

*** Problem Address ***
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: 9/23/15

Permit No.: B1504116

11809 Collie Court

Building Address: 11809 Collie Court
 City: Fulton State: MD Zip Code: 20779
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: 5 Subdivision: Fulton Manor
 Section: _____ Area: _____ Lot: 4
 Tax Map: 41 Parcel: 78 Grid: 19
 Zoning: ER-DEU Map Coordinates: 15-053 Lot Size: 51,103

Existing Use: Residential cond
 Proposed Use: Residential
 Estimated Construction Cost: \$ 350,000
 Description of Work: Construct new single family dwelling

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: CHARLES WIMMER
 Address: 5074 Dorsey Hall Dr
 City: Ellicott City State: MD Zip Code: 20742
 Phone: 410-660-9305 Fax: _____
 Email: C.W. WIMMER @ DOUGLAS HOMES INC. COM

Property Owner's Name: O Hill LLC
 Address: 5760 Dorsey Hall Dr
 City: Ellicott City State: MD Zip Code: 21042
 Phone: 410-660-9305 Fax: _____
 Email: C.W. WIMMER @ DOUGLAS HOMES INC. COM

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: DOUGLAS HOMES
 Contact Person: CHARLES WIMMER
 Address: 5074 DORSEY HALL DR
 City: Ellicott City State: MD Zip Code: 20742
 License No.: 13461557 321
 Phone: 410-660-9305 Fax: _____
 Email: C.W. WIMMER @ DOUGLAS HOMES INC. COM

Engineer/Architect Company: Rob Vobel
 Responsible Design Prof.: _____
 Address: 9407 Main St
 City: Ellicott City State: MD Zip Code: 21043
 Phone: 410-461-7666 Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth: _____ Width: _____
Gross area, sq. ft./floor: _____	1 st floor: <u>477</u> 2 nd floor: <u>54</u>
Area of construction (sq. ft.): _____	Basement: _____
Use group: _____	<input type="checkbox"/> Finished Basement
Construction type:	<input checked="" type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Masonry	No. of Bedrooms: <u>3</u>
<input checked="" type="checkbox"/> Wood Frame	Multi-family Dwelling
<input type="checkbox"/> State Certified Modular	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
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

Utilities
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____
Sprinkler System:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number: _____
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: Charles Wimmer Print Name: CHARLES WIMMER
 Email Address: C.W. WIMMER @ DOUGLAS HOMES INC. COM Date: 9/23/15
 Title/Company: _____

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

AGENCY	DATE	SIGNATURE OF APPROVAL	DPZ SETBACK INFORMATION	Filing Fee	\$
State Highways			Front: _____	Permit Fee	\$
Building Officials			Rear: _____	Tech Fee	\$
PSZA (Zoning)			Side: _____	Excise Tax	\$
PSZA (Engineering)			Side St.: _____	PSFS	\$
Health			All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No	Guaranty Fund	\$
			Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Add'l per Fee	\$
			Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Fees	\$
			Lot Coverage for New Town Zone: _____	Sub-Total Paid	\$
			SDP/Red-line approval date: _____	Balance Due	\$
				Check	#

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

RESIDENTIAL BUILDING PERMIT PERMIT FEE AND EXCISE TAX WORKSHEET

PERMIT NUMBER _____

OWNER Douglas Home ADDRESS Westchester U/ 5TH/BL/Play Rm

CONSTRUCTION PHASE: New Addition _____ Alteration _____ Temporary _____

IRC USE GROUP: R-3 DESCRIPTION OF WORK: _____

2 story full hnd 11R, 4FB, 1AB, & GARAGE (5-BR) OPT-EP

PRESCRIPTIVE METHOD UA ALTERNATIVE _____ PERFORMANCE METHOD _____

BUILDING	FRONT	DEPTH	HEIGHT	AREA	AREA
1	56	47	10	2015	
2	56	47	10	1648	
B	56	47	10	1825	
				GSF = 5188	OGSF =

Footings <u>20" x 10"</u>	Foundation <u>10" concrete</u>	Walls <u>WOOD FRAM 8" SI CM</u>	Roof <u>Asph GABLE</u>	Other
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Residential Fee Calculations:

Residential - A building which contains one or more dwelling unit, including boarding houses but not including transient accommodations such as hotels, country inns or bed and breakfast inns. Residential includes uses accessory to building units such as attached garages or home occupations, but does not include non-residential uses in mixed use structures.

BPF = $\frac{5188}{GSF} \times \$1.18 = \$ 933^{84}$ x 10% (Tech Fee) = 93^{38}

ET = $\frac{5188}{OGSF} \times \$1.17 = \$ 6069^{96}$ PSFS = $\frac{5188}{OGSF} \times \$1.25 = \$ 6485$

BPF = Building Permit Fee OGSF = Occupiable Gross Square Feet GSF = Gross Square Feet ET = Excise Tax PSFS = Public School Facilities Surcharge
 Note: OGSF calculations may differ from GSF calculations when computing excise tax.

