

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**

B00132809

Building Address 8515 ELOUNTS LANE  
FULTON, MD. 20759  
 Suite/Apt. #: N/A SDP/WP/Petition #: N/A  
 Census Tract 6051.02 Subdivision BEAUFORT FARM  
 Section N14 Area N4 Lot 9  
 Tax Map 45 Parcel 26 Grid 12  
 Zoning RR-10 Map Coordinates F0410 B. 18 E7 Lot size 1.16 AC

Property Owner's Name SUSAN BRIGELMAN  
 Address 410 MAIN ST #18  
 City LAUREL State MD Zip Code 20707  
 Home Phone 410-888-0552 Work Phone 410-961-0616  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax 301-362-5943

Existing Use RES. VACANT LOT  
 Proposed Use RESIDENTIAL NEW SFD.  
 Estimated Construction Cost \$ 120,000  
NEW CUSTOM SFD. 2 STORY  
 Description of Work CONSTRUCT 2 STORY  
RESIDENTIAL DWELLING WITH 4  
BR ROOMS, ATTACHED TWO CAR GARAGE

Contractor Company SUSAN BRIGELMAN  
 Contact Person STEPHEN J JOHNSON  
 Address 410 MAIN ST #18  
 City LAUREL State MD Zip Code 20707  
 License No. \_\_\_\_\_  
 Phone 410-888-0552 Fax 301-362-5943

Occupant or Tenant STEPHEN J JOHNSON SUSAN BRIGELMAN  
 Contact Name STEPHEN J JOHNSON  
 Address 410 MAIN ST #18  
 City LAUREL State MD Zip Code 20707  
 Phone 410-888-0552 Fax 301-362-5943

Engineer or Architect Company MARKS & ASSOC  
 Contact Person ERIC MARKS  
 Address 4531 COLLEGE AVE  
 City ELLICOTT CITY State MD Zip Code \_\_\_\_\_  
 Phone 410-747-8738 Fax 410-747-8739

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: <u>28'</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: <u>(2)</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>23RD 10808</u> <u>2ND 10808</u> Use group: <u>1080 B</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input checked="" type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>30'</u> Depth <u>30'</u> Width <u>30'</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>30'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>30'</u> Width <u>30'</u>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>4</u>	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ 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 THEREON; (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.

Susan Brigelman  
 Applicant's Signature

SUSAN BRIGELMAN  
 Print Name

\_\_\_\_\_  
 Title/Company

10/16/01  
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***

**- FOR OFFICE USE ONLY -**

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input type="checkbox"/> State Highways		
<input type="checkbox"/> Building Official		
<input type="checkbox"/> Dev. Engineering, DPZ		
<input type="checkbox"/> Health	<u>12-7-01</u>	<u>Frank Shennar</u>
<input type="checkbox"/> Fire Protection		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>

PROPERTY ID#:	AMOUNT
<u>52487</u>	
Filing fee	\$ <u>100</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>171</u>
Validation	# <u>45258</u>

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Lot Coverage for NewTown Zone \_\_\_\_\_  
 SDP/Red-line approval date \_\_\_\_\_ Accepted by \_\_\_\_\_

