

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

506004213

Building Address <u>3712 PARK OVERLOOK CT</u> <u>ELLCOTT CITY MD</u>	Property Owner's Name <u>BRETT J. O'NEILL</u>
Suite/Apt. #: _____ SDP/W/P/Petition #: _____	Address <u>3712 PARK OVERLOOK CT</u>
Census Tract _____ Subdivision _____	City <u>ELLCOTT CITY</u> State <u>MD</u> Zip Code <u>21042</u>
Section _____ Area _____ Lot <u>20</u>	Home Phone <u>443-695-1631</u> Work Phone _____
Tax Map <u>22</u> Parcel <u>552</u> Grid <u>10</u>	Applicant's Name & Mailing Address, (if other than stated hereon): _____
Zoning _____ Map Coordinates _____ Lot size _____	Phone _____ Fax _____

Existing Use <u>Storage</u>	Contractor Company <u>THOMPSON GAS</u>
Proposed Use <u>SAME W/ PROPOSED TANK</u>	Contact Person <u>TAMM BROWN</u>
Estimated Construction Cost \$ <u>6500</u>	Address <u>PO Box 158</u>
Description of Work <u>INSTALL 330 GALLON UNDERGROUND STORAGE TANK</u>	City <u>ROCKY HILL</u> State <u>MD</u> Zip Code <u>21153</u>
_____	License No. _____ Phone _____ Fax _____

Occupant or Tenant _____	Engineer or Architect Company _____
Contact Name _____	Contact Person _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone _____ Fax _____	Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> NFPA #13D _____ NFPA #13R _____ 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.

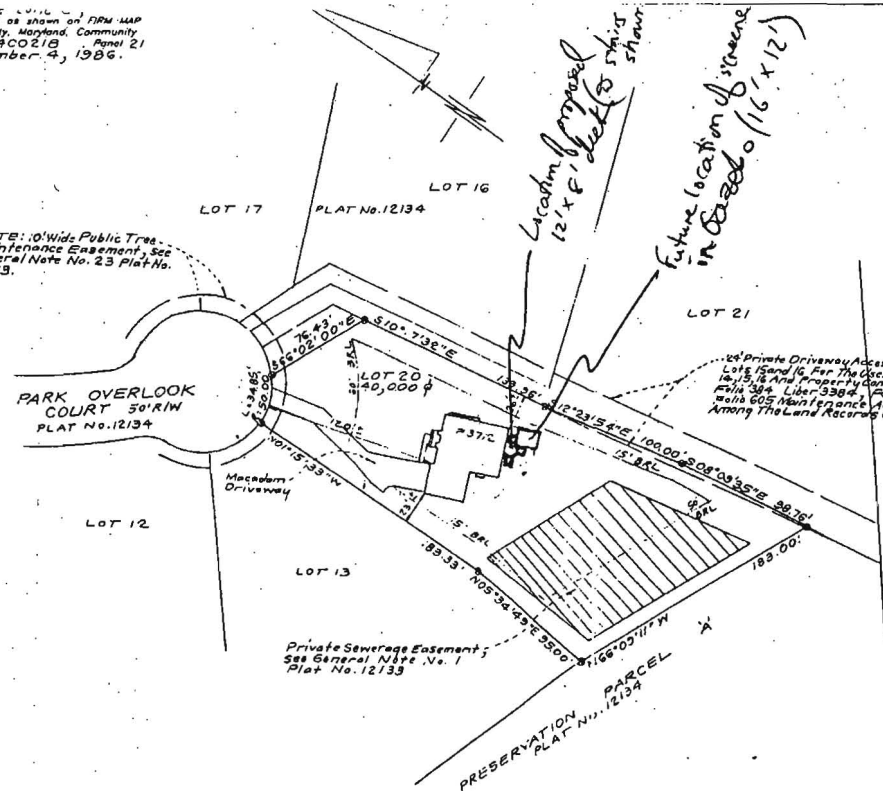
Applicant's Signature <u>[Signature]</u>	Print Name <u>TAMM BROWN</u>
Title/Company <u>THOMPSON GAS SERVICE</u>	Date <u>9-6-04</u>

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

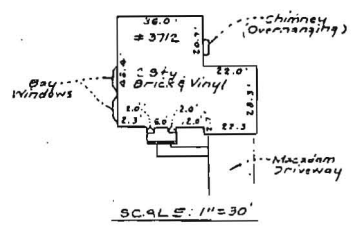
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ <u>100.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ <u>110.00</u>
Health			All minimum setbacks met?	TOTAL FEES \$ <u>210.00</u>
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>cash</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies -			Lot Coverage for NewTown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

of minimal flooding as shown on FIRM MAP
 -Howard County, Maryland, Community
 # Number 24004-90021B Panel 21
 5, dated December 4, 1986.