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PERMIT FEE, TECHNOLOGY FEE, SCHOOL SURCHARGE AND EXCISE TAX TOTAL: \$ _____

References: Chapter 285, Acts of the Maryland General Assembly of 1992; Howard County Code Sections 20.503; County Council Resolution 58-2008; 2004 Legislation House Bill 1445; 2006 International Residential Code for One and Two Family Dwellings

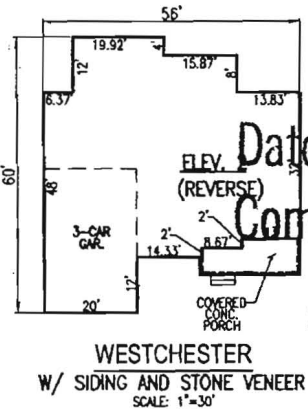
BY: [Signature] DATE: 9/22/2015 CHECKED BY: _____ DATE: _____

Address issue

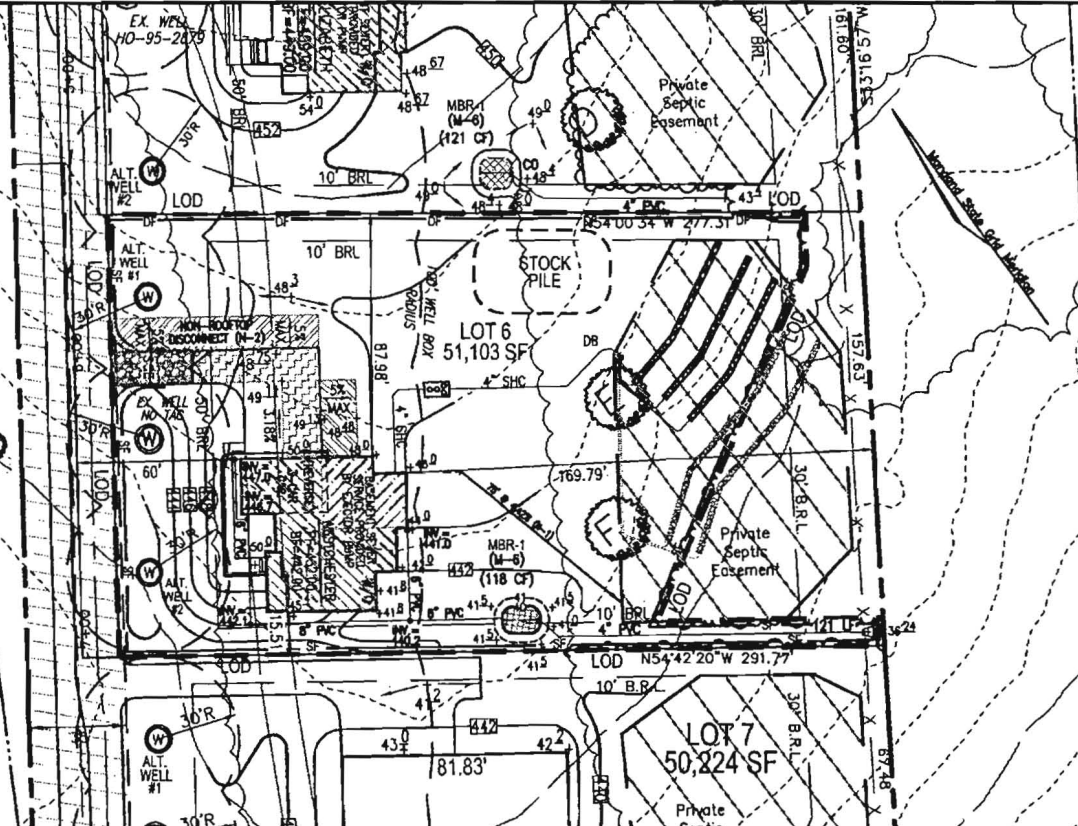
THE EXISTING WELL SHOWN ON LOT 6 TAG NO. _____ HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC., AND IS ACCURATELY SHOWN.
 BUILDING OF LOT 6 FLOOR AREAS:
 BASEMENT FLOOR AREA: _____
 FIRST FLOOR AREA: _____
 SECOND FLOOR AREA: _____
 BEDROOMS: _____

NOTE: STORMWATER MANAGEMENT (WQv AND CPv) IS PROVIDED BY A MICRO BIO-RETENTION FACILITY (M-6), NON-ROOFTOP DISCONNECTION CREDIT (N-2), AND ROOFTOP DISCONNECTION CREDIT (N-1)

BUILDING PERMIT NO. _____



REVISED
 Date: 10-23-15
 Comments: address change
 B15004186



SCALE: AS SHOWN
 DRAWN BY: JMR
 CHECKED BY: RHY
 DATE: OCTOBER 2015
 PROJECT #: 14-24
 SHEET #: 1 OF 2

PLOT PLAN
FULTON MANOR VALLEY
LOT 6
 REF: GP-15-053
 TAX MAP 41 PARCEL 78 & 456
 BLOCK 19
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

NON-ROOFTOP DISCONNECT (N-2) DRAINAGE AREA TO NON-ROOFTOP DISCONNECT (N-2) (1,311 SF)

ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET TEL: 410.461.7666
 ELLICOTT CITY, MD 21043 FAX: 410.461.8961

DRAINAGE AREA TO ROOFTOP DISCONNECT (N-1) (730 SF)
 DRAINAGE AREA TO MICRO-BIORETENTION (M-6) (1,983 SF)

SCALE
 1"=50'

OWNER
 COLLIE, LLC.
 5300 DORSEY HALL DR., SUITE 102
 ELLICOTT CITY, MARYLAND 21042
 ATTN: MR. DONALD R. REUWER, JR.
 443-367-0422

ADDRESS
 11809 COLLIE COURT
 HIGHLAND, MD 20777



HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING
3430 Courthouse Drive ■ Ellicott City, Maryland 21043 ■ 410-313-2350

Marsha S. McLaughlin, Director

www.howardcountymd.us
FAX 410-313-3467
TDD 410-313-2323

October 19, 2015

Douglas Homes
5034 Dorsey Hall Drive
Ellicott City, MD 21042
Attn. Charles Wimmer

RE Building Permit: B15004186- 11809 Scaggsville Road (11809 Collie Court)

Mr. Wimmer:

In order to continue the review of the above-referenced building permit application we will need you to address comments generated by the initial review. Please address the comments and, if appropriate, submit a revised plot plan with the following information shown on the plan:

- 1) According to our records the correct address for this lot is 11809 Collie Court. Please submit an address correction to the Department of Licenses and Permits and notify me when it is completed. If our records are not correct please contact me at your earliest convenience.

If you have questions regarding these comments I can be reached at 410-313-4392. Please address the comments at your earliest opportunity.

Note: All revised plot plans must be submitted to the Department of Licenses and Permits for distribution.

Sincerely,

Steve Rolls
Division of Public Service and Zoning Administration
Department of Planning & Zoning

10/22/15

SHARI LOGAN,

Hi I put the wrong address
on my Building Permit Application #
B 15004186 the correct address
is 11809 Collie Ct Fulton MD

RECEIVED

OCT 22 2015

LICENSES & PERMITS
DIVISION

Thank you,
Charles Wimmer
Douglas Homes

410-660-9305

CWimmer@DouglasHomesInc.
com

10-23-15-

address correction

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 11/5/15

To: HEALTH DEPT
(Person's Name and Division)

From: CHARLES WIMMER (410) 660.9305
(Your Name, Company Name and Telephone Number)

Subject: Project name DOUGLAS HOMES
Project site address 11809 COLLIE CT
Permit # B15604186 SDP # _____
Other information pertinent to this project _____

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Letter Summarizing Changes
- Energy conservation calculations
- Copies of REVISED PLOT PLAN (be specific).

Health Department Request DPZ/ DED Request Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

*** TREES REMOVED FROM
SEPTIC FIELD, ETC**

Contact Person Information: (Required)

Please Print Name _____ Telephone No: _____
E-Mail Address: _____

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

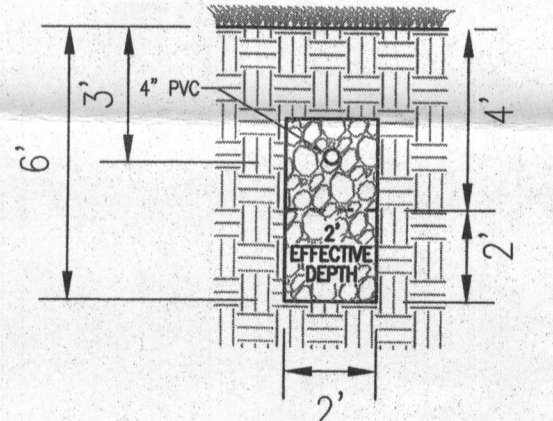
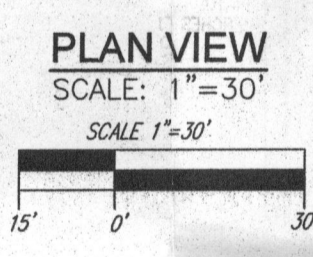
PER HEALTH (NO FEE)

Received by LH



GgB

WELL LOCATION CERTIFICATION:
 THE EXISTING WELL SHOWN ON THIS PLAN (TAG #HO-95-2684) HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN



SYSTEM CALCULATIONS:

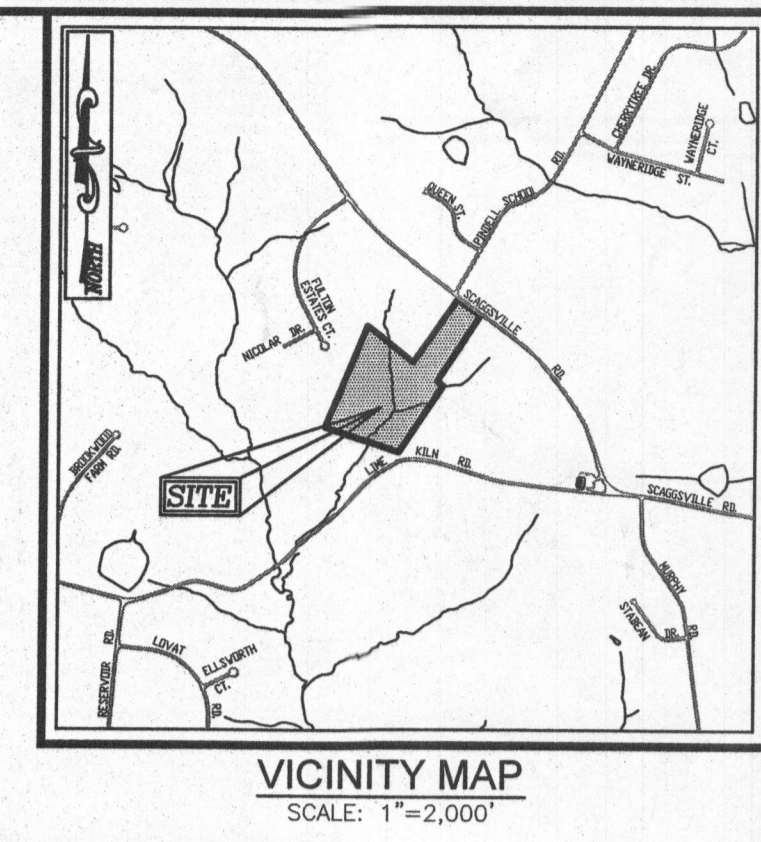
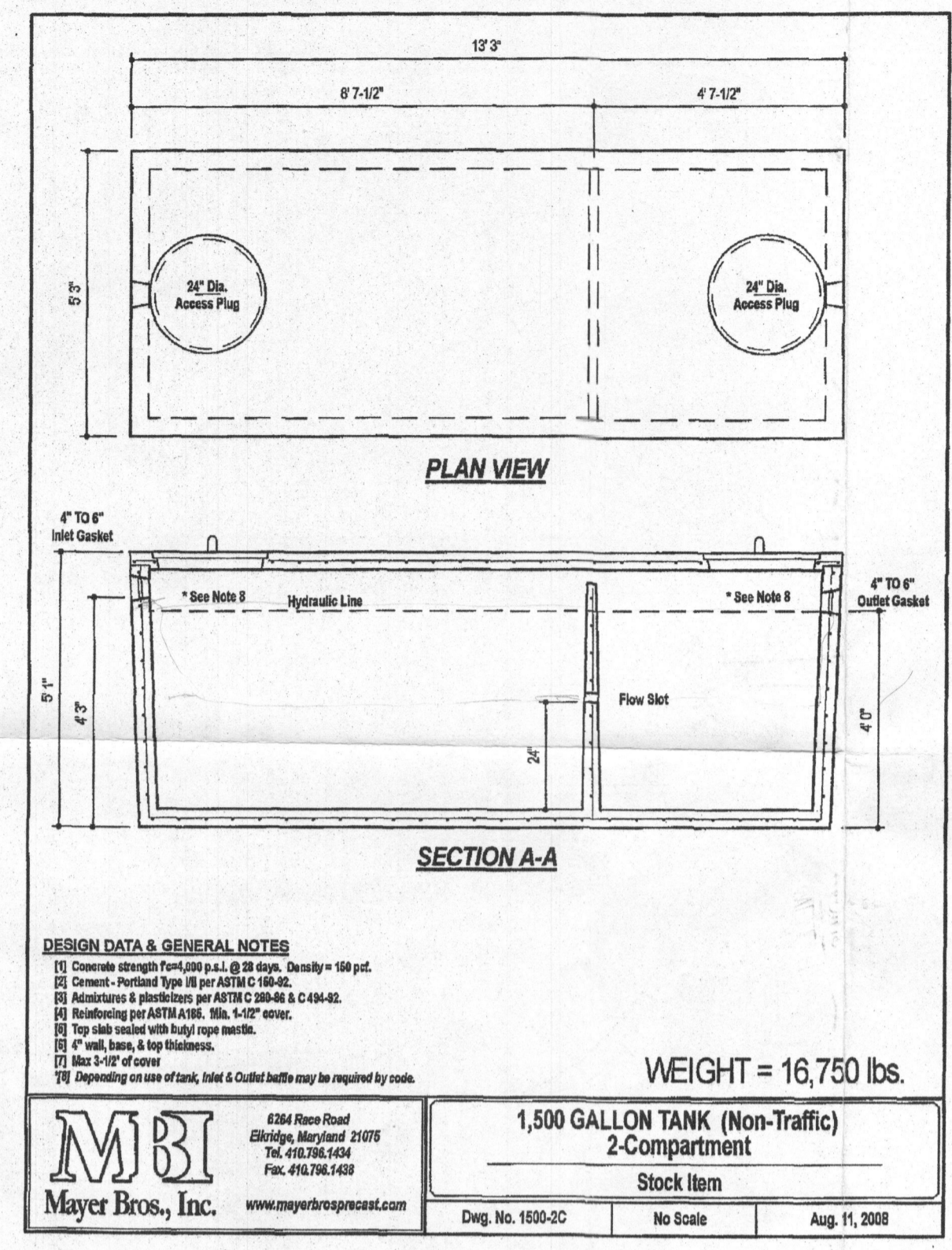
INITIAL SYSTEM:
 5 BEDROOMS AT 750gpd / 1.2 ABSORPTION RATE = 625 SQ. FT.
 625 SQ. FT. / 3 (TRENCH WIDTH) x .62 (SIDEWALL REDUCTION) = 129 LINEAR FEET
 TWO TRENCHES OF 65 LINEAR FEET ARE PROVIDED WITH THE INITIAL SYSTEM.

