

Building Address: 14907 Michele Dr Glenelg MD 21137

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

Census Tract: _____ Subdivision: Warfields

Section: _____ Area: _____ Lot: 68

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD

Proposed Use: SFD

Estimated Construction Cost: \$ 8000

Description of Work: Install a 1000 gal inground propane tank

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Ten Oaks Properties

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

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

Phone: _____ Fax: _____

Email: _____

Contractor Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License No. : _____

Phone: _____ Fax: _____

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
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction type:	Heating System
<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	Sprinkler System:
<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>
Depth Width	<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	Heating System
No. of Bedrooms:	<input type="checkbox"/> Electric
Multi-family Dwelling	<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	

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 _____

Email Address _____

Date _____

Title/Company _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

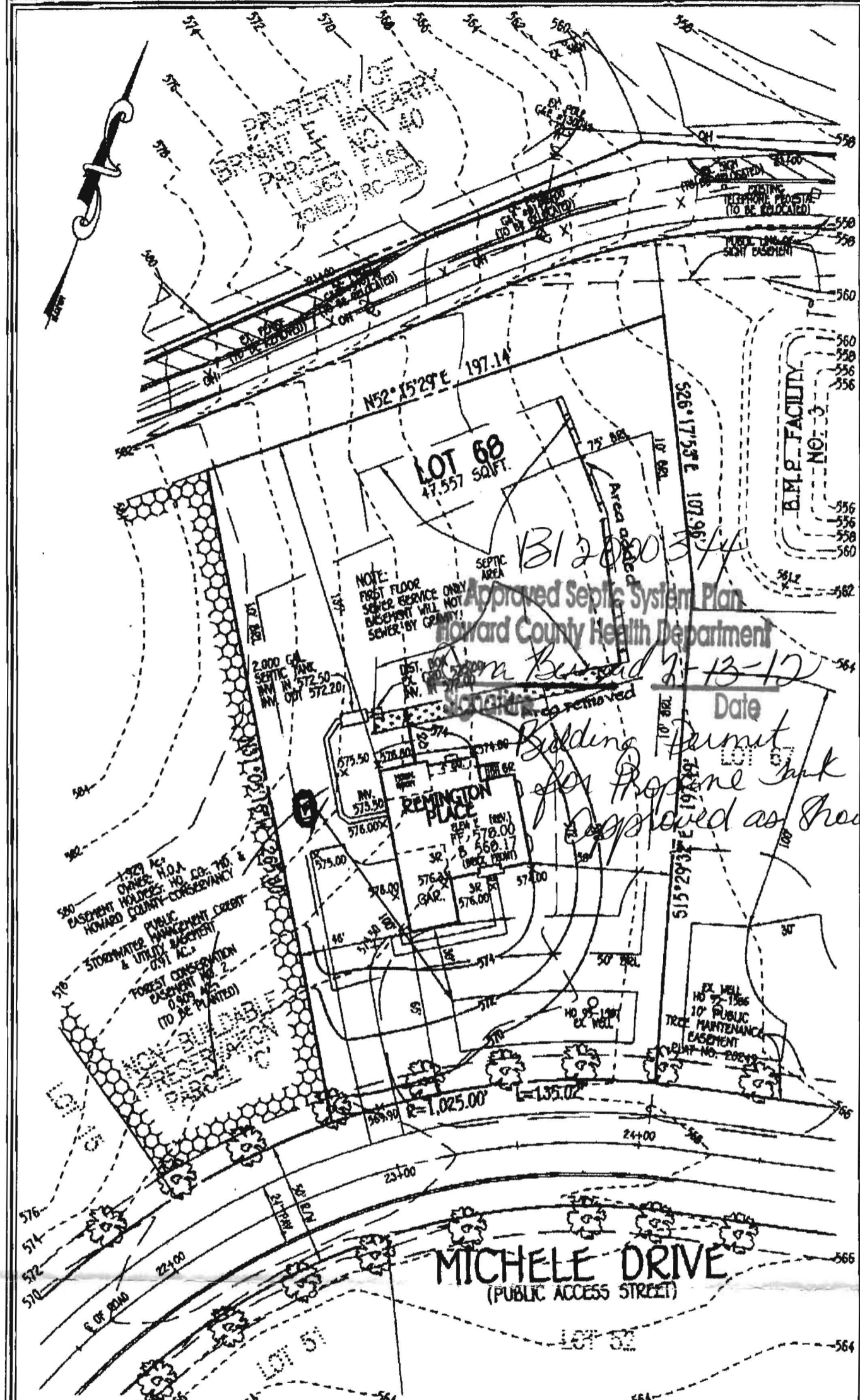
PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>2-13-12</u>	<u>Rana Bernard</u>
Fire Protection		

