



**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: 4-24-14

Permit No.: B14001306

Building Address: 8112 Hollymanor Way  
 City: Fulton State: MD Zip Code: 20759  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: St. Lukes Meadow  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 7  
 Tax Map: 45 Parcel: 24 Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 1.13 ac

Property Owner's Name: Cornerstone Homes Inc  
 Address: 8112 Hollymanor Way  
 City: Fulton State: MD Zip Code: 20759  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: (9095 Dartok Ave Laurel 20707)

Applicant's Name & Mailing Address (if other than stated herein)  
 Applicant's Name: Michelle Kege  
 Address: PO Box 1253  
 City: Wassville State: MD Zip Code: 21784  
 Phone: 4433401228  
 Email: michelle@appliedandapproved.com

Contractor Company: Poist Gas Company Con  
 Contact Person: Michael Underwood  
 Address: 360 Main Street  
 City: Laurel State: MD Zip Code: 20707  
 License No.: 60029  
 Phone: 3017253232  
 Email: \_\_\_\_\_

Existing Use: SFD  
 Proposed Use: SFD w/ tank  
 Estimated Construction Cost: \$ 6,000  
 Description of Work: Install 500 gal Underground propane tank

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

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

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

| Utilities   |  |
|---|--|
| <b>Water Supply</b>   |  |
| <input type="checkbox"/> Public   |  |
| <input checked="" type="checkbox"/> Private                                   |  |
| <b>Sewage Disposal</b>  |  |
| <input type="checkbox"/> Public   |  |
| <input checked="" type="checkbox"/> Private                                   |  |
| Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      |  |
| <b>Heating System</b>   |  |
| <input type="checkbox"/> Electric <input type="checkbox"/> Oil                |  |
| <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas     |  |
| <input type="checkbox"/> Other:   |  |
| <b>Sprinkler System:</b>  |  |
| <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: Michelle Kege Print Name: Michelle Kege  
 Email Address: michelle@appliedandapproved.com Date: 4/24/14  
 Title/Company: \_\_\_\_\_

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             |      |                       |

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

**SDPZ SETBACK INFORMATION**

Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St.: \_\_\_\_\_  
 All minimum setbacks met?  Yes  No  
 Is Entrance Permit Required?  Yes  No  
 Historic District?  Yes  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 #        | <u>3587</u> |

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

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:

B12003421

Building Address: 3114 Holly - Maple Way  
Fulton, MD 20759

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: BP/3-01

Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 7

Tax Map: 45 Parcel: 94 Grid: \_\_\_\_\_

Zoning: 5000 Map Coordinates: \_\_\_\_\_ Lot Size: 1,193 sq. ft.

Existing Use: Commercial

Proposed Use: Commercial

Estimated Construction Cost: \$ 34,000

Description of Work: 11/18, 3FB/1/2  
11/18, 3FB/1/2

Occupant or Tenant: \_\_\_\_\_

Was tenant space previously occupied?  Yes  No

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: MD Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: thunter7361

Contractor Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

License No.: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_

Responsible Design Prof.: \_\_\_\_\_

Address: 9480 Rte 101

City: Ellicott City State: MD Zip Code: \_\_\_\_\_

Phone: 410-345-5400 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 <sup>st</sup> floor: <u>54' 54'</u>                                      | <input type="checkbox"/> Private  |
| 2 <sup>nd</sup> floor: <u>40' 54'</u>                                      | <u>Sewage Disposal</u>  |
| Basement: <u>54' 54'</u>   | <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: <u>4</u>  | <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: <u>French</u>   |   |
| Dimensions: _____  |   |
| Footings: <u>16' x 8'</u>  | <input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u> |
| Roof: <u>Asph/Flt</u>  | <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: \_\_\_\_\_ Print Name: John D. Papp

Email Address: \_\_\_\_\_ Date: 7/6/13

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

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>7/18/13</u> | <u>Dora Bernard</u>   |
| Fire Protection      |                |                       |

