

4897

LOT 3

LOT 4

4861

485

490

24" L.F. 14" CMP

26'-00" (PUBLIC ROAD)

ENT PATH LOD

24" L.F. 9" x 14" CMP

INV. = 485.95

INV. = 489.72

18" SD

18" SD

EX. WELL

WELL

PROP. HOL GP-00-21

75' x 60'
FF = 490.00
B = 481.33
INV. = 476.9

10 II (Box) 8' x 12'
FF = 489.10
B = 479.30
2 Ext.

75' x 60'
FF = 488.70
B = 479.03
INV. = 475.72

Distribution Box
Ex. Grd. = 478.0
Inv. = 475.0
SEPTIC BASEMENT

LOD

SEPTIC BASEMENT

2000 Gal. Septic Tank
Inv. In = 475.9
Inv. Out = 475.6

Distribution Box
Ex. Grd. = 478.7
Inv. = 475.7

OT 13
419 SF
19.74'

LOT 12
40,404 SF
154.23'

LOT 11
40,377 SF
111.03'

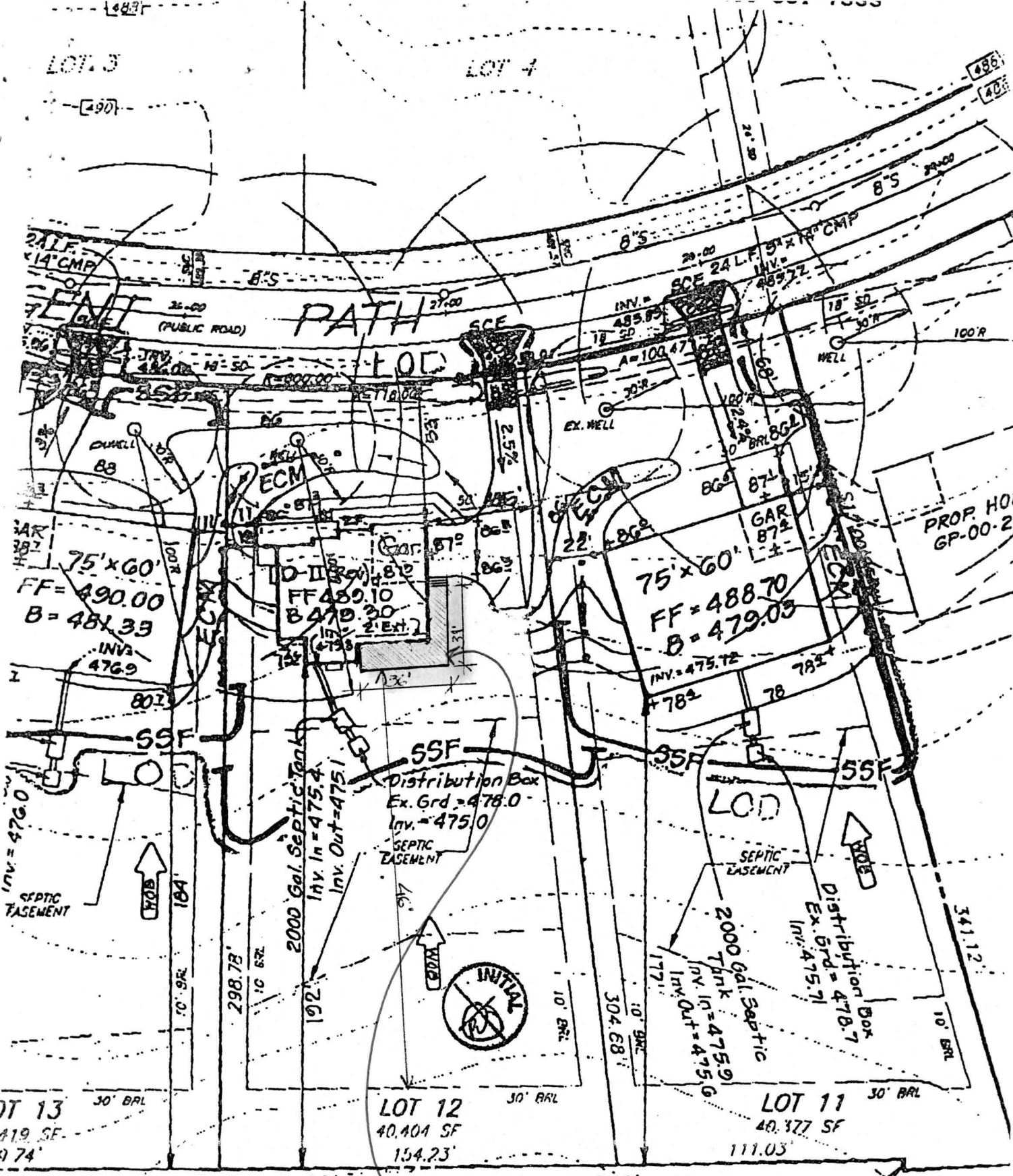
CC: JESSE
START PKG.
3/1/01

SCALE: 1" = 50' BOBMY 993

N32°58'55" F
4.11'
Branwood Lot 1
Lower Brant. 1 fe
Bob Corbett
@ W.B.

