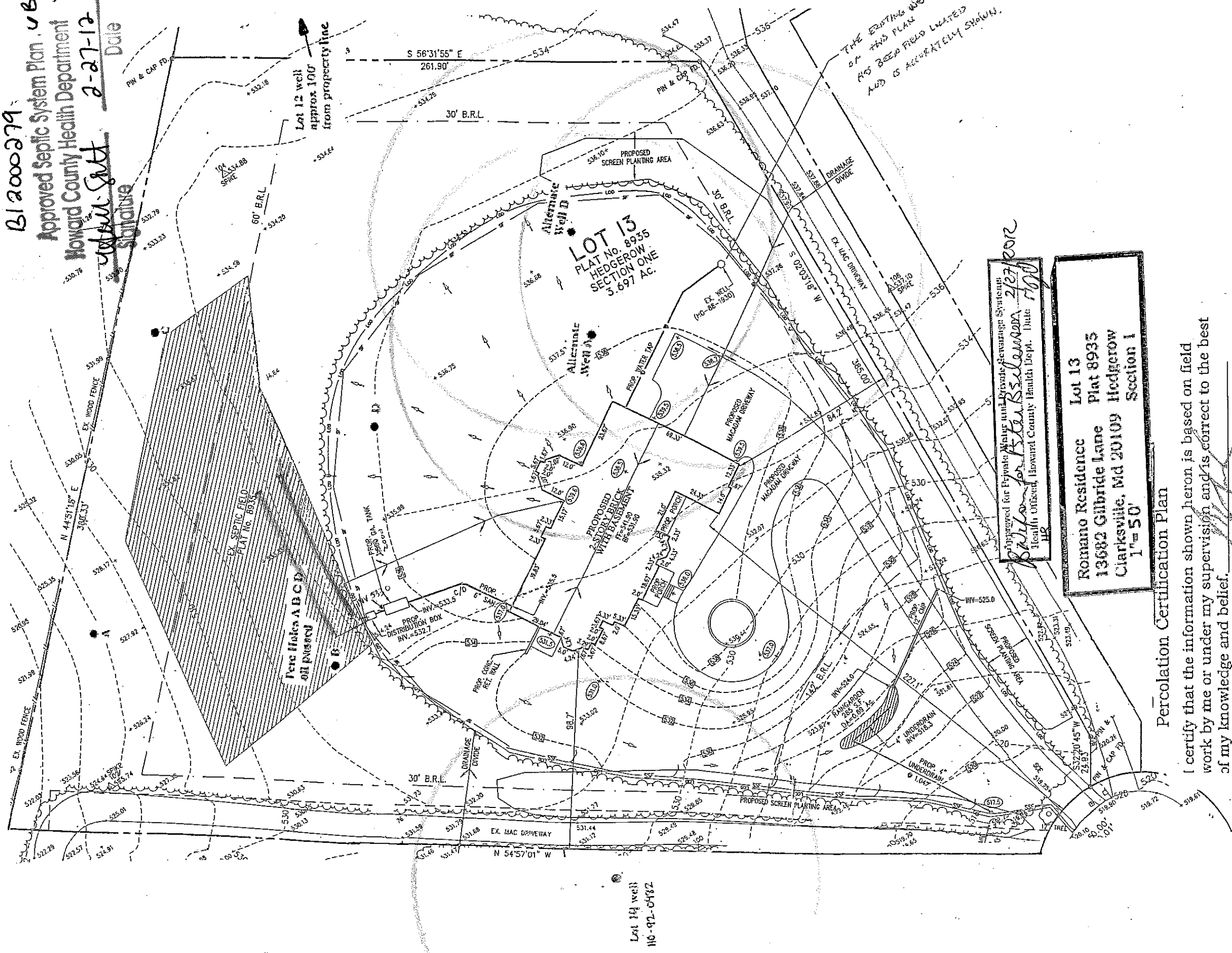


B12000279
 Approved Septic System Plan, v. 68
 Howard County Health Department SFD
 ystam Sft
 2-27-12
 Signature _____ Date _____



Approved for Private Water and Private Sewerage Systems
 by Steven B. Belenka 2/27/2012
 Health Officer, Howard County Health Dept. Date: _____
 HR

Lot 13
Romano Residence
13682 Gilbride Lane Plat 8935
Clarksville, Md 20109 Hodgerow
Section 1
1" = 50'

Percolation Certification Plan

I certify that the information shown hereon is based on field work by me or under my supervision and is correct to the best of my knowledge and belief.

