



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: _____

Permit No.: B1200083671

Building Address: 14301 Frederick Rd
 City: Cooksville State: Md Zip Code: 21223
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: J Paul Builders
 Address: P.O. Box 169
 City: Stevenson State: Md Zip Code: 21153
 Phone: _____ Fax: _____
 Email: _____

Existing Use: _____
 Proposed Use: Install 1 - 1000 underground propane tank
 Estimated Construction Cost: \$ 6500.00
 Description of Work: Install 1 1000 underground propane tank.

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

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

Contractor Company: Suburban Propane
 Contact Person: Randall Hieronimus
 Address: 13944 Old Hanover Rd
 City: Reisterstown State: Md Zip Code: 21136
 License No.: 72302
 Phone: 410 833 1400 Fax: 410 861 8435
 Email: R.Hieronimus@SuburbanPropane.com

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

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth Width
Gross area, sq. ft./floor: _____	1 st floor: _____
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: _____
Construction type:	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input 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: _____
<input type="checkbox"/> State Certified Modular	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: _____
<input type="checkbox"/> Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<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 type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: _____	
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; (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: Randall Hieronimus Print Name: _____
 Email Address: R.Hieronimus@SuburbanPropane.com Date: _____
 Title/Company: Service Manager

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

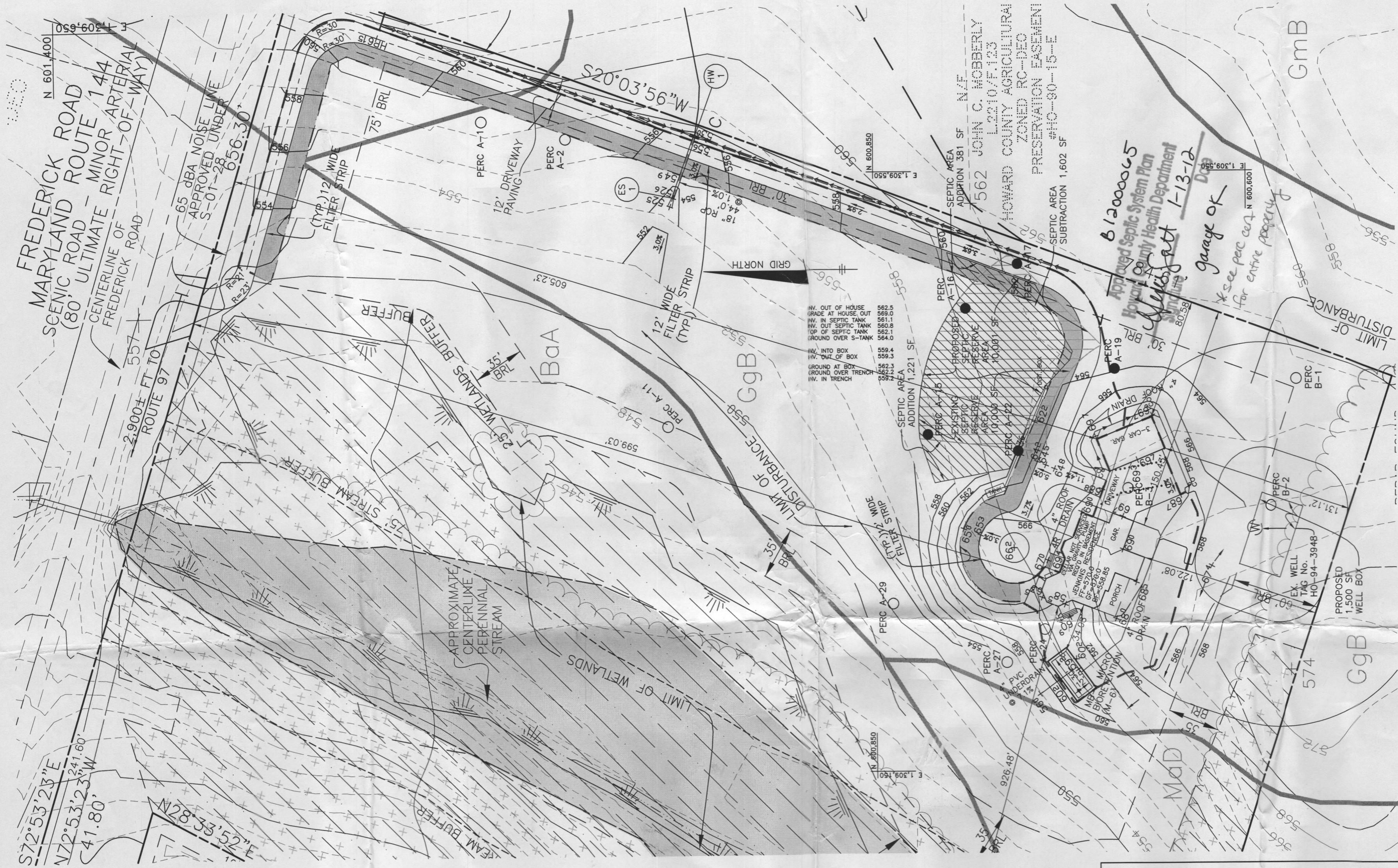
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>11/19/12</u>	<u>[Signature]</u>