DPZ SETBACK INFORMATION

Front: \_\_\_\_\_

Rear: \_\_\_\_\_

Side: \_\_\_\_\_

Side St.: \_\_\_\_\_

All minimum setbacks met?  Yes  No

Is Entrance Permit Required?  Yes  No

Historic District?  Yes  No

Lot Coverage for New Town Zone: \_\_\_\_\_

SDP/Red-line approval date: \_\_\_\_\_

|                 |                     |
|-----------------|---------------------|
| Filing Fee      | \$                  |
| Permit Fee      | \$ <u>2,250.00</u>  |
| Tech Fee        | \$ <u>2,250.00</u>  |
| Excise Tax      | \$ <u>2,250.00</u>  |
| PSFS            | \$ <u>2,250.00</u>  |
| Guaranty Fund   | \$ <u>5,000.00</u>  |
| Add'l per Fee   | \$                  |
| Total Fees      | \$ <u>14,250.00</u> |
| Sub- Total Paid | \$ <u>14,250.00</u> |
| Balance Due     | \$ <u>14,250.00</u> |

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



# 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: 4-24-14

Permit No.: B/400/306

Building Address: 8112 Hollymanor way  
City: Fulton State: MD Zip Code: 20759  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: St. Annes Meadows  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 7  
Tax Map: 45 Parcel: 24 Grid: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 1.13 ac

Existing Use: SFD  
Proposed Use: SFD WITH TANK  
Estimated Construction Cost: \$ 6,000  
Description of Work: INSTALL 500 gal  
UNDERGROUND PROPANE TANK

Occupant or Tenant: \_\_\_\_\_  
Was tenant space previously occupied?  Yes  No  
Contact Name: \_\_\_\_\_  
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:   | <u>Depth</u>   | <u>Width</u> |
| Gross area, sq. ft./floor:  | 1 <sup>st</sup> floor:   |              |
|   | 2 <sup>nd</sup> floor:   |              |
| Area of construction (sq. ft.):   | Basement:  |              |
|   | <input type="checkbox"/> Finished Basement                                 |              |
| Use group:  | <input type="checkbox"/> Unfinished Basement                               |              |
|   | <input type="checkbox"/> Crawl Space                                       |              |
| <b>Construction type:</b>   | <input type="checkbox"/> Slab on Grade                                     |              |
| <input type="checkbox"/> Reinforced Concrete                            | No. of Bedrooms:   |              |
| <input type="checkbox"/> Structural Steel                               | <b>Multi-family Dwelling</b>   |              |
| <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"/> <b>Roadside Tree Project Permit</b> | Footings:  |              |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No     | Roof:  |              |
| <b>Roadside Tree Project Permit #</b>                                   | <input type="checkbox"/> State Certified Modular                           |              |
|   | <input type="checkbox"/> Manufactured Home                                 |              |

Property Owner's Name: Cornerstone Homes Inc  
Address: 8112 Hollymanor way  
City: Fulton State: MD Zip Code: 20759  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: 4095 Norfolk Ave Laurel MD 20707

**Applicant's Name & Mailing Address, (If other than stated herein)**  
Applicant's Name: Michelle Keger  
Address: 2060 1253  
City: Wikesville State: MD Zip Code: 21784  
Phone: 4433401222 Fax: \_\_\_\_\_  
Email: michelle@appliedandapproved.com

Contractor Company: Post Gas Company Con  
Contact Person: Michael Underwood  
Address: 360 Main Street  
City: Laurel State: MD Zip Code: 20707  
License No.: 100029  
Phone: 410301725 Fax: 302  
Email: \_\_\_\_\_

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

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

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: Michelle Keger Print Name: \_\_\_\_\_  
Email Address: michelle@appliedandapproved.com Date: 4/24/14  
Title/Company: \_\_\_\_\_

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>5/9/14</u> | <u>B. Baker</u>       |

| 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:   |

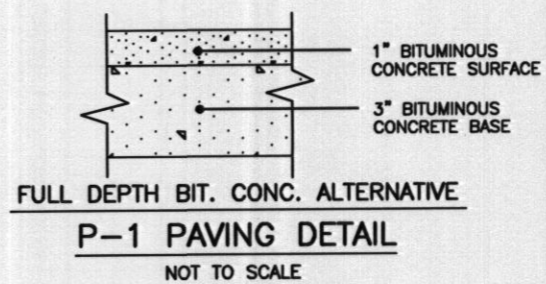
|                |               |
|----------------|---------------|
| Filing Fee     | \$            |
| Permit Fee     | \$            |
| Tech Fee       | \$            |
| Excise Tax     | \$            |
| PSFS           | \$            |
| Guaranty Fund  | \$ <u>110</u> |
| Add'l per Fee  | \$            |
| Total Fees     | \$            |
| Sub-Total Paid | \$            |
| Balance Due    | \$            |
| Check          | # <u>3587</u> |

