



G14000305

Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No. B/7003381

Building Address: 12337 Point Ridge Drive
 City: Fulton State: MD Zip Code: 20759
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Highland Reserve aka Regan Property
 Section: _____ Area: _____ Lot: 9
 Tax Map: 34 Parcel: 200 Grid: 24
 Zoning: RR-DEO Map Coordinates: _____ Lot Size: 1.048 acres

Existing Use: Vacant
 Proposed Use: Single Family Dwelling
 Estimated Construction Cost: \$ 472,101
 Description of Work: Foxridge - B Elevation - 3 car garage - front porch - 2' front ext. - 2' rear ext. - Walkout Basement
 Seeking Silver Level Certification of the NGBS-3rd party verification by Pando Alliance
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: MB Highland Reserve
 Address: 1686 E. Gude Drive
 City: Rockville State: MD Zip Code: 20850
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Marc Quint - MB Highland Reserve LLC
 Address: 1686 E. Gude Drive
 City: Rockville State: MD Zip Code: 20850
 Phone: 301-762-9511 Fax: 301-610-9564
 Email: MQuint@mitchellbest.com

Contractor Company: MB Highland Reserve LLC
 Contact Person: Marc Quint
 Address: 1686 E. Gude Drive
 City: Rockville State: MD Zip Code: 20850
 License No.: 7316
 Phone: 301-762-9511 ext. 318 Fax: _____
 Email: MQuint@mitchellbest.com

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor: 66'	78'
	2 nd floor: 57'	40'
Area of construction (sq. ft.):	Basement: 66'	78'
	<input type="checkbox"/> Finished Basement	
Use group:	<input checked="" type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>5</u>	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	<u>G14000305</u>
Building Shell Permit Number:	

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.

Marc Quint
 Applicant's Signature
 MQuint@mitchellbest.com
 Email Address
 Operations Mgr., Mitchell & Best Homes LLC
 Title/Company

Marc Quint
 Print Name
 9/11/2017
 Date
RECEIVED
 SEP 11 2017
 LICENSES & PERMITS
 DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>9-2-17</u>	<u>Deborah</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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

Filing Fee	\$ <u>150.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>00282</u>



Health

G14000305

Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

DILP 2018 MAR 29 PM 1:24

Date Received: _____

Permit No.: B18001033

Building Address: 12337 Point Ridge Drive
City: Fulton State: MD Zip Code: 20759
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Highland Reserve aka Regan Property
Section: _____ Area: _____ Lot: 9
Tax Map: 34 Parcel: 200 Grid: 24
Zoning: RR-DEO Map Coordinates: _____ Lot Size: _____

Existing Use: Vacant
Proposed Use: Install Propane Tank
Estimated Construction Cost: \$ 3500.00
Description of Work: Install 1000 Gallon Propane Tank in ground. 1 tank only.

Occupant or Tenant: _____
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: MB Highland Reserve
Address: 1686 E. Gude Drive
City: Rockville State: MD Zip Code: 20850
Phone: 301-762-9511 ext. 318 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
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Address: 1686 E. Gude Drive
City: Rockville State: MD Zip Code: 20850
Phone: 301-762-9511 Fax: 301-610-9564
Email: MQuint@mitchellbest.com

Contractor Company: National Propane Buyers Co-op
Contact Person: David Jaray
Address: 22318 Clarksburg Rd.
City: Boyd's State: MD Zip Code: 20841
License No.: 67631
Phone: 301-515-0098 Fax: _____
Email: NPBS@NPBCgas.net

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor: 80'	70'
	2 nd floor: 80'	70'
Area of construction (sq. ft.):	Basement: 60'	70'
	<input checked="" type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>7</u>	
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	<u>G14000305</u>
Building Shell Permit Number:	

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Marc Quint
Applicant's Signature _____
MQuint@mitchellbest.com
Email Address _____
Operations Mgr., Mitchell & Best Homes LLC
Title/Company _____

Print Name Marc Quint
Date 3/29/18
MAY 2017
RECEIVED
MAR 29 2018
LICENSES & PERMITS DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>4/11/18</u>	<u>H. Oswald</u>

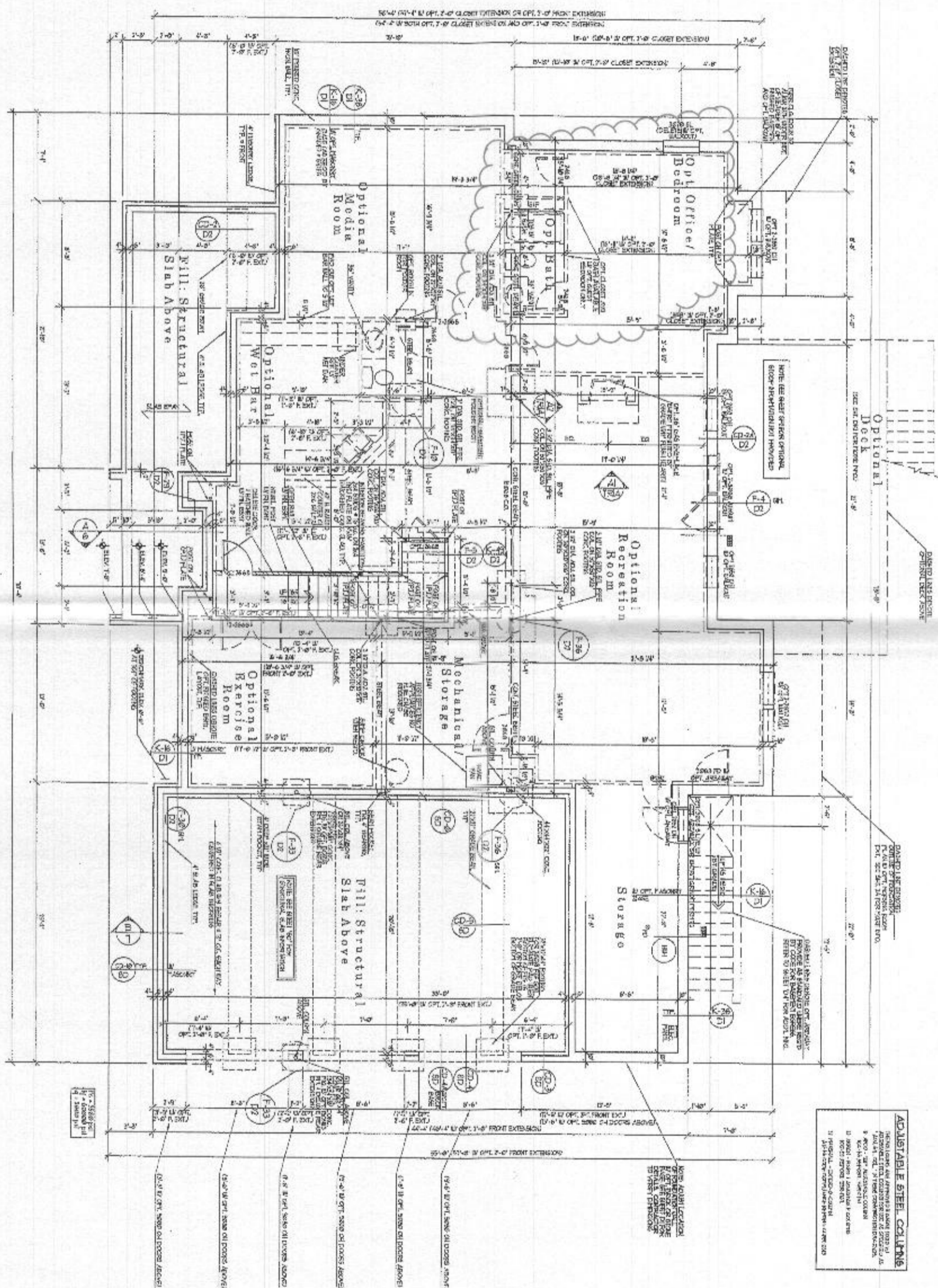
Is Sediment Control approval required for Issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	\$
Permit Fee	\$ <u>100</u>
Tech Fee	\$ <u>10</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>110.00</u>
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>002283</u>

BASEMENT / FOUNDATION PLAN

STANDARD - SHOWN W/ ELEVATION "C"



1/4" = 1'-0"

Sheet Number

2

**SUTTON
YANTIS
ASSOCIATES**
ARCHITECTS

www.sytan.com

8010 Sunrise Blvd. TEL: 703.754.2700
Miami, VA 33150 FAX: 703.647.0171

Architect

JAN 9 2016

Project Number: 00000-07

FOX RIDGE MITCHELL BEST HOMES

Virginia Contractors License No. 1, Martin G. Foxridge, 2012-2016. This document is the property of the architect and shall remain the property of the architect. No part of this document may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or by any information storage and retrieval system, without the prior written permission of the architect.

