

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

00003218

Building Address 3918 Clark's Meadow Dr.
Glenwood, Md 21738

Suite/Apt.#: _____ SDP/WP/Petition #: GP-08-061

Census Tract _____ Subdivision Clark's Meadow

Section _____ Area _____ Lot 8

Tax Map _____ Parcel _____ Grid _____

Zoning RC-DEC Map Coordinates _____ Lot size _____

Property Owner's Name Douglas Homes

Address P.O. Box 628

City Ellicott City State Md Zip Code 21041

Home Phone _____ Work Phone 410-740-0522

Applicant's Name & Mailing Address, (if other than stated hereon):
Building Permit Services, Inc. - Pat Orla
902-2H MacPhail Woods Crossing, Bel Air, Md 21015

Phone 410-879-7848 Fax 410-897-7847

Existing Use Vacant Lot

Proposed Use SFD

Estimated Construction Cost \$ 300,000.00

Description of Work Const. SFD-Greenbriar II w/ Fla. Rm. & Conservatory-2sty, full bsmt, R, FB, HB, FP & 3 Car Garage (4 (4Br) Fin L/L w/bath

Contractor Company Douglas Homes

Contact Person Carl Cunzemann (410) 484-2488

Address P.O. Box 628

City Ellicott City State Md Zip Code 21041

License No. MHBR# 327

Phone 410-740-0522 Fax 410-740-0525

Occupant or Tenant _____

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: <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 type="checkbox"/> Public <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> |
| Basement: _____ | Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> |
| Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input 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 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: _____ | Other Structure: _____ |
| Other Structure: _____ | Dimensions: _____ |
| Footings: <u>16"x8"</u> | Roof: <u>Asp/Gable</u> |
| State Certified Modular <input type="checkbox"/> | Manufactured Home <input type="checkbox"/> |

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 HERETO; (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 _____

Building Permit Services, Inc. - Pat Orla
 Print Name _____
 10/28/08
 Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY -

| AGENCY | DATE | SIGNATURE APPROVAL |
|--|-----------------|--------------------|
| Land Development, DPZ | | |
| State Highways | | |
| Building Official | | |
| Dev. Engineering, DPZ | | |
| Health | <u>12-16-01</u> | |
| Fire Protection | | |
| Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | |
| ONE STOP SHOP: <input type="checkbox"/> | | |

| DPZ SETBACK INFORMATION | PROPERTY ID#: |
|--|-----------------------------|
| Front: _____ | Filing fee \$ <u>100.00</u> |
| Rear: _____ | Permit fee \$ _____ |
| Side: _____ | Excise tax \$ _____ |
| Side St.: _____ | Subtotal paid \$ _____ |
| All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> | Add'l permit fee \$ _____ |
| Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ _____ |
| Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | Balance due \$ _____ |
| Lot Coverage for NewTown Zone _____ | Check # <u>32291</u> |
| SDP/Red-line, approval date _____ | Validation # _____ |
| Accepted by _____ | |

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



| LEGEND | |
|---------------|------------------------------|
| SYMBOL | DESCRIPTION |
| (Dashed line) | EXISTING CONTOUR 2' INTERVAL |
| (Solid line) | PROPOSED CONTOUR 2' INTERVAL |
| (+) | SPOT ELEVATION |
| (---) | SUPER SILT FENCE |
| (---) | EROSION CONTROL MATTING |
| (---) | LIMITS OF DISTURBANCE |

OWNER/BUILDER/DEVELOPER
 DOUGLAS HOMES
 P.O. BOX 629
 ELLICOTT CITY, MARYLAND 21041
 410-790-0522

DEVELOPER'S CERTIFICATE
 I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN AND THAT ANY 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.

Signature: *Carl Cruzman*
 DATE: 3-12-08

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 CONDITION AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.

Signature: *Earl Collins*
 DATE: 3-12-08

PROFESSIONAL CERTIFICATION
 I HEREBY CERTIFY THAT THIS DOCUMENT WAS PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 9753, EXPIRATION DATE IS 2/28/08.

Signature: *Earl Collins*
 DATE: 3-12-08



SITE DEVELOPMENT, SEDIMENT AND EROSION CONTROL PLAN
CLARK'S MEADOW
 LOT 5, 8, 10, 16, 18, 19 & 21 THRU 23
 ZONED: RC-DEO PLAT NO: 18483
 TAX MAP NO: 21 GRID NO: 17 PARCEL NO: 227
 4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1" = 30' DATE: JANUARY, 2008
 SHEET 3 OF 4

THIS DEVELOPMENT IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.
 Signature: *John R. Robertson*
 DATE: 3/13/08

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 11200 WOODBURN AVENUE, SUITE 100
 ELICOTT CITY, MARYLAND 21042
 410-481-2899

GP-08-61