

506002708

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

506002709

Building Address 4301 Buckskin Wood Drive
Ellicott City, MD 21042
Suite/Apt. #: N.A. SDP/WP/Petition #: GP-07-01
Census Tract 6051.01 Subdivision Buckskin Ridge
Section N.A. Area N.A. Lot 15
Tax Map 22 Parcel 74 77 Grid 21
RR-DEO
Zoning Map Coordinates 10 A-12 Lot size 47,890 sf.

Property Owner's Name Columbia Builders, Inc.
Address P.O. Box 999
City Columbia State MD Zip Code 21044
Home Phone _____ Work Phone 410-730-3939
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax 410-992-3020

Existing Use Vacant Lot
Proposed Use Single Family Dwelling
Estimated Construction Cost \$ 200,000.00
Description of Work 2 story, "O-O" house
11 Rms., 5 FB, 1 HB, (5 BR), 2 FP, 3 car Gar.,
Unfin. W.O. base., Opt. conservatory

Contractor Company Columbia Builders, Inc.
Contact Person Dee Sperling
Address Same
City _____ State _____ Zip Code _____
License No. 254
Phone _____ Fax 410-992-3020

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

Engineer or Architect Company Fisher, Collins & Carter
Contact Person Joey Ecker
Address 10272 Balto. Natl. Pike
City Ellicott City State MD Zip Code 21042
Phone (410)461-2855 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
Water Supply: _____
 Public
 Private
Sewage Disposal: _____
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads _____

Building Characteristics
SF Dwelling SF Townhouse
Depth Width
1st floor: _____
2nd floor: _____
Basement: _____
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms 3
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: _____
 State Certified Modular
 Manufactured Home

Utilities
Water Supply: _____
 Public
 Private
Sewage Disposal: _____
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 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.

[Signature] Pres.
Applicant's Signature
Pres. of Columbia Builders, Inc.
Title/Company

B. James Greenfield
Print Name
8/4/06
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
 Fire Protection
Is Sediment Control approval required prior to issuance?
YES NO
CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

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 _____ Accepted by _____

PROPERTY ID#:
Filing fee \$ 700.00
Permit fee \$ _____
Excise tax \$ _____
Sub-total paid \$ _____
Add'l permit fee \$ _____
TOTAL FEES \$ _____
Balance due \$ _____
Check # 509
Validation # _____

LOT 15
47,890 SQ.FT.

SEPTIC AREA

65 Dba

DIST. BOX
EX. GRD. INV. 615.00
1,500 GAL. SEPTIC TANK
EX. GRD. INV. 615.00
OUT. INV. 612.30

FF 627.20
B 617.17
(MODIFIED)
OO

GAR. 625.50
GAR. 625.50
3R 624.00

50' BRL
PER 2005 H.D.C.O.
5TH ADDITION ZONING

7' BRL
PER RECORD PL.
NO. 15704

N54°56'13"E 305.66'