FIRST REPLACEMENT SYSTEM:
 5 BEDROOMS AT 750gpd / 1.2 ABSORPTION RATE = 625 SQ. FT.
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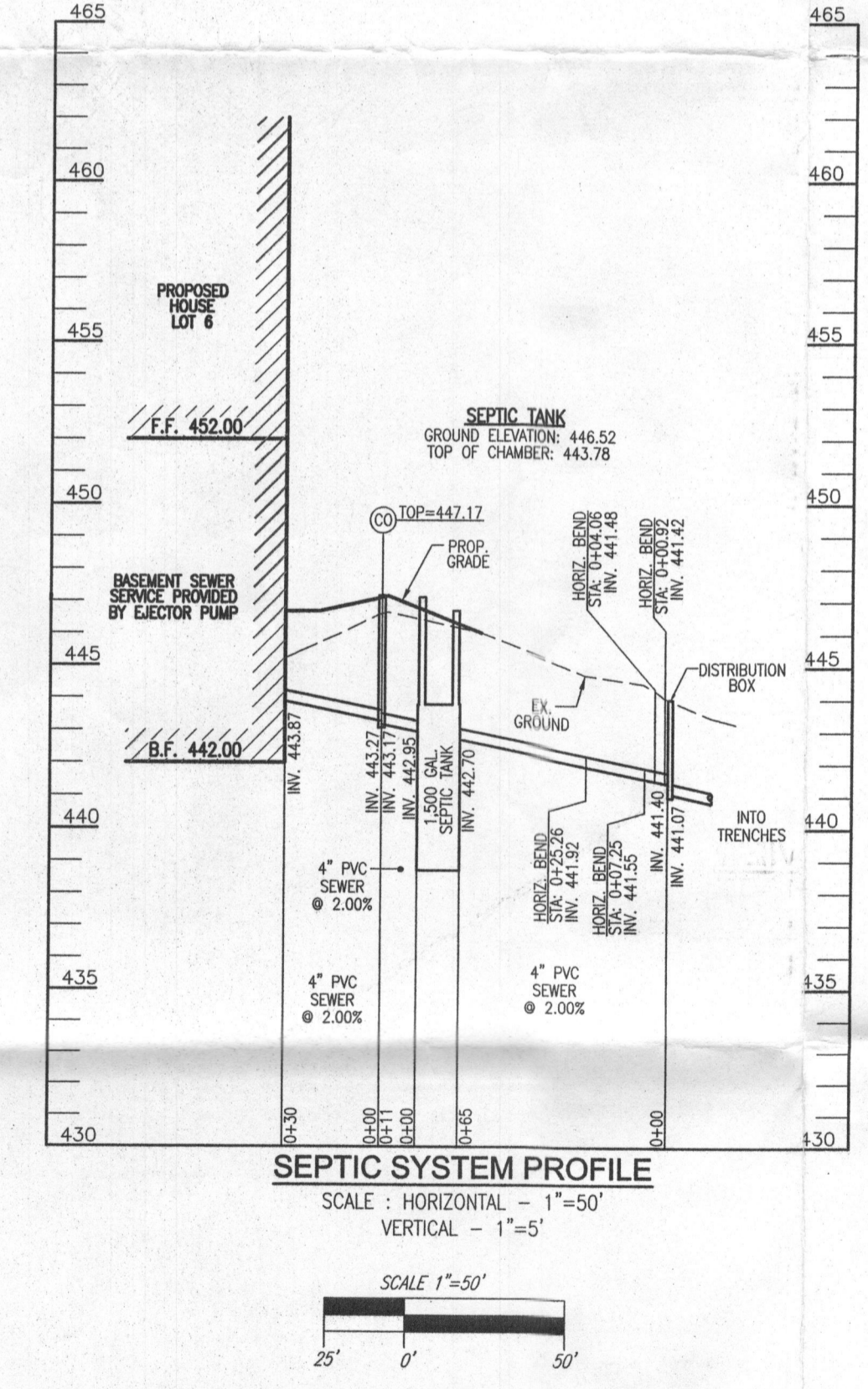
TRENCH INFO.

TRENCH	TRENCH LENGTH	INTO TRENCH	BOTTOM OF TRENCH	EXISTING GROUND
1	65'	440.13	437.13	443.13
2	65'	439.07	436.07	442.07

THIS AREA DESIGNATES A PRIVATE SEWAGE AREA OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE AREAS 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 SEWAGE AREA. RECORDED OF A MODIFIED SEWAGE AREA SHALL NOT BE NECESSARY.



- LEGEND:**
- PROPERTY LINE
 - RIGHT-OF-WAY LINE
 - ADJACENT PROPERTY LINE
 - EXISTING SANITARY MANHOLE
 - EXISTING SANITARY LINE
 - EXISTING CLEANOUT
 - EXISTING FIRE HYDRANT
 - EXISTING WATER LINE
 - EXISTING 10' CONTOUR
 - EXISTING 2' CONTOUR
 - SOILS
 - EXISTING TRENCHLINE
 - PROPOSED TRENCHLINE
 - EXISTING WELL
 - PROPOSED 10' CONTOUR
 - PROPOSED 2' CONTOUR
 - PROPOSED SPOT ELEVATION
 - FAILED PERC. TEST
 - PASSED PERC. TEST
 - PROP. REPLACEMENT WELL
 - EXISTING WELL FIELD LOCATED
 - APPROVED SEPTIC AREA



Approved Septic System Plan
 Howard County Health Department
 Signature: [Signature] Date: 12/27/16
 (For 5 Bedroom Occupancy)

OWNER: COLLE, LLC, 5300 DORSEY HALL DR., SUITE 102, ELLICOTT CITY, MARYLAND 21042, ATTN: MR. DONALD R. REUWER, JR. 443-367-0422

BUILDER: DOUGLAS HOMES, INC., 5034 DORSEY HALL DR., SUITE 102, ELLICOTT CITY, MARYLAND 21042, 410-984-4234

ONSITE SEWAGE DISPOSAL SYSTEM DESIGN PLAN

FULTON MANOR VALLEY - LOT 6
 11809 COLLIE COURT
 HIGHLAND, MD 20777

BUILDING PERMIT #

TAX MAP: 41 GRID: 19 5TH ELECTION DISTRICT
 PARCELS: 78 & 456 ZONED: RS-350 HOWARD COUNTY, MARYLAND

ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET, ELLICOTT CITY, MD 21043
 TEL: 410.461.7666 FAX: 410.461.8961

