

607000150

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B07003221

Building Address 14509 EDGEWOODS WAY
GLENELG, MD 21737

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

Census Tract _____ Subdivision Edgewood Farm

Section _____ Area _____ Lot 2

Tax Map 21 Parcel 90 Grid 22

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name TOLL MD VI LP

Address 764 COLUMBIA GATEWAY DR. #230

City COLUMBIA State MD Zip Code 21046

Home Phone _____ Work Phone (610) 443-56-9215

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

Phone 410-489-2275 Fax 410-489-2278

Existing Use VACANT LOT

Proposed Use SINGLE FAMILY DWELLING

Estimated Construction Cost \$ 325,000

Description of Work HENLEY - VERSAILLES w/ 4 BEDROOMS

+ (4) FULL BATHS + (2) 1/2 BATHS; EXPANDED FAMILY ROOM;

NAPLES SUN ROOM; CONSERVATORY; BEDROOM SUITES ABOVE

CONSERVATORY AND FINISHED BASEMENT

Contractor Company TOLL MD VI LP

Contact Person BEN FRANK

Address 14650 ROXBURY RD

City GLENELG State MD Zip Code 21737

License No. _____

Phone 410-489-2275 Fax 410-489-2278

Occupant or Tenant TOLL MD VI LP

Contact Name BEN FRANK

Address 14650 ROXBURY RD

City GLENELG State MD Zip Code 21737

Phone 410-489-2275 Fax 410-489-2278

Engineer or Architect Company BENCHMARK

Contact Person DAVE THOMPSON

Address 9490 BALTIMORE NATIONAL PIKE, #418

City ELLCOTT CITY State MD Zip Code 21043

Phone 410-465-6105 Fax 410-465-6645

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 _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>75'</u> <u>83'</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>72'</u> <u>83'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>75'</u> <u>83'</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms <u>4</u>	Propane Gas <input type="checkbox"/>
Height: <u>83'</u>	Sprinkler system: N/A <input type="checkbox"/>
Multi-family dwellings: _____	NFPA #13D _____
No. of efficiency units: _____	NFPA #13R _____
No. of 1 BR units: _____	Other: _____
No. of 2 BR units: _____	
No. of 3 BR units: _____	
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.

Applicant's Signature _____
CONSTRUCTION MANAGER / TOLL MD VI LP
Title/Company

Print Name BEN FRANK
Date 7/27/07 9/31/07

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>8/21/07</u>	<u>[Signature]</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"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>100.00</u>
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 # <u>0875711</u>
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

INV. AT HOUSE	569.8
GRD. AT INV. AT HOUSE	576.0
INV. IN TANK	569.1
INV. OUT TANK	568.8
TOP OF TANK	570.1
GROUND OVER TANK	573.0
INV. IN DIST. BOX	568.3
INV. OUT DIST. BOX	568.0
GROUND AT BOX	572.0