Final: 8-5-97
 Boundary Survey: 8-5-97



* SITE PLAN NOT TO SCALE



4/9/98 Proposed location for deck and gazebo OR as shown **DBS**

SURVEYOR'S CERTIFICATE

I certify that a field survey of this property
 was made under my supervision for the purpose of
 the measurements shown hereon, and that they are
 true and correct.



-97 *[Signature]*

NOTE:
 1. Sack Distance Accuracy = 1:2
 2. S. Res. - # 2:0

Plot Reference: PLAT No. 12375

		CLARK · FINEFROCK & SACKETT, INC. ENGINEERS · PLANNERS · SURVEYORS 7135 HUNSTON WAY · COLUMBIA, MD 21043 · (410) 381-7500 BALT. · (301) 621-8100 WASH.
RECORD 3712 PARK OVERLOOK COURT REVISION PLAT LOT 20 BENSON BRANCH ESTATES LOTS 20 AND 21	SCALE 1" = 50' DATE 8-5-97	CLIENT KWC A Resubdivision of Lots 14 and 15, Benson Branch Estates, Plat No. 213a THIRDELECTON DISTRICT HOWARD COUNTY, MARYLAND
FOR: TRINITY HOMES 6212 Devon Drive Columbia, Md. 21045	FILE NO. 25-182-0	

SETBACKS

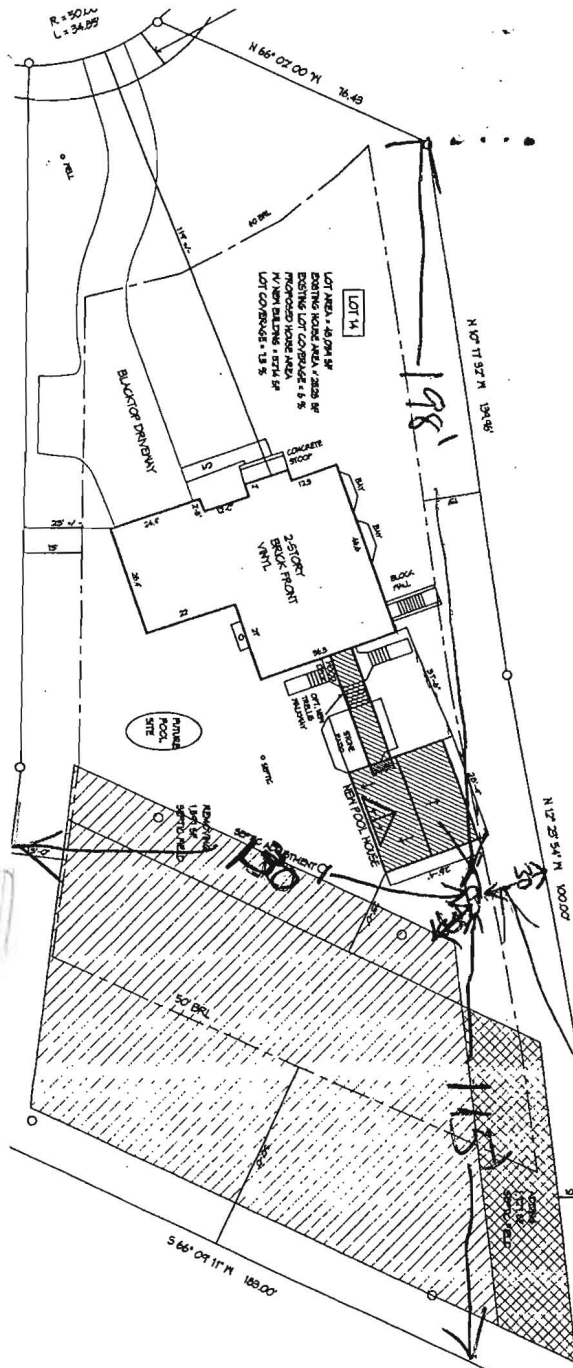
AST 30' WELL - 225'

SEPTIC 30'

10' MIN 198'

