

B12000153

Building Address: 13525 Mitchells Way
West Friendship MD 21794

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: Cloverfield

Section: _____ Area: _____ Lot: 18

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Cloverfield Pfefferkorn

Address: 11175 Stratfield Ct

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein):

Phone: _____ Fax: _____

Email: _____

Existing Use: _____

Proposed Use: _____

Estimated Construction Cost: \$ _____

Description of Work: _____

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License No. : _____

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<input type="checkbox"/> 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 _____

Email Address _____

Date _____

Title/Company _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	1-24-12	Merdi Sult
Fire Protection		

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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

Permits: 410-313-2455
 Inspections: 410-313-1810
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
 Department of Inspections, Licenses & Permits
 3430 Court House Drive
 Ellicott City, MD 21043

Permit Number:

B1200053

61200024

Building Address: 13525 MITCHELLS WAY
WEST FRIENDSHIP, MD. 21194

Suite/Apt. # — SDP/WP/BA #: F-06-110

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: 18

Tax Map: _____ Parcel: 4 Grid: 8

Zoning: _____ Map Coordinates: _____ Lot Size: 51,118sq FT

Existing Use: VACANT LOT

Proposed Use: SFD w/

Estimated Construction Cost: \$ \$ 300,000.

Description of Work: TWO STORY SFD w/ 3 FULL 1 HALF
BATH, VINYL SIDING & STONE.

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: CLOVERFIELD PFEFFELKORN LLC

Address: 11175 STRATFIELD CT.

City: MARLIOTTSTVILLE State: MD Zip Code: 21104

Home Phone: _____ Work Phone: 410-442-2211

Applicant's Name & Mailing Address, (if other than stated herein):
SAME

Phone: _____ Fax: _____

Email: F.POTEPAN@CATONSVILLEHOMES.COM

Contractor Company: CATONSVILLE HOMES LLC.

Contact Person: FRANK POTEPAN

Address: 11175 STRATFIELD CT.

City: MARLIOTTSTVILLE State: MD Zip Code: 21104

License No.: 990

Phone: 410-442-2211 Fax: _____

Email: F.POTEPAN@CATONSVILLEHOMES.COM

Engineer/Architect Company: F.C.C.

Responsible Design Prof.: JOEY ECKARD.

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: 410-461-2855 Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<input type="checkbox"/> Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth Width	<input type="checkbox"/> Public
1 st floor: <u>50' 60'</u>	<input checked="" type="checkbox"/> Private
2 nd floor: <u>45' 60'</u>	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>4</u>	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input checked="" type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Roadside Tree Project Permit #
<input type="checkbox"/> Manufactured Home	

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Applicant's Signature: FRANK E. POTEPAN. Print Name

Email Address: F.POTEPAN@CATONSVILLEHOMES.COM Date: 1/13/12

Title/Company: V.P. CATONSVILLE HOMES

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

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		
Fire Protection		

Is Sediment Control approval required for 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

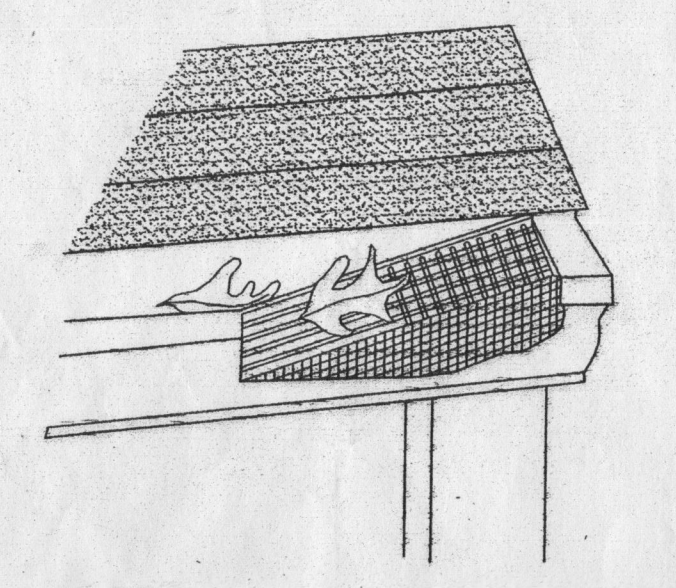
Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

