

Permits: 410-313-2455
 Inspections: 410-313-1810
 Automated Line: 410-313-3800

Walk-Through

Howard County Building/Fire Permit Application
 Department of Inspections, Licenses & Permits
 3430 Court House Drive
 Ellicott City, MD 21043

Permit Number:

11000090

Building Address: 14685 CARLS MILL RD
GLENDENWOOD, MD 21738

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: 2 Lot: 1

Tax Map: 14 Parcel: 59 Grid: 9

Zoning: _____ Map Coordinates: _____ Lot Size: 190.19

Existing Use: RESIDENTIAL

Proposed Use: SAME

Estimated Construction Cost: \$ 10,000

Description of Work: INSTALL 2 X 1000 GAL.
UNDERGROUND TANKS

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: COLMONT LLC (MICHAEL SATANO & A)

Address: 3639 BROADLEAF CT.

City: LINWOOD State: MD Zip Code: 21738

Home Phone: 410.215.5663 Work Phone: _____

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

Phone: _____ Fax: _____

Email: _____

Contractor Company: THOMPSON GAS - J. RANDALL THOMPSON

Contact Person: DOUG MACMASTER

Address: 6708 OLD NATIONAL PIKE

City: BOONSBORO State: MD Zip Code: 21713

License No.: 60003

Phone: 301.237.5472 Fax: _____

Email: DOUGM@THOMPSONGAS.COM

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ 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 checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input checked="" type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" 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:	<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 checked="" type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>
Roof:	<input type="checkbox"/> Yes <input checked="" 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: _____
DOUG M @ THOMPSON GAS.COM
 Email Address: _____
PRES./CEO
 Title/Company: _____

Print Name: J. RANDALL THOMPSON
 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>1-10-11</u>	<u>D. Beard</u>
Fire Protection		

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

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:

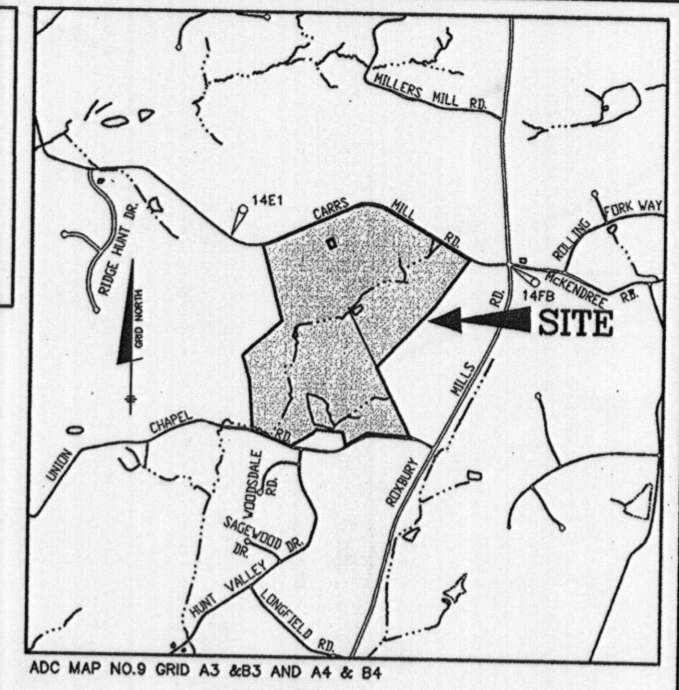
Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

SOILS LEGEND		
SYMBOL	TYPE	NAME
ChB2	B	CHESTER SILT LOAM - 3 TO 8 PERCENT SLOPES - MODERATELY ERODED
ChC2	B	CHESTER SILT LOAM - 8 TO 15 PERCENT SLOPES - MODERATELY ERODED
EKb2	C	ELIOAK SILT LOAM - 3 TO 8 PERCENT SLOPES - MODERATELY ERODED
EKC2	C	ELIOAK SILT LOAM - 8 TO 15 PERCENT SLOPES - MODERATELY ERODED