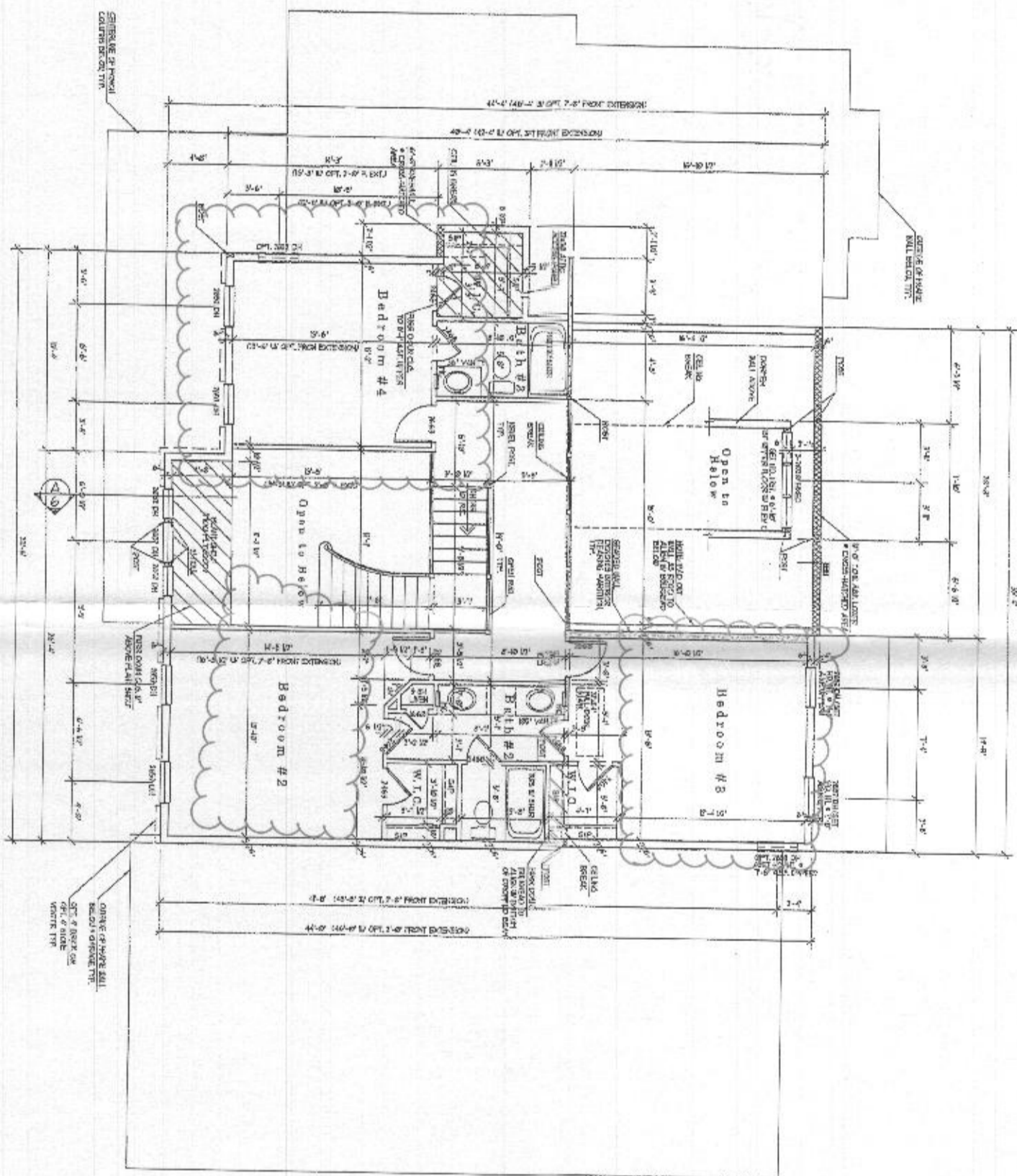
Date	REV.	BY	CHK.
REV. 06/07/09	070	070	070
REV. 06/08/09	070	070	070
REV. 06/09/09	070	070	070
REV. 06/10/09	070	070	070
REV. 06/11/09	070	070	070
REV. 06/12/09	070	070	070
REV. 06/13/09	070	070	070
REV. 06/14/09	070	070	070
REV. 06/15/09	070	070	070

3 bedrooms
upstairs only. No
added optional
bedrooms to this
home

UPPER FLOOR PLAN

STANDARD - SHOWN W/ ELEVATION "C"

PLEASE CHECK FOR ALL INTERIOR PARTITIONS TO BE 1/2" MINUS OF CENTER UNLESS SHOWN VARIOUS FROM 1/2" MINUS.



1/4" = 1'-0"

Sheet Number
4

SUTTON YANTIS ASSOCIATES ARCHITECTS
www.syan.com
3300 N. 26th St., Suite 100, Phoenix, AZ 85016
Tel: 602.954.0743 Fax: 602.954.0771

Architect:

JAN 25 2015

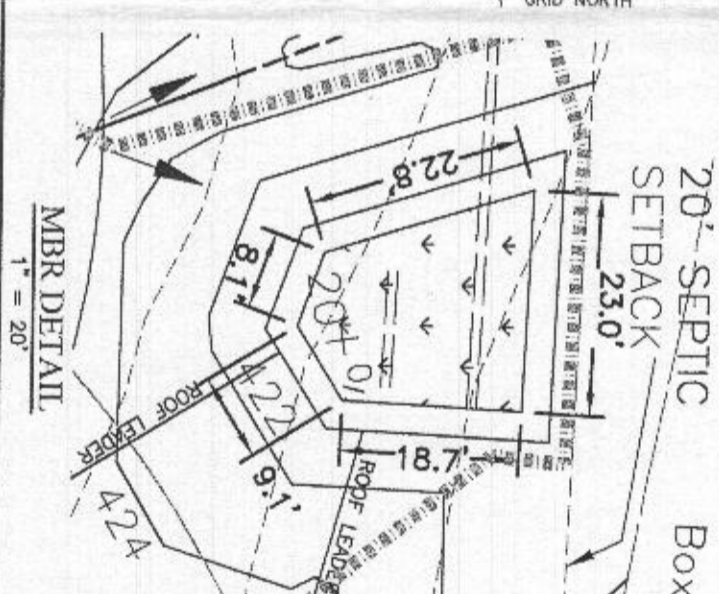
Project Number: 000001-04
FOXRIDGE MITCHELL BEST HOMES
Professional Certificates: L. Yantis, C. Yantis, and J. Yantis. Each certifies the documents were prepared or prepared under their direct supervision and that they are duly licensed architects in the State of Arizona. License No. 11,133. Expiration Date December 31, 2014.

Date	REV.	BY
06/01/09	01	JK
06/01/09	02	JK
06/01/09	03	JK
06/01/09	04	JK
06/01/09	05	JK
06/01/09	06	JK
06/01/09	07	JK

Practice	#	DA to Practice	Imp Area	Required	Provided	2% DA? Required	Provided	ESDV	ESDV	Re=	REV	Ownership
Practice	#	to Practice	Required	Provided	ESDV	ESDV	Re=	REV	Ownership			
(M-5) Micro-Bioretention	48	13,473	4,623	269	418	PASS	483	754	1.6	196	Private	
Total Treated		13,473	4,623	269	418		729	754	1.2	158	196	
Site Total							31,528	6,343				



PLAN VIEW
1" = 50'



OWNER/BUILDER:
MB HIGHLAND RESERVE, LLC
1686 EAST GUDE DRIVE
ROCKVILLE, MD 20850
301-762-9511

BENCHMARK ENGINEERING, INC.
ENGINEERING, INC.
8480 BALTIMORE NATIONAL PIKE A SUITE 315
ELICOTT CITY, MARYLAND 21043
(P) 410-485-6105 & (F) 410-485-6644
WWW.BE-CMAENGINEERING.COM

PROJECT: REGAN PROPERTY
LOT 9

LOCATION: 12337 POINT RIDGE DRIVE
HIGHLAND, MD 20777
TAX MAP No. 34 - BLOCK No. 24 - PARCEL No. 200
5TH ELECTION DISTRICT, TAX ID NUMBER: 05 597442

TITLE: BUILDING PERMIT PLAN

HOUSE TYPE: FOXRIDGE - ELEVATION B

DATE: AUGUST, 2017

SCALE: AS SHOWN

PROJECT NO.: 2171
DRAWING: 1 OF 2

NOTE:
UNLESS OTHERWISE NOTED, THE FIRST RUN OF PVC ROOF LEADER SHALL BE 4" AND SHALL INCREASE TO AT LEAST 6" AFTER ANY CONFLUENCE OF 4" PIPES.

