



**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: 5/29/13

Permit No.: B13002095

Building Address: 4704 Ashby Court  
 City: Elkridge City State: MD Zip Code: 21042  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: Honewood Crossing  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 76  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: Toll MD III LP  
 Address: 14540 Edgewoods Way  
 City: Chesapeake State: MD Zip Code: 21789  
 Phone: 410-365-4175 Fax: \_\_\_\_\_  
 Email: Amberberg@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: \$ 550,000  
 Description of Work: Modular Georgian, Gouss Seta, Maple Seta

Contractor Company: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Address: 14540 Edgewoods Way  
 City: Chesapeake State: MD Zip Code: 21737  
 License No.: 5048  
 Phone: 410-449-2225 Fax: \_\_\_\_\_  
 Email: Amberberg@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 Bayle  
 Address: 7164 Columbia Gateway Dr. #230  
 City: Columbia State: MD Zip Code: 21046  
 Phone: 410-365-4175 Fax: \_\_\_\_\_  
 Email: MBayle@ESEES.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 <sup>st</sup> floor: <u>76'</u>	<u>82'</u>
Area of construction (sq. ft.): _____	2 <sup>nd</sup> floor: <u>76'</u>	<u>82'</u>
Use group: _____	Basement: <u>76'</u>	<u>82'</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Finished Basement	
<input type="checkbox"/> Structural Steel	<input checked="" type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Masonry	<input type="checkbox"/> Crawl Space	
<input checked="" type="checkbox"/> Wood Frame	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> State Certified Modular	No. of Bedrooms: <u>4</u>	
	<input type="checkbox"/> Multi-family Dwelling	
	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	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<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 type="checkbox"/> No	
<b>Heating System</b>	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
<b>Sprinkler System:</b>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>G61006212</u>	
Building Shell Permit Number: _____	

THE UNOSIGNED 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: Amberberg@TollBrothersInc.com  
 Print Name: Nehal Amberberg  
 Email Address: Toll Brothers  
 Title/Company: \_\_\_\_\_  
 Date: 5/17/13  
 RECEIVED  
 MAY 29 2013  
 LICENSSES & PERMITS DIVISION

Approved on 9/5/13 by HRS

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

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health		

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

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	\$ 100
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check #	<u>09281882</u>



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Existing Use: Vent for  
Proposed Use: Residential Home  
Estimated Construction Cost: \$ 550,000  
Description of Work: Hardin, Georgia, Custom Site, Naples SWFL

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Applicant's Signature: M. Branderberg  
Email Address: Ambrach@tollbrothersinc.com  
Title/Company: Toll Brothers

Print Name: M. Branderberg  
Date: 5/17/13  
RECEIVED  
MAY 29 2013  
LICENSES & PERMITS DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*

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Historic District?  Yes  No  
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Filing Fee	\$ 100
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check #	<u>69281882</u>

**GENERAL NOTES:**

1. THE LOT SHOWN HEREON WAS RECORDED ON MAY 20, 1984 AS LOT NUMBER 18244. REFER TO THE PLAT FOR DIMENSIONS, RESTRICTIONS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWER SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. ANY CHANGES TO THIS PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISION RECORDATION OF A MODIFIED EASEMENT PLAT SHALL NOT BE NECESSARY.
3. EXACT LENGTH OF SEPTIC TRENCHES ARE TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PRECONSTRUCTION INSPECTION.
4. SOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
5. SEDIMENT AND EROSION CONTROLS WERE PROVIDED BY HOWARD COUNTY DEPARTMENT OF PLANNING & ZONING WITH THE CP-07-087 AND SHALL COMPLY WITH THE 1984 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
6. STORMWATER MANAGEMENT FOR THIS LOT AS SHOWN.
7. THE EXISTING WELL (TAG NO. HO-95-0137) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY FISHER, COLLINS, & CARTER, INC. AND IS ACCURATELY SHOWN.

