

G 9547

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
5430 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B00157916

Building Address 11460 Old Frederick Rd.
HARRIOTTSVILLE MD 21104-1522
Suite/Apt. #: N/A SDP/WP/Petition #: N/A
Census Tract 60300 Subdivision N/A
Section N/A Area N/A Lot 10
Tax Map 10 Parcel 375 Grid 21
Zoning RE Map Coordinates 5K12 Lot size 5.01

Property Owner's Name JAYARAM KUMAR & GEETHA JAYARAM
Address 9009 WILDWOOD WAY
City ELICOTT CITY State MD Zip Code 21043
Home Phone 410 465 3714 Work Phone SAME
Applicant's Name & Mailing Address, (if other than stated hereon):
JAYARAM KUMAR
Phone 410 465 3714 Fax 410 461 1155

Existing Use EMPTY LOT
Proposed Use PRIVATE RESIDENCE
Estimated Construction Cost \$ 600K
Description of Work Unfinished basement
Rancher Type with 3 BR
3 1/2 baths, 2 car garage with
front porch

Contractor Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant Owner
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
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: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <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: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

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

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]
Title/Company _____

Print Name JAYARAM KUMAR
Date 1/27/06

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

69533

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highway		
Building Official		
Dev. Engineering DPZ		
Health	<u>2/23/06</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		
Distribution of Copies -	White: Building Official	Green: LDD, DPZ
T:\forms\PEP\ST.FPM	Yellow: DED, DPZ	Pink: Health
	Gold: SHA	

DPZ SETBACK INFORMATION	PROPERTY IDE
Front: _____	Filing fee \$ <u>100.00</u>
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 \$ <u>537</u>
SDR/Red-Line approval date _____	Validation \$ <u>106.32</u>
	Accepted by <u>[Signature]</u>

- STANDARD SEDIMENT CONTROL NOTES**
- A minimum of 48 hours notice must be given to the Howard County Department of Inspections, Licenses and Permits, Sediment Control Division prior to the start of any construction (313-1855).
 - All vegetative and structural practices are to be installed according to the provisions of this plan and are to be in conformance with the most recent 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL and revisions thereto.
 - Following initial soil disturbance or re-disturbance, permanent or temporary stabilization shall be completed within: a) 7 calendar days for all perimeter sediment control structures, dikes, perimeter slopes and all slopes steeper than 3:1, b) 14 days as to all other disturbed or graded areas on the project site.
 - All sediment traps/basins shown must be fenced and warning signs posted around their perimeter in accordance with Vol 1, Chapter 12 of the HOWARD COUNTY DESIGN MANUAL, Storm Drainage.
 - All disturbed areas must be stabilized within the time period specified above in accordance with the 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL for permanent seeding (Sec.51), soil (Sec. 54), temporary seeding (Sec. 50), and mulching (Sec. 52). Temporary stabilization with mulch alone can only be done when recommended seeding dates do not allow for proper germination and establishment of grasses.
 - All sediment control structures are to remain in place and are to be maintained in operative condition until permission for their removal has been obtained from the Howard County Sediment Control Inspector.
 - Site Analysis:
 - Total Area of Site = 5.02 Acres
 - Area Disturbed = 0.52 Acres = 22,647 sqft.
 - Area to be roofed or paved = 0.24 Acres = 10,500 sqft.
 - Total Cut = 0.43 Acres
 - Total Fill = 494.00 Cu.Yds.
 Offsite waste/borrow area location: ACCESS MATERIALS TO BE REMOVED TO SITE WITH APPROVED SEDIMENT CONTROL SITE.
 - Any sediment control practice which is disturbed by grading activity for placement of utilities must be repaired on the same day of disturbance.
 - Additional sediment control must be provided, if deemed necessary by the Howard County Sediment Control Inspector.
 - On all sites with disturbed areas in excess of 2 acres, approval of the inspection agency shall be requested upon completion of installation of perimeter erosion and sediment controls, but before proceeding with any other earth disturbance or grading. Other building or grading inspection approvals may not be authorized until this initial approval by the inspection agency is made.
 - Trenches for the construction of utilities is limited to three pipe lengths or that which shall be back-filled and stabilized within one working day, whichever is shorter.

