

B1000273

Building Address 13551 York Road  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 6040.01 Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 1  
 Tax Map 6 Parcel 19 Grid 4  
 Zoning R-2000 Map Coordinates \_\_\_\_\_ Lot Size 1.35 Ac

Property Owner's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated herein):  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
 Proposed Use \_\_\_\_\_  
 Estimated Construction Cost \$ \_\_\_\_\_  
 Description of Work \_\_\_\_\_  
 Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company CORNER  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**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: N/A <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"/> Depth _____ Width _____ 1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of Bedrooms <u>4</u>	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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 \_\_\_\_\_  
 Title/Company \_\_\_\_\_

Print Name \_\_\_\_\_  
 Date \_\_\_\_\_

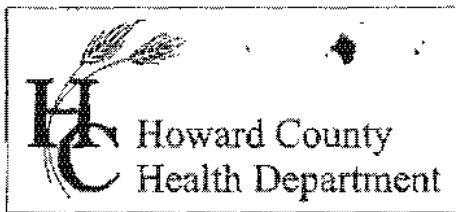
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY AND LEGIBLY.\*\*  
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development, DPZ			
State Highways			
Building Officials			
Dev. Engineering, DPZ			
Health	<u>1-8-13</u>	<u>Dana Bernard</u>	
Fire Protection			

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID #
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____
	Accepted by _____



7178 Columbia Gateway Drive, Columbia MD 21046  
Phone (410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
Website: [www.hchealth.org](http://www.hchealth.org)

Peter L. Beilenson, M.D., M.P.H., Health Officer

December 21, 2010

TO: FORTY WEST GROUP INC.  
c/o Patrick Costello  
3230 Bethany Lane Ste. 1  
Ellicott City, Maryland 21042


RE: Building Permit # B10003823  
18359 Penn Shop Road  
Tax Map 6, Parcel 19  
Building Site Plan

Mr. Patrick Costello:

Prior to building permit approval, an approved Building Plan is required. Further review is contingent upon submission of a Building Plan showing the following:

- Show three (3) well sites, one existing and two replacements or approximately 1500 square feet of approvable well area for the lot. Wells should be 50 feet apart on lot. Well location and setbacks required are 30 feet from new foundation and 100 feet from septic tank, system and easement. Well tag numbers for existing well must be included.
- Septic tank must be moved out of well radius. Septic tank must be 100 feet from the well.

Your building permit will be placed "on hold" until all Health Dept. requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,  
  
Dana Bernard, Environmental Sanitarian  
Bureau of Environmental Health  
Well and Septic Program  
Phone (410) 313-2775  
E-mail: [DBernard@howardcountymd.gov](mailto:DBernard@howardcountymd.gov)

cc: Well & Septic program file



VANMAR  
ASSOCIATES, INC.

Engineers • Surveyors • Planners

310 South Main Street, P.O. Box 328, Mount Airy, Maryland 21771

(301) 829-2890  
(301) 695-0600

(301) 831-5015

(410) 549-2751  
Fax (301) 831-5603

December 27, 2012

Dana Bernard  
Howard County Environmental  
Health Department  
7178 Columbia Gateway Drive  
Columbia, Maryland 21046

Re: Building Permit No. B10003823  
18359 Penn Shop Road  
Tax Map 6, Parcel 19

Ms. Dana Bernard:

Thank you for your review of the above captioned property. In response to your comments dated December 21, 2010 we submit the following:

1. The well tag number for the existing well is shown. Two replacement well sites have been shown in addition to the existing well.
2. The septic tank has been moved out of the 100 foot radius of the existing well or replacement well sites.

If you have any questions or concerns, please do not hesitate to contact this office.

