



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: 3/26/18

Permit No.: B18000991

Building Address: 15305 Galaxy Dr
 City: Woodbine State: MD Zip Code: 21797
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Fairlane Farm
 Section: _____ Area: _____ Lot: 2
 Tax Map: B Parcel: B Grid: 2
 Mapping: _____ Map Coordinates: _____ Lot Size: 40,866 sq ft
 Existing Use: SFD
 Proposed Use: SFD w/ propane tank
 Estimated Construction Cost: \$ 8000
 Description of Work: Install 1000 gallon in-ground propane tank
 Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: owner
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Daisy Coop LLC
 Address: 2215 Duvall Rd
 City: Woodbine State: MD Zip Code: 21797
 Phone: 410-796-1040 Fax: _____
 Email: _____
 Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Michelle Clancy
 Address: Po Box 310
 City: Perry Hall State: MD Zip Code: 21227
 Phone: 443-610-7574 Fax: _____
 Email: Michelle@AppliedAndApproved.com
 Contractor Company: TGCH Air
 Contact Person: Dennis Feaga
 Address: 1560 A-D Canton Center Dr
 City: Baltimore State: MD Zip Code: 21227
 License No.: 81215
 Phone: 410-984-5681 Fax: _____
 Email: _____
 Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: Contractor
 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:	
Area of construction (sq. ft.):	2 nd floor:	
Use group:	Basement:	
	<input type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling	
<input type="checkbox"/> Structural Steel	No. of efficiency units:	
<input type="checkbox"/> Masonry	No. of 1 BR units:	
<input type="checkbox"/> Wood Frame	No. of 2 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
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	
Electric:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	RECEIVED MAR 27 2018 LICENSES & PERMITS DIVISION
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number:	
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 HIS 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: Michelle Clancy
 Print Name: Michelle Clancy
 Email Address: Michelle@AppliedAndApproved.com
 Date: 3/26/18
 Title/Company: permits

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>4/14/18</u>	<u>[Signature]</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? Yes No
 Is Entrance Permit Required? Yes No
 Historic District? Yes No
 Lot Coverage for New Town Zone: _____
 SDP/Red-line approval date: _____

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$ <u>110</u>
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>6564</u>



HEALTH

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: 2/8/18

Permit No.: B18000421

Building Address: 15305 Galaxy Drive
 City: Woodbine State: MD Zip Code: 21797
 Suite/Apt. # _____ SDP/WP/BA #: GP 17-81
 Census Tract: _____ Subdivision: Fairlane Farm
 Section: _____ Area: _____ Lot: 2
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: vacant lot
 Proposed Use: single family home
 Estimated Construction Cost: \$ 230,000
 Description of Work: New 2 story "Marymount" RV
2, with 2 car side garage, 1 car attached garage,
finished lower level (Rec Room, Bedroom, Bathroom
+ wet bar)
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: NVR Inc
 Address: 9720 Patuxent Woods Drive
 City: Columbia State: MD Zip Code: 21046
 Phone: 410-379-5956 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Decatur Building Services
 Address: PO Box 552
 City: Woodbine State: MD Zip Code: 21797
 Phone: 443-309-7792 Fax: _____
 Email: Jim@DecaturbuildingServices.com

Contractor Company: NV Homes
 Contact Person: Clat Cagle
 Address: 9720 Patuxent Woods Drive
 City: Columbia State: MD Zip Code: 21046
 License No.: 56
 Phone: 410-379-5956 Fax: _____
 Email: CCagle@NVRInc.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:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<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>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 checked="" 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: _____	
Building Shell Permit Number: _____	

RECEIVED
 FEB 08 2018
 LICENSES & PERMITS
 DIVISION

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.

