

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:

B12003480

Building Address: 14951 Michele Drive
Glensy MD 21737
 Suite/Apt. # _____ SDP/WP/BA #: GP 10-92
 Census Tract: _____ Subdivision: Worfields II
 Section: _____ Area: _____ Lot: 60
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: NVR Inc.
 Address: 9720 Patuxent Woods Dr.
 City: Columbia State: MD Zip Code: 21046
 Home Phone: _____ Work Phone: 410-379-5956
 Applicant's Name & Mailing Address, (If other than stated herein):
Jim Kerwin
P.O. Box 552 Woodbine MD 21797
 Phone: 410-309-7792 Fax: 410-379-2430
 Email: Jim@DecaturBuildingsServices.com

Existing Use: Vacant lot
 Proposed Use: Single family house
 Estimated Construction Cost: \$ 250,000
 Description of Work: New 2 Story "Chapel Hill"
with 2 car garage, morning room, 4' ext
to family room unfinished lower level.
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: NV Homes
 Contact Person: Ryan Johnson
 Address: 9720 Patuxent Woods Drive
 City: Columbia State: MD Zip Code: 21046
 License No.: 56
 Phone: 410-379-5956 Fax: 410-379-2430
 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
Area of construction (sq. ft.):	<u>Sewage Disposal</u>
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"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
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>58 x 54</u>	<input type="checkbox"/> Private
2 nd floor: <u>36 x 54</u>	<u>Sewage Disposal</u>
Basement: <u>58 x 54</u>	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input checked="" 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 checked="" 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 checked="" 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 checked="" 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: Jim Kerwin
 Email Address: _____
AGENT NV Homes
 Title/Company: _____

Print Name: Jim Kerwin
 Date: 10/17/2012

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	<u>11/15/12</u>	<u>R. Buisson</u>
Fire Protection		
Is Sediment Control approval required for issuance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		
<input type="checkbox"/> ONE STOP SHOP		