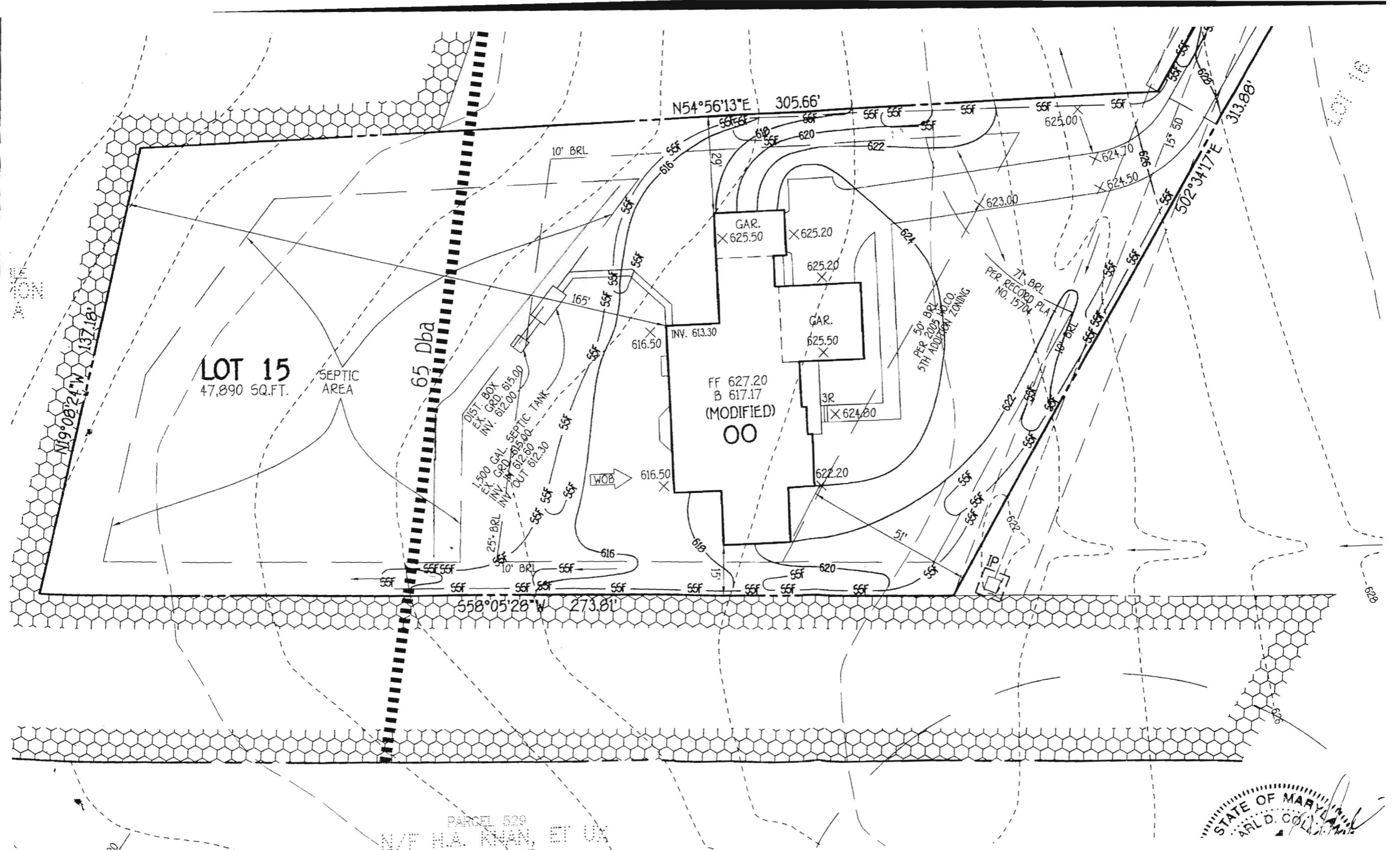
558°05'28"W 273.81'

502°34'17"E 313.88'

N19°08'24"W 137.18'

PARCEL 500
N/F H.A. KNAN, ET UX

STATE OF MARYLAND
ARL D. COLLINS



**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

307003804

Building Address 4301 Buckskin Wood DR
Ellicott City 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 FELICIA + DEAN BROWN
Address 6026 Trotter Rd
City Clarksville State MD Zip Code 21029
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use _____
Proposed Use _____
Estimated Construction Cost \$ _____
Description of Work Fence

Contractor Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

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: _____ 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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input 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>5</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____