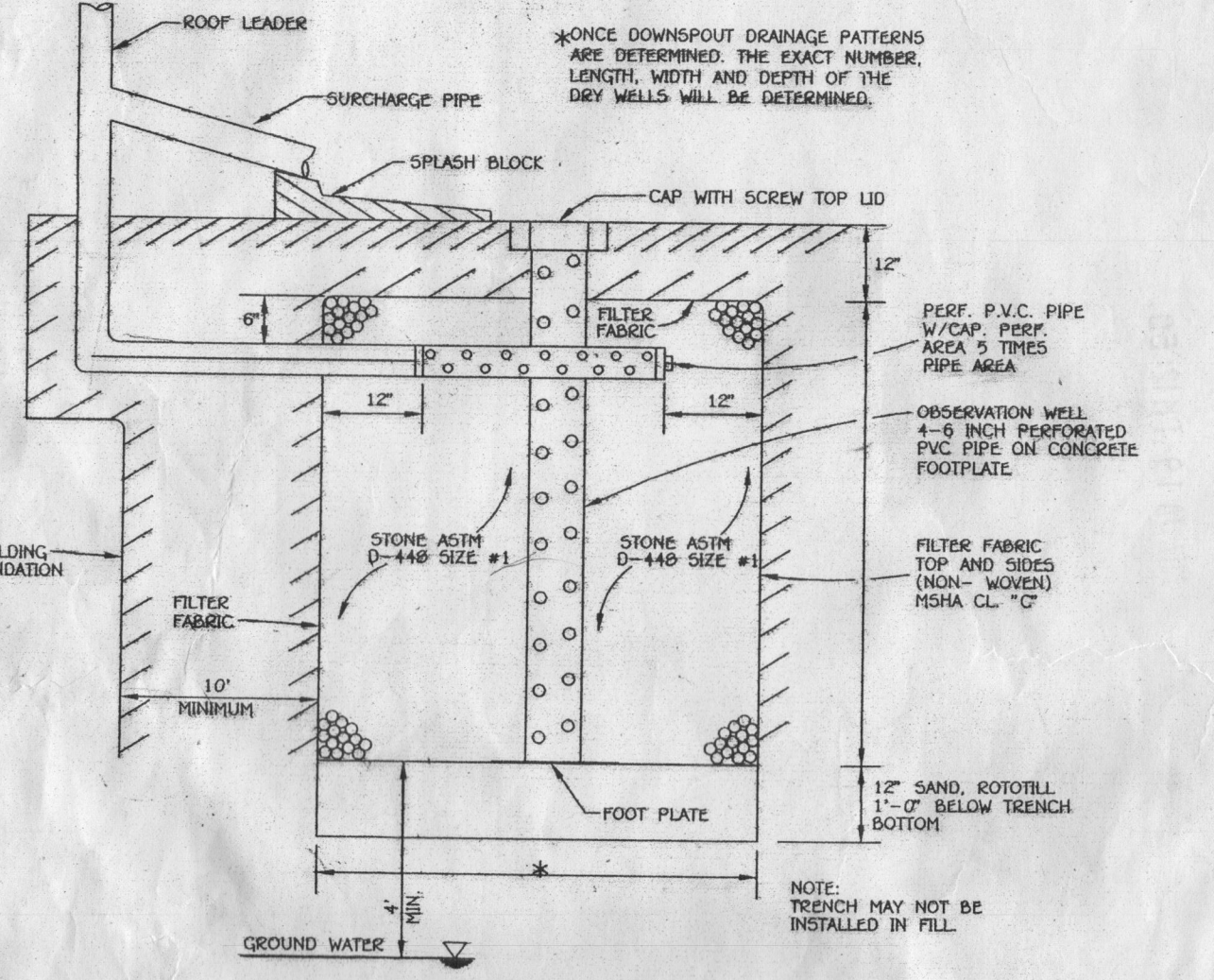
Filing Fee	\$ <u>150.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

