

**HOWARD COUNTY  
PERMIT APPLICATION**

PERMIT NUMBER

**B00127375**

Building Address Rt 6, Harless Manor  
14061 Monticello Dr. Cooksville, Md. 21773  
Suite/Apt. #: N/A SDP/WP/Petition #: N/A  
Census Tract 6010 Subdivision Harless Manor  
Section N/A Area N/A Lot 6  
Tax Map 9 Parcel 346 Grid 19  
Zoning RC-DK Map Coordinates 4F12 Lot size

Property Owner's Name C+P Homes Inc.  
Address 16013 Lady Chamin CT.  
City Mt. Airy State Md Zip Code 21771  
Home Phone 410-489-2408 Work Phone 410-795-1300  
Applicant's Name & Mailing Address, (if other than stated hereon):  
(Same as above)  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Vacant Lot  
Proposed Use New Single fam. dw. living  
Estimated Construction Cost \$ 100,000  
Description of Work New home construction  
4 bedrooms, 2 1/2 baths, 2 car attached  
garage, Full bath rough in Adnt

Contractor Company (Same as above)  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company Carroll Land Services  
Contact Person Dennis Meekley  
Address 439 E. Main St.  
City Westminster State Md Zip Code 21157  
Phone 410-876-2017 Fax 410-876-0009

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

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

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

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 THERE TO; (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.

[Signature]  
Applicant's Signature  
President  
Title/Company C+P Homes Inc.

Peter D. Ryan  
Print Name  
11/7/2000  
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>11/22/00</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Fire Protection		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#:	Amount
<u>48673</u>	
Filing fee	\$ <u>25.00</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>5452</u>
Validation	# <u>30038</u>

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

Accepted by [Signature]

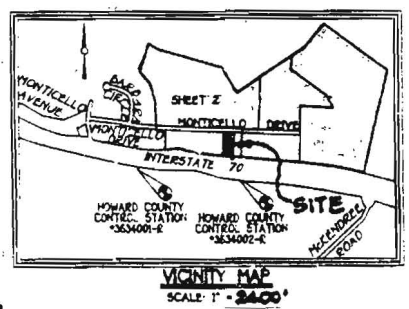
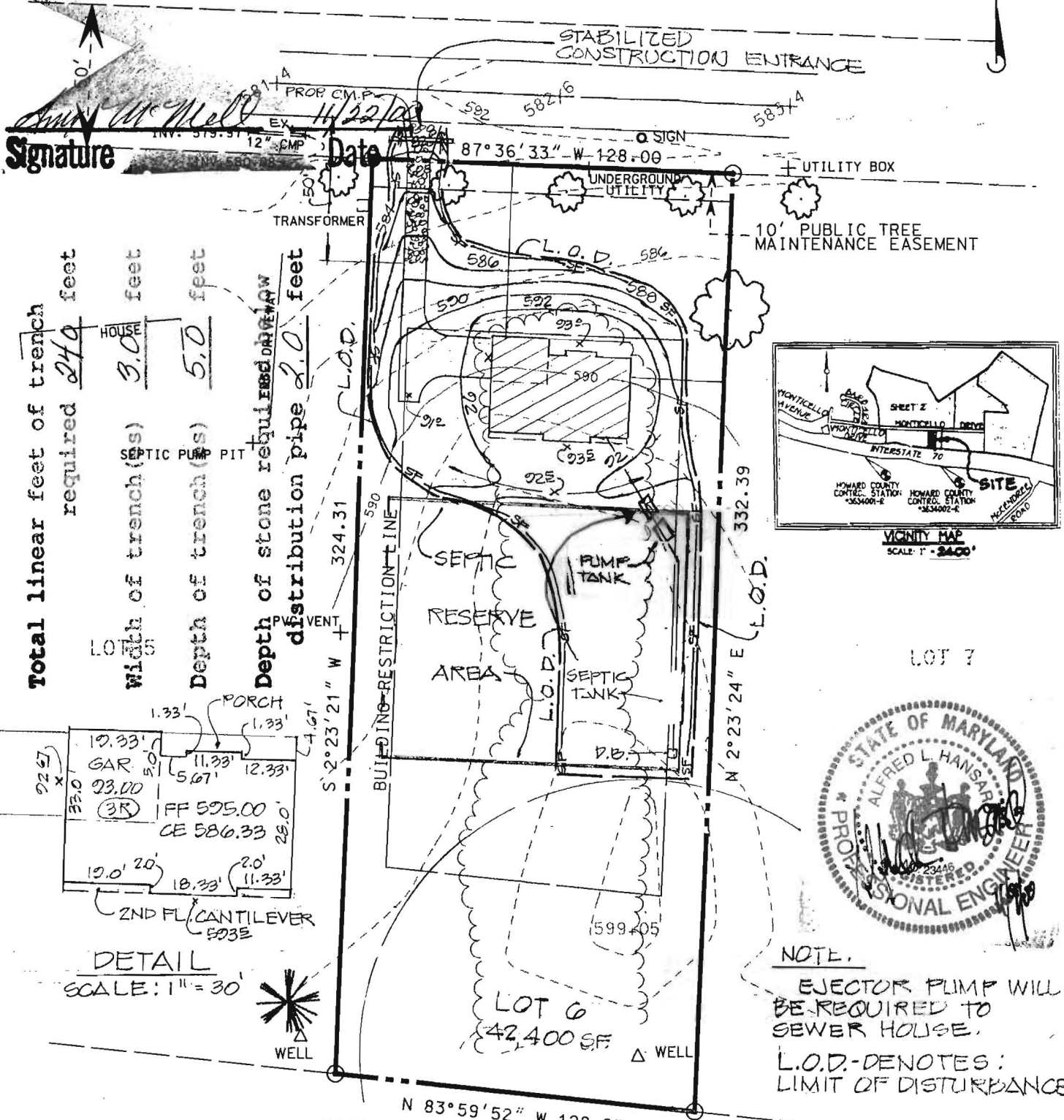
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

