

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B/DW 2701

Building Address 2232 Millers Mill Rd
Crooksville MD 21723

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

Census Tract _____ Subdivision Park Heights

Section _____ Area _____ Lot #1

Tax Map 141 Parcel 11/4 Grid 4

Zoning _____ Map Coordinates _____ Lot size 3.11 @

Property Owner's Name Chris Cumberland

Address 818 Windrose Dr

City Sikeston State MD Zip Code 21784

Home Phone _____ Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
Jessie C. Cumberland

Phone 410-272-2204 Fax 410-272-2204

Existing Use SLT

Proposed Use SDP

Estimated Construction Cost \$ 6000

Description of Work
Install a 500 gal propane tank
(UG)

Contractor Company Viking

Contact Person _____

Address 7201 Park Heights Rd

City York State MD Zip Code 21784

License No. 07707

Phone 410-772-1111 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 <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" 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"/>	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"/>
No. of Bedrooms: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFFA #13D <input type="checkbox"/> NFFA #13R <input type="checkbox"/> Other: _____
Height: _____	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
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 _____

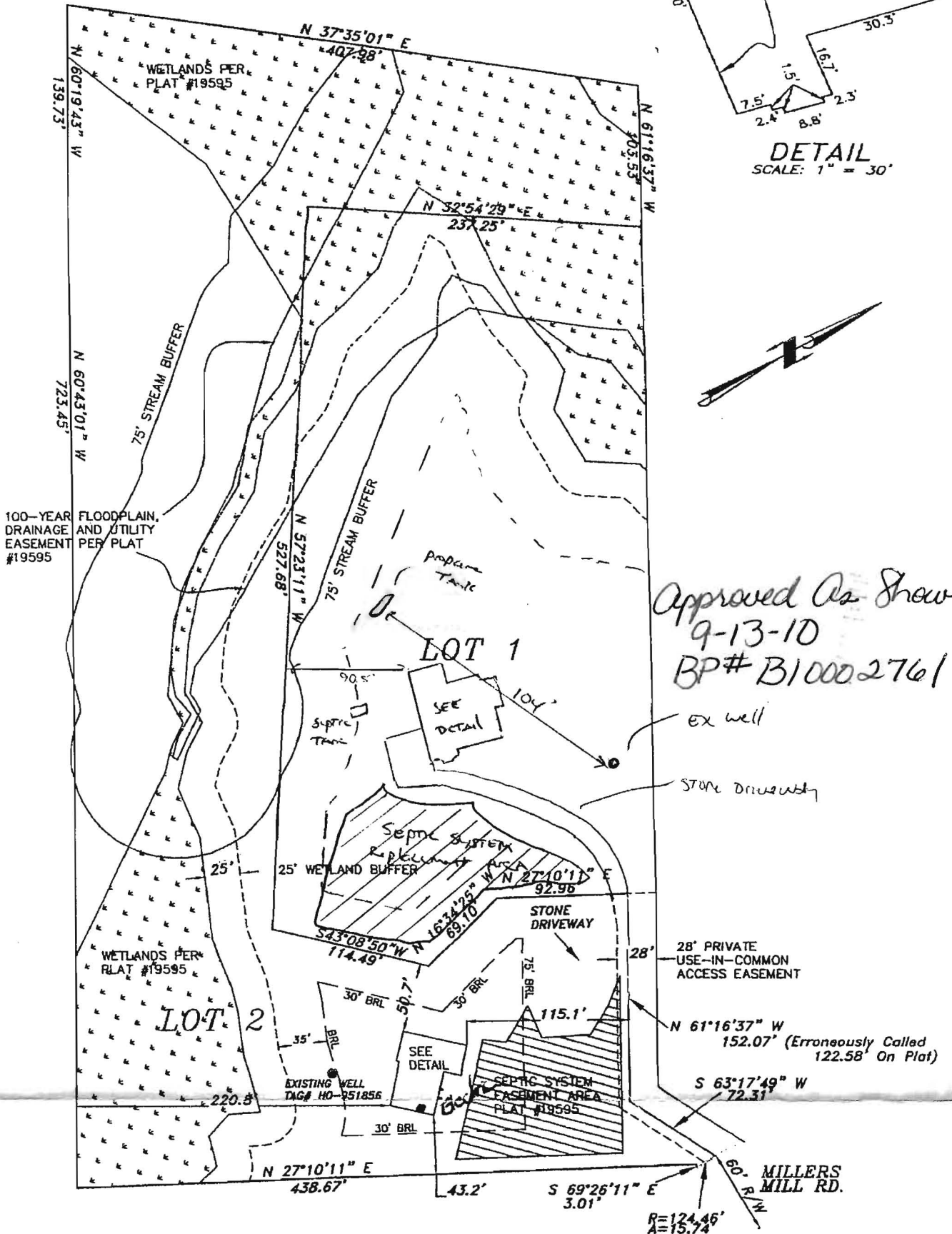
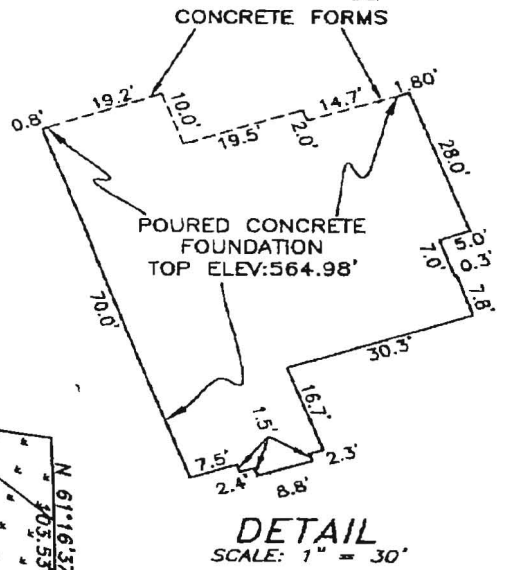
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>9-13-10</u>	<u>D/Bernall</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____