- Any changes to a private sewage easement shall require a revised percolation certification plan
- The topography of this plat is taken from NJR& Associates and is verified to accurately represent the relative changes on the subject property
- All wells and septic systems located within 100' of the property boundaries and 200' downgradient of any wells and or septic systems have been shown
- The lot shown hereon complies with the minimum ownership width and lot area as required by the Maryland Department of Environment
- This area designates a private sewage disposal area of at least sq. ft. 10,000 as required by Maryland Department of Environment for individual sewage disposal. Improvements of any nature in this area are restricted. The sewage disposal area shall become null and void upon connection to a public sewerage system. The county health officer shall have authority to grant adjustments to the private sewage easement. Recordation of a revised sewage easement shall not be necessary.

Lot 14 well
 110-92-0182

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1850	HOWARD COUNTY RESIDENTIAL HEATING-VENTILATION-AIR CONDITIONING AND REFRIGERATION PERMIT APPLICATION	HVACR PERMIT # <u>M12000495</u> BUILDING PERMIT # <u>B12000279</u>
--	---	--

BUILDING ADDRESS: SUITE/APT: <u>13682 GILBRIDE LANE</u> SUBDIVISION: <u>CLARKSVILLE, MD</u> CENSUS TRACT: SECTION: AREA: <u>2</u> LOT: <u>13</u> TAX MAP: <u>28</u> PARCEL: <u>30</u> BLOCK: ZONE: PROPERTY ID: MAP COORDINATES: TYPE OF IMPROVEMENTS: USE:	OWNERS NAME: <u>ANTONIO ROMANO</u> ADDRESS: } <u>5442 HARRIS FARM LANE</u> MAILING } CITY: <u>CLARKSVILLE</u> STATE: <u>MD</u> ZIP CODE: <u>21029</u> HOME PHONE: WORK PHONE:
--	--

	CHECK ONE	HOW MANY	COMPANY NAME: Ground Loop Heating & Air Cond., Inc.
SINGLE FAMILY DWELLING	<input checked="" type="checkbox"/>	<u>8</u> ZONES	LICENSEE NAME: Michael E. Cullum
SINGLE FAMILY TOWNHOUSE	<input type="checkbox"/>	___ ZONES	ADDRESS: 1701 Whiteford Road
MULTI-FAMILY / HOTEL/MOTEL	<input type="checkbox"/>	___ ROOMS	CITY: Darlington
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS)	<input type="checkbox"/>	___ ROOMS	STATE: MD ZIP CODE: 21034 PHONE: 410-836-1706 HVACR LICENSE NO: 6539 <u>Linda</u>

New Heating and Air Conditioning 6/18/2012 Heating System Only
 ~~Geo Thermal System~~ O.K. (BB) Ductless Mini Splits Other Work (Describe):
 Thru The Wall Systems

Replacement
 Heating
 Air Conditioning
 Heating and Air Conditioning

HORIZONTAL LOOPS

Additions and Alterations
 Heating
 Air Conditioning
 Heating and Air Conditioning

****Replacement Geo Thermal Systems are not required; However, if a tax credit is being sought a permit is required****

Zones Permit Fee = # of Zones x \$40 = <u>320.00</u> Technology Fee (10% of Permit Fee) = <u>32.00</u> Plus Application Fee <u>\$50.00</u> Total Fees Due = <u>\$402.00</u>	Rooms Permit Fee = # of Rooms x \$80 = _____ Technology Fee (10% of Permit Fee) = _____ Plus Application Fee \$50 <u>\$50.00</u> Total Fees Due = _____
--	--

I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AND KNOW IT IS TRUE AND CORRECT. THE WORK DESCRIBED HEREIN WILL BE PERFORMED BY A STATE HVACR LICENSED PERSON(S), AND ALL WORK WILL BE PERFORMED IN COMPLIANCE WITH APPLICABLE CODES AND STANDARDS OF HOWARD COUNTY THE STATE OF MARYLAND.

