

Building Address: 14859 Michele Dr  
Glencroft MD 21737

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

Census Tract: \_\_\_\_\_ Subdivision: The Warfields

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 26

Tax Map: 27 Parcel: 114 Grid: 5

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 46,567

Existing Use: SFD

Proposed Use: Inground pool

Estimated Construction Cost: \$ 30,000.00

Description of Work: 40' X 18" inground concrete pool, depth 3' to 8', fence to code, filled by truck

Occupant or Tenant: \_\_\_\_\_

Was tenant space previously occupied?  Yes  No

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Property Owner's Name: John Masters

Address: 14859 Michele Dr

City: Glencroft State: MD Zip Code: 21737

Home Phone: 301-4981112 Work Phone: \_\_\_\_\_

Applicant's Name & Mailing Address, (If other than stated herein):  
Karen Klayman  
293 Southland Ct Dunkort 20754

Phone: 4105077705 Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor Company: Anthony + Sylvan Peds

Contact Person: Karen Klayman

Address: 344B Ritchie Hwy

City: Severna Park Zip Code: 21146

License No.: 125678

Phone: 501 490 1919 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"/> <b>Roadside Tree Project Permit</b>	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<b>Roadside Tree Project Permit #</b>	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 <sup>st</sup> floor:	<input type="checkbox"/> Private
2 <sup>nd</sup> 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 checked="" type="checkbox"/> Yes <input 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"/> <b>Roadside Tree Project Permit</b>
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<b>Roadside Tree Project Permit #</b>
<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: Karen Klayman Print Name: Karen Klayman

Email Address: \_\_\_\_\_ Date: 3/19/2014

Title/Company: Agent Anthony + Sylvan Peds

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>4-3-14</u>	<u>Dore Bernad</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

Permits: 410-313-2455  
 Inspections: 410-313-1810  
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application  
 Department of Inspections, Licenses & Permits  
 3430 Court House Drive  
 Ellicott City, MD 21043

Permit Number:  
**B12003100**

Building Address: 14859 Michale Dr Calverly md 21737  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: WOLFELDS II  
 Section: \_\_\_\_\_ Area: 2 Lot: 26a  
 Tax Map: 27 Parcel: 114 Grid: 5  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 40857

Existing Use: SFD  
 Proposed Use: SFD w/ propane tank  
 Estimated Construction Cost: \$ 8000  
 Description of Work: install 1000 gallon in ground propane tank

Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: owner  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: Tea naki properties inc  
 Address: PO Box 30  
 City: Calverly State: md Zip Code: 21777  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated herein):  
Jeremy Clancy PO Box 1253  
Eldersburg md 21784  
 Phone: 410-740-1227 Fax: \_\_\_\_\_  
 Email: Jeremy @ Applied and approved.com

Contractor Company: Valley National Cris  
 Contact Person: William Grewing  
 Address: 7201 Montverde Rd  
 City: Dessup State: md Zip Code: 20794  
 License No.: 67797  
 Phone: 410-799-1114 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: contractor  
 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>	
<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>
Depth	<input type="checkbox"/> Public
Width	<input checked="" type="checkbox"/> Private
1 <sup>st</sup> floor:	<u>Sewage Disposal</u>
2 <sup>nd</sup> floor:	
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 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"/> 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: Jeremy Clancy Print Name: Jeremy Clancy  
 Email Address: Jeremy @ applied and approved.com Date: 9/13/12  
 Title/Company: permits

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>7/15/2012</u>	<u>B. Baker</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	\$
Permit Fee	\$ <u>100</u>
Tech Fee	\$ <u>10</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$ <u>110</u>
Balance Due	\$ <u>0</u>

Check # 3048



Permits: 410-313-2455  
 Inspections: 410-313-1810  
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application  
 Department of Inspections, Licenses & Permits  
 3430 Court House Drive  
 Ellicott City, MD 21043

Permit Number:

**B12002067**

Building Address: 14859 Michele Drive  
Greenly MD 21737

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: GP 10-90

Census Tract: \_\_\_\_\_ Subdivision: Warfields II

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 26

Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: NVR Inc

Address: 9720 Patuxent Woods Drive

City: Columbia State: MD Zip Code: 21046

Home Phone: \_\_\_\_\_ Work Phone: 410-379-5956

Applicant's Name & Mailing Address, (if other than stated herein):  
Jim Kenwig  
PO Box 552 Woodbine MD 21797

Phone: 443-309-7792 Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Existing Use: Vacant lot

Proposed Use: Single family house

Estimated Construction Cost: \$ 250,000

Description of Work: New 2 story "Chapel Hill" with 2 car garage, morning room, sitting area with covered porch unfinished basement

Occupant or Tenant: \_\_\_\_\_

Was tenant space previously occupied?  Yes  No

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor Company: NV Homes

Contact Person: Ryan Johnson

Address: 9720 Patuxent Woods Drive

City: Columbia State: MD Zip Code: 21046

License No.: 56

Phone: 410-379-5956 Fax: 410-379-5956

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
Area of construction (sq. ft.):	<u>Sewage Disposal</u>
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction type:	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<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 type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<input type="checkbox"/> Roadside Tree Project Permit II	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth Width	<input type="checkbox"/> Public
1 <sup>st</sup> floor: <u>59 x 54</u>	<input checked="" type="checkbox"/> Private
2 <sup>nd</sup> floor: <u>59 x 54</u>	<u>Sewage Disposal</u>
Basement: <u>58 x 54</u>	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input checked="" type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>4</u>	<input checked="" 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 checked="" type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Roadside Tree Project Permit II
<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: Jim Kenwig Print Name: Jim Kenwig

Email Address: \_\_\_\_\_ Date: 6/18/2012

Title/Company: Agent NV Homes

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>7/6/12</u>	<u>R. Brackley</u>
<input type="checkbox"/> 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

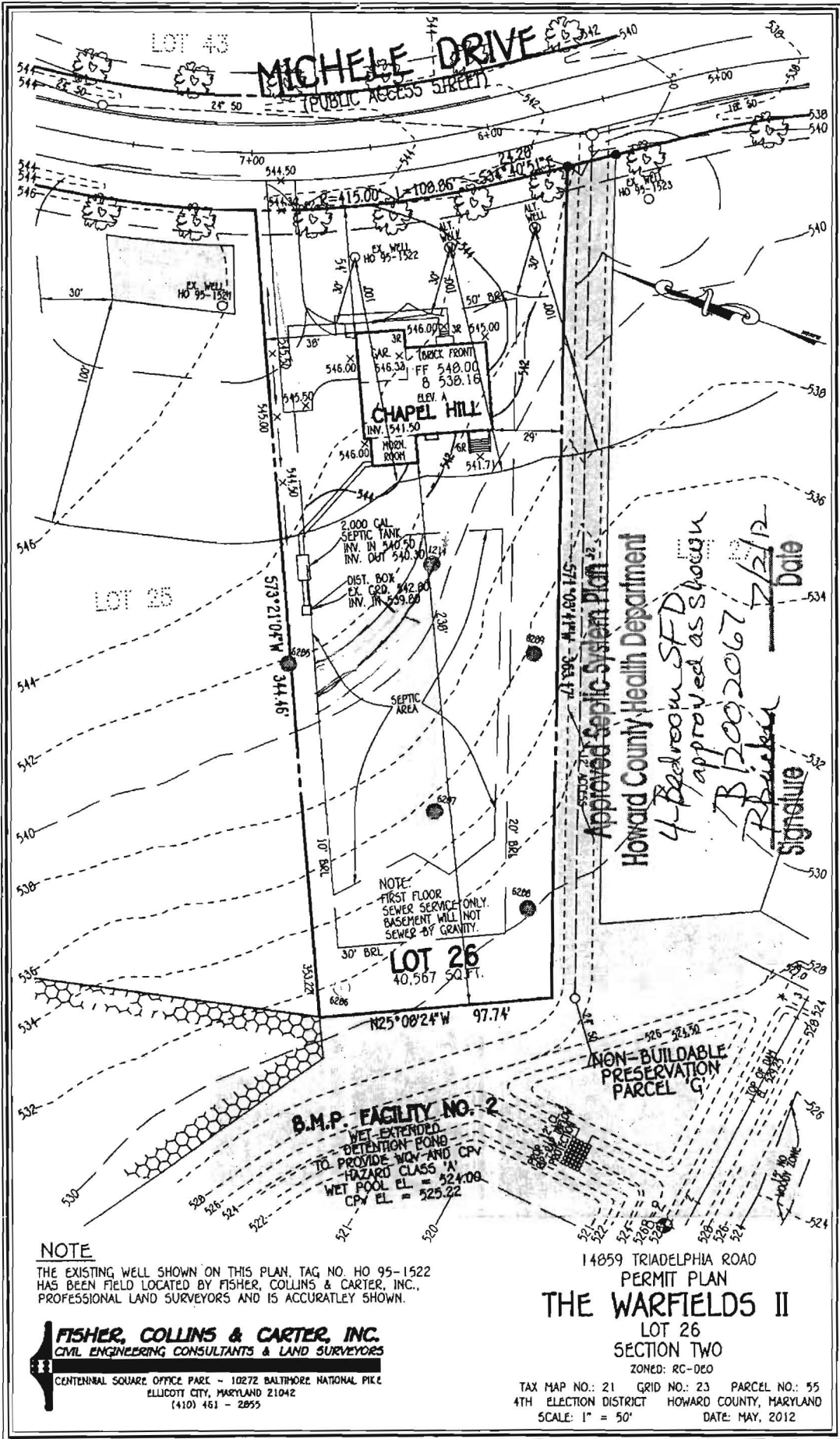
Lot Coverage for New Town Zone: \_\_\_\_\_