NOTE: TOPOGRAPHY SHOWN HEREON IS DERIVED FROM THE FIELD RUN DATED: 10-30-00, C.L.S.I.

PLAT TO ACCOMPANY APPLICATION FOR BUILDING PERMIT

Approved Septic System Plan  
Howard County Health Department

MONTICELLO DRIVE



NOTE:  
EJECTOR PUMP WILL BE REQUIRED TO SEWER HOUSE.  
L.O.D.-DENOTES: LIMIT OF DISTURBANCE

GENERAL NOTES

- SEPTIC EASMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
  - PROPOSED 1500 GALLON SEPTIC TANK.
  - FIRST FLOOR ELEVATION: 505.00
    - BASEMENT ELEVATION: 500.33
    - INVERT OUT OF PUMP SYSTEM AT HOUSE: 505.0
    - INVERT AT SEPTIC TANK: 500.5
    - INVERT OUT AT SEPTIC TANK: 500.2 (INVERT IN PUMP TANK: 500.6)
    - PROPOSED GRADE OVER SEPTIC TANK & PUMP TANK: 503.5
    - INVERT AT DISTRIBUTION BOX: 503.0
    - EXISTING GROUND OVER DISTRIBUTION BOX: 505.8
  - LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
  - CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
- EXISTING GRADES SHOULD BE FIELD VERIFIED WHEN HOUSE STAKEOUT IS DONE.

"HARLESS MANOR"  
LOT N° 6  
4TH ELECT. DISTRICT  
HOWARD CO., MD.  
RECORD PLAT N° 12024

DATE	REVISIONS

**CLSI**  
Carroll Land Services Incorporated  
Engineers • Surveyors • Land Development Consultants  
Landscape Architects • Environmental Specialists  
439 East Main Street Westminster, MD 21157-5339  
(410) 876-2017 FAX (410) 876-0009

DRAWN BY: J.E.P.  
DESIGN BY: J.E.P.  
REVIEW BY:  
DATE: 10/31/00  
SCALE: 1" = 50'  
JOB NO: 96155  
SHEET: 1 OF 1

CAD Drawing File Name: