

Building Address: 10751 Harbor View Lane
Ellicott City, MD 21043

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

Census Tract: _____ Subdivision: Howard County

Section: _____ Area: _____ Lot: 22

Tax Map: 34 Parcel: 77 Grid: 11

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Commercial

Proposed Use: Commercial

Estimated Construction Cost: \$ 1,000,000

Description of Work: 2nd floor addition, 11 bedrooms, 11 bathrooms, (2) 1/2 bath, 11 closets

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Howard County

Address: 3430 Court House Drive

City: Ellicott City State: MD Zip Code: 21043

Home Phone: _____ Work Phone: _____

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

Phone: 410-313-1811 Fax: 410-313-1811

Email: _____

Contractor Company: Howard County

Contact Person: _____

Address: _____

City: _____ State: MD Zip Code: 21043

License No.: _____

Phone: 410-313-1811 Fax: 410-313-1811

Email: _____

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
Area of construction (sq. ft.):	<u>Sewage Disposal</u>
Use group:	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
	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 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 type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input 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>5</u>	<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 type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<input type="checkbox"/> Manufactured Home	

I, 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: _____

mail Address: _____

Date: _____

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>Benard</u>
Fire Protection		

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? Yes No

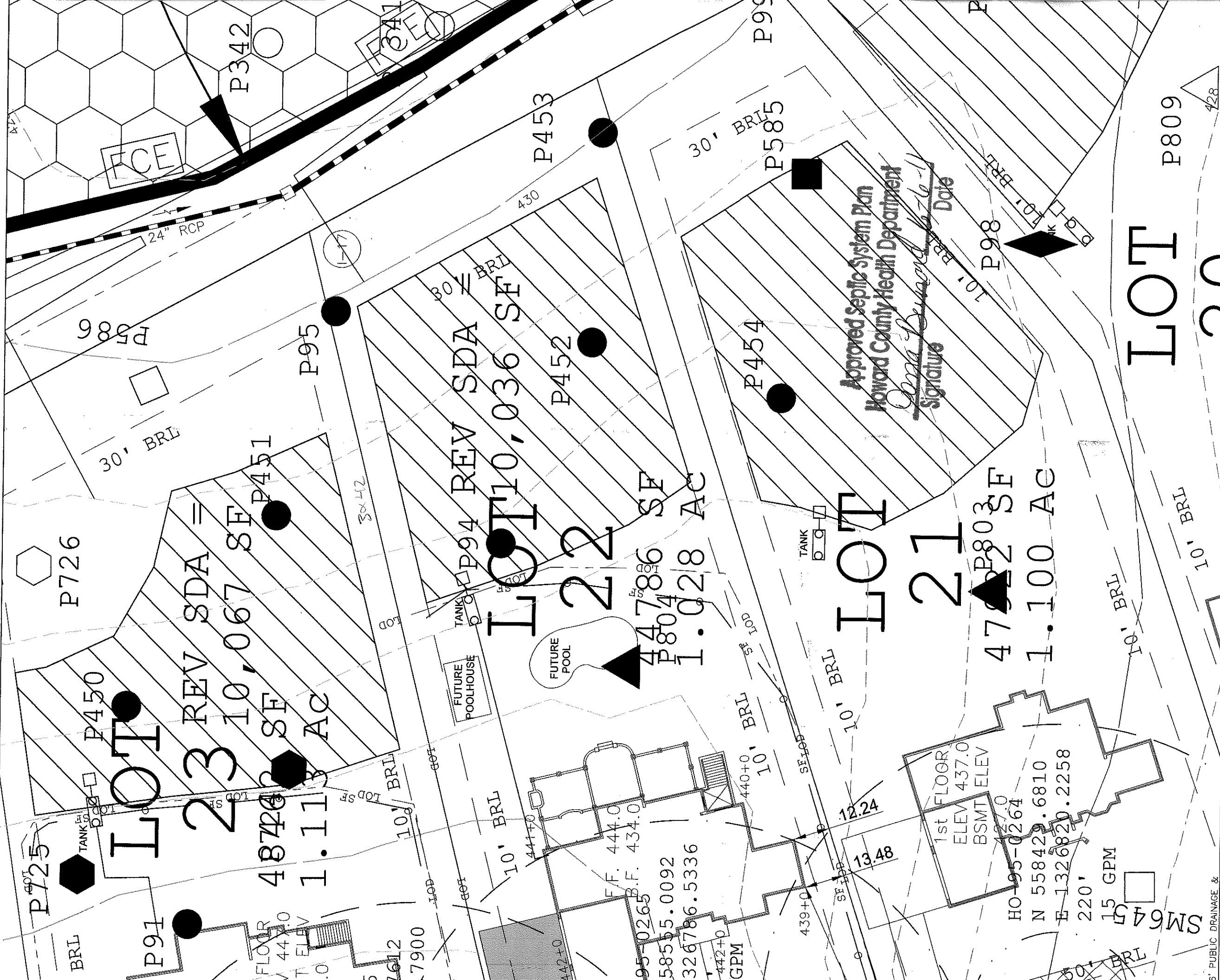
Is Entrance Permit Required? Yes No

Historic District? Yes No

Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

Filing Fee	\$ <u>1,000.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$



PROPOSED ELEVATIONS:

TOP OF BASEMENT SLAB: 434.0
 TOP OF FOUNDATION WALL: 442.8
 TOP OF FIRST SUBFLOOR: 444.0
 INVERT OUT OF HOUSE: 439.0
 INVERT INTO TANK: 433.5
 INVERT INTO DISTRIBUTION BOX: 433.0

SITE SPECIFIC NOTES

1. Plot Plan Lot # 22
2. ALL DRIVEWAY CULVERTS ARE TO BE 15" RCP OR HDPE WITH MINIMUM 9" COVER
3. ANY WELL DRILLED WITHIN 10' OF DRIVEWAY TO BE PROTECTED WITH TWO BOLLARDS.
4. PAVING SPECIFICATIONS: 2" ASPHALT OVER 4" CR-6 OR 2.5" ASPHALT OVER 1.5" OVERLAY

THIS AREA ARE PRIVATE SEWAGE

EFFORTS.

TAGGED WELL DATA
 TAG NUMBER: HO-95-0265
 NORTHING: 55855.0092
 EASTING: 1326786.5336
 WELL YIELD: 12 GPM
 WELL DEPTH: 285'

OWNER: Dhond
BUILDER: Compass Homes
 6206 Heather Glen Way
 Clarksville, MD 21029
SCALE: 1:30
DATE: 5/11/11

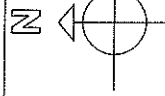
