



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: _____

Permit No.: B16003427

Building Address: 12345 Point Ridge Drive
 City: Fulton State: MD Zip Code: 20759
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Highland Reserve aka Regan Property
 Section: _____ Area: _____ Lot: 7
 Tax Map: 34 Parcel: 200 Grid: 24
 Zoning: RR-DEO Map Coordinates: _____ Lot Size: 46,577 sf

Property Owner's Name: MB Highland Reserve
 Address: 1686 E. Gude Drive
 City: Rockville State: MD Zip Code: 20850
 Phone: _____ Fax: _____
 Email: _____
 Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Marc Quint - MB Highland Reserve LLC
 Address: 1686 E. Gude Drive
 City: Rockville State: MD Zip Code: 20850
 Phone: 301-762-9511 Fax: 301-610-9564
 Email: MQuint@mitchellbest.com

Existing Use: Vacant
 Proposed Use: Single Family Dwelling
 Estimated Construction Cost: \$ 415,530
 Description of Work: Ashbrooke - J Elevation - 3 car garage - 4' rear extension - Guest bedroom (lower floor) Finished Basement - 9R; 5BR; 5FB; 1HB; fireplace & Areaway
 Seeking Silver Level Certification of the NGBS-3rd party verification by Pando Alliance
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: MB Highland Reserve LLC
 Contact Person: Marc Quint
 Address: 1686 E. Gude Drive
 City: Rockville State: MD Zip Code: 20850
 License No.: 7316
 Phone: 301-762-9511 ext. 318 Fax: _____
 Email: MQuint@mitchellbest.com

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ 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: 54'	62'
	2 nd floor: 54'	62'
Area of construction (sq. ft.):	Basement: 54'	62'
	<input checked="" type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>5</u>	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<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	

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 checked="" 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 type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	G14000305
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.

Marc Quint
 Applicant's Signature
 MQuint@mitchellbest.com
 Email Address
 Operations Mgr., Mitchell & Best Homes LLC
 Title/Company

Marc Quint
 Print Name
8/3/2016
 Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

****PLEASE WRITE NEATLY & LEGIBLY****
-FOR OFFICE USE ONLY-

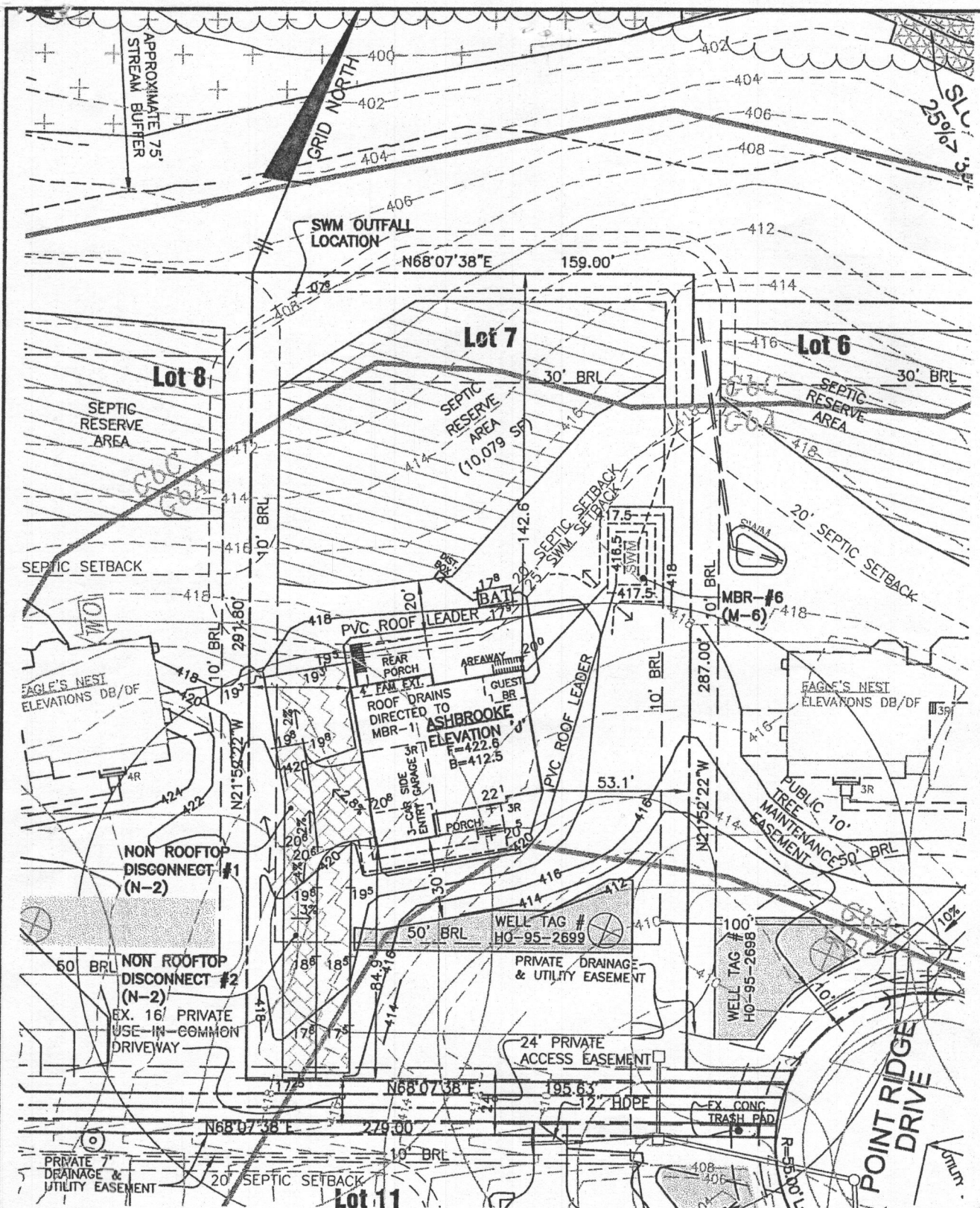
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>8/29/16</u>	<u>H. P. Oswald</u>

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

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>0001309</u>

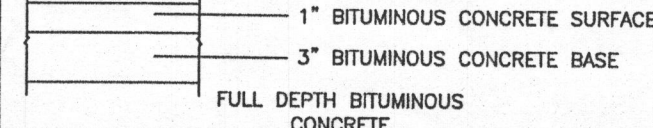
Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



PLAN VIEW
1" = 50'

PAVING SECTION
NOT TO SCALE

SOILS LEGEND		
MAP SYMBOL	SOIL GROUP	SOIL TYPE
GbC	B	GLADSTONE LOAM, 8 TO 15 PERCENT SLOPES
MaD	B	MANOR LOAM, 15 TO 25 PERCENT SLOPES
FROM NRCS WEB SOIL SURVEY 2.0, PAGE 16, CLARKSVILLE NW		



LEGEND

SOILS CLASSIFICATION *ChB2*

SOILS DELINEATION

EXISTING CONTOURS

PROPOSED CONTOURS

LIMIT OF WETLANDS

25' WETLANDS BUFFER CENTERLINE OF STREAM

STREAM BUFFER

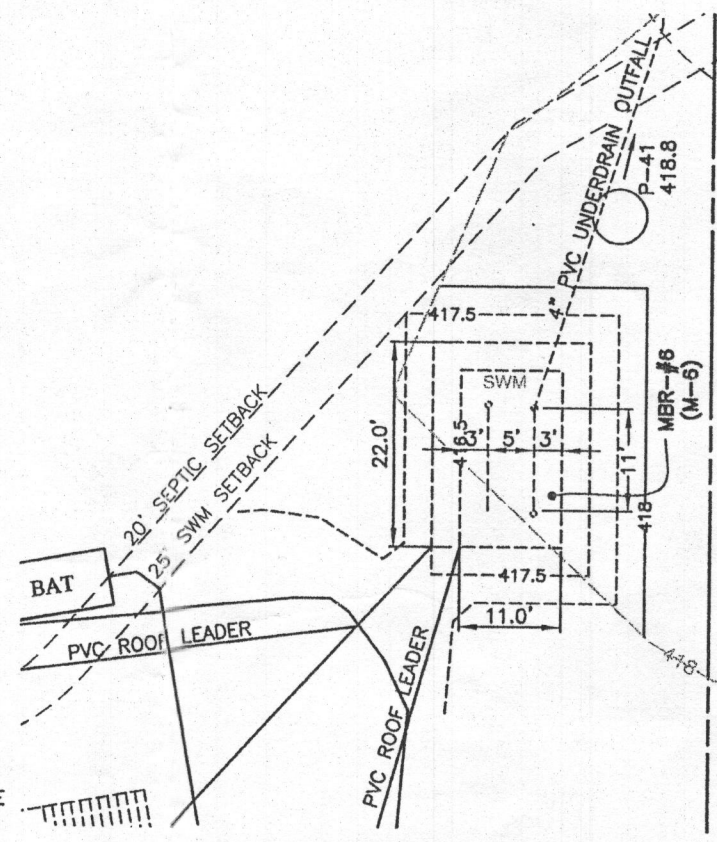
PROPOSED STRUCTURE

SEPTIC RESERVE AREA

PRIVATE WELL BOX

NON ROOFTOP DISCONNECT (FILTER AREA)

NON ROOFTOP DISCONNECT (IMPERVIOUS)



MBR #6 DETAIL
1" = 20'

BUILDING PERMIT PLAN NOTES:

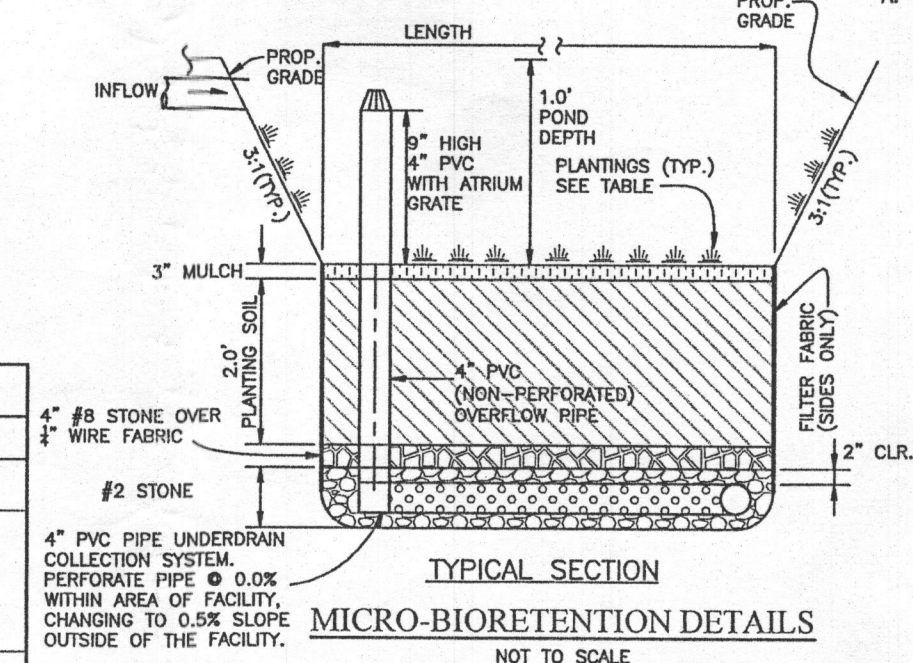
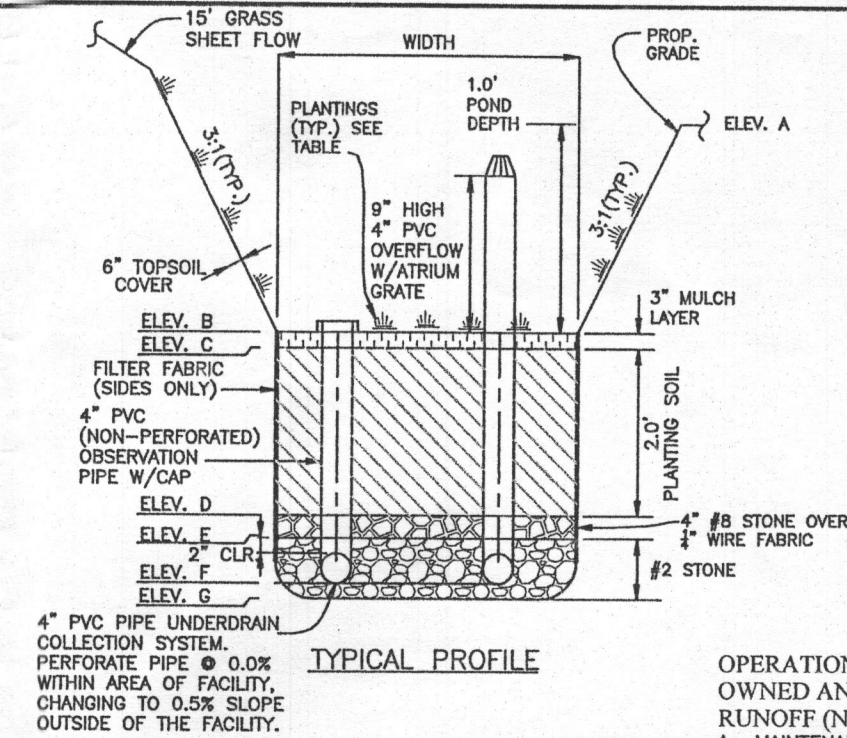
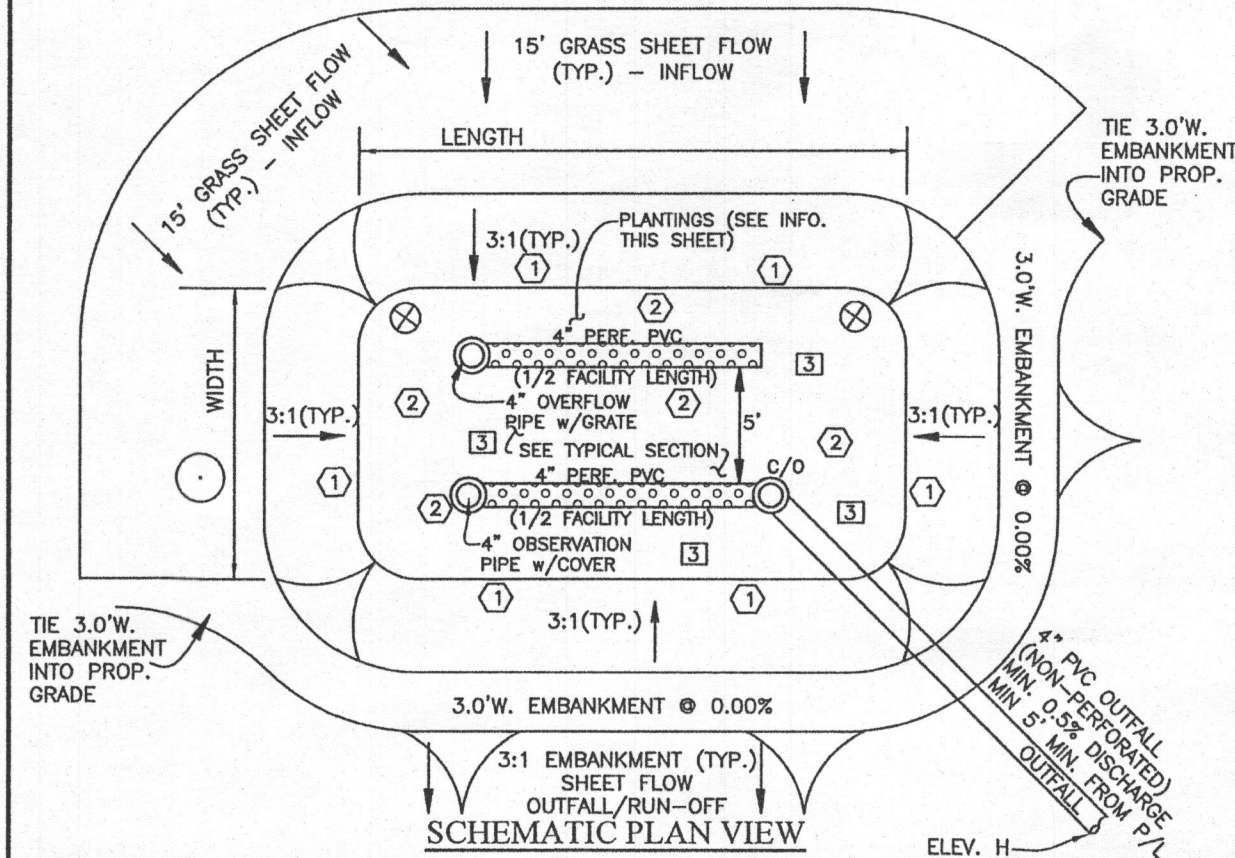
1. THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR REGAN PROPERTY, PLAT Nos. 23063-23074. REFER TO THE PLATS FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND CONDITIONS.
2. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER A GRADING PLAN AND MODIFIED FOR THIS SPECIFIC HOUSE.
3. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS AND TOPOGRAPHIC INFORMATION PROVIDED BY BENCHMARK ENGINEERING, INC., ON OR ABOUT JANUARY, 2012.
4. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH THE 2011 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
5. ALL DRAINAGE AND STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS EXCEPT AS WAIVED.
6. THE EXISTING WELL SHOWN ON THIS PLAN, HO-95-2699, HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC., AND IS ACCURATELY SHOWN.
7. THERE ARE NO EXISTING WELLS OR SEPTIC SYSTEMS WITHIN 100' OF THIS PROJECT'S BOUNDARY EXCEPT AS NOTED.
8. ANY CHANGES TO A PRIVATE SEWAGE EASEMENT OR WELL BOX SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
9. STORMWATER MANAGEMENT FOR THIS LOT WAS DESIGNED TO BE PROVIDED BY BOTH MICRO-BIORETENTION FACILITY (MDE M-6) AND NON-ROOFTOP DISCONNECT (MDE N-2).
10. NO DRIVEWAY CULVERT IS REQUIRED FOR THIS LOT.