- BUILDING PERMIT PLAN NOTES:**
1. THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR REGAN PROPERTY, PLAT NOS. 23063-23074, REFER TO THE PLATS FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND CONDITIONS.
 2. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER A GRADING PLAN AND MODIFIED FOR THIS SPECIFIC HOUSE.
 3. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS AND TOPOGRAPHIC INFORMATION PROVIDED BY BENCHMARK ENGINEERING, INC., ON OR ABOUT JANUARY, 2012.
 4. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH THE 2011 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
 5. ALL DRAINAGE AND STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS EXCEPT AS WAIVED.
 6. THE EXISTING WELL SHOWN ON THIS PLAN, HO-14-0001, HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC., AND IS ACCURATELY SHOWN.
 7. THERE ARE NO EXISTING WELLS OR SEPTIC SYSTEMS WITHIN 100' OF THIS PROJECT'S BOUNDARY EXCEPT AS NOTED.
 8. ANY CHANGES TO A PRIVATE SEWAGE DISPOSAL AREA OR WELL BOX SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
 9. STORMWATER MANAGEMENT FOR THIS LOT WAS DESIGNED AND PROVIDED BY ONE MICRO-BIORETENTION FACILITY (MADE M-6), DRY WELL FACILITY (MADE M-5) AND ONE NON-ROOFTOP DISCONNECTION (MADE N-2).
 10. MICRO-BIORETENTION SHALL HAVE EITHER A 4" OR 6" ROOF LEADER DEPENDING ON ROOF-TOP AREA.

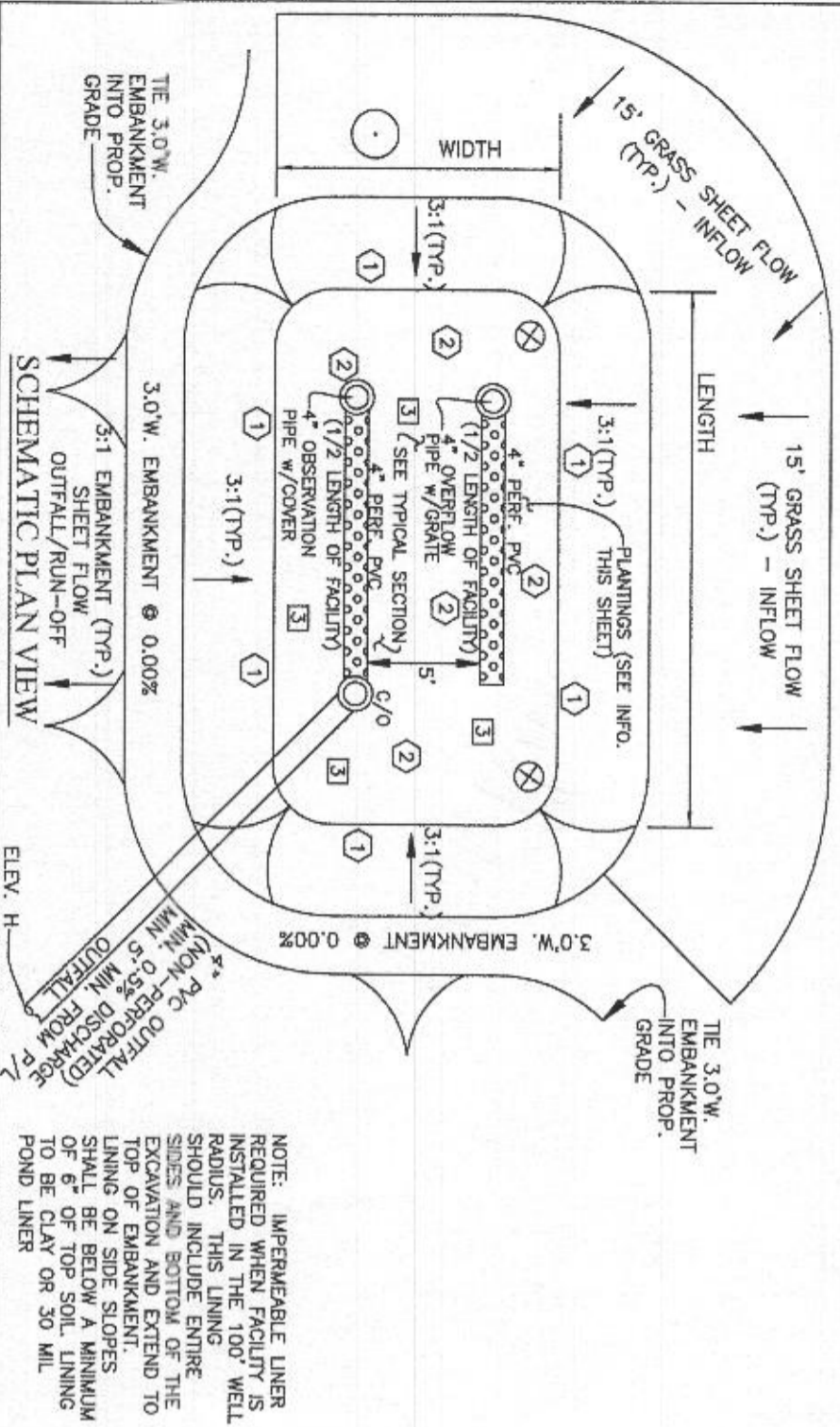
Professional Certification. I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland. License No. 45577. Expiration Date: 06-08-2018.

STATE OF MARYLAND
REGISTERED PROFESSIONAL ENGINEER
M. CARL M. JOHNS
M. 45577

8/5/17

ON-LOT BIORETENTION DIMENSIONS

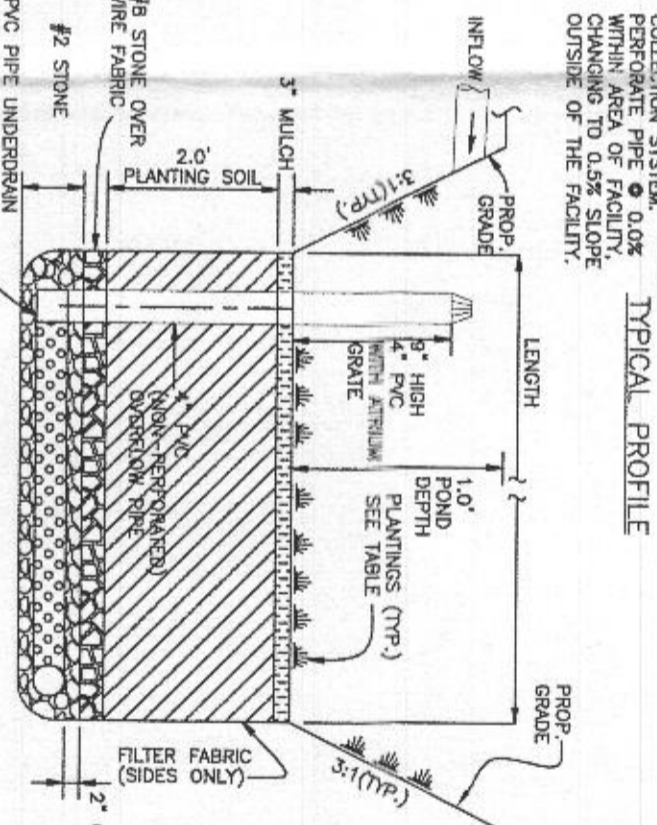
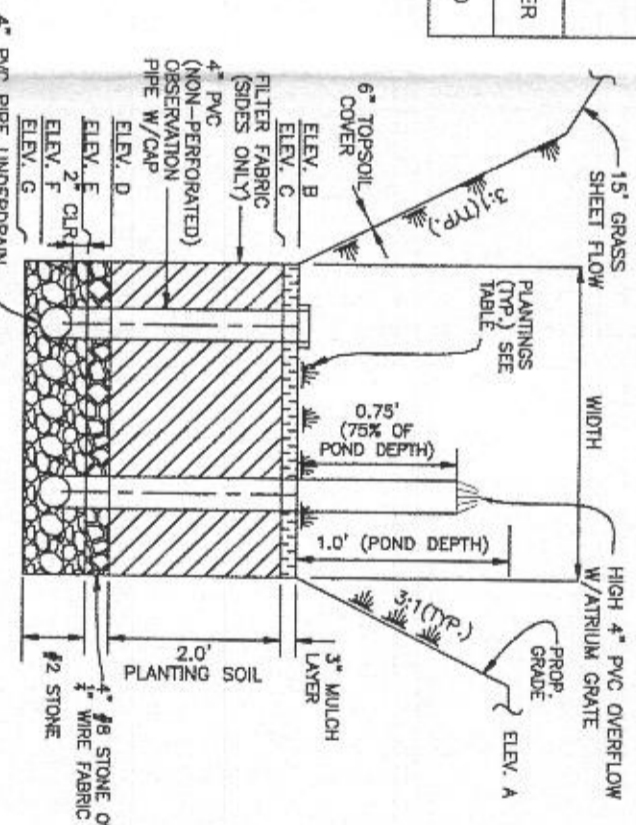
FACILITY	A	B	C	D	E	F	G	H	LENGTH	WIDTH	FILTER (A)	PLANTINGS	LINER
MBR-1	421.00	420.00	419.75	417.75	417.42	416.92	415.84	407.50	23.9	23.0	418	46 46 23	NO



