

B10001553

Building Address 11710 Douglas Ave  
Marysville Md. 21042

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

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

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot Size \_\_\_\_\_

Property Owner's Name Steve Silvestro  
Address same  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated herein):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone 443-562-5015 Fax 410 531 6574

Existing Use \_\_\_\_\_  
Proposed Use \_\_\_\_\_  
Estimated Construction Cost \$ \_\_\_\_\_  
Description of Work 22 x 27 Deck w/  
2 set of steps to grade

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

Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company Town Creek Landscaping  
Contact Person \_\_\_\_\_  
Address 5010 Sheppard Ln  
City Ellicott City State Md. Zip Code 21166  
License No. 44986  
Phone 301 658 3570 Fax 410 531 6574

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"/> 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 _____ State Certified Modular _____	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 _____ 1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____ Sewage Disposal: _____ Public _____ Private _____
No. of Bedrooms _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A <input 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.

Steven H. Cooley  
Applicant's Signature  
Cooleyoolley@yahoo  
Email Address  
\_\_\_\_\_  
Title/Company

Steven H. Cooley  
Print Name  
June 3 2010  
Date

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 Officials			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 # _____
			Historic District?	Validation # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by _____

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

**APPROVED**  
**WALK-THRU BUILDING PERMIT**

BP# \_\_\_\_\_ A# \_\_\_\_\_  
 APP. SAN *Burb*  
 DESC. OF WORK *22' 10' B.R.L. Irregular deck*  
 DATE: *6/3/2010*  
*x 23' w/ 5' tanks from septic tank*  
*as shown, A*

PARCEL 203

S 79°02'29" E  
 133.60'

