

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:

B13002005

Building Address: **8115 Holly Manor Way**
Fulton, MD 20759

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

Census Tract: _____ Subdivision: **Holly House Meadows**

Section: **6051.02** Area: _____ Lot: **3**

Tax Map: **45** Parcel: **24** Grid: **6**

Zoning: **RC-DEO** Map Coordinates: _____ Lot Size: **49,083 SF**

Existing Use: **Vacant**

Proposed Use: **Single Family Dwelling**

Estimated Construction Cost: \$ **357,768**

Description of Work: **Hawthorne Elevation A, 3 car SEG, 2' front ext, partially finished basement (rec. room, office and bathroom, deck, fireplace, 9 R, 4 FB, 1 HB, 4 BR**

Was tenant space previously occupied? Yes No

Contact Name: _____

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:

Property Owner's Name: **Holly House Development LLC**

Address: **14045 Gared Dr.**

City: **Glenwood** State: **MD** Zip Code: **21738**

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein):
Ralph Mobley, Jr., Mitchell & Best Homebuilders LLC
1686 East Gude Drive, Rockville, MD 20850

Phone: **301-762-9511** Fax: **301-762-3954**

Email: **rmobley@mitchellbest.com**

Contractor Company: **Mitchell & Best Homebuilders LLC**

Contact Person: **Ralph Mobley**

Address: **1686 E. Gude Drive**

City: **Rockville** State: **MD** Zip Code: **20850**

License No.: **1457**

Phone: **301-762-9511** Fax: **301-762-3954**

Email: **rmobley@mitchellbest.com**

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

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: 48' - 74.3'	<input checked="" type="checkbox"/> Private
2 nd floor: 48' - 46'	<u>Sewage Disposal</u>
Basement: 48' - 74.3'	<input type="checkbox"/> Public
<input checked="" 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.

Ralph Mobley, Jr.
 Applicant's Signature

rmobley@mitchellbest.com
 Email Address

AVP of Land/Mitchell & Best Homebuilders LLC
 Title/Company

Ralph Mobley, Jr.
 Print Name

05/15/13
 Date

G13000162

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	6/13/13	R. Becker
<input 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

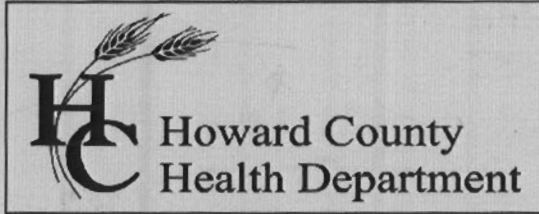
Historic District? Yes No

Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

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

CK# 000233



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

MEMO

Date: June 3, 2013

To: Ralph Mobley, Jr., Holly House Development, LLC, Applicant
rmobley@mitchellbest.com

From: Robert Bricker, REHS/R.S.
Environmental Sanitarian, Well and Septic Program

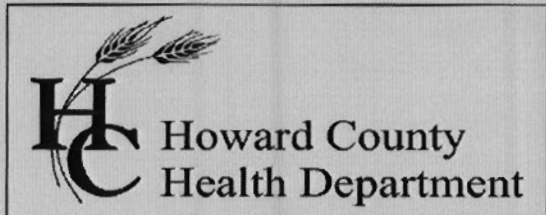
RE: B13002005, Plot Plan for new construction at 8115 Holly Manor Way

The referenced Building Permit Application cannot be approved at this time.

The uppermost portion of the sewerage disposal area (SDA) must be utilized for the initial drainfield installation. The issue may be resolved by revising the plot plan to depict (a) utilization of a 1250-gallon Pump Tank, or (b) locating the septic tank so that wastewater will flow by gravity to the higher portion of the SDA. The Distribution Box should be near the center of the upper SDA boundary.

This is a request for Plot Plan revision. Therefore, submit the revision to DILP. Write "HEALTH DEPT" on the plan so that DILP personnel will know to direct the plan to us.

Copy: file



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-6300 | Fax: 410-313-6303

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

MEMO

Date: June 3, 2013

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RECEIVED

JUN 11 2013

LICENSES & PERMITS
DIVISION

GLW GUTSCHICK LITTLE & WEBER, P.A.

CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS
 3909 NATIONAL DRIVE - SUITE 250 - BURTONSVILLE OFFICE PARK
 BURTONSVILLE, MARYLAND 20866
 TEL: 301-421-4024 BALT: 410-880-1820 DC/VA: 301-989-2524

LETTER OF TRANSMITTAL

TO: HOWARD COUNTY DEPARTMENT OF
INSPECTIONS, LICENSING AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MARYLAND
 ATTN: INTAKE OFFICER

DATE	06-11-2013	JOB No.	12058
PROJECT	8115 HOLLY MANOR WAY		
PLOT PLAN REVISION			

WE ARE SENDING YOU Attached Under separate cover via _____ the following items:

TRACINGS PRINTS COST ESTIMATES DESCRIPTIONS GRADE SHEETS
 COPY of LETTER APPLICATIONS COMPUTATIONS OTHER _____

COPIES	DATE	No.	DESCRIPTION
2	6-11-13		REVISED PLOT PLAN - BUILDING PERMIT #B18002005

RECEIVED
 JUN 11 2013
 LICENSES & PERMITS
 DIVISION

THESE ARE TRANSMITTED as checked below:

FOR APPROVAL SIGN & RETURN
 FOR YOUR USE AS SUBMITTED TO _____
 FOR REVIEW & COMMENT AS REQUESTED BY _____
 PER YOUR REQUEST _____

REMARKS: _____

COPY TO: _____ SIGNED: KRISTY PIERCE

If enclosures are not as noted, kindly notify us at once.

Building Permit #B13002005 for 8115 Holly Manor Way
 Health Department Revision - 06/07/2013

- 3/ILIZED CONSTRUCTION
- 2/ANCE
- 1/ OF DISTURBANCE
- INAGE DIVIDE
- INAGE AREA
- 1/ TOP DISCONNECT
- REST CONSERVATION EASEMENT
- REST CONSERVATION AREA

WELSCH JOHANNES
 MAP 45, GRID 6, PARCEL 1
 PRESERVATION PARCEL A
 E LINE KILN RD
 LF 3482/42
 ZONE: RR



SCALE 1"=30'

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LICENSES & PERMITS
 DIVISION

GP.

HOLLY MANOR WAY
 (PUBLIC ACCESS)

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 6-10-13
 To: Plan Review
 (Person's Name and Division)
 From: Courtney, GLL (301) 421-4024
 (Your Name, Company Name and Telephone Number)
 Subject: Project name Mitchell + Best
 Project site address 8115 Holly Manor Way
 Permit Number B13002005 SDP # _____
 Other information pertinent to this project _____

Please check the attachments below that you are submitting with this transmittal

- Letter of response to Howard County plan review code letter
- Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- Structural steel certification
- Energy conservation calculations
- Certification for _____ (be specific).
- Copies of _____ (be specific).
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other revised plot per Heath

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 LICENSES & PERMITS
 DIVISION

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

 (Person's name) (Telephone number)

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by cha

white: Plan Review Division
 yellow: Applicant
 pink: Permit Division