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

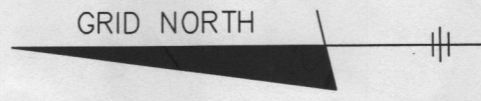
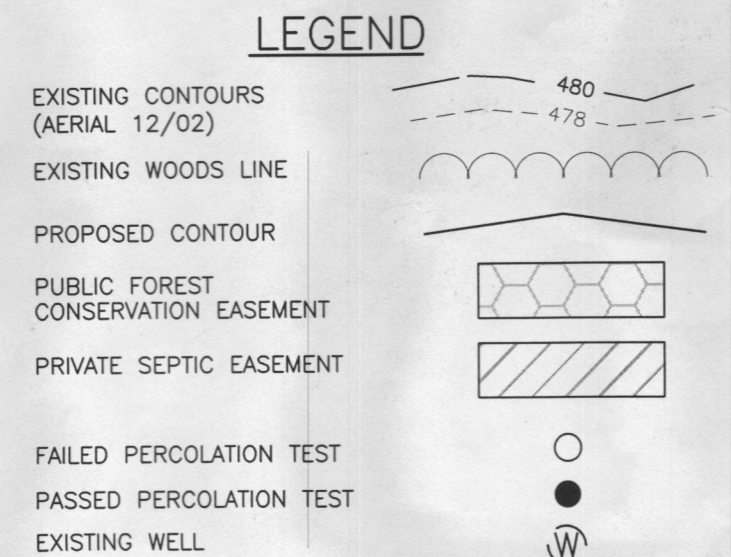
DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ <u>100</u>
Permit Fee	\$ _____
Tech Fee	\$ <u>10.00</u>
Excise Tax	\$ _____
PSFS	\$ _____
Guaranty Fund	\$ _____
Add'l per Fee	\$ _____
Total Fees	\$ <u>110.00</u>
Sub-Total Paid	\$ _____
Balance Due	\$ _____
Check	# _____