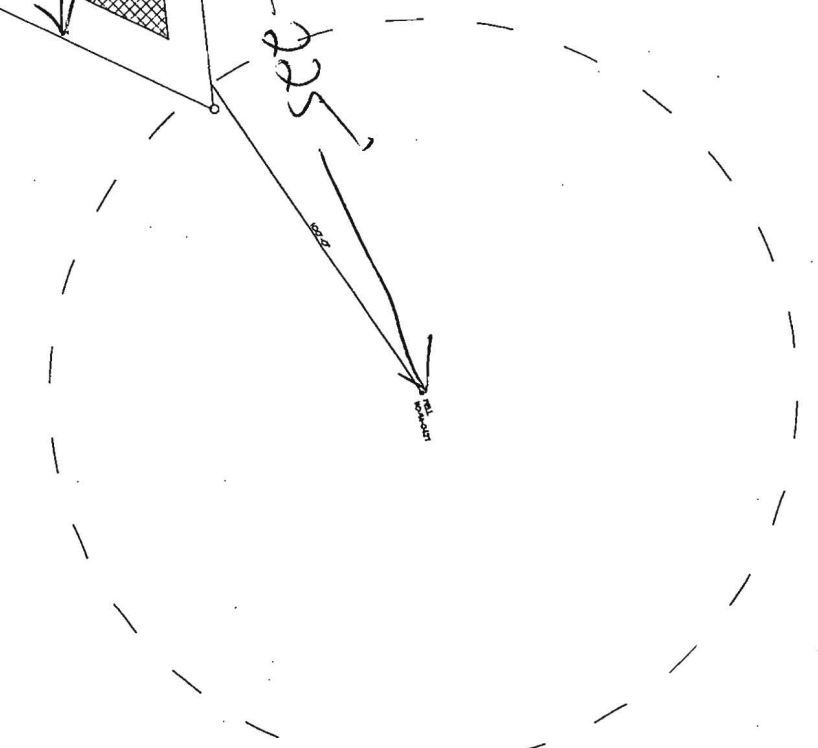
WEST 136'

SOUTH 115'



F S
N

225'



CLASS	
B	
B	

24' PRIVATE ACCESS EASEL
 LOTS 15 AND 16
 AND BENEFIT OF
 AND PROPERTY
 LIBER 3514,
 LIBER 3384,
 LIBER 3384,
 MAINTENANCE
 RECORDED AMONG T
 OF HOWARD COUN

LOT 12
 PLAT NO. 12134

LOT 16
 PLAT NO. 121

PARK
 OVERLOOK
 COURT

ChB2

LOT 13
 PLAT NO. 12134

Proposed
 250 Gallon
 Piggy Back
 Tank

LOT 20
 PLAT NO. 12375

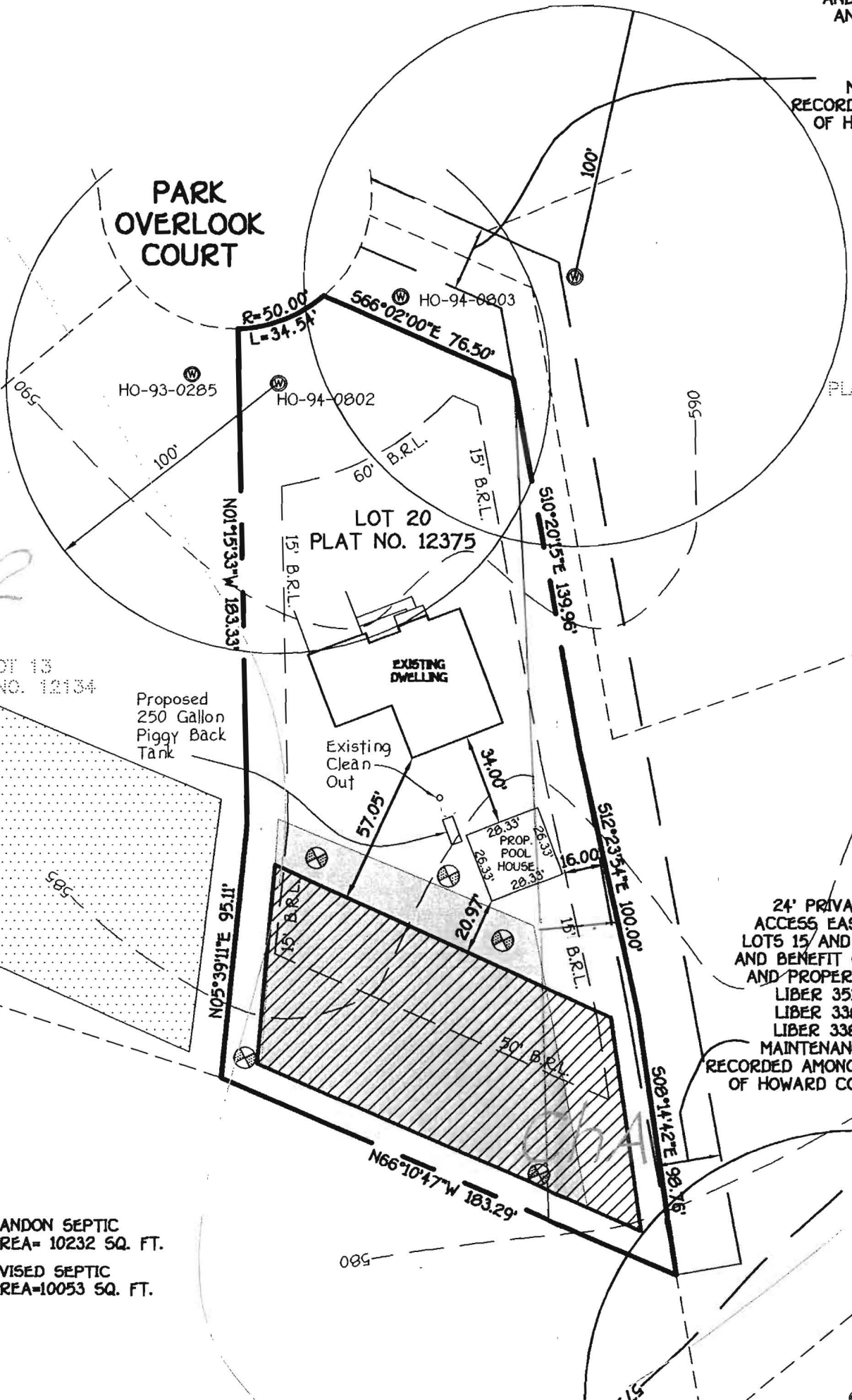
EXISTING
 DWELLING

Existing
 Clean
 Out

28.33'
 PROP.
 POOL
 HOUSE

24' PRIVATE DRIVEWAY
 ACCESS EASEMENT ACRO
 LOTS 15 AND 16 FOR THE
 AND BENEFIT OF LOTS 14,
 AND PROPERTY CONVEYE
 LIBER 3514, FOLIO 38
 LIBER 3384, FOLIO 51
 LIBER 3384, FOLIO 60
 MAINTENANCE AGREEME
 RECORDED AMONG THE LAND
 OF HOWARD COUNTY, MARY

- DENOTES ABANDON SEPTIC EASEMENT AREA= 10232 SQ. FT.
- ▨ DENOTES REVISED SEPTIC EASEMENT AREA=10053 SQ. FT.



HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

B 00153 287

Building Address 3712 PARK OVERLOOK CT
E.C. MD 21042
 Suite/Apt. # 03-320345 SDP/WFP/Petition # PLAT # 12375
 Census Tract 603000 Subdivision Upper Branch Estates
 Section _____ Area _____ Lot 20
 Tax Map 22 Parcel 558 Grid 10
 Zoning RR-DPO Map Coordinates 1059 Lot size 40,000 sq ft

Property Owner's Name Brian Ocheltree
 Address 3712 Park Overlook Ct
 City Ellicott City State MD Zip Code 21042
 Home Phone 443-695-1631 Work Phone 202-895-2788
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use Single Family Dwelling
 Proposed Use _____
 Estimated Construction Cost \$ 75,000.00
 Description of Work Pool House 20x28-Decked
with Enclosure & 2nd story Great Room
1 Full BATH & 1 Half Bath

Contractor Company The Craftmore Group
 Contact Person MARK OKOLITA 410-984-4397
410-531-8070
 Address _____
 City Rockville State MD Zip Code 20850
 License No. CE 2-04242 /
 Phone 410-531-8055 Fax _____

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

Engineer or Architect Company Jackson Design Group
 Contact Person Jack Jackson
 Address _____
 City Rockville State MD Zip Code 20850
 Phone 301-519-7115 Fax 301-519-0113

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

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Applicant's Signature _____
 Title/Company _____

Print Name MARK OKOLITA
 Date 2/28/06

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY IDE
Land Development, DPZ			Front: _____	Filing fee \$ <u>25.00</u>
State Planning			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>2/28/06</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Seawall Content approval required prior to issuance?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Check: \$ <u>500.00</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation: \$ <u>100.00</u>
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Let Coverage for NewTown Zone _____	Accepted by: <u>[Signature]</u>
Yellow: DED, DPZ	Green: LDD, DPZ	Yellow: DED, DPZ	SDP/Red-line approval date _____	
Pink: Health				
Gold: SHA				