

B11001932

Building Address: 15049 Double Bridges Court
Glenside MD 21237

Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Met. Washburn Farm
Section: _____ Area: _____ Lot: PR A
Tax Map: 021 Parcel: 0024 Grid: 21
Zoning: _____ Map Coordinates: _____ Lot Size: 23 AC

Existing Use: _____
Proposed Use: New - in Ground swimming pool
Estimated Construction Cost: \$ 60K
Description of Work: New In-Ground pool + spa
40'x20' + 8'x8' spa, Electric cover
Water Fill By Truck, Fence to code

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

Property Owner's Name: Brian Sweeney
Address: 15049 Double Bridges Ct
City: Glenside State: MD Zip Code: 21237
Home Phone: _____ Work Phone: _____
Applicant's Name & Mailing Address, (If other than stated herein):
Custom Home Pools Inc.
3020 Sobus Dr. W. Friendship MD
Phone: 410 481-9890 Fax: _____
Email: _____

Contractor Company: Custom Home Pools Inc.
Contact Person: MIKE BEVAN
Address: 3020 Sobus Dr
City: W. Friendship State: MD Zip Code: 21794
License No.: 124874
Phone: 410 481-9890 Fax: _____
Email: _____

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
Area of construction (sq. ft.): _____	<u>Sewage Disposal</u>
Use group: _____	<input type="checkbox"/> Public
Construction type: _____	<input type="checkbox"/> Private
<input type="checkbox"/> Reinforced Concrete	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Structural Steel	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Masonry	<u>Heating System</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<u>Sprinkler System:</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
Roadside Tree Project Permit # _____	<input type="checkbox"/> Full
No. of Heads: _____	<input type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth _____ Width _____	<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 checked="" 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 type="checkbox"/> Propane Gas
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof: _____	<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: _____
Email Address: _____
Title/Company: _____

Print Name: MIKE BEVAN
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>4-27-11</u>	<u>[Signature]</u>
Fire Protection		

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

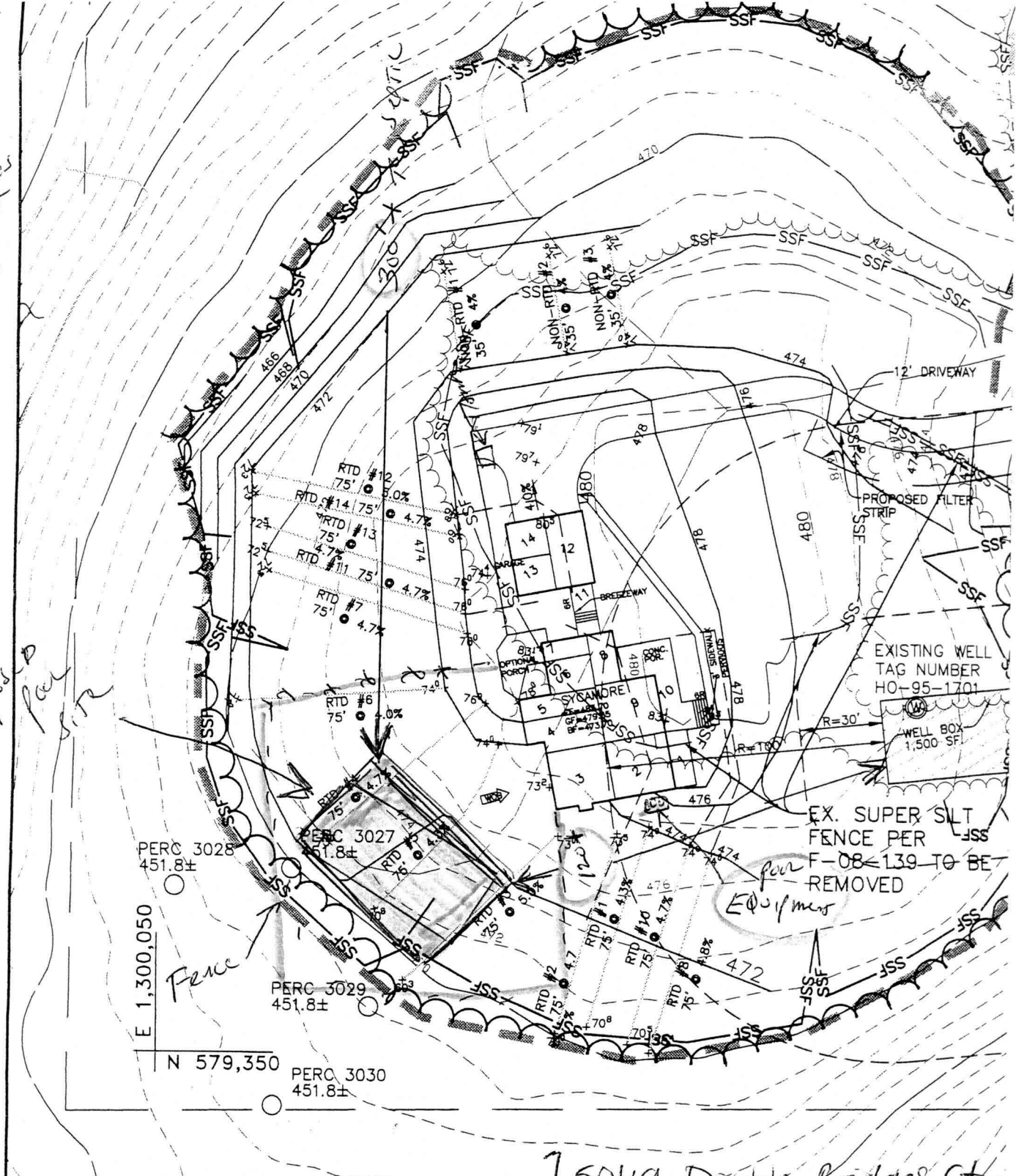
DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> 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	\$

