

Building Address 810 Ruffin Road (McK Rd)  
Sykesville, Md 21784

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: GP-01-159

Census Tract 60410 Subdivision HINZMAN PROPERTY

Section N/A Area 4th E.D. Lot 1

Tax Map 8 Parcel 204 Grid 4

Zoning RC-DEB Map Coordinates 407 Lot size \_\_\_\_\_

Property Owner's Name DORSEY FAMILY HOMES

Address 9926 Cypressmade Dr.

City Ellicott City State Md Zip Code 21042

Home Phone 410-465-7200 Work Phone 410-465-0488

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

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

Existing Use Vacant Lot

Proposed Use age family Dwelling

Estimated Construction Cost \$ 95,000

Description of Work JAMES LONGSTREET MODX  
Basement and use 2 story, full  
basement 2 F.B. 1 H.B. (R.I. BSMT) Fireplace  
Bedroom & Garage 4 BR

Contractor Company Dorsey Family Homes

Contact Person Rob Dorsey Sr, Pres

Address 9926 Cypressmade Dr.

City Ellicott City State MD Zip Code 21042

License No. 101

Phone 410-465-7200 Fax 410-465-0488

Occupant or Tenant N/A

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

Address \_\_\_\_\_

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

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

Engineer or Architect Company Architecture Collaborative

Contact Person Dave Robbins President

Address 8390 Main St. Suite 2

City Ellicott City State MD Zip Code 21042

Phone 410-465-7500 Fax 410-465-0703

BUILDING DESCRIPTION - COMMERCIAL	
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 _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: <u>FHA</u>
Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
No. of Bedrooms _____	Natural Gas <input checked="" type="checkbox"/>
<u>JAMES LONGSTREET MODX</u>	Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: N/A <input checked="" type="checkbox"/>
No. of efficiency units: <u>NA</u>	NFPA #13D _____
No. of 1 BR units: _____	NFPA #13R _____
No. of 2 BR units: _____	Other: _____
No. of 3 BR units: _____	
<u>8" Concrete Foundation</u>	
Other Structure: <u>wood frame/section</u>	
Dimensions: _____	
Footings: <u>8" x 16" concrete</u>	
Roof: <u>asph/flt shls</u>	
<u>N/A</u> 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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Robert L. Dorsey Sr, Pres

Title/Company DORSEY FAMILY HOMES

Print Name ROBERT L. DORSEY SR.

Date 4-18-01

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ	<u>5/2/01</u>	<u>Mark Kipper</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

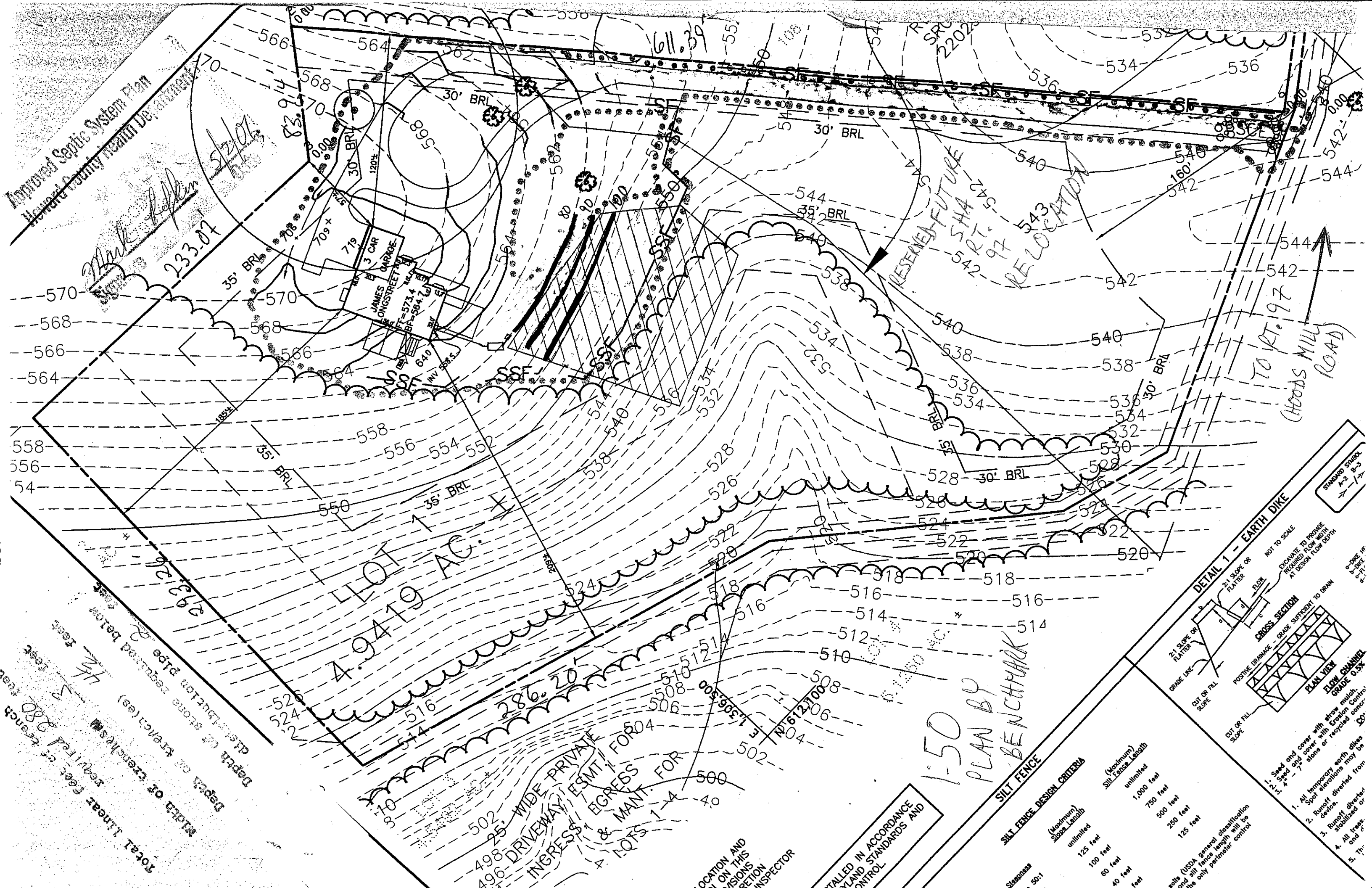
DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input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