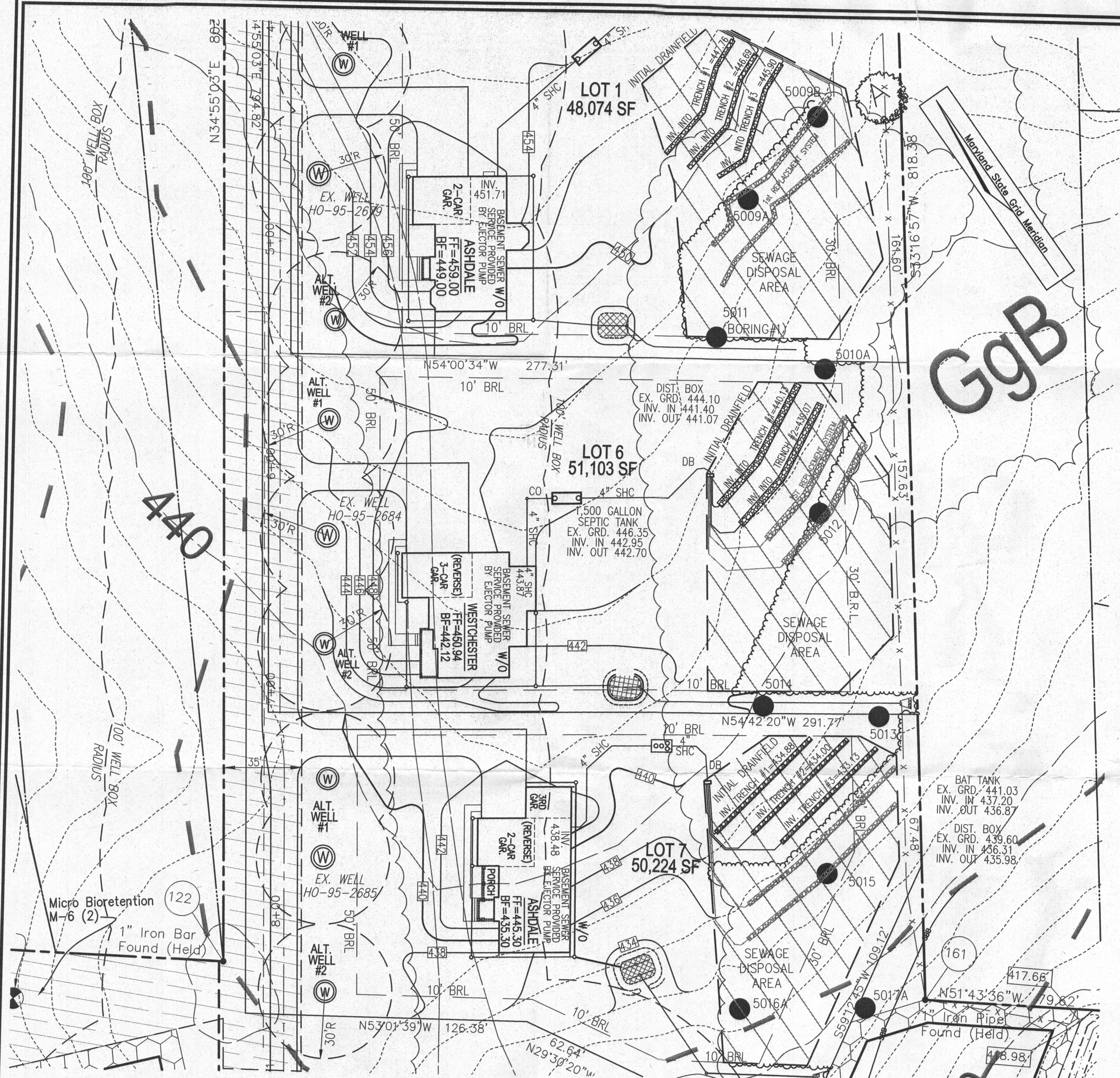
PROFESSIONAL CERTIFICATE

DESIGN BY: RHV
 DRAWN BY: JMR
 CHECKED BY: RHV
 DATE: DECEMBER 2016
 SCALE: AS SHOWN
 W.O. NO.: 14-24

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AND THAT I AM A FULLY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 19163 EXPIRATION DATE 09-27-2018

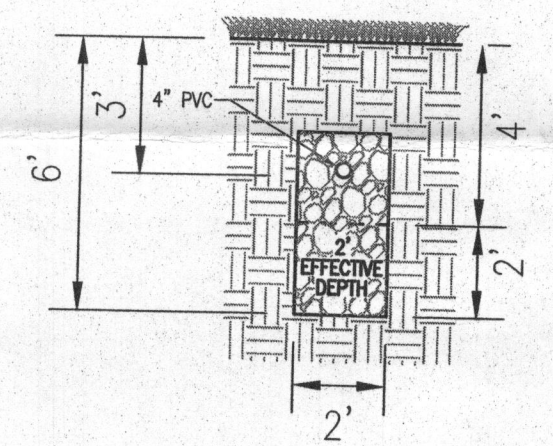
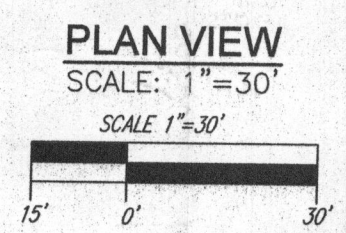
1 SHEET OF 1

- GENERAL NOTES:**
- ANY CHANGE TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REVISED SITE PLAN MAY BE REQUIRED.
 - THE MAXIMUM EARTH COVER OVER THE TANK IS 3 FEET. GREATER EARTH COVER WILL REQUIRE A HEAVY LOAD BEARING TANK.
 - ELECTRICAL WORK FOR THE INSTALLATION MUST BE PERFORMED BY A LICENSED ELECTRICIAN.
 - THE WELL (HO-95-2684) HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.
 - ALL WELLS AND SEPTIC SYSTEMS LOCATED WITHIN 100' OF THE PROPERTY BOUNDARIES AND 200' DOWN GRADIENT OF ANY WELLS AND/OR SEPTIC SYSTEMS HAVE BEEN SHOWN.



