

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

Building Address 14280 Triadelphia Mill Rd.
Freighton, MD 21036
 Suite/Apt. #: _____ SDPWP/Petition #: _____
 Census Tract 605101 Subdivision T Hartley Johnson Pt.
 Section _____ Area _____ Lot 7
 Tax Map 27 Parcel 82 Grid 18
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Peter Hemlicher
 Address 7032 Mink Hollow Rd.
 City Highland State MD Zip Code 20777
 Home Phone 301-924-3944 Work Phone 301-367-3084
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD
 Estimated Construction Cost \$ _____
 Description of Work Deck 16' x 20' ±

Contractor Company David A Swann
 Contact Person David Swann
 Address 14751 Addison Way
 City Woodbine State MD Zip Code 21797
 License No. MHBK# 1280
 Phone 442-324-7057 Fax 410-489-5227

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 <input checked="" type="checkbox"/> Wood Frame _____ State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> _____ Depth _____ Width _____	Water Supply: _____ _____ Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ _____ Public <input checked="" type="checkbox"/> 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"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms <u>(4)</u> 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.

David A Swann
 Applicant's Signature
David A Swann C.C.
 Title/Company

Steve Scott
 Print Name
6/21/06
 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	<u>6/21/06</u>	<u>Rachael Norman</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		

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 # _____
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

LOT 2
PLAT 10201
BLOW PROPERTY

LOT 3
PLAT 10201
BLOW PROPERTY

EMBED FILTER CLOTH 8"
MINIMUM INTO GROUND
* IF MULTIPLE LAYERS ARE
REQUIRED TO ATTAIN 42"

1. Fencing shall be 42" in height and conform to latest Maryland State Highway Details for a 6' fence shall be used, substitution posts.
2. Chain link fence shall be fastened securely. The lower tension wire, brace and truss required except on the ends of the fence.
3. Filter cloth shall be fastened securely every 24" at the top and mid section.
4. Filter cloth shall be embedded a minimum of 6" and folded.
5. When two sections of filter cloth adjoin, they shall be fastened together by 6" and folded.
6. Maintenance shall be performed as needed to develop in the silt fence, or when silt retention is observed.
7. Filter cloth shall be fastened securely, staples at top and mid section and shall be Geotextile Class F:

Tensile Strength	50 lbs/ir
Tensile Modulus	20 lbs/ir
Flow Rate	0.3 gal/ir
Filtering Efficiency	75% (min)

Design Criteria

Slope	Slope Steepness
0 - 10%	0 - 10:1
10 - 20%	10:1 - 5:1
20 - 33%	5:1 - 3:1
33 - 50%	3:1 - 2:1
50% +	2:1 +

