



HEALTH

Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 11/25/15

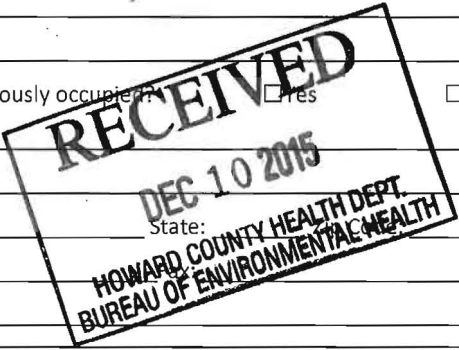
Permit No.: B15005234

Building Address: 11570 Chapel Rise
City: Clarksville State: MD Zip Code: 21029
Suite/Apt. # _____ SDP/WP/BA #: F-12-041
Census Tract: _____ Subdivision: Chapel Rise
Section: _____ Area: _____ Lot: 5
Tax Map: 29 Parcel: 26 Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: 3.08

Existing Use: empty lot
Proposed Use: single family home
Estimated Construction Cost: \$ 400,000

Description of Work: New House Construction - 3 levels - 4 Bedrooms, 4 Bath, 3 car garage

Occupant or Tenant: _____
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: _____
City: _____ State: _____
Phone: _____
Email: _____



Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	<u>Depth</u>	<u>Width</u>
Gross area, sq. ft./floor:	1 st floor: 40'	38'
	2 nd floor: 40'	38'
Area of construction (sq. ft.):	Basement: 40'	38'
	<input type="checkbox"/> Finished Basement	
Use group:	<input checked="" type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<u>Construction type:</u>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: _____	
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>	
<input type="checkbox"/> Masonry	No. of efficiency units: _____	
<input type="checkbox"/> Wood Frame	No. of 1 BR units: _____	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units: _____	
	No. of 3 BR units: _____	
	Other Structure: _____	
	Dimensions: _____	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: _____	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____	
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Property Owner's Name: Ali Sarraf
Address: 5910 Mystic Ocean Lane
City: Clarksville State: MD Zip Code: 21029
Phone: 484.432.4183 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Kevin Murray
Address: 5537 Twin Knolls Rd, Suite 435
City: Columbia State: MD Zip Code: 21045
Phone: 410.730.2300 Fax: 410.730.2796
Email: Kevinm@ariumae.com

Contractor Company: Timberlake Building and Renovations, LLC T/A Timberlake Design Build
Contact Person: David Lunden
Address: 888 Bestgate Road, Suite 411
City: Annapolis State: MD Zip Code: 21401
License No.: MHBR# 3769
Phone: 240.388.0873 Fax: _____
Email: _____

Engineer/Architect Company: Arium AE
Responsible Design Prof.: 5537 Twin Knolls Rd.
Address: Suite 435
City: Columbia State: MD Zip Code: 21045
Phone: 410.730.2300 Fax: _____
Email: _____

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
<u>Sprinkler System:</u>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>G1500360</u>	
Building Shell Permit Number: _____	