NOTE:
UNLESS OTHERWISE NOTED, THE FIRST RUN OF PVC ROOF LEADER SHALL BE 4" AND SHALL INCREASE TO AT LEAST 6" AFTER ANY CONFLUENCE OF 4" PIPES.

OWNER/BUILDER:	BENCHMARK ENGINEERS LAND SURVEYORS PLANNERS	
MB HIGHLAND RESERVE, LLC 1686 EAST GUDE DRIVE ROCKVILLE, MD 20850 301-762-9511	ENGINEERING, INC. 8480 BALTIMORE NATIONAL PIKE SUITE 315 ELLCOTT CITY, MARYLAND 21043 (P) 410-465-6105 (F) 410-465-6644 WWW.BEI-CIVILENGINEERING.COM	
PROJECT:	REGAN PROPERTY LOT 7	
LOCATION:	12345 POINT RIDGE DRIVE HIGHLAND, MD 20777 TAX MAP No. 34 - BLOCK No. 24 - PARCEL No. 200 5TH ELECTION DISTRICT, HOWARD COUNTY, MARYLAND TAX ID: 05 597440	
TITLE:	BUILDING PERMIT STORMWATER MANAGEMENT PLAN	
HOUSE TYPE:	ASHBROOKE-ELEVATION 'J'	
DATE:	JULY, 2016	PROJECT NO. 2171
SCALE:	AS SHOWN	DRAWING 1 OF 3

ON-LOT BIORETENTION DIMENSIONS

FACILITY	A	B	C	D	E	F	G	H	LENGTH	WIDTH	FILTER (A)	PLANTINGS			LINER
												1	2	3	
MB-12	417.50	416.50	416.25	414.25	413.92	413.42	412.34	407.63	22	11	242	27	27	13	NO



OPERATION AND MAINTENANCE SCHEDULE FOR MICRO-BIORETENTION (M-6)

- A. THE OWNER SHALL MAINTAIN THE PLANT MATERIAL, MULCH LAYER AND SOIL LAYER ANNUALLY. MAINTENANCE OF MULCH AND SOIL IS LIMITED TO CORRECTING AREAS OF EROSION OR WASH OUT. ANY MULCH REPLACEMENT SHALL BE DONE IN THE SPRING. PLANT MATERIAL SHALL BE CHECKED FOR DISEASE AND INSECT INFESTATION AND MAINTENANCE WILL ADDRESS DEAD MATERIAL AND PRUNING. ACCEPTABLE REPLACEMENT PLANT MATERIAL IS LIMITED TO THE FOLLOWING: 2000 MARYLAND STORMWATER DESIGN MANUAL VOLUME II, TABLE A.4.1 AND 2.
- B. THE OWNER SHALL PERFORM A PLANT INSPECTION IN THE SPRING AND IN THE FALL OF EACH YEAR. DURING THE INSPECTION, THE OWNER SHALL REMOVE DEAD AND DISEASED VEGETATION CONSIDERED BEYOND TREATMENT, REPLACE DEAD PLANT MATERIAL WITH ACCEPTABLE REPLACEMENT PLANT MATERIAL, TREAT DISEASED TREES AND SHRUBS, AND REPLACE ALL DEFICIENT STAKES AND WIRES.
- C. THE OWNER SHALL INSPECT THE MULCH EACH SPRING. THE MULCH SHALL BE REPLACED EVERY TWO TO THREE YEARS. THE PREVIOUS MULCH LAYER SHALL BE REMOVED BEFORE THE NEW LAYER IS APPLIED.
- D. THE OWNER SHALL CORRECT SOIL EROSION ON AN AS NEEDED BASIS, WITH A MINIMUM OF ONCE PER MONTH AND AFTER EACH HEAVY STORM.

OPERATION AND MAINTENANCE SCHEDULE FOR PRIVATELY OWNED AND MAINTAINED DISCONNECTION OF ROOFTOP RUNOFF (N-1), DISCONNECTION OF NON-ROOFTOP RUNOFF (N-2)

- A. MAINTENANCE OF AREAS RECEIVING DISCONNECTED RUNOFF IS GENERALLY NO DIFFERENT THAN THAT REQUIRED FOR OTHER LAWN OR LANDSCAPED AREAS. THE OWNER SHALL ENSURE THE AREAS RECEIVING RUNOFF ARE PROTECTED FROM COMPACTION OR DEVELOPMENT OF IMPERVIOUS AREA. IN COMMERCIAL AREAS, FOOT TRAFFIC SHOULD BE DISCOURAGED AS WELL.

MATERIALS & SPECIFICATIONS FOR MICRO-BIORETENTION

MATERIAL	SPECIFICATION	SIZE	NOTES:
PLANTINGS	SEE APPENDIX A; TABLE A.4	N/A	PLANTINGS ARE SITE SPECIFIC
PLANTING SOIL (2.0' TO 4.0' DEEP)	LOAMY SAND 60-65% COMPOST 35-40% OR SANDY LOAM 30% COARSE SAND 30% & COMPOST 40%	N/A	USDA SOIL TYPES: LOAMY SAND OR SANDY LOAM; CLAY CONTENT <5%
ORGANIC CONTENT	MIN 10% BY DRY WEIGHT ASTM D 2974		
MULCH	SHREDDED HARDWOOD	N/A	AGED 6 MONTHS, MINIMUM, NO PINE OR WOOD CHIPS
GEOTEXTILE (CLASS "C")		N/A	PE TYPE 1 NONWOVEN
GEOTEXTILE (1/4" WIRE MESH)		1/4" WIRE MESH	1/4" WIRE MESH
UNDERDRAIN GRAVEL	AASHTO M-43	NO. 57 OR NO. 6 0.375" TO 0.750"	
UNDERDRAIN PIPING	F758, TYPE PS28 OR AASHTO M-278	4" TO 6" RIGID SCH.40 PVC, SDR35 OR HDPE	3/8" PERF. @ 6" O/C, 4 HOLES PER ROW; MINIMUM OF 3" OF GRAVEL OVER PIPES, NOT NECESSARY UNDERNEATH PIPES. PIPE SHALL BE WRAPPED WITH 1/4-INCH GALVANIZED HARDWARE CLOTH
IMPERVIOUS LINER	ASTM-D-4833 (THICKNESS) ASTM-D-412 (TENSILE STRENGTH 1,100 LB., ELONGATION 200%) ASTM-D-624 (TEAR RESISTANCE - 150 LB./IN) ASTM-D-471 (WATER ADSORPTION: +8 TO -2% MASS)	30 MIL. THICK	LINER TO BE ULTRAVIOLET RESISTANT. A GEOTEXTILE FABRIC SHOULD BE USED TO PROTECT THE LINER FROM PUNCTURE.
GEOTEXTILE (BELOW IMPERV. LINER)	ASTM-D-4833 (PUNCTURE STRENGTH 125LB) ASTM-D-4632 (TENSILE STRENGTH 300 LB.)		