Print Name _____

Title/Company _____

Date _____

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

- FOR OFFICE USE ONLY -

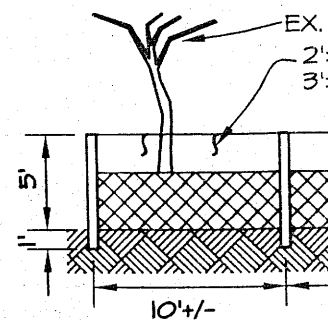
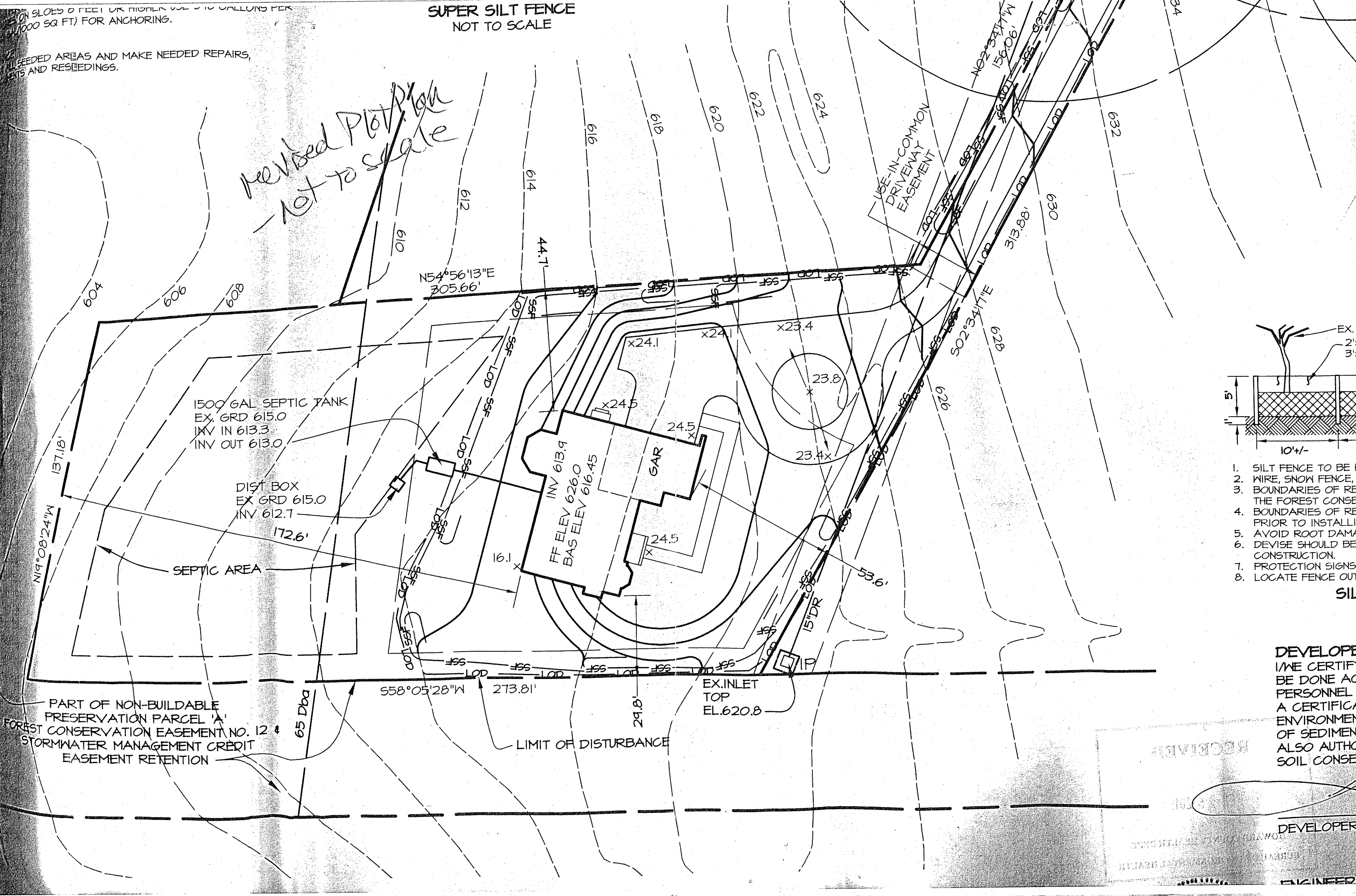
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>9/12/07</u>	<u>[Signature]</u>	Side St.: _____	Add'l 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 # _____
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				

ON SLOES 5 FEET OR HIGHER USE 10 GALLONS PER 1000 SQ FT) FOR ANCHORING.

NEEDED AREAS AND MAKE NEEDED REPAIRS, CUTS AND RESEEDINGS.

SUPER SILT FENCE
NOT TO SCALE

*Revised Plot Plan
Not to Scale*



1. SILT FENCE TO BE H
2. WIRE, SNOW FENCE, E
3. BOUNDARIES OF RE
4. BOUNDARIES OF RE
5. AVOID ROOT DAMA
6. DEVISE SHOULD BE
7. PROTECTION SIGNS
8. LOCATE FENCE OUT

SILT

DEVELOPER
I/WE CERTIFY
BE DONE AC
PERSONNEL I
A CERTIFICA
ENVIRONMENT
OF SEDIMENT
ALSO AUTHO
SOIL CONSER

PART OF NON-BUILDABLE
PRESERVATION PARCEL 'A'
FOREST CONSERVATION EASEMENT NO. 12 &
STORMWATER MANAGEMENT CREDIT
EASEMENT RETENTION

RECEIVED

DEVELOPER

ENGINEER

TO BE OWNED BY THE
 BUCKSKIN RIDGE
 PRESERVATION LLC
 EASEMENT HELD BY
 HOWARD COUNTY, MD. AND
 THE BUCKSKIN RIDGE
 HOMEOWNERS ASSOCIATION, INC.

