

Health - SRK

Building Address <u>4271 Holly Quater Rd</u> <u>Ellicott City MD 21042</u> Suite/Apt. #: <u>—</u> SDP/WP/Petition #: <u>930186</u> Census Tract <u>6051</u> Subdivision <u>Buckskin Woods</u> Section <u>—</u> Area <u>—</u> Lot <u>52</u> Tax Map <u>22</u> Parcel <u>535</u> Grid <u>22</u> Zoning <u>RL-DEO</u> Map Coordinates <u>10611</u> Lot size _____	Property Owner's Name <u>Hamilton Reed</u> Address <u>8000 Man Sh</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u> Home Phone _____ Work Phone <u>410-480-9146</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
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Existing Use <u>Vacant Lot</u> Proposed Use <u>Build SFID</u> Estimated Construction Cost \$ <u>275,000.00</u> Description of Work <u>Buckingham Model</u> <u>Build 2 story full unfinished</u> <u>bsmt with rough-in, 11 Rooms, 3 Full Baths</u> <u>1 Half Bath 2 Fireplaces Deck Garage</u>	Contractor Company _____ Contact Person <u>Same As Above</u> Address _____ City _____ State _____ Zip Code _____ License No. <u>111</u> Phone _____ Fax _____
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Occupant or Tenant <u>5 Bedrooms</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>R. Mildberg</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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<b>BUILDING DESCRIPTION - COMMERCIAL</b>	<b>BUILDING DESCRIPTION - RESIDENTIAL</b>
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Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>86</u> <u>40</u> 2nd floor: <u>86</u> <u>40</u> Basement: <u>04'8"</u> <u>40'8"</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>5</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Springler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	_____ State Certified Modular _____ Manufactured Home	
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____		
_____ State Certified Modular			

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 THERE TO; (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 <u>[Signature]</u> Title/Company <u>Hamilton Reed, LLC</u>	Print Name <u>Steve Toney</u> Date <u>2/21/02</u>
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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#: <u>53656</u>
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ <u>100</u>
<input checked="" type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>4/26/02</u>	<u>[Signature]</u>	Side St.: _____	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # <u>7183</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # <u>40910</u>

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



BUCKSKIN WOODS,  
LOT 55  
PLAT # 11657

BUCKSKIN WOODS,  
LOT 51  
PLAT # 11116 & 11117

BUCKSKIN WOODS, LOT 52  
4.636 ACRES  
PLAT # 11116 & 11117

BUCKSKIN WOODS,  
LOT 53  
PLAT # 11116 & 11117

**LEGEND**

- EXISTING SEPTIC EASEMENT
- EXISTING PRIVATE INGRESS/EGRESS EASEMENT (LIBER 5217, FOLIO 0341)
- FOREST CONSERVATION EASEMENT (RETENTION)
- EXISTING WELL
- AREA OF PROPOSED PAVING

