

Building Address 17130 Old Frederick Rd.
Mt. Airy MD 21041

Suite/Apt. #: _____ SDP/WP/Petition #: P-00-19

Census Tract 2440 Subdivision Slip Subdivision

Section _____ Area _____ Lot 2

Tax Map 2 Parcel 240 Grid 20

Zoning RD-10 Map Coordinates 3A7 Lot size 3.116A

Property Owner's Name Altieri Enterprises, Inc

Address 9014 Red Branch Rd, Suite 201

City Columbia State MD Zip Code 21045

Home Phone _____ Work Phone _____

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

Phone 410-413-4300 Fax 410-414-5501

Existing Use Single Family Dwelling

Proposed Use Vacant Lot

Estimated Construction Cost \$ 130,000

Description of Work 2 Story, full bsmt, 4 Bedrooms,
2 1/2 bath - walk-in closet w/ RT
Hardwood floor garage

Contractor Company Altieri Enterprises, Inc

Contact Person _____

Address 9014 Red Branch Rd, Suite 201

City Columbia State MD Zip Code 21045

License No. MH-324

Phone 410-413-4300 Fax 410-414-5501

Occupant or Tenant Altieri Enterprises

Engineer or Architect Company Fisher, Collins & Carter

Contact Name Domen B. Altieri

Contact Person _____

Address 10272 Baltimore NW 1 Pk

City Ellicott City State MD Zip Code 21042

Phone 410-413-4300 Fax 410-414-5501

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
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 _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____ Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
State Certified Modular _____	Natural Gas <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>	No. of Bedrooms <u>4</u>	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	Multi-family dwellings: _____	Sprinkler system: N/A <input type="checkbox"/>
	Full _____	No. of efficiency units: _____	Other Structure: _____
	Partial _____	No. of 1 BR units: _____	Dimensions: _____
	Other Suppression _____	No. of 2 BR units: _____	Footings: _____
	# of Heads _____	No. of 3 BR units: _____	Roof: _____
		Other Structure: _____	State Certified Modular _____
		Dimensions: _____	Manufactured Home _____
		Footings: _____	
		Roof: _____	

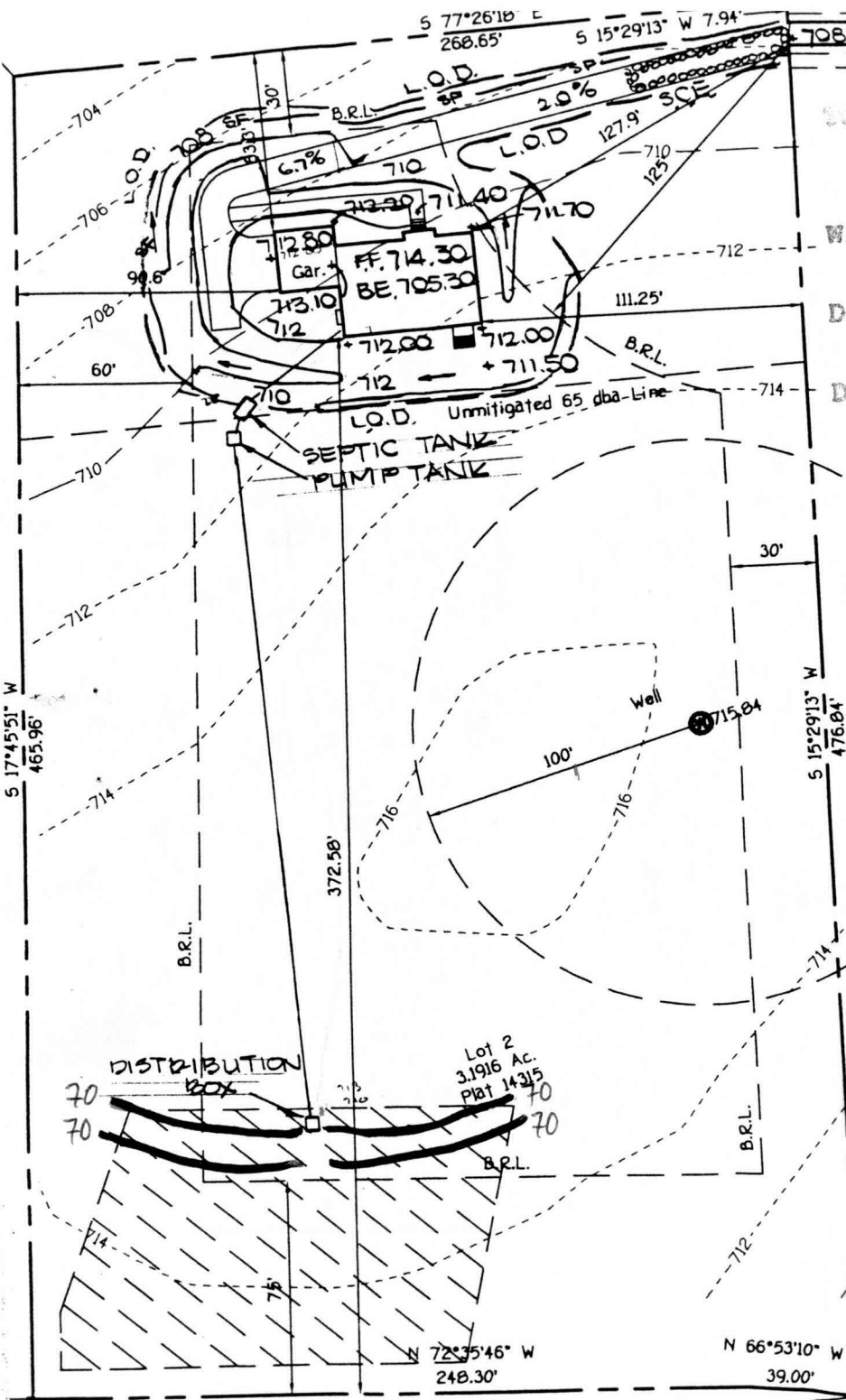
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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] Print Name Domen B. Altieri

Title/Company _____ Date 7-23-01

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#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	51608
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing fee \$ <u>100</u>
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health	<u>8/8/01</u>	<u>Mark [Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
<input checked="" type="checkbox"/> Is Sediment Control approval required prior to issuance?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
			Lot Coverage for New Town Zone _____	Balance due \$ _____
			SDP/Red-line approval date _____	Check # <u>29478</u>
				Validation # <u>43572</u>
				Accepted by <u>[Signature]</u>



Total linear feet of trench required 280 feet
 Width of trench(es) 3 feet
 Depth of trench(es) 6 feet
 Depth of stone required below distribution pipe 2 feet

1:60 PLAN BY FCC
 T.O.P.D IS FIELD-RUN



Approved Septic System Plan
 Howard County Health Department

Mark R. R. R.
 Signature Date 8/8/01

2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 714.30
 B. BASEMENT ELEVATION: 705.30
 C. INVERT OF SEPTIC SYSTEM AT HOUSE: 709.00
 D. INVERT IN AT SEPTIC TANK: 708.20
 E. INVERT OUT AT SEPTIC TANK: 707.90
 F. PROPOSED GRADE OVER SEPTIC TANK: 711.00
 G. INVERT AT DISTRIBUTION BOX: 711.50
 H. EXISTING GROUND OVER DISTRIBUTION BOX: 715.00
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.

OLD FRED. RD

Private Use-in and egress through 4, M Agreement records of