

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B0-148949 JOB

Building Address **11808 CHAPEL BELLEWAY
 CLARKSVILLE MD 21029
 LOT 15 CHAPEL WOODS II**
 Suite/Apt. #: **N/A** SDP/WP/Petition #: **N/A**
 Census Tract _____ Subdivision **CHAPEL WOODS II**
 Plan # **93291**
 Section _____ Area _____ Lot **15**
 Tax Map **29** Parcel **86** Grid **7**
 Zoning **R** Map Coordinates **14F3** Lot size **4.817 AC**

Property Owner's Name **DAVID PAUL CARNEY**
 Address **3821 TILLOTSON WILHELM LANE**
 City **QUINNS MILLS** State **MD** Zip Code **21117**
 Home Phone **410-356-6697** Work Phone **410-720-5071**
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use **VACANT LOT**
 Proposed Use **RESIDENTIAL**
 Estimated Construction Cost \$ **600,000**
 Description of Work **SINGLE FAMILY, DETACHED
 RESIDENCE - CUSTOM PLANS
 ATTACHED**

Contractor Company **WILLIAMSBURG BUILDERS**
 Contact Person **BOB CURBETT**
 Address **5485 HARPERS FARM RD # 200**
 City **COLUMBIA** State **MD** Zip Code **21044**
 License No. **155**
 Phone **410-997-3800** Fax _____

Occupant or Tenant **SAME AS OWNER**
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company **DW TAYLOR & ASSOC**
 Contact Person **MIKE HAMIL**
 Address **5024 DORSET HILL DRIVE**
 City **ELICOTT CITY** State **MD** Zip Code **21042**
 Phone **410-964-1181** Fax **410-997-2924**

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height _____	Water Supply: Public _____ Private <input checked="" type="checkbox"/>
No. of stories: 3	Sewage Disposal: Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ <input checked="" type="checkbox"/> Wood Frame	Sprinkler system: N/A <input checked="" type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: Public _____ Private <input checked="" type="checkbox"/>
1st floor: Depth 72 Width 119	Sewage Disposal: Public _____ Private <input checked="" type="checkbox"/>
2nd floor: 72 50	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: 72 98	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms 5	
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: _____	
State Certified Modular _____ Manufactured Home _____	

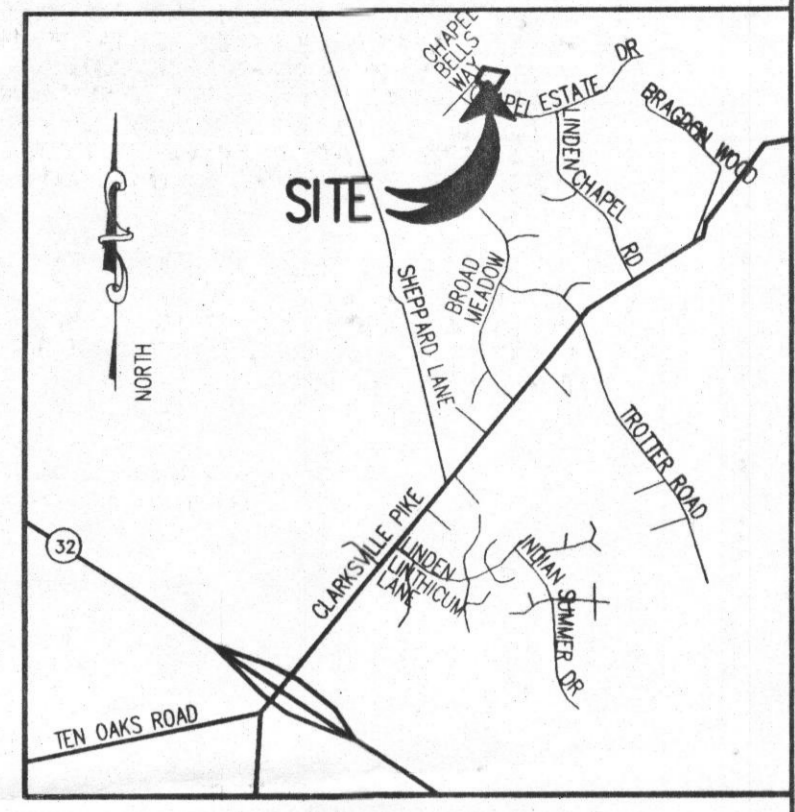
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE TO THIS; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE DESCRIBED 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 _____
 Title/Company _____