SDP/Red-line approval date: \_\_\_\_\_

Filing Fee	\$
Permit Fee	\$ <u>100</u>
Tech Fee	\$
Excise Tax	\$
PSF3	\$
Guaranty Fund	\$ <u>50</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

Check 690899

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA  
 T:\Operations\Updated Forms\New building app 11.10.2010.docx



**NOTE**

THE EXISTING WELL SHOWN ON THIS PLAN, TAG NO. HO 95-1522 HAS BEEN FIELD LOCATED BY FISHER, COLLINS & CARTER, INC., PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.

**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
 ELLICOTT CITY, MARYLAND 21042  
 (410) 461-2855

14859 TRIADELPHIA ROAD  
 PERMIT PLAN  
**THE WARFIELDS II**  
 LOT 26  
 SECTION TWO  
 ZONED: RC-DEO  
 TAX MAP NO.: 21 GRID NO.: 23 PARCEL NO.: 55  
 4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 50' DATE: MAY, 2012

Approved Septic System Plan  
 Howard County Health Department  
 4 Bedroom SFD  
 Approved as shown  
 B. Boaz 2012  
 Signature  
 Date

Building Address: 14259 Michele Drive  
Glenely MD 21737

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

Census Tract: \_\_\_\_\_ Subdivision: Waufields II

Section: Two Area: \_\_\_\_\_ Lot: 26

Tax Map: \_\_\_\_\_ Parcel: A Grid: \_\_\_\_\_

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: SFD

Proposed Use: SFD w/12x22 Deck w/ Stps

Estimated Construction Cost: \$ 11,000.00

Description of Work: Build one new 12x22 Deck w/ stairs

Occupant or Tenant: \_\_\_\_\_

Was tenant space previously occupied?  Yes  No

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Property Owner's Name: John Masters

Address: 14259 Michele Drive

City: Glenely State: MD Zip Code: 21737

Home Phone: \_\_\_\_\_ Work Phone: 301-641-0012

Applicant's Name & Mailing Address, (If other than stated herein): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: jukmasters@aol.com

Contractor Company: Bryan Hanson Builders Inc

Contact Person: Bryan Hanson

Address: 2006 Glenwood Springs Drive

City: Ellicott State: MD Zip Code: 21739

License No.: 46579

Phone: 443-324-5332 Fax: \_\_\_\_\_

Email: coolhand13@verizon.net

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 checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth Width	<input type="checkbox"/> Public
1 <sup>st</sup> floor:	<input type="checkbox"/> Private
2 <sup>nd</sup> 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 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 checked="" 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 UNOSIGNED 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: Bryan L Hanson