MICROBIORETENTION PLANTING SCHEDULE

- (PLANTING SPECIES AND DENSITY CAN BE CHANGED OR SUBSTITUTED BY A LANDSCAPE ARCHITECT OR QUALIFIED DESIGNER)
- 1 IRIS FULVA (COPPER IRIS) (1 PER SY)
 - 2 LOBELIA CARDINALIS (CARDINAL FLOWER) (1 PER SY)
 - 3 RUDBECKIA SUBTOMENTOSA (SWEET CONEFLOWER) (1 PER 2 SY)
 - ⊗ CALLUNA VULGARIS (HEATHER) (1 PER FACILITY)
 - ACER GINNALA (ARMUR MAPLE) (1 PER FACILITY)

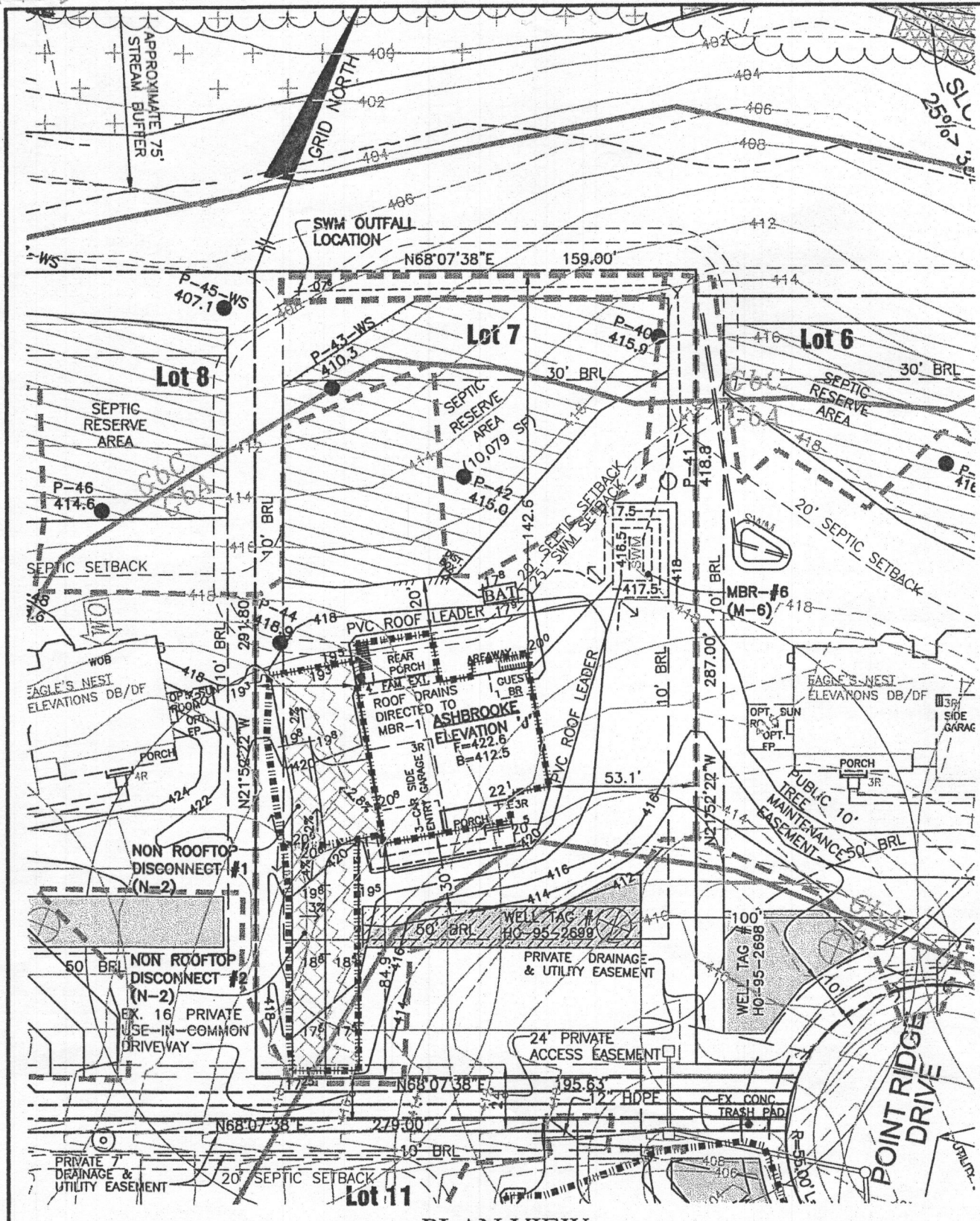
MICROBIORETENTION PLANTING DATA

1. PLANTINGS WITHIN THE PONDING AREA OF THE FACILITY ARE TO BE OF A MEDIUM TO HIGH WATER TOLERANCE
2. PLANTINGS ALONG THE PERIMETER (BERM) AREA OF THE FACILITY ARE TO BE OF A LOW TO MEDIUM WATER TOLERANCE
3. AVOID PLANTINGS WITH EXCESSIVE ROOT MASS IN POND AREA OF THE RAIN GARDEN NEAR O.B. PIPE AND UNDERDRAIN.