APPROVED

WALK-THRU BUILDING PERMIT

BP# B07003804 A# 518618-FF

APP. SAN: *SFD* DATE: 9/12/07

DESC. OF WORK: *Fence*

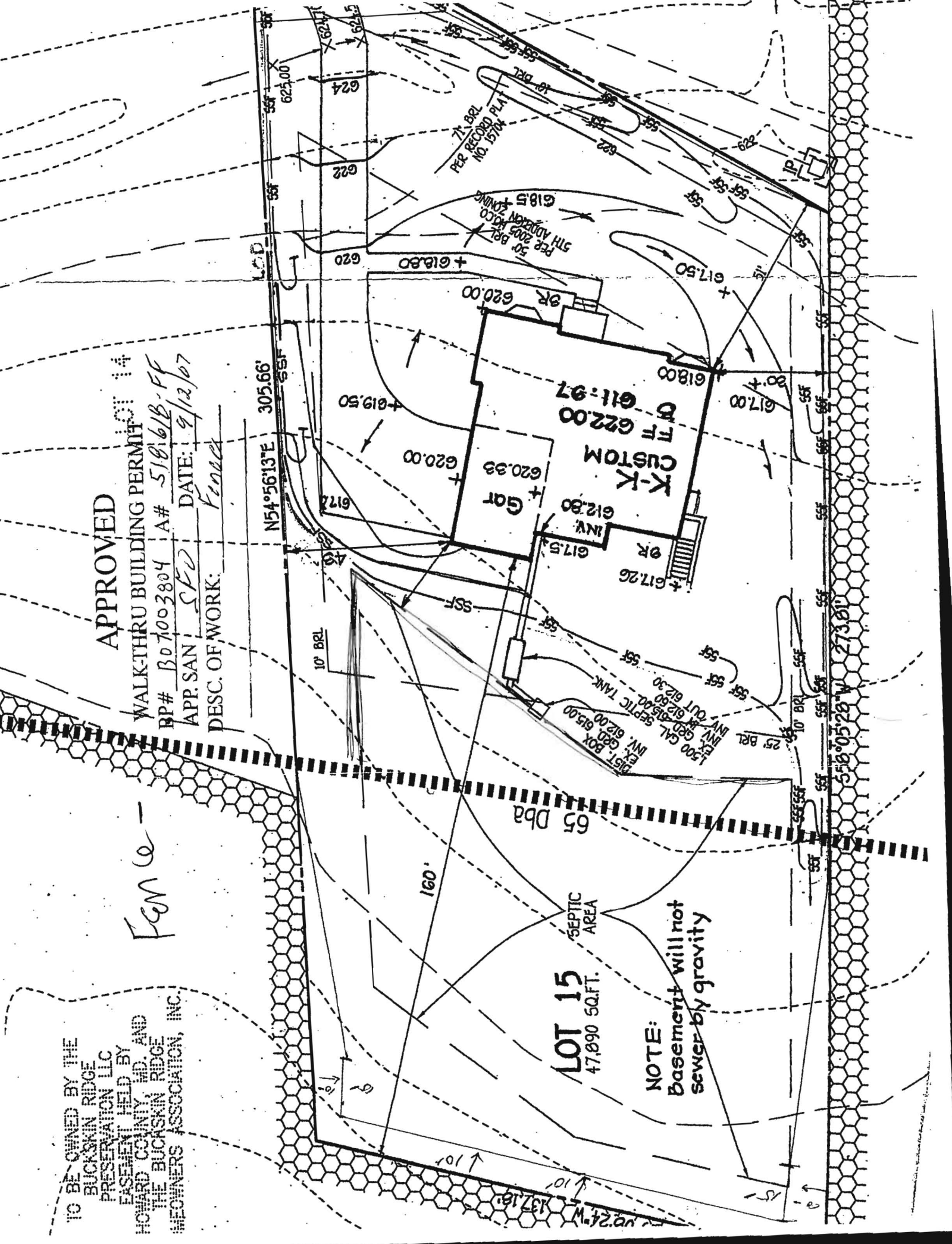
Fence

LOT 15
 47,890 SQ.FT.

