

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

P080012/12

Building Address 14921 CENTRAL ROAD
ELICOTT CITY, MD 21125
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 14 Parcel 151 Grid 3
 Zoning: _____ Map Coordinates _____ Lot size _____

Property Owner's Name COLIN + DANA WARD
 Address Colin Ward
8628 ASPEN DRIVE
 City _____ State MD Zip Code 21115
 Phone 410 668 5111 Phone 410 668 5137
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 2,200,000.00
 Description of Work INSTALL NEW SEWAGE
4 BRANCH 3/8" DIA. WITH 1/2" WALL THICKNESS +
SEE ATTACHMENT

Contractor Company SEOLWICK DESIGN/INSTALL LLC
 Contact Person PATRICK KILBY
 Address 5721 KEELEK ROAD
 City ELICOTT CITY State MD Zip Code 21043
 License No. HHB0215747
 Phone 410 315 7944 Fax 410 768 1127

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

Engineer or Architect Company PERKINS+WILL
 Contact Person DAVID M. HARRIS
 Address 8480 BALTIMORE MARSHPIE PIKE
 City ELICOTT CITY State MD Zip Code 21115
 Phone 410 405 6105 Fax 410 405 6644

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"/> 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: <u>N/A</u> <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads
_____ State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>45.67</u> <u>54.67</u> 2nd floor: <u>45.67</u> <u>51.67</u> Basement: <u>45.67</u> <u>51.67</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Height: <u>7.6</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Water Supply: _____ _____ Public <input checked="" type="checkbox"/> Private Sewage Disposal: _____ _____ Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ _____ State Certified Modular _____ Manufactured Home	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ 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.


Applicant's Signature _____
 Title/Company _____

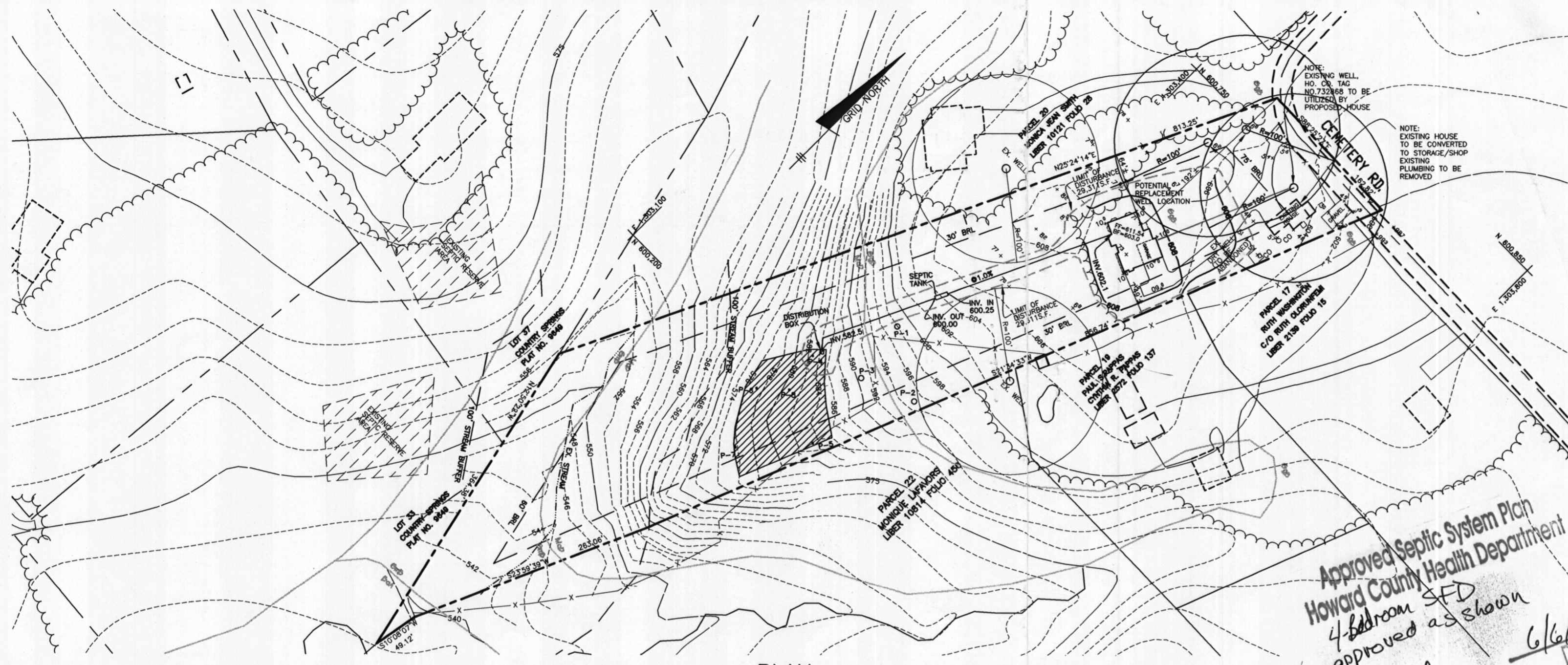
Print Name PATRICK M. KILBY
 Date 5/2/08

