

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 Bob 003777

Building Address 14302 Roxbury Meadows Drive
GLENWOOD, MD 21738

Suite/Apt. #: 04-3010A SOPAWP/Petition #: 47 0709

Census Tract _____ Subdivision HARKENHEAD

Section N/A Area _____ Lot 15

Tax Map 21 Parcel 227 Grid 17

Zoning R-10 Map Coordinates 9D10 Lot size 13,724

Existing Use VACANT LOT

Proposed Use 3FD

Estimated Construction Cost \$ 400,000

Description of Work WESTCHESTER II
900 308 108 1000 00 00 00 00 00 00
205 1000000, apt chdn 100
1000000 1000000

Occupant or Tenant N/A

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name DOUGLAS HOMES, INC

Address P.O. BOX 628

City ELLICOTT CITY, MD State MD Zip Code 21111

Home Phone _____ Work Phone 410-740-6000

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

Phone 410-740-0525 Fax 410-740-0525

Contractor Company AP, ARCEVE

Contact Person DANA ORG

Address P.O. BOX 628

City ELLICOTT CITY, MD State MD Zip Code 21111

License No. _____

Phone 410-740-0525 Fax 410-740-0525

Engineer or Architect Company DW TAYLOR

Contact Person DON TAYLOR

Address 504 DORSETT HALL DR

City ELLICOTT CITY, MD State MD Zip Code 21146

Phone 410-964-1181 Fax 410-967-5424

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 # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms <u>4</u>	Dimensions: _____
Height: _____	Footeings: _____
Multi-family dwellings: _____	Roof Height: _____
No. of 1 BR units: _____	State Certified Modular <input type="checkbox"/>
No. of 2 BR units: _____	Manufactured Home <input type="checkbox"/>
No. of 3 BR units: _____	

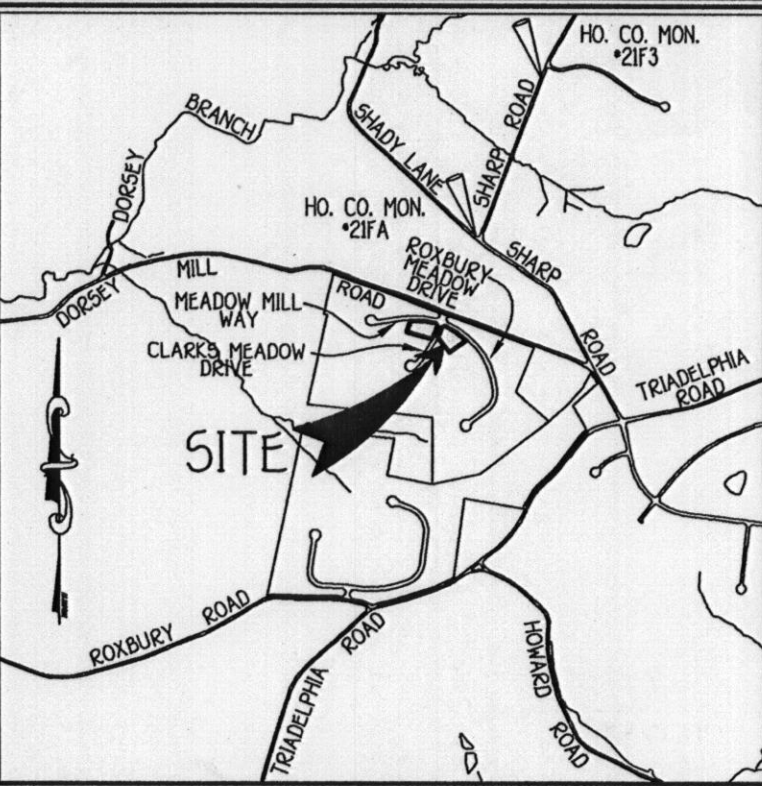
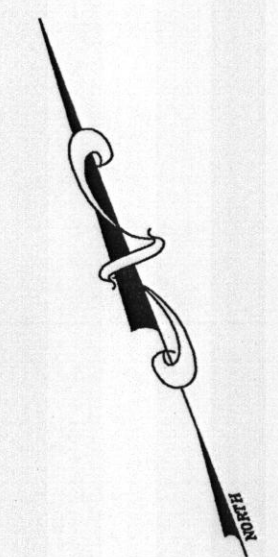
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature DANA ORG
 Title/Company PROTECTING/DOUGLAS HOMES

