

**HOWARD COUNTY
 PERMIT APPLICATION**

**B09000784
 PERMIT NUMBER**

Building Address 12056 Open Run Road
Ellicott City, MD 21042

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 18

Tax Map 29 Parcel 20 Grid 4

Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name Winchester Homes, Inc
 Address 6905 Rockledge Dr. Suite 800
 City Bethesda State MD Zip Code 20817
 Home Phone 410-756-6745 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Existing Use SFD
 Proposed Use SFD w/ Deck
 Estimated Construction Cost \$ 29,000

Contractor Company Probuild Construction, Inc
 Contact Person Edward Pacylowski
 Address 13300 Clarksville Pike
 City Highland State MD Zip Code 20771
 License No. 20247
 Phone _____ Fax _____
301-854-0921 301-854-9632

Description of Work Construct approx. 20x30
irregular shape deck w/ steps to
grade

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 - 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"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" 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: <u>poor + piers</u> Roof: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
_____ State Certified Modular _____ Manufactured Home	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.

[Signature]
 Applicant's Signature
President
 Title/Company

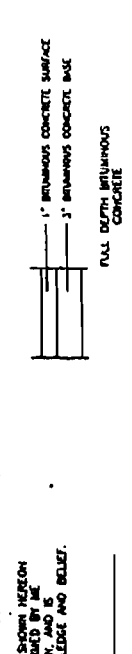
Edward Pacylowski
 Print Name
4/22/09
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 PLEASE WRITE NEATLY AND LEGIBLY.

AGENCY	DATE	SIGNATURE APPROVAL	FOR OFFICE USE ONLY - DPZ SETBACK INFORMATION	PROPERTY ID #
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Officials			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>4/22/09</u>	<u>[Signature]</u>	Side St.: _____	Add'l per fee \$ _____
Health			All minimum setbacks met?	TOTAL FEES \$ _____
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 # _____
			Historic District?	Validation # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by _____

NOTES:

1. THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR RIVERWOOD, PHASE 1, PLAT NO. 10004, REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREA AND ALL EASEMENTS.
2. AS SHOWN ON THIS PLAT, THE ENTIRE LOT IS TO BE DEVELOPED FOR INDIVIDUAL SEWERAGE. APPROVED IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED TO A PUBLIC UTILITY OR A PUBLIC HEALTH OFFICER'S APPROVAL. THIS AREA IS RESTRICTED TO A PUBLIC UTILITY OR A PUBLIC HEALTH OFFICER'S APPROVAL. THIS AREA IS RESTRICTED TO A PUBLIC UTILITY OR A PUBLIC HEALTH OFFICER'S APPROVAL.
3. THE EXISTING PERCOLATION TEST RESULTS TO BE USED FOR THE DESIGN OF A SEWERAGE SYSTEM SHALL BE THE MOST RECENT TEST RESULTS TO BE OBTAINED FROM THE SEWERAGE SYSTEM. THE EXISTING PERCOLATION TEST RESULTS TO BE OBTAINED FROM THE SEWERAGE SYSTEM SHALL BE THE MOST RECENT TEST RESULTS TO BE OBTAINED FROM THE SEWERAGE SYSTEM.
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PAVING SECTION
NOT TO SCALE

LEGEND

- EXISTING CONTOURS ESTABLISHED UNDER F-04-082
- FIELD SURVEYED WELL LOCATION
- PASSED PERCOLATION TEST PER TEST NOTES
- FAILED PERCOLATION TEST PER TEST NOTES
- FAILED SAND MOUND TEST PER TEST NOTES
- INCONCLUSIVE TEST PER TEST NOTES FURTHER TESTING REQUIRED
- EXISTING APPROVED SEPTIC RESERVE AREA
- PROPOSED REVISED SEPTIC RESERVE AREA

- 7001A 402.8
- 62-1A 397.0
- 54-32 397.0
- 99-9 398.2



MISSION QIRP

I CERTIFY THAT THE INFORMATION SHOWN HEREON IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PLUM PERMITS
JOHN M. CHENEY FOR BENCHMARK ENGINEERING, INC.