Jim Kerwin
 Applicant's Signature
Jim@DecaturbuildingServices.com
 Email Address
AGENT NV Homes
 Title/Company

Jim Kerwin
 Print Name
2/8/2018
 Date

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>2/20/18</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	\$ <u>100</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>150380</u>

COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:

Date: 2/15/18
To: ~~Carly Jones~~ (DHP) HANK OSWALD, HEALTH
(Person's Name and Division)
From: Dave Harward Fisher, Collins, & Carter Inc. (410) 461-2855
(Your Name, Company Name and Telephone Number)
Subject: Project name Fairlane Farms
Project site address 15305 Galaxy Drive
Permit # B18000421 ~~SP-17-81~~
Other information pertinent to this project _____

- Please check the attachments below that you are submitting with this transmittal:
- Letter of response to address plan review comment letter
 - Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
 - Letter Summarizing Changes
 - Energy conservation calculations
 - 6 *Copies of Permit (Plot Plan) Lot 2 (be specific).
 Health Department Request DPZ/DED Request Applicant's Request
 - Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
 - Other _____

RELOCATED HOUSE
*Please forward to Hank Oswald at
the Health Dept.

Contact Person Information: (Required)

Dave Harward
Please Print Name

Telephone No: 410-461-2855

E-Mail Address: daveh@fcc-eng.com

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by AKH

PER HEALTH DEPT
(RELOCATED HOUSE)

FIRST FLOOR JACK SCHEDULE				
IDENTIFIER	DESCRIPTION	OPTIONS	ENG. NUM.	REMARKS
J07	JACK - (3) 2x6 SFF STD GRADE	CCC	1013, 1015	
J08	JACK - (3) 2x6 SFF STD GRADE	CCC	1013, 1015	
J09	JACK - (2) 2x4 SFF STD GRADE	GAA	1071	
J10	JACK - (2) 2x4 SFF STD GRADE	GAA	1071	
J11	JACK - (3) 2x4 SFF STD GRADE		1014	
J12	JACK - (2) 2x4 SFF STD GRADE		1040	
J13	JACK - (2) 2x4 SFF STD GRADE		1040	
J14	JACK - (3) 2x4 SFF STD GRADE		1028	
J15	JACK - (3) 2x4 SFF STD GRADE		1013	
J16	JACK - (3) 2x4 SFF STD GRADE		1013	
J17	JACK - (2) 2x4 SFF STD GRADE		1004	
J18	JACK - (3) 2x4 SFF STD GRADE		101	
J19	JACK - (3) 2x4 SFF STD GRADE		1028	
J20	JACK - (3) 2x4 SFF STD GRADE	ELL	1021	
J21	JACK - (3) 2x4 SFF STD GRADE	ELL	1021	
J22	JACK - (3) 2x4 SFF STD GRADE	ELL	1011	
J23	JACK - (3) 2x4 SFF STD GRADE	ELL	1011	
J24	JACK - (2) 2x4 SFF STD GRADE		1014	
J25	JACK - (2) 2x4 SFF STD GRADE		1053	
J26	JACK - (2) 2x4 SFF STD GRADE	GAA	1021	
J27	JACK - (2) 2x4 SFF STD GRADE	GAA	1053	
J28	JACK - (3) 2x4 SFF STD GRADE	ELL	1001	
J29	JACK - (3) 2x4 SFF STD GRADE	ELL	1001	
J30	JACK - (3) 2x4 SFF STD GRADE	ELL	1001	

FIRST FLOOR BEAMHEADER SCHEDULE					
IDENTIFIER	DESCRIPTION	LENGTH	OPTIONS	ENG. NUM.	REMARKS
B04	BEAM STEEL - H2X6	22'-3"	SC02LL	1000	
B07	BEAM STEEL - H2X6	18'-0"	BL0CC	1073	
B09	EXT HEADER - 2x6 - 2 FLY	3'-10"	GAA	1027	FIELD INSTALLED
PH02-2	LVL - I-104	8'-6 1/2"	GAA	1071	PORTAL FRAME