2120



- NOTES:**
1. THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR RIVERWOOD, PLAT No. 19724. REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS AND ALL EASEMENTS.
 2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER DISPOSAL IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
 3. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER A GRADING PLAN AND MODIFIED FOR THIS SPECIFIC HOUSE.
 4. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS AND HAS BEEN FIELD VERIFIED BY BENCHMARK ENGINEERING, INC., ON OR ABOUT MAY, 2010.
 5. EXACT LENGTH OF SEPTIC TRENCHES ARE BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF TRENCH LAYOUT AND INSPECTION.
 6. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
 7. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
 8. ALL DRAINAGE AND STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS.
 9. SEPTIC TANK FOR THIS LOT TO BE 2,000 GALLONS.
 10. THE EXISTING WELL SHOWN ON THIS PLAN, HO-94-3948, HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.
 11. THERE ARE NO EXISTING WELLS OR SEPTIC SYSTEMS WITHIN 100' OF THIS PROJECT'S BOUNDARY EXCEPT AS NOTED.
 12. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
 13. STORMWATER MANAGEMENT FOR THE HOUSE IS PROVIDED BY A MICRO-BIORETENTION FACILITY. PART OF THE DRIVEWAY IS TREATED BY DISCONNECTIONS AND SHEET FLOW TO CONSERVATION AREAS.
 14. THE PURPOSE OF THE REVISED PERCOLATION CERTIFICATION PLAN IS TO REVISE THE SEPTIC RESERVE AREA FOR THE DRIVEWAY AND HOUSE PLANNED FOR THIS LOT AND TO SHOW A 1,500 SF WELL BOX.



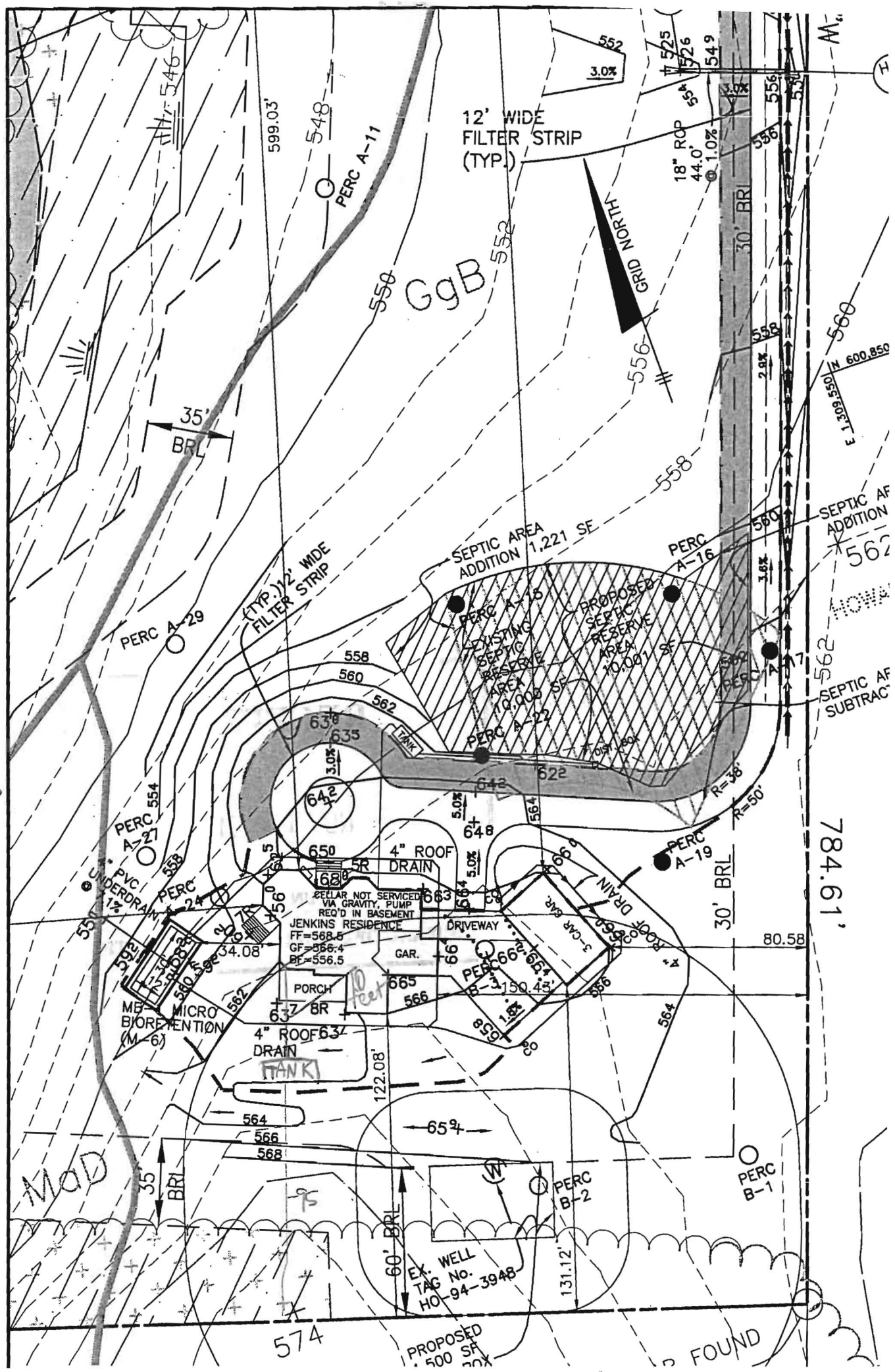
BENCHMARK
ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418
ELLCOTT CITY, MARYLAND 21043
PHONE: 410-465-1105 ▲ FAX: 410-465-6644
BEI@BEI-CIVILENGINEERING.COM