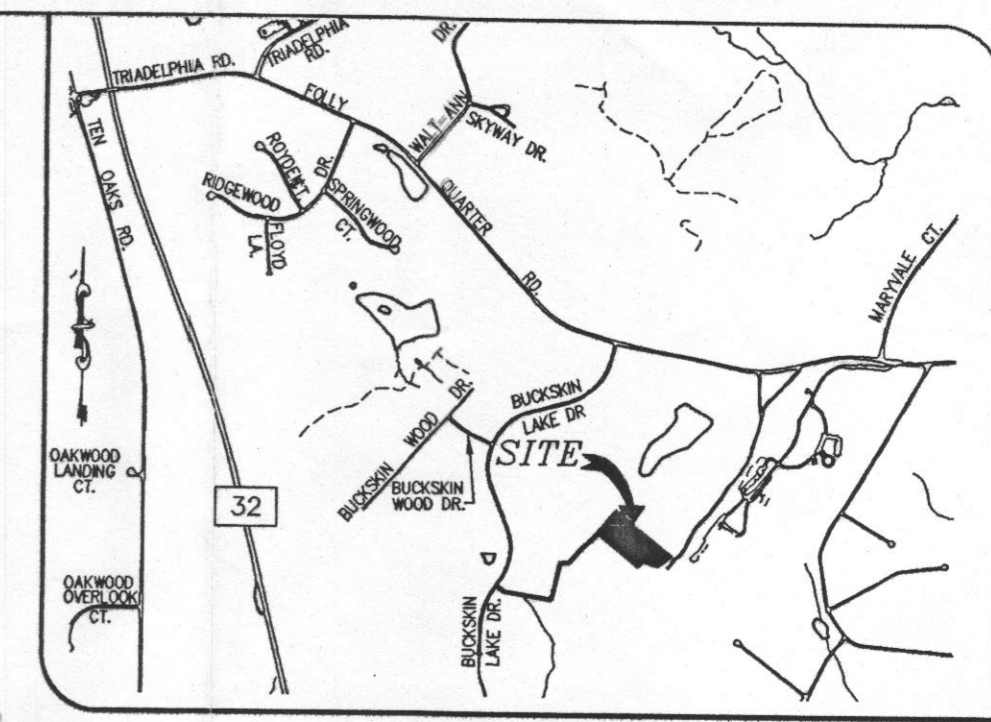
3/13/02 T/C TO ENGR MR  
IN SDA  
A FOR CON => LEGIBLE

ADJ. SRA FOR 100' TO WELL  
AND TO RECOVER 10,000

ADJ. PRESSURE LINE LOC.  
ADD SLEEVE @ DRIVE  
SHOW WELL LINE

ADJ. PLBG. ELEVS. TO  
RAISE TANKS

SHOW 3 CONF. HOLES  
MR TO ADD AFTER  
ENGR SUBMISSION



VICINITY MAP  
SCALE: 1" = 2000'

**GENERAL NOTES:**

1. THE SUBJECT PROPERTY IS ZONED RR-DEO PER THE 10/18/93 COMPREHENSIVE ZONING PLAN.
2. PARCEL BACKGROUND:  
TAX MAP: 22 - PARCEL: 535, BLOCK: 22, LOT: 52.  
ELECTION DISTRICT: FIFTH.  
ZONING: RR-DEO.  
DEED REFERENCE: 4003/368.  
AREA: 4.636 ACRES±.
3. TOPOGRAPHY SHOWN HEREON IS BASED ON A FIELD RUN SURVEY CONDUCTED BY MILDENBERG, BOENDER & ASSOC., INC. IN JANUARY 2002. BOUNDARY SHOWN HEREON TAKEN FROM PLAT # 11117, BUCKSKIN WOODS, LOTS 50 - 54.
4. PRIVATE WATER AND SEWERAGE SERVICE WILL BE UTILIZED.
5. CONTRACTOR TO VERIFY THE LOCATION OF ALL EXISTING UTILITIES ON SITE PRIOR TO COMMENCING CONSTRUCTION.
6. THE STANDARD SEDIMENT CONTROL PLAN TO BE USED IN ACCORDANCE WITH HOWARD SOIL CONSERVATION DISTRICT REQUIREMENTS.
7. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE 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 VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWERAGE EASEMENT, & RECORDATION OF A MODIFIED EASEMENT SHALL NOT BE NECESSARY.
8. SWM REQUIREMENTS ARE MET VIA ENVIRONMENTALLY SENSITIVE DEVELOPMENT CREDIT PER SECTION 5.6 OF THE 2000 STORMWATER MANAGEMENT DESIGN MANUAL.
9. SOILS DESCRIPTION BASED ON HOWARD COUNTY SOIL SURVEY DATED JULY 1968, SHEET 18.
10. DRIVEWAY(S) SHALL BE PROVIDED PRIOR TO RESIDENTIAL OCCUPANCY TO INSURE SAFE ACCESS FOR FIRE AND EMERGENCY VEHICLES PER THE FOLLOWING MINIMUM REQUIREMENTS:
  - A) WIDTH-12 FEET (14 FEET IF SERVING MORE THAN ONE RESIDENCE).
  - B) SURFACE-STANDARD P-1 PAVING SECTION.
  - C) GEOMETRY-MAXIMUM 15% GRADE, MAXIMUM 10% GRADE CHANGE AND MINIMUM OF 45 FOOT TURNING RADIUS.
  - D) STRUCTURES (CULVERT/BRIDGES)-CAPABLE OF SUPPORTING 25 GROSS TONS (H25 LOADING).
  - E) DRAINAGE ELEMENTS-CAPABLE OF SAFELY PASSING 100-YEAR FLOOD WITH NO MORE THAN 1 FOOT DEPTH OVER DRIVEWAY SURFACE.
  - F) STRUCTURE CLEARANCES-MINIMUM 12 FEET.
  - G) MAINTENANCE-SUFFICIENT TO INSURE ALL WEATHER USE.

