

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B07000513

Building Address 2873 Finance Rd
Woodbine MD 21797

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Chris Buscher

Address 2873 Finance Road

City Woodbine State MD Zip Code 21797

Home Phone 301-752-5163 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
(Bldg. permit # B00159581)

Phone _____ Fax _____

Existing Use New Construction

Proposed Use 1000 LBS LP TANK

Estimated Construction Cost \$ 1765.00

Description of Work 1000 LBS LP TANK + gasline for
Propane service to his existing home
with existing & fireplace.

Contractor Company Amer Gas Propane

Contact Person Glenn King

Address 1573 Tilt Drive #2

City Fredrick State MD Zip Code 21704

License No. GS 74831

Phone 301-620-9046 Fax 301-620-7922

Occupant or Tenant Chris Buscher

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company CT Contracting

Contact Person Chris Tiede

Address 1720 Saint Michael Rd

City Woodbine State MD Zip Code 21797

Phone 410-223-1777 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input 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"/> No. of Bedrooms _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <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.

Glenn E. King
Applicant's Signature

Amer Gas Propane
Title/Company

Glenn E. King
Print Name

2/27/07 2/15/07
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		
<input checked="" type="checkbox"/> Building Official		
Dev. Engineering, DPZ		
Health	<u>2/27/07</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to 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 NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#:

Filing fee \$ _____
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # _____
Validation # _____

Accepted by _____

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Demo Boor8672

Health -

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER 000159581	
Building Address <u>2873 Florence Road</u> <u>Woodbine, MD 21797</u>			Property Owner's Name <u>Florence Property LLC</u>		
Suite/Apt. #: <u>04-331362</u> SDP/W/P/Petition #: _____			Address <u>5673 Chamblis Drive</u>		
Census Tract <u>6090.01</u> Subdivision <u>Woodbine</u>			City <u>Clarksville</u> State <u>MD</u> Zip Code <u>21029</u>		
Section _____ Area _____ Lot <u>1</u>			Home Phone <u>443-277-3191</u> Work Phone <u>443-277-2970</u>		
Tax Map <u>7</u> Parcel <u>155</u> Grid <u>19</u>			Applicant's Name & Mailing Address, (if other than stated hereon): <u>1720 St. Michaels Road</u> <u>Woodbine MD 21797</u>		
Zoning <u>RCDED</u> Map Coordinates <u>751</u> Lot size <u>3.06 Ac.</u>			Phone <u>443-277-3191</u> Fax <u>410-489-5007</u>		
Existing Use <u>vacant lot / house demolished</u>			Contractor Company <u>OT Contracting Southern</u>		
Proposed Use <u>SFD</u>			Contact Person <u>Chris Tiede</u>		
Estimated Construction Cost \$ <u>300,000.00</u>			Address <u>1720 St. Michaels Rd</u>		
Description of Work <u>New house on partial</u> <u>existing basement due to</u> <u>BRL 0-4 Bedrooms, unfinished</u> <u>basement, 3 car garage, 3 1/2 bathrooms</u>			City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21797</u>		
Occupant or Tenant <u>vacant</u>			License No. <u>2900</u>		
Contact Name _____			Phone <u>443-277-2970</u> Fax <u>410-489-5007</u>		
Address _____			Engineer or Architect Company <u>FSH Associates</u>		
City _____ State _____ Zip Code _____			Contact Person <u>Zach</u>		
Phone _____ Fax _____			Address <u>8318 Forrest Street</u>		
			City <u>Ellicott</u> State <u>MD</u> Zip Code <u>21043</u>		
			Phone _____ Fax <u>410-750-7350</u>		

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

BUILDING CHARACTERISTICS		UTILITIES	
Height:		Water Supply:	
No. of stories:		Public <input type="checkbox"/>	
Gross area, sq. ft. per floor:		Private <input type="checkbox"/>	
Use group:		Sewage Disposal:	
Construction type:		Public <input type="checkbox"/>	
Reinforced Concrete <input type="checkbox"/>		Private <input type="checkbox"/>	
Structural Steel <input type="checkbox"/>		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
Masonry <input type="checkbox"/>		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Wood Frame <input type="checkbox"/>		Heating System:	
State Certified Modular <input type="checkbox"/>		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 <input type="checkbox"/>	
		Partial <input type="checkbox"/>	
		Other Suppression <input type="checkbox"/>	
		# of Heads _____	

BUILDING CHARACTERISTICS		UTILITIES	
SF Dwelling <input checked="" type="checkbox"/>	SF Townhouse <input type="checkbox"/>	Water Supply:	
Depth _____	Width _____	Public <input type="checkbox"/>	
1st floor: <u>64'6"</u>	<u>73'</u>	Private <input checked="" type="checkbox"/>	
2nd floor: <u>64'6"</u>	<u>73'</u>	Sewage Disposal:	
Basement: <u>64'6"</u>	<u>73'</u>	Public <input type="checkbox"/>	
Finished Basement <input type="checkbox"/>	Unfinished Basement <input checked="" type="checkbox"/>	Private <input checked="" type="checkbox"/>	
Crawl space <input type="checkbox"/>	Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
No. of Bedrooms <u>4</u>		Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Height: _____		Heating System:	
Multi-family dwellings:		Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>	
No. of efficiency units: _____		Natural Gas <input type="checkbox"/>	
No. of 1 BR units: _____		Propane Gas <input type="checkbox"/>	
No. of 2 BR units: _____		Sprinkler system: N/A <input type="checkbox"/>	
No. of 3 BR units: _____		NFPA #13D <input type="checkbox"/>	
Other Structure: _____		NFPA #13R <input type="checkbox"/>	
Dimensions: _____		Other: _____	
Footings: _____			
Roof Height: _____			
State Certified Modular <input type="checkbox"/>			
Manufactured Home <input type="checkbox"/>			

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.

Nichole Tiede
 Applicant's Signature
VP. / Southern Kraft Builders
 Title/Company

Nichole Tiede
 Print Name
5/15/06
 Date

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE	APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ			
<input checked="" type="checkbox"/> State Highways			
<input checked="" type="checkbox"/> Building Official			
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			
<input checked="" type="checkbox"/> Health	<u>8/9/06</u>	<u>[Signature]</u>	
<input checked="" type="checkbox"/> Fire Protection			
Is Sediment Control approval required prior to issuance?			
YES <input checked="" 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</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>5336</u>
Historic District?	Validation	\$ <u>115381</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>		
Lot Coverage for NewTown Zone _____		
SDP/Red-line approval date _____		

Not Issued

S K B

#50
CR 86581
CR 4586

Southern Kraft Builders L.L.C.

