



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 10/8/13

Permit No.: B13003766

Building Address: 14335 Bainsworth Way
 City: Groveland State: MD Zip Code: 21737
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Edgewood Farm
 Section: _____ Area: _____ Lot: 27
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Toll MD V LP
 Address: 14540 Edgewoods Way
 City: Groveland State: MD Zip Code: 21737
 Phone: 410 488 2275 Fax: _____
 Email: Mbrandenburg e Tollbrothersinc.com

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Existing Use: Vacant lot
 Proposed Use: Residential Home
 Estimated Construction Cost: \$ 500,000
 Description of Work: Chamberlain County Manor
Cabinetry, 3 car garage, 4 bedroom

Contractor Company: Toll MD V LP
 Contact Person: John Brandenburg
 Address: 14540 Edgewoods Way
 City: Groveland State: MD Zip Code: 21737
 License No.: 3630
 Phone: 410 488 2275 Fax: _____
 Email: Mbrandenburg e Tollbrothersinc.com

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

Engineer/Architect Company: ESE
 Responsible Design Prof.: Mike Boyce
 Address: 7164 Columbia Gateway Dr. #230
 City: Columbia State: MD Zip Code: 21046
 Phone: 410 365 4175 Fax: _____
 Email: Mboyce e ESEEng.com

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 st floor: <u>62'</u> <u>88'</u>
Area of construction (sq. ft.): _____	2 nd floor: <u>62'</u> <u>88'</u>
Use group: _____	Basement: <u>62'</u> <u>88'</u>
Construction type: _____	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: <u>4</u>
<input type="checkbox"/> State Certified Modular	<u>Multi-family Dwelling</u>
	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
	Footings: _____
	Roof: _____
	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Heating System	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>G07000150</u>	
Building Shell Permit Number: _____	

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 UNTIL 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: Mbrandenburg e tollbrothersinc.com
 Print Name: John Brandenburg
 Email Address: Toll Brothers Inc.
 Title/Company: _____
 Date: 9/19/13

RECEIVED
OCT 08 2013
LICENSES & PERMITS DIVISION

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

AGENCY	DATE	SIGNATURE OF APPROVAL	DPZ SETBACK INFORMATION	Filing Fee	\$
<input checked="" type="checkbox"/> State Highways			Front: _____	Permit Fee	\$
<input checked="" type="checkbox"/> Building Officials			Rear: _____	Tech Fee	\$
<input checked="" type="checkbox"/> PSZA (Zoning)			Side: _____	Excise Tax	\$
<input checked="" type="checkbox"/> PSZA (Engineering)			Side St.: _____	PSFS	\$
<input checked="" type="checkbox"/> Health			All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No	Guaranty Fund	\$ <u>50.00</u>
			Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Add'l per Fee	\$
			Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Fees	\$
			Lot Coverage for New Town Zone: _____	Sub-Total Paid	\$
			SDP/Red-line approval date: _____	Balance Due	\$
				Check	# <u>09321835</u>



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Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: 614001916

Building Address: 14335 Bensworth Way
 City: Calverley State: MD Zip Code: 21737
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Edgewood Farm
 Section: _____ Area: _____ Lot: 27
 Tax Map: 21 Parcel: 90 Grid: 22
 Zoning: _____ Map Coordinates: _____ Lot Size: 1.04 AC
 Existing Use: SFD
 Proposed Use: SFD w/ Tank
 Estimated Construction Cost: \$ 8,000
 Description of Work: Install a 1000 gal Underground propane tank
 Occupant or Tenant: Owner
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Tollmeyer Limited
 Address: 7164 Columbia Gateway Dr.
 City: Columbia State: MD Zip Code: 21046
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Jeremy Clancy
 Address: PO Box 1253
 City: Suresville State: MD Zip Code: 21784
 Phone: 4433401229 Fax: _____
 Email: Jeremy@appliedandapproved.com

Contractor Company: Tech Air
 Contact Person: John Grant
 Address: 8099 D Hillmark Ct
 City: Fredrick State: MD Zip Code: 21704
 License No.: 91274
 Phone: 4435454393 Fax: _____
 Email: _____