2 OF 3

DRY WELL CHART						
LOT NO.	AREA OF ROOF PER DOWN SPOUT	VOLUME REQUIRED	AREA OF STORAGE	AREA OF TREATMENT	NO. OF DRYWELLS	*D L W
LOT 16	500 SQ. FT.	40 C.F.	100%	100%	5	3' x 4' x 4'



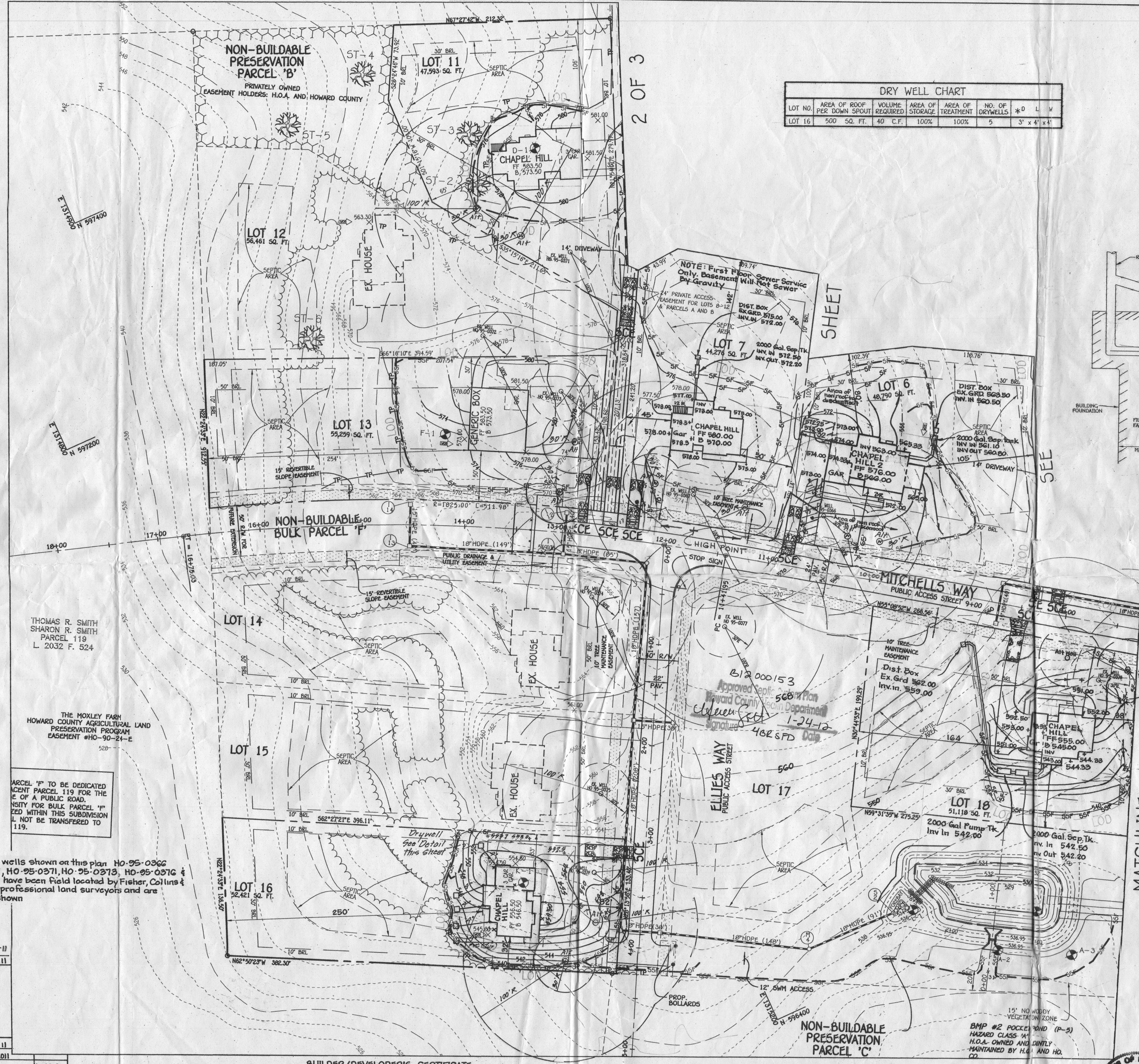
GUTTER DRAIN FILTER DETAIL
NOT TO SCALE



DRY WELL DETAIL
NOT TO SCALE

STORMWATER MANAGEMENT NOTES

1. STORMWATER MANAGEMENT IS PROVIDED IN ACCORDANCE WITH CHAPTER 5, ENVIRONMENTAL SITE DESIGN OF THE 2007 MARYLAND STORMWATER MANAGEMENT DESIGN MANUAL, EFFECTIVE MAY 4, 2010.
2. MAXIMUM CONTRIBUTING ROOF TOP AREA TO EACH DOWNSPOUT SHALL BE 500 SQ. FT. OR LESS.
3. DRYWELL SHALL BE PROVIDED AT LOCATIONS WHERE THE LENGTH OF DISCONTINUITY IS LESS THAN 75' AT 5% SLOPE. THE SIZE AND CONSTRUCTION OF THE DRYWELL SHALL BE IN ACCORDANCE WITH THE DETAIL SHOWN ON THIS SHEET.



NOTE:
The existing wells shown on this plan HO-95-0366, HO-95-0367, HO-95-0371, HO-95-0373, HO-95-0376 & HO-95-0378 have been field located by Fisher, Collins & Carter, Inc. professional land surveyors and are accurately shown.

- 6 Rev. hsc 4 qrd., Lot 18 and design septic layout 11-18-11
- 5 Rev. hsc Lot 6, per new arch. plans 6-9-11

PROFESSIONAL CERTIFICATION

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE 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: 2/28/10.

Earl D. Collins 3-19-10
EARL D. COLLINS DATE

- 4 Add drywells & detail for Lot 16 2-24-11