2873 Florence Rd.

March 21, 2005

MHBR#2900

Ms. Avis Corbin

Reference: Building Permit # *1300150622-A*

Dear Ms. Corbin,

2873 FLORENCE ROAD

The Changes To The Above Referenced Permit Are As Follows:

- ① -Existing Structure Will Be Attached To New Addition Through Covered Breezeway
- ② -New Structure Will Set Behind Building Restriction Line
- ③ -New House Plan Signed And Sealed By Engineer

Thank you for your consideration on this matter.

Sincerely,



Christian P. Tiede
President
Southern Kraft Builders, LLC

6 new bedrooms
possible 3 or 4 bedrooms
IN EXISTING

- ① Changes, As Per the Request of Planning & Zoning
- ② Changes, As Per the Request of Planning & Zoning
- ③ Revised Construction Drawings

cc DPZ
Health Dept

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
B07002923

Building Address 2873 Florence Road
Woodbine MD 21797
 Suite/Apt. #: _____ SDP/WP/Petition #: #6446
 Census Tract 204001 Subdivision Woodbine
 Section _____ Area _____ Lot 1
 Tax Map 7 Parcel 155 Grid 17
 Zoning RC Map Coordinates _____ Lot size 3,067

Property Owner's Name Florence Property LLC
 Address 4673 Chesapeake Blvd
 City Chesapeake State MD Zip Code 21029
 Home Phone 410-489-7611 Work Phone #301-752-546
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone 410-277-3151 Fax 410-489-7617

Existing Use Commercial Building
 Proposed Use Building 3 story building / 2gh
 Estimated Construction Cost \$ #,###,###
 Description of Work Commercial building
1 story above, also includes
basement 20' below ground level

Contractor Company OT Contracting
 Contact Person Chris Trickle
 Address 1730 St. Michaels Rd
 City Woodbine State MD Zip Code 21797
 License No. 7154
 Phone 410-203-1717 Fax 410-489-5007

Occupant or Tenant Chris Trickle
 Contact Name Chris Trickle
 Address 1730 St. Michaels Rd
 City Woodbine State MD Zip Code 21797
 Phone 410-277-3151 Fax 410-489-5007

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 _____ 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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ _____ Public _____ Private
1st floor: _____	Sewage Disposal: _____ _____ Public _____ 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: _____ 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: <u>N/A</u> <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other:
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ _____ State Certified Modular _____ Manufactured Home	

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Applicant's Signature Chris Trickle
 Title/Company OT Contracting

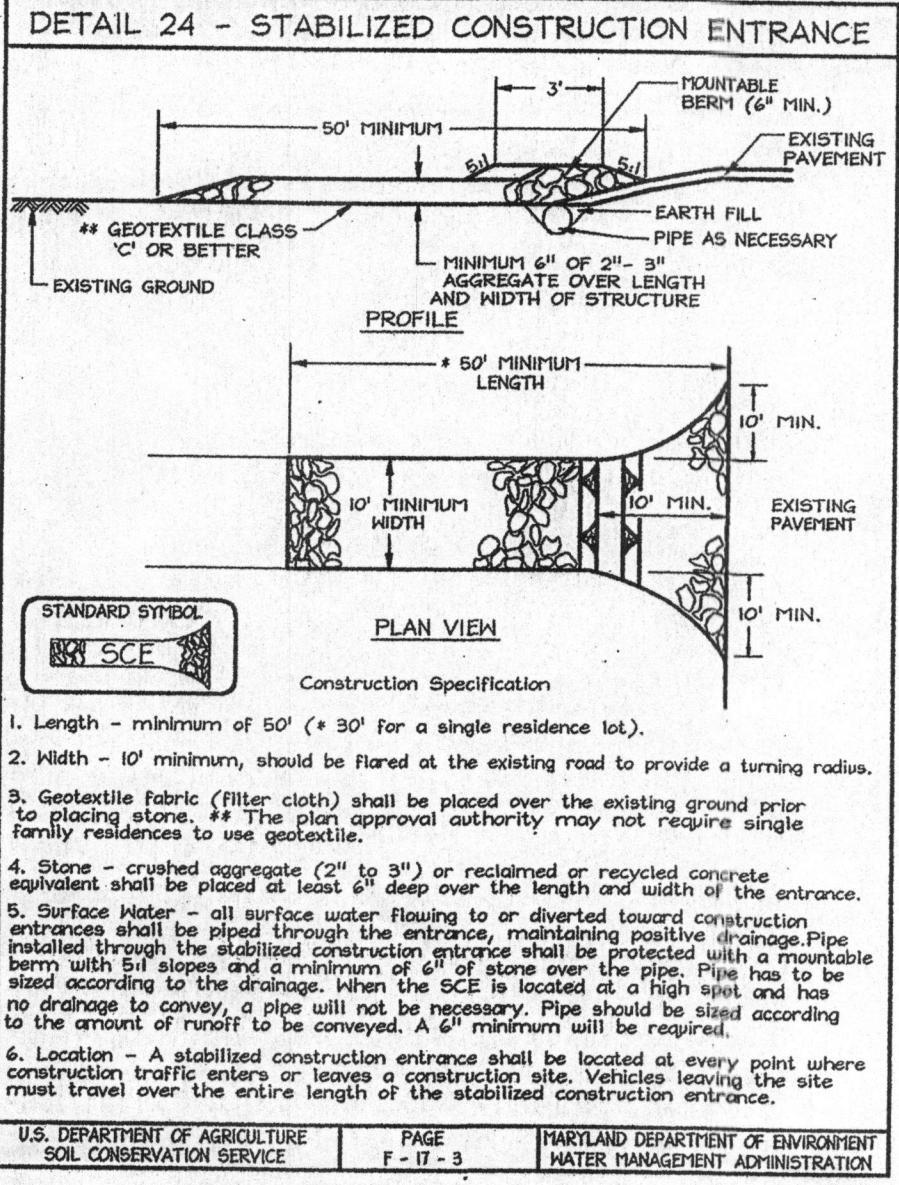
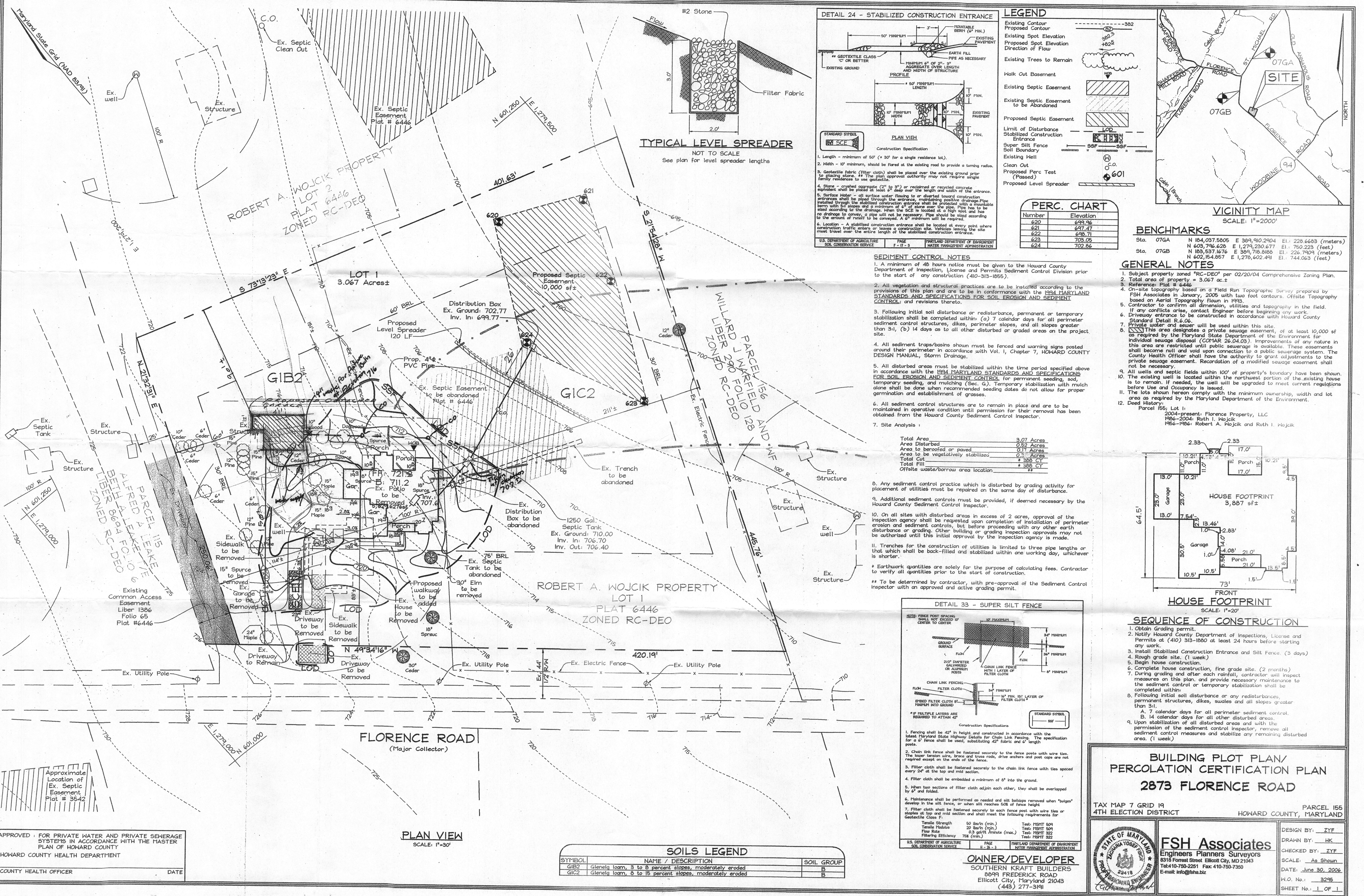
Print Name Chris Trickle
 Date 7/14/07