**SEPTIC SYSTEM DATA**

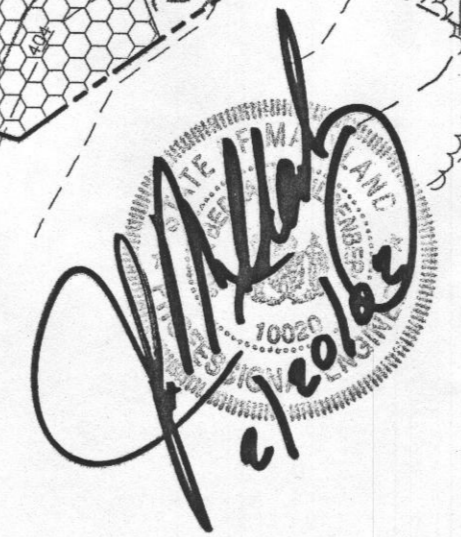
FIRST FLOOR EL.	365.79
BASEMENT EL.	356.00
INV. OUT OF HOUSE	352.50 354
INV. IN SEPTIC TANK	351.58 353
INV. OUT SEPTIC TANK	351.33 352.7
INV. IN PUMP PIT	351.13 352.6
EXIST EL. @ SEPTIC TANK	356.7
PROP EL. @ SEPTIC TANK	356.9
EXIST EL. @ PUMP PIT	356.4
PROP EL. @ PUMP PIT	356.5
EXIST EL. @ DIST. BOX	395.0
INV. IN DIST. BOX	392.0 393.5

\* FIRST FLOOR AND BASEMENT SEWERAGE TO BE PUMPED.

**SOILS DESCRIPTION**

SYMBOL	DESCRIPTION
CgB2	CHESTER GRAVELLY SILT LOAM, 3% TO 8% SLOPES, MODERATELY ERODED --- TYPE B
CgC2	CHESTER GRAVELLY SILT LOAM, 8% TO 15% SLOPES, MODERATELY ERODED --- TYPE B
GnA	GLENNVILLE SILT LOAM, 0% TO 3% SLOPES --- TYPE C
MID2	MANOR LOAM, 15% TO 25% SLOPES, MODERATELY ERODED --- TYPE B

MAISEL PROPERTY,  
OPEN SPACE LOT 6  
PLAT # 14527



EX. PRIVATE INGRESS/EGRESS EASEMENT FOR BUCKSKIN WOODS, LOT 52 (LIBER 5217, FOLIO 0341)

**OWNER/BUILDER**  
HAMILTON REED  
8000 MAIN STREET  
ELLICOTT CITY, MARYLAND 21043

date	FEB 2002
project	02-004
illustration	scale
scale	1" = 60'
approval	JBM

description	revisions
no.	date

**BUCKSKIN WOODS, LOT 52**  
4271 BUCKSKIN LAKE DRIVE  
BUCKSKIN WOODS, LOTS 50 - 54 (PLAT # 11116 TO 11117)  
TAX MAP 22 - PARCEL 535  
FIFTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
**PLOT PLAN**

**MILDENBERG, BOENDER & ASSOC., INC.**  
Engineers Planners Surveyors  
5072 Dorsey Hill Drive, Suite 202, Ellicott City, Maryland, 21042  
(410) 987-0296 Fax. (301) 821-5821 Wash. (410) 987-0298 Fax.