

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 10011025

Building Address 13791 HIGHLAND BL.
MARYVILLE, MD. 21029

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name _____
 Address _____
 City MARYVILLE State MD Zip Code 21029

Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
SAM AS LEON
 Phone _____ Fax _____

Contractor Company _____
 Contact Person _____

Address _____
 City _____ State MD Zip Code _____
 License No. _____
 Phone _____ Fax 410 374 2425

410 329 9818
 Engineer or Architect Company _____

Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Existing Use OFF
 Proposed Use OFF
 Estimated Construction Cost \$ _____
 Description of Work INSTALLATION OF OFFICE SPACE
WITH ELEVATOR AND STAIRS

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

BUILDING CHARACTERISTICS		UTILITIES	
Height: _____	No. of stories: _____	Gross area, sq. ft. per floor: _____	Use group: _____
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ 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 Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____

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 _____
 Title/Company _____

Print Name _____
 Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development DPZ			
State Notaries			
Building Official			
Dev. Engineering DPZ			
Health	<u>4/23/08</u>	<u>[Signature]</u>	
Fire Protection			
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			
ONE STOP SHOP: <input type="checkbox"/>			
Distribution of Copies: _____ Write: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			

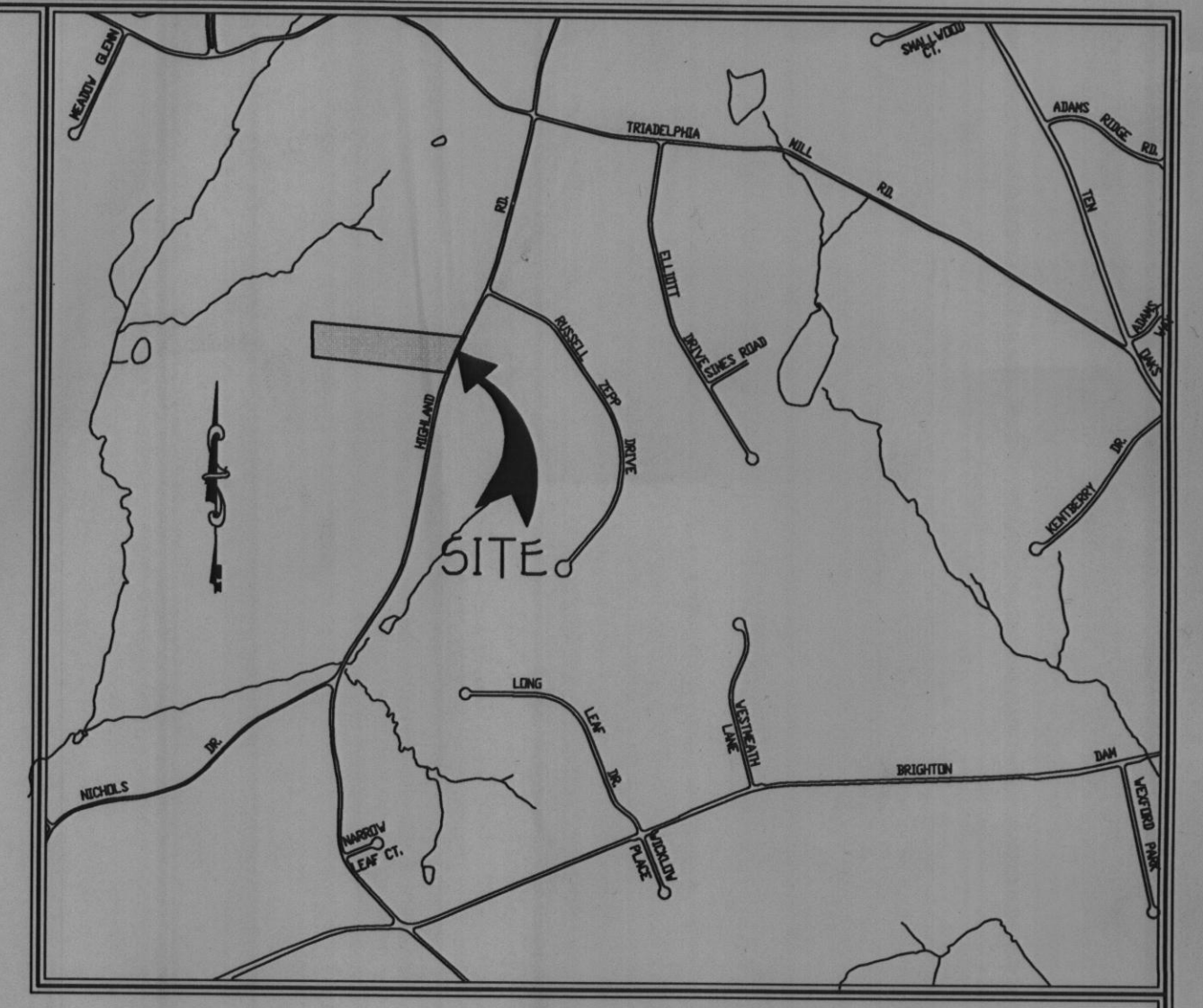
DPZ SETBACK INFORMATION		PROPERTY ID#
Front: _____	Filing fee	\$ _____
Rear: _____	Permit fee	\$ _____
Side: _____	Excise tax	\$ _____
Side St: _____	Add'l per. fee	\$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES	\$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due	\$ _____
Lot Coverage for New/Town Zone _____	Check	\$ _____
SDP/Red-line approval date _____	Validation	\$ _____
Accepted by _____		

