

B11001347

Building Address: 3819 NE Championship Drive

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: 16

Tax Map: 21 Parcel: 07 Grid: 10

Zoning: _____ Map Coordinates: _____ Lot Size: 1.59 AC

Property Owner's Name: John & Lisa Reid

Address: 9009 Elmonste woods way

City: Ellicott City State: MD Zip Code: 21042

Home Phone: _____ Work Phone: _____

Existing Use: SFH

Proposed Use: Open deck & screen porch

Estimated Construction Cost: \$ 6,000

Description of Work:
16x15 open deck w/ 4x4 landing & steps
& 12x13 screened porch

Applicant's Name & Mailing Address, (if other than stated herein):
T&A Contractors, Inc./ Jessica Rice
4512 Sandy Spring Rd, Burtonsville MD

Phone: 301-924-2111 Fax: 301-549-4260

Email: JessicaR@sundecksbytanda.com

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: T&A Contractors, Inc.

Contact Person: Jessica Rice

Address: 4512 Sandy Spring Road

City: Burtonsville State: MD Zip Code: 20816

License No.: MHC#17489 Expires 5-10-12

Phone: 301-924-2111 Fax: 301-549-4260

Email: JessicaR@sundecksbytanda.com

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"/> 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>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input checked="" type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input checked="" 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"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<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: Jessica Rice

Email Address: JessicaR@sundecksbytanda.com

Print Name: Jessica Rice

Date: May 12, 2011

Authorized Agent / T&A Contractors, Inc.

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>5-12-11</u>	<u>[Signature]</u>
Fire Protection		

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	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

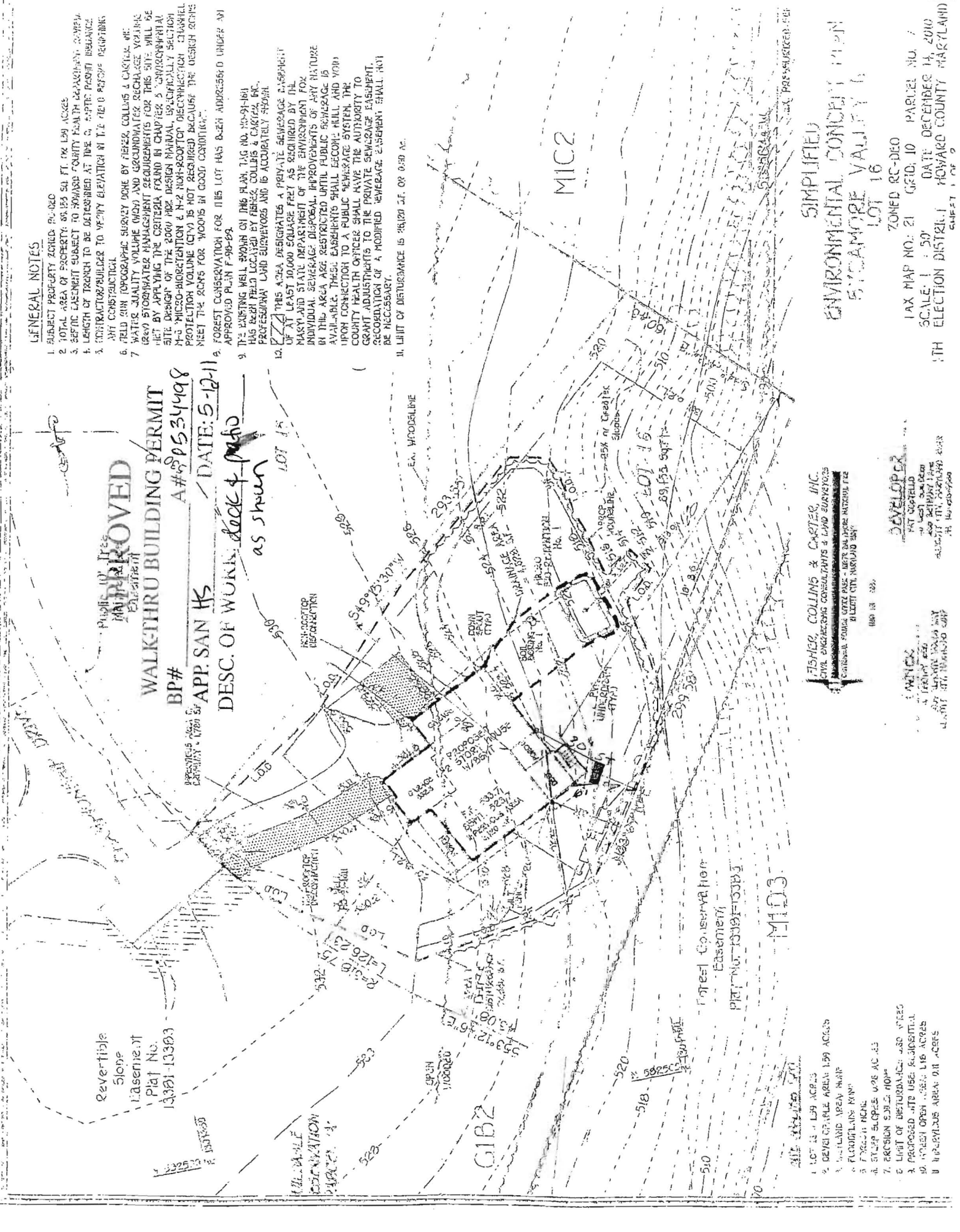
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