NOTE: IMPERMEABLE LINER INSTALLED WHEN FACILITY IS RADIUS. THIS LINING SHOULD INCLUDE ENTIRE SIDES AND BOTTOM OF THE EXCAVATION AND EXTEND TO TOP OF EMBANKMENT. LINING ON SIDE SLOPES SHALL BE BELOW A MINIMUM OF 6\"/>

MATERIALS & SPECIFICATIONS FOR MICRO-BIORETENTION

MATERIAL	SPECIFICATION	SIZE	NOTES:
PLANTINGS	SEE APPENDIX A: TABLE A.4	N/A	PLANTINGS ARE SITE SPECIFIC
PLANTING SOIL (2.0' TO 4.0' DEEP)	LOAMY SAND 60-65% COMPOST 35-40% OR SANDY LOAM 30% COARSE SAND 30% & COMPOST 40%	N/A	USDA SOIL TYPES: LOAMY SAND OR SANDY LOAM; CLAY CONTENT <5%
ORGANIC CONTENT	MIN 10% BY DRY WEIGHT ASTM D 2974		
MULCH	SHREDDED HARDWOOD	N/A	AGED 6 MONTHS, MINIMUM, NO PINE OR WOOD CHIPS
GEOTEXTILE (CLASS "C")		N/A	PE TYPE 1 NONWOVEN
GEOTEXTILE (1/4" WIRE MESH)		1/4" WIRE MESH	
UNDERDRAIN GRAVEL	ASHTO M-43	NO. 57 OR NO. 6 0.375" TO 0.750"	
UNDERDRAIN PIPING	F75B, TYPE PS2B OR ASHTO M-27B	4" TO 6" RIGID SCH.40 PVC, SDR35 OR HDPE	3/8" PERF. @ 6" O/C, 4 HOLES PER ROW; MINIMUM OF 3" OF GRAVEL OVER PIPES, NOT NECESSARY UNDERNEATH PIPES. PIPE SHALL BE WRAPPED WITH 1/4-INCH GALVANIZED HARDWARE CLOTH
IMPERVIOUS LINER	ASTM-D-4833 (THICKNESS) 1,100 LB., ELONGATION 200% ASTM-D-624 (TEAR RESISTANCE - 150 LB./IN) ASTM-D-471 (WATER ADSORPTION: +8 TO -2% MASS) ASTM-D-4833 (PUNCTURE STRENGTH 125LB) ASTM-D-4832 (TENSILE STRENGTH 300 LB.)	30 MIL THICK	LINER TO BE ULTRAVIOLET RESISTANT. A GEOTEXTILE FABRIC SHOULD BE USED TO PROTECT THE LINER FROM PUNCTURE.



MICRO-BIORETENTION PLANTING SCHEDULE
 (PLANTING SPECIES AND DENSITY CAN BE CHANGED OR SUBSTITUTED BY A LANDSCAPE ARCHITECT OR QUALIFIED DESIGNER)

- 1 IRIS FULVA (COPPER IRIS) (1 PER SY)
- 2 LOBELIA CARDINALIS (CARDINAL FLOWER) (1 PER SY)
- 3 RUDBECKIA SUBTOMENTOSA (SWEET CONEFLOWER) (1 PER 2 SY)
- 4 CALLUNA VULGARIS (HEATHER) (1 PER FACILITY)
- 5 ACER GINNALA (ARMUR MAPLE) (1 PER FACILITY)

MICROBIORRETENTION PLANTING DATA

- PLANTINGS WITHIN THE PONDING AREA OF THE FACILITY ARE TO BE OF A MEDIUM TO HIGH WATER TOLERANCE
- PLANTINGS ALONG THE PERIMETER (BERM) AREA OF THE FACILITY ARE TO BE OF A LOW TO MEDIUM WATER TOLERANCE
- AVOID PLANTINGS WITH EXCESSIVE ROOT MASS IN POND AREA OF THE RAIN GARDEN NEAR O.B. PIPE AND UNDERDRAIN.

OPERATION AND MAINTENANCE SCHEDULE FOR MICRO-BIORETENTION (M-6)

- THE OWNER SHALL MAINTAIN THE PLANT MATERIAL, MULCH LAYER AND SOIL LAYER ANNUALLY. MAINTENANCE OF MULCH AND SOIL IS LIMITED TO CORRECTING AREAS OF EROSION OR WASH OUT. ANY MULCH REPLACEMENT SHALL BE DONE IN THE SPRING. PLANT MATERIAL SHALL BE CHECKED FOR DISEASE AND INSECT INFESTATION AND MAINTENANCE WILL ADDRESS DEAD MATERIAL AND PRUNING. ACCEPTABLE REPLACEMENT PLANT MATERIAL IS LIMITED TO THE FOLLOWING: 2000 MARYLAND STORMWATER DESIGN MANUAL VOLUME II, TABLE A.4-1 AND 2.
- THE OWNER SHALL PERFORM A PLANT INSPECTION IN THE SPRING AND IN THE FALL OF EACH YEAR. DURING THE INSPECTION, THE OWNER SHALL REMOVE DEAD AND DISEASED VEGETATION CONSIDERED BEYOND TREATMENT, REPLACE DEAD PLANT MATERIAL WITH ACCEPTABLE REPLACEMENT PLANT MATERIAL, TREAT DISEASED TREES AND SHRUBS, AND REPLACE ALL DEFICIENT STAKES AND WIRES.
- THE OWNER SHALL INSPECT THE MULCH EACH SPRING. THE MULCH SHALL BE REPLACED EVERY TWO TO THREE YEARS. THE PREVIOUS MULCH LAYER SHALL BE REMOVED BEFORE THE NEW LAYER IS APPLIED.
- THE OWNER SHALL CORRECT SOIL EROSION ON AN AS NEEDED BASIS, WITH A MINIMUM OF ONCE PER MONTH AND AFTER EACH HEAVY STORM.

Professional Certification: I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer in the State of Maryland.
 License No. 85577, Expiration Date: 05-08-2018.

[Signature]
 PROFESSIONAL ENGINEER

OWNER/BUILDER:
 MB HIGHLAND RESERVE, LLC
 1686 EAST GUDE DRIVE
 ROCKVILLE, MD 20850
 301-762-9511

BENCHMARK ENGINEERING, INC.
 8480 BALTIMORE NATIONAL PIKE SUITE 315
 ELICOTT CITY, MARYLAND 21043
 (P) 410-465-6105 (F) 410-465-6644
 WWW.BE-CMENGINEERING.COM

REGAN PROPERTY
 LOT 9

PROJECT: 12337 POINT RIDGE DRIVE
 HIGHLAND, MD 20777
 TAX MAP No. 34 - BLOCK No. 24 - PARCEL No. 200
 5TH ELECTION DISTRICT, TAX ID NUMBER: 05 597442