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

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

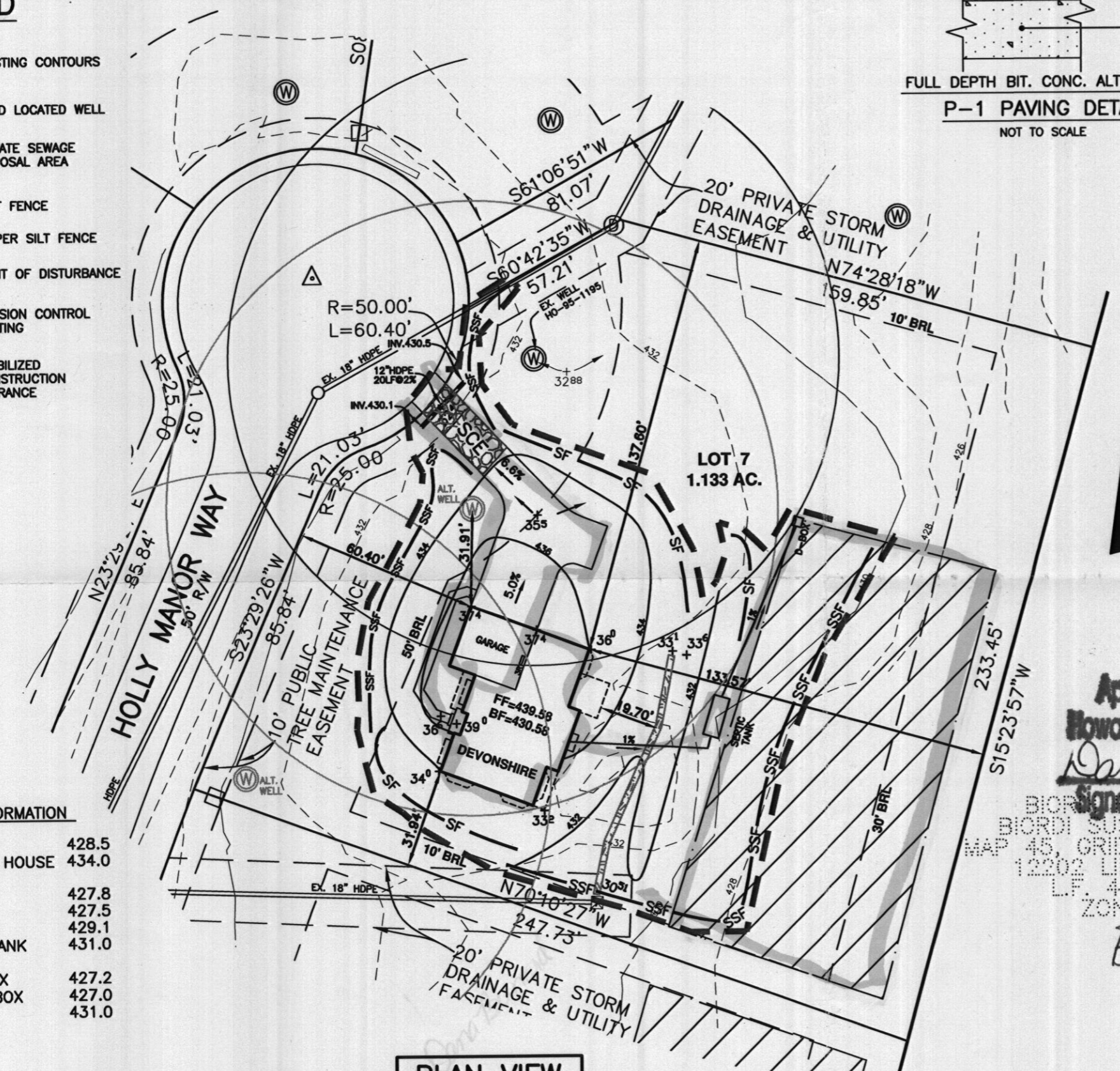
**LEGEND**

- EXISTING CONTOURS
- FIELD LOCATED WELL
- PRIVATE SEWAGE DISPOSAL AREA
- SILT FENCE
- SUPER SILT FENCE
- LIMIT OF DISTURBANCE
- EROSION CONTROL MATTING
- STABILIZED CONSTRUCTION ENTRANCE



