

PARCEL 28
LEO BUTLER & WIFE
AND FRANCES B. DEVLIN
521/412
ZONED: RC-DEO



Approved Septic System Plan
Howard County Health Department
Signature: [Signature] 5/3/13
Date: 4/22/13

APPROVED:
FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE 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 SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN. RECORDATION OF A MODIFIED EASEMENT PLAT SHALL NOT BE NECESSARY.

THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR EDGEWOOD FARM, PLAT No. 19268. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-0786) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC. - PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

SWM FOR THIS LOT IS MANAGED PER PLAN 1 06-108

E & S CONTROLS PER PLAN 1 06-108

CULVERT FOR SHARED DRIVEWAY EXISTS.

INV. @ HOUSE	537.1
GROUND @ INV. @ HOUSE	543.0
INV. IN TANK	535.8
INV. OUT TANK	535.5
TOP OF TANK	536.5
GROUND OVER TANK	539.0
INV. IN DIST. BOX	535.3
INV. OUT DIST. BOX	535.0
GROUND @ BOX	538.8

BASEMENT NOT SERVICED VIA GRAVITY SEWER.

COUNTY HEALTH OFFICER _____ DATE _____ ADDRESS: 14330 BENS WORTH WAY GLENELG, MD 21737



- TYPE: HENLEY (COL)-
DAYLIGHT BASEMENT
ADD'L 1' TO HEIGHT OF BASEMENT
EXPANDED FAMILY ROOM
CONSERVATORY ELITE ADDITION
SUITES ABOVE ELITE ADDITION
NAPLES SUN ROOM
- OPTION NO. 018
 - OPTION No. 070
 - OPTION No. 023
 - OPTION No. 039
 - OPTION No. 521
 - OPTION No. 529

PERMIT PLOT PLAN
LOT #30
EDGEWOOD FARM
LIBER 4174, FOLIO 0436
PLAT No. 19268
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

ESE Land Planning
Engineering
Land Surveying

ESE Consultants Inc.
7164 Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-4870

DATE: 03/28/13 SCALE: 1"=40' FILE: LOT_30 Hampton Ver
CHK'D: MJB JOB#: 1498 DRAWN: MJB

P:\Projects\1488 Edgewood Farm - Triadelphia\Surv Dept\Lot Plans\Lot_30\Plan_Visual_Versatile 12.17.10\Lot_30 PP Henley Coling.mxd

THIS PLAN IS A PERMIT PLAN FOR A PRIVATE SEWAGE TREATMENT SYSTEM AS PER THE HEALTH DEPARTMENT OF THE ENVIRONMENT AND NATURAL RESOURCES. THE HEALTH DEPARTMENT HAS REVIEWED THIS PLAN AND HAS GRANTED A PERMIT FOR THE INSTALLATION OF THE PRIVATE SEWAGE TREATMENT SYSTEM. ANY CHANGES TO A PRIVATE SEWAGE TREATMENT SYSTEM SHALL REQUIRE A REVISION PERIODIC CERTIFICATION PLAN. RECORDATION OF A MODIFIED PERMIT PLAN SHALL NOT BE NECESSARY.

THE LOT SHOWN HEREON WAS RECORDED ON THE PLAN FOR EDGEWOOD FARM, PLAT No. 1926B. REFER TO THIS PLAN FOR ANY RESTRICTIONS AND/OR PROMIONS.