SOILS TAKEN FROM MAP 7 OF "SOIL SURVEY HOWARD COUNTY, MARYLAND" ISSUED JULY, 1968

BENCH MARKS NAD'83 HORIZ.
 HO. CO. #14E1
 STAMPED BRASS DISK SET ON TOP OF CONCRETE BASE
 N 596213.62' E 1301991.89'
 ELEV. 590.335'
 CARRS MILL ROAD 1 MILE WEST OF ROUTE 97

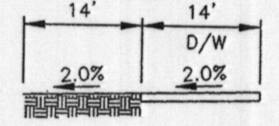
HO. CO. #14F8
 STAMPED BRASS DISK SET ON TOP OF CONCRETE BASE
 N 595657.262' E 1306552.16'
 ELEV. 619.858'
 CORNER OF ROUTE 97 AND MCKENDREE ROAD



- NOTES:**
- 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.
 - THE EXISTING WELL SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. IN AUGUST, 2008 AND IS ACCURATELY SHOWN.
 - THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT.
 - ANY CHANGES TO THE PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
 - THERE ARE NO EXISTING WELLS OR SEPTIC SYSTEMS WITHIN 100' OF THE PROPERTY'S BOUNDARIES EXCEPT THAT WHICH IS SHOWN.
 - EXACT LENGTH OF SEPTIC TRENCHES IS TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF TRENCH LAYOUT AND INSPECTION.
 - TOPOGRAPHY SHOWN IS BASED ON FIELD RUN TOPOGRAPHY BY BENCHMARK ENGINEERING, INC., IN AUGUST, 2008.
 - STORMWATER MANAGEMENT SHALL BE PROVIDED BY NON-ROOFTOP DISCONNECTION CREDIT FOR THE DRIVEWAYS AND BY ROOFTOP DISCONNECTION CREDIT FOR THE STRUCTURES. DOWNSPOUTS MUST BE CONSTRUCTED PER THIS PLAN.

LEGEND

- FIELD SURVEYED TOPOGRAPHY AUGUST, 2008
- SOILS DELINEATION LINE
- SOILS TYPE
- FIELD LOCATED WELL
- DOWNSPOUT
- PVC UNDERDRAIN
- 75' ROOFTOP DISCONNECTION LENGTH FILTER STRIP
- NON-ROOFTOP DISCONNECTION FILTER STRIP
- SSF - SUPER SILT FENCE
- LIMIT OF DISTURBANCE
- CLEANWATER DIVERSION DIKE



TYPICAL DRIVEWAY SECTION
NOT TO SCALE

ENGINEER'S CERTIFICATE
 I HEREBY CERTIFY THAT THIS PLAN FOR SEDIMENT AND EROSION CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.
Donald A. Mason 4/22/09
 ENGINEER - DONALD A. MASON, P.E. # 21443 DATE

DEVELOPER'S CERTIFICATE
 I HEREBY CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN OF DEVELOPMENT FOR SEDIMENT AND EROSION CONTROL, AND THAT ALL RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF THE ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT.
Michael P. ... 4/23/09
 DEVELOPER DATE

THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.
John R. Robinson /ss. 4/24/09
 HOWARD SCD DATE

APPROVED
WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SAN *Benard* DATE: 1-10-11
 DESC. OF WORK: (2) 1000 gallon propane tanks

PLAN VIEW
SCALE: 1" = 60'

BENCHMARK ENGINEERING, INC.
 8480 BALTIMORE NATIONAL PIKE & SUITE 418
 ELICOTT CITY, MARYLAND 21143
 PHONE: 410-465-6105 FAX: 410-465-8844
 WWW.BE-ENGINEERING.COM

OWNER:
 MICHAEL AND LESLEY SALANDRA COLMONT, LLC
 3639 BROADLEAF COURT
 GLENWOOD, MARYLAND 21738
 410-459-0188

BUILDER:
 PYRAMID BUILDERS
 TWO WOMACK DRIVE
 ANNAPOLIS, MARYLAND 21401
 410-571-7707

COLMONT LLC PROPERTY
LOT 1
14685 CARRS MILL ROAD
 TAX MAP: 14 GRID: 9 PARCEL: 59
 ZONED: RC-DEO
 ELECTION DISTRICT NO. 4
 HOWARD COUNTY, MARYLAND