STEEL COLUMN SCHEDULE					
IDENTIFIER	STYLE	HEIGHT	OPTIONS	ENG. NUM.	REMARKS
C08	STANCHION - 3 IN SCHED	10	T-1 1/8"	1000	

LEGEND

- BEARING WALL
- NON BEARING WALL
- INDICATES STAIRS FROM POINT-LOAD ABOVE
- JACKS
- BEAMHEADER
- PAD FOOTING
- STEEL COLUMN
- PORTAL FRAME
- JOIST/TRUSS
- LVL
- ENGINEERING PAGE NUMBER

SEE PG DETAILS FOR BRACING CONNECTORS

FLOOR PLAN NOTES

- ALL HEADERS ARE (2) 2x6 w/ 2x4 WALLS OR (3) 2x6 w/ 2x6 WALLS UNLESS OTHERWISE NOTED.
- ALL HEADERS TO HAVE (2) 2x4 OR 2x6 JACK EACH END, UNLESS OTHERWISE NOTED.
- ALL EXTERIOR WALLS TO BE 4" AND ALL INTERIOR WALLS TO BE 3 1/2" UNLESS OTHERWISE NOTED.
- HATCHED AREAS INDICATE DROPPED CEILING. ALL DROPPED CEILING ARE 12" UNLESS OTHERWISE NOTED.
- SEE "BRACED WALL PANEL DETAIL SHEET" FOR SPECIAL WALL BRACING LOCATIONS AND HEADER SIZES, IF APPLICABLE.
- ALL FINISHES HAVE 2x4 1/2" HEADER HEIGHT UNLESS OTHERWISE NOTED.

GYPSONUM NOTES

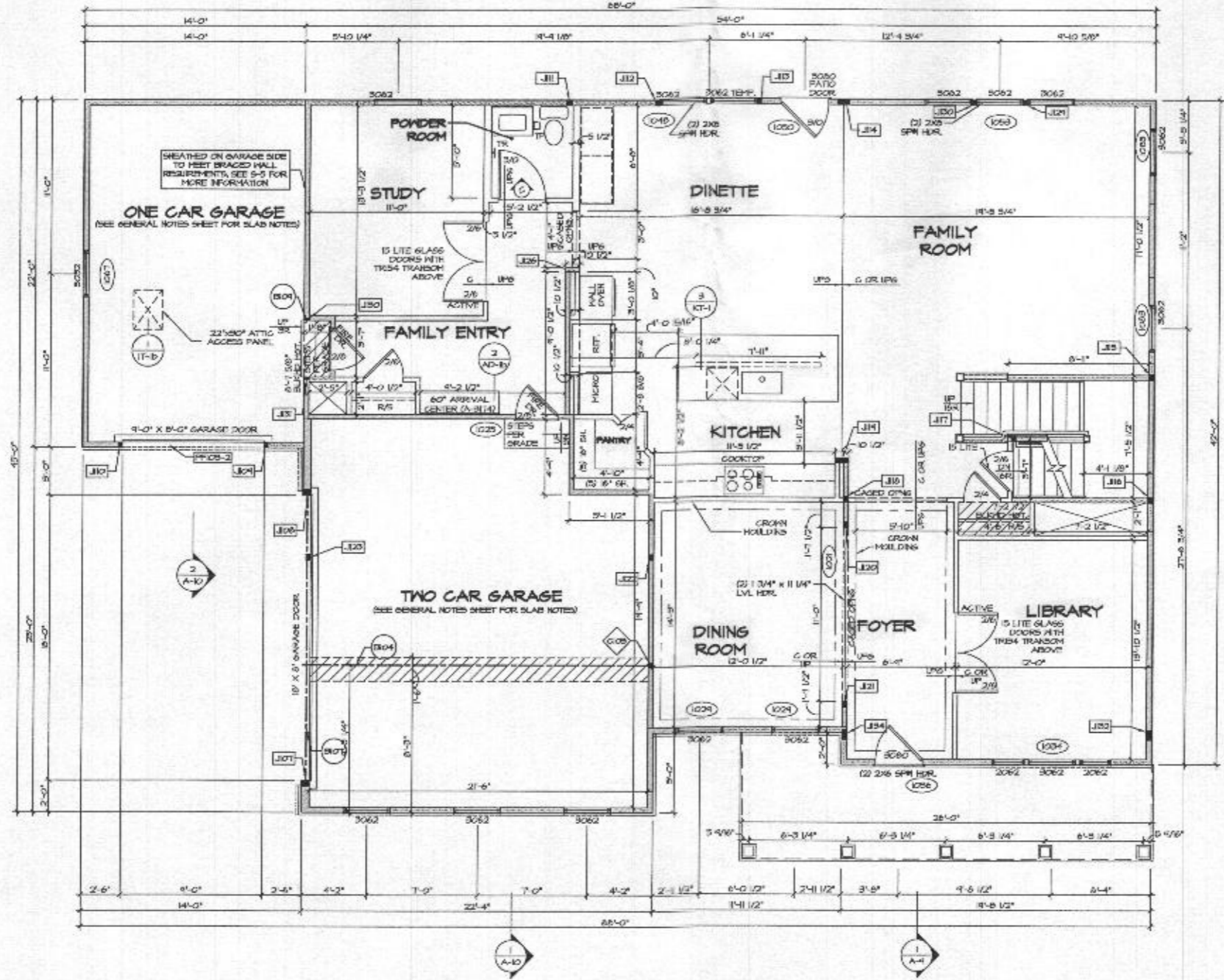
AT GARAGE:
5/8" DRYTALL ON COMMON WALLS, CEILING, AND BEARING WALLS AS REQUIRED.