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>6/6/08</u>		<u>R. Bush</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 checked="" type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
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- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	

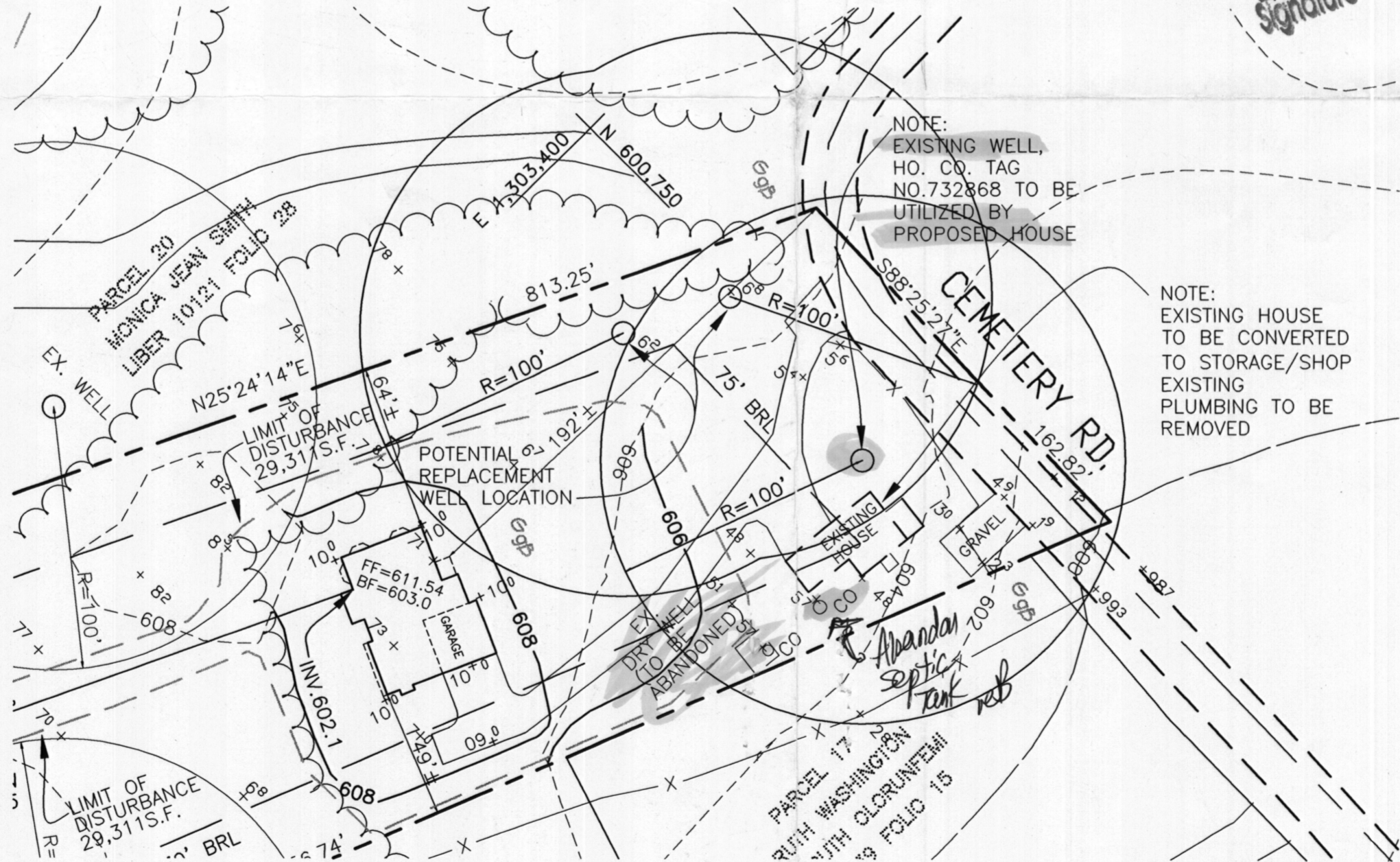
GENERAL NOTES

- 1.) THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
- 2.)  THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 S.F. AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWER 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 REQUIRED.
- 3.) EXACT LENGTH OF SEPTIC TRENCHES IS TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF TRENCH LAYOUT AND INSPECTION.
- 4.) TOPOGRAPHY SHOWN IS BASED ON TOPOGRAPHIC SURVEY BY CLARK, FINEFROCK AND SACKETT, INC. DATED 3-10-06. THE BOUNDARY IS FROM A BOUNDARY SURVEY PERFORMED BY CHRISTINA LAND SURVEYS, LLC. ON APRIL 20, 2002.
- 5.) THERE ARE NO EXISTING WELLS OR SEPTIC SYSTEMS WITHIN 100' OF THIS PROJECT'S BOUNDARY EXCEPT AS NOTED.
- 6.) ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