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>7/25/2007</u>	<u>Schil A. gl</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 \$ <u>2500</u>
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 # <u>6078</u>
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

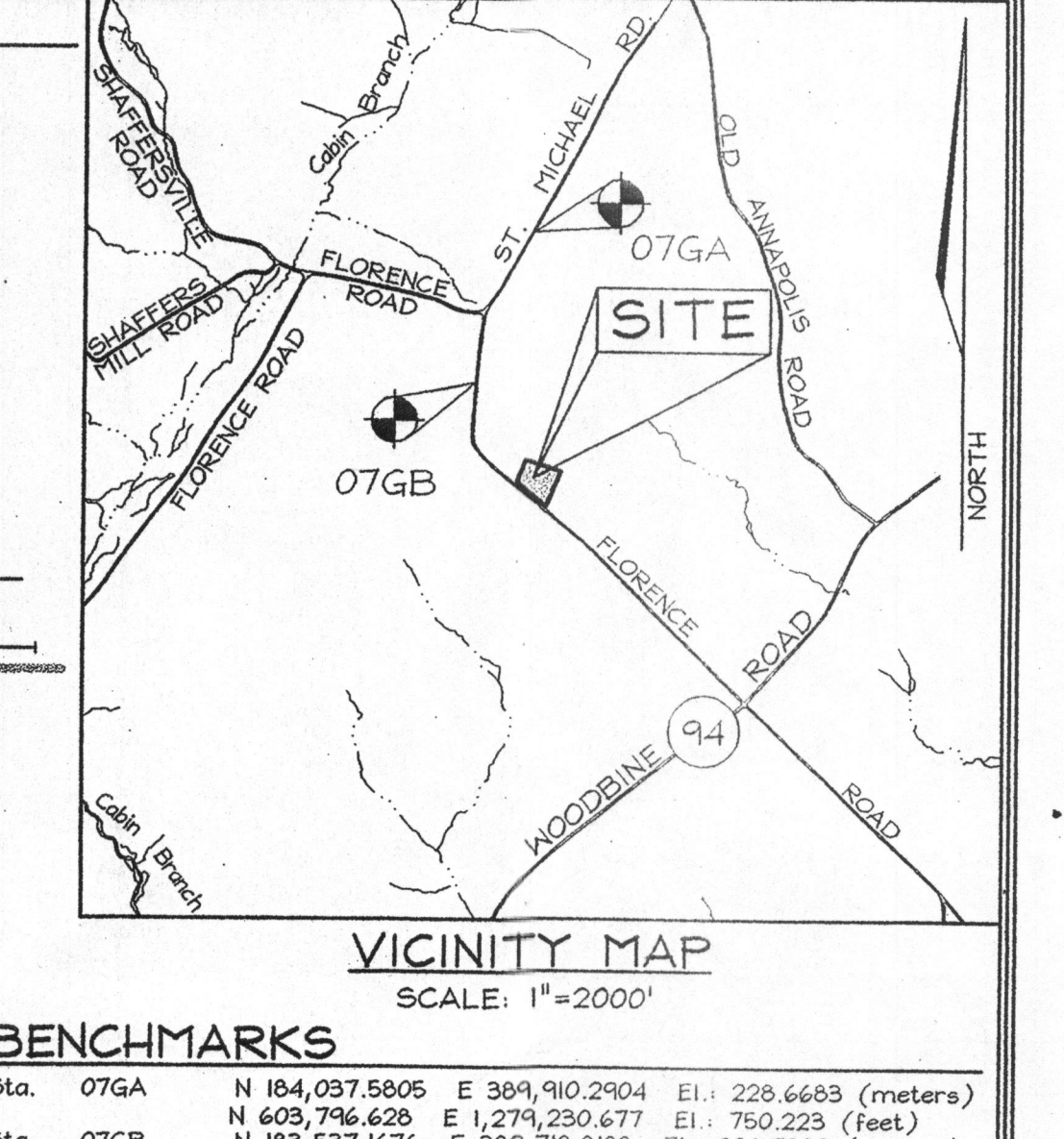


LEGEND

- Existing Contour
- Proposed Contour
- Existing Spot Elevation
- Proposed Spot Elevation
- Direction of Flow
- Existing Trees to Remain