ROY HORTON (TRUSTEE)  
 HILDA HORTON (TRUSTEE)  
 LOT 1 PER  
 L. 4440 F. 174  
 PARCEL 267  
 1.25 Ac. ±

EX. 20' WIDE DRAINAGE EASEMENT  
 L. 523 F. 107

ROY HORTON (TRUSTEE)  
 HILDA HORTON (TRUSTEE)  
 LOT 2 PER  
 L. 4440 F. 174  
 PARCEL 267

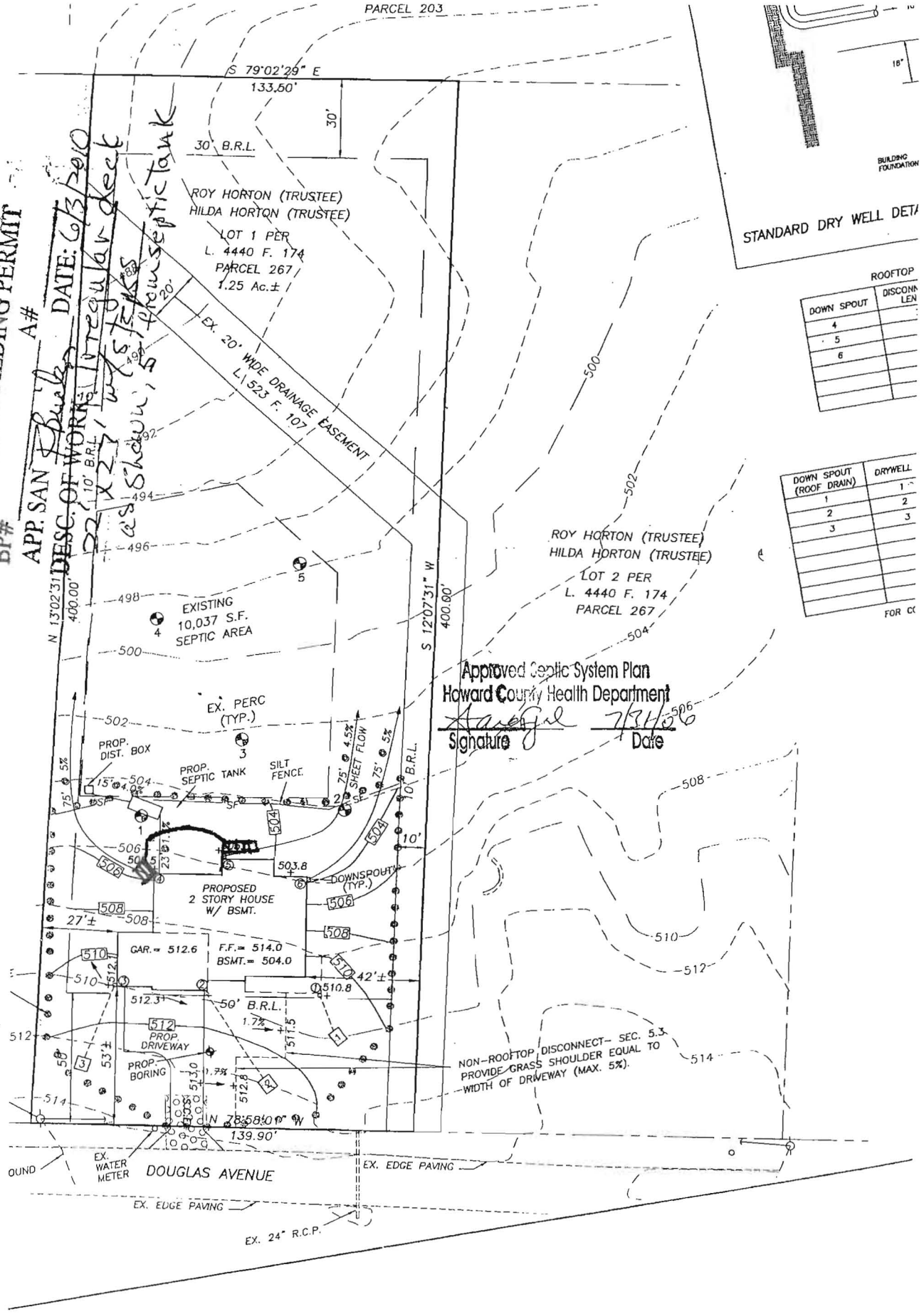
Approved Septic System Plan  
 Howard County Health Department  
*Sarah Gul* *7/3/10*  
 Signature Date

STANDARD DRY WELL DETAIL

DOWN SPOUT	DISCONN	ROOFTOP
(ROOF DRAIN)	LEN	LEN
4		
5		
6		

DOWN SPOUT (ROOF DRAIN)	DRYWELL
1	1
2	2
3	3

FOR CC



# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

306 000 860

Building Address 11170 Douglas AVE  
Marysville MD 21104  
 Suite/Apt. # 03-346080 SDP/WP/Petition #:  
 Census Tract 603000 Subdivision Hampton Hills  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 1  
 Tax Map 16 Parcel 267 Grid 16  
 Zoning RC Map Coordinates \_\_\_\_\_ Lot size 1.25 AC

Property Owner's Name Forty West Bldgs  
 Address 3230 Bethany Lane  
 City ELLICOTT CITY State MD Zip Code 21042  
 Home Phone \_\_\_\_\_ Work Phone 410-418-8900  
 Applicant's Name & Mailing Address, (If other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Vacant  
 Proposed Use New SFD  
 Estimated Construction Cost \$ 200,000  
 Description of Work 4 Brm, 3 Full Bath  
1-1/2 bath 3 car garage  
Full w. finished basement with  
RI Bath (3 pc)

Contractor Company Cobait Homes LLC  
 Contact Person Tim Costello  
 Address 3230 Bethany Lane  
 City ELLICOTT CITY State MD Zip Code 21042  
 License No. MHBR 48  
 Phone 410 418 8900 Fax \_\_\_\_\_

Occupant or Tenant Owner  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

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**BUILDING DESCRIPTION - RESIDENTIAL**