NOTE:
 Basement will not
 sewer by gravity

65 DbA

SEPTIC
 AREA



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2155 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B03000706

Building Address 4301 Buckakin Wood Drive
Ellicott City, MD 21042
Suite/Apt. #: N.A. SDP/WP/Petition #: GP 07-01
Census Tract 6051.01 Subdivision Buckakin Ridge
Section N.A. Area N.A. Lot 15
Tax Map 22 Parcel 77 Grid 21
Zoning RR-IEO Map Coordinates 10 A-12 Lot size 47,890 sf.

Property Owner's Name Deas D. Brown & Felicia N. Brown
Address 6026 Trotter Road
City Clarksville State MD Zip Code 21029
Home Phone _____ Work Phone 301-868-8000
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Vacant Lot
Proposed Use Single Family Dwelling
Estimated Construction Cost \$ 200,000.00
Description of Work 2 story model "K-K" house
4 FB, 1 HB, 5 BR, Base. areaaway, 1 FP, 3-car
gar., (13 rooms) Unfin. base.

Contractor Company Columbia Builders, Inc.
Contact Person Dee Sperling
Address P.O. Box 999
City Columbia State MD Zip Code 21044
License No. 254
Phone 410-730-3939 Fax 410-992-3020

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

Engineer or Architect Company Fisher, Collins & Carter
Contact Person Joey Ecker
Address 10272 Balto. Natl. Dike
City Ellicott City State MD Zip Code 21042
Phone 410-461-2855 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>3</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Height: _____ 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"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ 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 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.

[Signature]
Applicant's Signature
Owner/Pres. Columbia Builders, Inc.
Title/Company

B. James Greenfield
Print Name
3/27/08
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>5/9/08</u>	<u>[Signature]</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"/>		
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>5747</u>
SDP/Red-line approval date _____	Validation \$ _____
Accepted by _____	

B0800786

Menu Save Reset Cancel Help

CAP Detail * (section is required)

Permit Type Building/Residential/New/SFD	Permit Number B08000786
Description of Work CUSTOM SFD- 2 STORY FULL BSMT 12R 3FB 1HB FP & 3 CAR GARAGE (4BR) 1-ROUGH-IN	

Address * (section is required)

Search Reset Clear Get Parcel & Owner

Street # 4301	Street Name BUCKSKIN WOOD	Street Type DR
Unit Type --Select--	Unit #	
City ELLCOTT CITY	State MD	Zip Code 21042
		Primary Yes

Parcel * (section is required)

Search Reset Clear Get Address & Owner

Parcel # *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value
889745	77	1.09	380900	380900	0

Legal Description
LOT 15 1.099 A[]4301 BUCKSKIN WOOD DR[]BUCKSKIN RIDGE

Block	Lot	Census Tract	Council Dist	Supervisor Dist	Map #	DAP Zone	Primary
	15	605101	5				--Select--
Plan Area		State Tax Id	Subdivision Name				
RURAL WEST		1405436184					
Section		Area	Tax Map				
			22				
Grid		Zoning District	ADC Map				
22-21		RR-DEO	9-112				
SDP No.		Final Plan No.	WP File No.				
Record Plat No.		WS Contract No.	FDP No.				
15523							
Owner Occupied		Year Built	Historic District				
<input type="radio"/> Yes <input checked="" type="radio"/> No			<input type="radio"/> Yes <input checked="" type="radio"/> No				
Historic District Registry No.		Stat Area	Flood Plain				
		5-02A	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Building No

Owner (section is not required)

Search Reset Clear

Name *
BROWN, DEAS AND FELICIA

Address Line 1
6026 TROTTER ROAD

Address Line 2

Address Line 3

Mail City CLARKSVILLE	Mail State MD	Mail Zip 21029
Phone 301-868-8000	Primary Yes	
Cell Number 301-974-2161	Fax Number	eMail fnichols77@gmail.com

