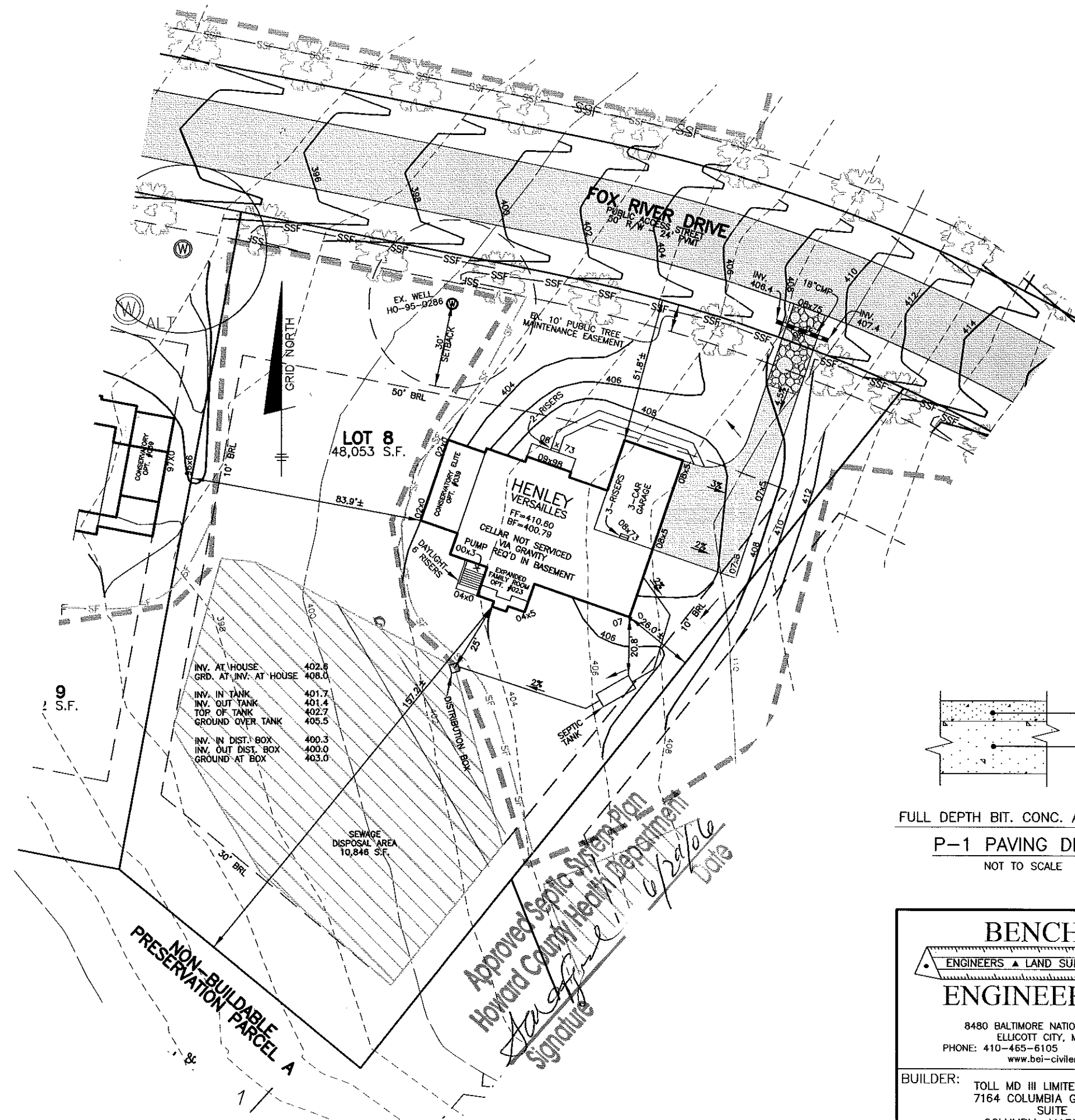
Applicant's Signature: [Signature] Print Name: Nathan Bridle

Title/Company: _____ Date: 2/6/06

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 \$ <u>100.00</u>
State Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>2/20/06</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # <u>3531673</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # <u>116073</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: BED, DPZ Pink: Health Gold: SHA			Accepted by <u>[Signature]</u>	

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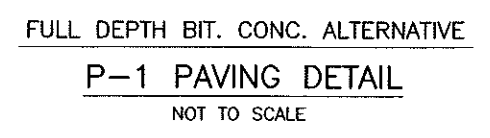


NOTES:

1. THE LOT SHOWN HEREON WAS RECORDED ON 12-13-05 AS PLAT NUMBER 17896. REFER TO THIS PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET 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 SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
3. EXACT LENGTH OF SEPTIC TRENCHES ARE TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PRECONSTRUCTION INSPECTION.
4. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
5. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER F-05-031 AND GP-06-94 AND SHALL COMPLY WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
6. STORMWATER MANAGEMENT FOR THIS LOT WAS PROVIDED UNDER F-05-031.
7. THE EXISTING WELL (TAG NO. HO-95-0286) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. ON 6-7-06 AND IS ACCURATELY SHOWN.
8. DRIVEWAY CULVERT COMPUTATIONS HAVE BEEN PROVIDED WITH THIS BUILDING PERMIT PLOT PLAN. THE CULVERT SHALL BE 18" CMP OR ELLIPTICAL EQUIVALENT.

LEGEND

- EXISTING CONTOURS ESTABLISHED UNDER F-05-031
- FIELD SURVEYED WELL LOCATION
- STREET TREES INSTALLED UNDER F-05-031
- INDICATES WALK-OUT BASEMENT LOCATION
- STABILIZED CONSTRUCTION ENTRANCE INSTALLED UNDER GP-06-94
- SUPER SILT FENCE INSTALLED UNDER F-05-031
- SUPER SILT FENCE INSTALLED UNDER GP-06-94
- SILT FENCE INSTALLED UNDER F-05-031
- LIMIT OF DISTURBANCE UNDER F-05-031



<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 www.bei-civilengineering.com</p>		<p>HOMEWOOD CROSSING PLOT PLAN LOT 8</p> <p>11507 FOX RIVER DRIVE TAX MAP 29, GRID 9 - PARCEL 28 3rd ELECTION DISTRICT HOWARD COUNTY, MARYLAND</p>	
<p>BUILDER: TOLL MD III LIMITED PARTNERSHIP 7164 COLUMBIA GATEWAY DRIVE SUITE 230 COLUMBIA, MARYLAND 21046 410-872-9105</p>		<p>HOUSE TYPE: HENLEY VERSAILLES ELEVATION</p>	
<p>DATE: JUNE 8, 2006</p>		<p>PROJECT NO. 1913</p>	
<p>SCALE: 1" = 40'</p>		<p>DRAWING 1 OF 1</p>	