- Mark Out Basement
- Existing Septic Easement
- Existing Septic Easement to be Abandoned
- Proposed Septic Easement
- Limit of Disturbance
- Stabilized Construction Entrance
- Super Silt Fence
- Soil Boundary
- Existing Well
- Clean Out
- Proposed Perc Test (Passed)
- Proposed Level Spreader

PERC. CHART

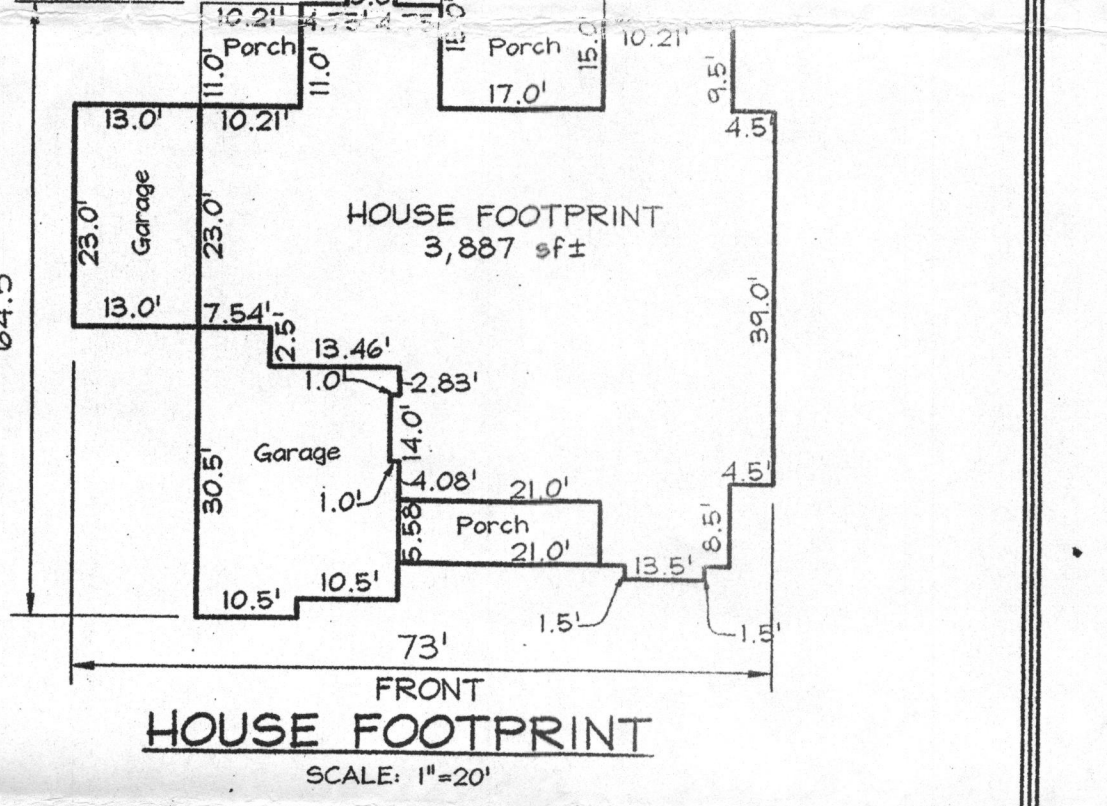
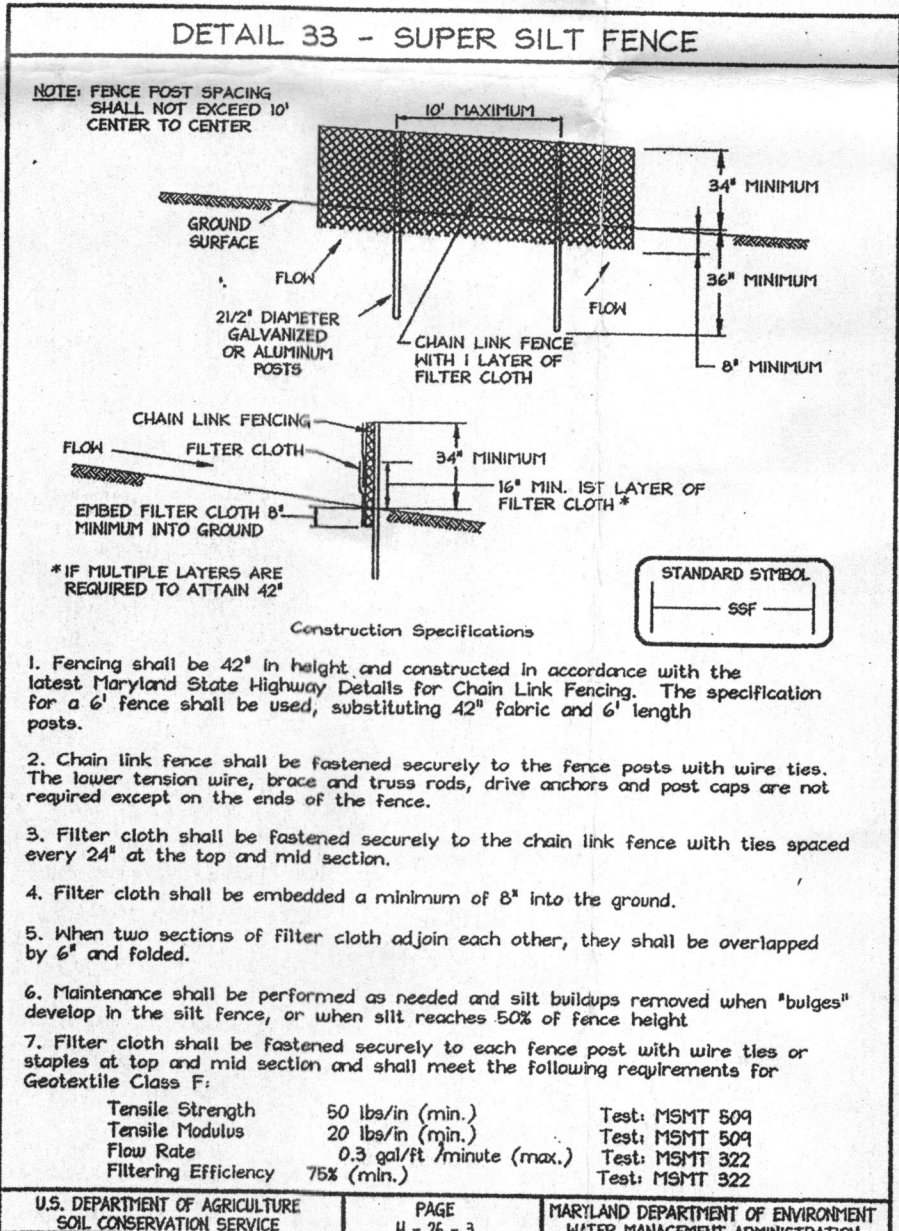
Number	Elevation
620	699.96
621	697.47
622	698.71
623	703.09
624	702.86