Print Name **DAVID CARNEY**
 Date **6/16/04**

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID# 67491
Land Development, DPZ			Front: _____	Filing fee \$ 100.00
State Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health 6/20/04		[Signature]	All minimum setbacks met? <input checked="" type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Sediment Control approval required prior to issuance?			If Entrance Permit required? <input checked="" type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # 7734
CONTRINGENC FOR CONSTRUCTION START <input type="checkbox"/>			Historic District? <input type="checkbox"/>	Validation # 70246
ONE STOP SHOP <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Accepted by [Signature]
			Lot Coverage for New Town Zone _____	
			SDP/Red line approval date _____	



VICINITY MAP
SCALE: 1" = 2000'

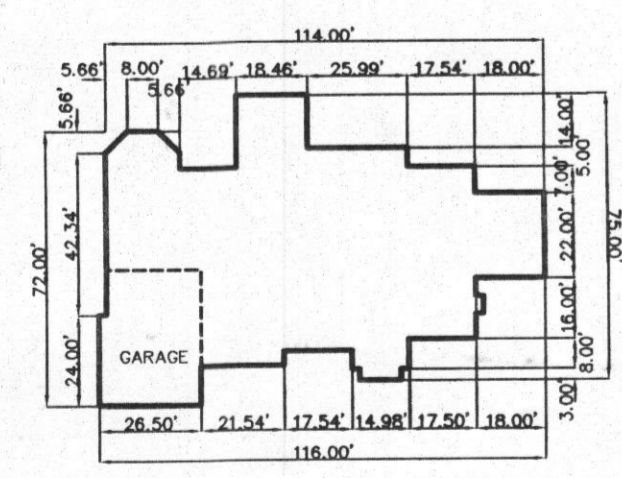
- ① Move Distribution Box to center of SDA to ~~center~~ help utilize area + trench layout.
- ② - new grades, associated w/ moving septic tank + D-box
- ③ For title this is not a revised perc cert. It is a revised building permit.
- ④ Show total area of easment. because of relocation.

Redford
1-6-05

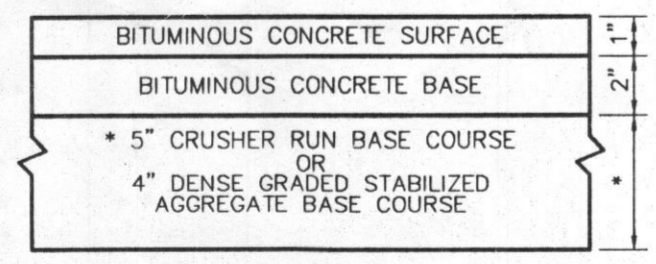
NEED TOTAL AREA

GENERAL NOTES
 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.

THE EXISTING WELL SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER EX- NO 88,0833) HAS BEEN FIELD LOCATED BY PHR&A PROFESSIONAL LAND SURVEYORS OR ENGINEERS, AND IS ACCURATELY SHOWN.



PLAN
SCALE: 1" = 50'



DRIVEWAY PAVING
NO SCALE



PLAN
SCALE: 1" = 50'

BP# B00148949

APPROVED : FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.

COUNTY HEALTH OFFICER
HOWARD COUNTY HEALTH DEPARTMENT

DATE

DATE NO. REVISION

OWNER / DEVELOPER
DAVE CARNEY
8965 GUILFORD ROAD, SUITE 290
COLUMBIA, MARYLAND 21046
301-621-8151

PROJECT CHAPEL WOODS II
LOT 15

AREA
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
TAX MAP 29 GRID 5 PARCEL 26,86,282 ZONE R

TITLE
REVISED PERCOLATION
CERTIFICATION PLAN

Patton Harris Rust & Associates, PC
Engineers, Surveyors, Planners, Landscape Architects.
8818 Centre Park Drive
Columbia, MD 21045
T 410.997.8900
F 410.997.9282

12-28-04
DATE

CHECKED BY : CJR
DESIGNED BY : AW
DRAWN BY : AW
PROJECT NO : 13090-1-0
DATE: DECEMBER 28, 2004
SCALE : AS SHOWN
DRAWING NO. 1 OF 1

CHRISTOPHER J. REID #19949

Correct title

4 1-300-514-7472
TRUHAMMAN