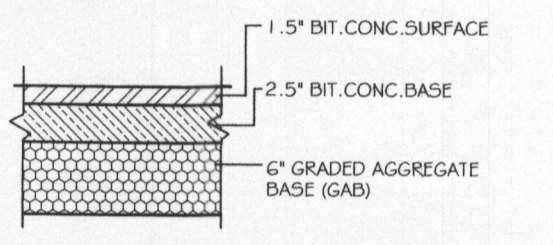
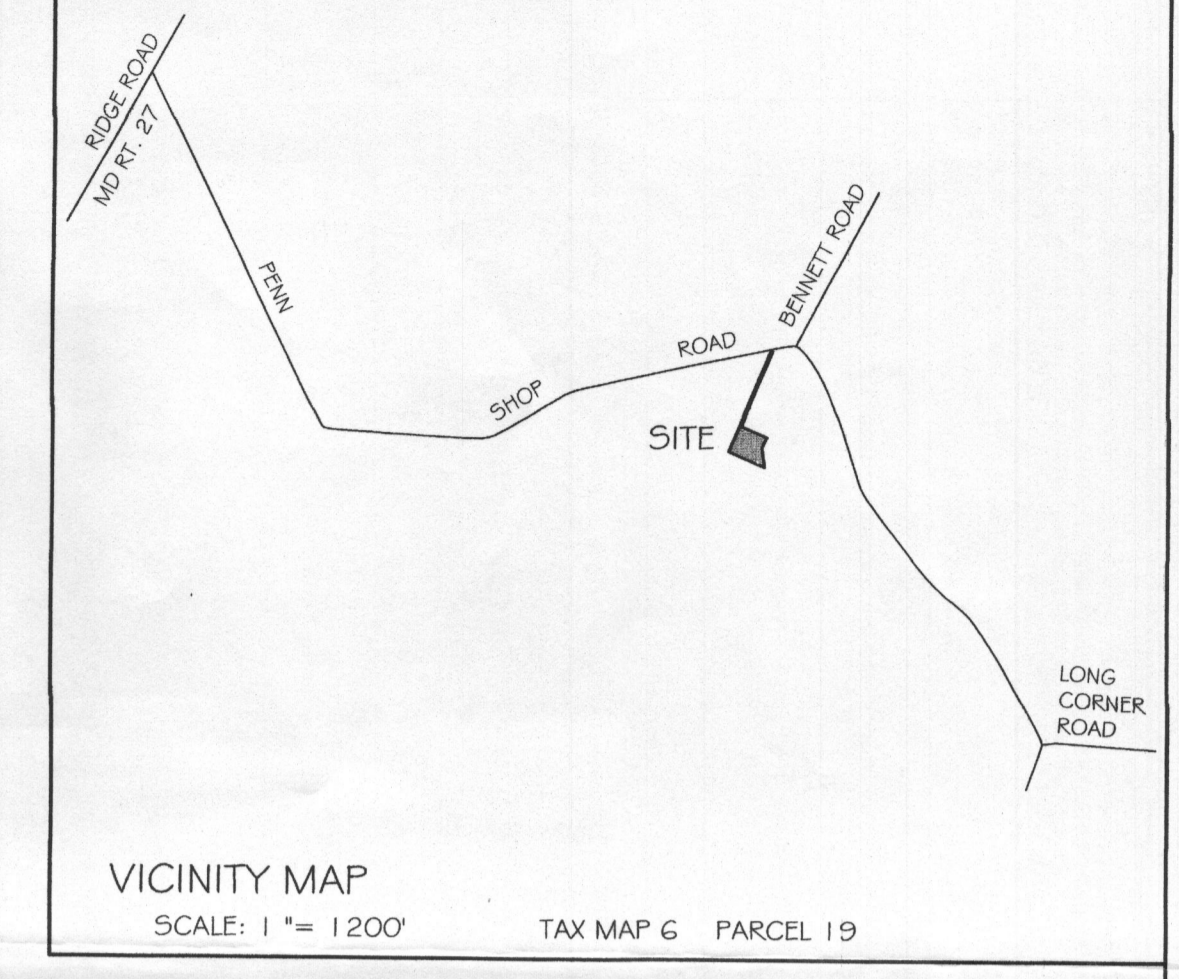
Very truly yours,