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: kevinm@ariumae.com

Print Name: Kevin Murray
Date: 11.25.2015



NOV 25 2015

Architectural Designer / Arium AE, LLC
Title/Company

LICENSES & PERMITS DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

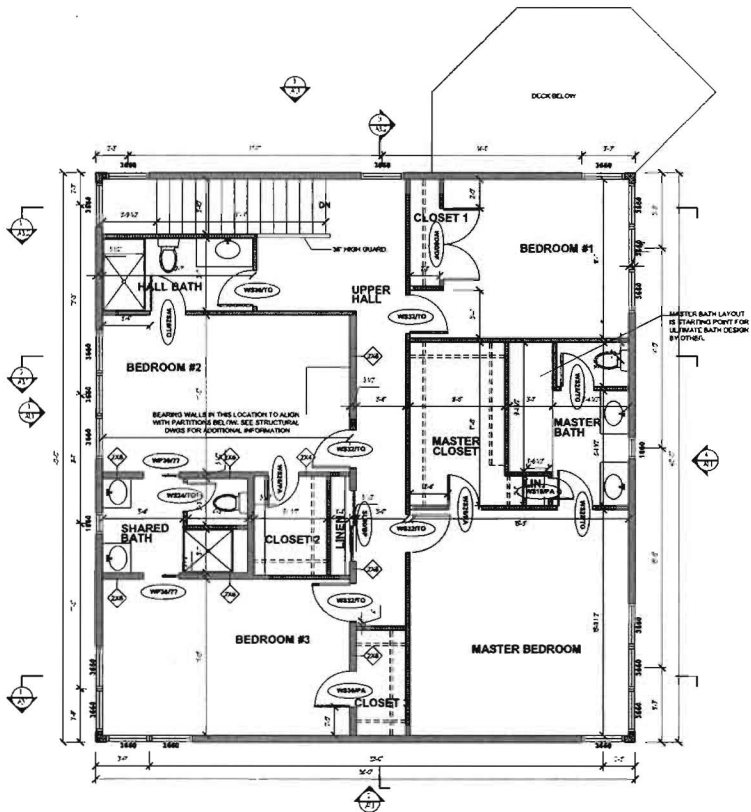
AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>11/25/15</u>	<u>[Signature]</u>

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: _____

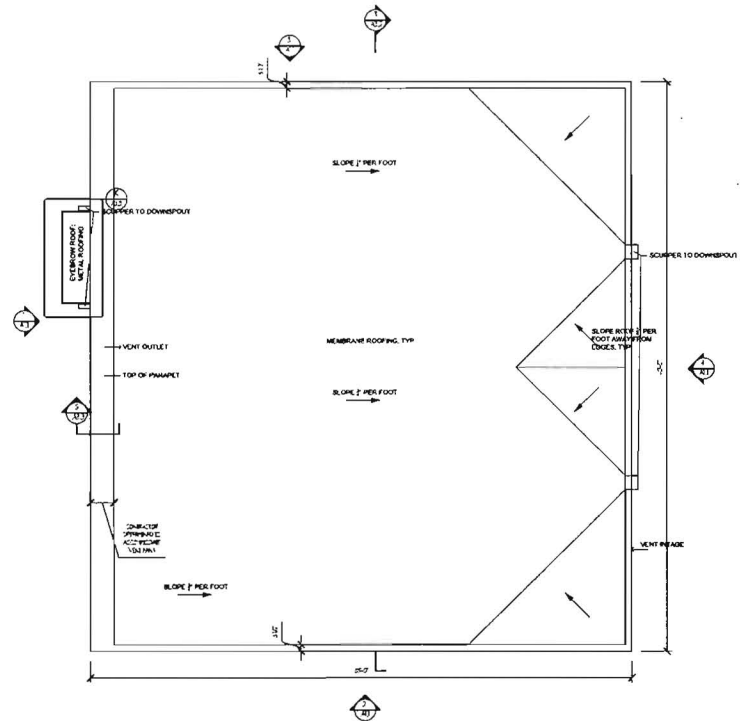
Filing Fee	\$ <u>100.00</u>
Permit Fee	\$ _____
Tech Fee	\$ _____
Excise Tax	\$ _____
PSFS	\$ _____
Guaranty Fund	\$ <u>50.00</u>
Add'l per Fee	\$ _____
Total Fees	\$ _____
Sub- Total Paid	\$ _____
Balance Due	\$ _____
Check	# <u>3507</u>

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

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



1 FLOOR PLAN- UPPER LEVEL
1/4"=1'-0"



2 FLOOR PLAN- ROOF LEVEL
1/4"=1'-0"

NOTE:
 ALL OPERABLE WINDOWS 72" ABOVE FINISHED GRADE OR SURFACE BELOW AND LOCATED BELOW 24" MIN. AFF. SHALL BE EQUIPPED WITH CODE COMPLIANT FALL PROTECTION LATCH. SEE CODE RELATED STANDARD SHEET A0.2. WINDOW SWING AS NOTED ON ELEVATIONS. GC TO COORDINATE WITH MFR.

NO.	DATE	REVISION

CONTRACTOR

PROJECT MANAGER/OWNER
 ALLIANCE
 CHARLOTTE, NC
 WWW.ARIUMAE.COM

SET PREPARED BY
 DATE: 11/11/15
 DRAWN BY: ARJ
 CHECKED BY: ARJ
 PROJECT NO.