GENERAL NOTES

1. SUBJECT PROPERTY ZONED RC-DEO
2. TOTAL AREA OF PROPERTY: 85,195 SQ. FT. OR 1.94 ACRES
3. SETBACK REQUIREMENTS SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT, COMPLETE
4. LENGTH OF TRANCH TO BE DETERMINED AT THE HEALTH DEPARTMENT'S DISCRETION
5. CONTRACTOR/BUILDER TO VERIFY ELEVATION IN THE FIELD BEFORE BEGINNING ANY CONSTRUCTION
6. FIELD SOIL TOPOGRAPHIC SURVEY DONE BY FISHER, COLLINS & CARTER, INC.
7. WATER QUALITY VOLUME (WQV) AND GROUNDWATER RECHARGE VOLUME (RWV) STORAGE REQUIREMENTS FOR THIS SITE WILL BE DETERMINED BY APPLYING THE CRITERIA FOUND IN CHAPTER 5, ENVIRONMENTAL SITE DESIGN OF THE 2000 MDX DESIGN MANUAL, SPECIFICALLY SECTION 5-3.3 MICRO-BIORETENTION & 5-3.4 MICRO-ROOFTOP DISCONNECTOR. CHANNEL PROTECTION VOLUME (CV) IS NOT REQUIRED BECAUSE THE DESIGN SCHEME MEETS THE CRITERIA FOR WOODS IN GOOD CONDITION.
8. FOREST CONSERVATION FOR THIS LOT HAS BEEN ADDRESSED UNDER AN APPROVED PLAN F-98-09.
9. THE EXISTING WELL SHOWN ON THIS PLAN, TAG NO. 15-94-1041 HAS BEEN FIELD LOCATED BY FISHER, COLLINS & CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.
10. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA AS RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS 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 SHALL NOT BE NECESSARY.
11. LIMIT OF DISTURBANCE IS 75/120 J.E. OR 0.30 AC.

APPROVED
WALKTHRU BUILDING PERMIT
 BP# **A# 0534998**
 DATE: **5-12-11**
 APP. SAN HS
 DESC. OF WORK: **Deck & Patio**
 as shown

Reversible Slope Easement
 Plat No. 13301-13303



FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 8110 EAST GAITHERS ROAD
 SUITE 100
 GAITHERSBURG, MD 20878
 (301) 941-1100

DEVELOPER
 PAT CASTELLO
 10 WEST OAK DR
 400 BELMONT PIKE
 SUITE 100
 SILVER SPRING, MD 20910
 (301) 477-1000

SIMPLIFIED
 ENVIRONMENTAL CONCEPT PLAN
 STEAMBORE VALLEY I
 LOT 16
 ZONED RC-DEO
 TAX MAP NO. 21 GRID: 10 PARCEL NO. 7
 SCALE: 1" = 50'
 DATE: DECEMBER 14, 2010
 11TH ELECTION DISTRICT - HOWARD COUNTY MARYLAND
 SHEET 1 OF 2

1. LOT 16 - 1.94 ACRES
2. DEVELOPABLE AREA: 1.94 ACRES
3. UNDEVELOPABLE AREA: NONE
4. FLOODPLAIN: NONE
5. FLOODPLAIN: NONE
6. SLOPE: NONE
7. EROSION CONTROL: NONE
8. LIMIT OF DISTURBANCE: 0.30 ACRES
9. PROPOSED SITE USE: RECREATIONAL
10. TOTAL OPEN SPACE: 1.64 ACRES
11. UNDEVELOPABLE AREA: 0.11 ACRES