CUSTOM GRADING PLAN

DATE: APRIL, 2009 BEI PROJECT NO. 2153
 SCALE: AS SHOWN SHEET 1 OF 2

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B10001554

Building Address 14685 CAERS Mill RD
WOODBINE MD 21797
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 605601 Subdivision LOT NO. 1
Section _____ Area _____ Lot _____
Tax Map 14 Parcel _____ Grid 14-10
Zoning RC-DEO Map Coordinates _____ Lot size _____

Property Owner's Name COLMONT, LLC / MICHAEL SALANDIA
Address 3139 BROADLEAF CT
City GLANWOOD State MD Zip Code 21738
Home Phone 410-215-5663 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
ALAN ENG BOX 130 TRACYS LNDG MD 20779
Phone 410-721-5501 Fax 410-721-5513

Existing Use RESIDENCE
Proposed Use RESIDENCE
Estimated Construction Cost \$ 75,000
Description of Work INSTALL INGROUND SWIMMING POOL
W/SPA - OVERALL SIZE 56'x40'

Contractor Company SUNSET POOL CONTRACTORS
Contact Person ALAN ENG
Address BOX 130
City TRACYS LNDG State MD Zip Code 20779
License No. 05155
Phone 410-721-5501 Fax 410-721-5513

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

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input 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 type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: _____	
State Certified Modular _____	
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 ON TO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]
Title/Company MANAGING DIRECTOR SUNSET POOL CONTRACTORS

Print Name ALAN ENG
Date 6-3-10

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

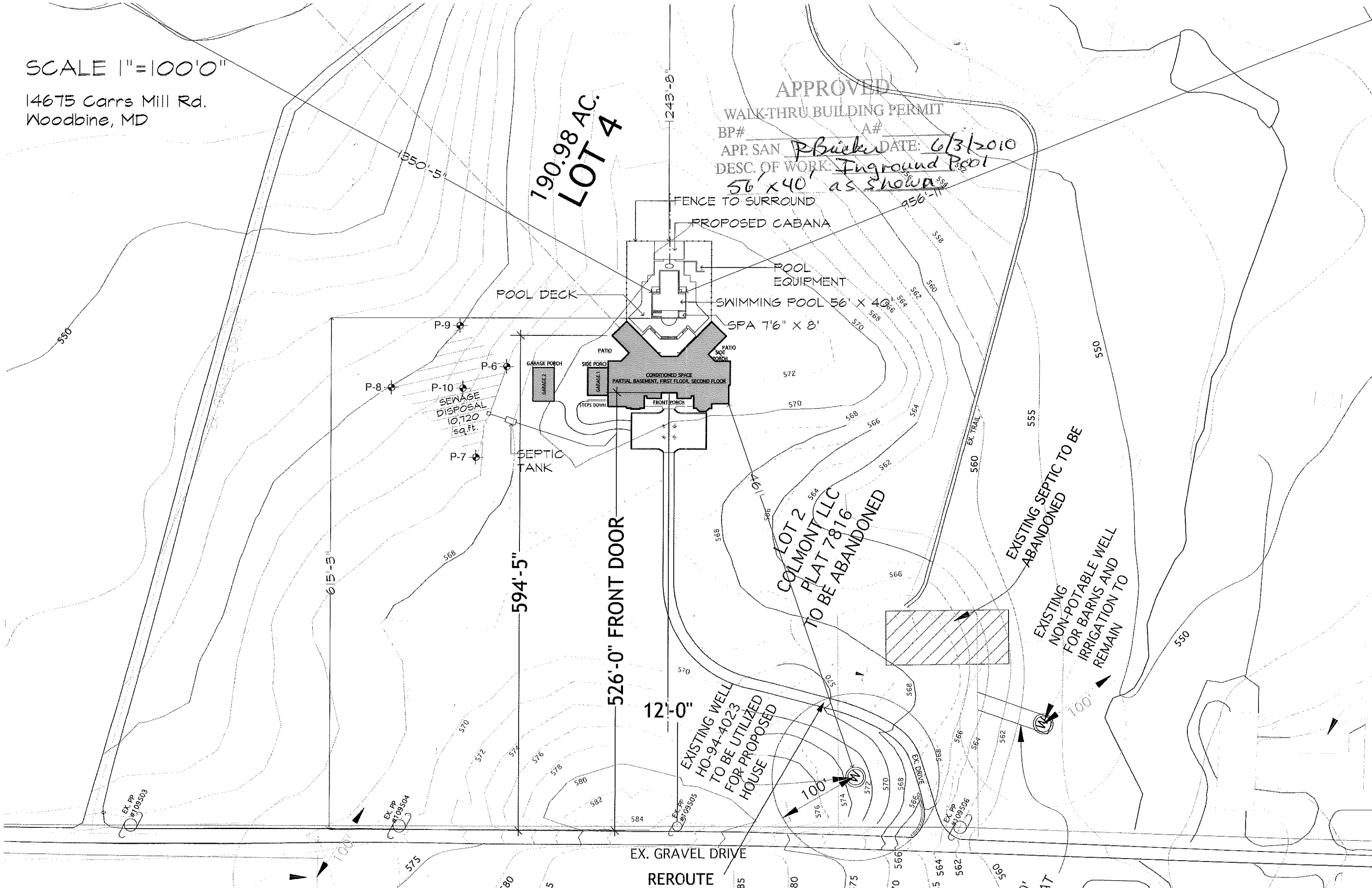
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St. _____	Add'l per. fee \$ _____
Health <u>6/3/2010</u>		<u>R. BUCKNER</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>11324</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies			Lot Coverage for NewTown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ			Yellow: DED, DPZ	
Pink: Health			Gold: SHA	
T:\forms\PERMIT.FRM				