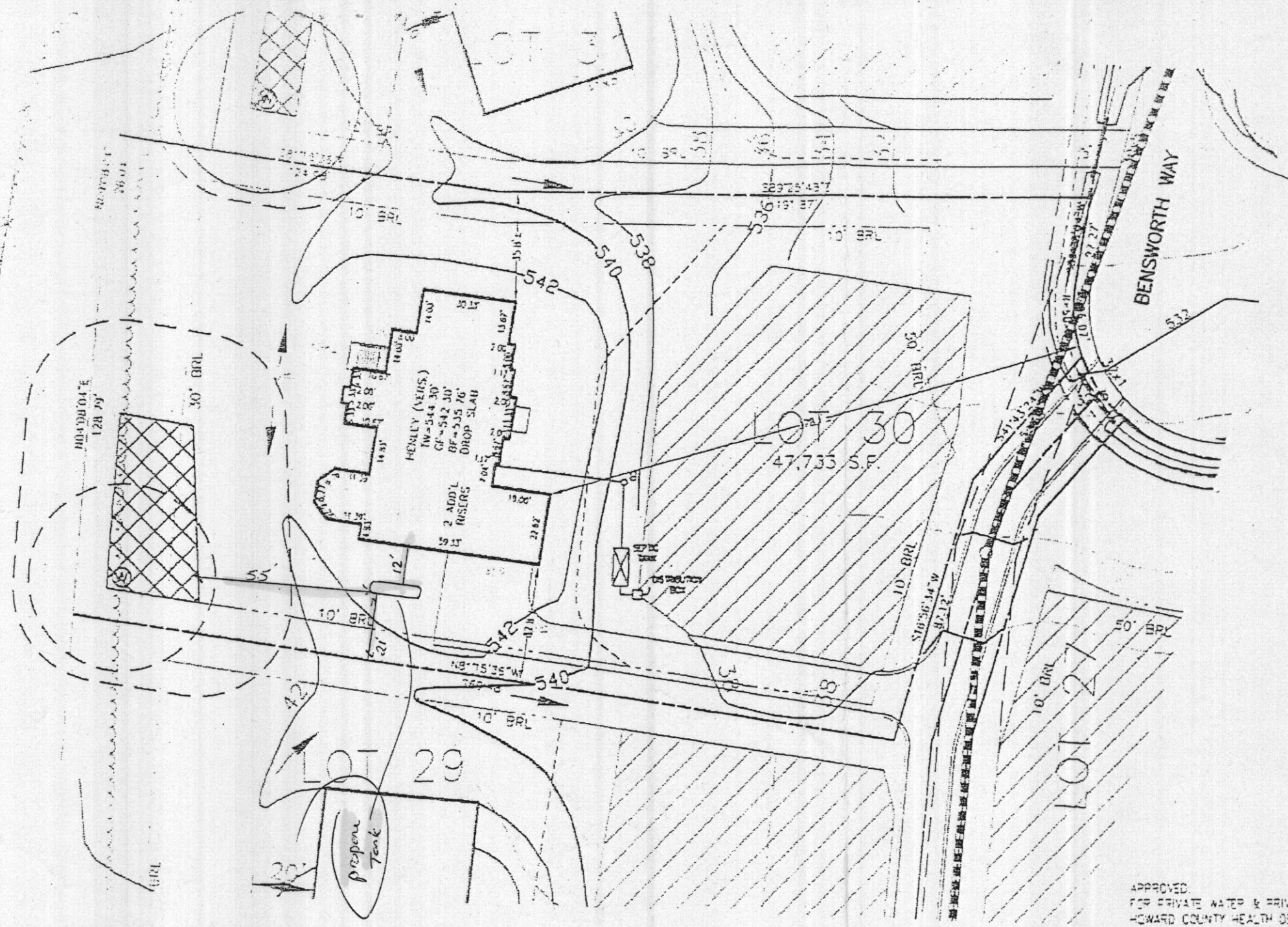
BUILDING SETBACKS (BRL'S) SHOWN HEREON PER SITE DEVELOPMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "B" HAVE AN ACCURACY OF ±0.1' FOOT.

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-0789) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC. - PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

SWM FOR THIS LOT IS MANAGED PER PLAN I 05-103
 E & S CONTROLS PER PLAN I 05-102
 CULVERT FOR SHARED DRIVEWAY EXISTS

INV. @ HOUSE	537.1
GROUND @ INV. @ HOUSE	543.0
INV. IN TANK	535.8
INV. OUT TANK	535.5
TOP OF TANK	535.5
GROUND @ TANK	519.0
INV. IN DIST. BOX	535.3
INV. OUT DIST. BOX	535.0
GROUND @ BOX	538.8

BASINENT NOT SERVICED VIA GRAVITY SEWER



APPROVED FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEMS
 HOWARD COUNTY HEALTH DEPARTMENT

B13002522 7/10/13 H8
 LP tank OK

COUNTY HEALTH OFFICER _____ DATE _____ ADDRESS: 14330 BENS WORTH WAY
 GLENELG, MD 21737

Handwritten signature and date: 05/29/13

REF. HEMLEY (2011)	SECTION NO. 018
24'x30' BATH	SECTION NO. 019
EXPANDED FAMILY ROOM	SECTION NO. 023
CONSERVATORY ELITE ADDITION	SECTION NO. 029
31'x36' ABOVE ELITE ADDITION	SECTION NO. 031
MARLES SUN ROOM	SECTION NO. 032

PERMIT PLOT PLAN
 LOT #30
EDGEWOOD FARM
 LIBER 4174, FOLIO 0436
 PLAT No. 1926B
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

ESE

Land Planning
 Engineering
 Land Surveying

ESE Consultants Inc
 7164 Columa a Gateway Dr
 Suite 203
 Columbia, MD 21046
 TEL: 410-872-9105
 FAX: 410-872-4870

