

Building Address 13516 HOLLY CREST LN
DAYTON, MD 21036
 Suite/Apt. #: - SDP/WP/Petition #: P-00-95
 Census Tract R51-01 Subdivision HOLLY CREST
 Section 1 Area _____ Lot 9
 Tax Map 28 Parcel 4 Grid 1
 Zoning MS-D Map Coordinates _____ Lot size 40,000 SF

Property Owner's Name WILLIAM & MICHELLE GUEVARA
 Address 2537 TRAIL VIEW
 City ELLICOTT CITY State MD Zip Code 21043
 Home Phone 410-203-2416 Work Phone 443-718-2766
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use VACANT LOT
 Proposed Use NEW 3FD
 Estimated Construction Cost \$ 130,000.00
 Description of Work 2 STORY, FULL BSMT/UNFINISHED W/FR
2 FB, 1 HB, 10 RMS, 3 car garage

Contractor Company ALLAN HOMES INC
 Contact Person DON LINDSAY
 Address P.O. Box 1058
 City COLUMBIA State MD Zip Code 21044
 License No. 420
 Phone 410-331-1414 Fax 410-331-1211

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

Engineer or Architect Company JINEX DESIGN
 Contact Person STEVE JINEX
 Address 7014 BLUE POOL
 City COLUMBIA State MD Zip Code 21045
 Phone 410-764-2554 Fax 410-772-4367

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
No. of Bedrooms <u>4</u>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFFPA #13D _____ NFFPA #13R _____ Other: _____
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: _____	
State Certified Modular _____ Manufactured Home _____	

THE UNDERSIGNED JURIEDY 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 THEREIN, (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 ON TO HIS PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____
PRESIDENT - ALLAN HOMES
 Title/Company _____

Date _____
 Print Name O. ALLAN MACHAR
7-20-01

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	51570
State Highways			Rear: _____	Billing fee \$ <u>100</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health	<u>8/1/01</u>	<u>Mark R. [Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>2479</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				Validation # <u>47565</u>
Forms PERMIT.FRM				Accepted by _____

1:30

HOUSE INV 633.76
 S.T. IN 632.0
 S.T. BUT 631.7
 S.T. FINISHED GRADE 634.5±
 D. BOX GRADE 634.1
 INV IN 631.2
 TRENCH IN 631.1

PLAN BY FRED WARD & ASSOC

Approved Septic System Plan
Howard County Health Department

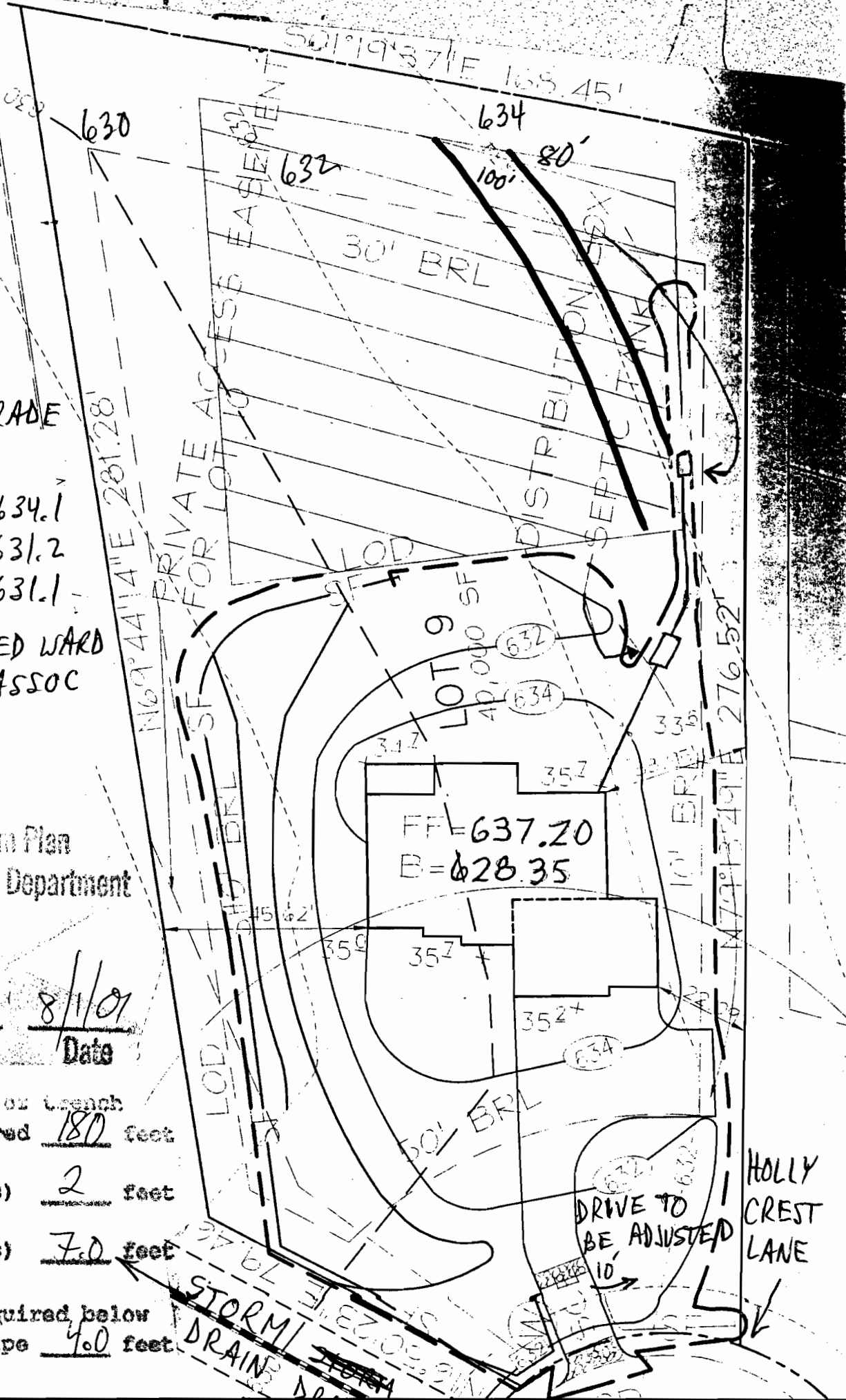
Mark Refkin 8/1/09
 Signature Date

Total linear feet of trench required 180 feet

Width of trench(es) 2 feet

Depth of trench(es) 7.0 feet

Depth of stone required below distribution pipe 4.0 feet



HOLLY CREST LANE

STORM DRAIN

DRIVE TO BE ADJUSTED