

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B0027621

Building Address <u>9409 OLD FREDERICK ROAD EC 21042</u> Suite/Apt. #: _____ SDP/WP/Petition #: <u>GP 01-75</u> Census Tract _____ Subdivision <u>SKYVIEW</u> Section _____ Area _____ Lot <u>5</u> Tax Map <u>16</u> Parcel <u>S1A</u> Grid <u>16</u> Zoning <u>R70</u> Map Coordinates <u>12C3</u> Lot size <u>30579</u>	Property Owner's Name <u>HARMONY BUILDERS, INC.</u> Address <u>4778 COLUMBIA ROAD</u> City <u>ELLCOTT CITY</u> State <u>MD</u> Zip Code <u>21042</u> Home Phone <u>410 461 0833</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>SCOTT GODSTREY</u> <u>4778 COLUMBIA ROAD</u> <u>ELLCOTT CITY, MD. 21042</u> Phone <u>410 461 0833</u> Fax _____
Existing Use <u>VACANT</u> Proposed Use <u>SFD</u> Estimated Construction Cost \$ <u>100,000</u> Description of Work <u>2 STORY, FULL BSMT, 8R</u> <u>2 FB 1 HB FP & GARAGE (4BR)</u> <u>"THE ELLCOTT" WITH SIDE LOAD</u>	Contractor Company <u>HARMONY BUILDERS, INC.</u> Contact Person <u>CHRIS FRAWN</u> Address <u>4778 COLUMBIA ROAD</u> City <u>ELLCOTT CITY</u> State <u>MD</u> Zip Code <u>21042</u> License No. <u>50245</u> Phone <u>410 461 0833</u> Fax <u>410 461 3042</u>
Occupant or Tenant <u>OWNER GARAGE</u> 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 Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>32</u> <u>46'</u> 2nd floor: <u>38'</u> <u>28'</u> Basement: <u>46'</u> <u>26'</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>1</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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

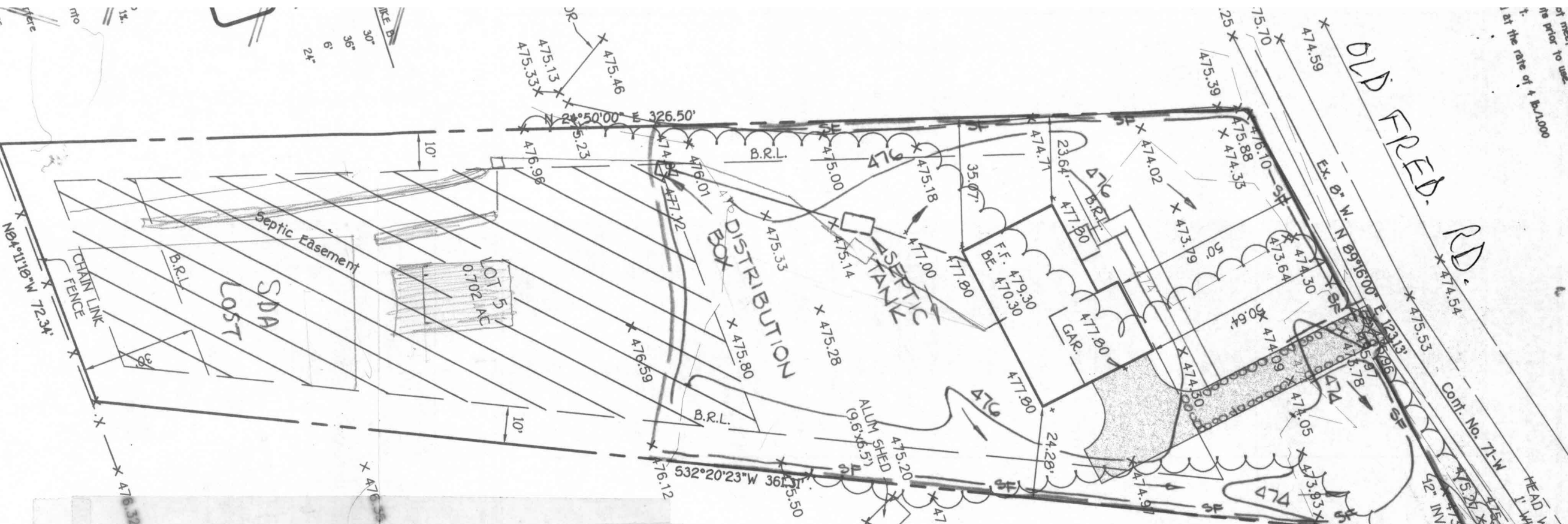
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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 SCOTT GODSTREY / AGENT / HARMONY BUILDERS
 Title/Company _____
 Print Name SCOTT GODSTREY
 Date 12-1-00

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

- FOR OFFICE USE ONLY -

AGENCY <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 <input type="checkbox"/> Fire Protection	DATE <u>12/26/00</u>	SIGNATURE APPROVAL <u>Mark Ripkin</u>	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#: <u>48922</u> Filing fee \$ <u>22</u> Permit fee \$ <u>372</u> Excise tax \$ <u>1477</u> Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ <u>2274</u> Balance due \$ _____ Check # <u>3022</u> Validation # <u>2722</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Accepted by _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>				



1. Septic system subject to Howard County Health Department No.
2. Proposed 1500 gallon septic tank.
3. A. First Floor Elevation: 479.30
 B. Basement Elevation: 470.30
 C. Invert of septic system at house: 475.52
 D. Invert in at septic tank: 475.16
 E. invert out at septic tank: 474.06
 F. Proposed grade over septic tank: 476.50
 G. Invert at distribution box: 474.12
 H. Existing ground over distribution box: 477.12
4. Length of trench to be determined at time of septic permit issuance.
5. Contractor /Builder to verify elevations in field before beginning any construction.
6. There is no basement service to septic system.
7. THIS IS A DEEDED PROPERTY SEE L,2976 F.577

PLAN TO ACCOMPANY APPLICATION
FOR BUILDING PERMIT

SKYVIEW
LOT 5

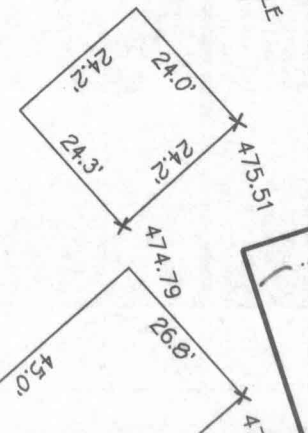
SECOND ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE 1"= 30'
NOVEMBER 1, 2000

PROVIDE 18" COVER (MORE OR LESS) AT SEPTIC TANK

Signature Mark R. [Signature] Date 12/26/00

Approved Septic System Plan
Howard County Health Department

Total linear feet of trench required 180 feet
 Width of trench(es) 2 feet
 Depth of trench(es) 2 feet
 Depth of stone required below distribution pipe 4 feet



of [unclear] to meet
at the rate of 4 Bu./1000