<p>OWNER:</p> <p style="text-align: center;">JOHN JENKINS 14301 FREDERICK ROAD COOKSVILLE, MD 21723</p> <p>PHONE: 828-536-4208</p>	<p>PROJECT:</p> <p style="text-align: center;">AVERY PROPERTY PARCEL A</p> <p>LOCATION: 14301 FREDERICK ROAD COOKSVILLE, MD 21723 TAX MAP No. 8 - BLOCK No. 23 - PARCEL No. 97 4TH ELECTION DISTRICT, HOWARD COUNTY, MARYLAND</p> <p>TITLE: BUILDING PERMIT PLAN</p> <p>HOUSE TYPE: JENKINS RESIDENCE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>DATE: DECEMBER 13, 2011</td> <td>PROJECT NO. 2400</td> </tr> <tr> <td>SCALE: 1" = 50'</td> <td>DRAWING 1 OF 1</td> </tr> </table>	DATE: DECEMBER 13, 2011	PROJECT NO. 2400	SCALE: 1" = 50'	DRAWING 1 OF 1
DATE: DECEMBER 13, 2011	PROJECT NO. 2400				
SCALE: 1" = 50'	DRAWING 1 OF 1				
<p>DESIGN: JMC</p> <p>DRAFT: JMC</p>					

B/200003671
LP TANK OK
11/19/12 178

1"=50'
Avery Prop.
PAR A



MAD

574

PROPOSED
500 SF

FOUND

784.61'

SEPTIC AF
ADDITION
562
NOW
SEPTIC AF
SUBTRACT

600 N 600.850
309.553
309.553
309.553

M.
E

DEPARTMENT OF INSPECTIONS,
 LICENSES & PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2455
 INSPECTIONS (410) 313-1850

**HOWARD COUNTY
 RESIDENTIAL
 HEATING-VENTILATION-AIR
 CONDITIONING AND
 REFRIGERATION PERMIT
 APPLICATION**

HVACR PERMIT # M12000873
 BUILDING PERMIT #
B12000055

BUILDING ADDRESS: 14301 Frederick Rd SUITE/APT:
 SUBDIVISION: Cookesville, MD 21723
 CENSUS TRACT: SECTION: AREA:
 LOT: TAX MAP: PARCEL:
 BLOCK: ZONE:
 PROPERTY ID: MAP COORDINATES:
 TYPE OF IMPROVEMENTS: USE:

OWNERS NAME: John Jenkins
 ADDRESS:
 CITY: 10/10/2012
 STATE: O.K. ZIP CODE:
 HOME PHONE: BB WORK PHONE:

<u>CHECK ONE</u>	<u>HOW MANY</u>	
SINGLE FAMILY DWELLING <input checked="" type="checkbox"/>	<u>3</u>	ZONES
SINGLE FAMILY TOWNHOUSE <input type="checkbox"/>	___	ZONES
MULTI-FAMILY / HOTEL/MOTEL <input type="checkbox"/>	___	ROOMS
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) <input type="checkbox"/>	___	ROOMS

COMPANY NAME: Total Energy Concepts, Inc
 LICENSEE NAME: Terry Artman
 ADDRESS: PO Box 605
 CITY: Churchville
 STATE: MD ZIP CODE: 21028
 PHONE: 410 452-0562 HVACR LICENSE NO: 14202-01

- New
 Heating and Air Conditioning
 Geo Thermal System
 Heating System Only
 Ductless Mini Splits
 Other Work (Describe):
 Thru The Wall Systems
- Replacement
 Heating
 Air Conditioning
 Heating and Air Conditioning
- Additions and Alterations
 Heating
 Air Conditioning
 Heating and Air Conditioning

****Replacement Geo Thermal Systems are not required; However, if a tax credit is being sought a permit is required****

Zones

Permit Fee = # of Zones x \$40 = 120
 Technology Fee (10% of Permit Fee) = 12
 Plus Application Fee \$50.00
 Total Fees Due = 182

Rooms

Permit Fee = # of Rooms x \$80 = ___
 Technology Fee (10% of Permit Fee) = ___
 Plus Application Fee \$50 \$50.00
 Total Fees Due = ___

I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AND KNOW IT IS TRUE AND CORRECT. THE WORK DESCRIBED HEREIN WILL BE PERFORMED BY A STATE HVACR LICENSED PERSON(S), AND ALL WORK WILL BE PERFORMED IN COMPLIANCE WITH APPLICABLE CODES AND STANDARDS OF HOWARD COUNTY THE STATE OF MARYLAND.

C. Artman 9/25/12
 SIGNATURE OF LICENSEE DATE
Terry L. Artman
 PRINT NAME OF LICENSEE
Terry@Totalenergyonline.com
 Email Address

Validation
 Check Number: 11823
 Cash: _____
 Receipt Number: 093212

Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

Word doc: T:Updated Forms/hvac application
 Rev: 10.2009

well + septic

Building Address: 14301 Frederick Road
Cooksville, MD 21723

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: Parcel A

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____

Proposed Use: _____

Estimated Construction Cost: \$ 50,000

Description of Work: 3 Car Detached Garage
(759 SQ. FT.)

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: John Jenkins

Address: 14301 Frederick Rd

City: Cooksville State: MD Zip Code: 21723

Home Phone: _____ Work Phone: _____

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

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	<u>11-12</u>	<u>Wanda Scott</u>
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	\$

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

2/29/12

Permit # B12000065
14301 Frederick Rd
Cooksville MD 21723
Paul Lichter - cell - 443-324-7557

MAR 02 2012

RECEIVED

FEB 29 2012

LICENSES & PERMITS
DIVISION

Hello Ms Corbin

My name is Paul Lichter of J Paul Builders. We are resubmitting plans to include a covered breezeway and change from bedroom to game room over garage area. The footprint of this project has not changed. Please help us expedite the release of this project if you can. I have gone to Zoning and Plans review and they have verbally said things look fine

Thank you

Paul Lichter

J Paul Builders

CC: Zoning
Heath

B12000055

Building Address: 14301 Frederick Road
Cooksville MD 21723

Suite/Apt. # _____ SDP/WP/BA #: 000 Property

Census Tract: _____ Subdivision: 0000 New Road

Section: _____ Area: _____ Lot: 0000

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: John Jenkins

Address: 14301 Frederick Road

City: Cooksville State: Maryland Zip Code: 21723

Home Phone: _____ Work Phone: _____

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

Phone: _____ Fax: _____

Email: _____

Existing Use: Vacant Lot

Proposed Use: New SFD

Estimated Construction Cost: \$ 700,000

Description of Work: _____

Contractor Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License No. : _____

Phone: _____ Fax: _____

Email: _____

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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
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<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
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<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	No. of Heads:

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Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
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1 st floor:	<input type="checkbox"/> Private
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Basement:	<input type="checkbox"/> Public
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<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
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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"/> Roadside Tree Project Permit
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	

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Applicant's Signature: _____

Email Address: _____

Title/Company: _____

Print Name: _____

Date: _____

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	<u>11-12</u>	<u>Weidi Gatt</u>
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

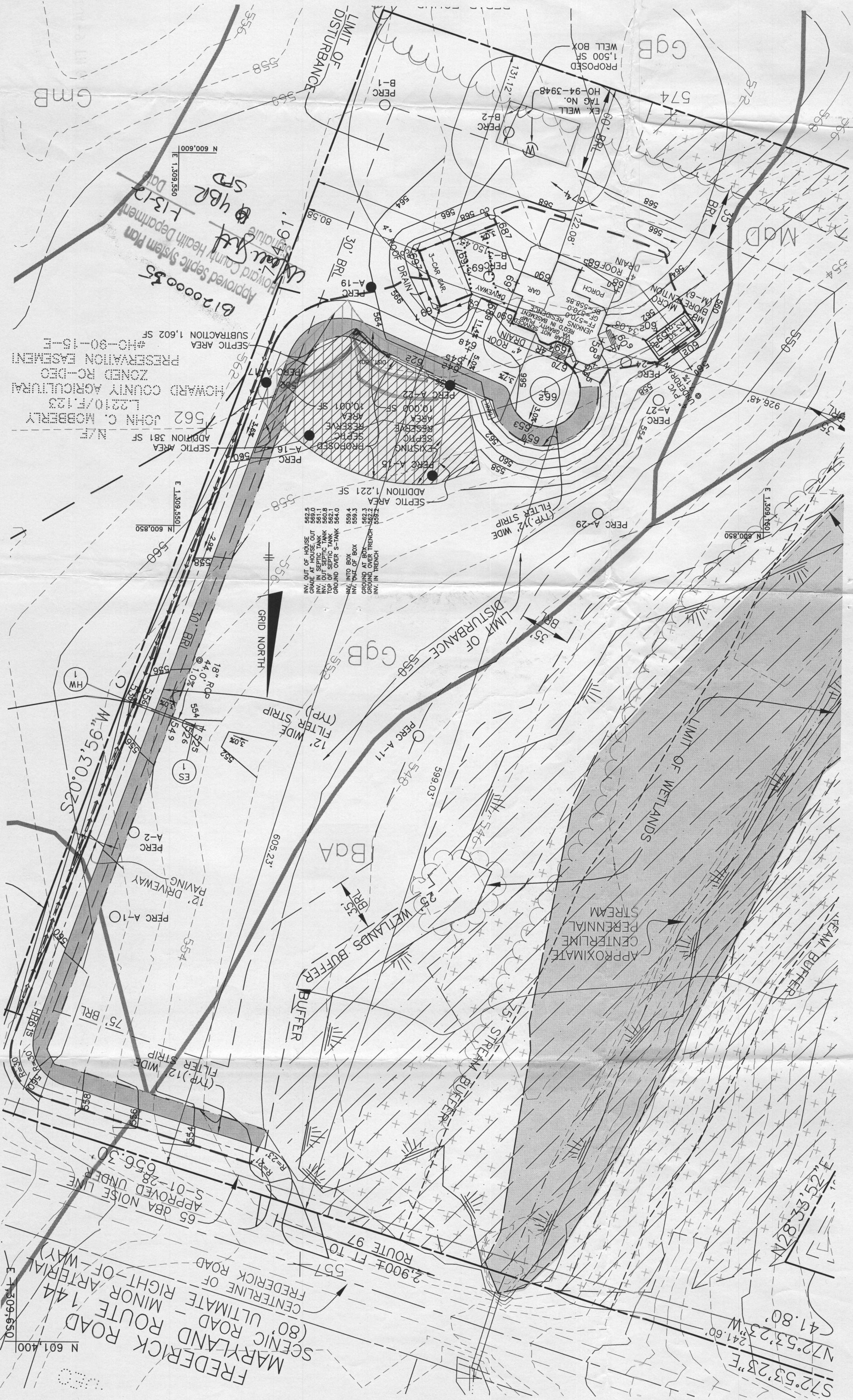
Is Entrance Permit Required? Yes No

Historic District? Yes No

Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

Filing Fee	\$ <u>1</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$



<p>BENCHMARK ENGINEERING, INC. ENGINEERS • LAND SURVEYORS • PLANNERS 8480 BALTIMORE NATIONAL PIKE • SUITE 418 ELLICOTT CITY, MARYLAND 21043 PHONE: 410-465-6105 • FAX: 410-465-6644 BE@BEI-CIVILENGINEERING.COM</p>		<p>PROJECT: JOHN JENKINS 14301 FREDERICK ROAD COOKSVILLE, MD 21723 PHONE: 828-536-4208</p>	<p>PROJECT: AVERY PROPERTY PARCEL A</p>
<p>OWNER: JOHN JENKINS 14301 FREDERICK ROAD COOKSVILLE, MD 21723 PHONE: 828-536-4208</p>		<p>LOCATION: 14301 FREDERICK ROAD COOKSVILLE, MD 21723 TAX MAP No. 8, BLOCK No. 23 - PARCEL No. 97 4TH ELECTION DISTRICT, HOWARD COUNTY, MARYLAND</p>	<p>TITLE: BUILDING PERMIT PLAN</p>
<p>DESIGN: JMC DRAFT: JMC</p>		<p>HOUSE TYPE: JENKINS RESIDENCE</p>	<p>DATE: DECEMBER 13, 2011</p>
<p>SCALE: 1" = 50'</p>		<p>PROJECT NO.: 2400</p>	<p>DRAWING NO.: 1 OF 1</p>

