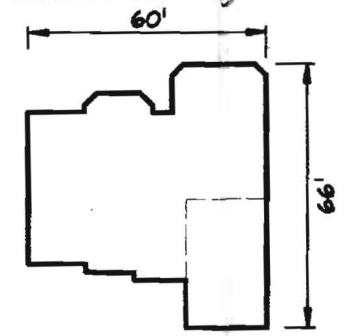
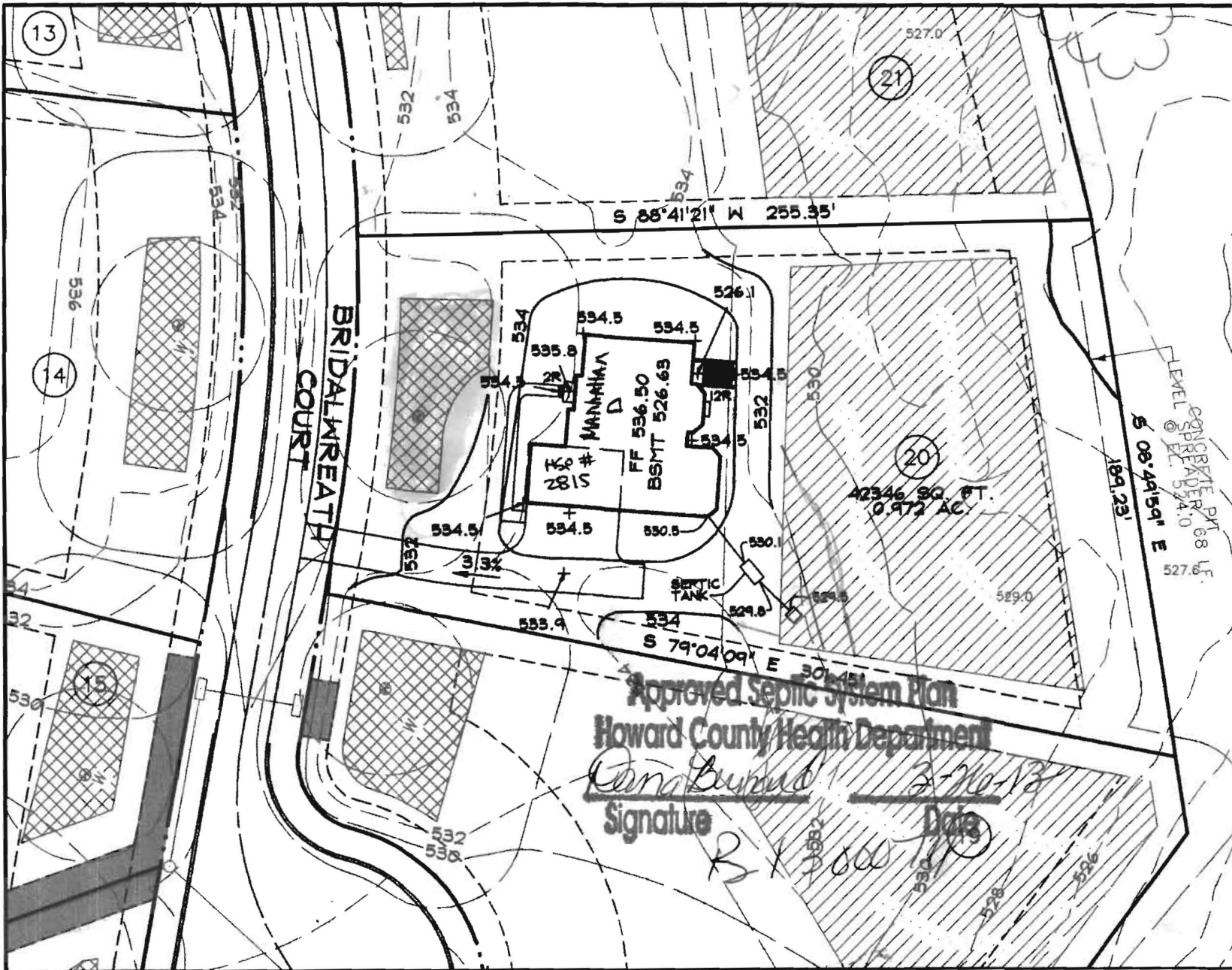