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B11002087

Building Address 3819 Championship Drive
Glenwood MD 21738

Suite/Apt. #: _____ SDP/WP/Petition #: 13702

Census Tract 6010922 Subdivision Sycamore Valley II

Section _____ Area _____ Lot 16

Tax Map 21 Parcel 7 Grid 10

Zoning _____ Map Coordinates _____ Lot Size 0.45

Property Owner's Name J Timothy Reid
 Address _____
 City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

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

Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ _____
 Description of Work Building a new 2 story house

Occupant or Tenant _____

Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Contractor Company James W. Co. Inc.
 Contact Person James W. Co. Inc.
 Address _____
 City _____ State _____ Zip Code _____

License No. _____
 Phone _____ Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <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	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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1 st floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2 nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms _____	
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: _____	
<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.

Applicant's Signature _____
 Email Address _____
 Title/Company _____

Print Name James W. Co. Inc.
 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			
Building Officials			
Dev. Engineering, DPZ			
Health	<u>2-2-11</u>	<u>DP Bernard</u>	
Fire Protection			

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DPZ SETBACK INFORMATION	Filing fee	PROPERTY ID #
Front: _____	\$ <u>1,100.00</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 New Town Zone _____	Check # <u>1177</u>	
SDP/Red-line approval date _____	Validation # _____	

Accepted by _____

Building Address: 3819 Championship Drive
Glennwood MD 21738

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

Census Tract: _____ Subdivision: Supreme Valley

Section: _____ Area: _____ Lot: 16

Tax Map: _____ Parcel: 7 Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD

Proposed Use: SFD

Estimated Construction Cost: \$ _____

Description of Work: _____

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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 checked="" 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>6/19/11</u>	<u>[Signature]</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