WALTER W. & JANET T. BECK
LIBER 925 FOLD 42
ZONED: RC

11/6/03-
proposed
porch
OK
SRW



APPROVED

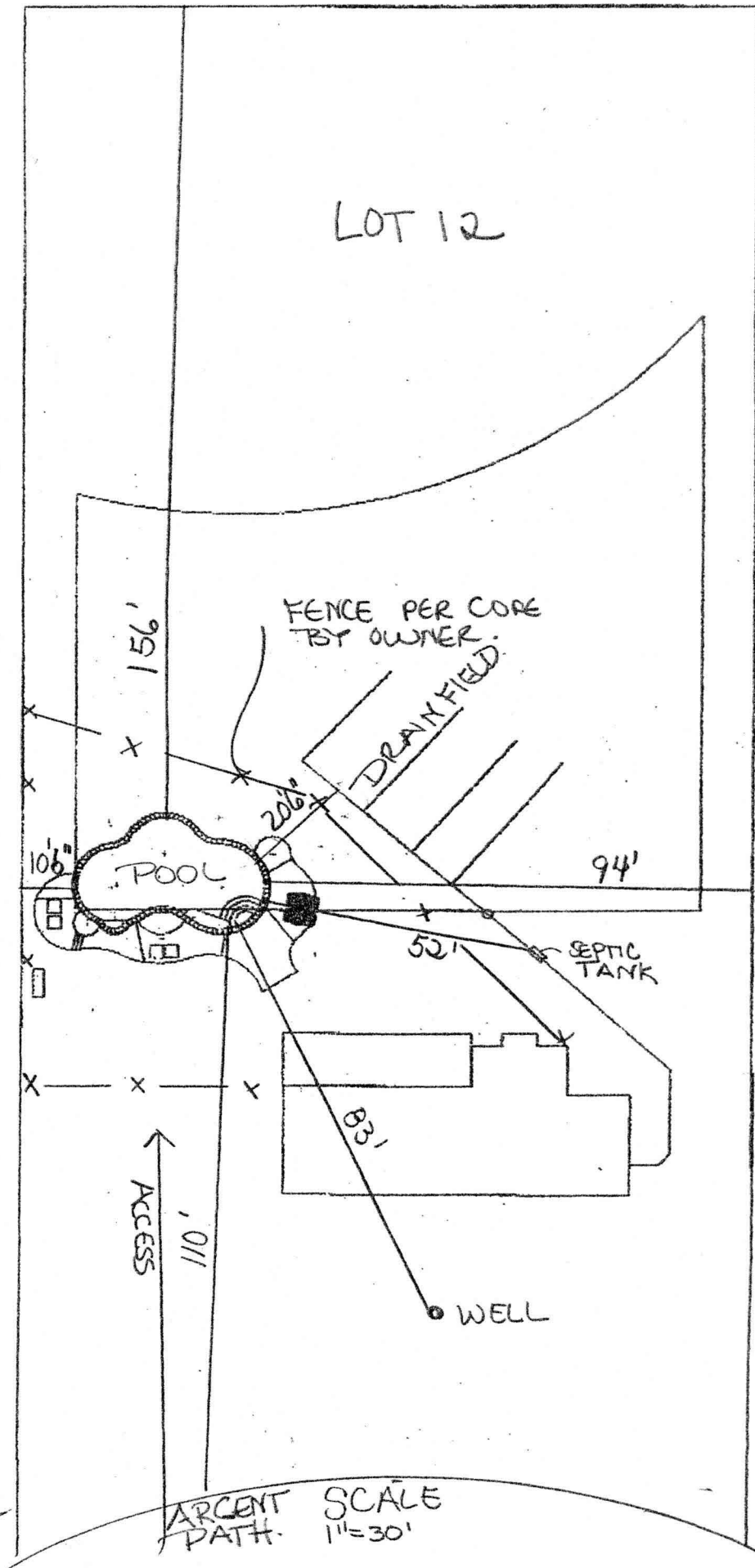
WALK-THRU BUILDING PERMIT

BP# 80015110 A# P315284

APP. SAN P.A.Y. DATE: 11-10-04

DESC. OF WORK: In ground pool behind house

11/8/04
Measurement
OK.
I got
21 1/2 to
for
trenches
feet.



Building Address 3124 ARGENT PATH
ELLICOTT CITY, MD 21041

Suite/Apt. #: N/A SDP/WP/Petition #: Q101-06

Census Tract 6030 Subdivision BEANTWOODS

Section 2 Area 2 Lot 12

Tax Map 23 Parcel 118 Grid 4

Zoning RLC DFC Map Coordinates 11A7 Lot size 40,404 #

Property Owner's Name WILLIAMSBURG GROUP LLC
 Address 2015 HART-5485 HARPERSFARM

City COLUMBIA State MD Zip Code 21041

Home Phone _____ Work Phone 410/777-2200

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use VACANT LOT
 Proposed Use SFD

Estimated Construction Cost \$ 100,000

Description of Work MODEL: DOWNESTATE II
2 STORY, FULL BMT, 10K, 3FB, 1HE, FP
GARAGE (4BL) 1 KNOCK-IN

Contractor Company SAME AS OWNER
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. 155
 Phone _____ Fax _____

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

Engineer or Architect Company LISA UNDERWICK
 Contact Person LISA
 Address 640 PLYMOUTH RD.
 City STONSVILLE State MD Zip Code 21221
 Phone 410/776-2221 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>62'</u> <u>57'</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>46'</u> <u>57'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>46'</u> <u>57'</u>	Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	_____ State Certified Modular _____ Manufactured Home
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

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.

Mark P. Davis
 Applicant's Signature
 Title/Company _____

SUZANNE P. DAVIS
 Print Name
 Date 1/8/01

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 checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>1/29/01</u>	<u>Mark P. Davis</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		
<input checked="" type="checkbox"/> Is Sediment Control approval required prior to issuance?	YES <input type="checkbox"/> NO <input type="checkbox"/>	

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"/>
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID#:	AMOUNT
<u>49253</u>	
Filing fee	\$ <u>25</u>
Permit fee	\$ <u>675</u>
Excise tax	\$ <u>250</u>
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>950</u>
Balance due	\$ _____
Check #	<u>2705</u>
Validation #	<u>3009</u>