APPROVED

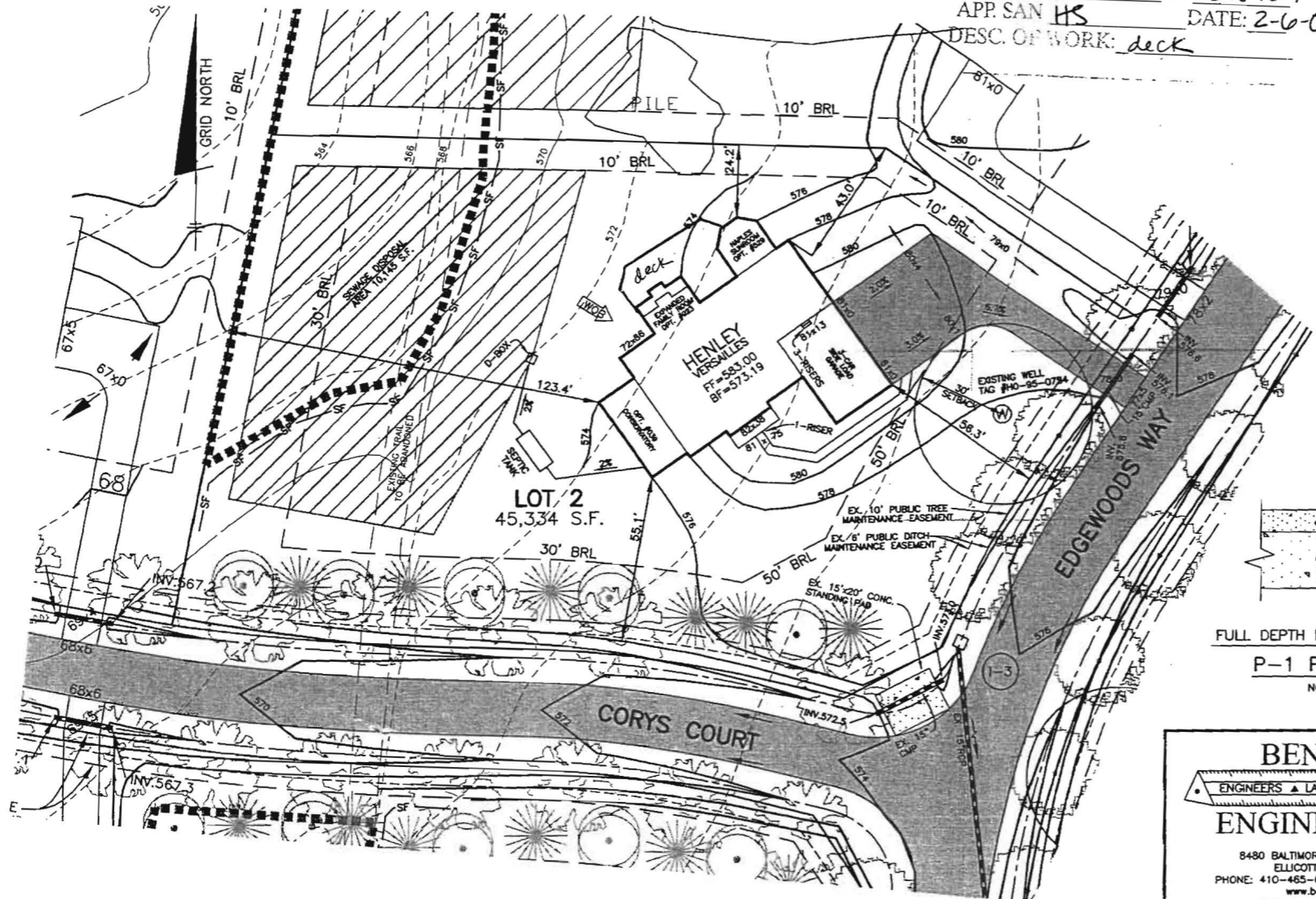
WALK-THRU BUILDING PERMIT

BP# B00000200 A# 518904





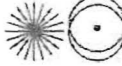

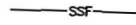


APP. SAN HS DATE: 2-6-08

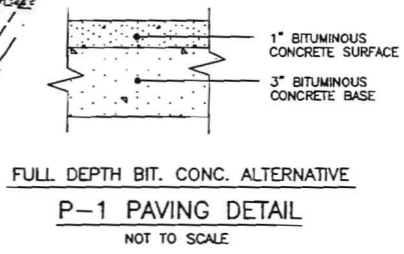
DESC. OF WORK: deck

1. THE LOT SHOWN HEREON WAS RECORDED ON JULY 19, 2007. REFER TO THIS PLAN FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
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 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. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAN SHALL NOT BE NECESSARY.
3. EXACT LENGTH OF SEPTIC TRENCHES ARE BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PRECONSTRUCTION INSPECTION.
4. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
5. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER F-06-108 AND SHALL COMPLY WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
6. STORMWATER MANAGEMENT FOR THIS LOT WAS PROVIDED UNDER F-06-108.
7. THE EXISTING WELL (TAG NO. H0-95-0754) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY EASTERN STATES ENGINEERING AND IS ACCURATELY SHOWN PER THEIR LOCATION.
8. DRIVEWAY CULVERT COMPUTATIONS WERE PROVIDED WITH THE FINAL ROAD CONSTRUCTION PLANS (F-06-108). THE CULVERT SHALL BE 15" CMP OR ELLIPTICAL EQUIVALENT.



LEGEND

-  EXISTING CONTOURS ESTABLISHED UNDER F-06-108
-  10' BRL BUILDING RESTRICTION LINE
-  FIELD SURVEYED WELL LOCATION
-  STREET TREES INSTALLED UNDER F-06-108
-  PERIMETER LANDSCAPE TREES INSTALLED UNDER F-06-108
-  INDICATES WALK-OUT BASEMENT LOCATION
-  SUPER SILT FENCE INSTALLED UNDER F-06-108
-  SILT FENCE INSTALLED UNDER F-06-108
-  LIMIT OF DISTURBANCE UNDER F-06-108



BENCHMARK
ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418
ELLCOTT CITY, MARYLAND 21043
PHONE: 410-465-6105 FAX: 410-465-6644
www.bei-civilengineering.com

BUILDER: TOLL MD V LIMITED PARTNERSHIP
7164 COLUMBIA GATEWAY DRIVE
SUITE 230
COLUMBIA, MARYLAND 21046
410-872-9105

**EDGEWOOD FARM
PHASE 1
LOT 2**

14509 EDGEWOODS WAY
TAX MAP 21, GRID 22 - PARCEL 90
4th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

HOUSE TYPE: **HENLEY
VERSAILLES ELEVATION**

DATE: JULY 24, 2007	PROJECT NO. 1550
SCALE: 1" = 40'	DRAWING 1 OF 1

Glenelg

Building Address 14509 Edgewoods Way
Howard County MD 21737

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 2

Tax Map 21 Parcel 90 Grid 22

Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name Toll Brothers
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein): _____
 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 10,000

Description of Work Deck

Occupant or Tenant Toll Brothers

Contact Name Brat
 Address 14600 Roxbury Rd
 City Glenelg State MD Zip Code 21737
 Phone 301-370-0835 Fax _____

Contractor Company Sun Co. Home Contractor
 Contact Person PYONG SUN YI
 Address 2409 Fairland rd
 City Silver Spring State MD Zip Code 20904
 License No. 50709
 Phone 301-440-9417 Fax 410-489-9127

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics
 Height: _____
 No. of stories: 2
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
 Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
 SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: 15'
 2nd floor: 50'
 Basement: 50'
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 No. of Bedrooms 4
 Multi-family dwellings:
 No. of efficiency units: _____
 No. of 1 BR units: _____
 No. of 2 BR units: _____
 No. of 3 BR units: _____
 Other Structure: _____
 Dimensions: _____
 Footings: _____
 Roof Height: _____
 State Certified Modular
 Manufactured Home

Utilities
 Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 Other:

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Bret
 (301) 370-0835

[Signature]
 Applicant's Signature

 Title/Company

Hailey
 Print Name

 Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY AND LEGIBLY.
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Officials			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St.: _____	Add'l per fee \$ _____
Health	<u>2-16-08</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
			Is Entrance Permit required?	Check # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
			Historic District?	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by _____