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

CHECK 711589

REVISED

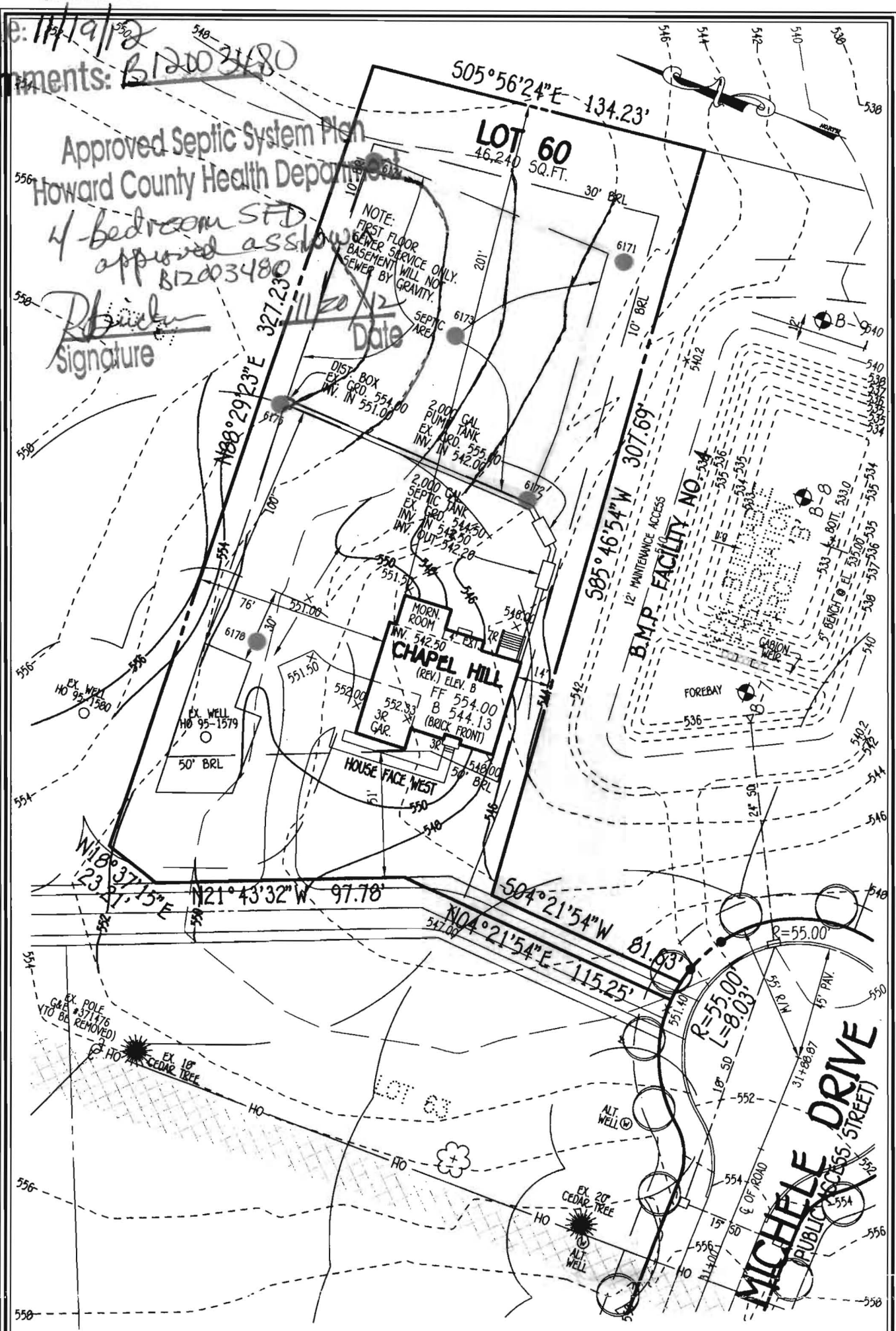
Date: 11/19/12
Comments: B12003480

Approved Septic System Plan
Howard County Health Department

4-bedroom SFD
approved as shown
B12003480

[Signature]
Signature

Date



NOTE

THE EXISTING WELL SHOWN ON THIS PLAN, TAG NO. HO 95-1579 HAS BEEN FIELD LOCATED BY FISHER, COLLINS & CARTER, INC., PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

14951 MICHELE DRIVE
 PERMIT PLAN
THE WARFIELDS II
 LOT 60
 SECTION TWO

ZONED: RC-DEO
 TAX MAP NO.: 21 GRID NO.: 23 PARCEL NO.: 55
 4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: NOVEMBER, 2012

HEALTH DEPARTMENT



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.: B12003994

Building Address: 14951 Michele Dr
 City: Greenbelt State: md Zip Code: 21737
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: warfields II
 Section: 2 Area: 2 Lot: 60
 Tax Map: 27 Parcel: 114 Grid: 5
 Zoning: _____ Map Coordinates: _____ Lot Size: 1.060 (A)

Property Owner's Name: Mary Ellen : Kennard Warfield
 Address: 14451 Philadelphia Rd
 City: Greenbelt State: md Zip Code: 21737
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Jeremy Clary
 Address: PO Box 1253
 City: Eldersburg State: md Zip Code: 21784
 Phone: 410-799-1114 Fax: _____
 Email: Jeremy@AppliedandApproved.com

Existing Use: SFD
 Proposed Use: SFD w/ Propane Tank
 Estimated Construction Cost: \$ 8000
 Description of Work:
install 1000 gal in-ground propane tank
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: owner
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Valley National Gas
 Contact Person: William Greenig
 Address: 7201 Montevideo Rd
 City: Jessup State: Md Zip Code: 20794
 License No.: 67793
 Phone: 410-799-1114 Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: Contractor
 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
<input type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of 1 BR units: _____
Roadside Tree Project Permit # _____	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	
<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 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: _____	

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: [Signature] Print Name: Jeremy Clary
 Email Address: Jeremy@AppliedandApproved.com Date: 12/7/12
 Title/Company: permits

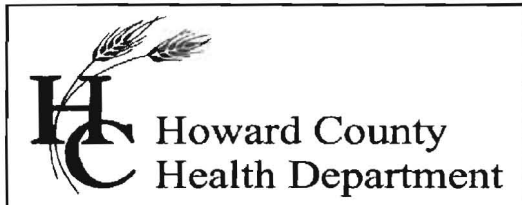
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 FOR OFFICE USE ONLY.