SCALE 1"=100'0"

14675 Carrs Mill Rd.
Woodbine, MD

190.98 AC.
LOT 4

APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# _____
APP. SAN P. Buckner DATE: 6/3/2010
DESC. OF WORK: Inground Pool
56' x 40' as shown



LOT 2
COLMONT LLC
PLAT 7816
TO BE ABANDONED

EXISTING SEPTIC TO BE ABANDONED

EXISTING NON-POTABLE WELL FOR BARN AND IRRIGATION TO REMAIN

EXISTING WELL HO-94-4023 TO BE UTILIZED FOR PROPOSED HOUSE

EX. GRAVEL DRIVE REROUTE



60900053

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		60900053 PERMIT NUMBER	
Building Address <u>14685 CARRS MILL RD</u>			Property Owner's Name <u>COMANT LLC (M. SACANDRA)</u> Address <u>3639 BROADLEAF CT</u> City <u>GLENWOOD</u> State <u>MD</u> Zip Code <u>21738</u> Phone <u>410-215-5663</u> Phone _____ Applicant's Name & Mailing Address, (if other than stated herein): _____		
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>N/A</u> Section <u>N/A</u> Area <u>8,284,676</u> Lot <u>1</u> Tax Map <u>14</u> Parcel <u>59</u> Grid <u>9</u> Zoning <u>RC DED</u> Map Coordinates _____ Lot Size <u>190.19 ACRES.</u>			Phone _____ Fax _____ Contractor Company <u>PYRAMID BUILDERS</u> Contact Person <u>BRET ANDERSON</u> Address <u>TWO WOMACK DRIVE</u> City <u>ANNAPOLIS</u> State <u>MD</u> Zip Code <u>21401</u> License No. <u>570</u> Phone <u>410-571-7907</u> Fax <u>410-571-7708</u>		
Existing Use _____ Proposed Use <u>SINGLE FAMILY RESIDENCE</u> Estimated Construction Cost \$ <u>5,000,000.00</u> Description of Work <u>NEW WOOD FRAME WITH</u> <u>WOODSING, AND MASONRY CLADDING.</u> Occupant or Tenant <u>SACANDRA FAMILY</u> Contact Name <u>LISA BARLEY</u> Address <u>14675 CARRS MILL ROAD</u> City <u>WOODBINE</u> State <u>MD</u> Zip Code <u>21797</u> Phone <u>410-353-6728</u> Fax <u>410-489-0181</u>			Engineer or Architect Company <u>VINCENT GREENE ARCHITECTS</u> Contact Person <u>VINCENT GREENE / WILLEM EUSENIEZ</u> Address <u>4800 ROLAND AVE</u> City <u>ESSEXVILLE</u> State <u>MD</u> Zip Code <u>21210</u> Phone <u>410-366-9982</u> Fax <u>410-366-9984</u>		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics 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	Utilities 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 <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: <u>104'-10"</u> <u>171'-6"</u> 2 nd floor: <u>76'-6"</u> <u>151'-7"</u> Basement: <u>104'-0"</u> <u>145'-0"</u> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input checked="" type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/> No. of Bedrooms <u>7</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: <u>3 CAR GARAGE</u> Dimensions: <u>41'-0" X 25'-0"</u> Footings: <u>CONCRETE</u> Roof Height: <u>24'-9"</u> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities 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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

