

613000207

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:

B13002679

Building Address: 1479 Route 32
Sykesville, MD 21784

Suite/Apt. # _____ SDP/WP/BA #: GP-13-050

Census Tract: _____ Subdivision: Keane Property

Section: _____ Area: _____ Lot: 8

Tax Map: 9 Parcel: 41 Grid: 17 & 18

Zoning: RR-DEO Map Coordinates: _____ Lot Size: 136,343 sq ft

Existing Use: Vacant Lot

Proposed Use: SFD

Estimated Construction Cost: \$ 245,706

Description of Work: 2 story, 9 rooms, 4 BR, 3.5 BA,
Full basement, fire place, 2 car garage

Occupant or Tenant: n/a

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Trinity Quality Homes, Inc.

Address: 3675 Park Ave. #301

City: Ellicott City State: MD Zip Code: 21043

Home Phone: _____ Work Phone: 410-531-5813

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

Phone: _____ Fax: _____

Email: _____

Contractor Company: Trinity Quality Homes, Inc.

Contact Person: Sherry Mewshaw

Address: 3675 Park Ave. #301

City: Ellicott City State: MD Zip Code: 21043

License No.: 699

Phone: 410-531-5813 Fax: 410-531-8534

Email: Sherry@Trinityhomes.com

Engineer/Architect Company: n/a

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

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
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input checked="" 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 checked="" type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: 4	<input checked="" 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	Roadside Tree Project Permit #
<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: Sherry Mewshaw

Print Name: Sherry Mewshaw

Email Address: Sherry@trinityhomes.com

Date: 7/9/13

Title/Company: Operations, Trinity Quality Homes, Inc.

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

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)		
<input checked="" type="checkbox"/> Health	8/1/13	<u>Debra Smith</u>
<input type="checkbox"/> Fire Protection		

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

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

CHK: 028409

Distribution of Copies: White: Building Officials Green: PSZA, Zoning Yellow: PSZA, Engineering Pink: Health Gold: SHA

T:\Operations\Updated Forms\New building app 11 10 2010.docx



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: B/4000/63

SUMMED 1/17/14

Building Address: 1479 Rt. 32
 City: Sykesville State: md Zip Code: 21784
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Keane Prop.
 Section: _____ Area: _____ Lot: 8
 Fax Map: 9 Parcel: 360 Grid: 18
 Zoning: _____ Map Coordinates: _____ Lot Size: 3.125@
 Existing Use: SFD
 Proposed Use: SFD w/ propane tank
 Estimated Construction Cost: \$ 6000
 Description of Work:
install 500 gallon in-ground propane tank
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: Contractor
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Melissa Finney Chackle
 Address: 4807 Teralee Ct
 City: Ellensburg State: md Zip Code: 21012
 Phone: _____ Fax: _____
 Email: _____
 Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Jeremy Clancy
 Address: PO Box 1253
 City: Eldersburg State: md Zip Code: 21784
 Phone: 443-340-1229 Fax: _____
 Email: JEREMY@AppliedAndApproved.com
 Contractor Company: Valley National Gas
 Contact Person: William Gerwig
 Address: 7201 Montevideo Rd
 City: Jessup State: md Zip Code: 20794
 License No.: 60793
 Phone: 410-799-1114 Fax: _____
 Email: 8
 Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: Contractor
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
Area of construction (sq. ft.):	2 nd floor:	
Use group:	Basement:	
	<input type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete		
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
Sprinkler System:
<input type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number:
Building Shell Permit Number:

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: Jeremy@AppliedAndApproved.com
 Title/Company: Permits

Print Name: Jeremy Clancy
 Date: 1/14/14
 JAN 16 2014
 LICENSES & PERMITS DIVISION

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>1-28-14</u>	<u>Dona Burwood</u>

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

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$	<u>110.00</u>
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub- Total Paid	\$	
Balance Due	\$	<u>3429</u>
Check	#	<u>3429</u>

ADDRESS
 1479 ROUTE 32
 SYKESVILLE, MD 21784
 GP: 13-050

OWNER
 CHRISTIAN FAMILY OUTREACH CENTER
 1475 ROUTE 32
 SYKESVILLE, MARYLAND 21784
 (443) 324-9506
 ATTN: MR. TIM KEAT

ROBERT H. VOGEL
ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET TEL: 410.461.7666
 ELLICOTT CITY, MD 21043 FAX: 410.461.6961