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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: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ 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: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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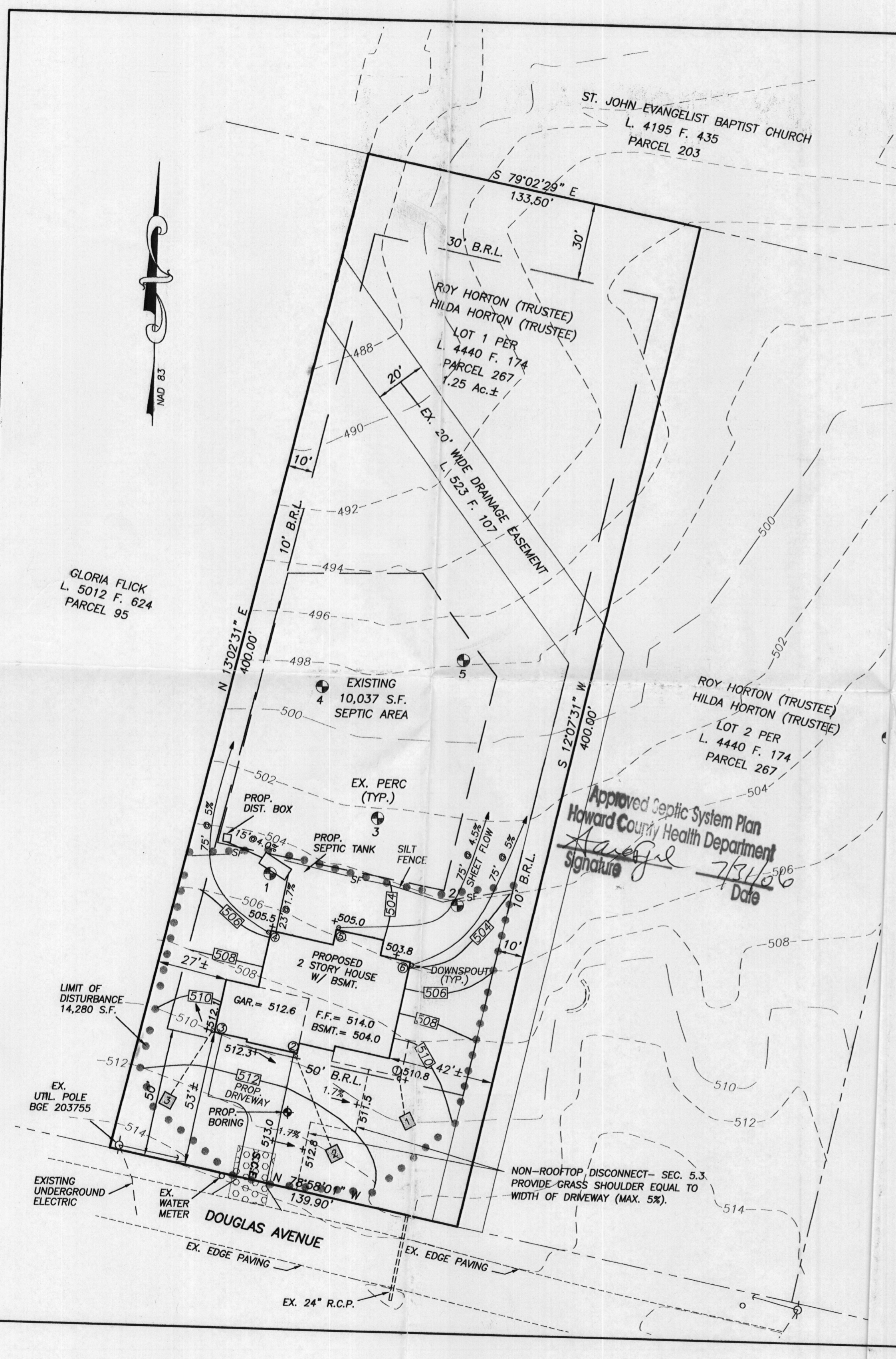
[Signature]  
 Applicant's Signature  
 \_\_\_\_\_  
 Title/Company

S. L. Costello  
 Print Name  
6/29/06  
 Date

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>7/11/06</u>	<u>[Signature]</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 # <u>220</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 -	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA
T:\forms\PERMIT.FRM			Lot Coverage for New/Town Zone _____	Accepted by <u>[Signature]</u>	
			SDP/Red-line approval date _____		