SEDIMENT CONTROL NOTES

- A minimum of 48 hours notice must be given to the Howard County Department of Inspection, License and Permits Sediment Control Division prior to the start of any construction (410-313-1855).
- All vegetation and structural practices are to be installed according to the provisions of this plan and are to be in accordance with the 1924 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL and revisions thereto.
- Following initial soil disturbance or redistribution, permanent or temporary stabilization shall be completed within: (a) 7 calendar days for all perimeter sediment control structures, dikes, perimeter slopes, and all slopes greater than 3:1, (b) 14 days as to all other disturbed or graded areas on the project site.
- All sediment traps/basins shown must be fenced and warning signs posted around their perimeter in accordance with Vol. 1, Chapter 7, HOWARD COUNTY DESIGN MANUAL, Storm Drainage.
- All disturbed areas must be stabilized within the time period specified above in accordance with the 1924 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL for permanent seeding, sod, temporary seeding, and mulching (Sec. G). Temporary stabilization with mulch alone shall be done until recommended seeding dates do not allow for proper germination and establishment of grasses.
- All sediment control structures are to remain in place and are to be maintained in operative condition until permission for their removal has been obtained from the Howard County Sediment Control Inspector.
- Site Analysis:

Total Area	3.07 Acres
Area Disturbed	0.52 Acres
Area to be revegetated or paved	0.17 Acres
Area to be vegetatively stabilized	0.33 Acres
Total Cut	4,386 CY
Total Fill	385 CY
Offsite waste/borrow area location	
- Any sediment control practice which is disturbed by grading activity for placement of utilities must be repaired on the same day of disturbance.
- Additional sediment controls must be provided, if deemed necessary by the Howard County Sediment Control Inspector.
- On all sites with disturbed areas in excess of 2 acres, approval of the inspection agency shall be requested upon completion of installation of perimeter erosion and sediment controls, but before proceeding with any other earth disturbance or grading. Other building or grading inspection approvals may not be authorized until this initial approval by the inspection agency is made.
- Trenches for the construction of utilities is limited to three pipe lengths or that which shall be back-filled and stabilized within one working day, whichever is shorter.
- Earthwork quantities are solely for the purpose of calculating fees. Contractor to verify all quantities prior to the start of construction.
- To be determined by contractor, with pre-approval of the Sediment Control Inspector upon an approved and active grading permit.



- ### SEQUENCE OF CONSTRUCTION
- Obtain Grading permit.
 - Notify Howard County Department of Inspections, License and Permits at (410) 313-1880 at least 24 hours before starting any work.
 - Install Stabilized Construction Entrance and Silt Fence. (3 days)
 - Rough grade site. (1 week)
 - Begin house construction.
 - Complete house construction, fine grade site. (2 months)
 - During grading and after each rainfall, contractor will inspect measures on this plan, and provide necessary maintenance to the sediment control or temporary stabilization shall be completed within:
 - 7 calendar days for all perimeter sediment control.
 - 14 calendar days for all other disturbed areas.
 - Following initial soil disturbance or any redistributions, permanent structures, dikes, swales and all slopes greater than 3:1.
 - 7 calendar days for all perimeter sediment control.
 - 14 calendar days for all other disturbed areas.
 - Upon stabilization of all disturbed areas and with the permission of the sediment control inspector, remove all sediment control measures and stabilize any remaining disturbed area. (1 week)

SOILS LEGEND

SYMBOL	NAME / DESCRIPTION	SOIL GROUP
GIB2	Glenelg loam, 3 to 8 percent slopes, moderately eroded	B
GIC2	Glenelg loam, 8 to 15 percent slopes, moderately eroded	B

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS IN ACCORDANCE WITH THE MASTER PLAN OF HOWARD COUNTY
 HOWARD COUNTY HEALTH DEPARTMENT
 COUNTY HEALTH OFFICER _____ DATE _____