Building Plan Submitted w/A



MANHATTAN ELEVATION D BRICK FRONT

GENERAL NOTES

1. THE EXISTING WELL SHOWN ON THIS PLAN (HO-95-0673) HAS BEEN LOCATED BY DDC, PROFESSIONAL LAND SURVEYOR, AND IS ACCURATELY SHOWN.
2. BASE SQUARE FOOTAGE OF HOUSE: 4,184 sq. ft. NUMBER OF BEDROOMS: 4
3. INFORMATION SHOWN ON THIS PLAN BASED ON PLANS PREPARED BY DMW DATED 6/25/07. EXISTING TOPOGRAPHY BASED ON GRADING PLAN PREPARED BY DEMARIO DESIGN CONSULTANTS DATED 7/9/07 AND FIELD RUN TOPOGRAPHY PREPARED BY DDC INC IN JAN. 2012
4. EJECTOR PUMP REQUIRED TO SEWER BASEMENT

Approved Septic System Plan
 Howard County Health Department
Carla Burd
 Signature _____ Date 2-26-13



Development Design Consultants

Planners
 Surveyors
 Engineers
 Landscape Architects

192 East Main Street
 Westminster, MD 21157
 410.386.0560
 410.386.0564 (Fax)
 DDC@DDCinc.us
 www.DDCinc.us

DDC JOB#:	06116.5
DATE:	2/26/13
SCALE:	1" = 50'
DES. BY:	BKC
DRN. BY:	AJS/LJC
CHK. BY:	BKC

BELLE HAVEN ESTATES
 3rd ELECTION DISTRICT HOWARD COUNTY, MD
 TAX MAP 14, PARCEL 66

LOT 20
 2815 BRIDALWREATH COURT
 WOODBINE, MD 21797
 PLOT PLAN
 KHOV ELEVATION

OWNER/BUILDER: K.HOVNANIAN HOMES
 1802 Brightseat Road
 Landover, Maryland 20785
 (301)683-6268



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: B13002823

Building Address: 2815 W. Adair Rd, Ct
 City: Beltsville State: MD Zip Code: 21747
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 80
 Tax Map: 14 Parcel: 166 Grid: 80
 Zoning: _____ Map Coordinates: _____ Lot Size: 18316

Existing Use: SHD
 Proposed Use: SHD w/ truck
 Estimated Construction Cost: \$ 8000
 Description of Work: Highland propane tank

Occupant or Tenant: Phone /
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: ONE HAVEN KULEL
 Address: _____
 City: _____ State: MD Zip Code: 21743
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: MD Zip Code: 21784
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Play National Corp
 Contact Person: _____
 Address: _____
 City: _____ State: MD Zip Code: 20194
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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
Krystal Appolo: kappolo@hmda.com
Email Address
kappolo
Title/Company