PLOT PLAN

GLEN OAK
LOT 8

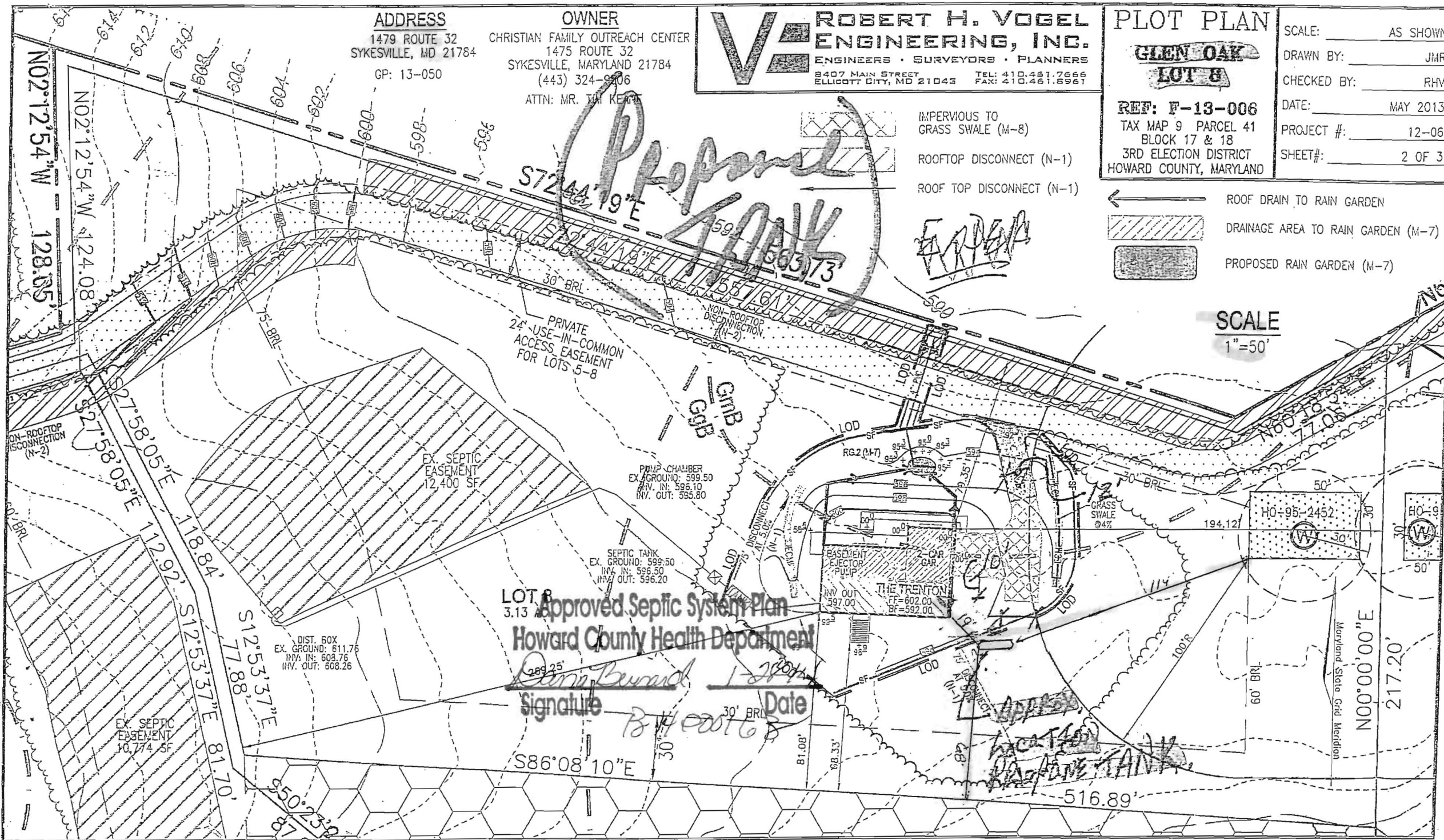
REF: F-13-006
 TAX MAP 9 PARCEL 41
 BLOCK 17 & 18
 3RD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

SCALE: AS SHOWN
 DRAWN BY: JMR
 CHECKED BY: RHV
 DATE: MAY 2013
 PROJECT #: 12-06
 SHEET#: 2 OF 3

- IMPERVIOUS TO GRASS SWALE (M-8)
- ROOFTOP DISCONNECT (N-1)
- ROOF TOP DISCONNECT (N-1)

- ROOF DRAIN TO RAIN GARDEN
- DRAINAGE AREA TO RAIN GARDEN (M-7)
- PROPOSED RAIN GARDEN (M-7)

SCALE
 1"=50'



613000207

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

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Department of Inspections, Licenses & Permits
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Census Tract: _____ Subdivision: Keane Property

Section: _____ Area: _____ Lot: 8

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Existing Use: Vacant Lot

Proposed Use: SFD

Estimated Construction Cost: \$ 245,706

Description of Work: 2 story, 9 rooms, 4 BR, 3.5 BA, Full basement, fire place, 2 car garage

Occupant or Tenant: n/a

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Trinity Quality Homes, Inc.