APPROVED: WATER AND SEWERAGE DIVISION
HARVARD COUNTY HEALTH DEPARTMENT

COUNTY HEALTH OFFICER

DATE

Plan Reviewer: *11/3/08*
Purchaser:

NO.	DATE	REVISION

BENCHMARK ENGINEERING, INC.
ENGINEERS & LAND SURVEYORS & PLUMBERS

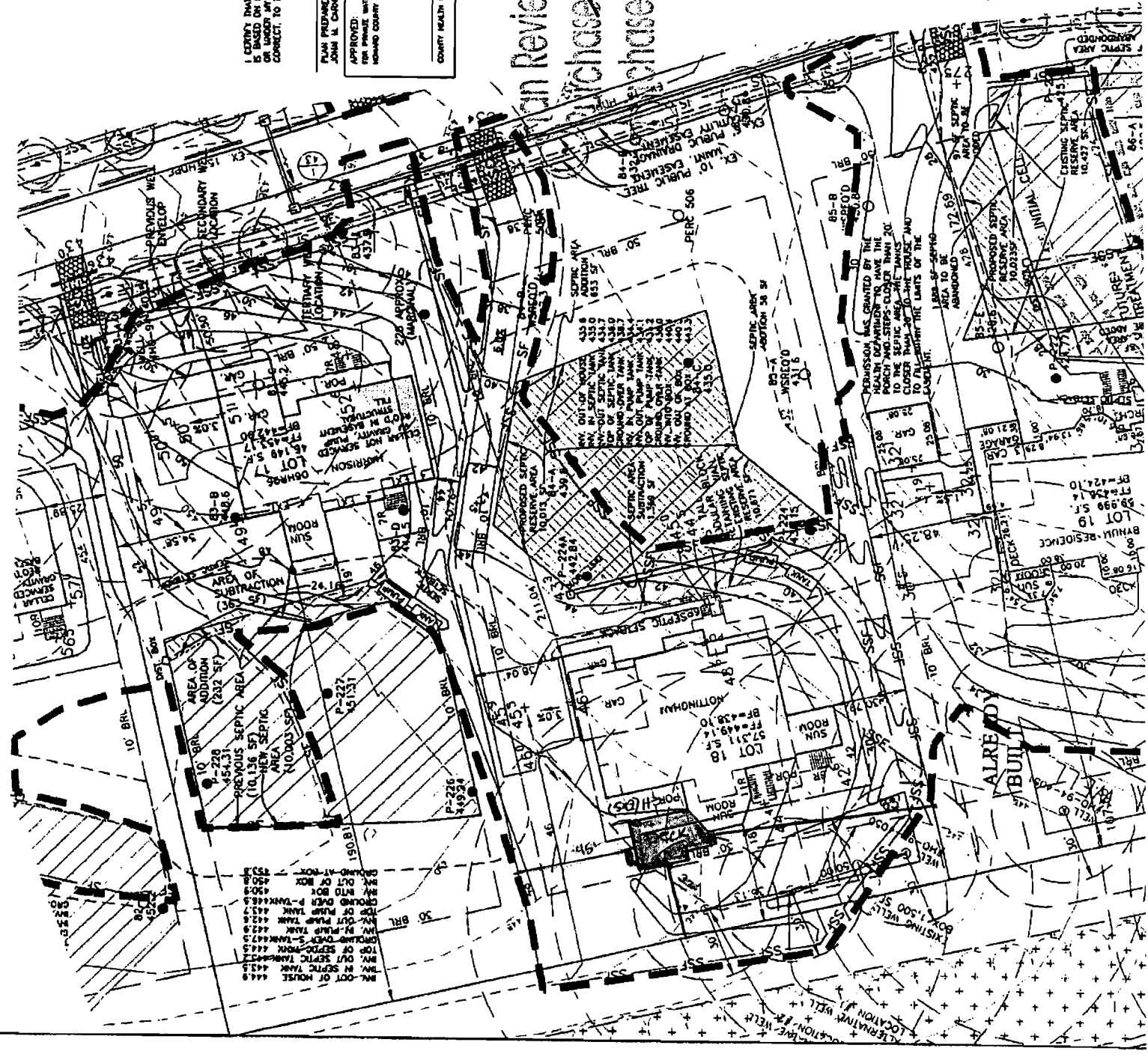
8400 BUCKLEBORE MARSHAL PIKE SUITE 410
DULLCOTT CITY, MARYLAND 21043
PHONE: 410-465-4100 FAX: 410-465-4644
EMAIL: benchmark@comcast.com

OWNER/BUILDER:
CAMBERLEY HOMES, INC.
6905 ROCKLEDGE DRIVE
SUITE 800
BETHESDA, MD 20817
PHONE: 301-803-4800
FAX: 301-803-4929

PROJECT:
RIVERWOOD
LOT 18

LOCATION:
12055 OPEN RUN ROAD
DULLCOTT CITY, MD 21042
TAX MAP No. 29 - PLOTT No. 3, 4, 9 & 10 - PARCEL No. 20
3rd ELECTION DISTRICT, HARVARD COUNTY, MARYLAND

TITLE:
PERMIT PLAN AND REVISED PERCOLATION TEST RESULTS



APPROVED A516084

WALK-THRU BUILDING PERMIT

BP# _____ A# P530284
APP. SAN SFO DATE: 4/22/09
DESC. OF WORK: Approx 20' x 30'