GENERAL NOTES:

1. PROPERTY ZONED: RR-160
2. EXISTING WELLS AND/OR SEWERAGE EASEMENTS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN FROM THE BEST AVAILABLE INFORMATION.
3. EXISTING WELL (TAG NO. HD-73-1744) SHOWN HEREON.
4. TOPOGRAPHY SHOWN IS BASED ON FIELD RUN SURVEY BY FISHER, COLLINS & CARTER, INC. ON JUNE, 2007.
5. BOUNDARY OUTLINE BASED ON AVAILABLE DEED OF RECORD WITHOUT THE BENEFIT OF A FIELD SURVEY AT THIS TIME.
6. DEED REFERENCE LIBER 10605 FOLIO 215.
7. TOTAL AREA OF DISTURBANCE: 4,930 SQUARE FEET
TOTAL IMPERVIOUS AREA: 3,092 SQUARE FEET
TOTAL AREA OF VEGETATION: 1,878 SQUARE FEET

NOTE

THE EXISTING WELL SHOWN ON THIS PLAN, TAG NO. HD 73-1744 HAS BEEN FIELD LOCATED BY FISHER, COLLINS & CARTER, INC., PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.



VICINITY MAP
SCALE: 1" = 1200'

MaC
N 562700
E 137450



LIBER 10605 FOLIO 215
PARCEL 334
5.86 ACRES

Approved Septic System Plan
Howard County Health Department
1000-gal underground
LP tank as shown
R. B. [Signature]
4/23/08
Date

**Lot 4
Rowe**

LEGEND

SYMBOL	DESCRIPTION
---	EXISTING CONTOUR 2' INTERVAL
- - - -	PROPOSED CONTOUR 2' INTERVAL
+362.5	SPOT ELEVATION
---	PROPOSED WALKOUT
---	LIMIT OF DISTURBANCE

OWNER / DEVELOPER
TRINITY BUILDERS
3675 PARK AVENUE
SUITE 301
ELLCOTT CITY, MARYLAND 21043
410-997-3032

SITE DEVELOPMENT PLAN
HIGHLAND ROAD (13791)
TAX MAP NO: 34 GRID NO: 3 PARCEL NO: 334
3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1" = 40' DATE: AUGUST, 2007

FISHER, COLLINS & CARTER, INC.
CONSULTANTS & LAND SURVEYORS
10772 BALTHORE NATIONAL PIKE
CITY, MARYLAND 20942
410-461-2925