**WELL AND SEPTIC NOTES:**

1. ALL EXISTING WELLS, SEPTIC SYSTEMS AND SEWAGE DISPOSAL EASEMENTS WITHIN 100' OF THE PROPERTY BOUNDARIES HAVE BEEN SHOWN. ALL EXISTING AND PROPOSED WELLS THAT ARE LOCATED WITHIN 200 FEET DOWNGRADIENT OF ANY EXISTING OR PROPOSED SEPTIC SYSTEM BEING SHOWN. DISPOSAL EASEMENTS HAVE BEEN SHOWN. THE CONTRACTOR HAS USED ALL EFFORTS TO FIND THE LOCATIONS OF ALL SURROUNDING WELLS AND SEPTIC SYSTEMS.
- THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTHS AND LOT AREA AS REQUIRED BY THE HOWARD COUNTY DEPARTMENT OF PLANNING & ZONING. REFER TO PLAT 18240 GENERAL NOTES ITEM 2.
- ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
- THE SOIL TYPE FOR THIS LOT IS B

**SWM CONSTRUCTION AND MAINTENANCE NOTES:**

- 1) FINAL GRADING FOR LANDSCAPE INFILTRATION SHOULD NOT TAKE PLACE UNTIL SURROUNDING SITE IS STABILIZED.
- 2) SUB SOIL SHALL NOT BE COMPACTED. EXCAVATION SHOULD BE CONDUCTED IN DRY CONDITIONS WITH EQUIPMENT LOCATED OUTSIDE OF THE PRACTICE TO PREVENT BOTTOM AND SIDEWALL COMPACTION.
- 3) SEE APPENDIX B.4 OF THE MARYLAND STORMWATER MANAGEMENT DESIGN MANUAL FOR SAND, GRAVEL AND PLANTING MEDIA.
- 4) INSPECTION SHALL BE MADE AT THE FOLLOWING STAGES:  
DURING EXCAVATION TO SUBGRADE  
DURING PLACEMENT OF BACKFILL AND OBSERVATION WELL  
DURING CONSTRUCTION OF APPURTENANT CONVEYANCE STRUCTURES
- 5) PRIVATELY OWNED PRACTICES SHALL HAVE A MAINTENANCE PLAN AND SHALL BE PROTECTED BY EASEMENT, DEED RESTRICTION, ORDINANCE OR OTHER LEGAL MEASURES PREVENTING ITS NEGLIGENCE, ADVERSE ALTERATIONS, AND REMOVAL.
- 6) DURING FIRST YEAR OF OPERATION, INSPECTION FREQUENCY SHOULD BE EVERY SEVEN (7) DAYS FOR STORM AND POORLY ESTABLISHED AREAS REVEGETATED.
- 7) THE TOP FEW INCHES OF THE PLANTING SOIL SHOULD BE REMOVED AND REPLACED WITH WATER PONS FOR MORE THAN 48 HOURS. THERE IS LABEL GROWTH ON THE SURFACE OF THE FACILITY.
- 8) IF STANDING WATER PERSISTS AFTER FILTER MEDIA HAS BEEN MAINTAINED, THE GRAVEL SOIL AND SAND MAY NEED TO BE CLEANED AND/OR REPLACED.
- 9) OCCASIONAL PRUNING AND REPLACEMENT OF DEAD VEGETATION IS REQUIRED TO MAINTAIN THE SYSTEM. SURVIVING MORE APPROPRIATE SPECIES SHOULD BE USED. WATERING MAY BE REQUIRED DURING PROLONGED DRY PERIODS.