- NOTES:**
- This site is zoned RC-DEO per the 10-18-93 Comprehensive Zoning Plan.
 - BRL denotes Building Restriction Line.
 - Driveway shall be provided per the following minimum requirements:
 - Width-12' (14' saving more than one residence);
 - Surface-8" of compacted crusher run base w/tar and chip coating (1-3" min.);
 - Geometry-Max. 1% grade, max. 10% grade change and min. 45' turning radius;
 - Structures (culverts/bridges)-capable of supporting 25 gross tons (H25 loading);
 - Drainage Elements-capable of safely passing 100-year flood with no more than 1 foot depth over driveway surface;
 - Maintenance-sufficient to insure all weather use.
 - Partial topography shown here is based on field run topo performed by KCE Engineering, Inc. on May 22, 2005.
 - No boundary survey was performed for preparing this plan.
 - Public water is available for this property.
 - No steep slopes exist on site.
 - No wells or septic systems within 100' of property line.
 - Length of Trench to be determined at time of Septic Permit issuance.
 - Contractor to verify elevations in field before beginning any construction.
 - Proposed 1500 gal. septic tank.

THIS AREA DESIGNATES A PRIVATE EASEMENT OF MINIMUM OF 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 SEWAGE IS AVAILABLE. THESE EASEMENTS WILL BECOME NULL AND VOID UPON CONNECTION OF PUBLIC SEWAGE TO SYSTEM. THE COUNTY HEALTH RECORDER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

SOILS LEGEND

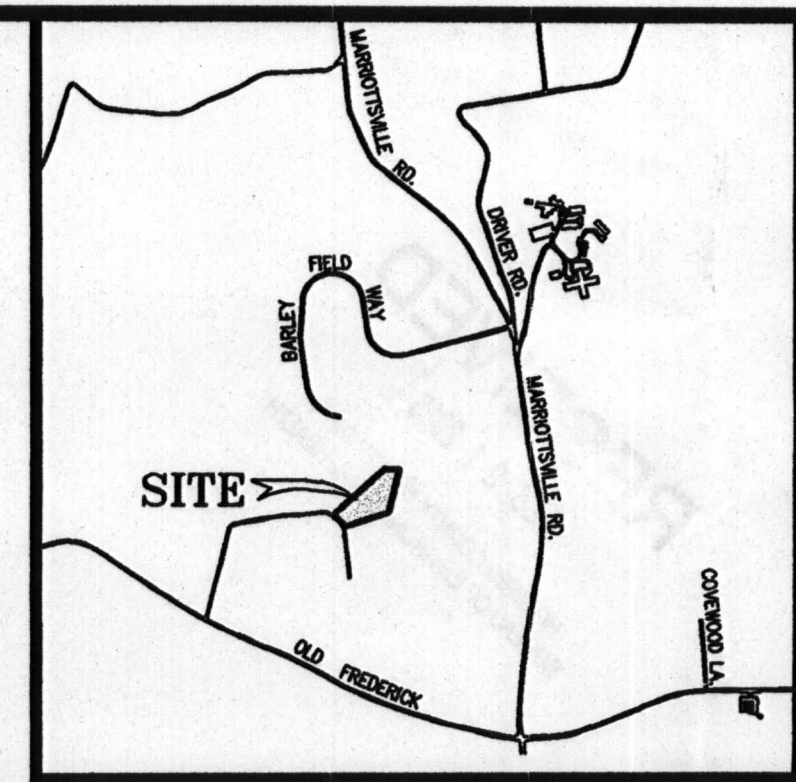
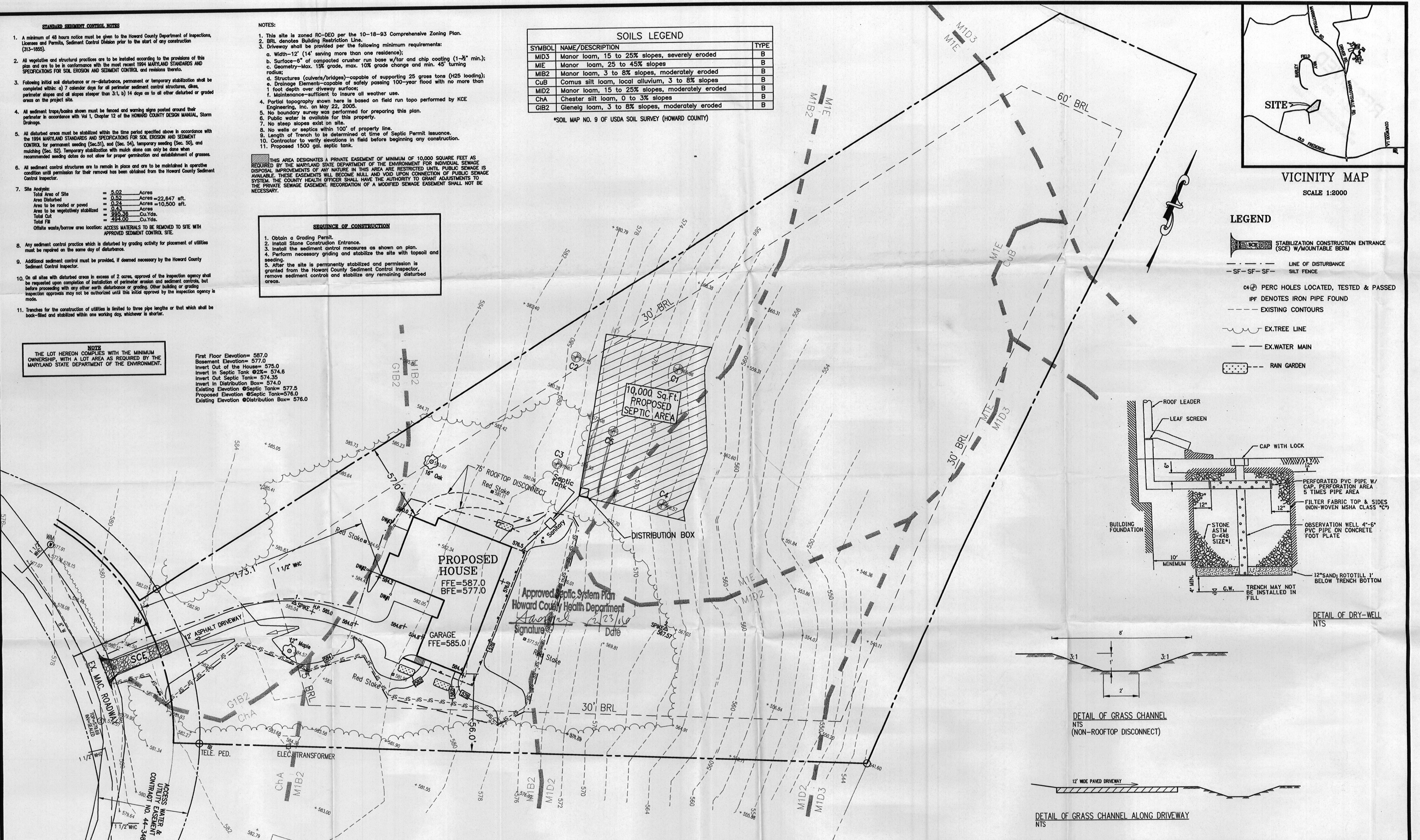
SYMBOL	NAME/DESCRIPTION	TYPE
MID3	Manor loam, 15 to 25% slopes, severely eroded	B
MIE	Manor loam, 25 to 45% slopes	B
MIB2	Manor loam, 3 to 8% slopes, moderately eroded	B
CuB	Comus silt loam, local alluvium, 3 to 8% slopes	B
MID2	Manor loam, 15 to 25% slopes, moderately eroded	B
ChA	Chester silt loam, 0 to 3% slopes	B
GIB2	Glenelg loam, 3 to 8% slopes, moderately eroded	B