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>12/7/12</u>	<u>R. Becken</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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>#110</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>311</u>



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Acting Health Officer

10/31/2012

To: Joey Ecker, Fisher, Collins and Carter, Inc.
Joey@fcc-eng.com

From: Robert Bricker, REHS/R.S., Environmental Sanitarian
Well and Septic Program

RE: 14951 Michele Drive, B12003480, comment

The referenced building permit application is 'On Hold' by the Health Department for correction of the Plot Plan, as described below.

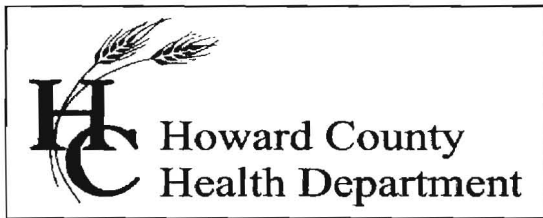
1. The septic tank and pump tank locations proposed for the subject property (Lot 60) are shown within the 100-foot setback to the approved wellbox on the subject property. The septic tank must be located at least 100 feet from any approved well or wellbox. Avoid locating any tanks in the graded swale that directs water away from the house foundation.
2. Locate the Distribution Box near the top-center of the septic reserve area.
3. The following well location certification statement must appear on the Plot Plan.

THE EXISTING WELL ON THE SUBJECT PROPERTY (HO-__ - ____) HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.

Indicate "Health Department" on at least one copy of the revised Plot Plan and submit the revised Plot Plan to Howard County Department of Inspections, Licenses and Permits.

RB

Copy: Jim Kerwin, Decatur Building Services, Inc.
Ryan Johnson, NV Homes
file



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Acting Health Officer

11/15/2012

To: Joey Ecker, Fisher, Collins and Carter, Inc.
Joey@fcc-eng.com

From: Robert Bricker, REHS/R.S., Environmental Sanitarian
Well and Septic Program

RE: Revision of Plot Plan for 14951 Michele Drive, B12003480, received at Health
Department on November 14

Notice that for any Permit Plan revision, indicate “Health Department” on at least one copy of the revised Permit Plan and submit the revised Permit Plan to Howard County Department of Inspections, Licenses and Permits. Do not deliver subdivision plans such as Grading Plans or previously signed copies of Percolation Certification Plans with the Permit Plan revision.

The referenced building permit application remains ‘On Hold’ by the Health Department for correction of the Plot Plan, as described below, and delivery to DILP so that the plan may be entered into their online permitting software.

1. The elevations at the revised locations for the septic tank and pump tank are incorrectly shown. As a result of this error, the pump tank (as shown) would be too deep. Also the proposed location at the edge of the ‘fill’ is inappropriate. I suggest that you locate the tanks inline, near the ‘544’ contour, with the septic tank about 45 feet from the foundation corner.

