

Building Address: 15011 Double Bridges Ct.
Glenwood, MD 21738

Suite/Apt. # _____ SDP/WP/BA #: GP-12-11

Census Tract: _____ Subdivision: Marivether Farms

Section: 1 Area: n/a Lot: 11

Tax Map: 21 Parcel: 24 Grid: 21

Zoning: RC-DEO Map Coordinates: _____ Lot Size: _____

Existing Use: Vacant Lot

Proposed Use: NEP

Estimated Construction Cost: \$ 300,000.00

Description of Work: Const. 3rd "FD Remodel" - 285 sq. ft. basement 4BB, 2HD, 3 car garage, (4BR) opt Fin. L/Lw/bath
Rear Sun rm.

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Stewart - Kral

Address: 7090 Sunnyside Ave. #12500

City: Columbia State: MD Zip Code: 1046

Home Phone: _____ Work Phone: 410-317-5163

Applicant's Name & Mailing Address, (If other than stated herein):
BPS, Inc. - Pat Orla
232-D Crocker Dr. Bel Air, MD 21014

Phone: 410-879-7848 Fax: 410-879-7847

Email: porla@comcast.net

Contractor Company: OWNER

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License No.: MHBR# 357

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: _____

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>6104</u>	<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 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:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input 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: _____
porla@comcast.net
 Email Address: _____
Agent for Stewart-Kral
 Title/Company: _____

Print Name: _____
11/16/11
 Date: _____

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>12-19-11</u>	<u>Obenard</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: _____

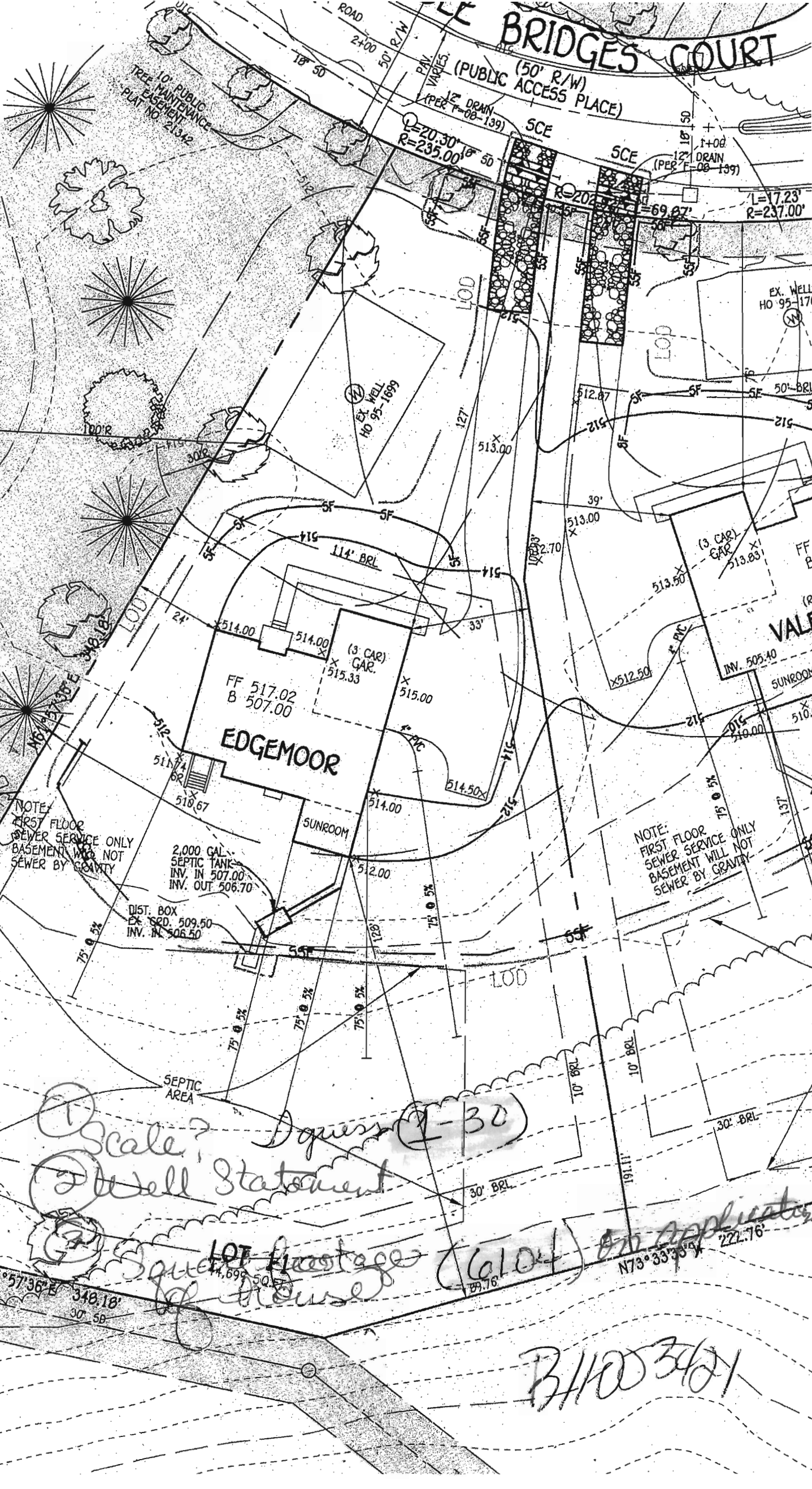
SDP/Red-line approval date: _____

Filing Fee	\$ <u>1,000.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

BRIDGES COURT

(PUBLIC ACCESS PLACE)
(50' R/W)
12" DRAIN (PER F-08-139)

10' PUBLIC TREE MAINTENANCE EASEMENT (PUT NO 21342)



NOTE: FIRST FLOOR SEWER SERVICE ONLY. BASEMENT WILL NOT SEWER BY GRAVITY.

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Scale? *D. Jones* (2-30)
Well Statement

Squire LOT frontage (6104) on application
of house 4,696.50 sq ft
N73°33'35" 221.76'

B/H/O 3/6/21

N61°57'36" E 348.18'
30' 50'



7178 Columbia Gateway Drive, Columbia MD 21046
Phone (410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
Website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

DATE: December 7, 2011

RE: **Building Permit # B11003421**
15011 Double Bridges Court
Glenwood, Maryland 21738
Building Site Plan

TO: BPS, Inc.
C/o Pat Orla
Via: E-mail: porla@comcast.net

Mrs. Orla,

Prior to building permit approval, further review is contingent upon submission of a revised building plan showing the following:

The following notes must be included in the General Notes:

- General notes on Building Site Plan must include the following statement, "**The existing well(s) shown on this plan** (identified with the attached well tag number ex: (HO-95-1699) **has been located by _____** (individual or company name) **professional land surveyor(s) and is accurately shown.**"

Your building permit will be placed "on hold" until all Health Dept. requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana Bernard, Environmental Sanitarian
Bureau of Environmental Health
Well and Septic Program
Phone (410) 313-2775
Fax: (410) 313-2648

cc: Well & Septic program file