Meriwether
Farm
15049
Double Bridges
ct
Blacks md
21939

Pool
40x20
w/ 8' spa

Proposed
Pool
SIR



50
SCALE

APPROVED

15049 Double Bridges Ct.

WALK-THRU BUILDING PERMIT
BP# _____ A# P534549
APP. SAN 118 DATE: 6-29-11
DESC. OF WORK: inground pool & spa

PUBLIC FOREST CONSERVATION
EASEMENT NO. 2
16.887 ACRES OF RETENTION

59
25

Building Address: 4781 Ten Oaks Rd
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: 516 Driveway
 Proposed Use: Storage
 Estimated Construction Cost: \$ 7100.00
 Description of Work: Storage shed 10x10 with concrete foundation + 4x4 posts + 1/2" plywood floor + 1/2" sheetrock walls + 1/2" sheetrock ceiling

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: James M. Kenney
 Address: 4781 Ten Oaks Rd
 City: Dayton State: MD Zip Code: 21036
 Phone: 410-531-8930 Fax: _____
 Email: _____

Property Owner's Name: James M. Kenney
 Address: 4781 Ten Oaks Rd
 City: Dayton State: MD Zip Code: 21036
 Home Phone: 410-531-8930 Work Phone: 410-365-2878
 Applicant's Name & Mailing Address, (If other than stated herein): _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Suburban Propane
 Contact Person: James M. Kenney
 Address: 310 Derwood Cr
 City: Rockville State: MD Zip Code: 20850
 License No.: 77260
 Phone: 301-777-7442 Fax: 301-281-7931
 Email: jkenney@suburbanpropane.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"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	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 st floor:	<input type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
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<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 type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<input type="checkbox"/> Manufactured Home	

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Applicant's Signature: _____
 Print Name: _____
 Date: _____
 Address: _____
 Title/Company: _____