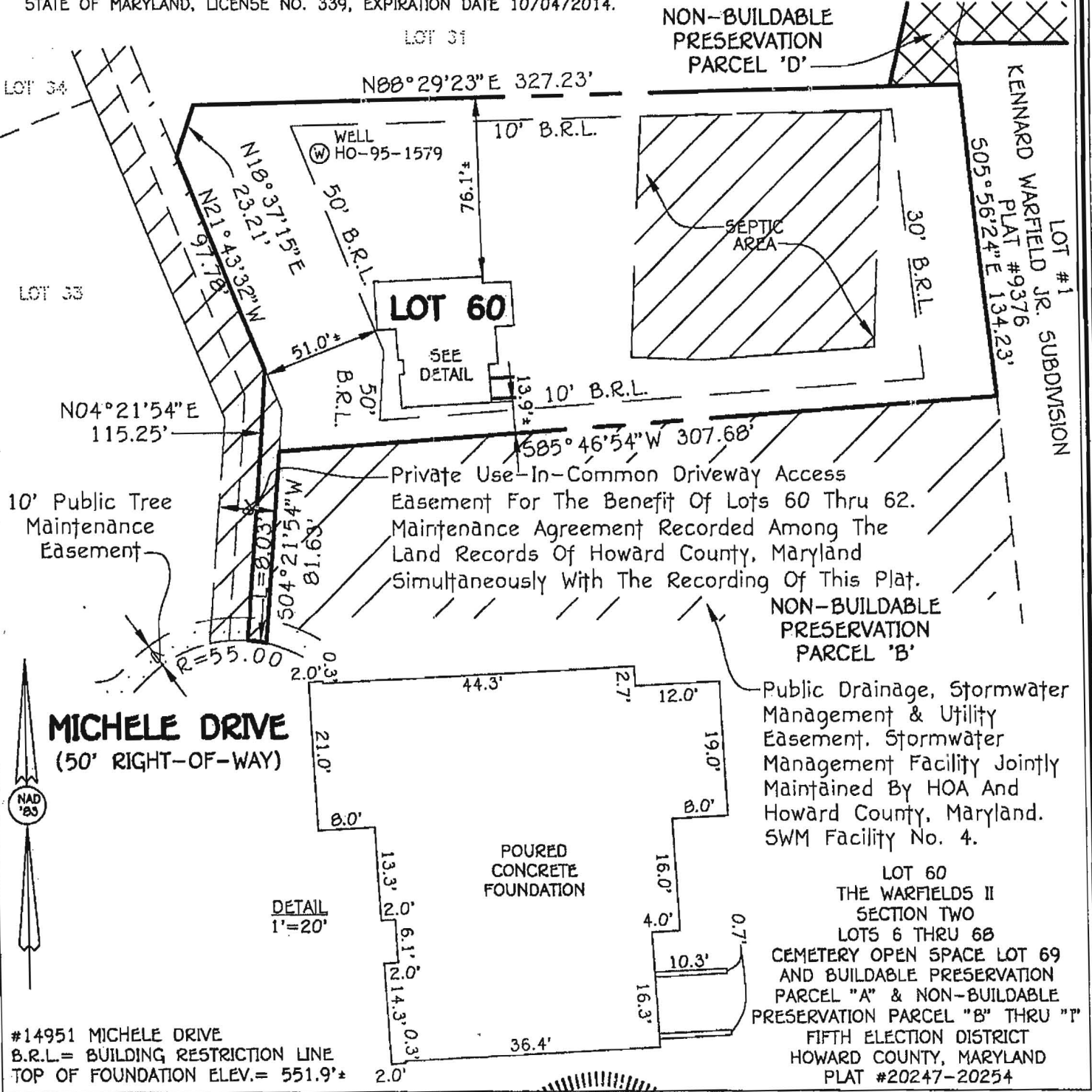
Indicate “Health Department” on at least one copy of the revised Permit Plan and submit the revised Permit Plan to Howard County Department of Inspections, Licenses and Permits.

RB

Copy: Jim Kerwin, Decatur Building Services, Inc.
Ryan Johnson, NV Homes
file

GENERAL NOTES:

- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440020-B EFFECTIVE DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 0.5' (±)
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.
- 5) THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-1579 HAS BEEN FIELD LOCATED BY FISHER, COLLINS AND CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.
- 6) BUILDING PERMIT #B-12003480
- 7) PROFESSIONAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROPERTY LINE SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 339, EXPIRATION DATE 10/04/2014.



#14951 MICHELE DRIVE
 B.R.L. = BUILDING RESTRICTION LINE
 TOP OF FOUNDATION ELEV. = 551.9'±

LOT 60
 THE WARFIELDS II
 SECTION TWO
 LOTS 6 THRU 68
 CEMETERY OPEN SPACE LOT 69
 AND BUILDABLE PRESERVATION
 PARCEL "A" & NON-BUILDABLE
 PRESERVATION PARCEL "B" THRU "I"
 FIFTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 PLAT #20247-20254

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

FCC #

STATE OF MARYLAND
 MARK L. ROSEL
 No. 339
 PROPERTY LINE SURVEYOR

Mark L. Rosel 12/14/12
 PROFESSIONAL LAND SURVEYOR DATE
 REG. # 339

**HOUSE LOCATION
 DRAWING**

FOUNDATION LOCATION: 12/13/12
 FINAL LOCATION: _____
 BOUNDARY SURVEY: _____

SCALE: 1"=60'
 DATE: 12/14/12
 DRAWN BY: JMP
 CHECKED BY: MLR
 PROJECT No.: 05100-6001