NOTES:

1. ACCURACY OF BUILDING MEASUREMENTS: 0.1'
2. ACCURACY OF SETBACK DIMENSIONS: 0.2'
3. ACCURACY OF BUILDING ELEVATIONS: 0.2'
4. THE PROPERTY SHOWN HEREON LIES IN ZONE "NO SPECIAL FLOOD HAZARD AREAS" AS SHOWN ON FLOOD INSURANCE RATE MAP NO: 240044 0007B(UNPRINTED)



*Approved As Shown
9-13-10
BP# B10002761*

R 4981351658

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. IT DOES NOT PROVIDE ACCURATE IDENTIFICATION OF PROPERTY LINES; SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR TITLE TRANSFER, FINANCING, OR REFINANCING. IT WAS PREPARED UNDER MY DIRECT SUPERVISION IN ACCORDANCE WITH SEC. 16.13.06.06 OF THE ANNOTATED CODE OF MD.

Shanabarger & Lane
PROFESSIONAL LAND SURVEYOR
10849

SHANABARGER & LANE
8726 TOWN AND COUNTRY BLVD., SUITE 201
ELLCOTT CITY, MD. 21043
(410)461-9563 FAX: (410)461-9693

FOUNDATION LOCATION DRAWING
LOT 2
PARK ESTATES PLAT #19595
#2236 MILLERS MILL RD.
DEED REFERENCE: 12172/268
TAX MAP 14 GRID 4 PARCEL 144
4TH ELECTION DISTRICT HOWARD COUNTY, MD
SCALE: 1"=100' DATE: APRIL 7, 2010
DATE OF LATEST FIELD WORK: 04/06/10

**HOWARD COUNTY
PERMIT APPLICATION**

10000866
PERMIT NUMBER

Building Address 2232 Millers Mill Rd
2232 corrected 8-23-10
Suite/Apt. #: _____ SDP/WP/Petition #: DO
Census Tract _____ Subdivision Park Estates
Section _____ Area _____ Lot 1
Tax Map 14 Parcel 144 Grid _____