*SOIL MAP NO. 9 OF USDA SOIL SURVEY (HOWARD COUNTY)

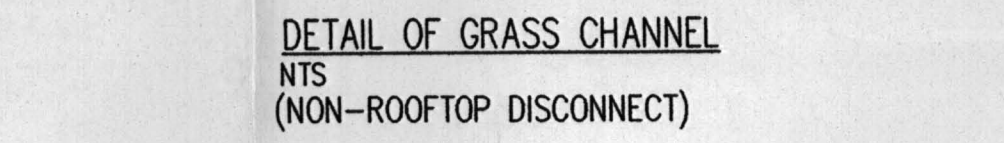
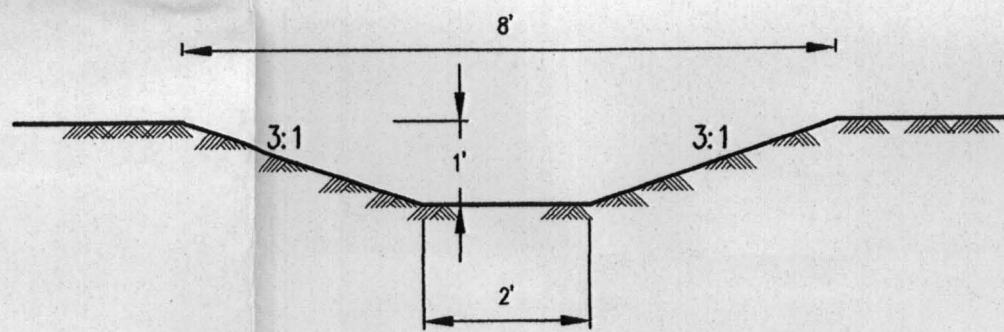
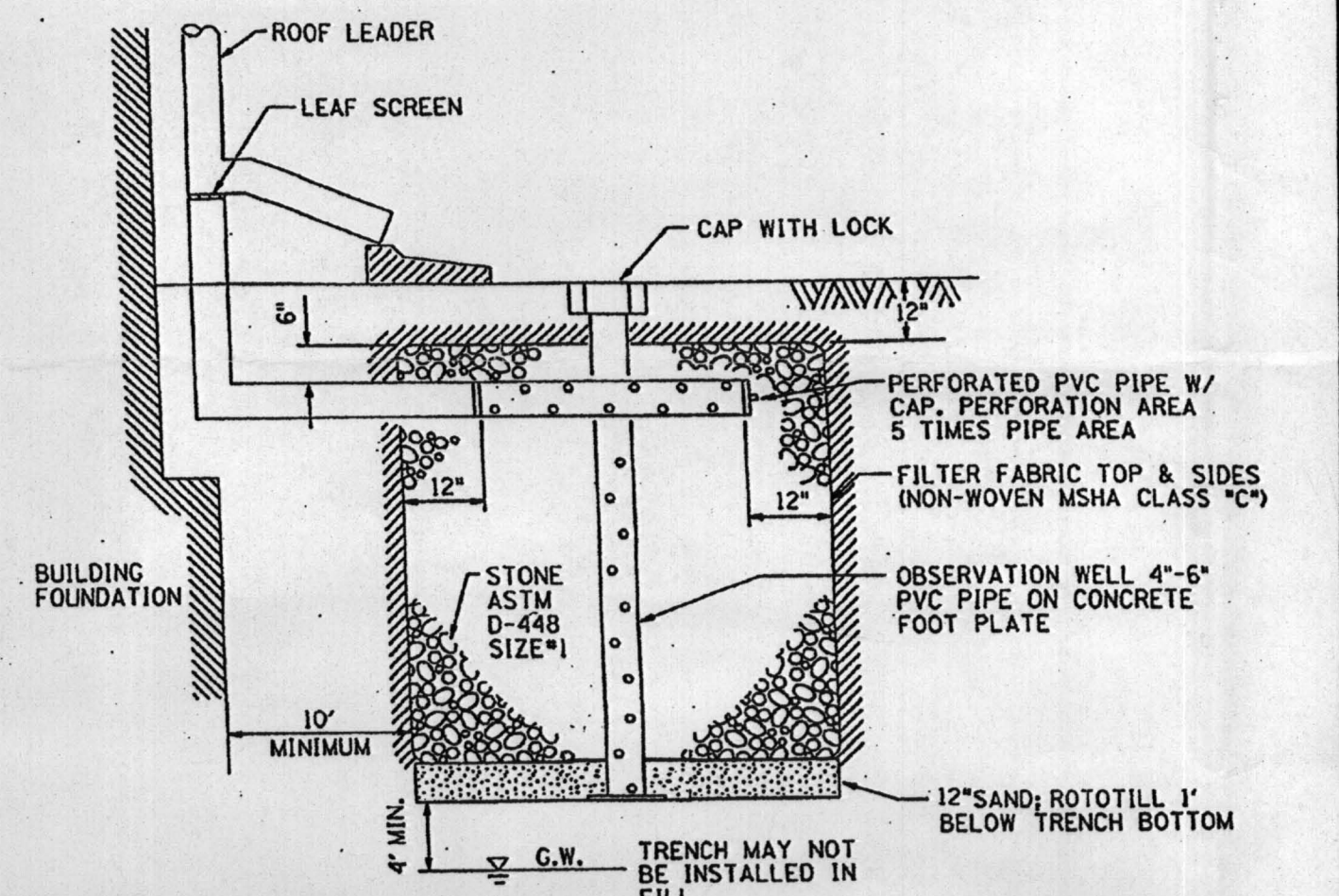
- SEQUENCE OF CONSTRUCTION**
- Obtain a Grading Permit.
 - Install Stone Construction Entrance.
 - Install the sediment control measures as shown on plan.
 - Perform necessary grading and stabilize the site with topsoil and seeding.
 - After the site is permanently stabilized and permission is granted from the Howard County Sediment Control Inspector, remove sediment controls and stabilize any remaining disturbed areas.

