

G-4653 - Health -

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00159447
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Building Address 2435 Mullinix Mill Road
Mt. Airy MD 21771
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 604001 Subdivision Dendron Mar Estates
 Section _____ Area _____ Lot 2
 Tax Map 12 Parcel 50 Grid 11
 Zoning RC-DED Map Coordinates TE2 Lot size 2,9571 ACS.

Property Owner's Name Craig and LeeAnn McFarland
 Address 103 Centerville Road
 City Mt. Airy State MD Zip Code 21771
 Home Phone 301-607-8233 Work Phone NA
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use: Vacant lot
 Proposed Use SFO w/ attached 2-car garage
 Estimated Construction Cost \$ 515,000.00
 Description of Work Construct 2-story SFO w/ attached 2-car garage, gas fire place, woodstove chimney, full unfinished basement and 12'x16' concrete patio

Contractor Company Barnard Bros. Const. Co. Inc
 Contact Person Garry Barnard
 Address 112 Brittle Branch Way
 City Woodbine State MD Zip Code 21797
 License No. MHCOR*104
 Phone 410-499-7621 Fax 410-499-7621

Occupant or Tenant Craig and LeeAnn McFarland
 Contact Name _____
 Address Same as Owner
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person NA
 Address Deltair
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

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: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> <u>Fireplace</u>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
No. of Bedrooms _____	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: <u>4</u>	
Other Structure: _____	
Dimensions: _____	
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.

Garry M. Barnard
 Applicant's Signature
Pres. Barnard Bros. Const. Co. Inc.
 Title/Company

Garry M. Barnard
 Print Name
May 9, 2006
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>6/14/06</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>69510</u>
Rear: _____	Filing fee \$ <u>100</u>
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>13383</u>
	Validation # <u>110459</u>
	Accepted by <u>[Signature]</u>

ROOFTOP DISCONNECTION - SECTION 5.2

DOWN SPOUT	DISCONNECTION LENGTH	REQUIRED LENGTH	SWM ADDRESSED
1	85' @ 2.7%	75'	YES
2	(50' @ 5%, 25' @ 3%) 110' @ 2.8%	75'	YES
3	70' @ 5%, 100' @ 2%	75'	YES
4	50' @ 5%, 125' @ 2%	75'	YES
5	91' @ 1.8%	75'	YES

- (A) PROPOSED 4 BEDROOM HOUSE
F.F.E. = 674.00
BSMT EL. = 664.00
INV. EL. = 662.00
- (B) PROPOSED SEPTIC TANK
EX. EL. = 665.5
INV. IN. = 661.3
INV. OUT. = 661.0
- (C) PROPOSED DISTRIBUTION BOX
EX. EL. = 664.6
INV. EL. = 660.6
- (D) PROPOSED TRENCHES
INV. EL. = 660.3
LENGTH TO BE DETERMINED
AT THE TIME OF SEPTIC
PERMIT ISSUANCE.

NOTE: THE TOPOGRAPHY AS SHOWN HEREON HAS BEEN TAKEN FROM A PERCOLATION CERTIFICATION PLAT A-#515019-A PREPARED BY VANMAR ASSOC. INC., DATED JANUARY 2001 AND AS FIELD VERIFIED BY BPR, INC. ON 5/3/06.

