

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
B-160146

G-9534

Building Address 11535 Fox River Dr
05-441498 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: #17891
 Census Tract _____ Subdivision _____
 Section 605101 Area _____ Lot 19
 Tax Map 29 Parcel 28 Grid 9
 Zoning RCDEH Map Coordinates 1433 Lot size 1.21A

Property Owner's Name TOLL MD 2 LP
 Address 7164 COLUMBIA GATEWAY DR
 City Columbia State MD Zip Code 21046
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
439-6292
 Phone 410-872- Fax 410-872-9141

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ _____
 Description of Work Custom SFD-

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. 5418
 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: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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	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	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Height: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <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: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <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 POSTING NOTICES.

Applicant's Signature _____
 Title/Company _____

Print Name _____
 Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

69872


FOR OFFICE USE ONLY

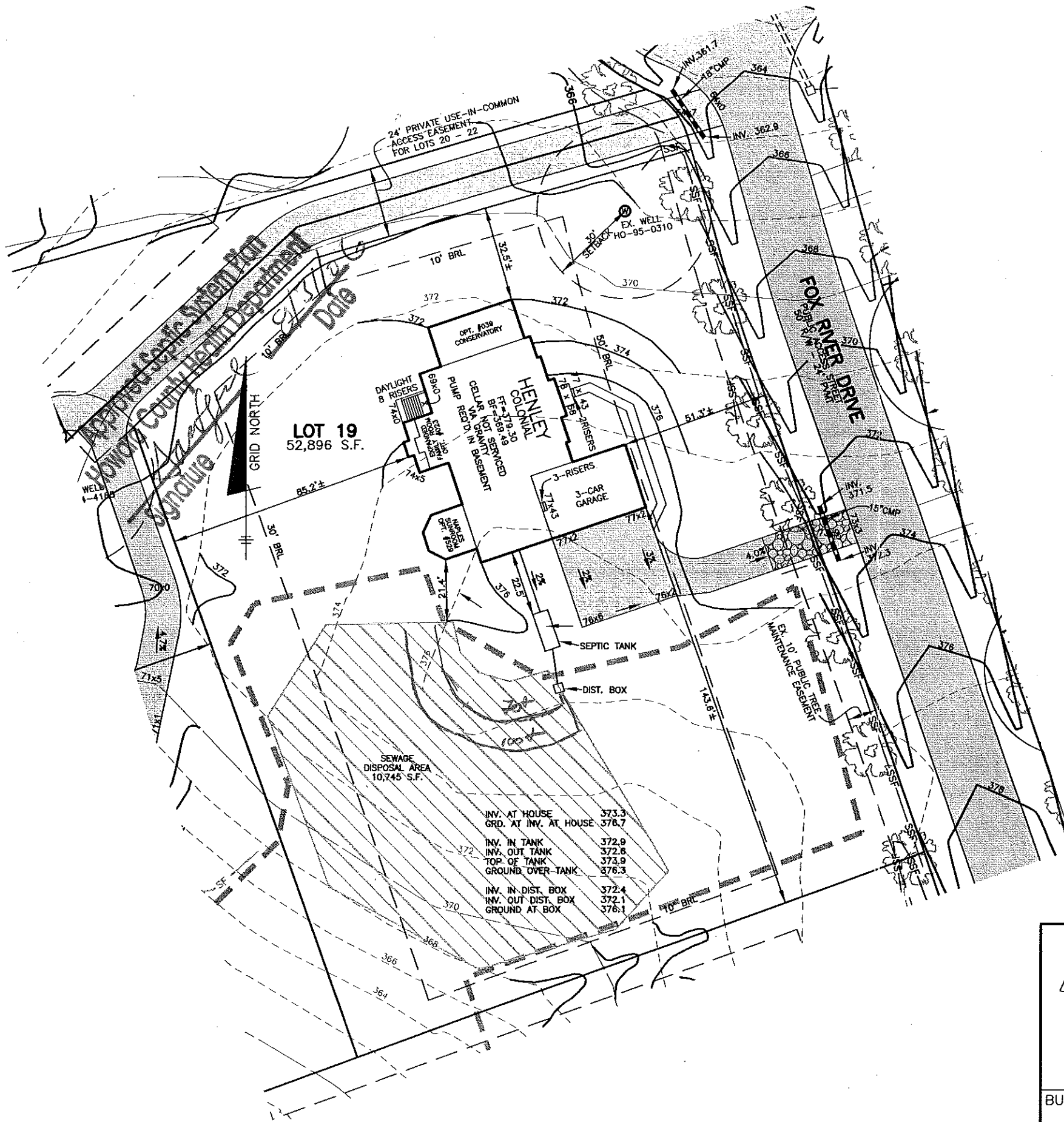
DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY USE
_____	_____	Front: _____ Rear: _____ Side: _____ Side 2: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee: \$ _____ Permit fee: \$ _____ Excise fee: \$ _____ Add'l per. fee: \$ _____ TOTAL FEES: \$ _____ Sub-total paid: \$ _____ Balance due: \$ _____ Check: <u>\$1634.35</u> Validation: <u>\$116.75</u>
_____	_____	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/DPZ approval date: _____	Accepted by: _____