BUILDING PLOT PLAN/ PERCOLATION CERTIFICATION PLAN

2873 FLORENCE ROAD

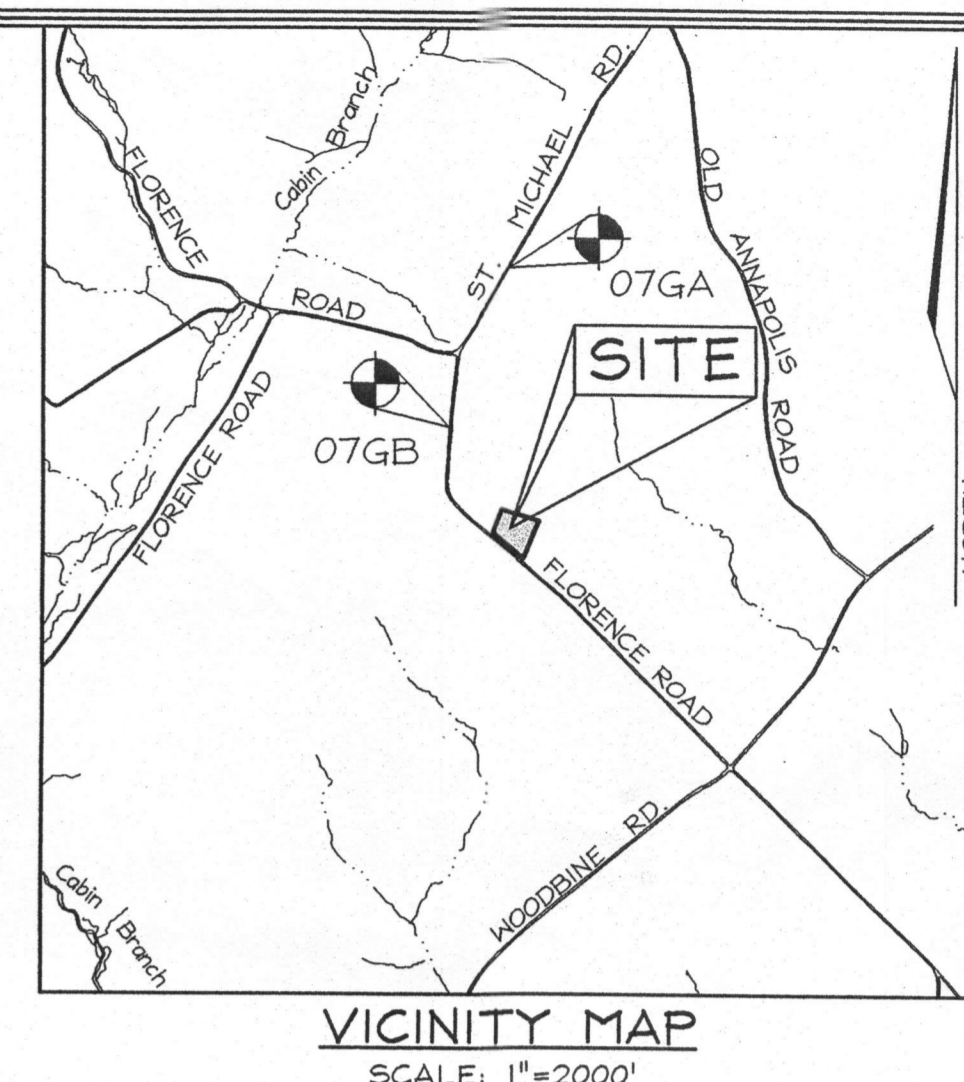
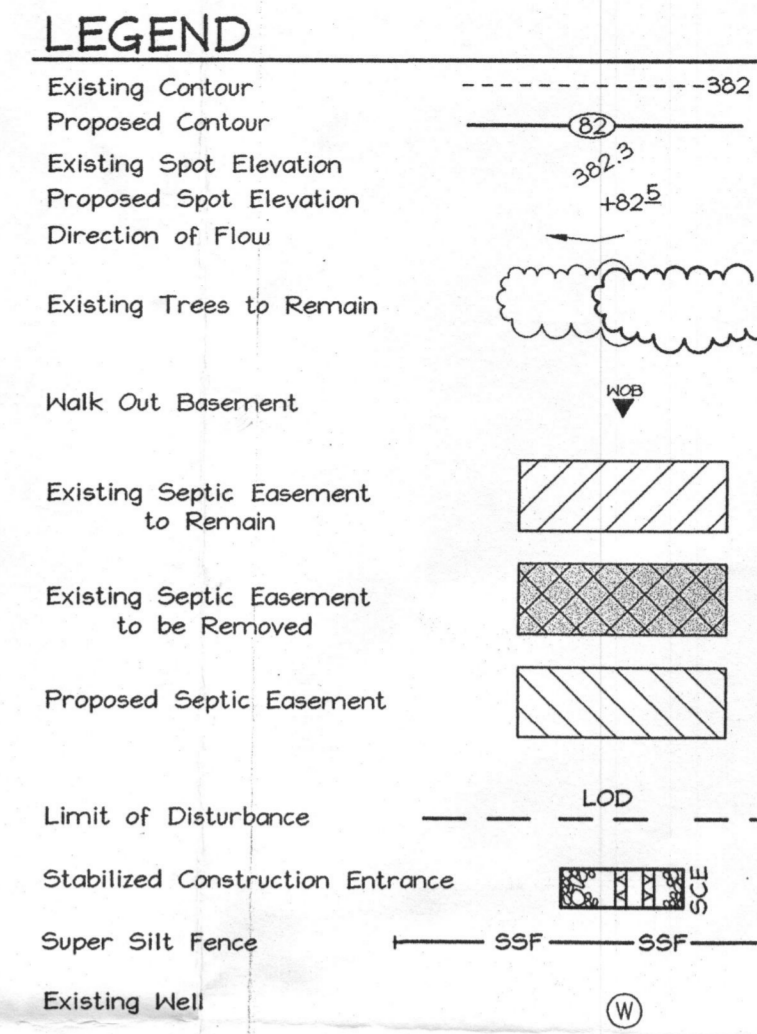
TAX MAP 7 GRID 19
4TH ELECTION DISTRICT

PARCEL 155
HOWARD COUNTY, MARYLAND

OWNER/DEVELOPER
SOUTHERN KRAFT BUILDERS
8099 FREDERICK ROAD
ELLICOTT CITY, MARYLAND 21043
(443) 277-3191

DESIGN BY: ZYF
DRAWN BY: HK
CHECKED BY: ZYF
SCALE: As Shown
DATE: June 30, 2006
H.O. No.: 3296
SHEET No.: 1 OF 1

FSH Associates
Engineers Planners Surveyors
8318 Forrest Street, Ellicott City, MD 21043
Tel: 410-750-2251 Fax: 410-750-7350
E-mail: info@fisha.biz