AT STAIRS:
1/2" GYPSONUM BOARD AT UNDERSIDE OF STAIRS AND WALLS IN GLOBE.

WITH OPTION "SC" - DRYTALL UNFINISHED BASEMENT CEILING AREA.

NOTES:

- 1/2" GYPSONUM BOARD REQUIRED ON CEILING IN UNFINISHED AREAS WHEN NO SPRINKLER SYSTEM IS INSTALLED.
- A MAXIMUM AREA OF 80 SQ FT MAY BE OMITTED AS REQUIRED FOR INSTALLATION OF PLUMBING, ELECTRICAL, AND/OR HVAC (TYPICALLY AN 8'-0" X 8'-0" CEILING SPACE ABOVE MECHANICAL AREA).
- PROVIDE FIRE BLOCKING AS REQUIRED AT PERIMETER OF ANY AREAS WHERE DRYTALL HAS BEEN OMITTED.



FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"

REV. NO. DATE

NO. OF WORKSheets

NVR
NVR, Inc.
Architectural Services
1000
Frederick, MD 21703
3300
301.771.1118

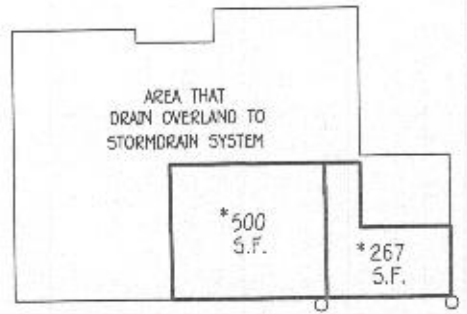
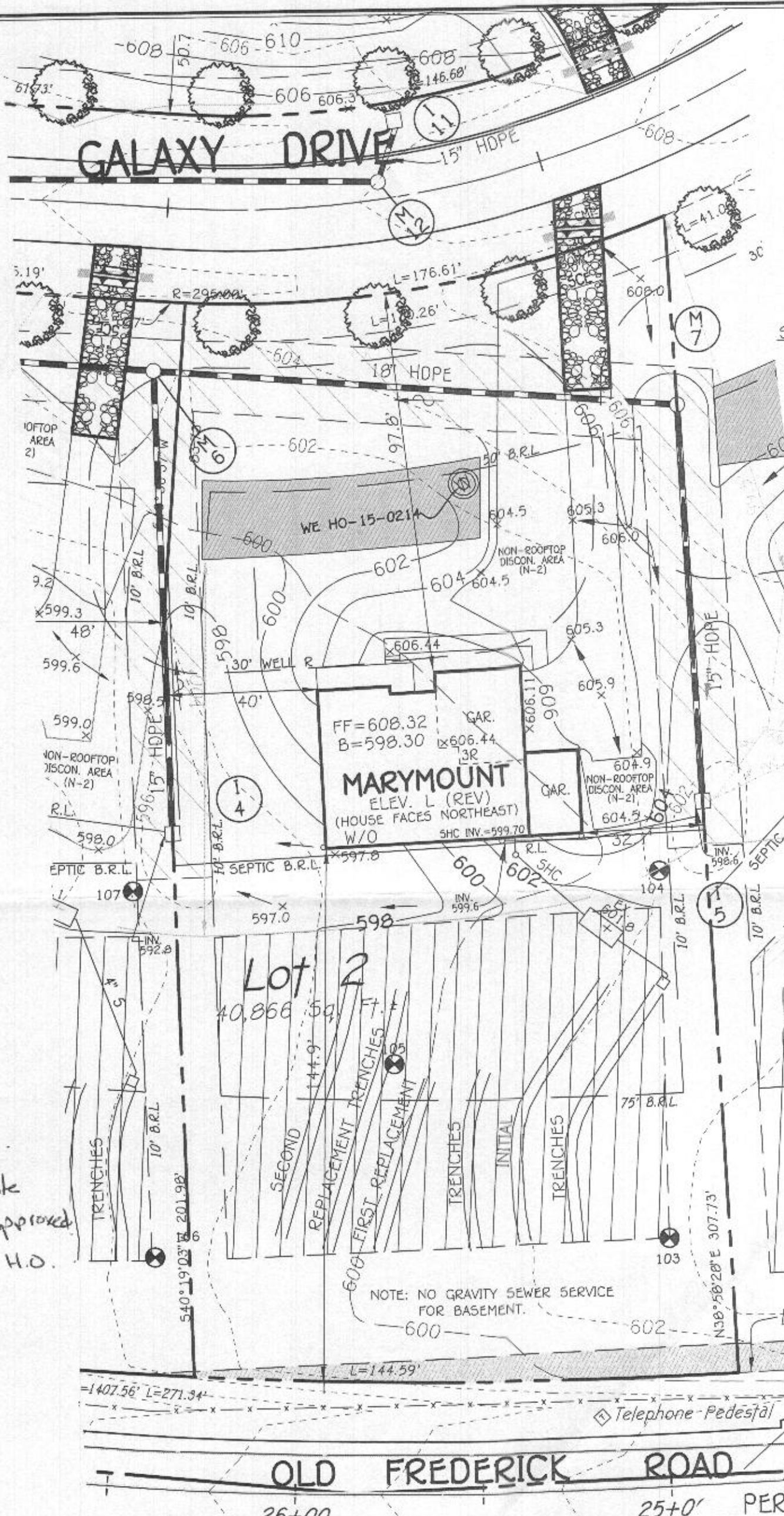
SET NO. 2000
VERSION 01
DRAWN BY
DATE:
OPTION

MARYMOUNT
DRAWING TITLE
FIRST FLOOR PLAN

SHEET NO. **A-7**

OPTION DESCRIPTION

25



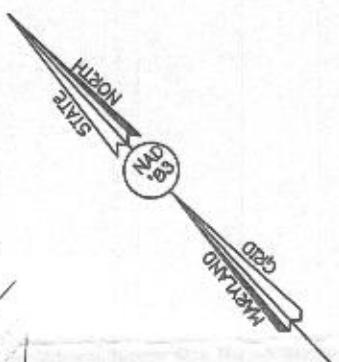
AREA THAT DRAIN OVERLAND TO STORMDRAIN SYSTEM
 *500 S.F. *267 S.F.
DRAINAGE AREAS FOR HOUSE DOWNSPOUTS