GLORIA FLICK  
L. 5012 F. 624  
PARCEL 95

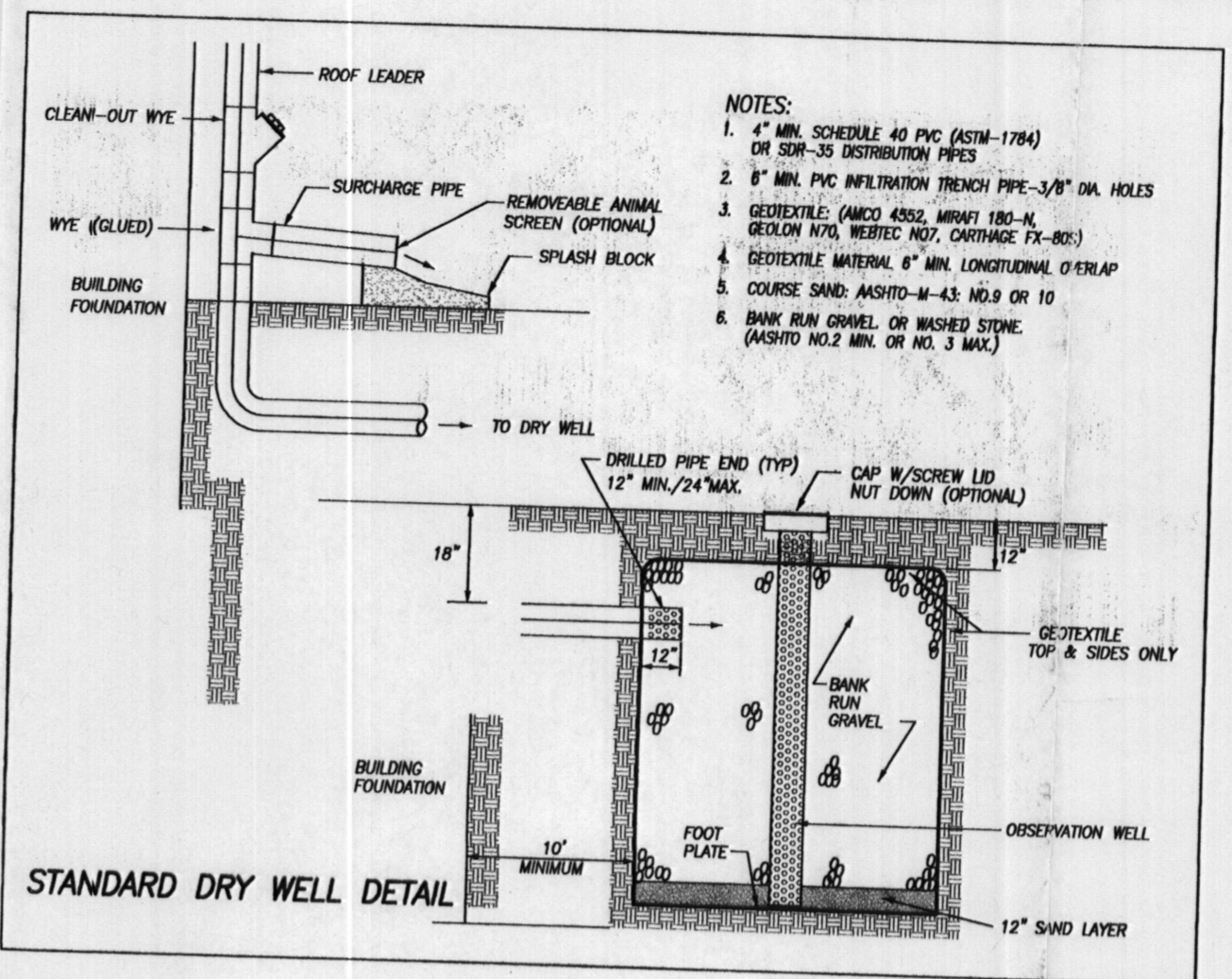
ST. JOHN EVANGELIST BAPTIST CHURCH  
L. 4195 F. 435  
PARCEL 203