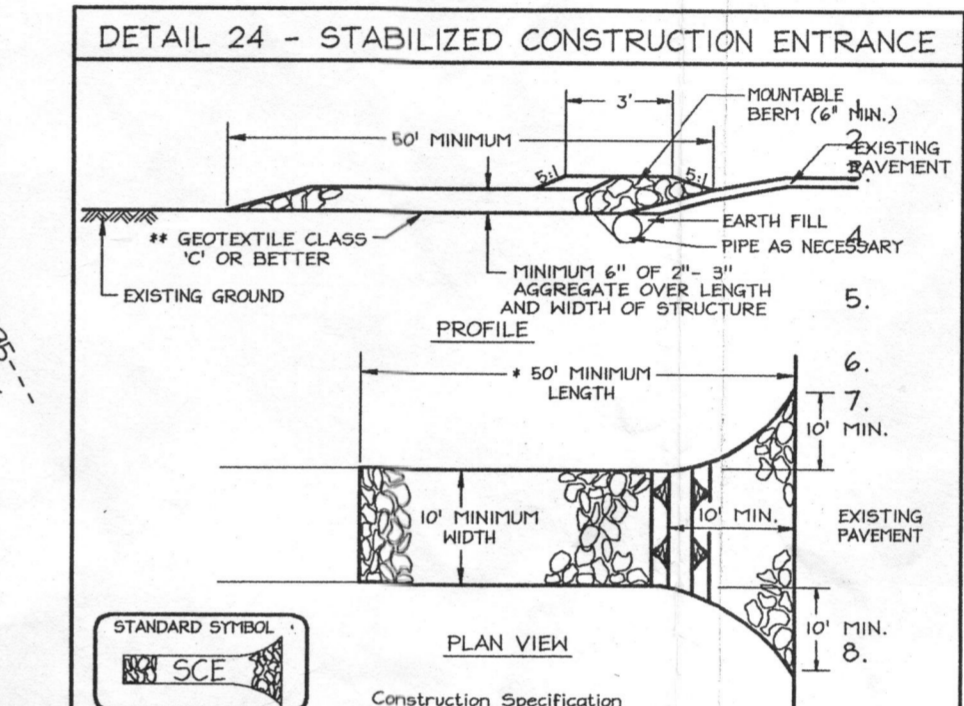


BENCHMARKS

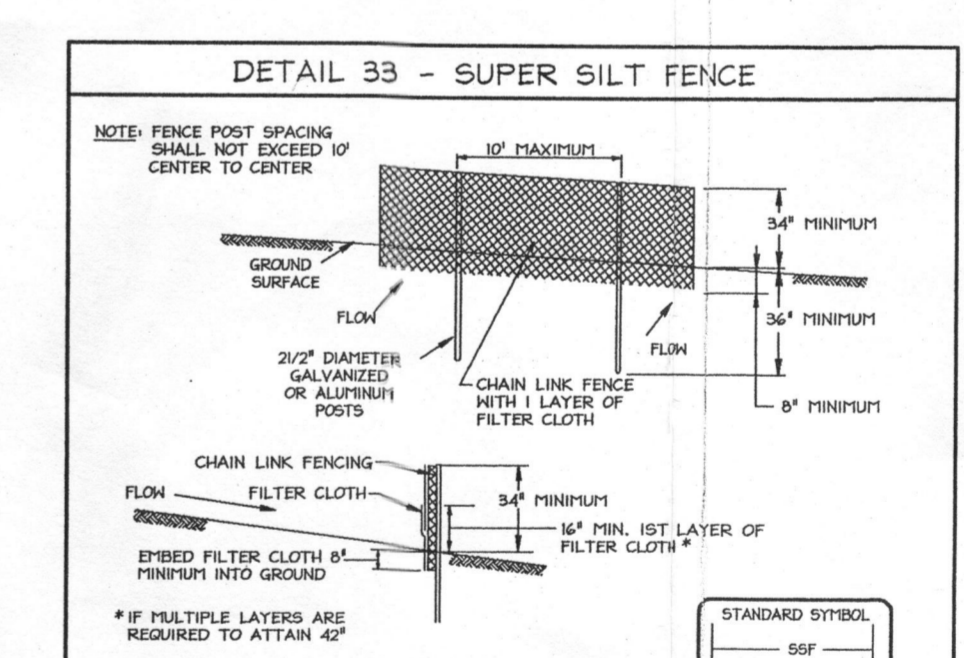
Sta. 07GA	N 184,037.5805	E 389,910.2904	El.: 228.6683 (meters)
	N 603,796.6228	E 1,279,230.6777	El.: 750.223 (feet)
Sta. 07GB	N 183,537.1676	E 389,719.3103	El.: 226.7909 (meters)
	N 602,154.857	E 1,278,602.491	El.: 744.063 (feet)