- 3 Rev. Lot 16, Chapel Hill per new arch. plans 2-1-2011
- 2 Alt. well loc. added to 6, 7, 11, 12, 13 & 16 1-2010
- 1 Rev. hsc type 4 qrd., Lot 7, add septic information 12-9-10

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
1407 BALDWIN NATIONAL PIKE
ELLSVILLE, MARYLAND 21042
(410) 461-2295

BUILDER/DEVELOPER'S CERTIFICATE

"I/We certify that all development and construction will be done according to this plan, for sediment and erosion control 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."

John K. Robertson 3/23/10
Signature of Developer Date

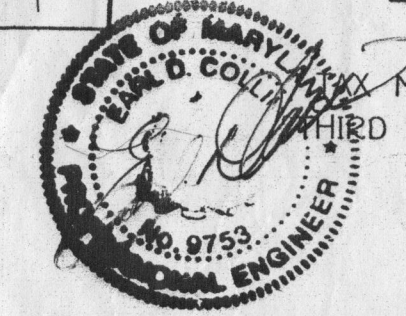
ENGINEER'S CERTIFICATE

"I certify that this plan for erosion and sediment control represents a practical and workable plan based on my personal knowledge of the site conditions and that it was prepared in accordance with the requirements of the Howard Soil Conservation District."

Earl D. Collins 3-19-10
Signature of Engineer EARL D. COLLINS DATE

OWNER/BUILDER/DEVELOPER

CATONSVILLE BUILDERS
11175 STRATHFIELD COURT
HARRIOTTSVILLE, MARYLAND 21104
410-442-2211



SITE DEVELOPMENT,
SEDIMENT/EROSION CONTROL PLAN
SINGLE FAMILY DETACHED
CLOVERFIELD
LOTS 3-8, 11, 13, 16, 18, 20 & 21
PLAT NO'S. 18953-18959

MAP NO.: 15 GRID NO.: 8 PARCEL NO.: 4
ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: MARCH, 2010

SHEET 1 OF 3

GP-10-72