Michael Sacandra
 Applicant's Signature
OWNER
 Title/Company

MICHAEL SACANDRA
 Print Name
4-17-09 4/29/09
 Date

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



#171043

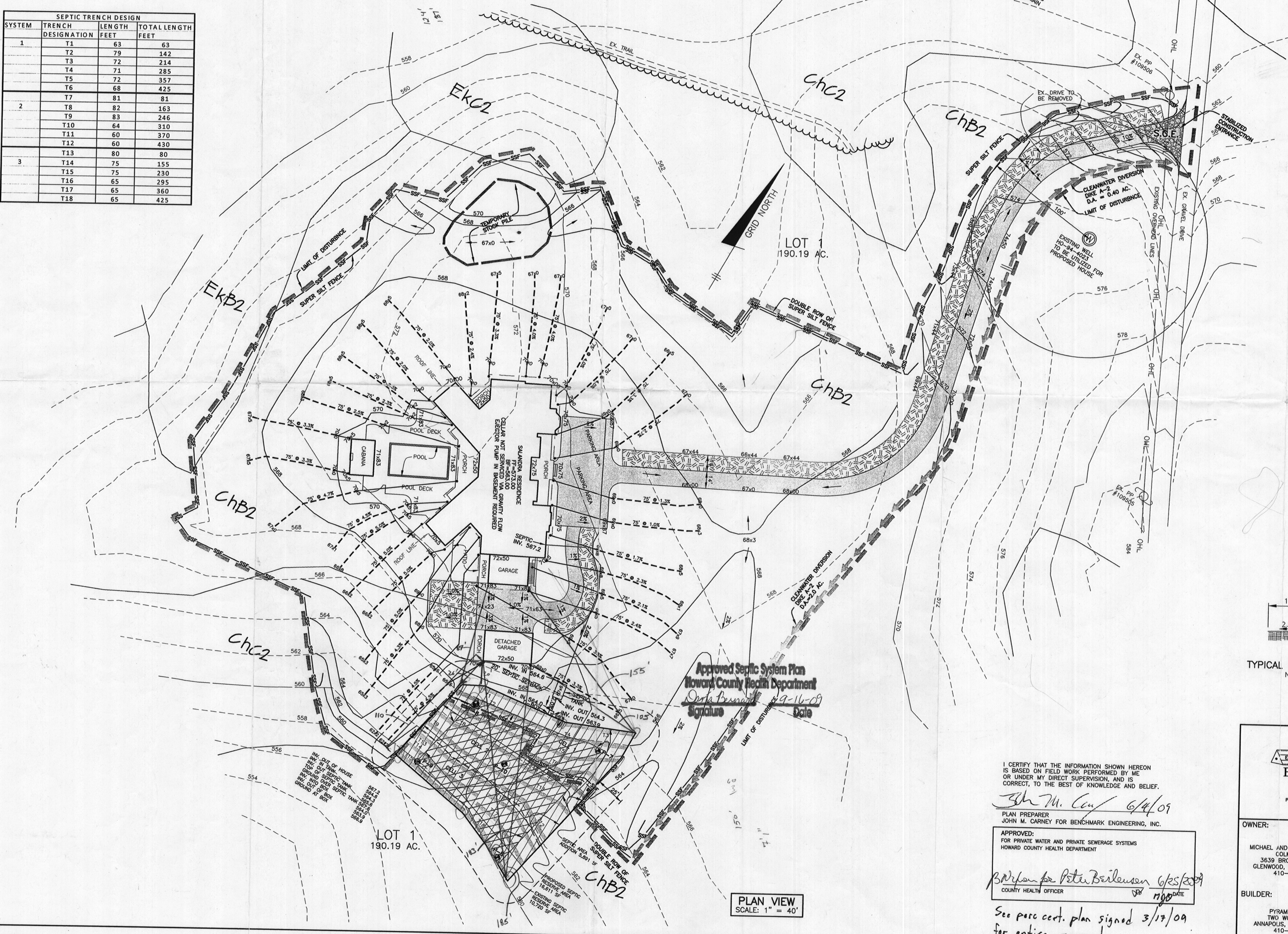
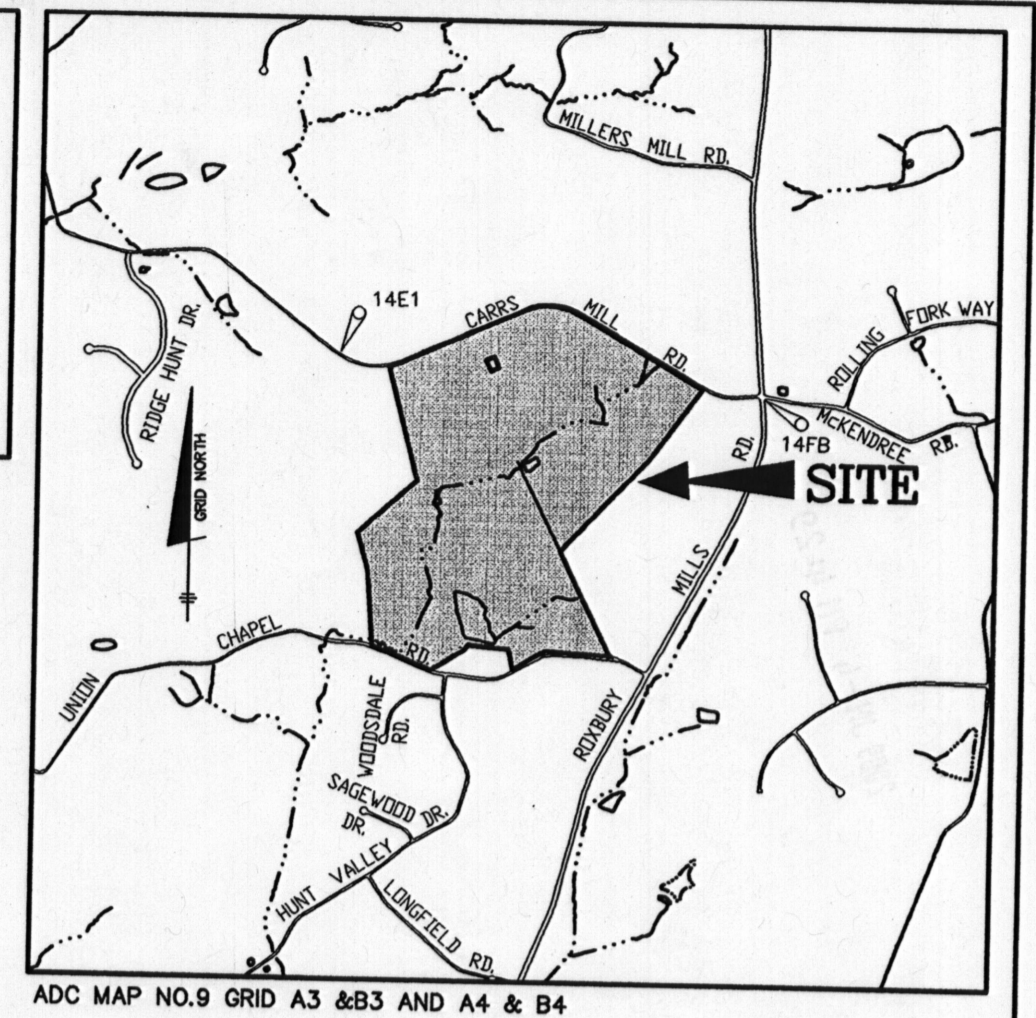
SOILS LEGEND		
SYMBOL	TYPE	NAME
CHC2	B	CHESTER SILT LOAM - 3 TO 8 PERCENT SLOPES - MODERATELY ERODED
CHC2	B	CHESTER SILT LOAM - 8 TO 15 PERCENT SLOPES - MODERATELY ERODED
EKB2	C	ELIQUA SILT LOAM - 3 TO 8 PERCENT SLOPES - MODERATELY ERODED
CHC2	C	ELIQUA SILT LOAM - 8 TO 15 PERCENT SLOPES - MODERATELY ERODED