Email Address: coolhand13@verizon.net

Title/Company: President

Print Name: Bryan L Hanson

Date: 3-6-13

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

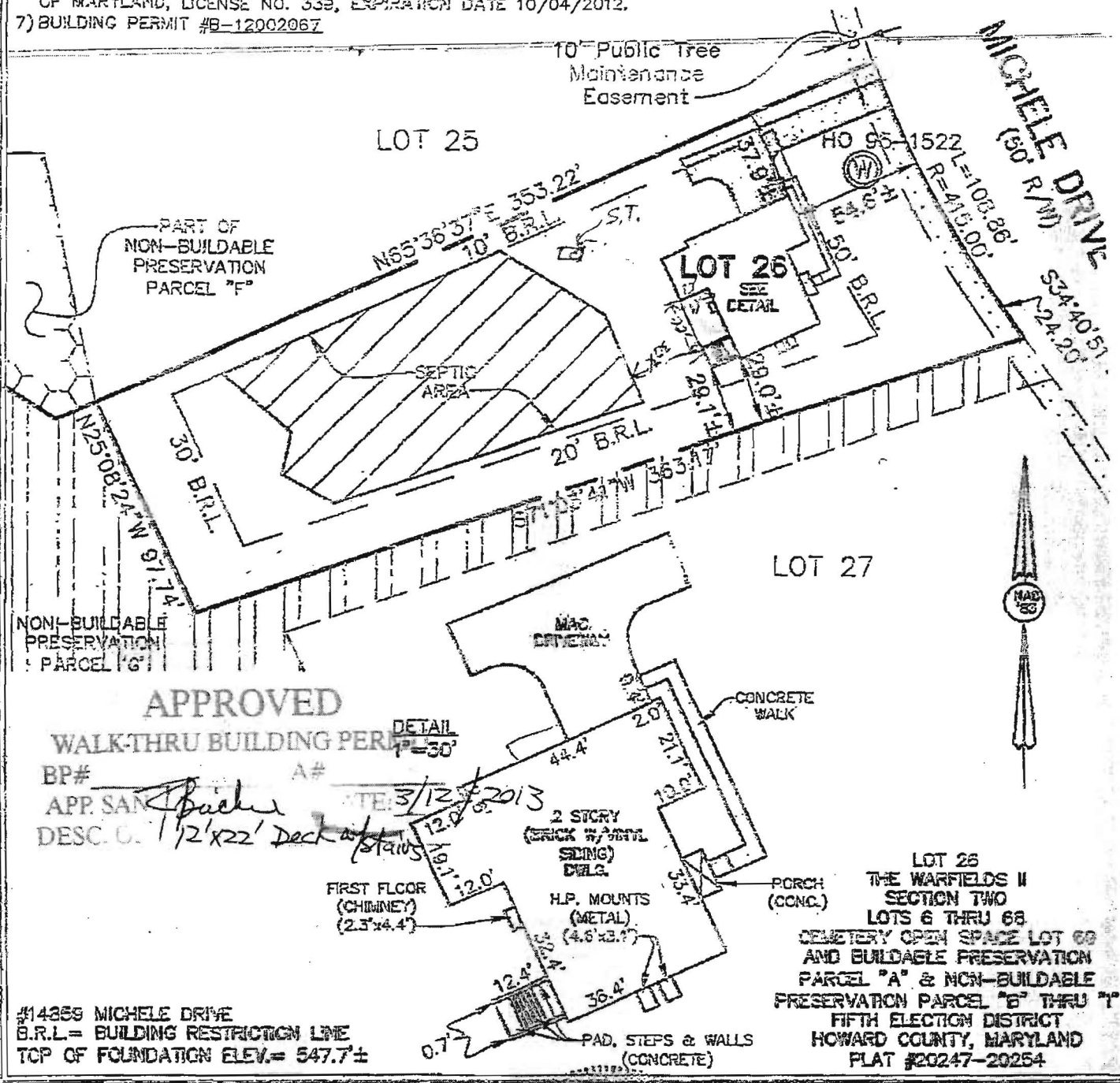
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>3/12/13</u>	<u>R. Butler</u>
Fire Protection		