PROJECT NAME:
 Dhond Residence
 PC-22
 PRESERVE @ CLARKSVILLE
 CLARKSVILLE
 HOWARD COUNTY
 MARYLAND

TITLE:

PURPOSE:
 CONSTRUCTION OF NEW SINGLE FAMILY DETACHED DWELLING

2730 sq.ft.
 2098 sq.ft.
 2364 sq.ft.
 5

GRADE AT HOUSE INVERT: 441.0
 GRADE AT SEPTIC TANK: 436.0
 GRADE AT DISTRIBUTION BOX: 435.5
 GRADE AT TRENCHES: 435.0



Approved Septic System Plan
 Howard County Health Department
Anna Leonard
 Signature Date

HO-95-0264
 N 558429.6810
 E 1326820.2258
 220'
 15 GPM

1st FLOOR
 ELEV 437.0
 BSMT ELEV 427.0

10' BRL
 10' BRL
 10' BRL

LOT
 20

LOT
 21

LOT
 22

LOT
 23

REV SDA =
 10,067 SF
 1.113 AC

REV SDA =
 10,036 SF

REV SDA =
 10,036 SF

FCE

24" RCP

30' BRL

P726

P725

P450

FLOOR
 ELEV 442.0

TANK ELEV 442.0

4872 SF

P451

1.113 AC

P451

P95

442+0

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

442+0

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

FUTURE POOL

4786 SF

P452

P453

F.F. 444.0

B.F. 434.0

4804 SF

P454

P455

P456

95-0265

58555.0092

326786.5336

442+0

GPM

439+0

SE LOP

439+0

12.24

13.48

SE LOP

440+0

10' BRL

10' BRL

440+0

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

440+0

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

440+0

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

440+0

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

440+0

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

440+0

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

440+0

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

440+0

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

440+0

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

440+0

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

440+0

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

440+0

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

440+0

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

440+0

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

440+0

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

440+0

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

440+0

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

440+0

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

440+0

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

440+0

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

440+0

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

440+0

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

440+0

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

440+0

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

440+0

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

440+0

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL

440+0

10' BRL

10' BRL

30' BRL

30' BRL

30' BRL

30' BRL