ARIUM AE
 PROJECT:
 SARRAPE RESIDENCE
 1700 SARRAPE DRIVE S
 CHARLOTTE, NC 28211

TITLE: UPPER LEVEL & ROOF PLANS
 PROJECT NO.:
 DATE: 11/11/15
 DRAWN BY: ARJ
 CHECKED BY: ARJ
 PROJECT NO.

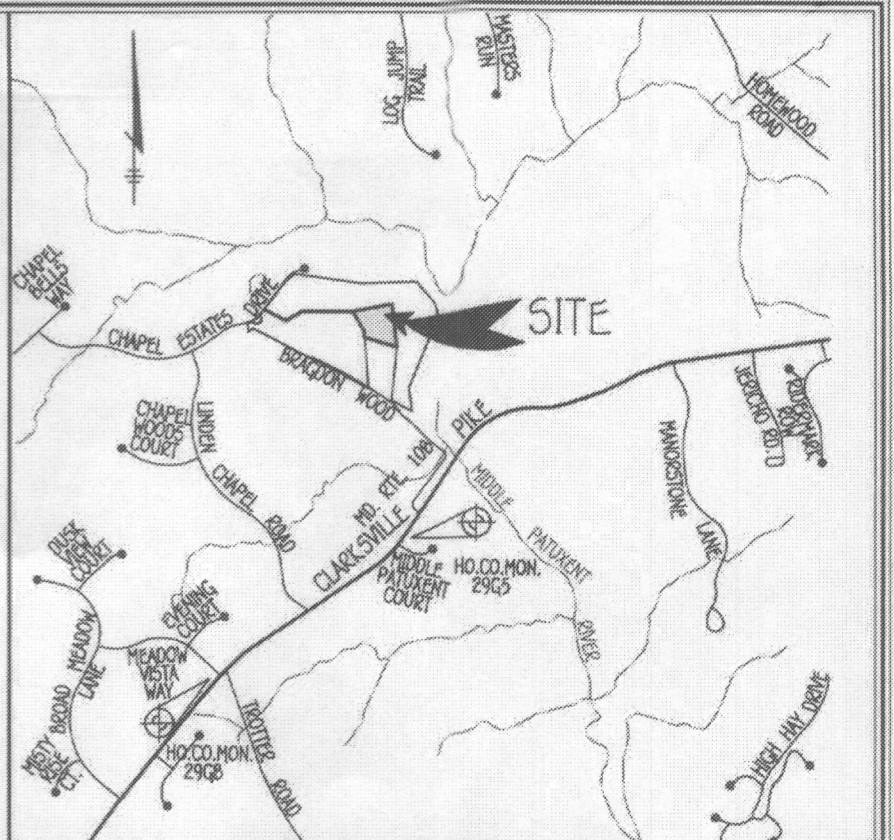
A2.2

FOR DESIGN REVIEW ONLY -
 NOT FOR CONSTRUCTION

LEGEND	
SYMBOL	DESCRIPTION
- - - -	EXISTING CONTOUR 2' INTERVAL
- - - -	PROPOSED CONTOUR 2' INTERVAL
X362.5	SPOT ELEVATION
-OF-OF-	DIVERSION FENCE
-SF-SF-	SUPER SILT FENCE
-SF-SF-	SILT FENCE
EROSION CONTROL MATTING	EROSION CONTROL MATTING
LDL	LIMITS OF DISTURBANCE
○	SPECIMEN TREE
TSOC	TEMPORARY STONE OUTLET STRUCTURES
1005	FAILED PERC HOLE
1001	PASSED PERC HOLE

MICRO-BIORETENTION PLANT MATERIAL		
MICRO-BIO QUANTITY	NAME	MAXIMUM SPACING (FT.)
25	MIXED PERENNIALS	1.5 TO 3.0 FT.
1	SILKY DOGWOOD	PLANT AWAY FROM INFLOW LOCATION

MICRO-BIORETENTION									
MICRO-BIO FILTER	A	B	C	D	E	F	G	H	I
1	363.00	363.00	362.00	361.83	379.83	379.66	379.33	379.00	379.18