**NOTES:**

1. THE LOT SHOWN HEREON WAS RECORDED ON 12-04-2008 AS PLAT NUMBER 20378. REFER TO THIS PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
3. EXACT LENGTH OF SEPTIC TRENCHES ARE BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PRECONSTRUCTION INSPECTION.
4. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
5. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER F-08-090 AND SHALL COMPLY WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
6. STORMWATER MANAGEMENT FOR THIS LOT IS PROVIDED IN THE P-1 MICROPOND EXTENDED DETENTION POND CONSTRUCTED UNDER F-08-090.
7. THE EXISTING WELL (TAG NO. HO-95-1195) SHOWN ON THIS PLAN WAS FIELD LOCATED BY BENCHMARK ENGINEERING, INC. IN NOVEMBER, 2010 AND IS ACCURATELY SHOWN.
8. DRIVEWAY CULVERT COMPUTATIONS WERE PROVIDED AND APPROVED UNDER F-08-090.



**SEPTIC INFORMATION**

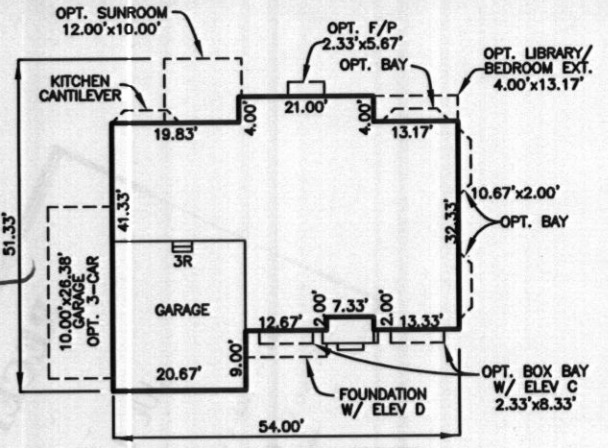
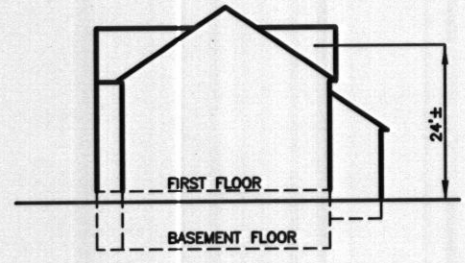
|                       |       |
|-----------------------|-------|
| INV. AT HOUSE         | 428.5 |
| GRD. AT INV. AT HOUSE | 434.0 |
| INV. IN TANK          | 427.8 |
| INV. OUT TANK         | 427.5 |
| TOP OF TANK           | 429.1 |
| GROUND OVER TANK      | 431.0 |
| INV. IN DIST. BOX     | 427.2 |
| INV. OUT DIST. BOX    | 427.0 |
| GROUND AT BOX         | 431.0 |

**PLAN VIEW**  
SCALE: 1" = 40'

Approved Septic System Plan  
Howard County Health Department  
*Dana Bernard* 7-18-12  
Signature Date

BIOR...  
BIORDI SUSAN GAY I/E  
MAP 45, GRID 6, PARCEL 23  
12202 LIME KILN RD  
LF. 4584/261  
ZONE: RR

BPH# B12002421



**FOOTPRINT**  
SCALE: 1" = 30'

**HOLLY HOUSE MEADOWS**  
LOT 7  
8112 HOLLY MANOR WAY  
TAX MAP: 45 GRID: 6 PARCEL: 24  
ZONED: RR-DEO  
ELECTION DISTRICT NO. 5  
HOWARD COUNTY, MARYLAND

**DEVONSHIRE MODEL**

|                 |                      |
|-----------------|----------------------|
| DATE: JUNE 2012 | BEI PROJECT NO. 2372 |
| SCALE: AS SHOWN | DRAWING 1 OF 1       |

**BENCHMARK**  
ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS  
**ENGINEERING, INC.**

**OWNER/BUILDER:**  
CORNERSTONE HOMES INC.  
9695 NORFOLK AVENUE  
LAUREL, MD 20723