TITLE: BUILDING PERMIT & STORMWATER MANAGEMENT NOTES & DETAILS

HOUSE TYPE: FOXRIDGE - ELEVATION B

DATE: AUGUST, 2017

PROJECT NO.: 2171

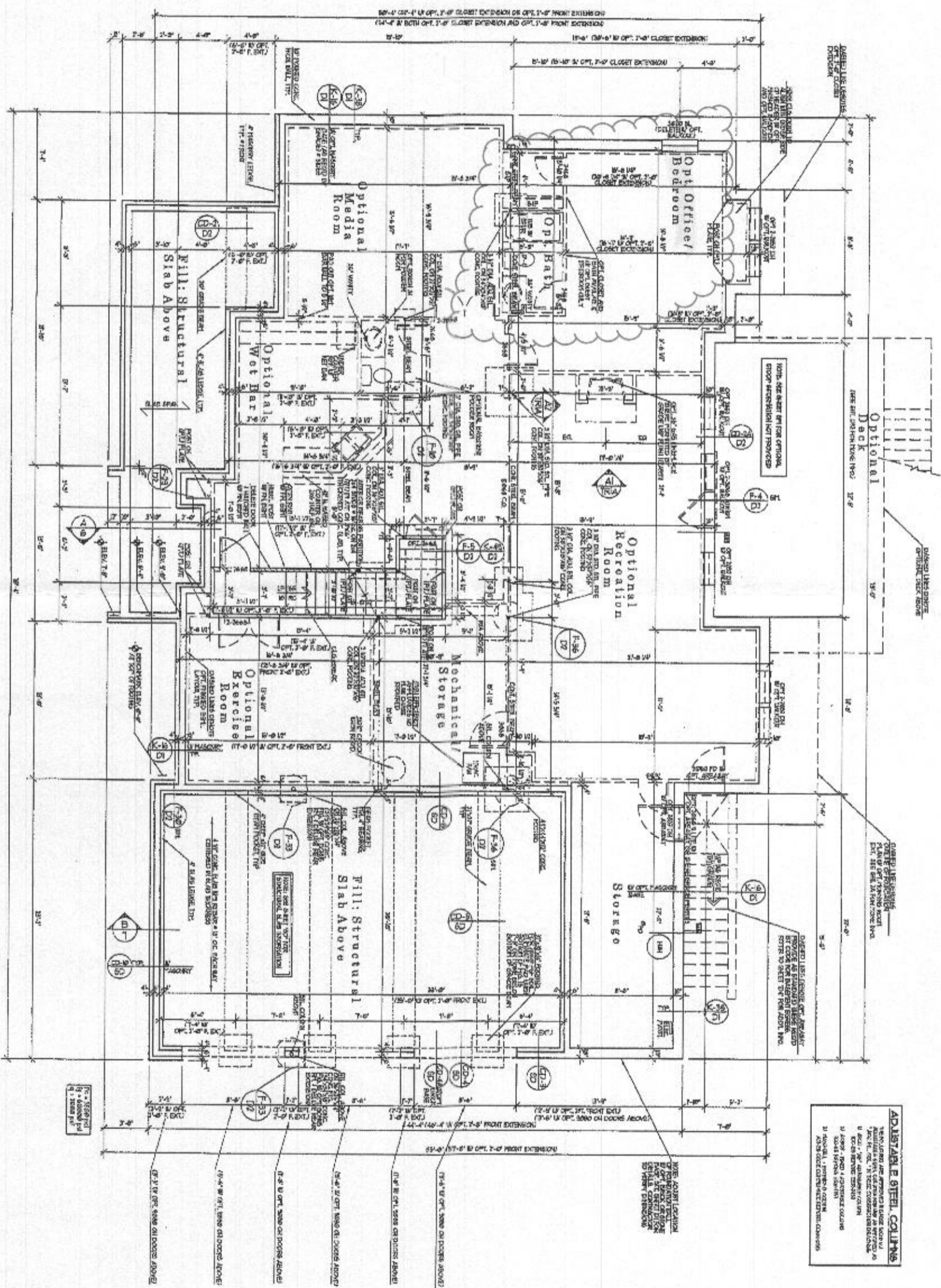
SCALE: NOT TO SCALE

DRAWING 2 OF 2

BASEMENT / FOUNDATION PLAN

STANDARD - SHOWN W/ ELEVATION "C"

ALL DIMENSIONS UNLESS OTHERWISE NOTED TO BE IN FEET AND INCHES.



1/8" = 1'-0"

Sheet Number
2

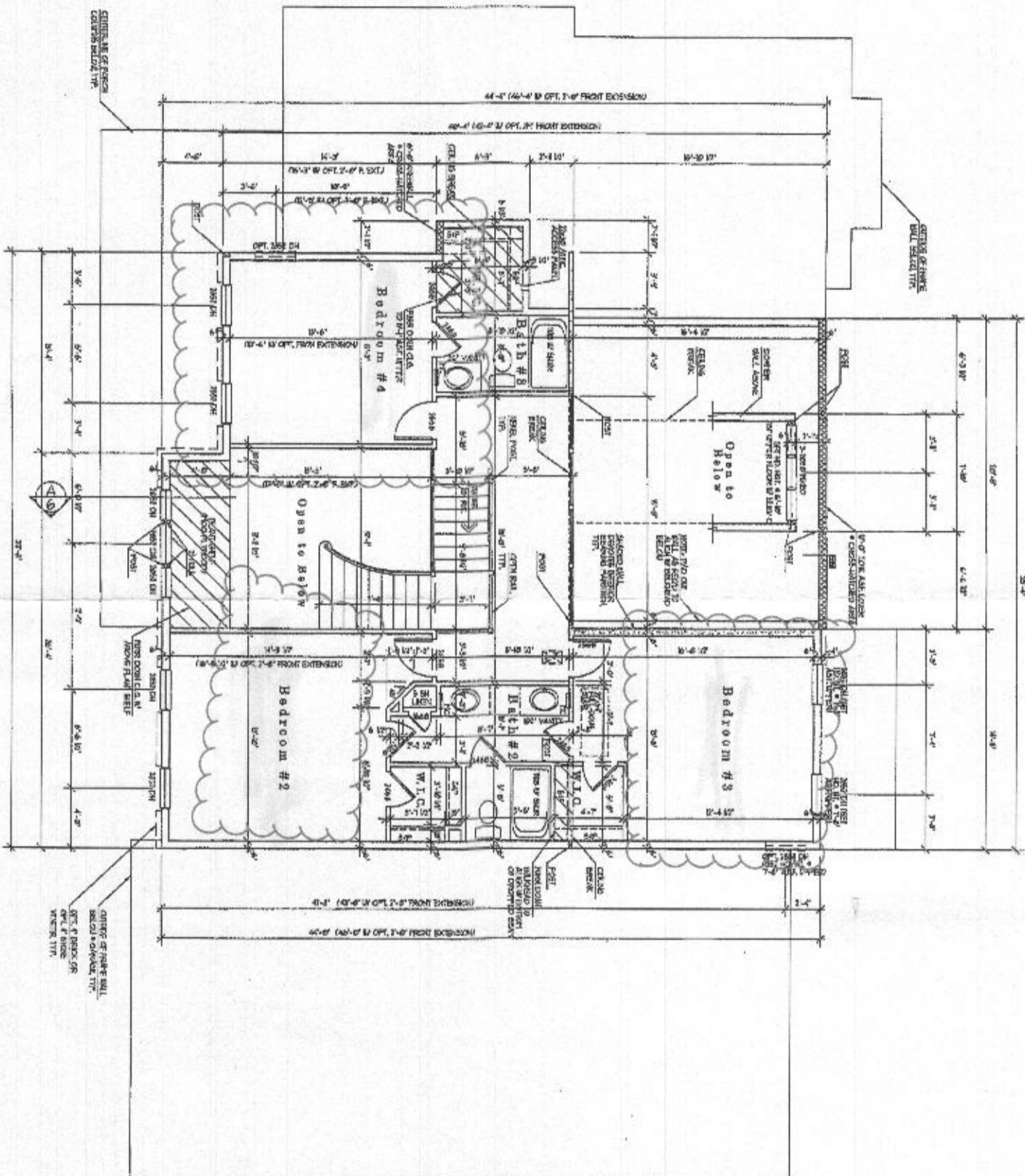
SUTTON YANTIS ASSOCIATES ARCHITECTS
www.sytas.com
1000 Route 60, Suite 200, Fox Ridge, NJ 07033
Tel: 908.467.1111

Professional Seal
SEAN J. YANTIS
ARCHITECT
JAN 9 2016

Project Number: **0006-01**
FOXRIDGE MITCHELL BEST HOMES
Professional Certified: L. J. Garth G.
I hereby certify that these documents were prepared or approved by me and that I am a duly licensed architect under the laws of the State of New Jersey, License Number: 3150.
Expiration Date: October 24, 2016.

Date	REV.	BY
01/15/16	001	CB
01/15/16	002	CB
01/15/16	003	CB
01/15/16	004	CB
01/15/16	005	CB
01/15/16	006	CB
01/15/16	007	CB

3 bedrooms
upstairs only; No
added optional
bedrooms to this
home



UPPER FLOOR PLAN

STANDARD - SHOWN W/ ELEVATION "C"
ALL INTERIOR PARTITIONS TO BE 3/4" GYP BOARD
UNLESS OTHERWISE NOTED WOOD JOIST HEAD HEIGHT TO BE 7'-4" ASB

1/4" = 1'-0"

Sheet Number
4

**SUTTON
YANTIS
ASSOCIATES**
ARCHITECTS
WWW.SYSA.COM | 8030 ANDREW ROAD, SUITE 100, FARMERSVILLE, VA 22434 | TEL: 703.934.0733 | FAX: 703.934.0733