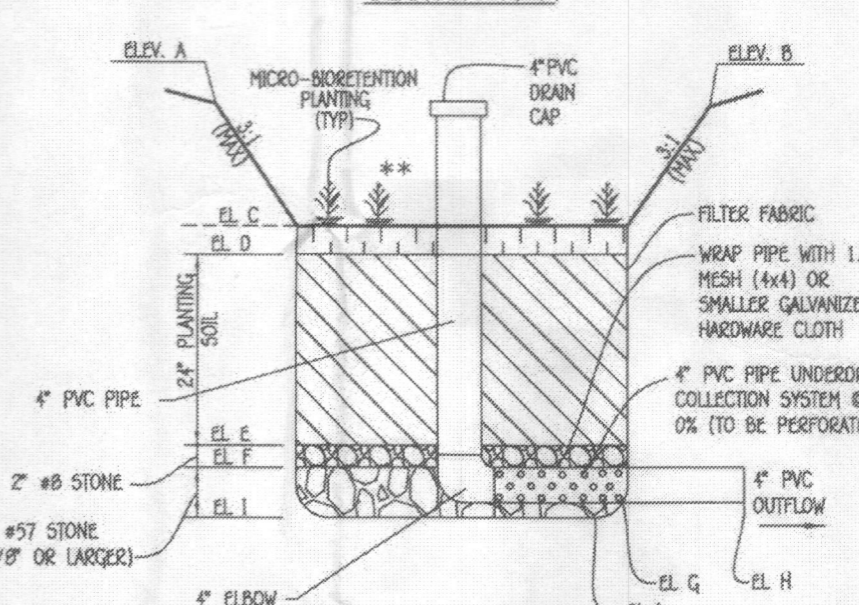
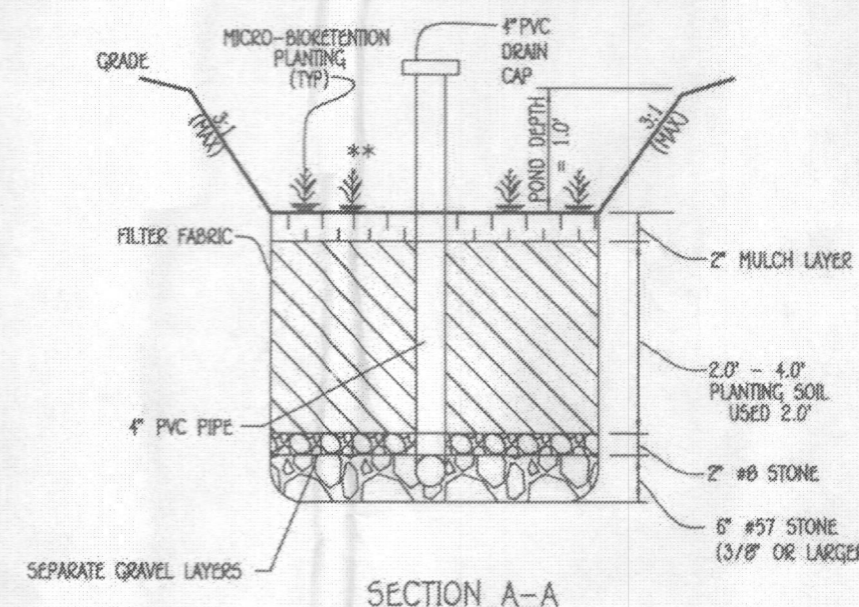