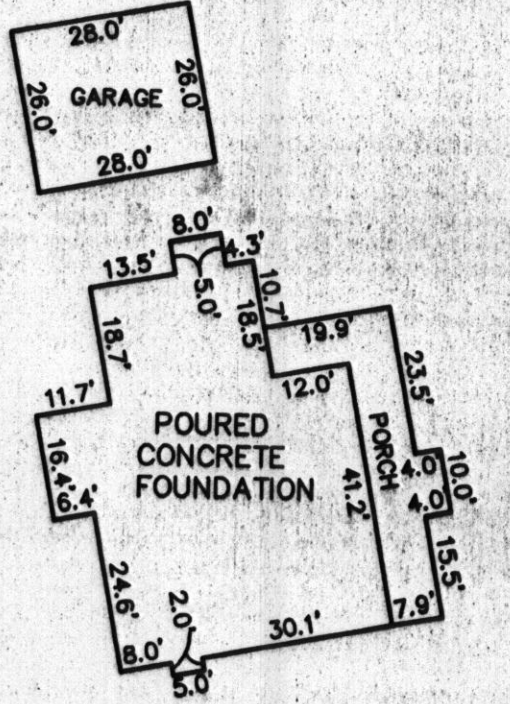
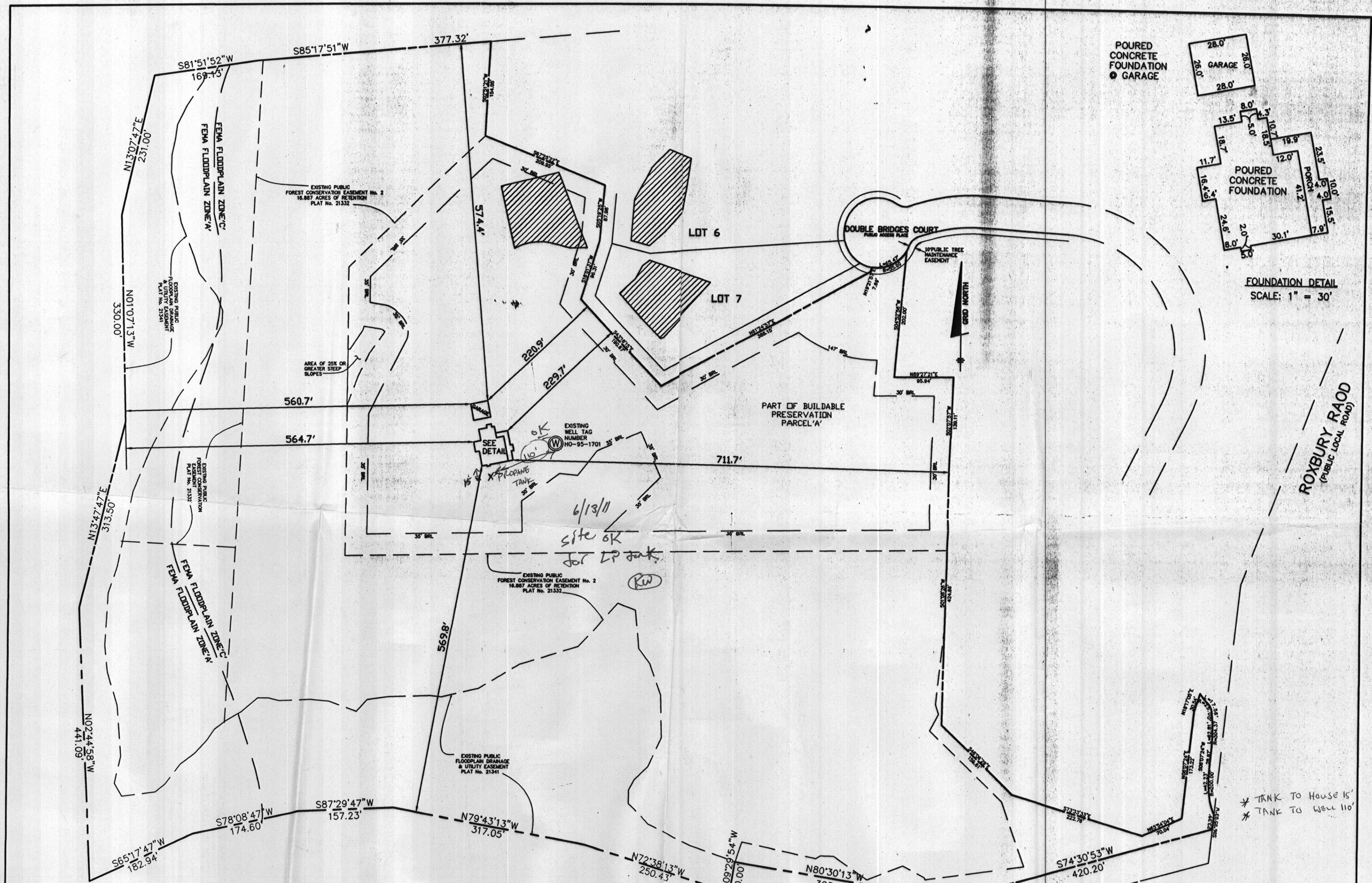
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>6/13/11</u>	<u>[Signature]</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>1600.00</u>
Tech Fee	\$ <u>150.00</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$



6/13/11
 site OK
 for LP tank

* TANK TO House 15'
 * TANK TO Well 110'

SURVEYOR'S CERTIFICATE
 I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD-RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 01/19/11.