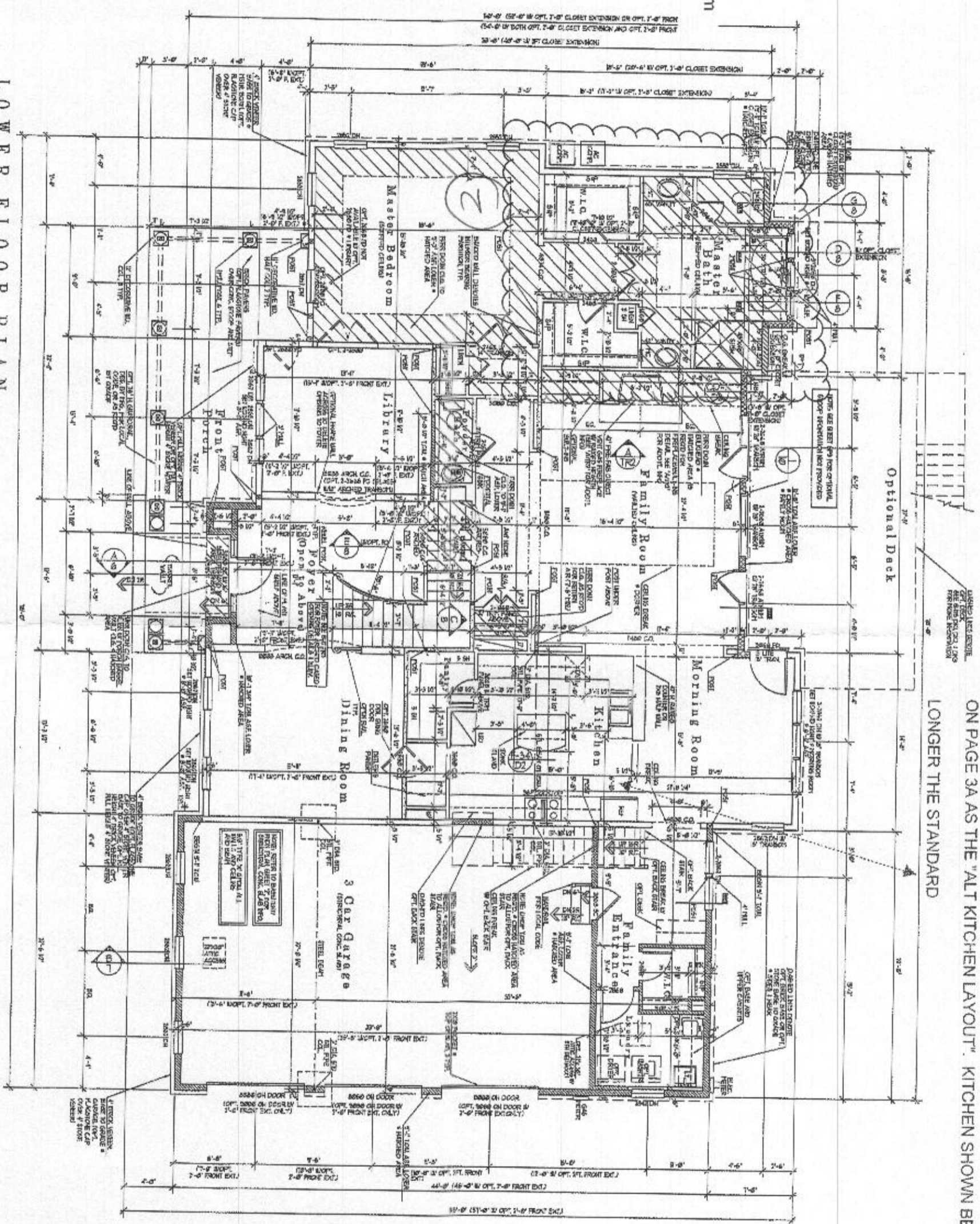
Architect
JOHN G. MITCHELL
REGISTERED ARCHITECT
STATE OF VIRGINIA
NO. 10000
JAN 3 9 2015

Project Number: **2008-04**
**FOXRIDGE
MITCHELL BEST HOMES**
Professional Certificate: J. Mark G. Taylor, 00153481, Commonwealth of Virginia, State Board of Architecture, License No. 10000, State of Virginia, License Expires: 12/31/2015, Expiration Date: December 31, 2015.

Date	REV.	BY
06/17/10	010	JK
08/19/10	020	JK
06/04/14	030	VA
11/04/14	040	ED
06/16/17	050	BBB
07/16/17	060	BBB
04/02/18	071	BBB

Master Bedroom
on main level

LOWER FLOOR PLAN



THE KITCHEN THAT IS NOW STANDARD ON THE FOXRIDGE IS THE ONE SHOWN
ON PAGE 3A AS THE "ALT KITCHEN LAYOUT". KITCHEN SHOWN BELOW IS NO
LONGER THE STANDARD

STANDARD - SHOWN W/ ELEVATION "C"
ALL DIMENSIONS NOTED AT INTERIOR PARTITIONS TO NEAREST 1/8"
UNLESS OTHERWISE NOTED (ENCLOSURE HEAD TO RE. 1" = 0")

1 Bedroom

1/4" = 1'-0"

Sheet Number
3

SUTTON YANTIS ASSOCIATES ARCHITECTS
www.syaas.com 4800 Romeo Blvd. #100, Fairfax, VA 22031

Architect
FOX MITCHELL BEST HOMES
JAN 2 9 2006

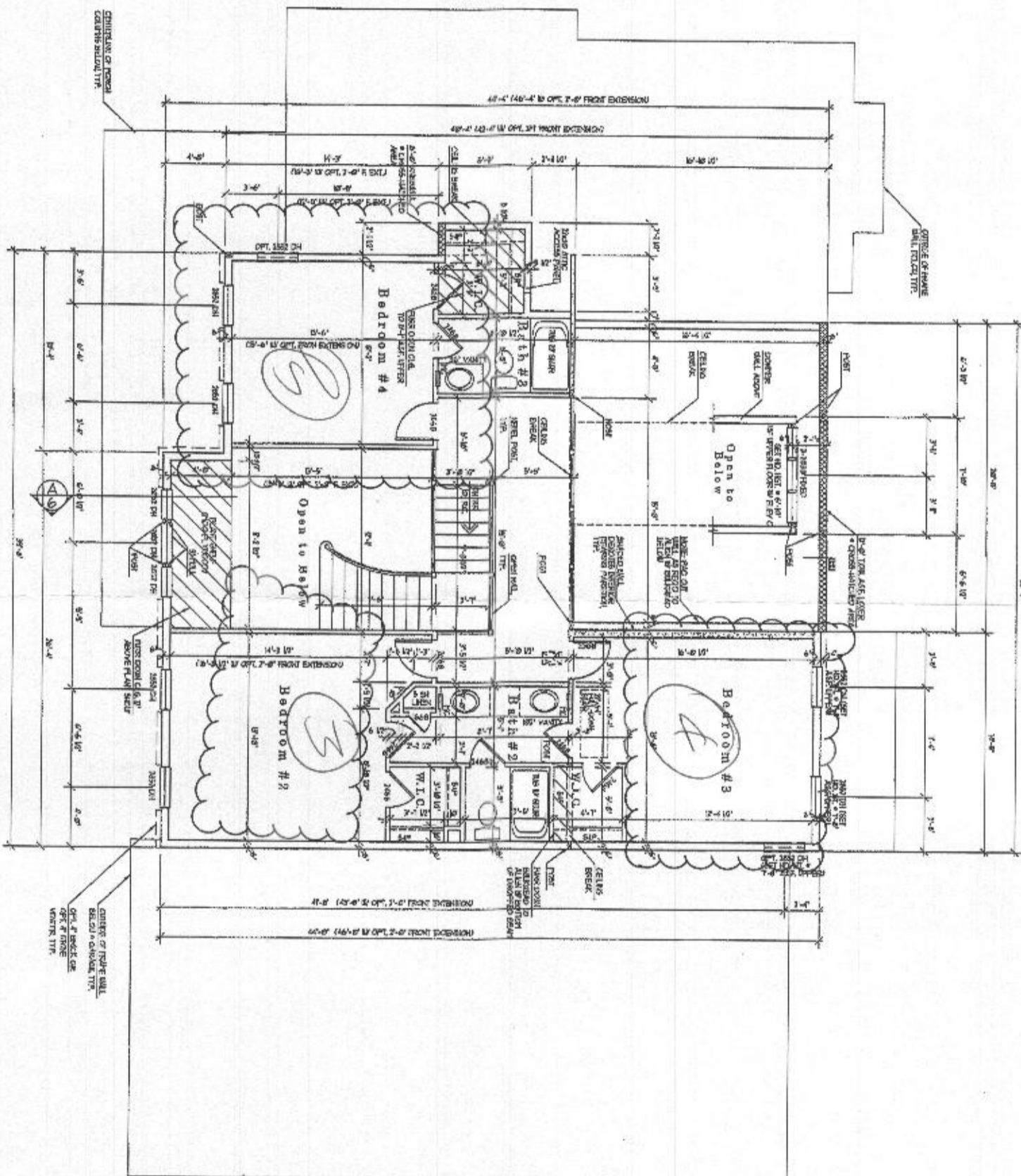
Project Number: 00044-03
FOXMITCHELL BEST HOMES
Professional Seal: Fox Mitchell Best Homes, L.P., No. 11111, State of Virginia, License No. 11111, Expires 12/31/11, Registered Date: December 24, 2010.

Date	REV.	BY	CHK.
AC 05/05/05	010	GT	GT
CA 10/16/05	010	GT	GT
REV. 09/24/04	01	EH	GT
REV. 07/26/04	01	EH	GT
REV. 09/22/03	01	EH	GT
REV. 02/22/03	01	EH	GT
REV. 06/18/01	001	GT	GT

3 bedrooms
upstairs only; No
added optional
bedrooms to this
home

UPPER FLOOR PLAN



STANDARD - SHOWN W/ ELEVATION "C"
ALL DIMENSIONS SHOWN ARE APPROXIMATE AND SHOULD BE VERIFIED BY THE ARCHITECT.