VICINITY MAP
 SCALE: 1" = 200'
 HO. CO. MD. ADC MAP 4934, GRID C3

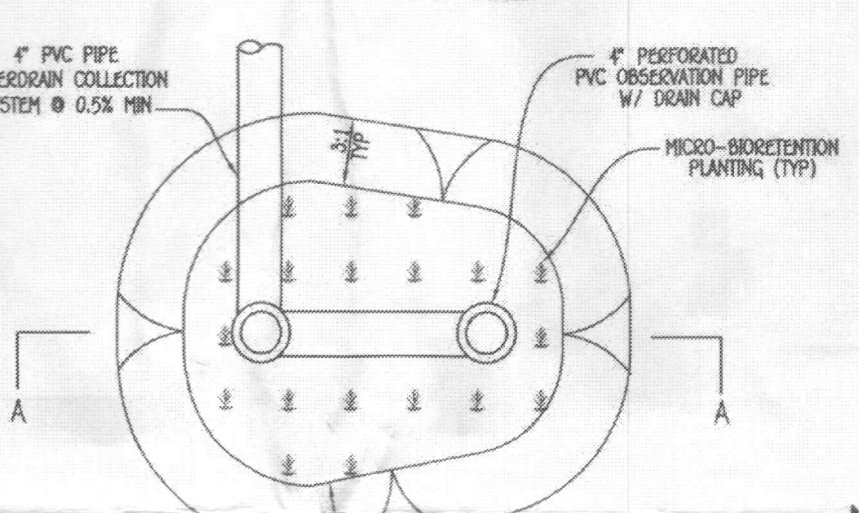
BENCH MARKS
 T.P. 2932 ELEV. 456.00
 N. 566.826.1
 E. 1,333,255.9
 LOC. SW CORNER OF MEADOW VISTA WAY & TROTTER RD. NEAR INTERSECTION OF RTE. 106 & MEADOW VISTA WAY

T.P. 2932 ELEV. 367.40
 N. 566.341.2
 E. 1,335,392.5
 LOC. SE CORNER OF ROUTE 106 & NEAR INTERSECTION OF RTE. 106 & MIDDLE PATENT COURT

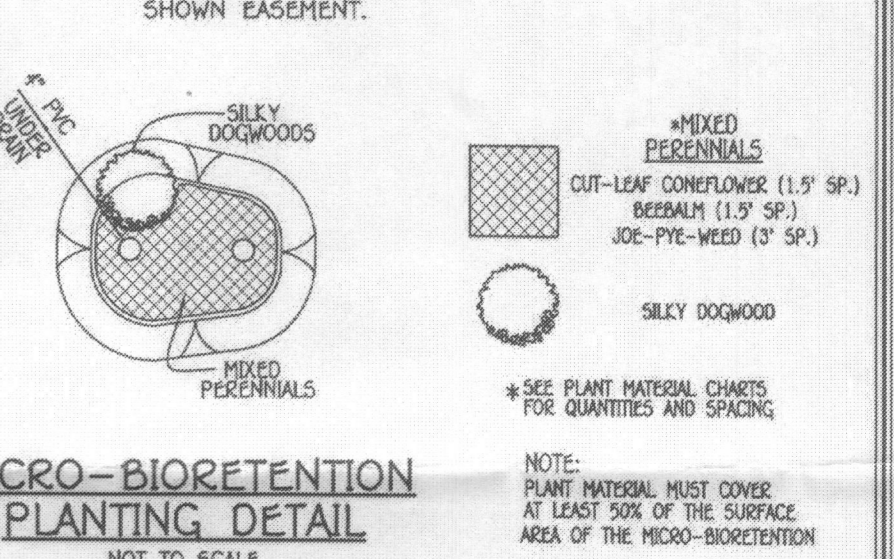
- GENERAL NOTES**
- SUBJECT PROPERTY ZONED: RC-DEO
 - TOTAL AREA OF PROPERTY: 3.0008 AC.
 - LIMIT OF DISTURBANCE: 13,314 SQ.FT. OR 0.44 ACRES.
 - LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
 - CONTRACTOR/BUILDER TO VERIFY ELEVATION IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
 - BOUNDARY OF LOT BASED ON PLAT #22022.
 - TOPOGRAPHY SHOWN HEREON BASED ON FIELD RUN TOPOGRAPHIC SURVEY CONDUCTED BY FISHER, COLLINS & CARTER, INC. IN JULY, 2015. TOPOGRAPHY IS SUPPLEMENTED BY HOWARD COUNTY 200 SCALE TOPOGRAPHY.
 - NO WETLANDS EXIST ON THIS LOT.
 - PERMISSION FOR OFF-SITE DISTURBANCE IS NOT REQUIRED. DISTURBANCE IS SHOWN WITHIN THE COMMON AREA FOR THE SUBDIVISION DESIGNATED WITH THE SHOWN EASEMENT.