Existing Use		1st Floor Width	1st Floor Depth	2nd Floor Width	2nd Floor Depth
Vacant Lot		62 FT	63 FT	62 FT	63 FT
Basement Width	Basement Depth	Height	Total Square Footage *	Occupiable Square Footage *	Bedrooms *
62 FT	63 FT	FT	83270	SQFT 8110	SQFT 4
Full Baths	Half Baths	Foundation	Basement	Other Structure	Building Construction Type
3	1	Full Basement	Unfinished	Attached Garage	Conventional
W&S Fees Paid *	Water Supply *	Sewage Disposal *	Utilities *	Heating System *	
<input type="radio"/> Yes <input checked="" type="radio"/> No	Private	Private	Gas & Electric	Natural Gas	
Sprinkler System *	No of Fireplaces	Type of Fireplace	Entrance Permit Required		
None	1	Masonry & Prefab	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Road Frontage	Location Survey Approval Date	U&O Issued On			
County					

GRADING INFORMATION

Grading Permit No	Grading Certification Required	Grading Certification Received in DILP On	Grading Certification Approved by CID On
G06002708	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Grading Certification Comments	Seasonal Surety Comments		

GREEN NEIGHBORHOOD INFORMATION

Check List Points Goal	Check List Points Achieved	Date of Certification

PAYMENT INFORMATION

Check 1 *	Payee 1 *	Check 2	Payee 2	SAP Doc No
5747	COLUMBIA BUILDERS, INC	3657	COLUMBIA BUILDERS, INC	

PRIVATE ON LOT SWM FACILITIES

Green Roofs A1	Permeable Pavements A2	Reinforced Turf A3		
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
Disconnection of Rooftop Runoff N1	Disconnection of Non Rooftop Runoff N2	Sheetflow to Conservation Areas N3		
	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
Rainwater Harvesting M1	Submerged Gravel Wetlands M2	Landscape Infiltration M3	Infiltration Berms M4	
Dry Wells M5	Micro Bioretention M6	Rain Gardens M7	Swales M8	Enhanced Filters M9

Submit Cancel

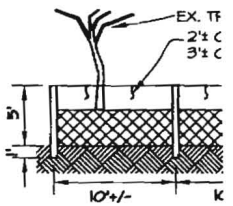
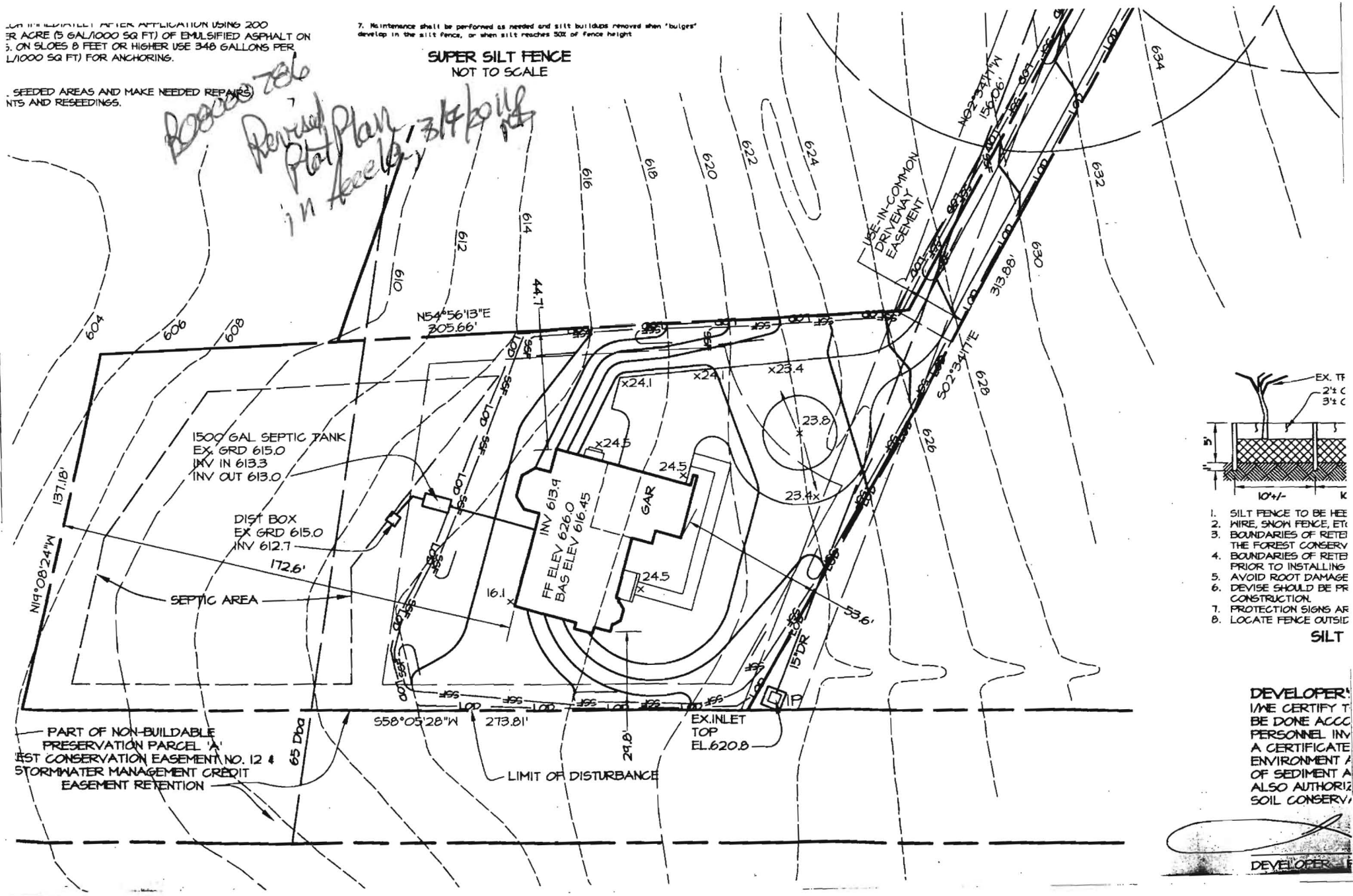
FOR 1/2" DIAMETER AFTER APPLICATION USING 200
 PER ACRE (5 GAL/1000 SQ FT) OF EMULSIFIED ASPHALT ON
 3. ON SLOES 8 FEET OR HIGHER USE 348 GALLONS PER
 1/1000 SQ FT) FOR ANCHORING.