ROY HORTON (TRUSTEE)  
HILDA HORTON (TRUSTEE)  
LOT 1 PER  
L. 4440 F. 174  
PARCEL 267  
1.25 Ac.±

ROY HORTON (TRUSTEE)  
HILDA HORTON (TRUSTEE)  
LOT 2 PER  
L. 4440 F. 174  
PARCEL 267

Approved Septic System Plan  
Howard County Health Department  
*Signature*  
Date 7/21/06

NON-ROOFTOP DISCONNECT- SEC. 5.3.  
PROVIDE GRASS SHOULDER EQUAL TO  
WIDTH OF DRIVEWAY (MAX. 5%).



- NOTES:
- 4" MIN. SCHEDULE 40 PVC (ASTM-1784) OR SUR-35 DISTRIBUTION PIPES
  - 8" MIN. PVC INFILTRATION TRENCH PIPE-3/8" DIA. HOLES
  - GEOTEXTILE: (AMCO 4352, MIRAFI 180-N, GELON 170, WEBTEC 107, CARTRIDGE FX-80)
  - GEOTEXTILE MATERIAL 6" MIN. LONGITUDINAL OVERLAP
  - COURSE SAND: AASHTO-M-43: NO.9 OR 10
  - BANK RUN GRAVEL OR WASHED STONE (AASHTO NO.2 MIN. OR NO. 3 MAX.)