SOILS TAKEN FROM MAP 7 OF "SOIL SURVEY HOWARD COUNTY, MARYLAND" ISSUED JULY, 1968

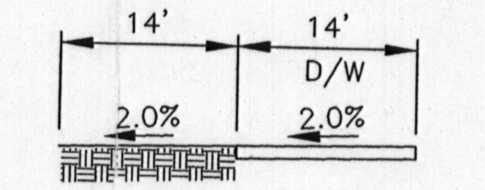
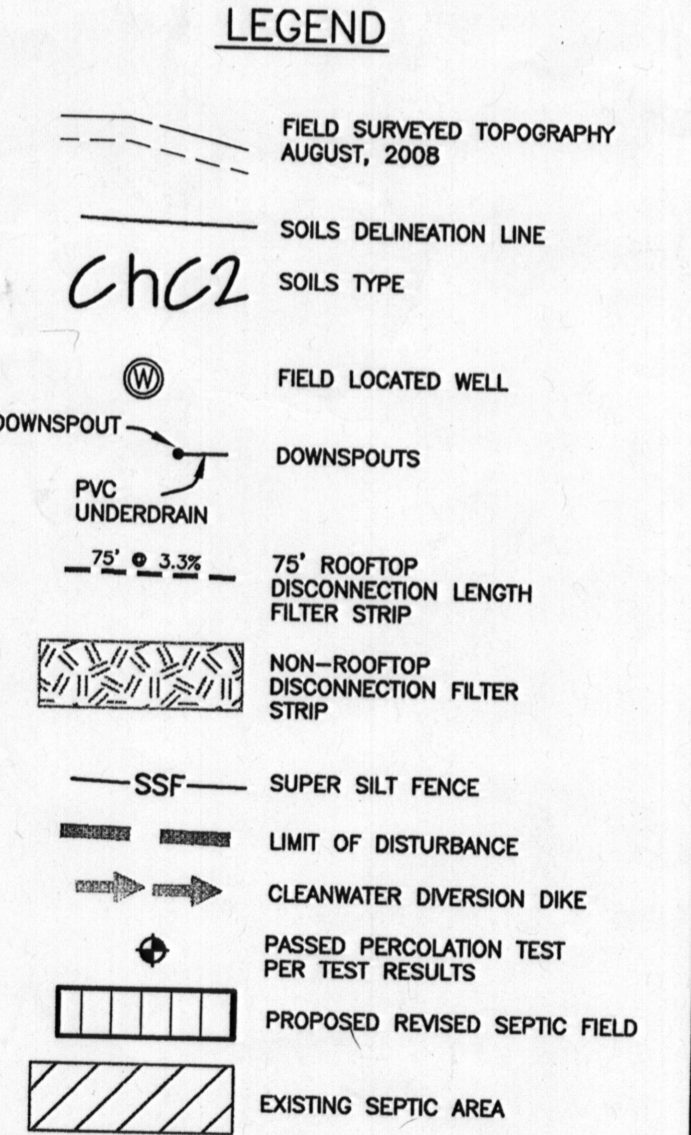
SEPTIC TRENCH DESIGN			
SYSTEM	TRENCH DESIGNATION	LENGTH FEET	TOTAL LENGTH FEET
1	T1	63	63
	T2	79	142
	T3	72	214
	T4	71	285
	T5	72	357
	T6	68	425
	T7	81	81
2	T8	82	163
	T9	83	246
	T10	64	310
	T11	60	370
	T12	60	430
	T13	80	80
3	T14	75	155
	T15	75	230
	T16	65	295
	T17	65	360
	T18	65	425