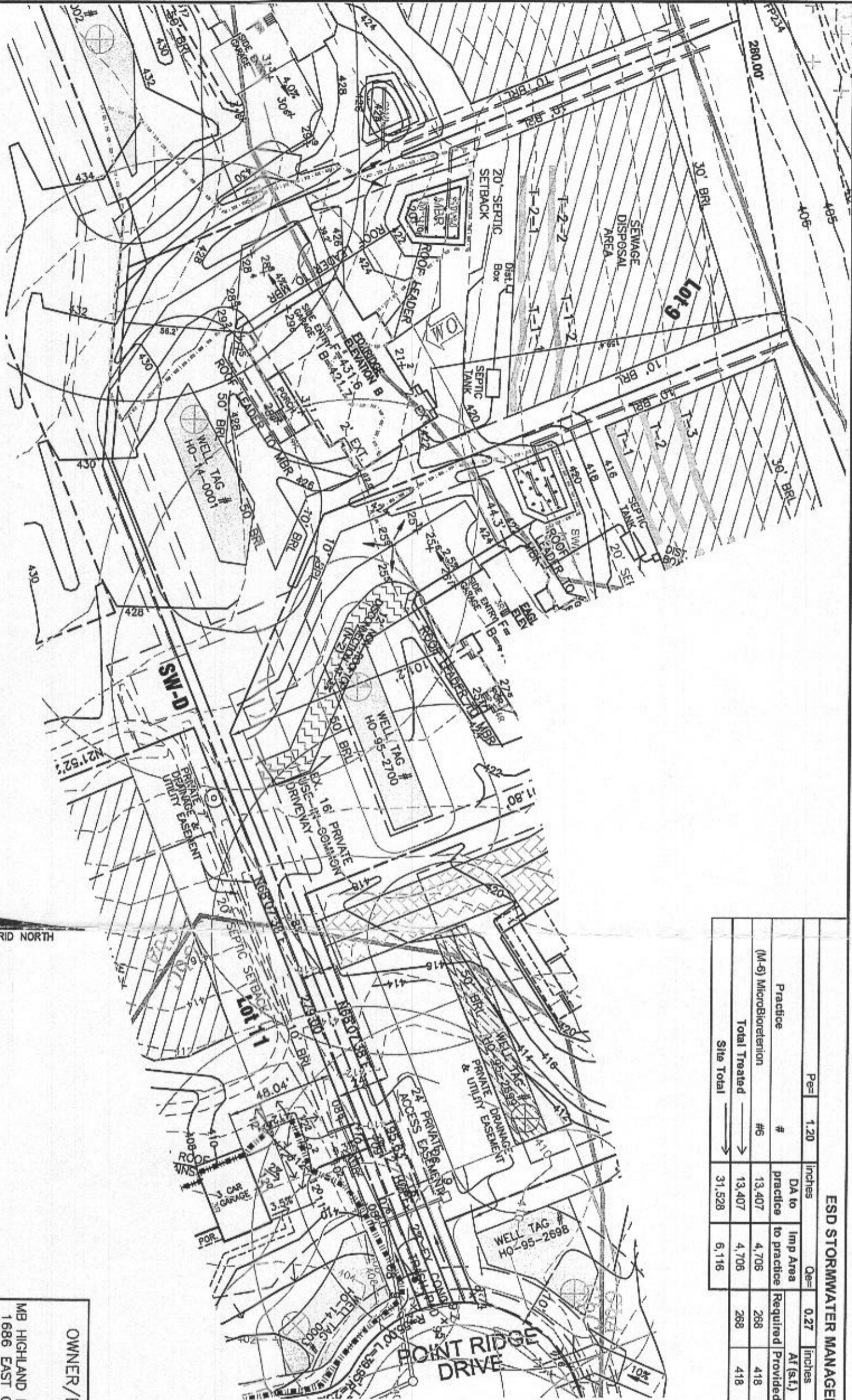
3 Bedrooms

1 (Basement)
+ 1 (First Floor)
+ 3 (Second Floor)
= 5 total

1/4" = 1'-0"

Sheet Number: 4	 <p>SUTTON YANTIS ASSOCIATES ARCHITECTS</p> <p>www.syaa.com</p>	 <p>Architect L. MARIE G. SMITH STATE OF MARYLAND JAN 29 2016</p>	Project Number: 20060-04 FOXRIDGE MITCHELL BEST HOMES <small>Professional Certification, L. Marie G. Smith, certifies that these documents were prepared by approval by me and that I am a duly licensed architect under the laws of the State of Maryland, dated on Dec. 11, 1993, Expire Date December 24, 2016.</small>	<table border="1"> <tr> <td>Date</td> <td>REV. 10/26/12 JG</td> </tr> <tr> <td>AC 06/07/03 GRO</td> <td>REV. 10/26/12 JG</td> </tr> <tr> <td>CS 02/05/05 GTO</td> <td>REV. 07/06/06 JR</td> </tr> <tr> <td>REV. 06/06/04 VA</td> <td></td> </tr> <tr> <td>REV. 05/04/04 ED</td> <td></td> </tr> <tr> <td>REV. 06/05/01 BGB</td> <td></td> </tr> <tr> <td>REV. 07/16/01 BGB</td> <td></td> </tr> <tr> <td>REV. 04/03/01 SH</td> <td></td> </tr> </table>	Date	REV. 10/26/12 JG	AC 06/07/03 GRO	REV. 10/26/12 JG	CS 02/05/05 GTO	REV. 07/06/06 JR	REV. 06/06/04 VA		REV. 05/04/04 ED		REV. 06/05/01 BGB		REV. 07/16/01 BGB		REV. 04/03/01 SH	
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REV. 06/06/04 VA																				
REV. 05/04/04 ED																				
REV. 06/05/01 BGB																				
REV. 07/16/01 BGB																				
REV. 04/03/01 SH																				

Practice	#	DA to Practice	Imp Area	ESDv	Required	Provided	Required	Provided	Required	Provided	Ownership
(M-6) MicroBioretention	#6	13,407	4,706	266	418	756	754	1.2	153	196	Private
Total Treated		13,407	4,706	266	418	754	754	1.3	153	196	
Site Total		31,528	6,116								



Professional Certification: I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland, License No. 43577, Expiration Date: 06-08-2018.



8/21/17

PLAN VIEW
1" = 50'

BUILDING PERMIT PLAN NOTES:

- THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR REGAN PROPERTY, PLAT No. 23063-23074. REFER TO THE PLATS FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND CONDITIONS.
- SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER A GRADING PLAN AND MODIFIED FOR THIS SPECIFIC HOUSE.
- TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS AND TOPOGRAPHIC INFORMATION PROVIDED BY BENCHMARK ENGINEERING, INC., ON OR ABOUT JANUARY, 2012.
- ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH THE 2011 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
- ALL DRAINAGE AND STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS EXCEPT AS NOTED.
- THE EXISTING WELL SHOWN ON THIS PLAN, HO-14-0001, HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC., AND IS ACCURATELY SHOWN.
- THERE ARE NO EXISTING WELLS OR SEPTIC SYSTEMS WITHIN 100' OF THIS PROJECT'S BOUNDARY EXCEPT AS NOTED. ANY CHANGES TO A PRIVATE SEWAGE DISPOSAL AREA OR WELL BOX SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
- STORMWATER MANAGEMENT FOR THIS LOT WAS DESIGNED AND PROVIDED BY ONE MICRO-BIORETENTION FACILITY (MADE M-6), DISCONNECTION (MADE N-2), AND ONE NON-ROOFTOP MICRO-BIORETENTION SHALL HAVE EITHER A 4" OR 6" ROOF LEADER DEPENDING ON ROOF-TOP AREA.

NOTE:
UNLESS OTHERWISE NOTED, THE FIRST RUN OF PVC ROOF LEADER SHALL BE 4" AND SHALL INCREASE TO AT LEAST 6" AFTER ANY CONFLUENCE OF 4" PIPES.