CONCURRENT CONSTRUCTION START:
 ONE STOP SHOP:

Green LDD, DPZ Yellow DED, DPZ Pink Health Gold SHA

NOTES:

1. THE LOT SHOWN HEREON WAS RECORDED ON 12-13-05 AS PLAT NUMBER 17891. 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 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 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 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-95-0310) 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 15" CMP OR ELLIPTICAL EQUIVALENT.



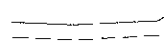



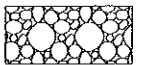
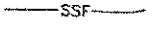
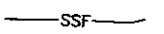
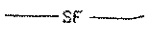

REVISED

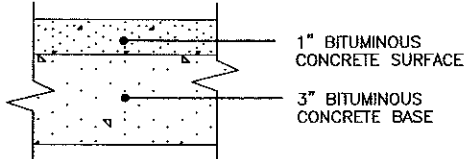
Date: 8/10/06

Comments: Book 44

11535 Fox River Dr

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



FULL DEPTH BIT. CONC. ALTERNATIVE

P-1 PAVING DETAIL

NOT TO SCALE

BENCHMARK ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE SUITE 418
 ELLICOTT CITY, MARYLAND 21043
 PHONE: 410-465-6105 FAX: 410-465-6644
 www.bei-civilengineering.com

BUILDER: TOLL MD III LIMITED PARTNERSHIP
 7164 COLUMBIA GATEWAY DRIVE
 SUITE 230
 COLUMBIA, MARYLAND 21046
 410-872-9105

HOMWOOD CROSSING PLOT PLAN LOT 19

11535 FOX RIVER DRIVE
 TAX MAP 29, GRID 9 - PARCEL 28
 3rd ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

HOUSE TYPE: HENLEY COLONIAL ELEVATION

DATE:	AUGUST 9, 2006	PROJECT NO.	1913
SCALE:	1" = 40'	DRAWING	1 OF 1

Toll Brothers

America's Luxury Home Builder™

RECEIVED

August 10, 2006

AUG 10 2006

Avis Corbin
Howard County
Department of Inspections, Licenses and Permits
3430 Courthouse Drive
Ellicott City, Maryland 21042

LICENSES & PERMITS
DIVISION

CK 8661819

\$ 50.00


11535 Fox River Drive
Ellicott City, MD 21042

B00160146 Inv. 58118

Dear Ms. Corbin:

Enclosed, please find a revision to the plot plan for the above referenced permit. The original plot plan was revised to add a Naples Sunroom Addition. Please contact myself at 443-506-9446 or Dave Thompson at Benchmark Engineering should you have any further questions concerning this revision.

Sincerely,



Nathan Beidle
Asst. Project Manager
Patuxent Chase/Toll Brothers Inc.

Plot Plan
scanned
hard copies
forwarded
cc: DP2
Health Dept
Dev Eng

OK
9/31/06
SP

New York Stock Exchange • Symbol TOL
Maryland Division

7164 Columbia Gateway Drive, Suite 230, Columbia, MD 21046

(410) 872-9105 • Fax (410) 872-9141

www.tollbrothers.com