GENERAL NOTES

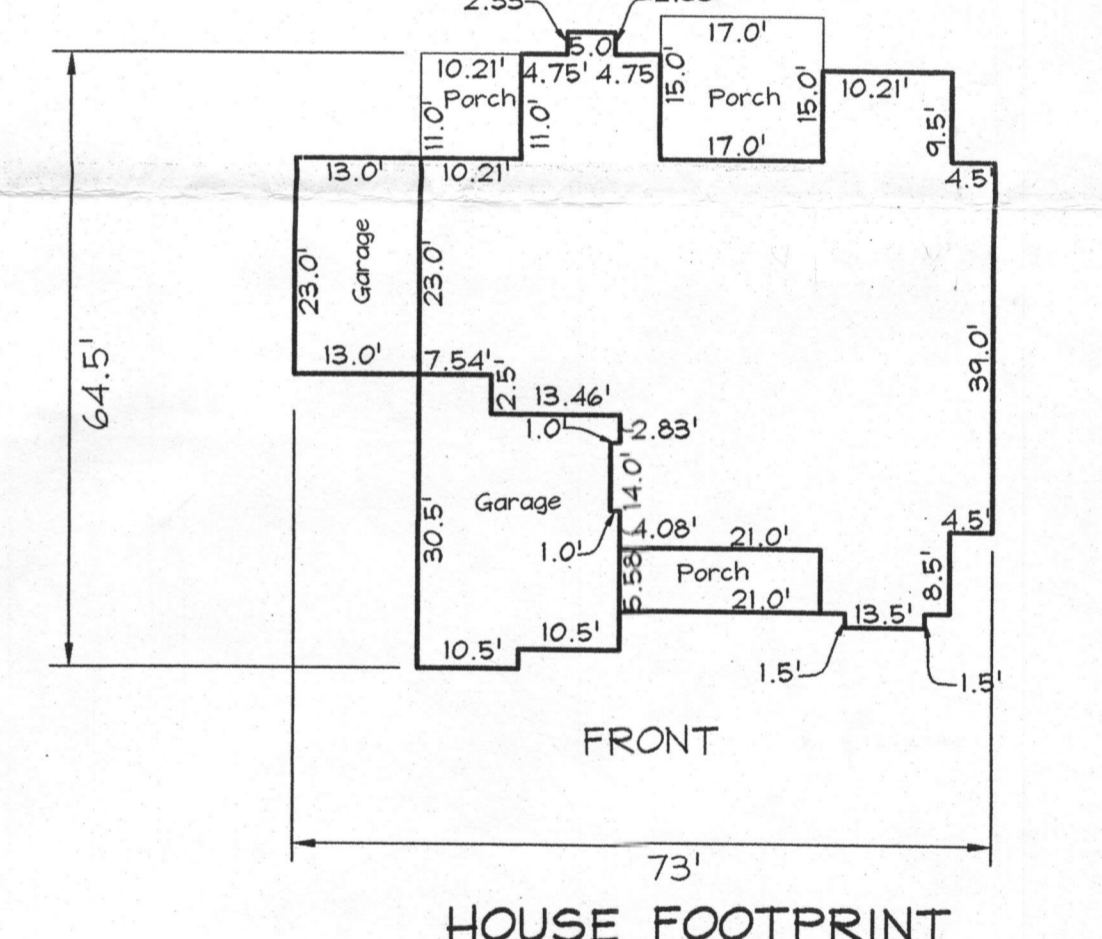
Subject property zoned "RC-DEO" per 02/20/04 Comprehensive Zoning Plan. Reference: Plat # 6446
 On-site topography based on a Field Run Topographic Survey prepared by FSH Associates in January, 2005 with two foot contours.
 Contractor to confirm all dimension, utilities and topography in the field. If any conflicts arise, contact Engineer before beginning any work.
 Driveway entrance to be constructed in accordance with Howard County Standard Detail R.6.06.
 Private water and Private sewer will be used within this site.
 This area designates a private sewage easement of at least 10,000 sq ft as required by the Maryland State Department of the Environment for individual sewage disposal (COMAR 26.04.03). Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant adjustments to the private sewage easement. Recordation of a modified sewage easement shall not be necessary.
 The existing well is located within the northwest portion of the existing house.



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- ### SEQUENCE OF CONSTRUCTION
- Obtain Grading permit.
 - Notify Howard County Department of Inspections, License and Permits at (410) 313-1880 at least 24 hours before starting any work.
 - Install Stabilized Construction Entrance and Silt Fence. (3 days)
 - Rough grade site. (1 week)
 - Begin house construction.
 - Complete house construction, fine grade site. (2 months)
 - During grading and after each rainfall, contractor will inspect and provide necessary maintenance to the sediment control measures on this plan.
 - Following initial soil disturbance or any re-disturbances, permanent or temporary stabilization shall be completed within:
 - 7 calendar days for all perimeter sediment control structures, dikes, siltails and all slopes greater than 3:1.
 - 14 calendar days for all other disturbed areas.
 - Upon stabilization of all disturbed areas and with the permission of the sediment control inspector, remove all sediment control measures and stabilize any remaining disturbed area. (1 week)

PLOT PLAN

2873 FLORENCE ROAD

TAX MAP 7 GRID 19
4TH ELECTION DISTRICT

PARCEL 155
HOWARD COUNTY, MARYLAND

FSH Associates

Engineers Planners Surveyors

8318 Forest Street Ellicott City, MD 21043
Tel: 410-750-2251 Fax: 410-750-7350
E-mail: info@fsh.biz

DESIGN BY: P.S.
DRAWN BY: H.K. & M.Y.
CHECKED BY: Z.Y.F.
SCALE: As Shown
DATE: Jan 07, 2005
P.L.O. No.: 3295
SHEET No.: 1 OF 1

- ### SEDIMENT CONTROL NOTES
- A minimum of 48 hours notice must be given to the Howard County Department of Inspections, License and Permits Sediment Control Division prior to the start of any construction (313-1855).
 - All vegetation and structural practices are to be installed according to the provisions of this plan and are to be in conformance with the 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL and revisions thereto.
 - Following initial soil disturbance or re-disturbance, permanent or temporary stabilization shall be completed within: (a) 7 calendar days for all perimeter sediment control structures, dikes, perimeter slopes, and all slopes greater than 3:1, (b) 14 days as to all other disturbed or graded areas on the project site.
 - All sediment traps/basins shown must be fenced and warning signs posted around their perimeter in accordance with Vol. 1, Chapter 7, HOWARD COUNTY DESIGN MANUAL, Storm Drainage.
 - All disturbed areas must be stabilized within the time period specified above in accordance with the 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL for permanent seeding, sod, temporary seeding, and mulching (Sec. G). Temporary stabilization with mulch alone shall be done when recommended seeding dates do not allow for proper germination and establishment of grasses.
 - All sediment control structures are to remain in place and are to be maintained in operative condition until permission for their removal has been obtained from the Howard County Sediment Control Inspector.
 - Site Analysis:

Total Area	3.067 Acres
Area Disturbed	0.67 Acres
Area to be roofed or paved	0.16 Acres
Area to be vegetatively stabilized	0.31 Acres
Total Cut	276.51
Total Fill	1275.07

 Offsite waste/borrow area location: **
 - Any sediment control practice which is disturbed by grading activity for placement of utilities must be repaired on the same day of disturbance.
 - Additional sediment controls must be provided, if deemed necessary by the Howard County Sediment Control Inspector.
 - On all sites with disturbed areas in excess of 2 acres, approval of the inspection agency shall be requested upon completion of installation of perimeter erosion and sediment controls, but before proceeding with any other earth disturbance or grading. Other building or grading inspection approvals may not be authorized until this initial approval by the inspection agency is made.
 - Trenches for the construction of utilities is limited to three pipe lengths or that which shall be back-filled and stabilized within one working day, whichever is shorter.
 - Earthquake quantities are solely for the purpose of calculating fees. Contractor to verify all quantities prior to the start of construction.
 - To be determined by contractor, with pre-approval of the Sediment Control Inspector with an approved and active grading permit.

PLAN VIEW
SCALE: 1"=30'

OWNER/DEVELOPER
SOUTHERN KRAFT BUILDERS
8899 FREDERICK ROAD
Ellicott City, Maryland 21043
443.277.3191