Approved Septic System Plan
Howard County Health Department
Chris Bernard
Signature
8/21/17
Date

OWNER/BUILDER:
MB HIGHLAND RESERVE, LLC
1686 EAST GUDE DRIVE
ROCKVILLE, MD 20850
301-762-9511

BENCHMARK ENGINEERING, INC.
8460 BALTIMORE NATIONAL PIKE SUITE 315
ELLSWORTH CITY, MARYLAND 21043
(P) 410-465-6105 (F) 410-465-6644
WWW.BEI-CIVILENGINEERING.COM

PROJECT:
REGAN PROPERTY
LOT 9

LOCATION:
12337 POINT RIDGE DRIVE
HIGHLAND, MD 20777
TAX MAP No. 34 - BLOCK No. 24 - PARCEL No. 200
5TH ELECTION DISTRICT, TAX ID NUMBER: 05 597442

TITLE:
SEPTIC PERMIT PLAN

HOUSE TYPE:
FOXBRIDGE - ELEVATION B

DATE:
AUGUST, 2017

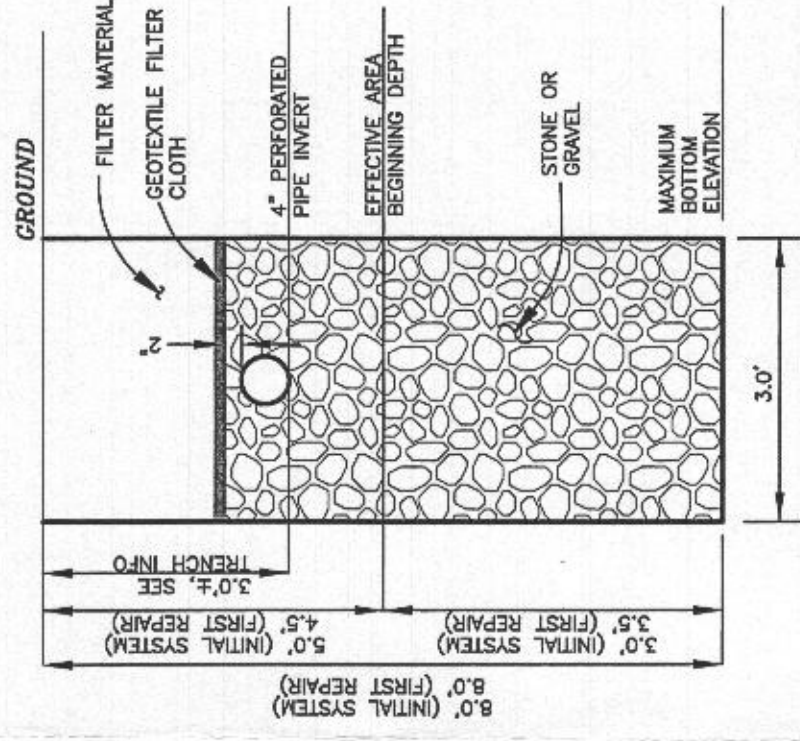
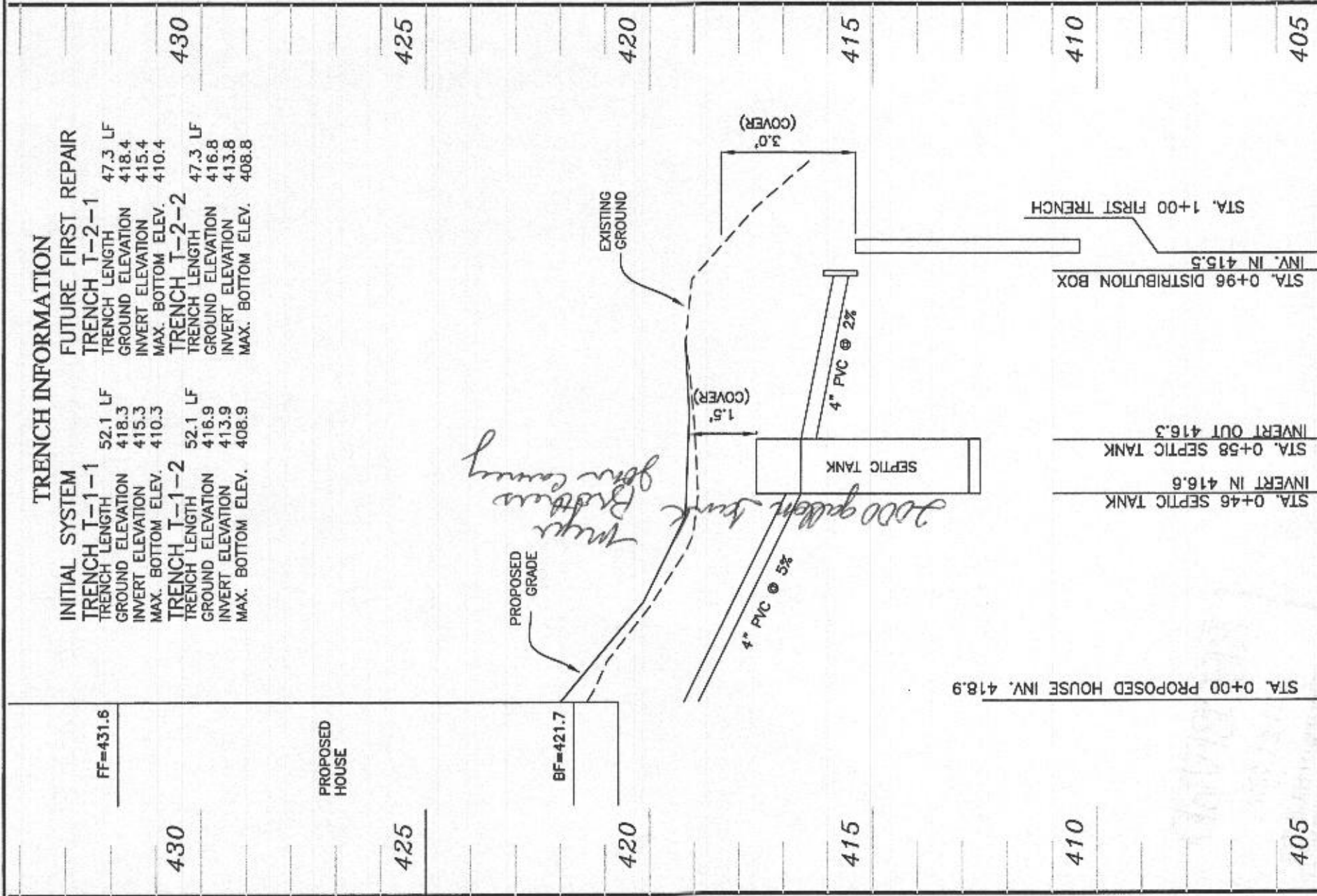
SCALE:
AS SHOWN

PROJECT NO.:
21771

DRAWING:
1 OF 2

TRENCH INFORMATION

INITIAL SYSTEM		FUTURE FIRST REPAIR	
TRENCH T-1-1	52.1 LF	TRENCH T-2-1	47.3 LF
GROUND ELEVATION	418.3	GROUND ELEVATION	418.4
INVERT ELEVATION	415.3	INVERT ELEVATION	415.4
MAX. BOTTOM ELEV.	410.3	MAX. BOTTOM ELEV.	410.4
TRENCH T-1-2	52.1 LF	TRENCH T-2-2	47.3 LF
GROUND ELEVATION	416.9	GROUND ELEVATION	416.8
INVERT ELEVATION	413.9	INVERT ELEVATION	413.8
MAX. BOTTOM ELEV.	408.9	MAX. BOTTOM ELEV.	408.8



TYPICAL TRENCH DETAIL
NOT TO SCALE

THIS PLAN IS FOR SEPTIC DESIGN ONLY

SEE MANUFACTURERS FOR SPECIFICATIONS FOR DETAILS.
WWW.MAYERPRECAST.COM
EQUIVALENT FROM OTHER MANUFACTURERS CAN BE SUBSTITUTED.

SIGNATURE AND SEAL ARE FOR SEPTIC PROFILE AND CALCULATIONS ONLY, TANK AND DETAILS WERE NOT DESIGNED OR REVIEWED BY THE ENGINEER:

OWNER/BUILDER:

MB HIGHLAND RESERVE, LLC
1686 EAST GUDE DRIVE
ROCKVILLE, MD 20850
301-762-9511

BENCHMARK

ENGINEERS LAND SURVEYORS PLANNERS
ENGINEERING, INC.
8480 BALTIMORE NATIONAL PIKE SUITE 315
ELLCOTT CITY, MARYLAND 21043
(P) 410-465-6105 (F) 410-465-6644
WWW.BEI-CIVILENGINEERING.COM

Professional Certification. I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland, License No. 45577, Expiration Date: 06-08-2018.



INITIAL SYSTEM		
Number of Bedrooms	5	
Application Rate	1.2	gpd/sf
Effective Area Beginning Depth	5	ft
Bottom Max Depth	8	ft
Design Flow	750	gpd
Drainage Field square footage	625	sf
Sidewall reduction credit	0.50	
Trench width	3	
Effective Area Depth	3	
Linear Length of trench Required	104	lf

1st REPLACEMENT SYSTEM		
Number of Bedrooms	5	
Application Rate	1.2	gpd/sf
Effective Area Beginning Depth	4.5	ft
Bottom Max Depth	8	ft
Design Flow	750	gpd
Drainage Field square footage	625	sf
Sidewall reduction credit	0.45	
Trench width	3	
Effective Area Depth	3.5	
Linear Length of trench Required	95	lf

PROJECT: **REGAN PROPERTY**
LOT 9

LOCATION: 12337 POINT RIDGE DRIVE
HIGHLAND, MD 20777
TAX MAP No. 34 - BLOCK No. 24 - PARCEL No. 200
5TH ELECTION DISTRICT, TAX ID NUMBER: 05 597442

TITLE: **SEPTIC PERMIT PLAN**

HOUSE TYPE: **FOX RIDGE - ELEVATION B**

DATE: **AUGUST, 2017**

SCALE: **AS SHOWN**

SEWER PROFILE - LOT 9

SCALE: VERTICAL 1"=3', HORIZONTAL 1"=30'