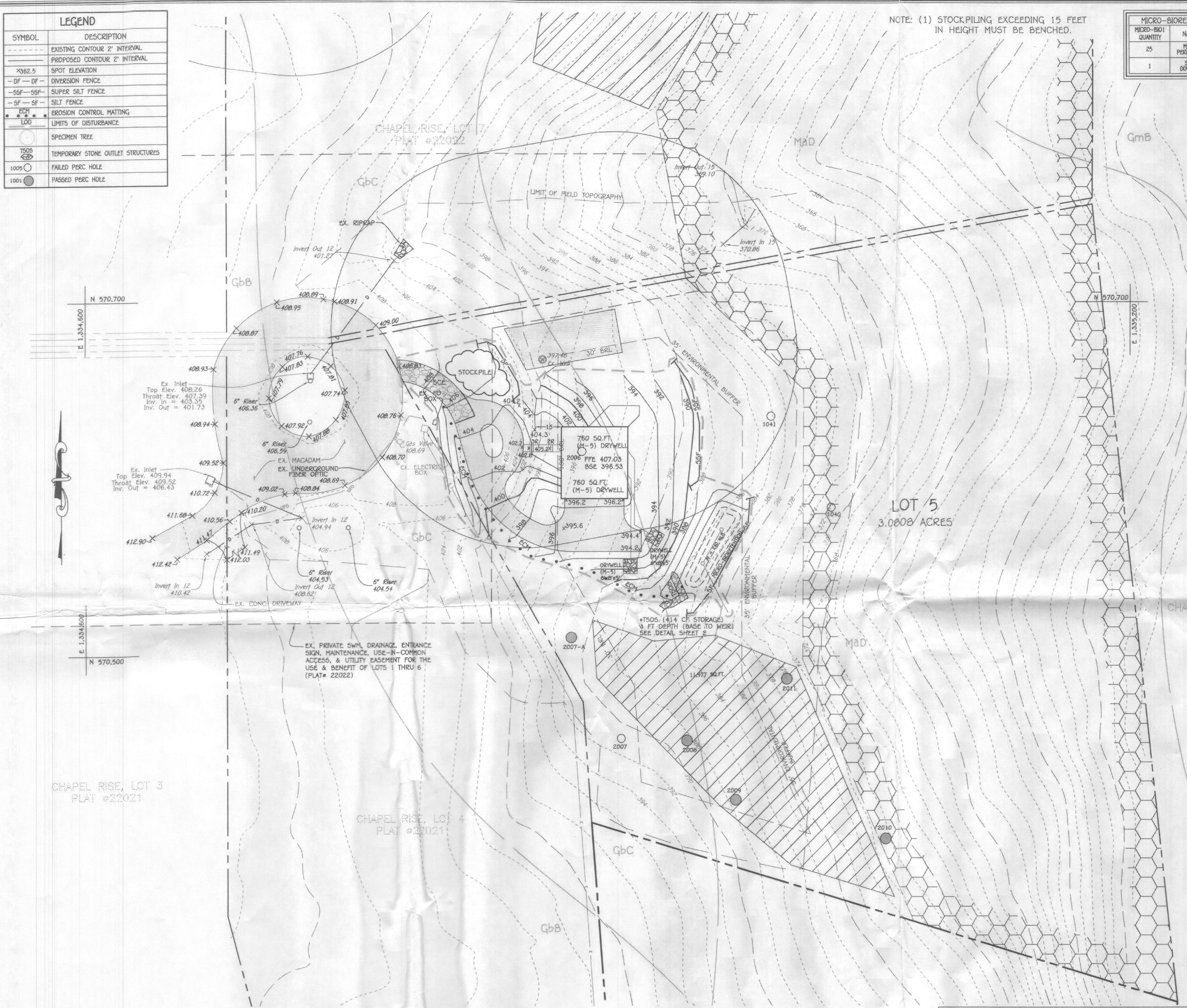
MICRO-BIORETENTION DETAIL (M-6)
 NOT TO SCALE