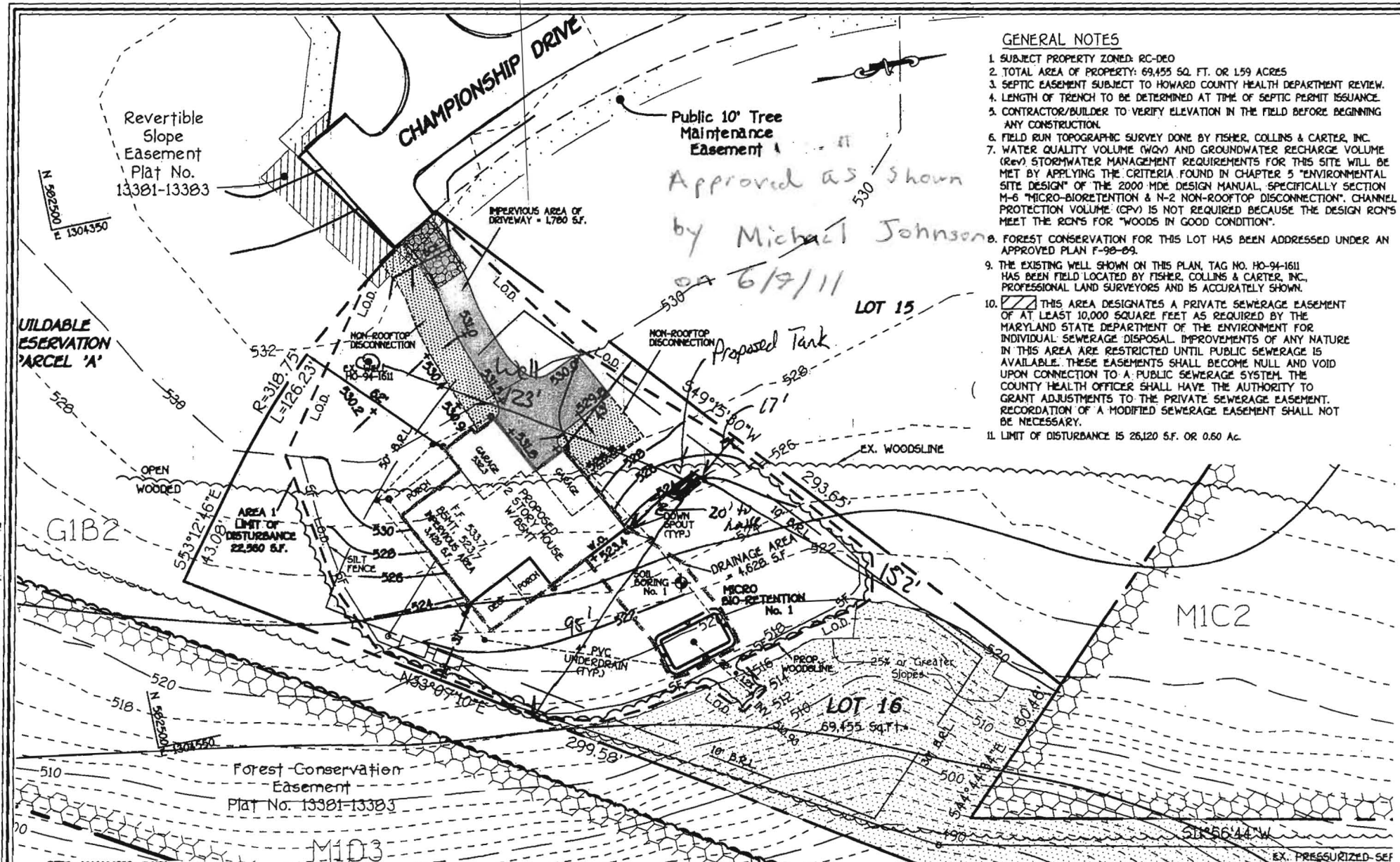
Is Entrance Permit Required? Yes No

Historic District? Yes No

Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

Filing Fee	\$ <u>11</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$



GENERAL NOTES

1. SUBJECT PROPERTY ZONED RC-DEO
2. TOTAL AREA OF PROPERTY: 69,455 SQ. FT. OR 1.59 ACRES
3. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT REVIEW.
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR/BUILDER TO VERIFY ELEVATION IN THE FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. FIELD RUN TOPOGRAPHIC SURVEY DONE BY FISHER, COLLINS & CARTER, INC.
7. WATER QUALITY VOLUME (WQV) AND GROUNDWATER RECHARGE VOLUME (REV) STORMWATER MANAGEMENT REQUIREMENTS FOR THIS SITE WILL BE MET BY APPLYING THE CRITERIA FOUND IN CHAPTER 5 "ENVIRONMENTAL SITE DESIGN" OF THE 2000 MDE DESIGN MANUAL, SPECIFICALLY SECTION M-6 "MICRO-BIORETENTION & N-2 NON-ROOFTOP DISCONNECTION". CHANNEL PROTECTION VOLUME (CPV) IS NOT REQUIRED BECAUSE THE DESIGN RCM'S MEET THE RCM'S FOR "WOODS IN GOOD CONDITION".
8. FOREST CONSERVATION FOR THIS LOT HAS BEEN ADDRESSED UNDER AN APPROVED PLAN F-98-09.
9. THE EXISTING WELL SHOWN ON THIS PLAN, TAG NO. HO-94-1611 HAS BEEN FIELD LOCATED BY FISHER, COLLINS & CARTER, INC., PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.
10. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS 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 SHALL NOT BE NECESSARY.
11. LIMIT OF DISTURBANCE IS 26,120 S.F. OR 0.60 AC.

Approved as shown
by Michael Johnson
on 6/9/11

SITE ANALYSIS DATA

1. LOT 16 - 1.59 ACRES
2. DEVELOPABLE AREA: 1.59 ACRES
3. WETLAND AREA: NONE
4. FLOODPLAIN: NONE
5. FOREST: NONE
6. STEEP SLOPES: 0.26 ACRES
7. EROSION SOILS: NONE
8. LIMIT OF DISTURBANCE: 0.60 ACRES
9. PROPOSED SITE USE: RESIDENTIAL
10. GREEN OPEN AREA: 1.46 ACRES
11. IMPERVIOUS AREA: 0.11 ACRES

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 30272 BALTIMORE NATIONAL PIKE
ELICOTT CITY, MARYLAND 21042
(410) 461-2255

OWNER
J. TIMOTHY REED
9009 ELMONTE WOODS WAY
ELICOTT CITY, MARYLAND 21042

DEVELOPER
PAT COSTELLO
40 WEST BULL TERMS
3830 BETHANY LAKE
ELICOTT CITY, MARYLAND 21042
PH 410-835-9980

**SIMPLIFIED ENVIRONMENTAL CONCEPT PLAN
SYCAMORE VALLEY II
LOT 16**

ZONED RC-DEO
TAX MAP NO.: 21 GRID: 10 PARCEL NO.: 7
SCALE: 1" = 50' DATE: DECEMBER 14, 2010
4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SHEET 1 OF 2