T. Michael VanSant, L.S.  
President, VanMar Associates, Inc.

TMV/dkv

**STORM WATER MANAGEMENT NOTES:**

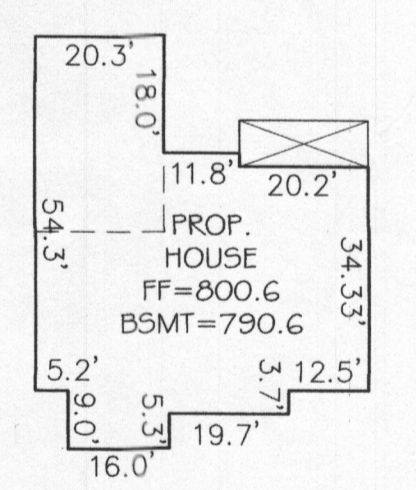
Proposed Impervious:  
 Driveway = 1,608 s.f.  
 Prop. Parking Pad = 803 s.f.  
 Prop. House = 2,580 s.f.  
 Total Area = 4,991 s.f.



**PAVING SECTION**  
 (N.T.S.)

**SEPTIC ELEVATIONS**

- A) PROPOSED HOUSE:  
 F.F. ELEV. = 800.6  
 BSMT. ELEV. = 790.6  
 GARAGE ELEV. = 799.3  
 INV. OUT = 785.0
- B) PROPOSED SEPTIC TANK:  
 EX GRD. ELEV. = 779.0  
 PROF. GRD. ELEV. = 779.0  
 INV. IN = 775.5  
 INV. OUT = 775.3
- C) PROPOSED DISTRIBUTION BOX:  
 EX GRD. ELEV. = 777.5  
 INV. IN = 774.0  
 INV. OUT = 773.8



HOUSE DETAIL  
 SCALE: 1" = 30'

OWNER/DEVELOPER  
 FORTY WEST GROUP, INC.  
 3230 BETHANY LANE  
 SUITE 1  
 ELLICOTT CITY, MD 21042  
 410-418-8900



Approved Septic System Plan  
 Howard County Health Department  
*Rena Bernard* 1-8-13  
 Signature Date

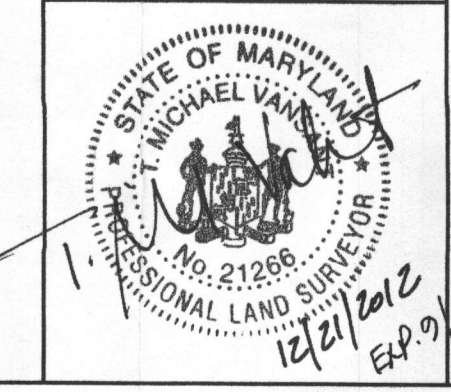
P1003523  
 4BR

**NOTES:**

- 1) The basis of bearings for this drawing is the Maryland Coordinate System, NAD83/91, per Plat No. 17362.
- 2) Contours shown hereon are from a Boundary and Topographic Survey by Fisher, Collins & Carter, Inc. dated February 2006 (2' interval), supplemented with field-run topo by VanMar Assoc., Inc. in 2/10. Vertical datum is NAVD88.
- 3) Actual length and number of trenches for sewerage to be determined at time of septic system permit issuance.
- 4) Proposed house is 4 bedrooms.
- 5) Limits of disturbance (LOD): 11,193 Sq. Ft.
- 6) The existing well shown hereon (HO-94-3887) was field located by VanMar Assoc., Inc. and is accurately shown.
- 7) Denotes 25% slopes.

RECORDED AS PLAT NO. 17362 AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND.

DATE	REVISIONS
12/1/12	PER COMMENTS



**LOT PLAN**  
 LOT 1  
**JEFF HARRISON PROPERTY**  
 SITUATED ON PENN SHOP ROAD  
 FOURTH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1"=50' NOVEMBER 2010

**VANMAR ASSOCIATES, INC.**  
 Engineers Surveyors Planners  
 310 South Main Street Mount Airy, Maryland 21771  
 (301) 829-2890 (301) 831-5015 (410) 549-2751  
 Fax (301) 831-5603 ©Copyright, Latest Date Shown