MICRO-BIORETENTION PLANTING DETAIL
 NOT TO SCALE

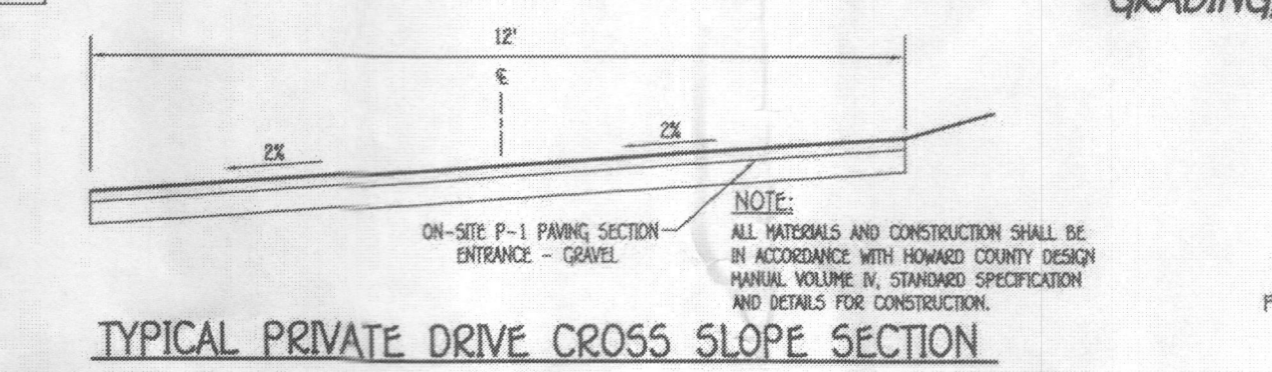
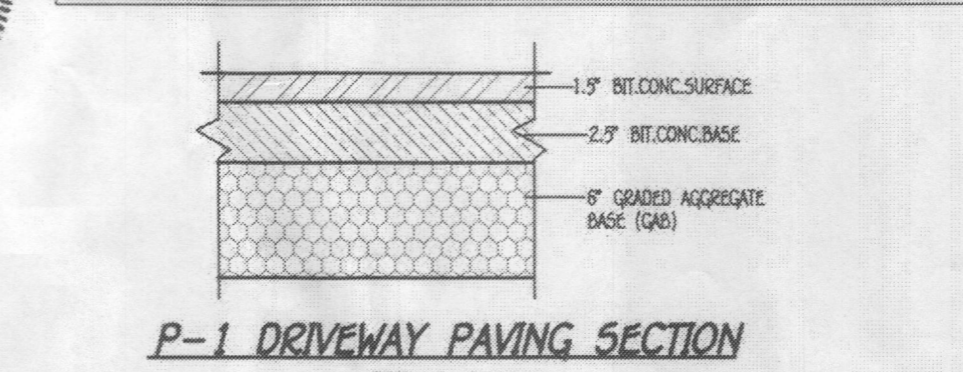


NOTE: (1) STOCKPILING EXCEEDING 15 FEET IN HEIGHT MUST BE BENCHED.



STORMWATER MANAGEMENT
 SCALE: 1" = 30'

SOILS LEGEND		
SOIL	NAME	CLASS
Gbc	Gladstone loam, 0 to 15 percent slopes	B
MdD	Manor loam, 15 to 25 percent slopes	B



BUILDER/DEVELOPER'S CERTIFICATE

"I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN FOR SEDIMENT AND EROSION CONTROL AND THAT ANY RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF THE ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT."

SIGNATURE OF DEVELOPER: _____ DATE: _____

ENGINEER'S CERTIFICATE

"I/WE CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT."

SIGNATURE OF ENGINEER: *Stephen J. Tuite* DATE: 9/3/15

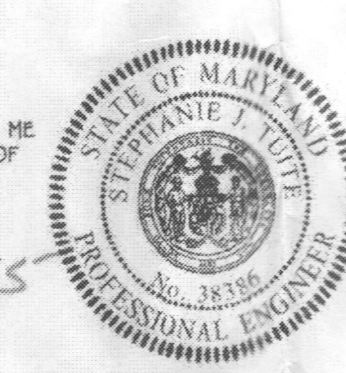
NO. _____ DESIGN _____ DATE _____

PROFESSIONAL CERTIFICATION

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 38336, EXPIRATION DATE: 01/12/2016.

SIGNATURE OF PROFESSIONAL ENGINEER: *Stephen J. Tuite* DATE: 9/3/15

OWNER
 ALI SABRAF & FERESHTEH KASSARI
 11836 LINDEN CHAPEL ROAD
 CLARKSVILLE, MD 21029
 484-432-4183



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