- 7.) THE EXISTING WELL (TAG NO.732868) SHOWN ON THIS PLAN IS FROM A TOPOGRAPHIC SURVEY BY CLARK, FINEFROCK AND SACKETT, INC. DATED 3-10-06.

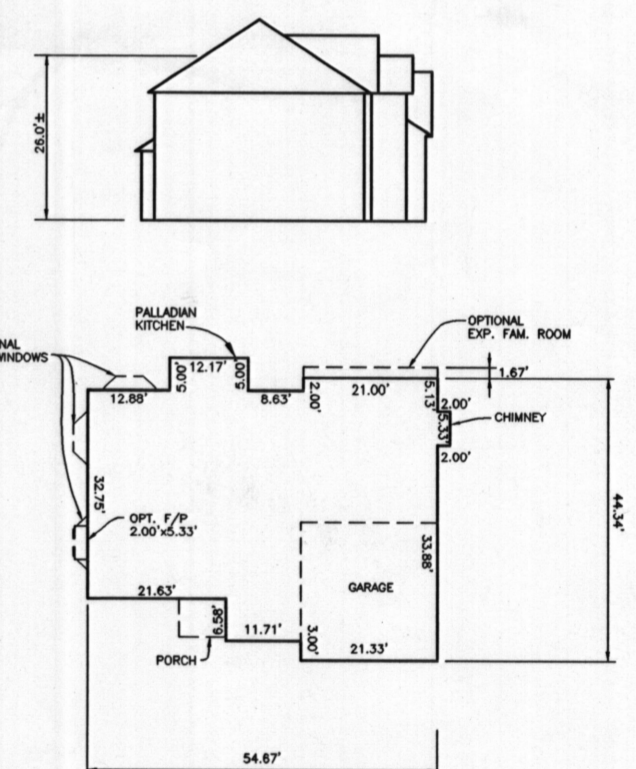


PLAN
SCALE: 1" = 100'

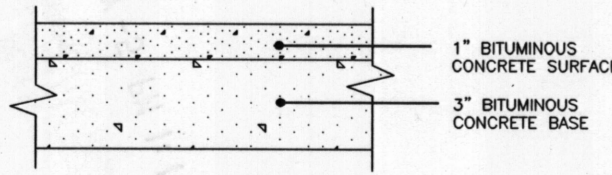
Approved Septic System Plan
Howard County Health Department
4-bedroom SFD
approved as shown
R. Bisher
Signature
6/6/08
Date



PLAN
SCALE: 1" = 50'



COLUMBIA TRADITIONAL
SCALE: 1" = 30'



FULL DEPTH BIT. CONC. ALTERNATIVE
PAVING DETAIL
NOT TO SCALE

BENCHMARK
ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS
ENGINEERING, INC.
8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418
ELLICOTT CITY, MARYLAND 21043
PHONE: 410-465-6105 FAX: 410-465-6644
www.bei-civilengineering.com

OWNER: GARY J. SMITH 14921 CEMETERY ROAD COOKVILLE, MARYLAND 21723-9418		14921 CEMETERY ROAD	
DEVELOPER: SEDGWICK DESIGN/BUILD LLC 5301 KERGER ROAD ELLICOTT CITY, MD 21043 410-788-1117		LOCATION: TAX MAP: 14, GRID: 3 PARCEL: 131 ELECTION DISTRICT NO. 4 HOWARD COUNTY, MARYLAND	
TITLE: PERMIT PLAN			
DESIGN: DAM	DRAFT: EDD	CHECK: DAM	DATE: APRIL, 2008
SCALE: AS SHOWN		BEI PROJ. NO. 2088	
SHEET 1 OF 1		SHEET 1 OF 1	