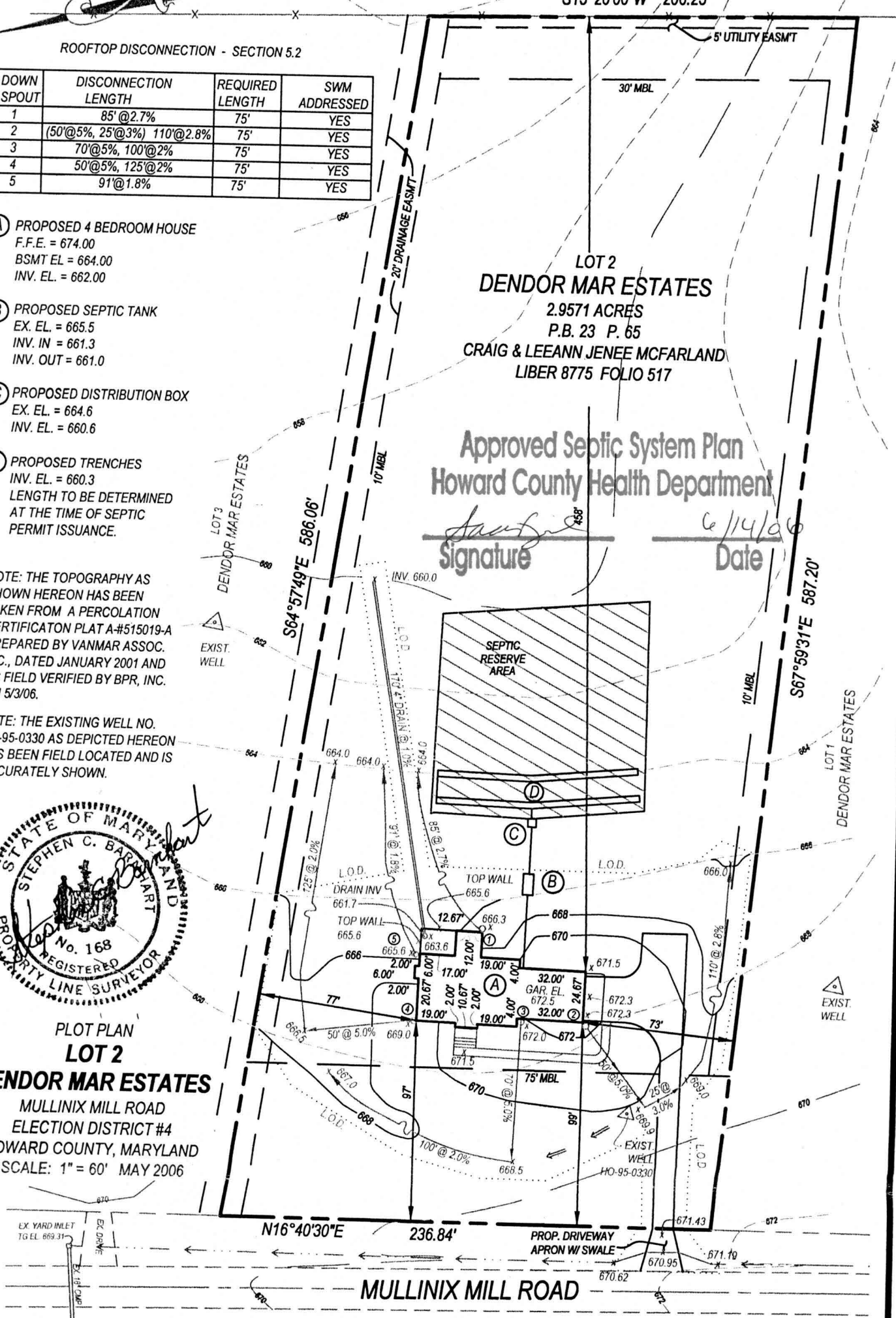
NOTE: THE EXISTING WELL NO. HO-95-0330 AS DEPICTED HEREON HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.



PLOT PLAN
LOT 2
DENDOR MAR ESTATES
MULLINIX MILL ROAD
ELECTION DISTRICT #4
HOWARD COUNTY, MARYLAND
SCALE: 1" = 60' MAY 2006

LOT 2
DENDOR MAR ESTATES
2.9571 ACRES
P.B. 23 P. 65
CRAIG & LEEANN JENEE MCFARLAND
LIBER 8775 FOLIO 517

Approved Septic System Plan
Howard County Health Department
[Signature]
Signature
6/14/06
Date



OWNER: CRAIG & LEEANN MCFARLAND
#2425 MULLINIX MILL ROAD MT. AIRY, MD. 21771

BUILDER: BARNARD BROTHERS CONSTRUCTION COMPANY, INC.
PHONE: 410-489-7621

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.



SURVEYORS - LAND PLANNERS
150 Airport Drive
Suite 4
Westminster, Maryland 21157
Phone: (410)-857-9030 (410)-876-0333
Fax: (410)876-1532

REFERENCE	BPR JOB NO.
CMP PB. 23 P. 65	06-001-081