Donald A. Mason
 DONALD A. MASON
 PROFESSIONAL LAND SURVEYOR
 MD REG. No. 21320
 FOR BENCHMARK ENGINEERING, INC.
 MD REG. No. 351
 FEMA FIRM No. 240044 0020 B
 ZONE: C&A
 DATED: 12/04/86

TOP OF FOUNDATION WALL ELEVATION = 484.0'
 OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 0.1'

WALL CHECK
MERIWETHER FARM
SECTION ONE
PLAT No.s 21341&21342
PARCEL 'A'

FIELD OBS. BY DH&MS
 COMP. BY EWF
 DRAWN BY EWF

15049 DOUBLE BRIDGES COURT
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 100' DATE: 01/19/11

BENCHMARK
 ENGINEERING, INC.
 8480 BALTIMORE NATIONAL PIKE • SUITE 418
 ELLICOTT CITY, MARYLAND 21043
 phone: 410-465-6105 • fax: 410-465-6644
 www.bei-civilengineering.com

**Address Change to 10549 Double Bridges! 13049*

DEPARTMENT 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	PERMIT NUMBER B1000 2890
Building Address <u>ROY BURBY ROAD</u> <u>GREENWOOD, MD 21738</u>	Property Owner's Name <u>JAMES H. SLEBRIDGE PLUS</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>4761 TEN DOGS RD.</u>	
Census Tract _____ Subdivision <u>MERINETHER</u>	City <u>DAYTON</u> State <u>MD</u> Zip Code <u>21036</u>	
Section _____ Area _____ Lot <u>3</u>	Phone <u>410 531 9931</u> Phone <u>EXT. 21</u>	
Tax Map <u>31</u> Parcel <u>34</u> Grid <u>31</u>	Applicant's Name & Mailing Address, (if other than stated hereon):	
Zoning _____ Map Coordinates _____ Lot size <u>60.8 ACRES</u>	Phone _____	Fax _____
Existing Use <u>VACANT LOT</u>	Contractor Company <u>JAMES H. SLEBRIDGE PLUS</u>	
Proposed Use <u>HISTORY SFD</u>	Contact Person <u>SUE CONKLIN</u>	
Estimated Construction Cost \$ <u>1,000,000</u>	Address <u>4761 TEN DOGS RD.</u>	
Description of Work <u>2 STORY, FIN. BSMT.</u>	City <u>DAYTON</u> State <u>MD</u> Zip Code <u>21036</u>	
<u>2 TO 3 GARAGE DETACHED</u>	License No. <u>13583784</u>	
<u>CONCRETE 5 1/2 BR 4 BED 1 EP</u>	Phone <u>410 531 9930</u> Fax <u>410 531 9939</u>	
Occupant or Tenant _____	Engineer or Architect Company _____	
Contact Name _____	Contact Person _____	
Address _____	Address _____	
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____	
Phone _____ Fax _____	Phone _____ Fax _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>	BUILDING DESCRIPTION - <u>RESIDENTIAL</u>								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Building Characteristics</th> <th style="width:50%;">Utilities</th> </tr> <tr> <td> 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 </td> <td> 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 </td> </tr> </table>	Building Characteristics	Utilities	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	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	<table border="1" style="width:100%; 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Sue Conklin Applicant's Signature SUE CONKLIN Print Name
12-21-10 Date

Title/Company _____
 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	<u>12-21-10</u>	<u>J Bernard</u>	Side St.: _____	Add'l per. fee \$ _____
Health			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 # _____
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			Lot Coverage for NewTown Zone _____	
Green: LDD, DPZ			SDP/Red-line approval date _____	Accepted by _____
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

NOTES:

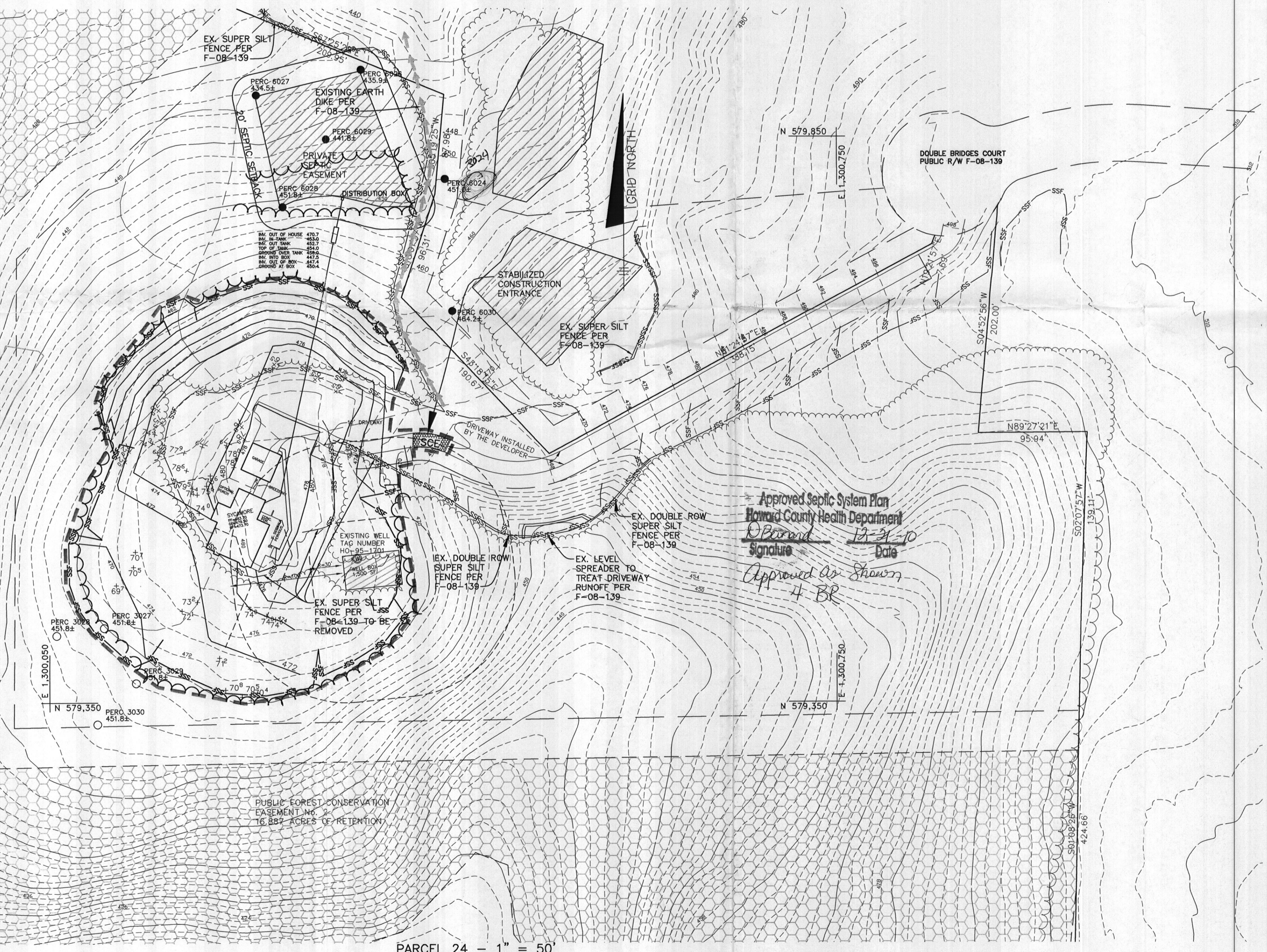
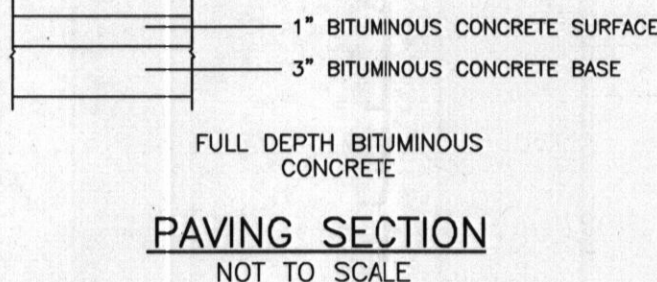
- THE LOT SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT PER THE RECORDED PLAT.
- SEPTIC SERVICE FOR THIS LOT IS PROVIDED BY A PRIVATE SEPTIC SYSTEM. THE DISPOSAL AREA IS LOCATED ON PARCEL "A".
- UNLESS OTHERWISE SHOWN, NO WELLS OR SEWERAGE EASEMENTS ARE LOCATED WITHIN 100 FEET OF THE PROPERTY.
- TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS.
- EXACT LENGTH OF SEPTIC TRENCHES ARE TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PERMIT ISSUANCE.
- SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION.
- SELECTIVE CLEARING OF TREES MAY TAKE PLACE IN THE SEPTIC RESERVE AREA AND AROUND THE SEPTIC PIPE AND TANK.
- ALL DRAINAGE AND STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS.
- THE EXISTING WELL SHOWN ON THIS PLAN (TAG NUMBER HO-95-1701) HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC., ON 11-17-10 AND IS ACCURATELY SHOWN.
- ALL EROSION AND SEDIMENT CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
- THE STORMWATER MANAGEMENT AROUND THE PROPOSED HOUSE HAS BEEN REVISED FROM WHAT WAS APPROVED UNDER F-08-139.