Print Name DANA ORG
 Date 8/15/00

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

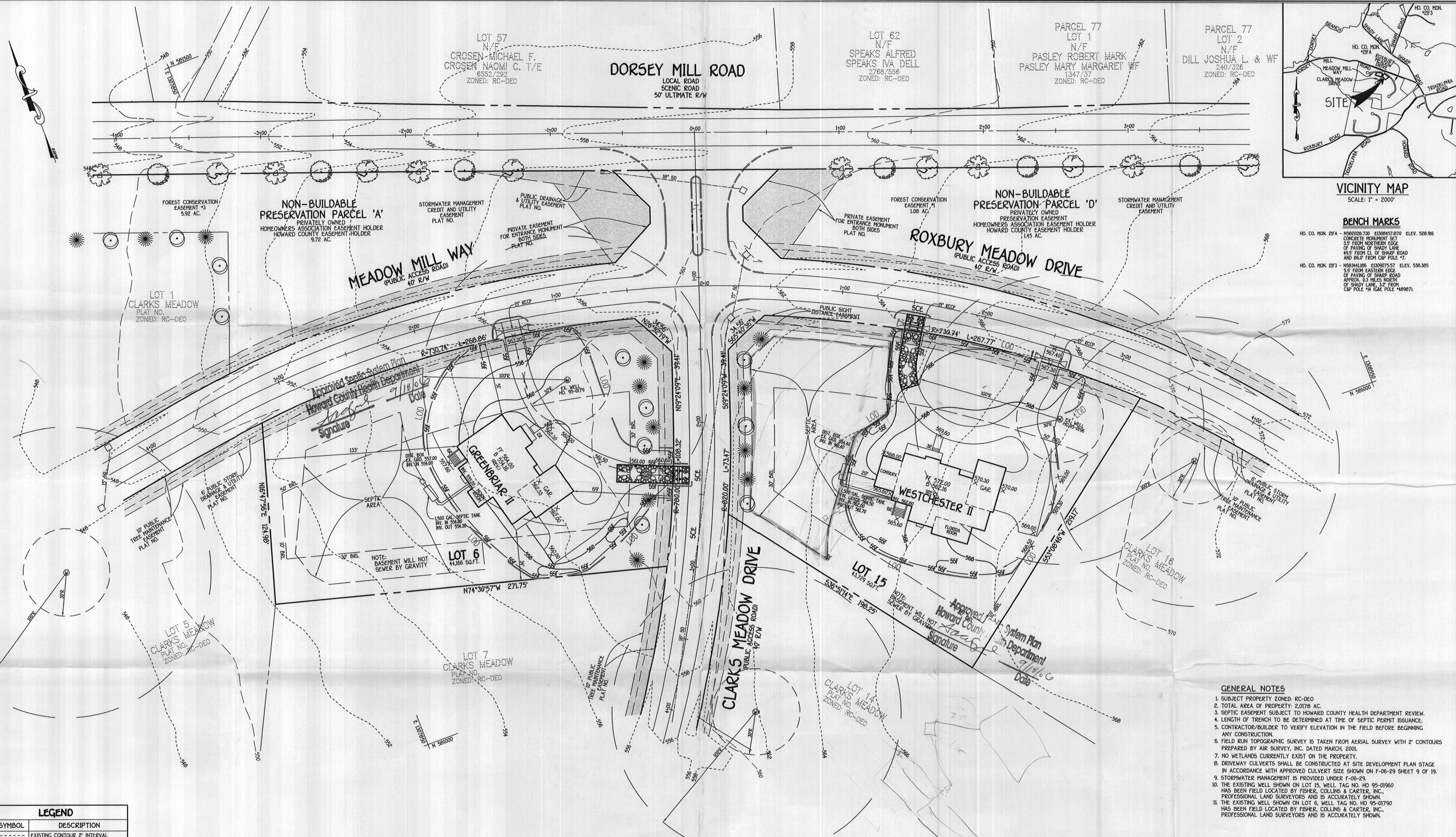
AGENCY	DATE	SIGNATURE APPROVAL	DEZ SETBACK INFORMATION	PROPERTY IDE
Land Development, DEZ			Front: _____	Filing fee \$ 100.00
State Highway			Rear: _____	Permit fee \$
Building Official			Side: _____	Excise tax \$
Dev. Engineering, DEZ			Side St: _____	Add'l per. fee \$
Health	<u>9/18/00</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$
Fire Protection			Sub-total paid \$	Balance due \$
Sediment Control approval required prior to issuance?			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>37077</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation #
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New/Town Zone _____	
ONE STOP SHOP: <input type="checkbox"/>			SOP/Rec-line approval date _____	Accepted by _____
Number of Copies _____	White: Building Official	Green: LDD, DEZ	Yellow: DED, DEZ	Pink: Health
				Gold: SHA