GGB

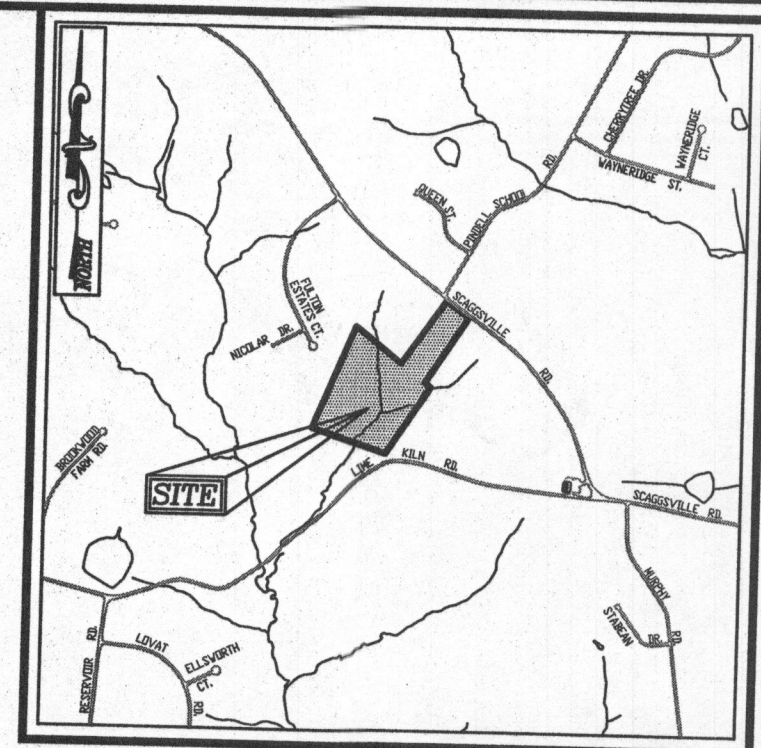
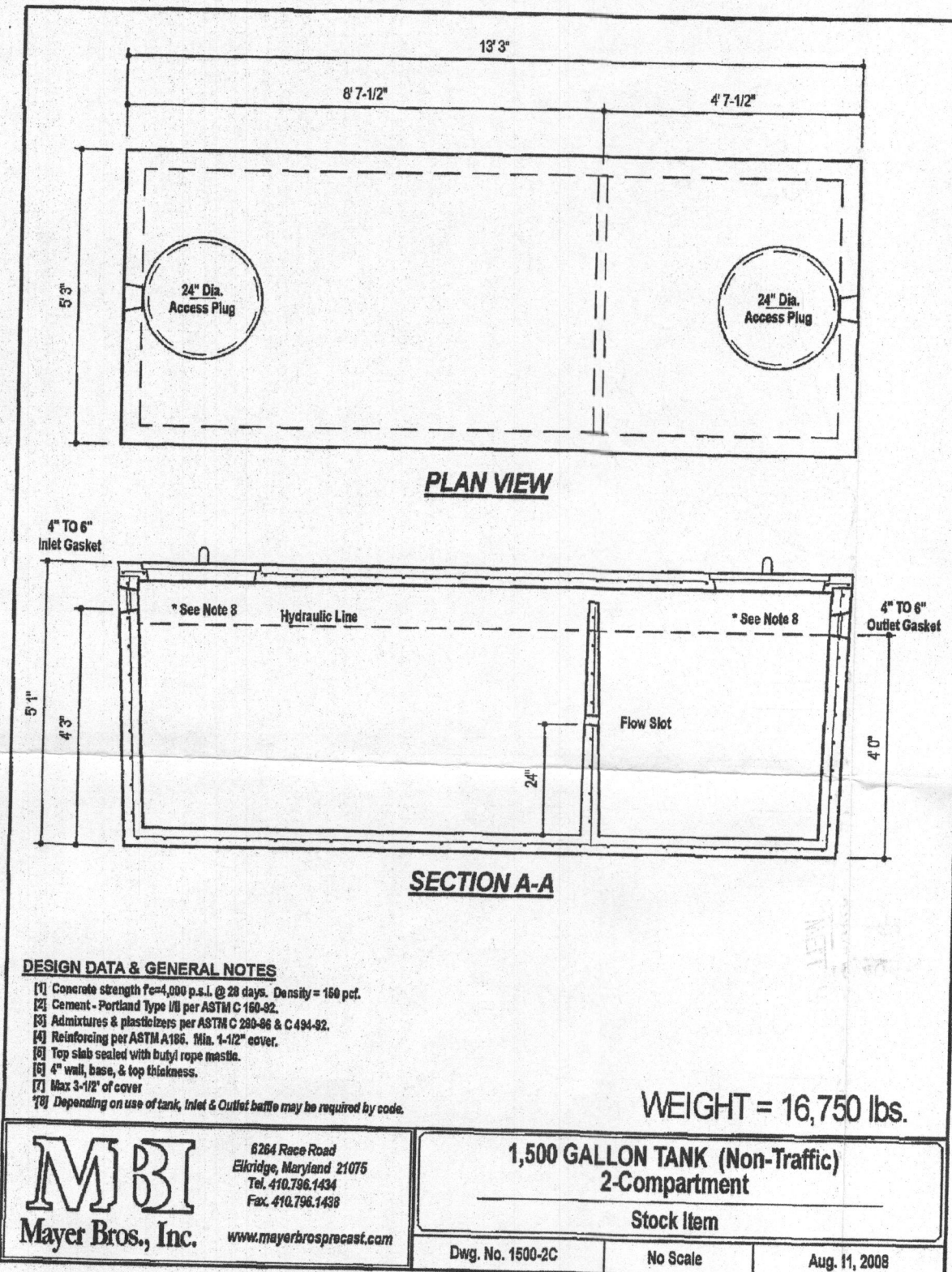
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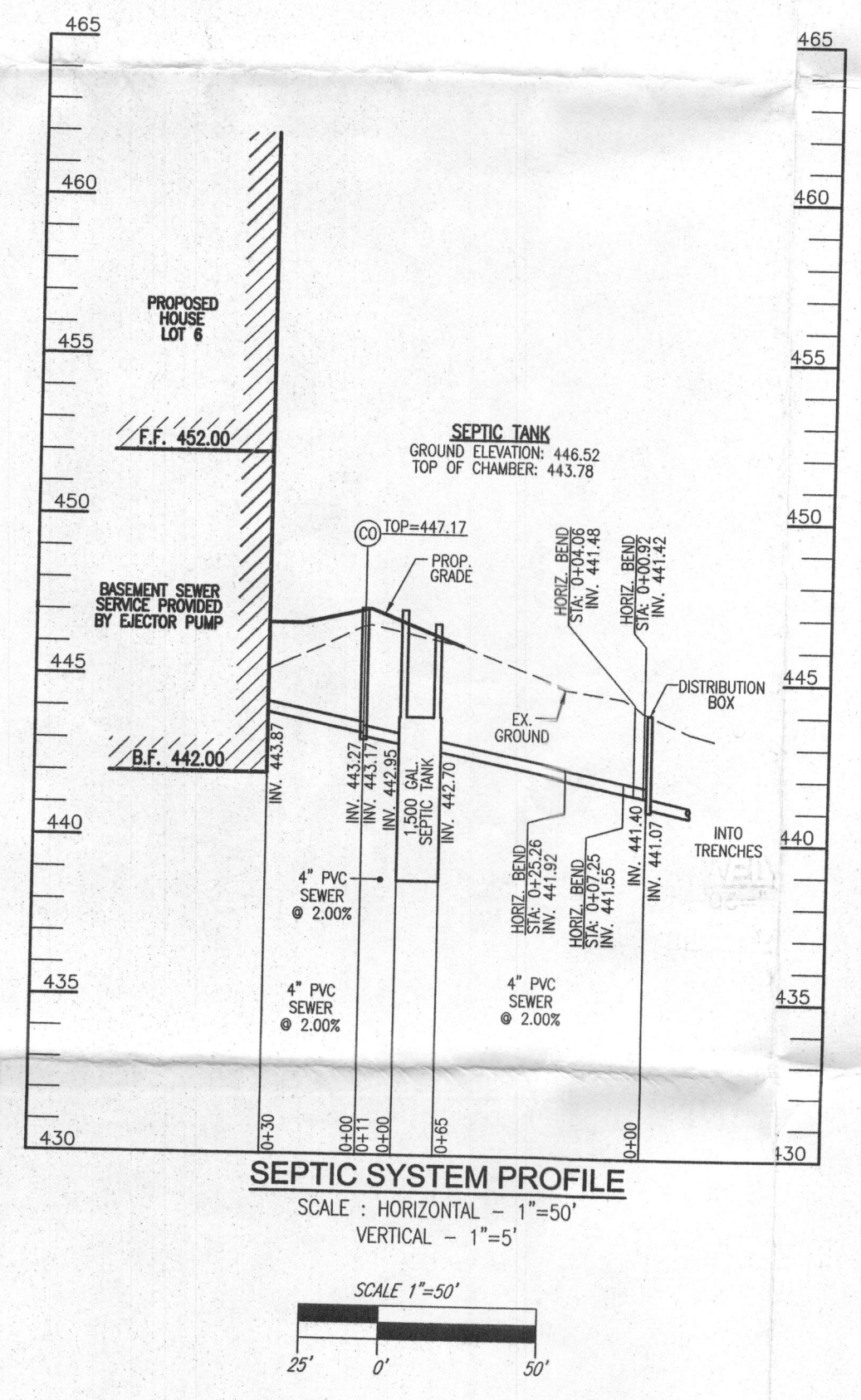
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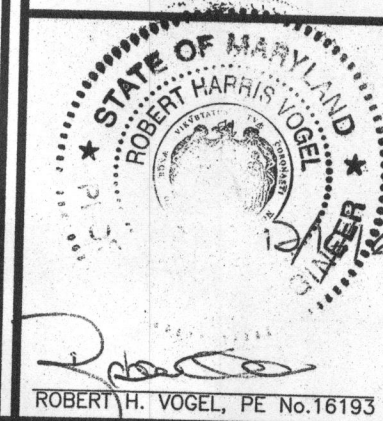
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 Howard County Health Department
 Signature: [Signature] Date: 12/27/16
 (For 5 Bedroom floor plan)

OWNER: COLLIE, LLC. 5300 DORSEY HALL DR., SUITE 102, ELICOTT CITY, MARYLAND 21042. ATTN: MR. DONALD R. BEUWER, JR. 443-367-0422

BUILDER: DOUGLAS HOMES, INC. 5034 DORSEY HALL DR., SUITE 102, ELICOTT CITY, MARYLAND 21042. 410-984-4234

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ROBERT H. VOGEL, INC.
 ENGINEERS • SURVEYORS • PLANNERS
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 CHECKED BY: JMR
 DRAWN BY: RHV
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1 SHEET OF 1

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