- NOTES:**
- THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR RIVERWOOD, PLAT No. 19724. REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS AND ALL EASEMENTS AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER SEWERAGE SYSTEM. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN. RECORDED OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
 - SEMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER A GRADING PLAN AND MODIFIED FOR THIS SPECIFIC HOUSE.
 - TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS AND HAS BEEN FIELD VERIFIED BY BENCHMARK ENGINEERING, INC., ON OR ABOUT MAY, 2010.
 - EXACT LENGTH OF SEPTIC TRENCHES ARE BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF TRENCH LAYOUT AND INSPECTION.
 - SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
 - ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1984 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
 - ALL DRAINAGE AND STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS.
 - SEPTIC TANK FOR THIS LOT TO BE 2,000 GALLONS.
 - THE EXISTING WELL SHOWN ON THIS PLAN, HO-94-3948, HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.
 - THERE ARE NO EXISTING WELLS OR SEPTIC SYSTEMS WITHIN 100' OF THIS PROJECT'S BOUNDARY EXCEPT AS NOTED.
 - ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
 - STORMWATER MANAGEMENT FOR THE HOUSE IS PROVIDED BY A MICRO-BIOTENTION FACILITY. PART OF THE DRIVEWAY IS TREATED BY DISCONNECTIONS AND SHEET FLOW TO CONSERVATION AREAS.
 - THE PURPOSE OF THE REVISED PERCOLATION CERTIFICATION PLAN IS TO REVISE THE SEPTIC RESERVE AREA FOR THE DRIVEWAY AND HOUSE PLANNED FOR THIS LOT AND TO SHOW A 1,500 SF WELL BOX.
- LEGEND**
- EXISTING CONTOURS (AERIAL 12/02)
 - EXISTING WOODS LINE
 - PROPOSED CONTOUR
 - PUBLIC FOREST CONSERVATION EASEMENT
 - PRIVATE SEPTIC EASEMENT
 - FAILED PERCOLATION TEST
 - PASSED PERCOLATION TEST
 - EXISTING WELL