DATE: 03/28/13
 CHK'D: MJB

SCALE: 1"=40'
 JOB#: 1498

FILE: LOT_30_Hemley_Ver
 DRAWN: MJB

Permits: 410-313-2455
 Inspections: 410-313-1810
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
 Department of Inspections, Licenses & Permits
 3430 Court House Drive
 Ellicott City, MD 21043

Permit Number:

B13001478

Building Address: 14530 Bensworth Way
Glendg MD 21737

Suite/Apt. # _____ SDP/WP/BA #: G07000150

Census Tract: _____ Subdivision: Edgewood Farm

Section: _____ Area: _____ Lot: 30

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Vacant lot

Proposed Use: Residential Umc

Estimated Construction Cost: \$ 550,000

Description of Work: SFD Construction
Single family dwelling

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Toll MD V LP

Address: 14540 Edgewood Way

City: Glendg State: MD Zip Code: 21737

Home Phone: _____ Work Phone: 410 489 2275

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

Phone: _____ Fax: _____

Email: _____

Contractor Company: Toll MD V LP

Contact Person: Nathan Brandenberg

Address: 14540 Edgewood Way

City: Glendg State: MD Zip Code: 21737

License No.: 3630

Phone: 400 489 2275 Fax: _____

Email: Nbrandenberg@Tollbrothersinc.com

Engineer/Architect Company: ESE

Responsible Design Prof.: Mike Boyce

Address: 7164 Columbus Gateway Dr. #230

City: Columbis State: MD Zip Code: 21046

Phone: 410 489 2275 Fax: _____

Email: Mboyce@ESEeng.com

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth: _____ Width: _____	<input type="checkbox"/> Public
1 st floor: <u>76'</u> <u>82'</u>	<input checked="" type="checkbox"/> Private
2 nd floor: <u>76'</u> <u>82'</u>	<u>Sewage Disposal</u>
Basement: <u>76'</u> <u>82'</u>	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input checked="" type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input checked="" type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<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 THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION UNTIL 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: Nathan Brandenberg

Email Address: Nbrandenberg@Tollbrothersinc.com

Title/Company: Toll Brothers

Print Name: Nathan Brandenberg

Date: 4/18/13

RECEIVED

APR 18 2013

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

LICENSES & PERMITS DIVISION

PLEASE WRITE NEATLY & LEGIBLY

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
Health	<u>5/3/13</u>	<u>Heidi Saitz</u>
Fire Protection		

Is Sediment Control approval required for issuance? Yes No

CONTINGENCY CONSTRUCTION START

ONE STOP SHOP

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: _____

Filing Fee	\$ <u>100.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	
Guaranty Fund	\$ <u>50.00</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

CK # 09261896

Building Address: 14330 Beensworth Way
 Suite/Apt. # _____ SDP/WP/BA #: 14330
 Census Tract: _____ Subdivision: Greenwood Farm
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: 11,000

Property Owner's Name: _____
 Address: _____
 City: _____ State: MD Zip Code: 21043
 Home Phone: _____ Work Phone: _____

Existing Use: Commercial

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

 Phone: 410-489-2275 Fax: 410-489-2275
 Email: terrad@terradesigns.com

Proposed Use: _____
 Estimated Construction Cost: \$ _____

Contractor Company: _____
 Contact Person: _____
 Address: _____
 City: _____ State: MD Zip Code: _____
 License No.: _____
 Phone: 410-489-2275 Fax: 410-489-2275

Description of Work: additions of 1/2 bath, kitchen, laundry room, and secondary bedroom

Engineer/Architect Company: _____
 Responsible Design Prof.: _____

Occupant or Tenant: Tell MDT, LP

Was tenant space previously occupied? Yes No

Address: _____
 City: _____ State: MD Zip Code: 21046
 Phone: _____ Fax: _____

Contact Name: DAVID BRADY
 Address: 14540 Beensworth Way

Address: _____
 City: _____ State: MD Zip Code: 21046
 Phone: _____ Fax: _____

City: Greenleaf State: MD Zip Code: 21737
 Phone: 410-489-2275 Fax: 410-489-2275
 Email: terrad@terradesigns.com

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: <u>40</u>	<u>Water Supply</u>
No. of stories: <u>2</u>	<input type="checkbox"/> Public
Gross area, sq. ft./floor: _____	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.): _____	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group: _____	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
	<input type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression
	No. of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor: _____	<input type="checkbox"/> Private
2 nd floor: _____	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>4</u>	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units: _____	<input type="checkbox"/> Natural Gas
No. of 1 BR units: _____	<input type="checkbox"/> Propane Gas
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	

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: _____
 Email Address: terrad@terradesigns.com
 Title/Company: _____

Print Name: _____
 Date: 12/22/10

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>2-11-11</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

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: _____

Filing Fee	\$ <u>150.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

