

Building Address 17120 Spring Hollow Ct.  
Mt Airy, MD. 21771  
 Suite/Apt. #: N/A SDP/WP/Petition #: GP01-1074  
 Census Tract 6040 Subdivision Spring Hollow  
 Section NP Area N/A Lot 8  
 Tax Map 7 Parcel 528 Grid 8  
 Zoning RC-DEP Map Coordinates 2R9 Lot size

Property Owner's Name W. Lambert Cissel  
 Address 3425 Hipsley Mill Rd  
 City Woodbine State MD Zip Code 21797  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Vacant Lot  
 Proposed Use New Single Family Home  
 Estimated Construction Cost \$200,000  
 Description of Work Custom Single Family Home, 4 Br., 2 1/2 Bath, Attached Garage, unfinished basement w/rough in's

Contractor Purchaser: Edward V. Scott  
 Contact Person Edward V. Scott  
 Address 5390 Greenbridge Rd  
 City Dorton State MD Zip Code 21036  
 License No. \_\_\_\_\_  
 Phone 443-535-0541 Fax \_\_\_\_\_

Occupant or Tenant Edward V. Scott  
 Contact Name Edward V. Scott  
 Address 5390 Greenbridge Rd  
 City Dorton State MD Zip Code 21036  
 Phone 443-535-0541 Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" 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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" 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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
<input type="checkbox"/> State Certified Modular		<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Edward V. Scott  
 Applicant's Signature  
Contract Purchaser  
 Title/Company

Edward V. Scott  
 Print Name  
1-12-01  
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>1/31/01</u>	<u>Mark Kiffin</u>
Health		
Fire Protection		

DPZ SETBACK INFORMATION  
 Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St.: \_\_\_\_\_  
 All minimum setbacks met?  
 YES  NO   
 Is Entrance Permit required?  
 YES  NO   
 Historic District?  
 YES  NO   
 Lot Coverage for New Town Zone \_\_\_\_\_  
 SDP/Red-line approval date \_\_\_\_\_

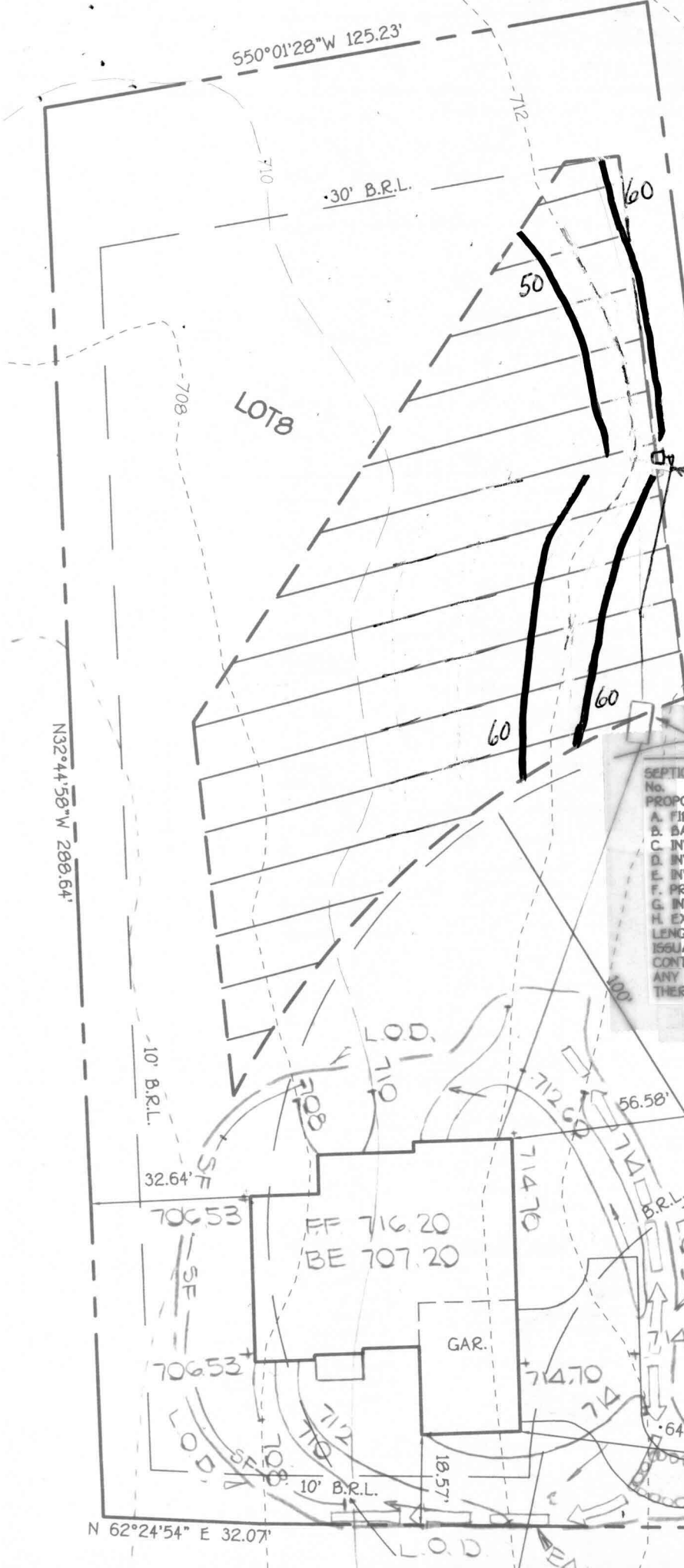
PROPERTY ID#: 49277

Filing fee	\$ <u>25</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>1709</u>
Validation	# _____

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



Total linear feet of trench required 240 feet  
 230' acceptable  
 Width of trench(es) 3 feet  
 Depth of trench(es) 5.5 feet  
 Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan  
 Howard County Health Department

Mark Lefkin 1/31/01  
 Signature Date

SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT  
 No. \_\_\_\_\_  
 PROPOSED 1500 GALLON SEPTIC TANK.  
 A. FIRST FLOOR ELEVATION: 716.20  
 B. BASEMENT ELEVATION: 707.20  
 C. INVERT OF SEPTIC SYSTEM AT HOUSE: 711.29  
 D. INVERT IN AT SEPTIC TANK: 710.00  
 E. INVERT OUT AT SEPTIC TANK: 709.70  
 F. PROPOSED GRADE OVER SEPTIC TANK: 713.00  
 G. INVERT AT DISTRIBUTION BOX: 709.00  
 H. EXISTING GROUND OVER DISTRIBUTION BOX: 712.50  
 LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.  
 CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.  
 THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.

Private 24' Use-In-Common Access And Driveway Easement Across Lots 8 And 9 For The Use And Benefit Of Lots 8 And 9. Maintenance Agreement Recorded Among The Land Records Of Howard County, Maryland

1-30  
 PLAN BY  
 FCC

N 62°24'54" E 32.07' 560°21'45"W 299.18'