

10/9/08
VA

Health Dept
attn: [unclear]
Sapping

DEPT. OF INSPECTIONS, LICENSES & PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	1955	HOWARD COUNTY PERMIT APPLICATION	B08001626 PERMIT NUMBER
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Building Address <u>1995 Old Annapolis Rd</u> <u>Woodbine, MD</u>	Property Owner's Name <u>Greg Paulis - Paulis</u> Address <u>13945 Rover Mill Rd</u> City <u>West Friendship</u> State <u>MD</u> Zip Code <u>21794</u> Phone <u>410-353-7643</u> Phone _____
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Applicant's Name & Mailing Address, (if other than stated herein): _____
Census Tract <u>60001</u> Subdivision <u>Santonio Property</u>	
Section _____ Area _____ Lot <u>4</u>	
Tax Map <u>7</u> Parcel <u>123</u> Grid <u>21</u>	
Zoning <u>RC</u> Map Coordinates _____ Lot Size _____	Phone _____ Fax _____

Existing Use <u>Vacant lot</u>	Contractor Company <u>Terrapin Homes, LLC</u>
Proposed Use <u>SFD</u>	Contact Person <u>Greg Paulis</u>
Estimated Construction Cost \$ <u>375,000</u>	Address <u>13945 Rover Mill Road</u>
Description of Work <u>Construct SF dwelling</u>	City <u>West Friendship</u> State <u>MD</u> Zip Code <u>21794</u>
	License No. <u>MHR 6064</u>
	Phone <u>410 353-7643</u> Fax _____

Occupant or Tenant _____	Engineer or Architect Company <u>Blake Blake Structural</u>
Contact Name _____	Contact Person <u>Bryant Blake</u>
Address _____	Address <u>3511 North Calvert St.</u>
City _____ State _____ Zip Code _____	City <u>Baltimore</u> State <u>MD</u> Zip Code <u>21202</u>
Phone _____ Fax _____	Phone <u>443-874-4630</u> Fax <u>443 874-4631</u>

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input checked="" type="checkbox"/> Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	Depth _____ Width _____	Sewage Disposal: _____ Public <input checked="" type="checkbox"/> Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	1 st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2 nd floor: _____	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"/>	Basement: _____	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 _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
		No. of Bedrooms <u>4</u>	
		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: _____	
		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.

M. J. [Signature]
Applicant's Signature
Agent
Title/Company

Mike Fitzgerald
Print Name
5/27/08
Date

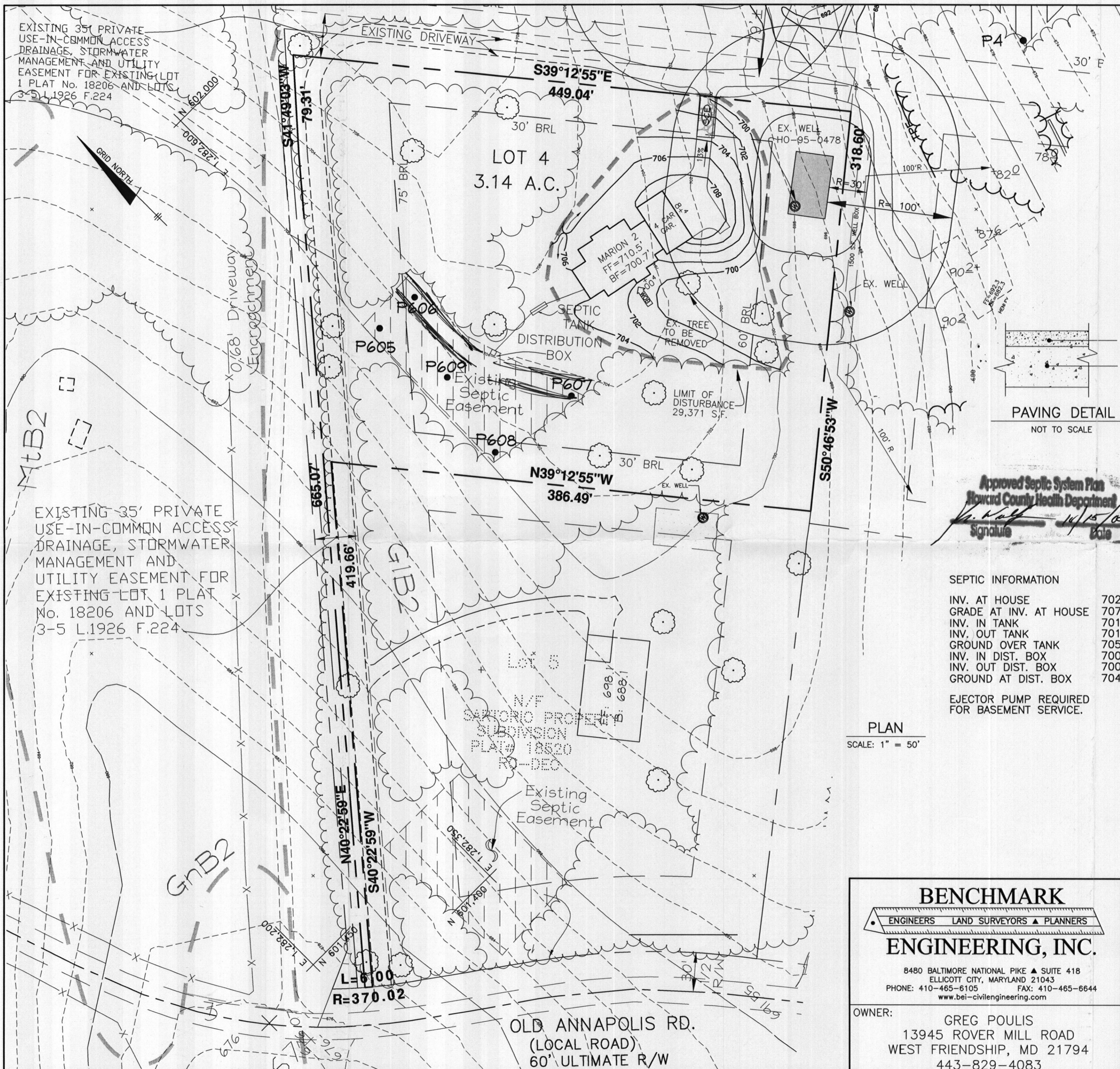
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY AND LEGIBLY
- FOR OFFICE USE ONLY -