SEQUENCE OF CONSTRUCTION - INDIVIDUAL HOUSE

- DAY 1 OBTAIN GRADING PERMIT
- DAY 2 THE CONTRACTOR(S) IS TO IDENTIFY AND MARK ANY HAZARDOUS CONDITIONS THAT MAY EXIST ONSITE, SUCH AS OVERHEAD POWERLINES, OLD WELLS, GAS LINES, ETC.
- DAY 3-4 INSTALL STABILIZED CONSTRUCTION ENTRANCE, SUPER SILT FENCE, AND DRIVEWAY CULVERT.
- DAY 4-10 GRADE SITE AND STABILIZE IN ACCORDANCE WITH PERMANENT SEEDBED NOTES.
- DAY 11 INSTALL EROSION CONTROL MATTING IN THE DITCHES AND SWALES.
- DAY 12-60 CONSTRUCT HOUSE, INSTALL DRIVEWAY AND UTILITIES. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION.
- DAY 61-63 STABILIZE ANY REMAINING DISTURBED AREAS IN ACCORDANCE WITH PERMANENT SEEDBED NOTES.
- DAY 64-65 UPON APPROVAL OF HOWARD COUNTY SEDIMENT CONTROL INSPECTOR, REMOVE ALL SEDIMENT CONTROL DEVICES. PERMANENTLY STABILIZE AS REQUESTED.

Roof-top Disconnection				
Designation	Area	Length	Slope	Test
1	476	75	4.3	pass
2	439	75	4.9	pass
3	437	75	3.2	pass
4	308	75	4.7	pass
5	365	75	4.9	pass
6	363	75	4.8	pass
7	383	75	4.8	pass
8	427	75	4.7	pass
9	348	75	2.0	pass
10	312	75	2.0	pass

Non Roof-top Disconnection				
Designation	Imp. Dis	Length	Slope	Test
1	35	35	4.0	pass
2	35	35	4.0	pass
3	12	35	4.0	pass



Approved Septic System Plan
 Howard County Health Department
 Signature: *[Signature]* Date: 12-31-10
 Approved as Shown
 4 BR

PERMANENT SEEDING NOTES

Apply to graded or cleared area not subject to immediate further disturbance where a permanent long-lived vegetative cover is needed.

Seeded Preparation: Loosen upper three inches of soil by raking, discing or other acceptable means before seeding. (If not previously loosened)

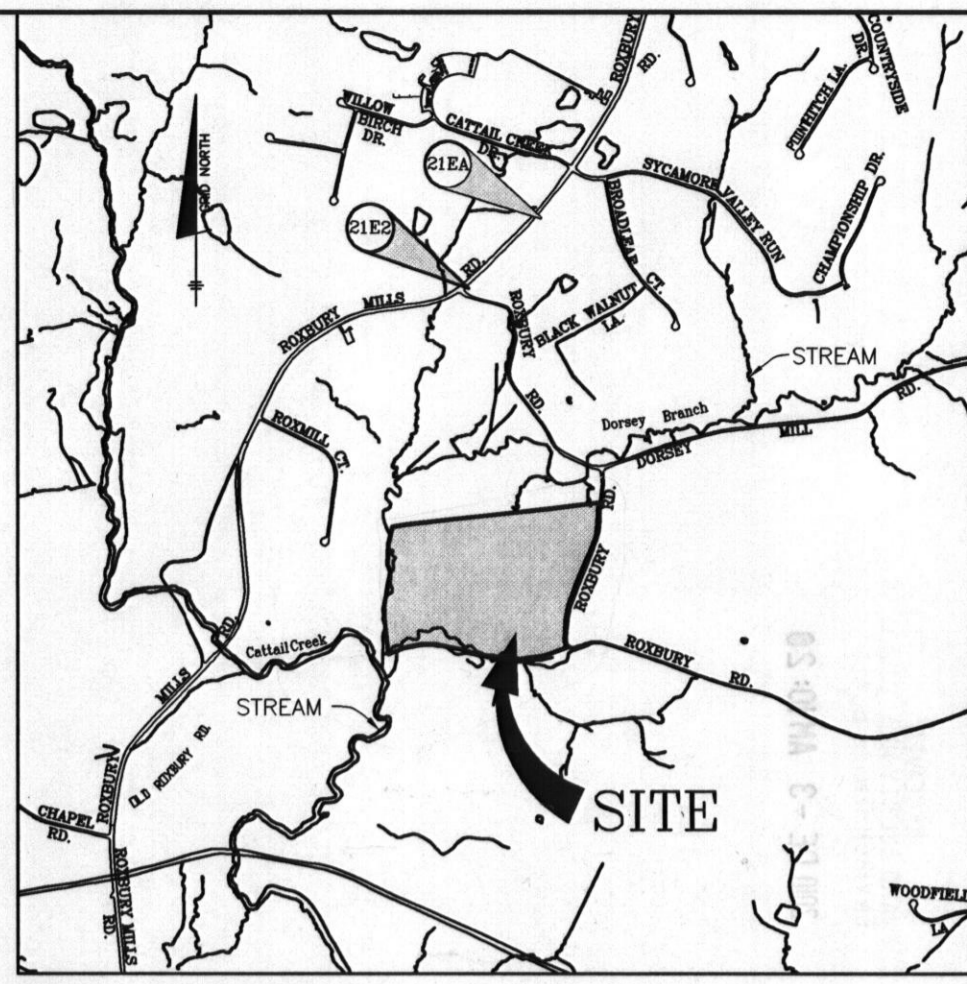
Soil Amendments: In lieu of soil test recommendations, use on the following schedules.