OWNER/BUILDER:
 MB HIGHLAND RESERVE, LLC
 1686 EAST GUDE DRIVE
 ROCKVILLE, MD 20850
 301-762-9511

BENCHMARK
 ENGINEERS LAND SURVEYORS PLANNERS
ENGINEERING, INC.
 8480 BALTIMORE NATIONAL PIKE SUITE 315
 ELLICOTT CITY, MARYLAND 21043
 (P) 410-465-6105 (F) 410-465-6644
 WWW.BEI-CMLENGINEERING.COM

PROJECT:	REGAN PROPERTY LOT 7	
LOCATION:	12345 POINT RIDGE DRIVE HIGHLAND, MD 20777 TAX MAP No. 34 - BLOCK No. 24 - PARCEL No. 200 5TH ELECTION DISTRICT, HOWARD COUNTY, MARYLAND TAX ID: 05 597440	
TITLE:	BUILDING PERMIT STORMWATER MANAGEMENT NOTES & DETAILS	
HOUSE TYPE:	ASHBROOKE-ELEVATION 'J'	
DATE:	JULY, 2016	PROJECT NO. 2171
SCALE:	NOT TO SCALE	DRAWING 2 OF 3



PLAN VIEW

1" = 50'

SOILS LEGEND		
MAP SYMBOL	SOIL GROUP	SOIL TYPE
GbC	B	GLADSTONE LOAM, 8 TO 15 PERCENT SLOPES
MaD	B	MANOR LOAM, 15 TO 25 PERCENT SLOPES

FROM NRCS WEB SOIL SURVEY 2.0, PAGE 16, CLARKSVILLE NW

LEGEND

SOILS CLASSIFICATION *ChB2*

SOILS DELINEATION

EXISTING CONTOURS

PROPOSED CONTOURS

LIMIT OF WETLANDS

25' WETLANDS BUFFER

CENTERLINE OF STREAM

STREAM BUFFER

PROPOSED STRUCTURE

SEPTIC RESERVE AREA

PRIVATE WELL BOX

NON ROOFTOP DISCONNECT (FILTER AREA)

NON ROOFTOP DISCONNECT (IMPERVIOUS)

SWM DRAINAGE DIVIDE

LOD/EFFECTIVE AREA

ESD STORMWATER MANAGEMENT SUMMARY TABLE												
Practice	#	DA to practice	Imp Area to practice	Af (s.f.)			ESDv			REV		Ownership
				Required	Provided	2% DA?	Required	Provided	Pe Provided	Required	Provided	
(M-6) MicroBioretention	#6	3,830	3,830	77	209	PASS	364	415	1.2			Private
(N-2) Disc. of Non-Rooftop Runoff	#1	2,205	966					72	1.0			Private
(N-2) Disc. of Non-Rooftop Runoff	#2	2,056	1,004					75	1.0			Private
Total Treated		8,091	5,801	77	209		559	562	1.0	145	145	
Site Total		29,814	5,801									

OWNER/BUILDER: MB HIGHLAND RESERVE, LLC
1686 EAST GUDE DRIVE
ROCKVILLE, MD 20850
301-762-9511

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ENGINEERS LAND SURVEYORS PLANNERS
ENGINEERING, INC.
8480 BALTIMORE NATIONAL PIKE SUITE 315
ELLCOTT CITY, MARYLAND 21043
(P) 410-465-6105 (F) 410-465-6644
WWW.BEI-CVLENGINEERING.COM

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. 45577, Expiration Date: 06-08-2018.

8/1/16

PROJECT: **REGAN PROPERTY LOT 7**

LOCATION: 12345 POINT RIDGE DRIVE
HIGHLAND, MD 20777
TAX MAP No. 34 - BLOCK No. 24 - PARCEL No. 200
5TH ELECTION DISTRICT, HOWARD COUNTY, MARYLAND
TAX ID: 05 597440

TITLE: **BUILDING PERMIT STORMWATER MANAGEMENT DRAINAGE AREA MAP**

HOUSE TYPE: **ASHBROOKE-ELEVATION 'J'**

DATE: JULY, 2016 PROJECT NO. 2171

SCALE: AS SHOWN DRAWING 3 OF 3



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: _____

Permit No.: B/16004727

Building Address: 72345 Point Ridge DR
 City: Fulton State: MD Zip Code: 20759
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 7
 Fax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: House
 Proposed Use: House
 Estimated Construction Cost: \$ 15,000
 Description of Work: install 1000 gal VG tank for new house

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: Mike Lancaster
 Address: 1684 E Gude DR
 City: Rockville State: MD Zip Code: 20850
 Phone: 301-203-1327 Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
Area of construction (sq. ft.):	2 nd floor:	
Use group:	Basement:	
Construction type:	<input type="checkbox"/> Finished Basement	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Wood Frame	No. of bedrooms:	
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling	
	No. of efficiency units:	
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	No. of 2 BR units:	
	No. of 3 BR units:	
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<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: Mitchell & Best
 Address: 1684 E Gude DR
 City: Rockville State: MD Zip Code: 20850
 Phone: 301-203-1327 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Donnell Wachtel
 Address: 3601 Fsk Hwy
 City: Town Town State: MD Zip Code: 21787
 Phone: 240-422-6416 Fax: _____
 Email: _____

Contractor Company: Ferrellas
 Contact Person: Donnell Wachtel
 Address: 3601 Fsk Hwy
 City: Town Town State: MD Zip Code: 21787
 License No.: 11072
 Phone: 240-422-6416 Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

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 type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
<u>House permit # B/16-427</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: _____ Print Name: Donnell Wachtel
 Email Address: _____ Date: 10-27-16
 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		