BENCH MARKS NAD'83 HORIZ.
 HO. CO. #14E1
 STAMPED BRASS DISK SET ON TOP OF CONCRETE BASE
 N 596213.62' E 1301991.89'
 ELEV. 590.335'
 CARRS MILL ROAD 1 MILE WEST OF ROUTE 97

HO. CO. #14FB
 STAMPED BRASS DISK SET ON TOP OF CONCRETE BASE
 N 595657.262' E 1306552.16'
 ELEV. 619.858'
 CORNER OF ROUTE 97 AND MCKENDREE ROAD



- NOTES:**
- 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.
 - THE EXISTING WELL SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. IN AUGUST, 2008 AND IS ACCURATELY SHOWN.
 - THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT.
 - ANY CHANGES TO THE PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
 - THERE ARE NO EXISTING WELLS OR SEPTIC SYSTEMS WITHIN 100' OF THE PROPERTY'S BOUNDARIES EXCEPT THAT WHICH IS SHOWN.
 - EXACT LENGTH OF SEPTIC TRENCHES IS TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF TRENCH LAYOUT AND INSPECTION.
 - TOPOGRAPHY SHOWN IS BASED ON FIELD RUN TOPOGRAPHY BY BENCHMARK ENGINEERING, INC., IN AUGUST, 2008.
 - STORMWATER MANAGEMENT SHALL BE PROVIDED BY NON-ROOFTOP DISCONNECTION CREDIT FOR THE DRIVEWAYS AND BY ROOFTOP DISCONNECTION CREDIT FOR THE STRUCTURES. DOWNSPOUTS MUST BE CONSTRUCTED PER THIS PLAN.
 - FOR SEDIMENT AND EROSION CONTROL NOTES AND DETAILS SEE GP-09-069.
 - THIS HOUSE IS APPROXIMATELY 9,800 SF AND HAS 7 BEDROOMS.



Approved Septic System Plan
 Howard County Health Department
 John M. Carney
 Signature Date 9-16-09

I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION, AND IS CORRECT, TO THE BEST OF KNOWLEDGE AND BELIEF.

John M. Carney 6/4/09
 PLAN PREPARER
 JOHN M. CARNEY FOR BENCHMARK ENGINEERING, INC.

APPROVED:
 FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS
 HOWARD COUNTY HEALTH DEPARTMENT

Peter Beilenson 6/25/09
 COUNTY HEALTH OFFICER

See perc cert. plan signed 3/17/09 for entire property.

BENCHMARK ENGINEERING, INC.
 6480 BALTIMORE NATIONAL PIKE & SUITE 418
 ELLICOTT CITY, MARYLAND 21043
 PHONE: 410-465-6105 FAX: 410-465-6644
 WWW.BE-CIVILENGINEERING.COM

Professional Certification: I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland. License No. 121456 Registration Date: 12-21-2010.

COLMONT LLC PROPERTY
 LOT 1
 14685 CARRS MILL ROAD
 TAX MAP: 14 GRID: 9 PARCEL: 59
 ZONED: RC-DEO
 ELECTION DISTRICT NO. 4
 HOWARD COUNTY, MARYLAND

REVISED PERCOLATION CERTIFICATION PLAN AND BUILDING PERMIT PLAN

DATE: MAY, 2009 BEI PROJECT NO. 2153
 SCALE: AS SHOWN SHEET 1 OF 1