STANDARD DRY WELL DETAIL

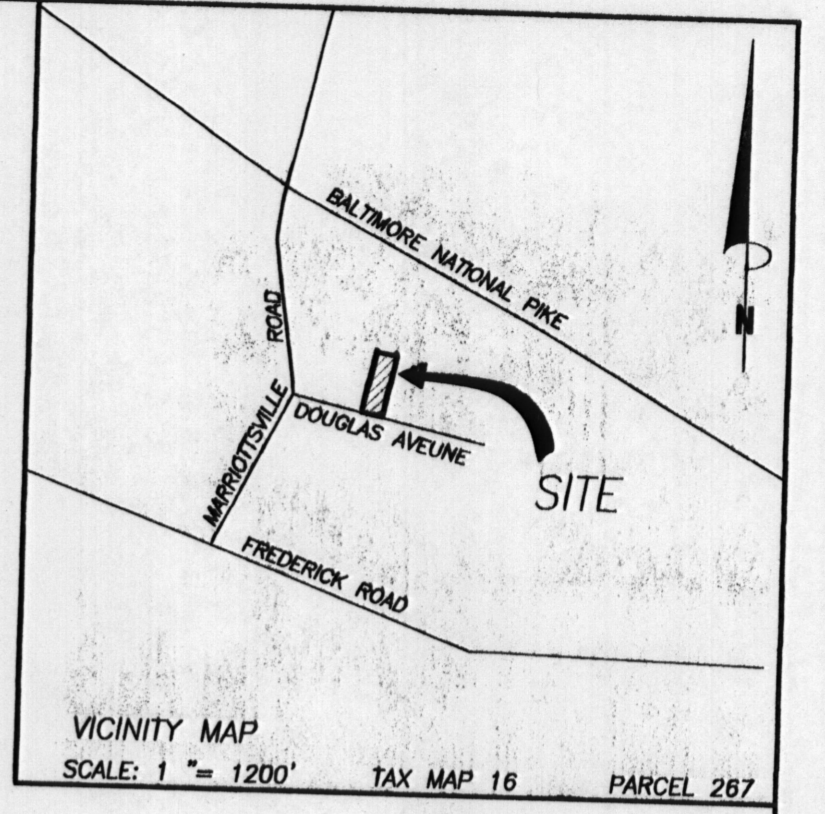
ROOFTOP DISCONNECTION CREDIT

DOWN SPOUT	DISCONNECTION LENGTH	REQUIRED LENGTH	SWM ADDRESSED
4	75'	75'	YES
5	75'	75'	YES
6	75'	75'	YES

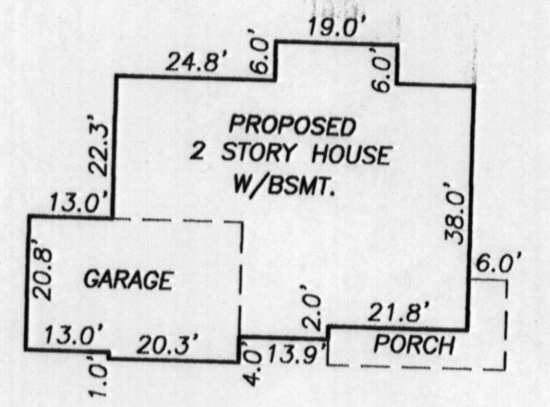
DRY WELL DATA

DOWN SPOUT (ROOF DRAIN)	DRYWELL No.	DRY WELL SIZE (4' DEPTH)	TOP OF OBSERVATION WELL	INVERT IN DRY WELL
1	1	4.5' X 5.5'	ELEV.= 511.0'	ELEV.= 509.17'
2	2	5.0' X 5.5'	ELEV.= 512.6'	ELEV.= 510.77'
3	3	5.0' X 5.0'	ELEV.= 512.5'	ELEV.= 510.67'

FOR CONSTRUCTION OF DRYWELLS REFER TO COUNTY DETAILS



VICINITY MAP  
SCALE: 1" = 1200' TAX MAP 16 PARCEL 267



HOUSE DETAIL  
1"=30'



PAVING SECTION  
(N.T.S.)

SEPTIC ELEVATIONS

PROPOSED HOUSE:  
F.F. ELEV. = 514.0  
BSMT. ELEV. = 504.0  
GAR. ELEV. = 512.6  
INV. OUT = 503.0

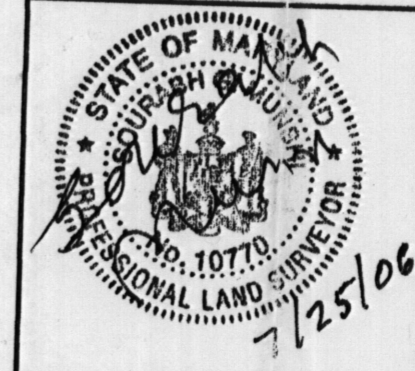
PROPOSED SEPTIC TANK:  
EX GRD. ELEV. = 505.0  
PROP. GRD. ELEV. = 505.0  
INV. IN = 502.6  
INV. OUT = 502.3

PROPOSED DISTRIBUTION BOX:  
EX GRD. ELEV. = 504.0  
INV. IN = 501.7  
INV. OUT = 501.4

NOTES:

- TOPOGRAPHY IS FIELD RUN BY VANMAR ASSOC. INC. CONTOUR INTERVALS ARE AT 2 FEET.
- ACTUAL LENGTH AND NUMBER OF TRENCHES FOR SEWERAGE ARE TO BE DETERMINED AT THE TIME OF SEPTIC SYSTEM PERMIT ISSUANCE.
- PROPOSED HOUSE IS 4 BEDROOM.
- LIMIT OF DISTURBANCE: (LOD) 14,280 Sq. Ft.

DATE	REVISIONS
7/21/06	Move septic tank



OWNERS: HILDA HORTON  
ROY HORTON  
C/O FORTY WEST BUILDERS INC.  
3230 BETHANY LANE  
SUITE 1  
ELLCOTT CITY, MD. 21042

PLOT PLAN  
HAMPTON HILLS  
LOT 1  
PER LIBER 4440 FOLIO 174

SITUATED ON DOUGLAS AVENUE  
ELECTION DISTRICT No. 3  
HOWARD COUNTY, MARYLAND  
SCALE: 1" = 30' JUNE, 2006

**VANMAR ASSOCIATES, INC.**  
Engineers Surveyors Planners  
310 South Main Street P.O. Box 328 Mount Airy, Maryland 21771  
(301) 829 2890 (301)831 5015 (410) 549 2751