Slitap 9678.11

AGENCY	DATE	SIGNATURE	APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #
Land Development, DPZ				Front: _____	Filing fee \$ <u>1000</u>
State Highways				Rear: _____	Permit fee \$ <u>1098.22</u>
Building Officials	<u>4/24/08</u>	<u>[Signature]</u>		Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ				Back St: _____	Add'l per fee \$ <u>109.52</u>
Health	<u>10/19/08</u>	<u>[Signature]</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?				Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>018</u>
				Historic District?	Validation # _____
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Lot Coverage for New Town Zone _____	
ONE STOP SHOP: <input type="checkbox"/>				SDP/Red-line approval date _____	Accepted by _____

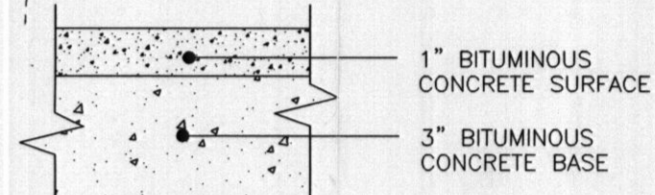
Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
T: forms/buildingpermitapplication REV 10/28/04

Plans Rec



NOTES:

1. THE LOT SHOWN HEREON WAS RECORDED ON 04-20-2006 AS PLAT NUMBER 18207. REFER TO THIS PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT 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. RECORDED OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
3. EXACT LENGTH OF SEPTIC TRENCHES ARE BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PRECONSTRUCTION INSPECTION.
4. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
5. SEDIMENT AND EROSION CONTROLS SHALL COMPLY WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
6. STORMWATER MANAGEMENT FOR THIS LOT WAS PROVIDED UNDER F-05-155.
7. THE EXISTING WELL (TAG NO. HO-95-0478) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. ON 4/2/08 AND IS ACCURATELY SHOWN.

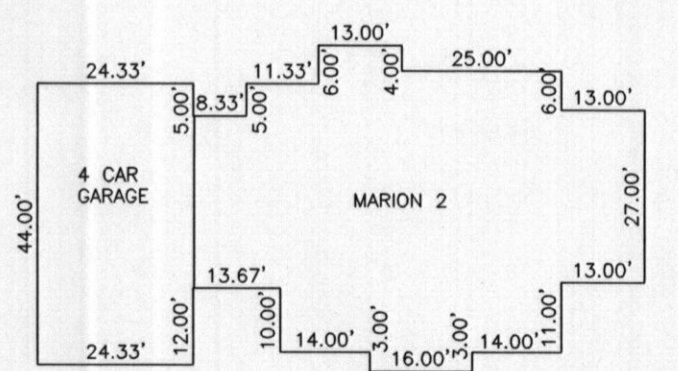


PAVING DETAIL
NOT TO SCALE

LEGEND

- EXISTING CONTOURS
- EXISTING TREELINE
- EXISTING STREAM
- SOILS DELINEATION
- SOILS TYPE
- 1500 S.F. WELLBOX
- PERC HOLE
- EXISTING WELL

Approved Septic System Plan
Howard County Health Department
M. Wolf
Signature Date 10/15/08



SCALE: 1" = 30'

BENCHMARK
ENGINEERS LAND SURVEYORS PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE SUITE 418
ELLCOTT CITY, MARYLAND 21043
PHONE: 410-465-6105 FAX: 410-465-6644
www.bei-civilengineering.com

OWNER: GREG POULIS
13945 ROVER MILL ROAD
WEST FRIENDSHIP, MD 21794
443-829-4083

SARTORIO PROPERTY PERMIT PLAN
LOT 4
1945 OLD ANNAPOLIS ROAD

TAX MAP: 7 GRID: 21 PARCEL: 536
ELECTION DISTRICT NO. 4
HOWARD COUNTY, MARYLAND
PLAT No. 18520

HOUSE TYPE: MARION 2

DATE: MAY, 2008
REVISED OCTOBER, 2008

PROJECT NO. 2139

SCALE: 1" = 50' DRAWING 1 OF 1