VICINITY MAP
SCALE: 1" = 200'

BENCH MARKS

HO. CO. MON. 218A - 10682026.700 E1304457.970 ELEV. 528.916
CONCRETE MONUMENT SET
3.9' FROM NORTHERN EDGE
OF PAVING OF SHADY LANE
49.5' FROM CL. OF SHARP ROAD
AND 86.0' FROM CAP POLE '17'.
HO. CO. MON. 218B - 106841186 E1309975.57 ELEV. 538.395
5.9' FROM EASTERN EDGE
OF PAVING OF SHARP ROAD
APPROX. 0.3 MILES NORTH
OF SHADY LANE, 3.2' FROM
CAP POLE '14' 166E POLE '489871'.



Approved Septic System Plan
Howard County Health Department
Signature
Date 9/18/06

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Howard County Health Department
Signature
Date 9/18/06

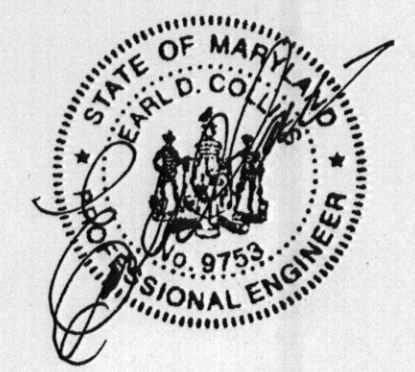
GENERAL NOTES

- 1. SUBJECT PROPERTY ZONED: RC-DEO
- 2. TOTAL AREA OF PROPERTY: 2,077.8 AC.
- 3. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT REVIEW.
- 4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
- 5. CONTRACTOR/BUILDER TO VERIFY ELEVATION IN THE FIELD BEFORE BEGINNING ANY CONSTRUCTION.
- 6. FIELD RUN TOPOGRAPHIC SURVEY IS TAKEN FROM AERIAL SURVEY WITH 2' CONTOURS PREPARED BY AIR SURVEY, INC. DATED MARCH, 2001.
- 7. NO WETLANDS CURRENTLY EXIST ON THE PROPERTY.
- 8. DRIVEWAY CULVERTS SHALL BE CONSTRUCTED AT SITE DEVELOPMENT PLAN STAGE IN ACCORDANCE WITH APPROVED CULVERT SIZE SHOWN ON F-06-29 SHEET 9 OF 19.
- 9. STORMWATER MANAGEMENT IS PROVIDED UNDER F-06-29.
- 10. THE EXISTING WELL SHOWN ON LOT 15, WELL TAG NO. HO 95-01960 HAS BEEN FIELD LOCATED BY FISHER, COLLINS & CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.
- 11. THE EXISTING WELL SHOWN ON LOT 6, WELL TAG NO. HO 95-01790 HAS BEEN FIELD LOCATED BY FISHER, COLLINS & CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.

LEGEND

SYMBOL	DESCRIPTION
---	EXISTING CONTOUR 2' INTERVAL
---	PROPOSED CONTOUR 2' INTERVAL
+362.5	SPOT ELEVATION
—f—f—	SILT FENCE
—sf—sf—	SUPER SILT FENCE
LOD	LIMITS OF DISTURBANCE
☉	EXISTING STREET TREES FROM F-01-191

BUILDER/DEVELOPER
DOUGLAS HOMES
ELLCOTT CITY, MARYLAND 21041
P.O. BOX 628
410-750-0522



**SITE DEVELOPMENT,
SEDIMENT/EROSION CONTROL PLAN
CLARK'S MEADOW
LOTS 6 & 15**

ZONED: RC-DEO PLAT NO.: 15703
4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1" = 30' DATE: JULY, 2006