SCALE: 1"=30'
 *NOTE: DRAINS TO STORMDRAIN & BMP NO. 1 BY ROOFLEADERS

STORMWATER MANAGEMENT NOTE:

STORMWATER MANAGEMENT FOR LOT 2 IS BEING PROVIDED BY A COMBINATION OF NON-ROOFTOP DISCONNECTION (N-2) FOR THE DRIVEWAY AREA AND BMP NO. 1, A SURFACE SAND FILTER (F-1), LOCATED ON PARCEL 'E', FOR THE ROOF AREAS OF THE PROPOSED HOUSE. THE AREA OF THE DRIVEWAY= 2,259 S.F. AND THE AMOUNT OF DISCONNECTION AREA BEING PROVIDED IS 2,312 S.F. ALL OF THE DOWNSPOUTS SURFACED DRAIN TO STORMDRAIN STRUCTURE NO.'S 1-4 & 1-5 EXCEPT THE ONES INDICATED BY * IN THE DRAINAGE AREA PLAN ABOVE.

NOTE: NO GRAVITY SEWER SERVICE FOR BASEMENT.



2/20/18
 B.P. Site plan approved
 -H.O.

REVISED
 Date: 2/15/18
 Comments: B18000421
 RELOCATED SFD
 PER HEALTH DEPT

LL
 43,852

OWNER/DEVELOPER

NV HOMES
 9720 PATUXENT WOODS DRIVE
 COLUMBIA, MD 21046
 410-379-5956

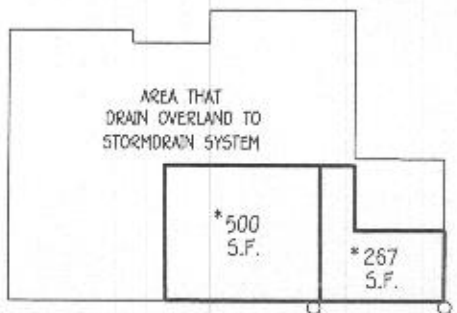
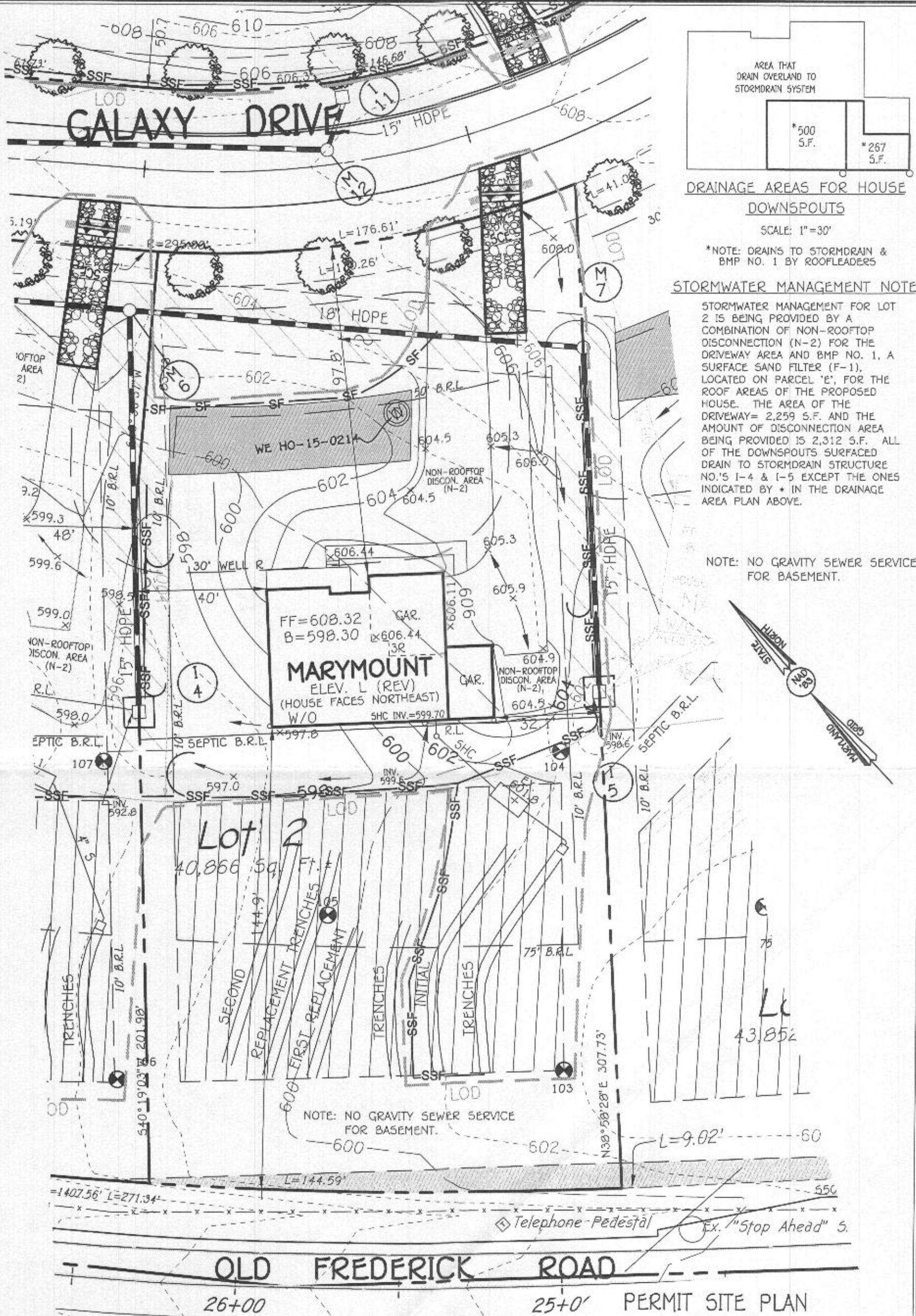
NOTE: THE EXISTING WELL SHOWN ON THIS PLAN, HO-15-0214, HAS BEEN FIELD LOCATED BY FISHER, COLLINS & CARTER, INC., PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461-2855