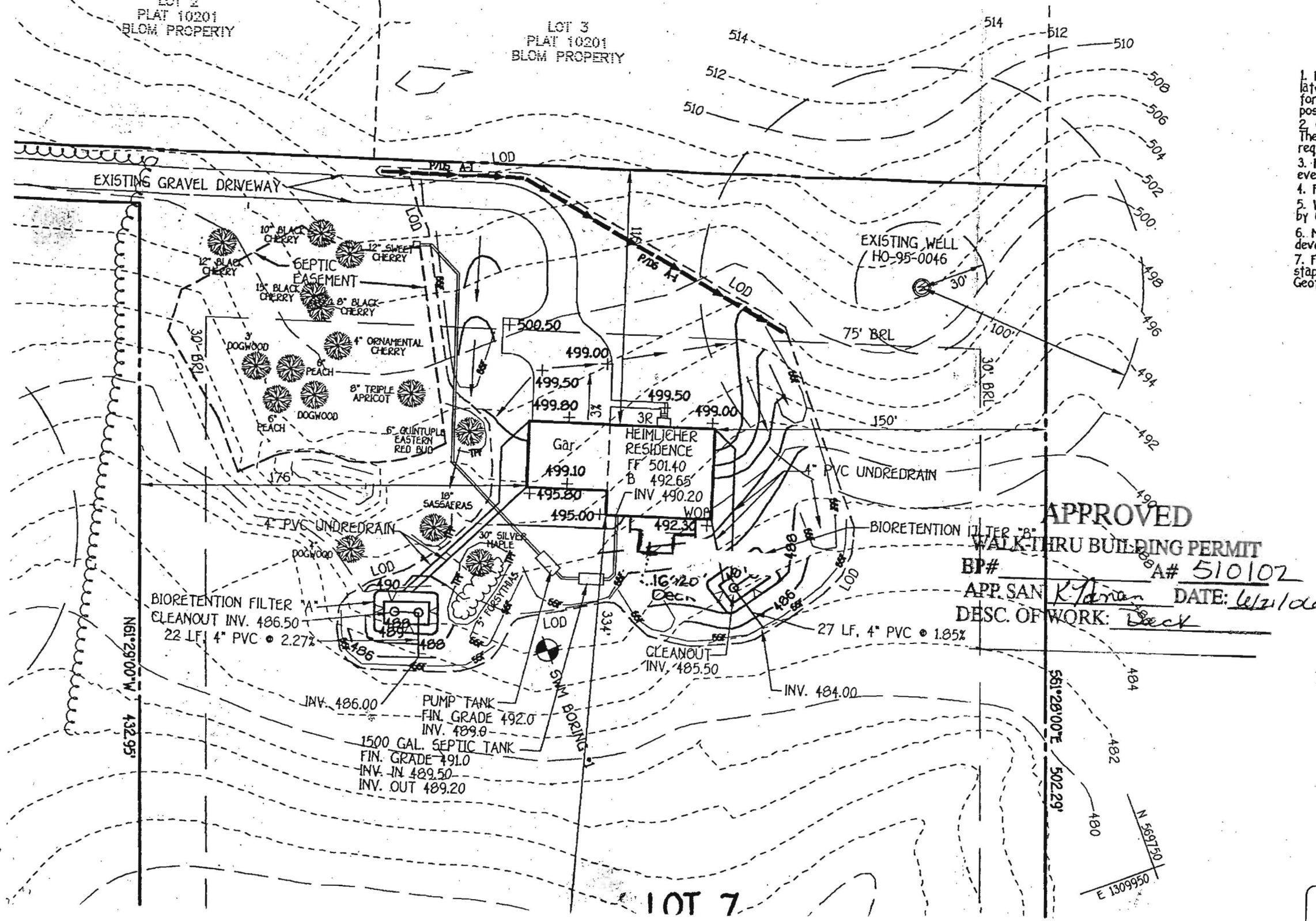
SUPER SILT

NOT TO SCALE



** GEOTEXTILE CLASS 'C' OR BETTER
EXISTING GROUND

STANDARD SYMBOL
PLAT



APPROVED

WALK-THRU BUILDING PERMIT
BP# _____ A# 510102
APP. SAN *R. Taran* DATE: 6/21/06
DESC. OF WORK: Deck

LOT 7

G 0000 9392

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
NEW COURT HOUSE DRIVE
HILLCOTT CITY, MD 21042
PERMIT DIVISION INSPECTION DIVISION 115 1818
AUTOMATED INFORMATION (410) 415-2900

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00155737

Building Address **14280 TRIADELPHIA MILL RD
DAYTON MD 21036**

Property Owner's Name **B. PETER & LISA C. HEIMLICH**

Address **7032 MINK HOLLOW RD**

Suite/Apt. #: _____ SDP/WP/Petition #: **6106-213**
Census Tract **605101** Subdivision **D.H. JOHNSON
T. HARTLEY JOHNSON**

City **HIGHLAND** State **MD** Zip Code **20777**

Section _____ Area _____ Lot **7**

Home Phone **301-924-3944** Work Phone **410-964-5522**
Applicant's Name & Mailing Address, (if other than stated hereon):

Tax Map **27** Parcel **82** Grid **18**

SAME AS ABOVE

Zoning **RA-DEO** Map Coordinates **1364** Lot size **6 5.39 A +/-**

Phone _____ Fax _____

Existing Use **DEMOLISHED STD**

Contractor Company **DAVID A. SWANN**

Proposed Use **SFD**

Contact Person **DAVID A. SWANN**

Estimated Construction Cost \$ **110,000.**

Address **14751 ADDISON WAY**

Description of Work **New 2-story modular SFD**

City **WOODBINE** State **MD** Zip Code **21797**

License No. _____
Phone **443-324-7075** Fax **410-489-5227**

Occupant or Tenant **NONE**

Engineer or Architect Company **FISHER COLLINS & CARTER**

Contact Name _____

Contact Person **BRIAN LUCABAUGH**

Address _____

Address **10272 BALTIMORE NATIONAL PIKE**

City _____ State _____ Zip Code _____

City **HILLCOTT CITY** State **MD** Zip Code **21042**

Phone _____ Fax _____

Phone **410-461-2855** Fax **410-750-3794**

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input checked="" type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

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2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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Height: _____	
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No. of 1 BR units: _____	
No. of 2 BR units: _____	
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Dimensions: _____	
Footings: _____	
Roof Height: _____	
<input checked="" type="checkbox"/> State Certified Modular	
Manufactured Home _____	

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[Signature]

LISA C. HEIMLICH

Applicant's Signature
OWNER

Print Name

Title/Company

Date

3/30/05

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

64743

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APPROVAL	SIGNATURE APPROVAL	DEPT. SETBACK INFORMATION	PROPERTY FEE
Front		Filing fee	\$ 100.00
Rear		Permit fee	\$
Side		Excise tax	\$
Side St.		Add'l per. fee	\$
All minimum setbacks met?		TOTAL FEES	\$
YES <input type="checkbox"/> NO <input type="checkbox"/>		Sub-total paid	\$
Is Entrance Permit required?		Balance due	\$
YES <input type="checkbox"/> NO <input type="checkbox"/>		Check	\$ 2227
Historic District?		Validation	\$ 96250
YES <input type="checkbox"/> NO <input type="checkbox"/>			
Lot Coverage for New Town Zone			
SDP/Red-line approval date		Accepted by	

Distribution of Copies: White: Building Official Green: LOD, DPZ Yellow: OED, DPZ Pink: Health Gold: SHA