Property Owner's Name Cary Cumberland
Address 1715 Archers Glen
City Sykesville State MD Zip Code 21784
Home Phone _____ Work Phone 410-487-1615
Applicant's Name & Mailing Address, (if other than stated herein): _____

Zoning R-1B Map Coordinates _____ Lot Size _____
Existing Use Vacant lot
Proposed Use SPD
Estimated Construction Cost \$ 200,000

Contractor Company Viking Development Corp.
Contact Person Cary Cumberland
Address 815 Wild River Drive
City Sykesville State MD Zip Code 21784
License No. 1155
Phone 410-487-1615 Fax _____

Description of Work 3000 sq ft 3 1/2 bath 1 story
with 1 car garage, finished basement
and 100 sq ft porch

Occupant or Tenant _____
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company SHA
Contact Person John Ruffalo
Address 11 Morgan Station Rd
City Maryland State _____ Zip Code _____
Phone 410-326-1145 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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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"/> Depth _____ Width _____ 1 st floor: <u>45 56</u> 2 nd floor: <u>35 51</u> Basement: <u>45 56</u>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Sewage Disposal: _____ Public _____ Private <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: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

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 [Signature]
Title/Company Viking Development Corp

Print Name Cary Cumberland
Date 8-1-2010

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

- FOR OFFICE USE ONLY -

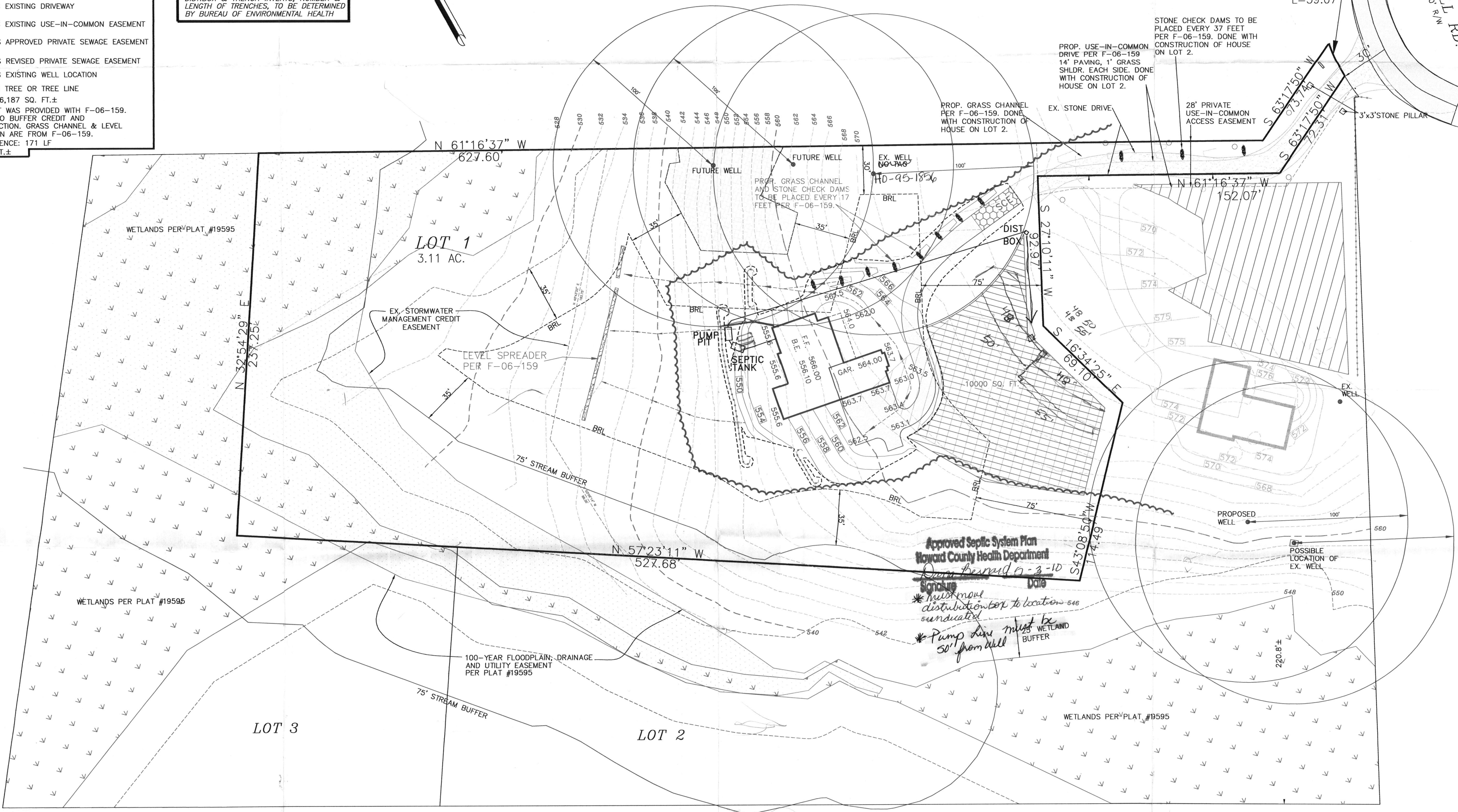
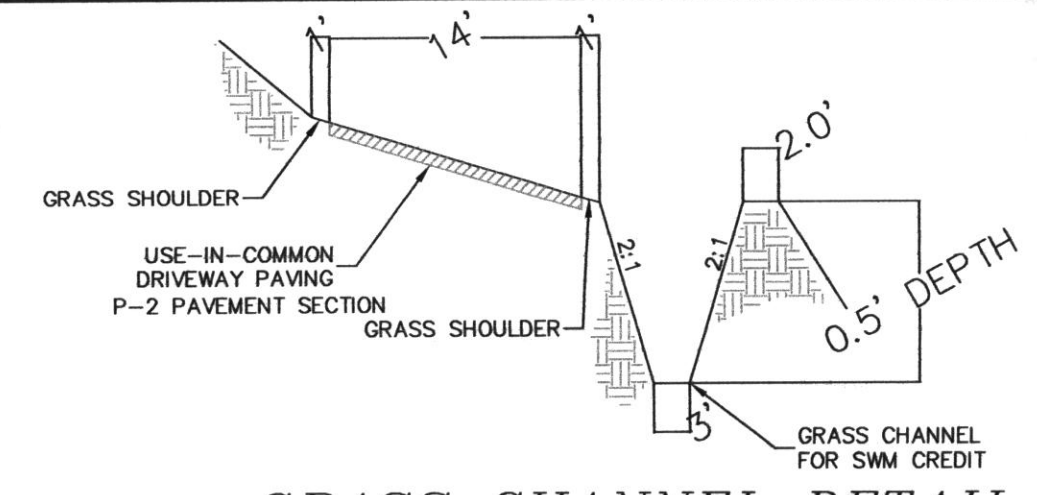
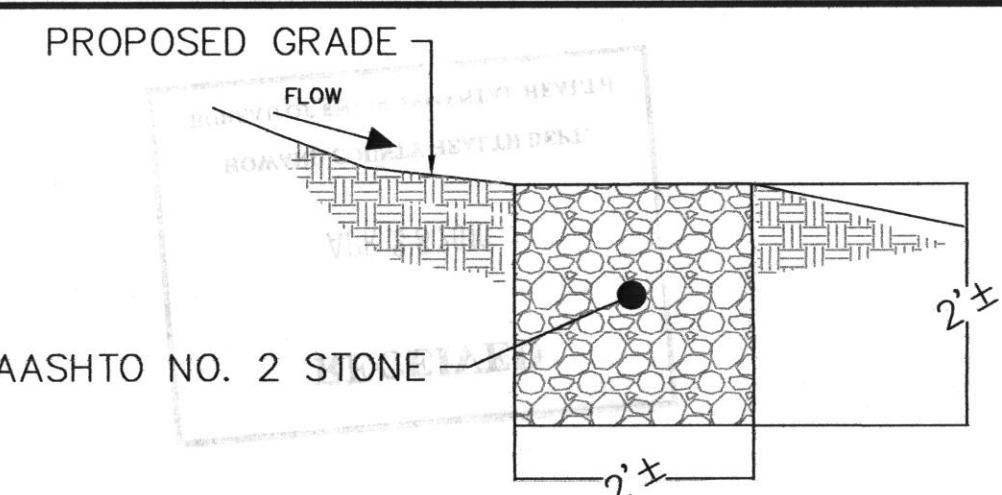
AGENCY	DATE	SIGNATURE	APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #
Land Development, DPZ				Front: _____	Filing fee \$ _____
State Highways				Rear: _____	Permit fee \$ _____
Building Officials				Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ				Side St.: _____	Add'l per fee \$ _____
Health <u>5-5-10</u> <u>DBurard</u>				All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection				YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
				Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
				Lot Coverage for New Town Zone _____	Validation # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				SDP/Red-line approval date _____	Accepted by _____
ONE STOP SHOP: <input type="checkbox"/>					