NOTE
THE LOT HEREON COMPLIES WITH THE MINIMUM OWNERSHIP, WITH A LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.

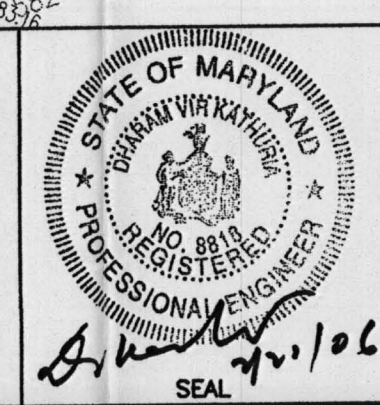
First Floor Elevation= 587.0
Basement Elevation= 577.0
Invert Out of the House= 575.0
Invert in Septic Tank @25' = 574.6
Invert Out Septic Tank= 574.35
Invert in Distribution Box= 574.0
Existing Elevation @Septic Tank= 577.5
Proposed Elevation @Septic Tank= 576.0
Existing Elevation @Distribution Box= 576.0



- LEGEND**
- STABILIZATION CONSTRUCTION ENTRANCE (SCE) W/MOUNTABLE BERM
 - LINE OF DISTURBANCE
 - SILT FENCE
 - PERC HOLES LOCATED, TESTED & PASSED
 - IPF DENOTES IRON PIPE FOUND
 - EXISTING CONTOURS
 - EX.TREE LINE
 - EX.WATER MAIN
 - RAIN GARDEN



KCE ENGINEERING, INC.
EXECUTIVE CENTER
3300 NORTH RIDGE ROAD, SUITE 315
ELLCOTT CITY, MARYLAND 21043
PHONE (410) 203-9800 FAX (410) 203-9228



OWNER & DEVELOPER
JAYARAM KUMAR
4009 WILDWOOD WAY
ELLCOTT CITY, MD 21042

ENGINEER'S CERTIFICATE
I certify that this plan for erosion and sediment control represents a practical and workable plan based on my personal knowledge of the site conditions and that it was prepared in accordance with the requirements of the Howard Soil Conservation District.
Signature: *Jayaram Kumar* Date: 2/21/06
DHARAM V. KATHUBA
Print name of Engineer

DEVELOPER'S CERTIFICATE
I/We certify that all development and construction will be done according to this plan, and that any responsible personnel involved in the construction project will have a Certificate of Attendance at a Department of the Environment Approved Training Program for the Control of Sediment and Erosion before beginning the project. I also authorize periodic on-site inspection by the Howard Soil Conservation District.
Signature of Developer: *Jayaram Kumar* Date: 2/21/06
Signature of Developer: (JAYARAM KUMAR)

Reviewed for HOWARD SCD and meets Technical Requirements.
USDA-Natural Resources Conservation Service Date: _____
This development plan is approved for soil erosion and sediment control by the HOWARD SOIL CONSERVATION DISTRICT.
Howard SCD Date: _____

PLOT PLAN
KUMAR PROPERTY
LOT 10, PARCEL 275, TAX MAP 10, GRID 21
LIBER 6553, FOLIO 261
MARRIOTTVILLE, HOWARD COUNTY, MARYLAND

SCALE: 1" = 30' JOB NO.: 05107.00 DATE: FEB 20, 2006 SHEET: 1 OF 1

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B07004782

Building Address <u>11460 Old Frederick Rd</u> Suite/Apt. #: _____ SDPWP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot <u>10</u> Tax Map <u>10</u> Parcel <u>95</u> Grid <u>1</u> Zoning _____ Map Coordinates _____ Lot size _____	Property Owner's Name <u>JAYAS MI KUMAR</u> Address _____ City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): Phone _____ Fax _____
Existing Use _____ Proposed Use _____ Estimated Construction Cost \$ _____ Description of Work <u>INDIAN TRAIL</u>	Contractor Company _____ 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 _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics 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	Utilities 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: 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"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Building Characteristics 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	Utilities Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private 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"/> <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	_____ Print Name
_____ Title/Company	_____ Date

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 \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>12/19/07</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ <u>110</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>158</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- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	

B07004782

\$3105 1000
\$2505 500
2-379

PLOT PLAN

DAY: WEDNESDAY DATE: 11/07/2007 TIME: 12PM

NAME: JAY KUMAR

PHONE: (410) 465-3714

JOB SITE: 11460 OLD FREDERICK RD

CITY: MARRIOTSVILLE

ZIP:

21104

COUNTY: HOWARD

MAP:

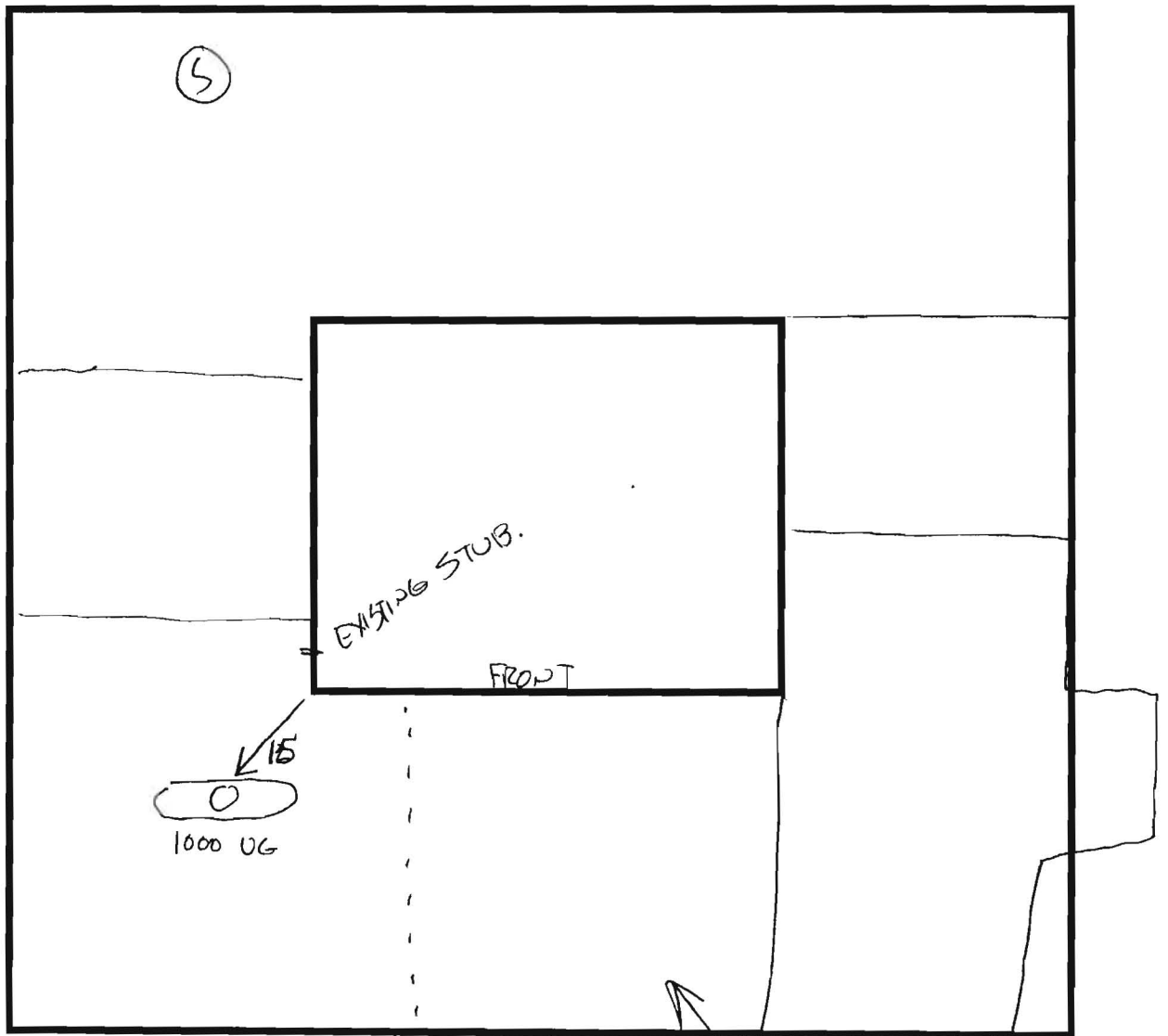
H5K13

WELL- (W)

SEPTIC - (S)

ELECTRIC (E)

4009 WILDWOOD WAY
ELLCOTT CITY.
21042



PARKING ACCESS:

HEAT / BACK UP
COOKING

SHARED DRIVE OFF
OF OLD FRED

PUBLIC WATER

PLENTY OF
ROOM FOR
TRUCK