Engineer/Architect Company: Contractor
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

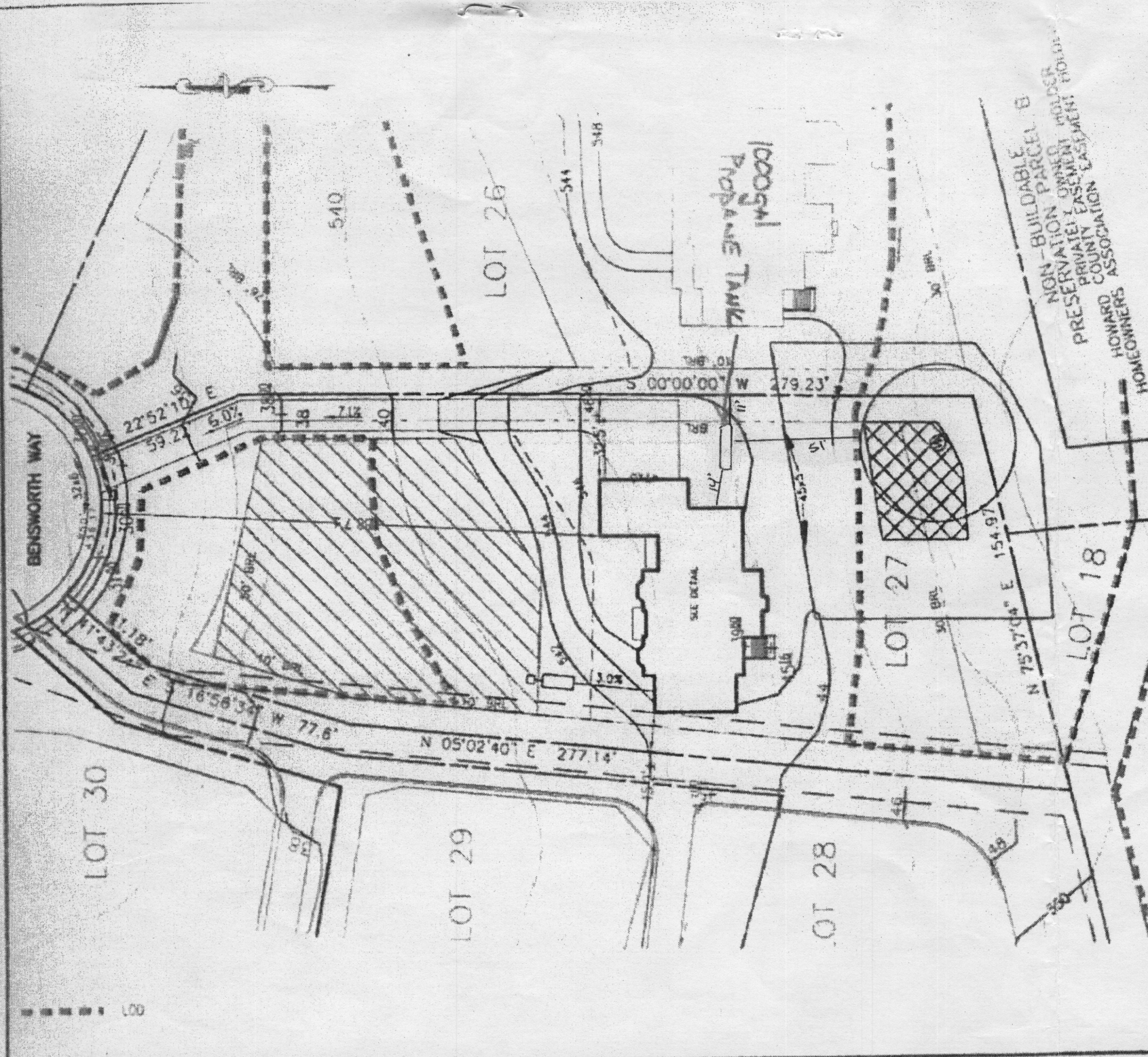
Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
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Gross area, sq. ft./floor:	1 st floor:	
Area of construction (sq. ft.):	2 nd floor:	
Use group:	Basement:	
	<input type="checkbox"/> Finished Basement	
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	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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Applicant's Signature: [Signature]
 Email Address: Jeremy@appliedandapproved.com
6-30-14 Dana Beard