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

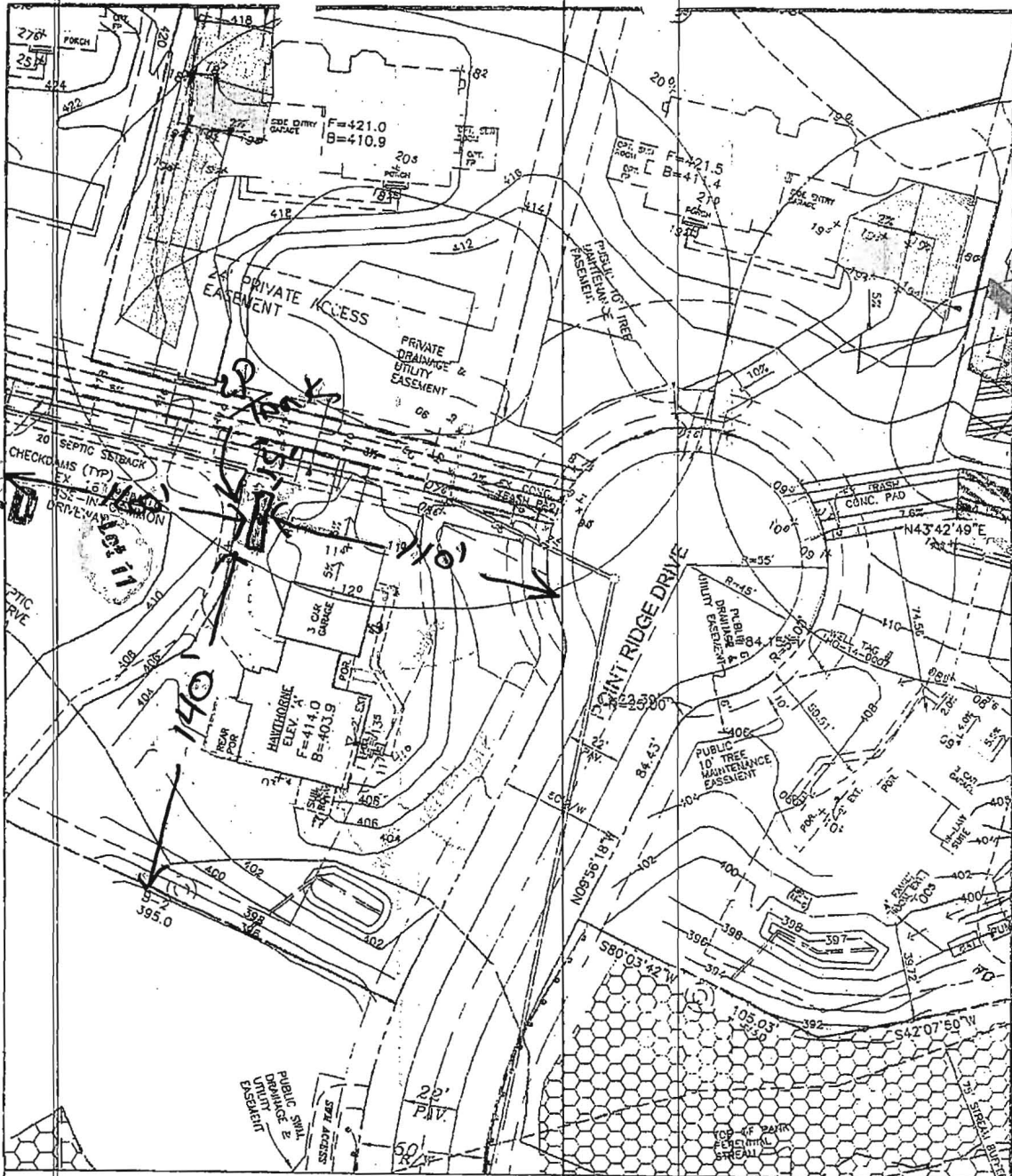
DPZ SETBACK INFORMATION

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>110.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

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

Mitchell & Best



BENCHMARK
 ENGINEERING, INC.

REGAN PROPERTY
 PRELIMINARY SITING LOT 2
 FIFTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 9-16-15

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11/18/16
 No review required
 Cancelled in ACCELA



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: _____

Permit No.: B/16001903

Building Address: 12345 Point Ridge DR
 City: FULTON State: MD Zip Code: 20759
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 11
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: House
 Proposed Use: House
 Estimated Construction Cost: \$ 5,000
 Description of Work: Install 1000 gpi UG Tank for new house

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: Mike Lancaster
 Address: 4886 Gude DR
 City: Rockville State: MD Zip Code: 20850
 Phone: 410-203-1327 Fax: _____
 Email: _____

Property Owner's Name: Mitchell + Best
 Address: 4886 Gude DR
 City: Rockville State: MD Zip Code: 20850
 Phone: 410-203-1327 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Donald Wachtel
 Address: 3201 F&K Hwy
 City: Towson State: MD Zip Code: 21287
 Phone: 410-226-4118 Fax: _____
 Email: _____

Contractor Company: Ferrall LLC
 Contact Person: Donald Wachtel
 Address: 3201 F&K Hwy
 City: Towson State: MD Zip Code: 21287
 License No.: _____
 Phone: 410-422-6418 Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<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	

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 type="checkbox"/> Natural Gas <input checked="" 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: [Signature]
 Email Address: Donald.Wachtel@ferrall.com
 Title/Company: Ferrall LLC

Print Name: Donald Wachtel
 Date: 10/20/16

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>11/8/16</u>	<u>Cancelled in ACCELA</u>

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

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



Building Permit Application

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

DILP 2016 DEC 8 PM 12:25

Date Received: _____

Permit No. B16005244

Building Address: 12345 Point Ridge Drive
 City: Fulton State: MD Zip Code: 20759
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Highland Reserve aka Regan Property
 Section: _____ Area: _____ Lot: 7
 Tax Map: 34 Parcel: 200 Grid: 24
 Zoning: RR-DEO Map Coordinates: _____ Lot Size: 46,577 sf

Existing Use: Vacant
 Proposed Use: Single Family Dwelling - add propane tank
 Estimated Construction Cost: \$ 3,500.00
 Description of Work: Install 1 in-ground 1000 gallon propane tank

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ 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: 54' 62'
Area of construction (sq. ft.): _____	2 nd floor: 54' 62'
	Basement: 54' 62'
Use group: _____	<input checked="" type="checkbox"/> Finished Basement
	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>5</u>
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<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: MB Highland Reserve
 Address: 1686 E. Gude Drive
 City: Rockville State: MD Zip Code: 20850
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Marc Quint - MB Highland Reserve LLC
 Address: 1686 E. Gude Drive
 City: Rockville State: MD Zip Code: 20850
 Phone: 301-762-9511 Fax: 301-610-9564
 Email: MQuint@mitchellbest.com