PROPERTY ID#	AMOUNT
50379	
Filing fee	\$ <u>25</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check #	<u>1003</u>
Validation #	<u>1003</u>

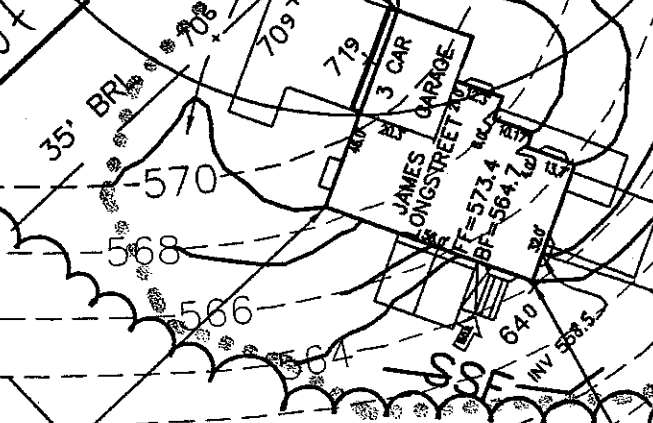
CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

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





Approved Septic System Plan  
 Howard County Health Department  
 Mark Appleton 5/2/07  
 233.07  
 293.26  
 280  
 total linear feet of trench  
 depth of trenches  
 depth of stone required below  
 distribution pipe  
 depth of stone required below  
 distribution pipe



LOT 19 AC.  
 4.9419 AC.  
 286.20  
 498' WIDE PRIVATE DRIVEWAY  
 EGRESS & MANT. FOR A LOTS 1-4

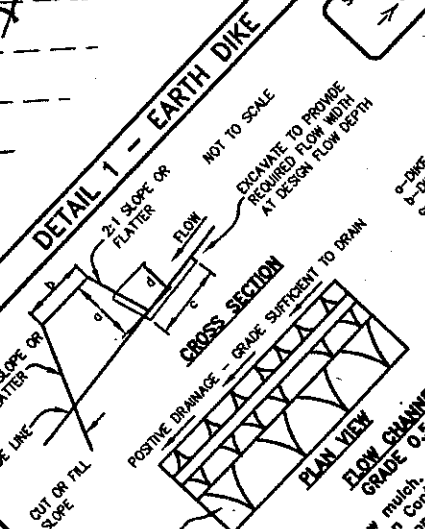
RESERVE-FUTURE RT. 197 RELOCATION  
 TO RT. 197 (HOODS MILLS ROAD)

1:50  
 PLAN BY  
 BENCHMARK

INSTALL IN ACCORDANCE WITH LAND CONTROL STANDARDS AND REGULATIONS

**SILT FENCE DESIGN CRITERIA**

Stagnation	(Maximum) Slope Length	(Maximum) Silts Fence Length
50:1	unlimited	unlimited
	125 feet	1,000 feet
	100 feet	750 feet
	60 feet	500 feet
	40 feet	250 feet
	feet	125 feet



- PLAN VIEW FLOW CHANNEL**  
 GRADE 0.5%
1. Seed and cover with straw mulch.
  2. Seed and cover with Erosion Control fabric.
  3. Runoff diverted from silt fence.
  4. All trees stabilized or removed.
  5. The...

(USDA) general classification and silt fence length will be the only perimeter control