7. Maintenance shall be performed as needed and silt buildups removed when 'bulges'
 develop in the silt fence, or when silt reaches 50% of fence height

SUPER SILT FENCE
 NOT TO SCALE

SEEDED AREAS AND MAKE NEEDED REPAIRS
 NTS AND RESEEDINGS.

*Revised Plan
 in Accordance with
 3/14/2018*



1. SILT FENCE TO BE HE
2. WIRE, SNOW FENCE, ETC
3. BOUNDARIES OF RETE
4. BOUNDARIES OF RETE
5. AVOID ROOT DAMAGE
6. DEVISE SHOULD BE PR
7. PROTECTION SIGNS AR
8. LOCATE FENCE OUTSID

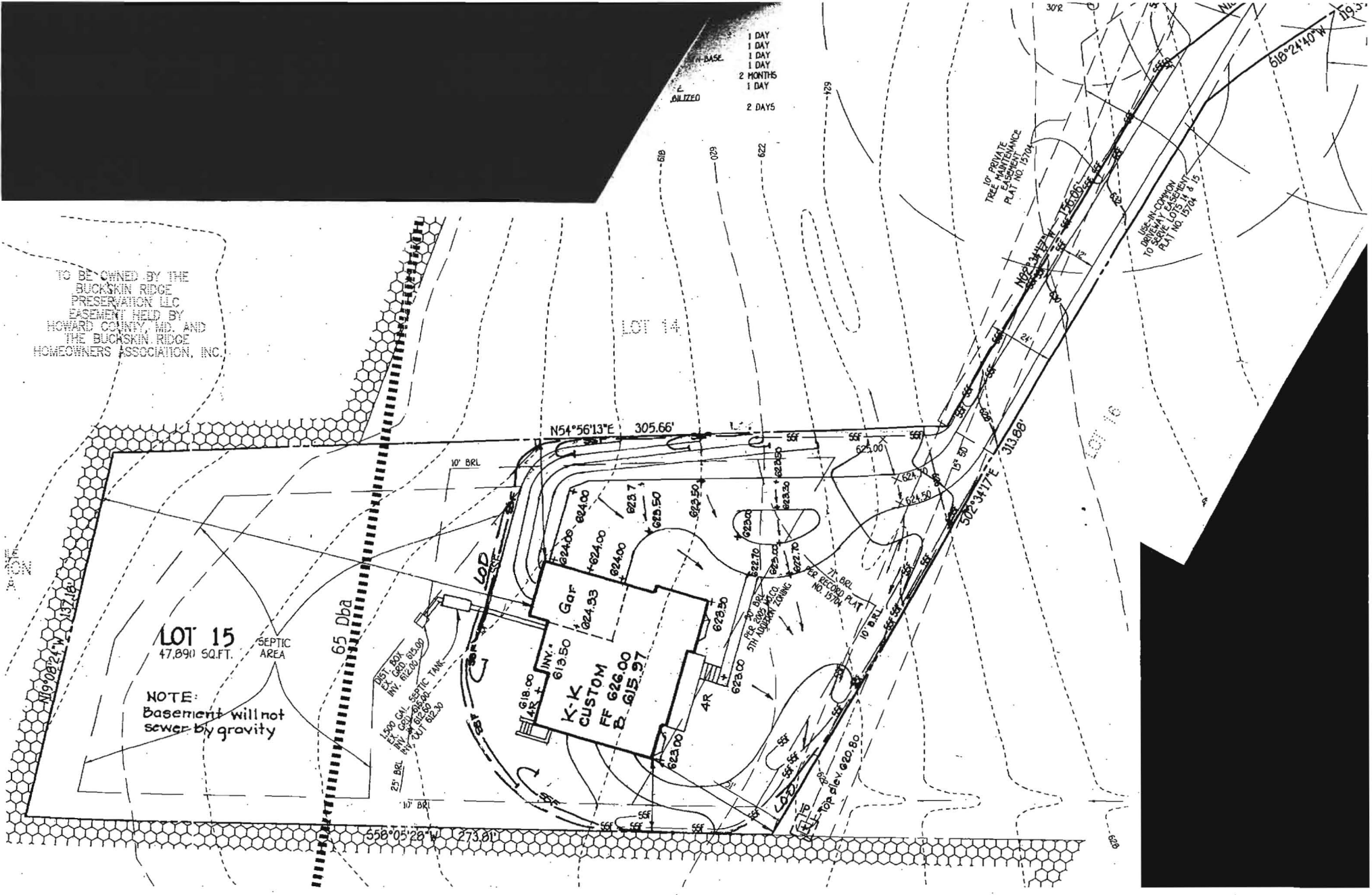
SILT

DEVELOPER'S
 I/WE CERTIFY T
 BE DONE ACCO
 PERSONNEL INV
 A CERTIFICATE
 ENVIRONMENT A
 OF SEDIMENT A
 ALSO AUTHORIZ
 SOIL CONSERV

[Signature]
 DEVELOPER

TO BE OWNED BY THE
BUCKSKIN RIDGE
PRESERVATION LLC
BASEMENT HELD BY
HOWARD COUNTY, MD. AND
THE BUCKSKIN RIDGE
HOMEOWNERS ASSOCIATION, INC.

- 1 DAY
- 1 DAY
- 1 DAY
- 1 DAY
- 1 DAY
- 2 MONTHS
- 1 DAY
- 2 DAYS



LOT 15
47,890 SQ.FT.

NOTE:
Basement will not
sewer by gravity

*Plot Plan Attachment to Arella record
2/15/2011*

6026 Trotter Rd
Clarksville, Md 21029
443-545-5467

Howard Count · DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS
LICENSES AND PERMITS
3430 COURTHOUSE DRIVE
ELLICOTT CITY, MARYLAND 21043

Reference Building Permit # **B08000786**
Address: 4301 Buckskin Wood Drive, Ellicott City, MD 21042

Dear Sir or Madame:

This letter is in reference to above property and permit number. Please extend and keep permit open. I need the new permit to delete Columbia Builders as the contractor and add:

J Paul Builders, LLC
P.O. Box 169 Stevenson, MD 21153 Phone 410 602 8070
MHBR# 1757

Please amend the new current permit to reflect newly submitted house plans and red line revision of plot plan.

The best way to contact me is through email fnichols77@gmail.com. If you prefer the phone system, I am home daily (443)545-5467. Please leave all phone messages on cell (301) 974-2161.

Thank you for your time and consideration of this matter

Sincerely,



Felicia N. Brown

RECEIVED

DEC 23 2010

LICENSES & PERMITS
DIVISION

301-974-2161
red floor plan

see check 3767 12/23/10
invoice 228657 \$50.00
change contractor
\$50.00 is due
to amend permit
(fee was
not
submitted
with request
Buckskin Ridge
Lot 15
tag # 110-94-3169

Proposal
Withdrawn

Also Specs
outdated