- NOTES:
- TOPOGRAPHY SHOWN HEREON WAS FIELD-RUN BY SHANABERGER & LANE IN OCTOBER, 2009 AND JANUARY, 2010.
 - EXISTING WELL (NO TAG) SHOWN ON THIS PLAN WAS FIELD LOCATED BY SHANABERGER & LANE, PROFESSIONAL LAND SURVEYORS, AND ACCURATELY SHOWN.
 - DESIGNATES LIMIT OF DISTURBANCE
 - - - DESIGNATES PROPOSED SILT FENCE
 - · - · - DESIGNATES EXISTING CONTOUR
 - DESIGNATES PROPOSED CONTOUR
 - 488x3 DESIGNATES PROPOSED SPOT ELEVATION
 - - - DESIGNATES BUILDING RESTRICTION LINE
 - · - · - DESIGNATES PROPOSED DRIVEWAY
 - · - · - DESIGNATES EXISTING DRIVEWAY
 - · - · - DESIGNATES EXISTING USE-IN-COMMON EASEMENT
 - · - · - DESIGNATES APPROVED PRIVATE SEWAGE EASEMENT
 - · - · - DESIGNATES REVISED PRIVATE SEWAGE EASEMENT
 - ⊙ DESIGNATES EXISTING WELL LOCATION
 - ⊙ DESIGNATES TREE OR TREE LINE
 - TOTAL DISTURBED AREA 16,187 SQ. FT.±
 - STORMWATER MANAGEMENT WAS PROVIDED WITH F-06-159.
 - WAY OF SHEETFLOW TO BUFFER CREDIT AND IN-ROOFTOP DISCONNECTION, GRASS CHANNEL & LEVEL SPREADER SHOWN HEREON ARE FROM F-06-159.
 - TOTAL AMOUNT OF SILT FENCE: 171 LF
 - USE SIZE: 2721 SQ. FT.±

SEPTIC SYSTEM DATA

HOUSE	INV. AT HOUSE	553.1
SEPTIC TANK	EX. GRADE	550.5
	FIN. GRADE	551.0
	INV. IN	548.0
PUMP PIT	EX. GRADE	550.0
	FIN. GRADE	550.0
	INV. IN	548.5
DISTRIBUTION BOX	EX. GRADE	572.7
	FIN. GRADE	572.7
	INV. IN	572.7

DIST. BOX & TRENCH INVERTS, NUMBER & LENGTH OF TRENCHES, TO BE DETERMINED BY BUREAU OF ENVIRONMENTAL HEALTH



SHANABERGER & LANE
TOWN & COUNTRY BLVD.
201
FREETOWN CITY, MD. 21043
TEL: 410-461-9563
FAX: 410-461-9693



SITE PLAN
PARK ESTATES LOT 1
PLATS #19594-5
F-06-159
4TH ELECTION DISTRICT HOWARD COUNTY, MD
TAX MAP: 14 BLOCK: 4 PARCEL: 144
ZONING: RC-DEO SCALE: 1"=30'
DATE: 3/23/10 SHEET 1 OF 1
REVISED 4/26/10