Contractor Company: National Propane Buyer Co-C
 Contact Person: David Jaray
 Address: 22318 Clarksburg Rd.
 City: Clarksburg State: MD Zip Code: 20841
 License No.: 67631
 Phone: 301-515-0098 Fax: _____
 Email: NPBC @ NPBC GAS.NET

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

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 checked="" 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 type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>G14000305</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 _____
 MQuint@mitchellbest.com
 Email Address _____
 Operations Mgr., Mitchell & Best Homes LLC
 Title/Company _____

Print Name Marc Quint
 Date 12/8/2016

RECEIVED
DEC 08 2016
 LICENSES & PERMITS
 DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

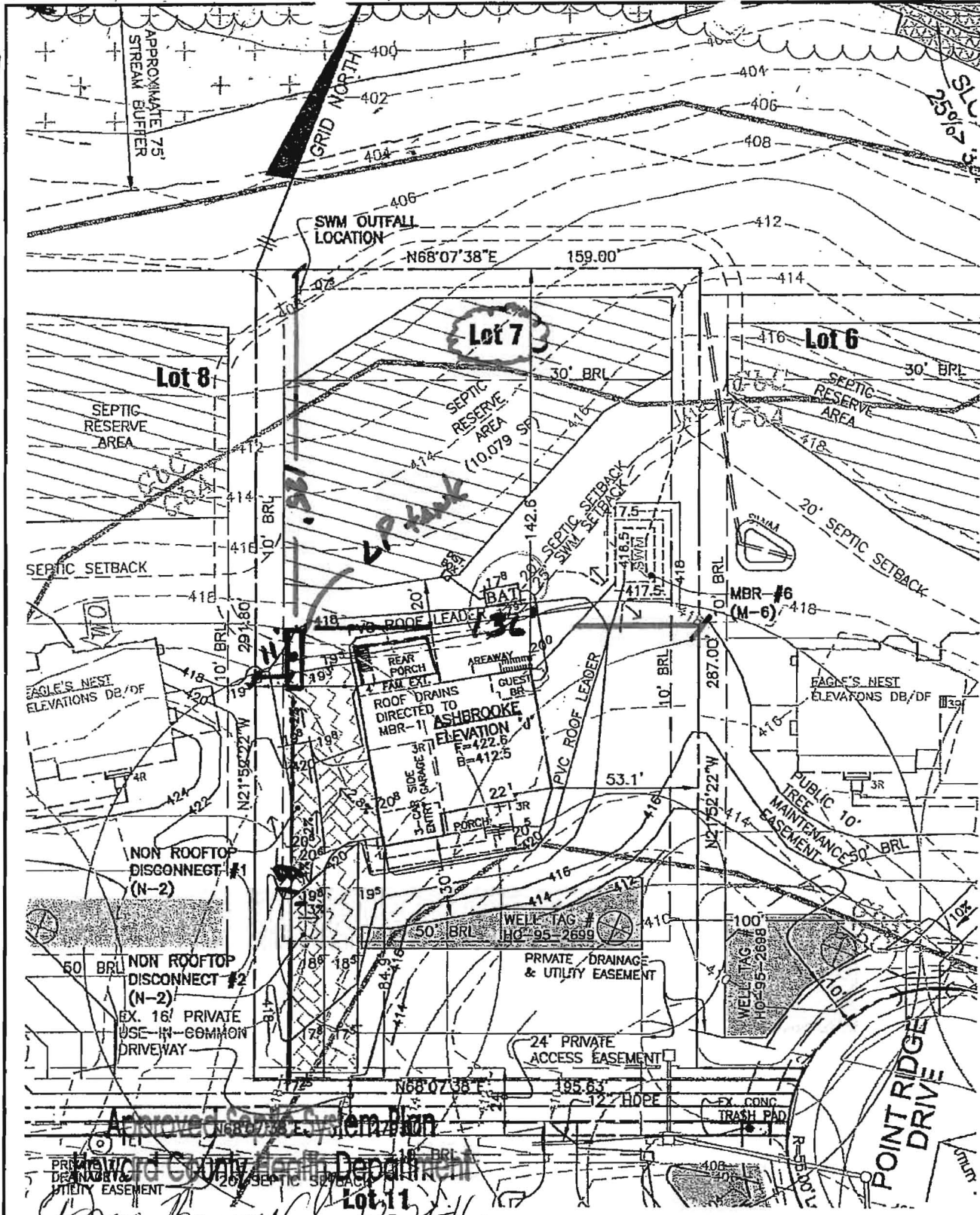
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>B. A. H. Dana Beard</u>

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

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	\$ <u>100</u>
Tech Fee	\$ <u>10</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>110.00</u>
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>001615</u>

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



SOILS CLAS:
 SOILS DE
 EXISTING ()
 PROPOSED ()
 LIMIT OF
 25' WETLAND
 CENTERLINE O
 STREA
 PROPOSED S
 SEPTIC RESE
 PRIVATE '
 NON ROOFTOP DIS
 (FIL
 NON ROOFTOP DIS
 (IMI

Approved Septic System Plan

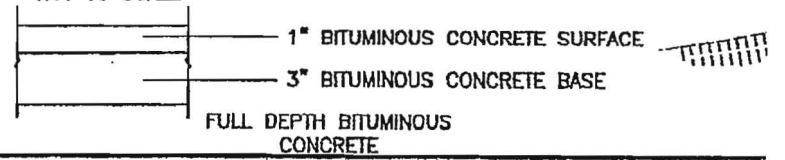
Howard County Health Department

Karla Bernatch
 Signature

12-21-16
 Date

BL6005247" = 50'

PAVING SECTION
 NOT TO SCALE



SOILS LEGEND		
MAP SYMBOL	SOIL GROUP	SOIL TYPE
Gbc	B	GLADSTONE LOAM, 8 TO 15 PERCENT SLOPES
MaD	B	MANOR LOAM, 15 TO 25 PERCENT SLOPES

FROM NRCS WEB SOIL SURVEY 2.0, PAGE 16, CLARKSVILLE NW