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$ <u>100</u>
Permit Fee	\$ <u>1000</u>
Tech Fee	\$ <u>100</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$ <u>100</u>
Total Fees	\$ <u>1200</u>
Sub- Total Paid	\$ <u>1100</u>
Balance Due	\$ <u>100</u>



Approved Septic System Plan
 Howard County Health Department

B12000344
 Date *7-13-12*
 Building Permit
 for *Propane tank*
 approved as shown

MICHELE DRIVE
 (PUBLIC ACCESS STREET)

THE WARFIELDS II

LOT 68

B12000344 SECTION TWO

ZONED: RC-DEO

TAX MAP NO.: 21 GRID NO.: 23 PARCEL NO.: 55
 4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: OCTOBER, 2011

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10772 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2895

*low gal tank 14907 Michele Dr.
 Glenelg, MO. 21737*

Permits: 410-313-2455
 Inspections: 410-313-1810
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
 Department of Inspections, Licenses & Permits
 3430 Court House Drive
 Ellicott City, MD 21043

Permit Number:

B/1003289

01/1000229

Building Address: 14907 Michele Dr.
Greenlg, MD
 Suite/Apt. # _____ SDP/WP/BA #: GP10-92
 Census Tract: _____ Subdivision: Northfield Estates
 Section: _____ Area: _____ Lot: 8068
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: vacant lot
 Proposed Use: Single Family house
 Estimated Construction Cost: \$ 300,000
 Description of Work: New 2 story "Remington Place" with 3 car garage, morning room 4' EXT Family Room, sitting area w/ covered porch finished basement
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: NVR Inc.
 Address: 9720 Patuxent Woods D
 City: Columbia State: MD Zip Code: 21046
 Home Phone: N/A Work Phone: 410-379-59
 Applicant's Name & Mailing Address, (if other than stated herein):
Jim Kerwin
P.O. Box 552, Woodbine, MD, 21797
 Phone: 443-309-7792 410-489-0552
 Email: _____

Contractor Company: NV Homes
 Contact Person: Ryan Johnson
 Address: 9720 Patuxent Woods D
 City: Columbia State: MD Zip Code: 21046
 License No.: 56
 Phone: 410-379-5956 Fax: 410-379-2430
 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
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	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 checked="" 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: <u>66</u> x <u>54</u>	<input checked="" type="checkbox"/> Private
2 nd floor: <u>32</u> x <u>54</u>	<u>Sewage Disposal</u>
Basement: <u>56</u> x <u>54</u>	<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>4</u>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<input type="checkbox"/> Manufactured Home	

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Jim Kerwin
 Applicant's Signature

Jim Kerwin
 Print Name

agent / NV Homes
 Email Address

10/3/2011
 Date

LEGEND

- EXISTING 2' CONTOURS
- EXISTING 10' CONTOURS
- EXISTING TREE LINE
- GLB2
HLC2 SOIL LINES AND TYPES
- ⊖ DENOTES FAILED PERC
- DENOTES PASSED PERC
- DENOTES 1500 Sq.Ft. ALTERNATE WELL SITE
- DENOTES AREA TO BE REMOVED
- ▨ DENOTES NEW SEPTIC AREA
- DENOTES EXISTING WELL
- EX WELL
HO 95-1587