- Preferred - Apply 2 tons per acre dolomitic limestone (92 lbs/1000 sf) and 600 lbs per acre 10-10-10 fertilizer (14 lbs/1000 sf) before seeding. Harrow or disc into upper three inches of soil. At time of seeding, apply 400 lbs per acre 30-0-0 ureiform fertilizer (9 lbs/1000 sf).
- Acceptable - Apply 2 tons per acre dolomitic limestone (92 lbs/1000 sf) and 1000 lbs per acre 10-10-10 fertilizer (23 lbs/1000 sf) before seeding. Harrow or disc into upper three inches of soil.

Seeding: For the periods March 1 through April 30 and August 1 through October 15, seed with 60 lbs per acre (1.4 lbs/1000 sf) of Kentucky 31 Tall Fescue. For the period May 1 through July 31, seed with 60 lbs Kentucky 31 Tall Fescue per acre and 2 lbs per acre (0.05 lbs/1000 sf) of Weeping Lovegrass. During the period of October 16 through February 28, protect site by Option 1) 2 tons per acre of well anchored straw mulch and seed as soon as possible in the spring. Option 2) use sod. Option 3) seed with 60 lbs/acre Kentucky 31 Tall Fescue and mulch with 2 tons/acre well anchored straw.

Mulching: Apply 1-1/2 to 2 tons per acre (70 to 90 lbs/1000 sf) of unrotted small grain straw immediately after seeding. Anchor mulch immediately after application using mulch anchoring tool or 218 gallons per acre (5 gal/1000 sf) of emulsified asphalt on flat areas. On slopes 8 feet or higher, use 348 gallons per acre (8 gal/1000 sf) for anchoring.

Maintenance: Inspect all seeded areas and make needed repairs, relocations and reseedings.



TEMPORARY SEEDING NOTES

Apply to graded or cleared areas likely to be redisturbed where a short-term vegetative cover is needed.

Seeded Preparation: Loosen upper three inches of soil by raking, discing or other acceptable means before seeding. (If not previously loosened)

Soil Amendments: Apply 600 lbs per acre 10-10-10 fertilizer (14 lbs/1000 sf).

Seeding: For periods March 1 through April 30 and from August 15 through November 15, seed with 2-1/2 bushel per acre of annual rye (3.2 lbs/1000 sf). For the period May 1 through August 14, seed with 3 lbs per acre of Weeping Lovegrass (0.07 lbs/1000 sf). For the period November 16 through February 28, protect site by applying 2 tons per acre of well anchored straw mulch and seed as soon as possible in the spring, or use sod.

Mulching: Apply 1-1/2 to 2 tons per acre (70 to 90 lbs/1000 sf) of unrotted small grain straw immediately after seeding. Anchor mulch immediately after application using mulch anchoring tool or 218 gallons per acre (5 gal/1000 sf) of emulsified asphalt on flat areas. On slopes 8 feet or higher, use 348 gallons per acre (8 gal/1000 sf) for anchoring.

Refer to the 1994 Maryland Standards and Specifications for Soil Erosion and Sediment Control for rate and methods not covered.