Address: 3675 Park Ave. #301

City: Ellicott City State: MD Zip Code: 21043

Home Phone: _____ Work Phone: 410-531-5813

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

Phone: _____ Fax: _____

Email: _____

Contractor Company: Trinity Quality Homes, Inc.

Contact Person: Sherry Mewshaw

Address: 3675 Park Ave. #301

City: Ellicott City State: MD Zip Code: 21043

License No.: 699

Phone: 410-531-5813 Fax: 410-531-8534

Email: Sherry@Trinityhomes.com

Engineer/Architect Company: n/a

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

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
Construction type:	Heating System
<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	Sprinkler System:
<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
Roadside Tree Project Permit #	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	<input type="checkbox"/> Public
Width	<input checked="" type="checkbox"/> Private
1 st floor:	<u>Sewage Disposal</u>
2 nd floor:	
Basement:	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	Heating System
No. of Bedrooms: <u>4</u>	<input checked="" type="checkbox"/> Electric
Multi-family Dwelling	<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	Roadside Tree Project Permit #
<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: Sherry Mewshaw Print Name: Sherry Mewshaw

Email Address: Sherry@trinityhomes.com Date: 7/9/13

Title/Company: Operations, Trinity Quality Homes, Inc.

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
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)		
<input checked="" type="checkbox"/> Health	<u>8/1/13</u>	<u>Seidman</u>
<input checked="" type="checkbox"/> 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	\$
PSFS	\$
Guaranty Fund	\$ <u>50.00</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

Distribution of Copies: White: Building Officials Green: PSZA, Zoning Yellow: PSZA, Engineering Pink: Health
 T:\Operations\Updated Forms\New building app 11-10-2010.docx

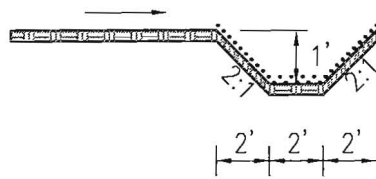
CHK: 028409
Gold: SHA

THE EXISTING WELL SHOWN ON LOT 8 TAG NO. 95-2452 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC., AND IS ACCURATELY SHOWN.

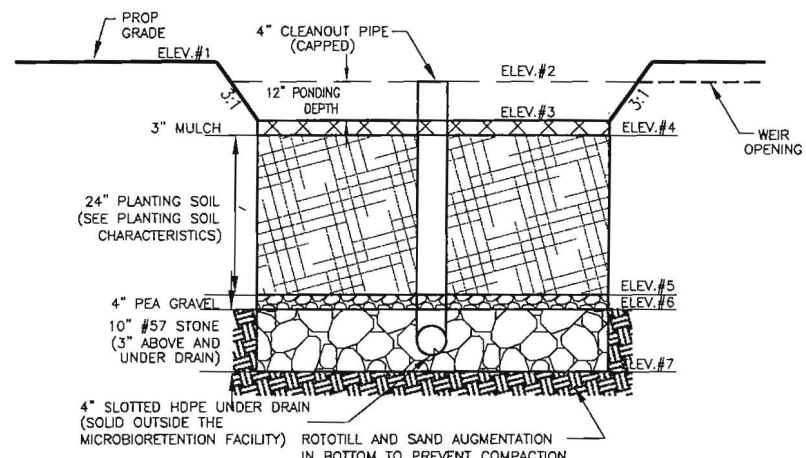
BUILDING OF LOT 8 FLOOR AREAS:
 BASEMENT FLOOR AREA: 1410
 FIRST FLOOR AREA: 1440
 SECOND FLOOR AREA: 1870
 BEDROOMS: 4

NOTE: STORMWATER MANAGEMENT FOR THIS LOT IS PROVIDED BY A RAIN GARDEN (M-7), ROOFTOP DISCONNECTS (N-1), AND A GRASS SWALE (M-8)