Michael Cullum 6-4-12
SIGNATURE OF LICENSEE DATE

MICHAEL CULLUM
PRINT NAME OF LICENSEE

Linda @groundloop.com
Email Address

Validation Check Number: <u>20254</u> Cash: _____ Receipt Number: <u>281137</u>

Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

Well + Septic

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:

B/2000279

Building Address: 13682 Gilbride Lane

Suite/Apt. # 4450707 SDP/WP/BA #: _____

Census Tract: 105101 Subdivision: _____

Section: NE Area: 20 Lot: 13

Tax Map: 28 Parcel: _____ Grid: 13-13

Zoning: ED 200 Map Coordinates: _____ Lot Size: _____

Existing Use: LOT

Proposed Use: _____

Estimated Construction Cost: \$ _____

Description of Work: _____

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: Thomas P. Romano

Address: _____

City: Ellicott City State: MD Zip Code: 20723

Phone: 301 362 0080 Fax: 301 362 5881

Email: Tom.P.Romano@concrete.com

Property Owner's Name: _____

Address: 13682 Gilbride Lane

City: Ellicott City State: MD Zip Code: 20723

Home Phone: _____ Work Phone: _____

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

Phone: _____ Fax: _____

Email: _____

Contractor Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License No. : _____

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>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"/> <u>Roadside Tree Project Permit</u>	<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 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:	<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"/> <u>Roadside Tree Project Permit</u>
Roof:	<input type="checkbox"/> Yes <input 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; (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: _____
 Title/Company: _____

Print Name: _____
 Date: 1/31/2012

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>2-27-12</u>	<u>Heidi Smith</u>
Fire Protection		

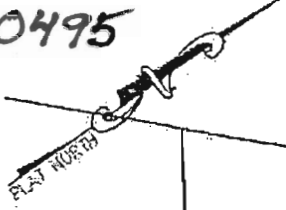
DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot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

Filing Fee	\$ <u>1100.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

CKH: 126

N/F
ANTHONY MAIONE
L. 1407, F. 83

M12000495



N 44°51'15" E
388.33'

EX. SEPTIC FIELD
PLAT No. 8935

60' B.R.L.

LOT 15

S 56°31'55" E

LOT 12

LOT 13
PLAT No. 8935
HEDGEROW
SECTION ONE
3.697 Ac.

N 54°57'01" W

30' B.R.L.

30' B.R.L.

261.90'

1" ~ 60'

103.6'±

POURED CONC.
FOUNDATION
TOP WALL = 538.4

(HO-88-1930)
EX. WELL

30' B.R.L.
385.00'

515.77'

LOT 14

EXISTING
20' WIDE INGRESS & EGRESS
EASEMENT FOR LOTS 14, 15
AND 16 (L. 2048, F. 439)

142' B.R.L.

S 02°03'18" W

LOT 11

LOT 12

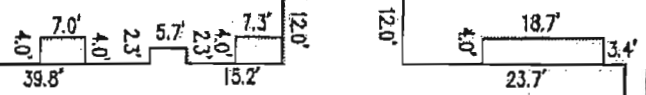
LOT 11

24.93'
S32°20'45"W

GILBRIDE
LANE

R=50.00'
L=50.01'

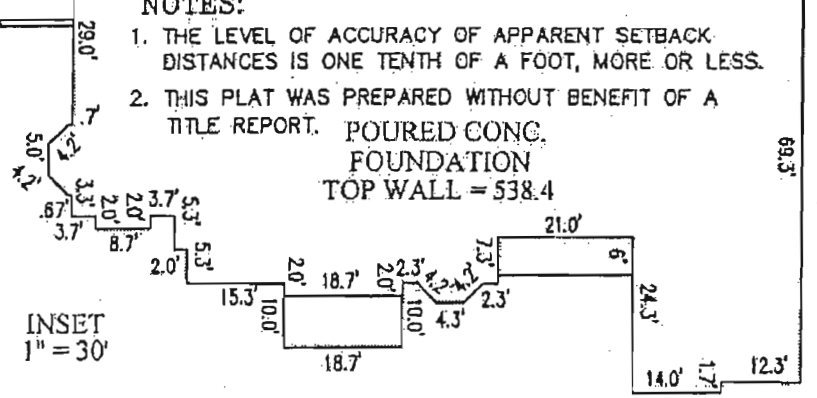
LOT 10



NOTES:

1. THE LEVEL OF ACCURACY OF APPARENT SETBACK DISTANCES IS ONE TENTH OF A FOOT, MORE OR LESS.
2. THIS PLAT WAS PREPARED WITHOUT BENEFIT OF A TITLE REPORT.

POURED CONC.
FOUNDATION
TOP WALL = 538.4



INSET
1" = 30'

I HEREBY CERTIFY THAT IMPROVEMENTS ARE

WALL CHECK SURVEY

FILE No.
2725