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? <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	\$

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROPERTY LINE SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 339, EXPIRATION DATE 10/04/2012.  
 7) BUILDING PERMIT #B-12002067



**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTRAL SQUARE OFFICE PARK - 10272 BALDORGE NATIONAL PARK  
 ELICOTT CITY, MARYLAND 21042  
 (410) 451-2555



*Mark L. Robel* 10/04/12  
 PROFESSIONAL LAND SURVEYOR DATE  
 REG. # 339

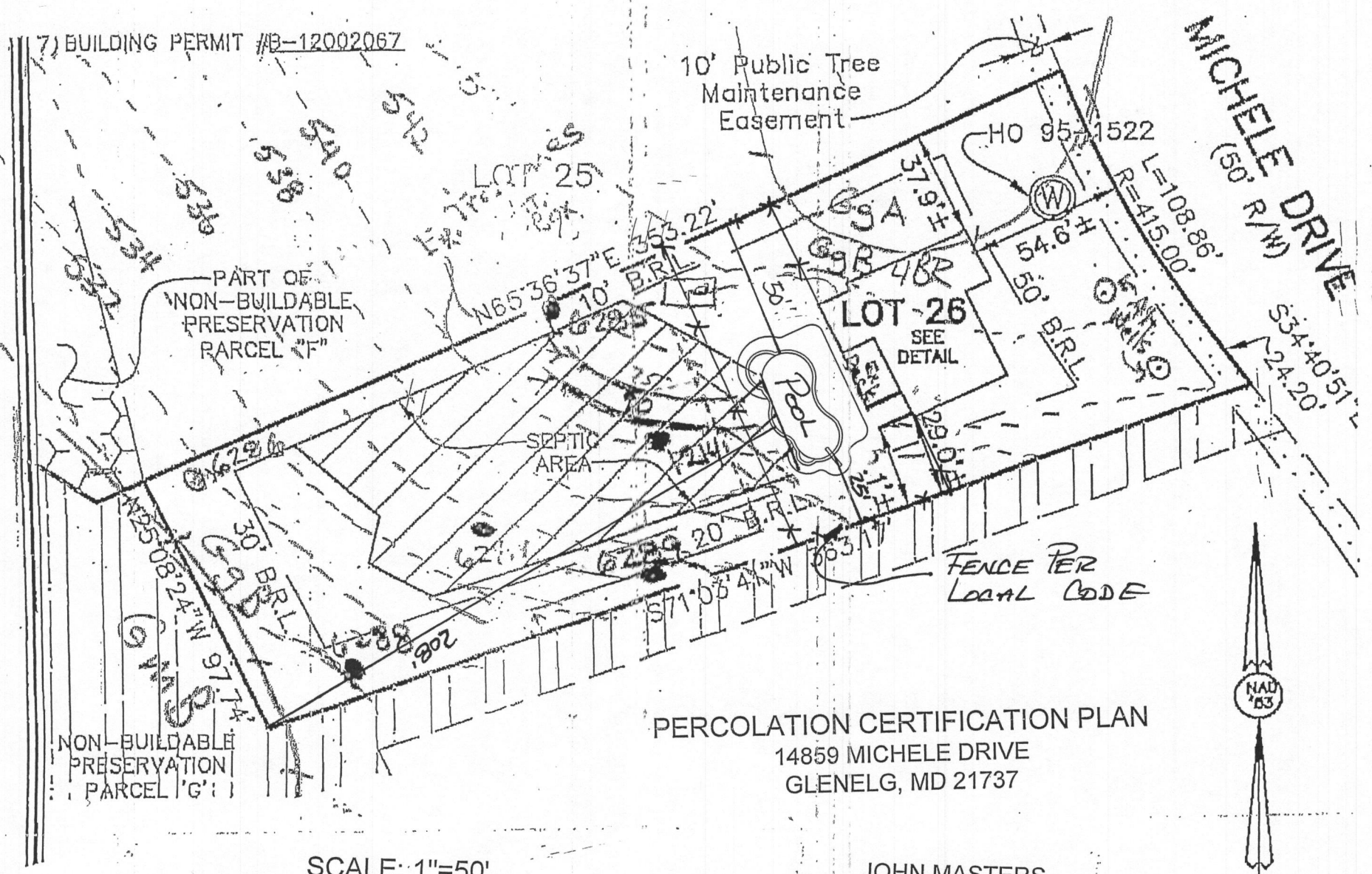
**HOUSE LOCATION DRAWING**

FOUNDATION LOCATION: *7/25/12*  
 FINAL LOCATION: *10/12/12*  
 BOUNDARY SURVEY: \_\_\_\_\_

SCALE: 1"=60'  
 DATE: *10/12/12*  
 DRAWN BY: *JMP*  
 CHECKED BY: *MLR*  
 PROJECT No.: *08100-2001*

FCC #

7) BUILDING PERMIT #B-12002067



**PERCOLATION CERTIFICATION PLAN**  
 14859 MICHELE DRIVE  
 GLENELG, MD 21737

SCALE: 1"=50'

JOHN MASTERS  
 301-641-0012

**NOTES**

1. ALL EXISTING WELLS ON THE SUBJECT PROPERTY AND WITHIN 100 FEET OF SUBJECT PROPERTY BOUNDARIES ARE REPRESENTED TO THE BEST OF MY KNOWLEDGE AND BELIEF.
2. TOPOGRAPHY AND WELL LOCATIONS ON THIS PLAT ARE FROM THE BUILDING PERMIT APPLICATION SITE PLAN FOR THE EXISTING RESIDENCE AND ARE VERIFIED TO ACCURATELY REPRESENT WELL LOCATIONS AND THE RELATIVE ELEVATION CHANGES ON AND NEAR THE SUBJECT PROPERTY.
3. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT.
4. ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
5. THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS EASEMENT ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