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Accepted by JD

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

Approved Septic System Plan
Howard County Health Department

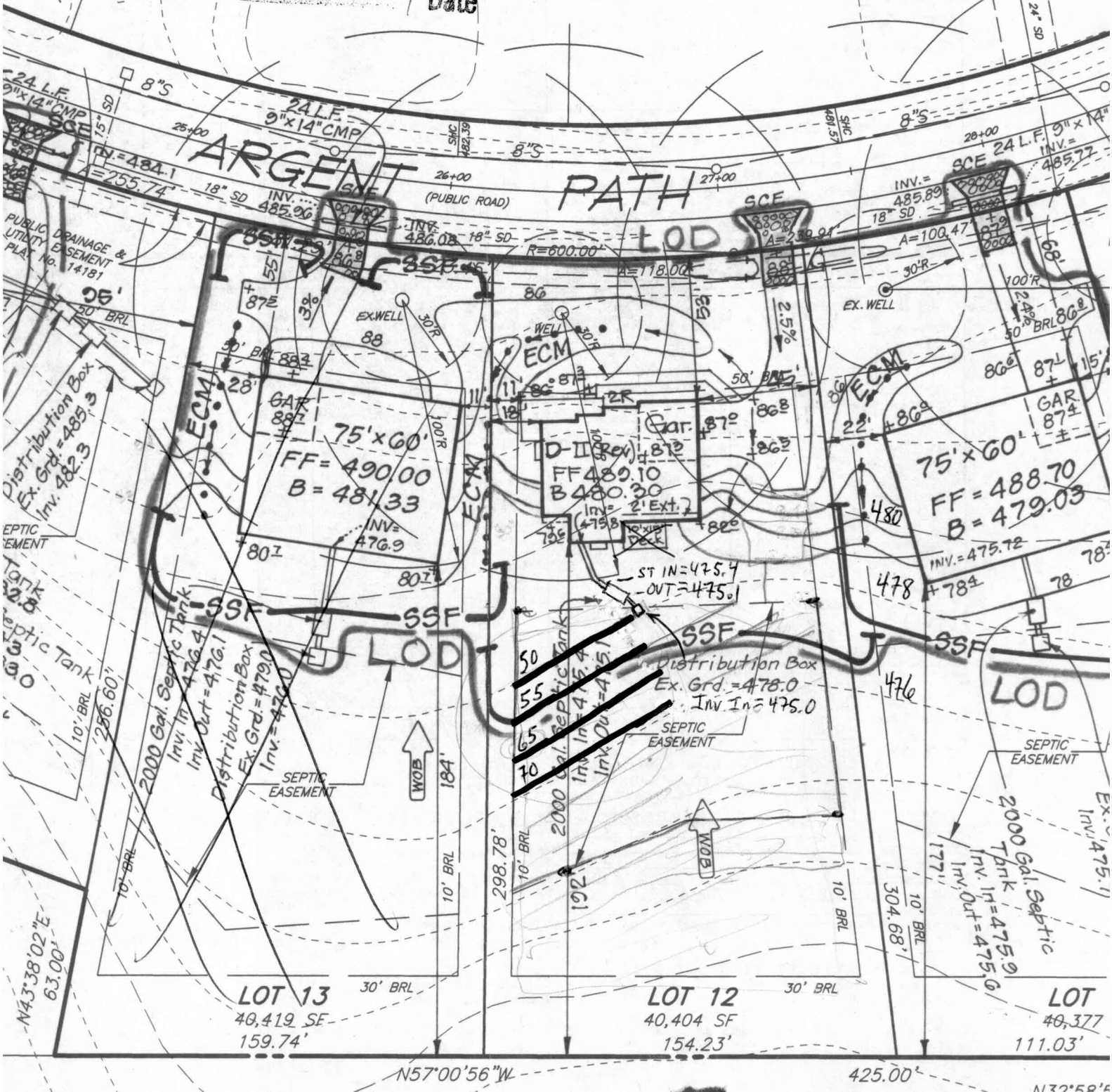
Total linear feet of trench
required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below
distribution pipe 2 feet

Signature Mark Liffen Date 1/29/01



PUBLIC 20" DRAINAGE
& UTILITY EASEMENT

PUBLIC DRAINAGE &
UTILITY EASEMENT
PLAN No. 74181

SEPTIC TANK
Septic Tank
Septic Tank

43°38'02"E
63.00'

2000 Gal. Septic
Tank
Inv. In = 475.9
Inv. Out = 475.6

N32°58'5