Print Name
Colin
Date

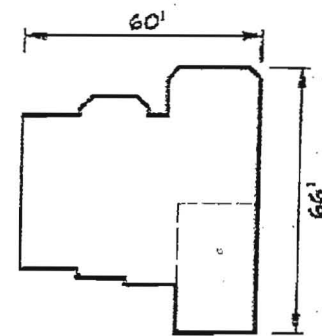
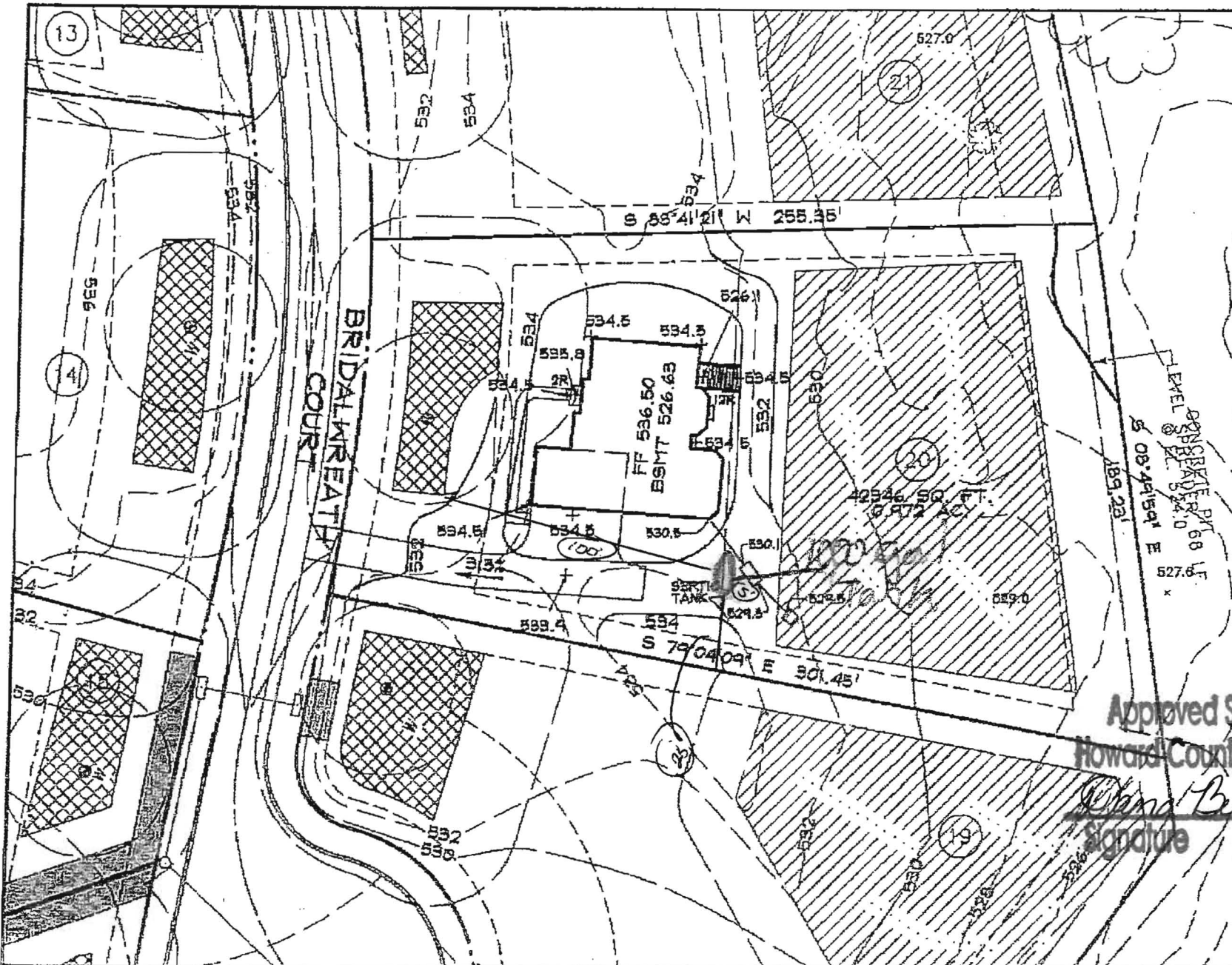
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>6-18</u>	<u>D. Bernard</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#



MANHATTAN
ELEVATION D
BRICK FRONT

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Approved Septic System Plan
Howard County Health Department

Chana Bernard 6-18-13

Signature

Date
BP# 13002223



DDC
Development Design Consultants
Planners
Surveyors
Engineers
Landscape Architects
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Westminster, MD 21157
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410.386.0564 (fax)
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DRN. BY:	/
CHK. BY:	/

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