PLAN
 SCALE: 1" = 30'

**PERMIT SITE PLAN
 LOT 2**
 15305 GALAXY DRIVE
FAIRLANE FARMS

PHASE ONE
 ZONED: RC-DEO
 TAX MAP NO.: 8 GRID NO.: 2 PARCEL NO.: 8
 5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1"=30' DATE: FEB. 7, 2018
 SHEET 1 OF 1



DRAINAGE AREAS FOR HOUSE DOWNSPOUTS

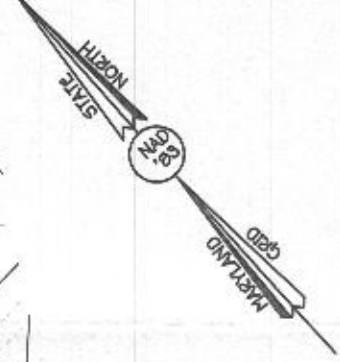
SCALE: 1"=30'

*NOTE: DRAINS TO STORMDRAIN & BMP NO. 1 BY ROOFLEADERS

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NOTE: NO GRAVITY SEWER SERVICE FOR BASEMENT.



OWNER/DEVELOPER

NV HOMES
9720 PATUXENT WOODS DRIVE
COLUMBIA, MD 21046
410-379-5956

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FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461-2855

PLAN

SCALE: 1" = 30'

PERMIT SITE PLAN

LOT 2

15305 GALAXY DRIVE

FAIRLANE FARMS

PHASE ONE

ZONED: RC-DEO

TAX MAP NO.: 8 GRID NO.: 2 PARCEL NO.: 8
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

SCALE: 1"=30'

DATE: FEB. 7, 2018

SHEET 1 OF 1