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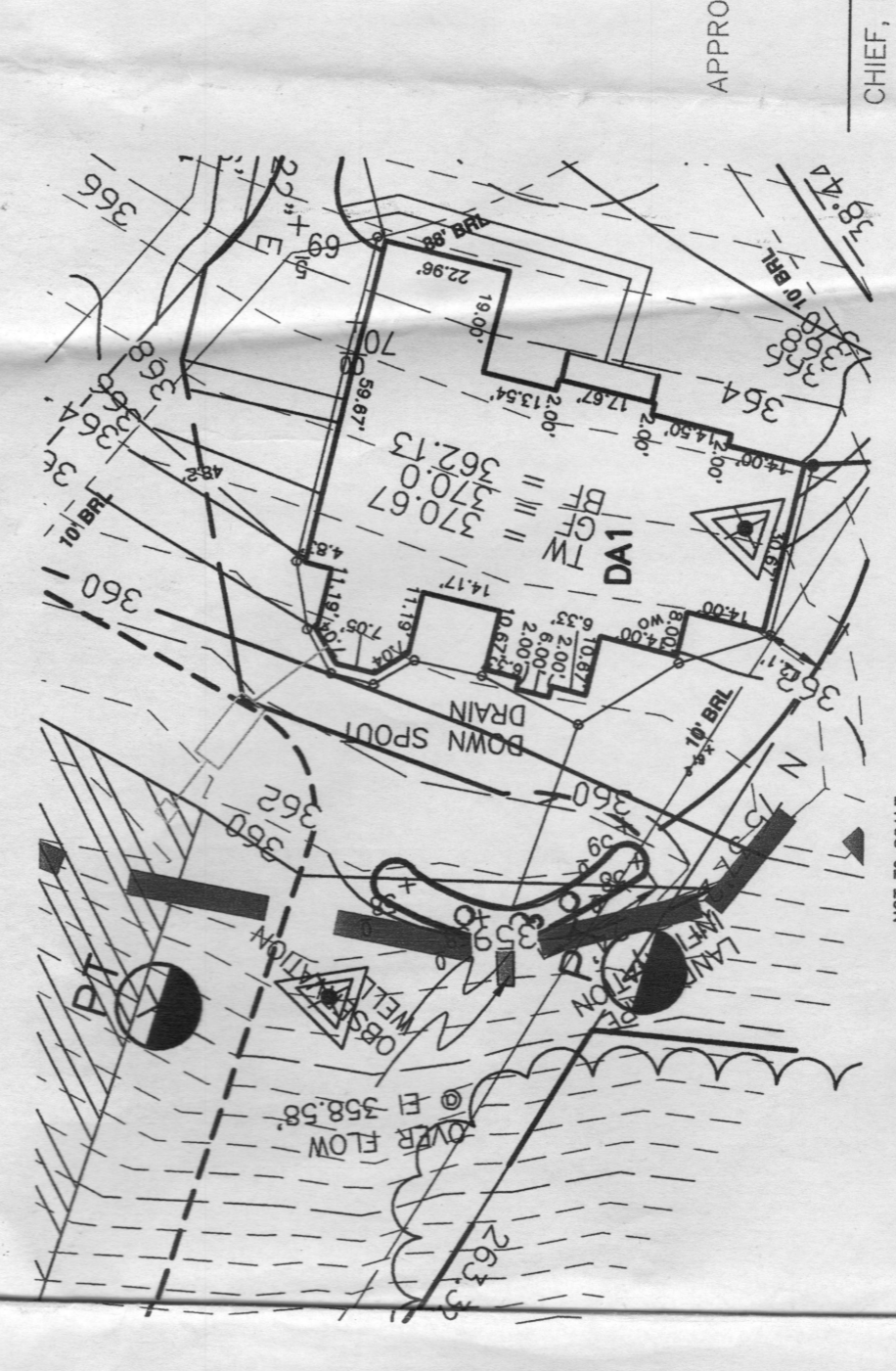
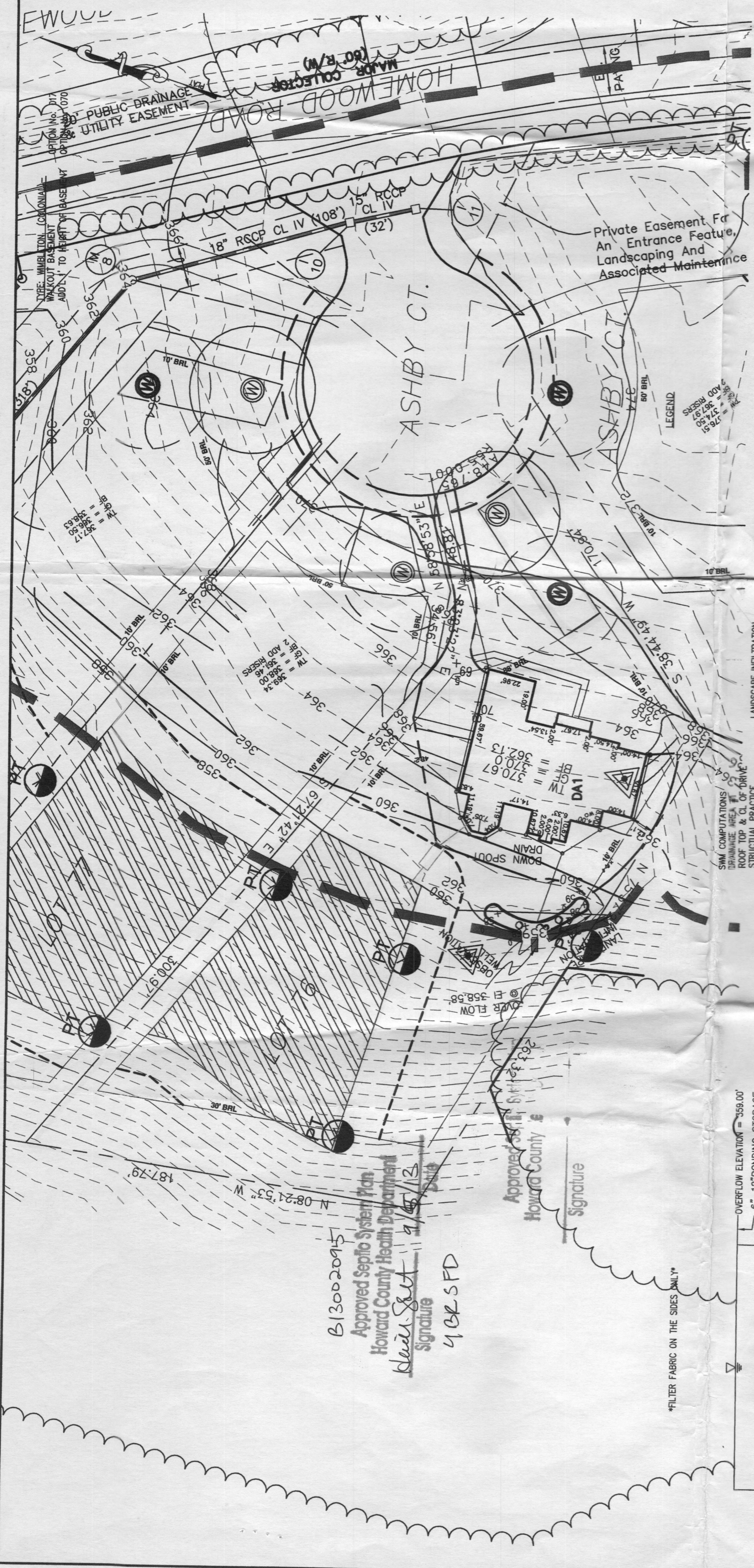
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**SWM COMPUTATIONS**

