

FIRST FLOOR ELEV = 509.0'±  
 ADDRESS: 3030 HOBBS ROAD

**LOT 20**  
**ROSEBAR PROPERTY**  
 LOTS 14 THRU 22 & PRES. PARCEL A  
 A RESUBDIVISION OF LOTS 10 THRU 13

PLAT NO. 14033  
 ELECTION DISTRICT No. 4  
 HOWARD COUNTY, MARYLAND

THE INFORMATION SHOWN HAS BEEN ESTABLISHED BY CURRENT ACCEPTABLE SURVEY PROCEDURES AND FROM AVAILABLE RECORD INFORMATION. THIS DRAWING IS TO BE USED FOR TITLE TRANSFER FINANCING, OR REFINANCING ONLY AND IS NOT TO BE USED FOR THE ESTABLISHMENT OF PROPERTY LINES, LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.

**MILDENBERG**  
**BOENDER, & ASSOC., INC.**

Engineers Planners Surveyors  
 5072 Dorsey Hall Drive, Suite 202, Elkridge, MD 21029



B00128789

Building Address 3030 Hobbs Rd  
Glenwood Md 21738

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6040 Subdivision Resolar

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 20

Tax Map 14 Parcel 221 Grid 23

Zoning PP-D10 Map Coordinates 9DS Lot size \_\_\_\_\_

Property Owner's Name Michael + Margaret Pritchard

Address 8376 Glenmar Road

City Ellicott City State MD Zip Code 21043

Home Phone 410 750 0491 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):  
PATUXENT BUILDERS INC  
3330 SANG RD.  
Glenwood MD 21738  
Phone 443-829 2132 Fax 410 442 4691

Existing Use VACANT LOT

Proposed Use SFD

Estimated Construction Cost \$ 120,000.00

Contractor Company PATUXENT BUILDERS INC

Contact Person Jerry L. Rushing

Description of Work Erect a wood frame 2-story dwelling - 3 car attached garage - rough-in for future bath - full front porch - 5 bedrooms - 2.5 bath.

Address 3330 Sang Rd

City Glenwood State MD Zip Code 21738

License No. MBR 363

Phone 410 829 2132 Fax 410 442 4691

Occupant or Tenant N/A

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company N/A

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: Public _____ Private _____
No. of stories: _____	Sewage Disposal: Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: 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: Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>34</u> <u>36-8</u>	Sewage Disposal: Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>36</u> <u>36-8</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>34</u> <u>36-8</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms <u>5</u>	Propane Gas <input checked="" 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: N/A <input checked="" type="checkbox"/> NFFPA #13D _____ NFFPA #13R _____ Other: _____
Other Structure: <u>ATTACHED 901090</u>	
Dimensions: <u>24x32</u>	
Footings: _____	
Roof: _____	
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 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.

Jerry P. Rushing  
Applicant's Signature  
President / Potuxent Bldrs. Inc  
Title/Company

Jerry L. Rushing  
Print Name  
3/6/01  
Date

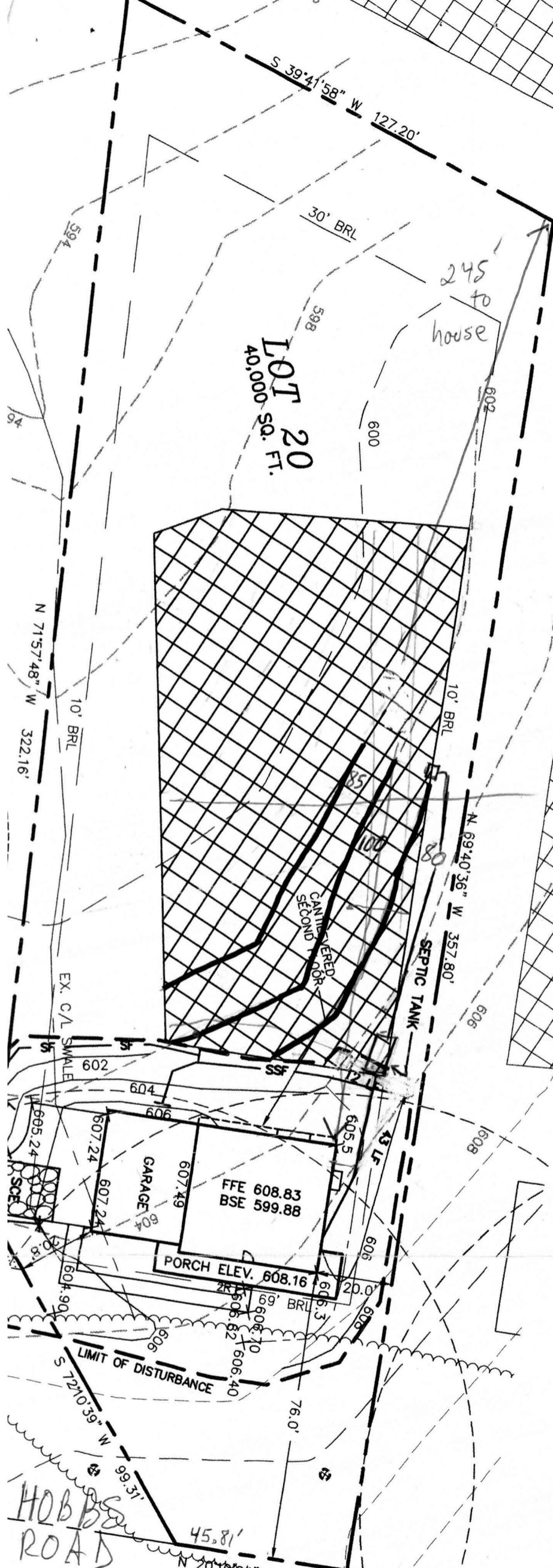
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land and Development, DPZ			Front: _____	49869
State Highways			Rear: _____	Filing fee \$ <u>2500</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ	<u>3/21/01</u>	<u>Mark Refkin</u>	Side St.: _____	Excise tax \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>1003</u>
				Validation # _____
				Accepted by _____

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



Total linear feet of trench required 263 feet  
 Width of trench(es) 2 feet  
 Depth of trench(es) 6 feet  
 Depth of stone required below distribution pipe 4 feet

ROSEBAR PROPERTY,  
 LOT 21 1A033  
 PLAN NO. 1A033  
 Approved Septic System Plan  
 Howard County Health Department

Mark Riffin 3/21/09  
 Signature Date

INV @ HOUSE 603.0  
 S.T. INV IN 602.3  
 INV OUT 602.0  
 EX. EL. @ S.T. 604.8  
 EX. EL. @ D.B. 603.0  
 D.B. INV IN 601.0

1:30  
 PLAN BY MBA

HOBBS ROAD

ROSEBAR PROPERTIES  
LOT 19  
PLAN NO. 140037

LOT 20  
40,000 SQ. FT.

2ND SYSTEM  
45 50 55 60

3rd system  
40 45 50 55 60

1st system

3 systems  
laid out  
@ BP  
3/21/01