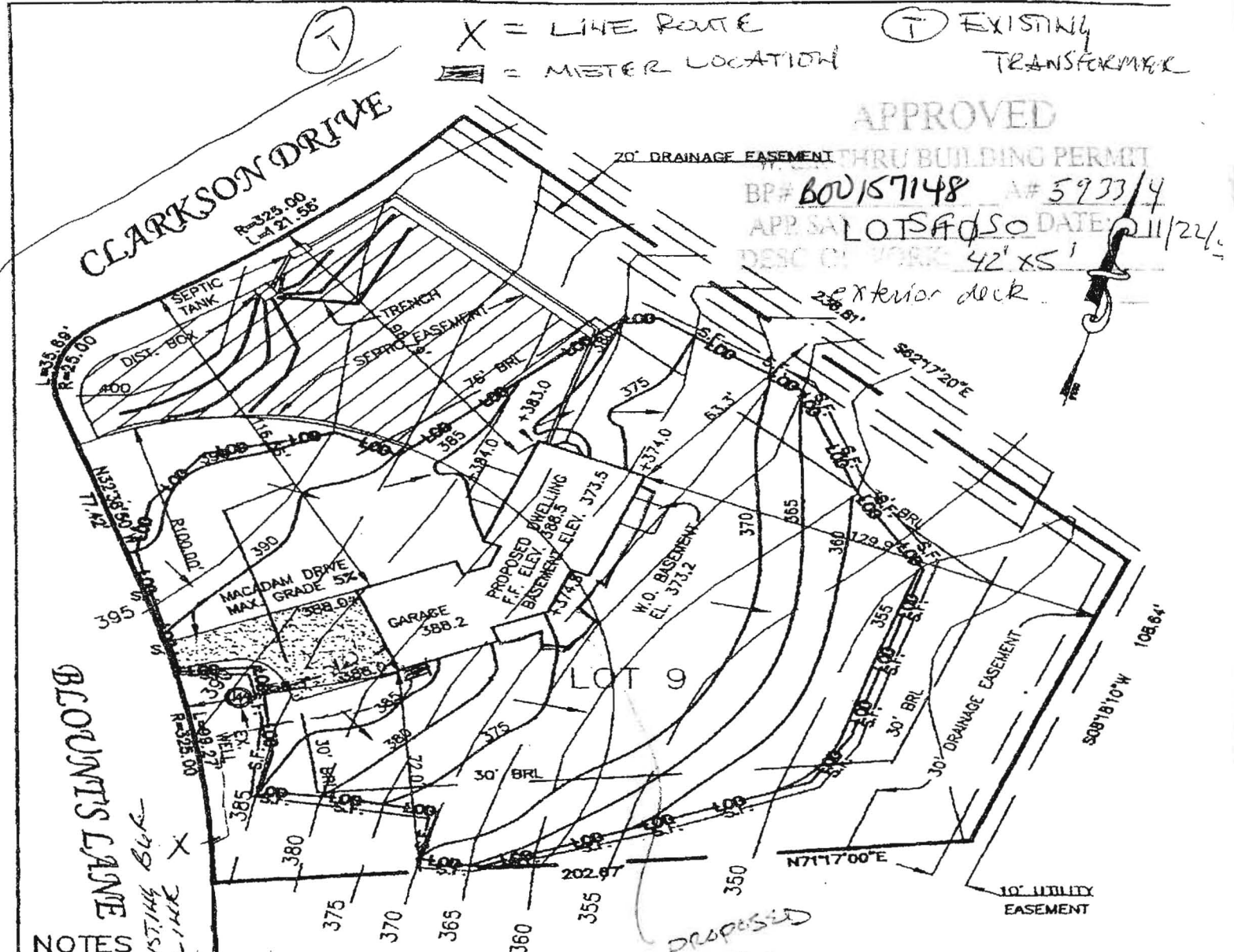
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

COPY PERMITTING STAFFS STAFF TO 118.52

X = LINE ROUTE  
 [Symbol] = METER LOCATION  
 (T) EXISTING TRANSFORMER

APPROVED

70' DRAINAGE EASEMENT THRU BUILDING PERMIT  
 BP# 600157148 A# 5933/4  
 APP SA LOTS 8 & 9 DATE 11/24/01  
 DESC OF WORK 42' x 5'



NOTES

1. OWNER:
2. BUILDER: STEPHEN JOHNSON
3. SEWAGE SYSTEM REQUIRES A PUMP.
4. TOPOGRAPHY IS FROM HOWARD COUNTY QUAD SHEETS.
5. PROPERTY INFORMATION: LOT 9, " PLAT ONE BEAUFORT PARK" BLOCK G RECORDED IN PLAT BOOK 10 AT PAGE 8
6. PROPOSED DWELLING IS A 2 STORY DETACHED STRUCTURE WITH 4 BEDROOMS
7. DRIVEWAY CULVERT SHOULD NOT BE REQUIRED DUE TO DESIGN AND EXISTING TOPOGRAPHY.

ELEVATIONS

EXISTING	PROPOSED
ELEVATION OF WELL AT GRADE	FIRST FLOOR:
389.0	388.5
	BASEMENT:
	INVERT OUT OF HOUSE
	372.2
GRADE AT SEPTIC TANK	INVERT INTO SEPTIC TANK
397.0	395.8
GRADE AT DISTRIBUTION BOX	INVERT OUT OF SEPTIC TANK
398.0	395.4
	INVERT INTO DISTRIBUTION BOX
GRADE AT TRENCHES	INVERT OUT OF DISTRIBUTION BOX
398.0	395.2
	INVERT INTO TRENCH
	395.0

RECORD REFERENCES  
 LIBER / FOLIO \_\_\_\_\_  
 PLAT BOOK 10  
 PLAT NO. / FOLIO / B \_\_\_\_\_  
 SCALE 1" = 40'  
 DATE OCTOBER, 2001

PLOT PLAN FOR  
 SINGLE FAMILY  
 DWELLING  
 8515 BLOUNTS LANE  
 LOT NO. 9  
 BEAUFORT PARK  
 HOWARD COUNTY, MARYLAND

MARKS & ASSOCIATES L.L.C.  
 CONSULTING SURVEYORS—LAND PLANNERS  
 4531 COLLEGE AVENUE ELLICOTT CITY, MARYLAND  
 TELEPHONE (410)747-8738 FAX (410)747-8739

lex 12  
 61" to blue