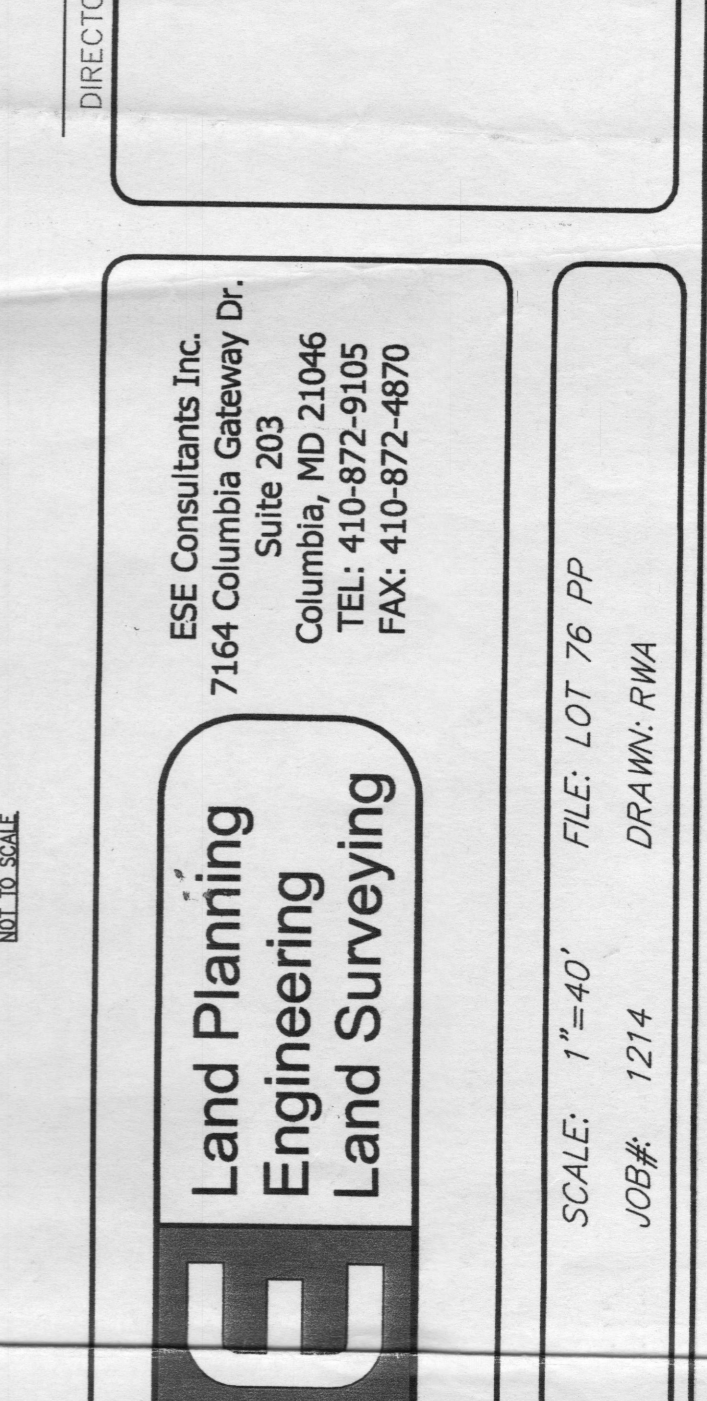
ROOF TOP AREA = 3,311 SQ. FT.  
 STRUCTURAL PRACTICE DRAINAGE AREA = 0.14 ACRES  
 PROPOSED IMPERVIOUS AREA = 0.14 ACRES  
 ESD P<sub>0</sub> RAINFALL TARGET = 1.0 IN  
 ESD RUNOFF VOLUME = 481 CF  
 WATER QUALITY VOLUME = 728 CF

LANDSCAPE INFILTRATION DEVICES  
 ESD VOLUME PROVIDED = 331 SQ. FT.  
 TOTAL WQV OR ESD TREATED = 515 CF  
 P<sub>0</sub> ACHIEVED = 1.07 IN

**CALCULATIONS**

$P_e = 1 - (0.09)^{(0.60)} = 0.60$   
 $Q_e = P_e \times R_v = 1 \times 0.60 = 0.63$   
 $ESD = (P_e)(A)(R_v) / 12 = (1)(9820)(0.60) / 12 = 481$

LANDSCAPE INFILTRATION DEVICES  
 SURFACE AREA = 331 SQ. FT.  
 STORAGE AREA = 331 X 5.4 = 1788.54  
 TEMPORARY STORAGE = 1.07 - 0.331 X 1.0 = 0.739  
 TOTAL STORAGE = 1788.54 + 0.739 = 1789.28  
 OVER SIZED FOR SWM CREDIT  
 ESD TO THE MEP IS MET



**LANDSCAPE INFILTRATION DETAIL**  
 NOT TO SCALE

OVERFLOW ELEVATION = 359.00'  
 6" - 12" PONDING STORAGE  
 ESD SURFACE ELEVATION = 358.00'

1.5" LAYER OF PLANTING MEDIA

2.5" LAYER OF GRAVEL  
 STONE SIZE = 3/8" - 3/4"

12" LAYER OF CLEAN SAND

4" CAP W/ 1" HOLE  
 DRILLED IN IT

**OBSERVATION WELL DETAIL**  
 NOT TO SCALE

PLANTING SCHEDULE	PLANTS	MINIMUM NUMBER	TYPE
TREES		3	SPECIES TO BE DETERMINED BY LANDSCAPE CONTRACTOR, CHOSEN FROM THE APPROVED SPECIES LIST AS SHOWN IN THE MANUAL APPENDIX A.
SHRUBS / BUSHES		2	SPECIES TO BE DETERMINED BY LANDSCAPE CONTRACTOR, CHOSEN FROM APPROVED SPECIES LIST

APPROVED SEPITO SYSTEM PLAN  
 HOWARD COUNTY HEALTH DEPARTMENT  
 SIGNATURE: [Signature]  
 DATE: 9/15/13  
 4065FD

APPROVED SEPITO SYSTEM PLAN  
 HOWARD COUNTY HEALTH DEPARTMENT  
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