Print Name: Jeremy Clancy
 Date: 6/14/14
 JUN 04 2014
 LICENSES & PERMITS



INVERT @ HOUSE	538.5
GROUND @ HOUSE	544.1
INVERT IN @ TANK	537.6
INVERT OUT @ TANK	537.1
TOP OF TANK	538.5
GROUND @ TANK	541.2
INVERT IN @ D-BOX	536.2
INVERT OUT @ D-BOX	537.9
GROUND @ D-BOX	540.1

THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL AREA OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS SEWAGE DISPOSAL AREA SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.

ALL WELLS AND SEPTIC SYSTEMS LOCATED WITHIN 100' OF THE PROPERTY BOUNDARIES AND 200' DOWN GRADIENT OF ANY WELLS AND/OR SEPTIC SYSTEMS HAVE BEEN SHOWN.

THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR EDGEWOOD FARMS, PLAT No. 19268. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

EXISTING TOPOGRAPHY IS TAKEN FROM 1 07-054 PLANS
DRIVEWAY CULVERT IS NOT REQUIRED FOR THIS LOT

SWM FOR THIS LOT IS MANAGED PER PLAN F 07-054 E&S CONTROLS PER PLAN F 07-054

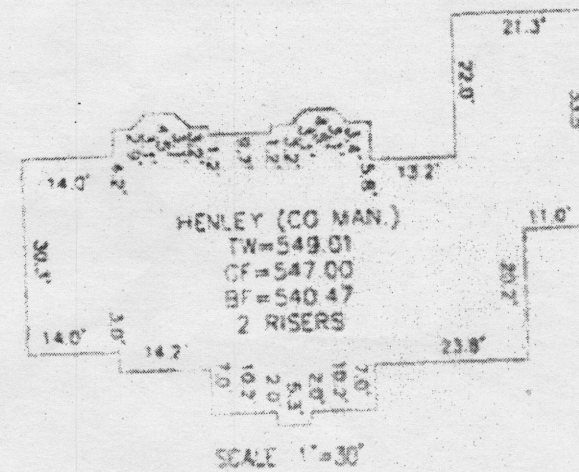
BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HC 95-0763 HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC. - PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

Approved Septic System Plan
Howard County Health Department

Dona Bernard 6-30-14
Signature Date

314001916



APPROVED:
FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

COUNTY HEALTH OFFICER

DATE



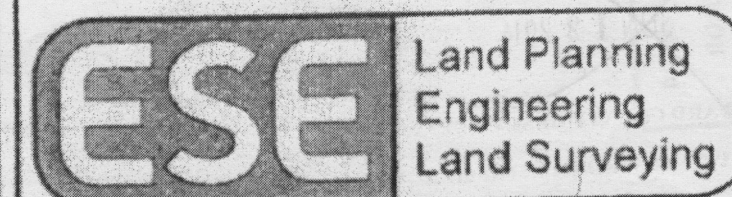
ADDRESS: 14339 BENS WORTH WAY
GLENELG, MD 21757

PIPE CHAMBERLAIN (C.M.):
DAYLIGHT BASEMENT
CONSERVATORY ELITE ADD
ADD 1" TO HEIGHT OF BASEMENT

OPTION No. 018
OPTION No. 029
OPTION No. 070

PLOT PLAN
LOT #27
EDGEWOOD FARM

LIBER 10677, FOLIO 461
PLAT No. 19268
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND



ESE Consultants Inc.
7164 Columbia Gateway D
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-4870

DATE: 09/11/13

SCALE: 1"=50'

FILE: LOT 27 PP

CHK'D: MJB

JOB#: 1498

DRAWN: JLN