SEDIMENT CONTROL NOTES

- A minimum of 48 hours notice must be given to the Howard County Department of Inspections and Permits, Sediment Control Division prior to the start of any construction (410-313-1855).
- All vegetative and structural practices are to be installed according to the provisions of this plan and are to be in conformance with the most current "Maryland Standards and Specifications for Soil Erosion and Sediment Control", and revisions thereto.
- Following initial soil disturbances or redisturbance, permanent or temporary stabilization shall be completed within 7 calendar days for all perimeter sediment control structures, dikes, perimeter slopes and all slopes greater than 3:1; 14 calendar days as to all other disturbed or graded areas on the project site.
- All sediment traps/basins shown must be fenced and warning signs posted around their perimeter in accordance with Vol. 1, Chapter 12, of the "Howard County Design Manual, Storm Drainage".
- All disturbed areas must be stabilized within the time period specified above in accordance with the "1994 Maryland Standards and Specifications for Soil Erosion and Sediment Control" for Permanent Seeding (Sec. 51) Sod (Sec. 54), Temporary Seeding (Sec. 50) and Mulching (Sec. 52). Temporary stabilization with mulch alone can only be done when recommended seeding dates do not allow for proper germination and establishment of grasses.
- All sediment control structures are to remain in place and are to be maintained in operative condition until permission for their removal has been obtained from the Howard County Sediment Control Inspector.
- Site Analysis:
 Total Area of Site: 34.478 Ac.±
 Area to be Disturbed: 2.1 Ac.±
 Area to be roofed or paved: 0.4 Ac.±
 Area to be vegetatively stabilized: 1.7 Ac.±
 Total Cut: 2293 C.Y. SEE NOTE 12
 Total Fill: 2105 C.Y. SEE NOTE 12
 Offsite Waste/Borrow Area Location: * SEE NOTE 12
- Any sediment control practice which is disturbed by grading activity for placement of utilities must be repaired on the same day of disturbance.
- Additional sediment controls must be provided, if deemed necessary by the Howard County DPW Sediment Control Inspector.
- On all sites with disturbed areas in excess of 2 acres, approval of the inspection agency shall be requested upon completion of installation of perimeter erosion and sediment controls, but before proceeding with any other earth disturbance or grading. Other building or grading inspection approvals may not be authorized until this initial approval by the inspection agency is made.
- Trenches for the construction of utilities is limited to three pipe lengths or that which can be back filled and stabilized within one working day.
- Quantities and estimates shown are for sediment control purposes only. Contractor shall prepare his/her own quantity estimates to his/her satisfaction.
- It is the responsibility of the contractor to identify the spoil/borrow site and notify and gain approval from the sediment control inspector of the site and its grading permit number at the time of construction.
- STOCKPILING IS NOT ALLOWED ON THIS SITE.

LEGEND

- EXISTING CONTOURS (AERIAL 12/02)
- EXISTING WOODS LINE
- PROPOSED CONTOUR
- PROPOSED WOODS LINE
- PUBLIC FOREST CONSERVATION EASEMENT
- PUBLIC STORMWATER MANAGEMENT EASEMENT
- PRIVATE SEPTIC EASEMENT
- SILT FENCE
- SUPER SILT FENCE
- EARTH DIKE
- LIMIT OF DISTURBANCE
- STABILIZED CONSTRUCTION ENTRANCE
- FAILED PERCOLATION TEST
- PASSED PERCOLATION TEST

ALL SEDIMENT CONTROL FEATURES SHALL BE INSTALLED IN ACCORDANCE WITH STANDARD DETAILS SHOWN IN THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.

APPROVED: THIS DEVELOPMENT IS APPROVED FOR EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.

HOWARD SOIL CONSERVATION DISTRICT DATE

ENGINEER'S CERTIFICATE
 I hereby certify that this plan for erosion and sediment 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.

Date

BUILDER'S CERTIFICATE
 I/We certify that all development and construction will be done in accordance with this plan of development and plan for erosion and sediment control and that all responsible personnel involved in the construction of this 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 onsite inspection by the Howard Soil Conservation District or their authorized agents, as are deemed necessary.

Signature of Builder Date

NO.	DATE	REVISION

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. 28559, Expiration Date: 7-22-2011.

BENCHMARK ENGINEERING, INC.
 ENGINEERS & LAND SURVEYORS & PLANNERS
 8480 BALTIMORE NATIONAL PIKE SUITE 418 & ELLICOTT CITY, MARYLAND 21043
 (P) 410-485-4105 (F) 410-485-8844
 80 THOMAS JOHNSON DRIVE ABERDEEN, MARYLAND 21702
 (P) 301-371-3505 (F) 301-371-3506
 WWW.BE-CIVILENGINEERING.COM

OWNER/DEVELOPER: SELFRIDGE BUILDERS
 4781 TEN OAKS ROAD
 DAYTON, MARYLAND 21036
 PHONE: 410-531-8930
 FAX: 410-531-8939

PROJECT: MERIWETHER FARM
 PARCEL A

LOCATION: ROXBURY RD
 GLENWOOD, MD 21738
 TAX MAP No. 21 - GRID No. 21 - PARCEL 24
 4th ELECTION DISTRICT, HOWARD COUNTY, MARYLAND

TITLE: GRADING PLAN AND SEDIMENT & EROSION CONTROL NOTES AND DETAILS

DATE: NOVEMBER 30, 2010 PROJECT NO. 2345

SCALE: 1" = 50' DRAWING 1 OF 2

Design: JC Draft: JC Check: -

Signed Plot Plan

PARCEL 24 - 1" = 50'