BUILDING PERMIT NO. _____

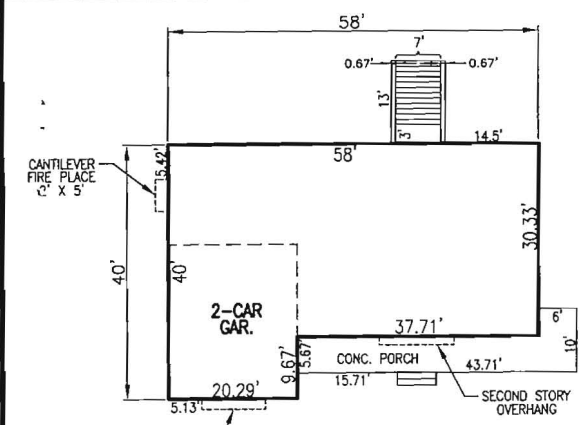


GRASS SWALE DETAIL
NOT TO SCALE



DETAIL - RAIN GARDEN (M-7)
NOT TO SCALE

RAIN GARDEN
 ROOFTOP=1,055 SF
 $Pe = 1" \quad Rv=0.95$
 $ESDV = A(Pe)(Rv)/12 =$
 $ESDV = 1,055 SF(1")(0.95)/12 = 83 CF$



THE TRENTON
 W/ CULT. STONE
 VENEER & SIDING
 SCALE: 1"=30'

LOT #	RAIN GARDEN	1	2	3	4	5	6	7	4" INV.	4" INV. OUTFALL	RAIN GARDEN SIZE
LOT 8	RG 2 (M-7)	595.30	595.00	594.00	593.75	591.75	591.42	590.59	590.84	590.54	83 CF

Appendix B.4. Construction Specifications for Environmental Site Design Practices

Material	Specification	Size	Notes
Plantings	see Appendix A, Table A.4	n/a	plantings are site-specific
Planting soil (2" to 4" deep)	loamy sand (60 - 65%) & compost (35 - 40%) or sandy loam (10%), coarse sand (10%) & compost (40%)	n/a	USDA soil types loamy sand or sandy loam; clay content < 5%
Organic content	Min. 10% by dry weight (ASTM D 5916)		
Mulch	shredded hardwood		aged 6 months, minimum; no pine or wood chips
Pea gravel diaphragm	pea gravel: ASTM-D-448	NO. 8 OR NO. 9 (1/8" TO 3/8")	
Curtain drain	ornamental stone: washed cobbles	stone: 2" to 5"	
Geotextile	AASHTO M-43	n/a	FE Type I nonwoven
Gravel (underdrains and infiltration berms)	AASHTO M-43	NO. 57 OR NO. 6 AGGREGATE (3/8" to 3/4")	
Underdrain piping	F 758, Type PS 28 or AASHTO M-278	4" to 6" rigid schedule 40 PVC or SDR35	Slotted or perforated pipe; 3/8" perf. @ 6" on center, 4 holes per row; minimum of 3" of gravel over pipe; not necessary underdrain pipes. Perforated pipe shall be wrapped with 1/2-inch galvanized hardware cloth.
Poured in place concrete (if required)	M51A Mix No. 3; f'c = 3500 psi @ 28 days, normal weight, air-entrained; reinforcing to meet ASTM-615-60	n/a	on-site testing of poured-in-place concrete required; 28 day strength and slump test; all concrete design (cast-in-place or pre-cast) not using previously approved State or local standards requires design drawings sealed and approved by a professional structural engineer (licensed in the State of Maryland - design to include meeting ACI Code 308.8R9; vertical loading [H-10 or H-20]; allowable horizontal loading (based on soil pressures); and analysis of potential cracking.
Sand	AASHTO-M-6 or ASTM-C-33	0.02" to 0.04"	Sand substitutions such as Diabase and Gneiss (AASHTO) #10 are not acceptable. No calcian carbonated or dolomitic sand substitutions are acceptable. No "rock dust" can be used for sand.

SCALE: AS SHOWN
 DRAWN BY: JMR
 CHECKED BY: RHV
 DATE: MAY 2013
 PROJECT #: 12-06
 SHEET#: 3 OF 3

PLOT PLAN
GLEN OAK
LOT 8

REF: F-13-006
 TAX MAP 9 PARCEL 41
 BLOCK 17 & 18
 3RD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 B407 MAIN STREET
 ELLICOTT CITY, MD 21043
 TEL: 410.461.7666
 FAX: 410.461.8961

OWNER
 CHRISTIAN FAMILY OUTREACH CENTER
 1475 ROUTE 32
 SYKESVILLE, MARYLAND 21784
 (443) 324-9806
 ATTN: MR. TIM KEANE

ADDRESS
 1479 ROUTE 32
 SYKESVILLE, MD 21784
 GP: 13-050