SOILS LEGEND

SOIL	NAME	CLASS
GIC2	Glenelg loam, 0 to 15 percent slopes, moderately eroded	B

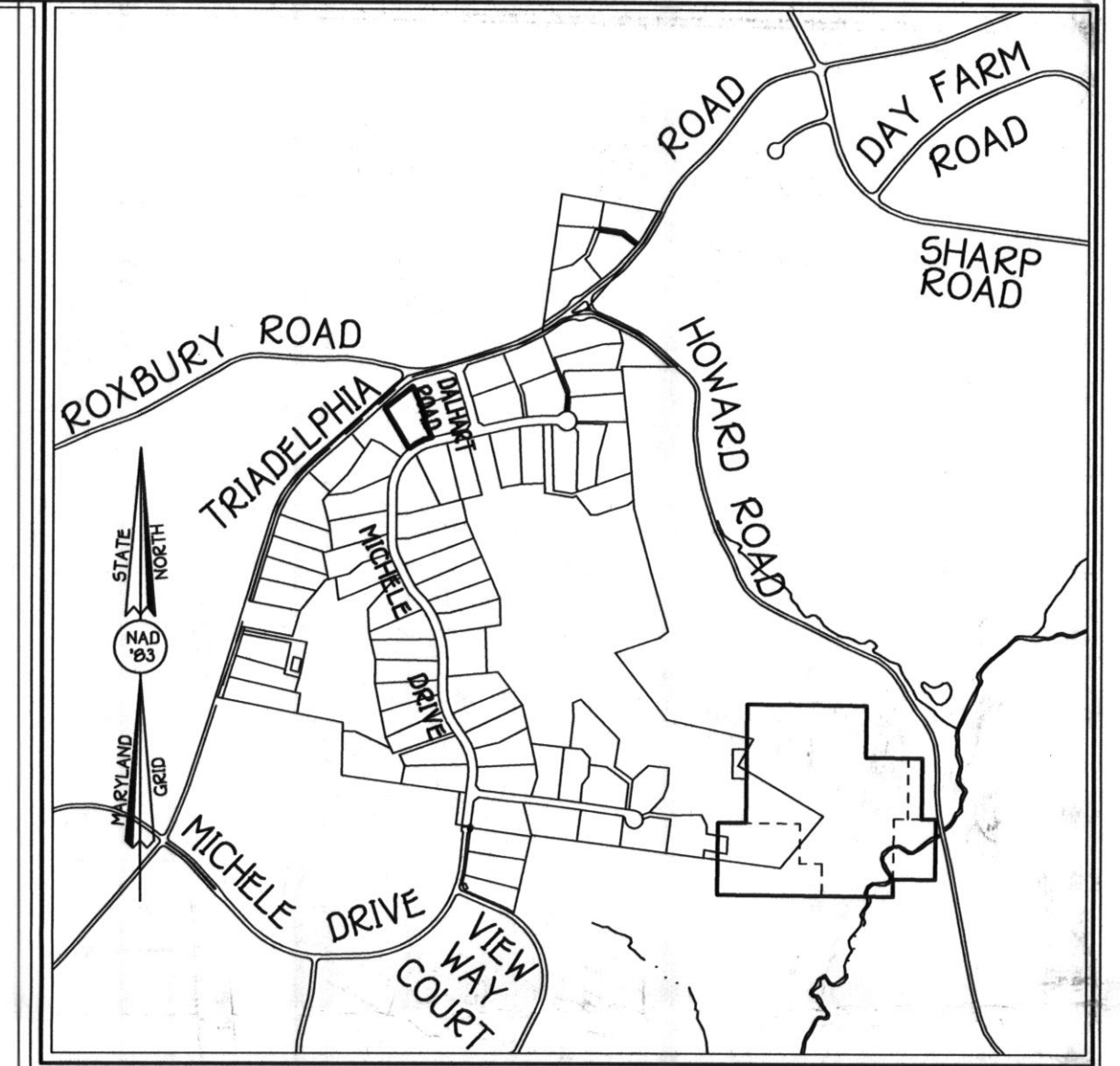
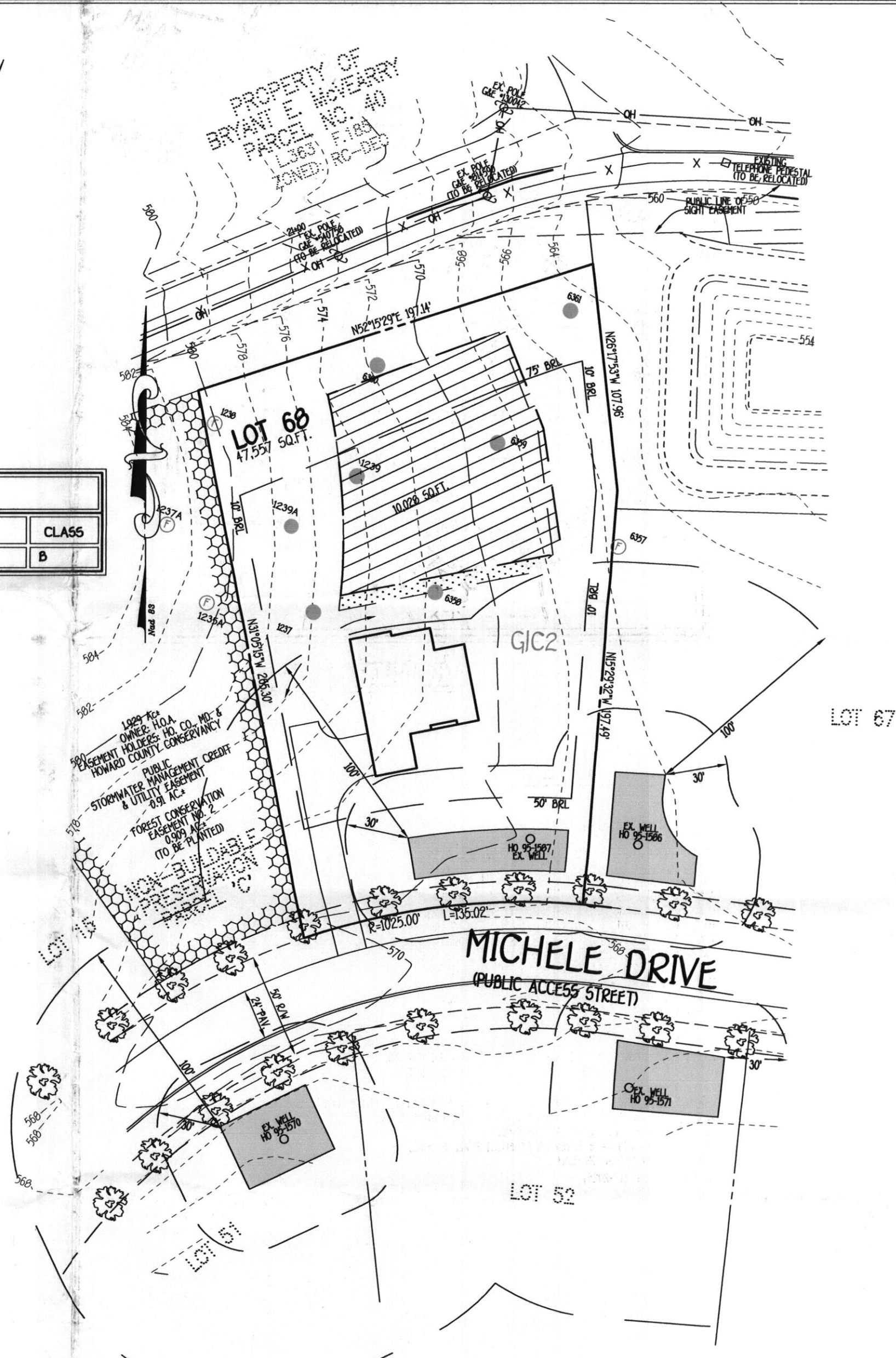
NOTES:

- * Hydric soils and/or contains hydric inclusions
- ** May contain hydric inclusions
- † Generally only within 100-year floodplain areas

Approved Septic System Plan
 Howard County Health Department
Dana Beard 11-22-11
 Signature Date
 BP# 1100 3289

PERC CERTIFICATION
 I certify that the locations shown herein are based on field locations done under my direct supervision and are correct to the best of my professional knowledge and belief.

 Signature of Professional Land Surveyor: *August W. Glass* 10/24/11
 August W. Glass, Professional Land Surveyor No. 21514 Expires 07/14/13 /Date

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS,
 HOWARD COUNTY HEALTH DEPARTMENT.
Anton for Peter Bilenxon 11/3/2011
 COUNTY HEALTH OFFICER /DATE



VICINITY MAP

SCALE : 1" = 1200'

GENERAL NOTES:

1. Hatched area designates a private sewerage easement of at least 10,000 square feet as required by the Maryland State Department of the Environment for individual sewerage disposal improvements of any nature in this area. These easements 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 shall not be necessary.
2. Adjustments to septic easement area is not permitted without additional testing.
3. The lot shown hereon complies with the minimum ownership width and lot area as required by the Maryland State Department of the Environment.
4. Existing wells and/or sewerage easements within 100 feet of the property have been shown from all reasonable efforts.
5. All house sites shown comply with minimum building restriction regulations.
6. Topography shown is from Howard County GIS topography at 2' contour interval.
7. Boundary outline based on available deed of record without the benefit of a field survey at this time.
8. Any changes to a private sewerage easement shall require a revised PERC certification plan.
9. PLAT REFERENCE 20247-20254

LOT 68
 PERC RECERTIFICATION PLAN
THE WARFIELDS II
 SECTION TWO

LOTS 6-68, CEMETERY OPEN SPACE LOT 69,
 BUILDABLE PRESERVATION PARCEL A AND NON-BUILDABLE
 PRESERVATION PARCELS 'B' THRU 'I'

TAX MAP *21 ZONED:RC-DEO PARCEL: 55, 96, 109 & 114
 FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1"= 50' SHEET 1 OF 1 DATE: OCTOBER 24, 2011