6. THE EXISTING RESIDENCE, SEPTIC TANK, DISTRIBUTION BOX AND DISTRIBUTION TRENCHES WILL REMAIN.
7. THE PURPOSE FOR THIS PERCOLATION CERTIFICATION PLAN REVISION IS TO ADJUST THE SEWAGE DISPOSAL AREA TO ACCOMMODATE AN ANTICIPATED INGROUND POOL.
8. THE EXISTING SEPTIC SYSTEM MUST BE MODIFIED TO MEET CODE REQUIREMENTS FOR SE (BACK TO POOL AND FOR TRENCH ABSORPTION AREA PRIOR TO HEALTH DEPARTMENT APPROVAL OF THE BUILDING PERMIT.

**LEGEND**

- SEPTIC TANK
- PERC TEST PASS
- PERC TEST FAIL
- SEPTIC EASEMENT AREA RETAINED ~9300 ft<sup>2</sup>
- SEPTIC EASEMENT AREA ABANDONED ~1000 ft<sup>2</sup>
- SEPTIC EASEMENT AREA ADDED ~1500 ft<sup>2</sup>
- ELEVATION CONTOUR LINES - - - - - 500 -
- SOIL MAP UNIT LINES

\*9. A new trench, 40 feet in length, is to replace the approximate 40 feet of trench to be abandoned. At the cut ends of the existing trenches, gravel is to be completely removed for a length of 3 to 5 feet and soil is to be tamped into the void.

\*10. The owner, or designee, is responsible for accurately marking the proposed location of the inground pool basin prior to the septic contractor's layout inspection.

\*Notes 9 and 10 inserted with owner's permission.  
 RB 9/1/13

I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON WORK PERFORMED IN MY PRESENCE OR BY MY DIRECTION, AND IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(SIGNATURE) 8/29/13  
 (DATE)

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.

(SIGNATURE) 9/3/2013  
 (DATE)

**APPROVED**  
 WALK-THRU BUILDING PERMIT  
 BP# \_\_\_\_\_ A# \_\_\_\_\_  
 APP. SAND Bernard DATE: 4-3-14  
 DESC. OF WORK: 40x18 inground  
concrete pool with fence.  
 Approved as shown