

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER

Building Address 11524 E. Winchester Ln  
Ellicott City, MD 21042  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 6030 Subdivision Kings Gift  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 35  
 Tax Map 16 Parcel 352 Grid 15  
 Zoning RCD60 Map Coordinates \_\_\_\_\_ Lot size 6.5 ac

Property Owner's Name Debbie Mann  
 Address 11524 E. Winchester Ln  
Ellicott City, MD Zip Code 21042  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone 443.535.0846 Fax 443.535.0846

Existing Use Lawn  
 Proposed Use Gazebo  
 Estimated Construction Cost \$ 2800.00  
 Description of Work Proposed gazebo

Contractor Company Owner  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant B.A. Mann  
 Contact Name B.A. Mann  
 Address Same as above  
 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		Building Characteristics		Utilities	
Height:	No. of stories:	Gross area, sq. ft. per floor:	Use group:	Construction type:	Water Supply:	Sewage Disposal:	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
					Public <input type="checkbox"/>	Public <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
					Private <input type="checkbox"/>	Private <input type="checkbox"/>	Heating System:
					Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
					Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Natural Gas <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
					Heating System:	Propane Gas <input type="checkbox"/>	Propane Gas <input type="checkbox"/>
					Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/>
					Natural Gas <input type="checkbox"/>	Full <input type="checkbox"/>	N/A #13D <input type="checkbox"/>
					Propane Gas <input type="checkbox"/>	Partial <input type="checkbox"/>	N/A #13R <input type="checkbox"/>
					Sprinkler system: N/A <input type="checkbox"/>	Other Suppression <input type="checkbox"/>	Other: <input type="checkbox"/>
					Full <input type="checkbox"/>	# of Heads _____	
					Partial <input type="checkbox"/>		
					Other Suppression <input type="checkbox"/>		
					# of Heads _____		

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 ON TO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature B.A. Mann  
 Title/Company \_\_\_\_\_  
 Print Name B.A. Mann  
 Date 7/18/06

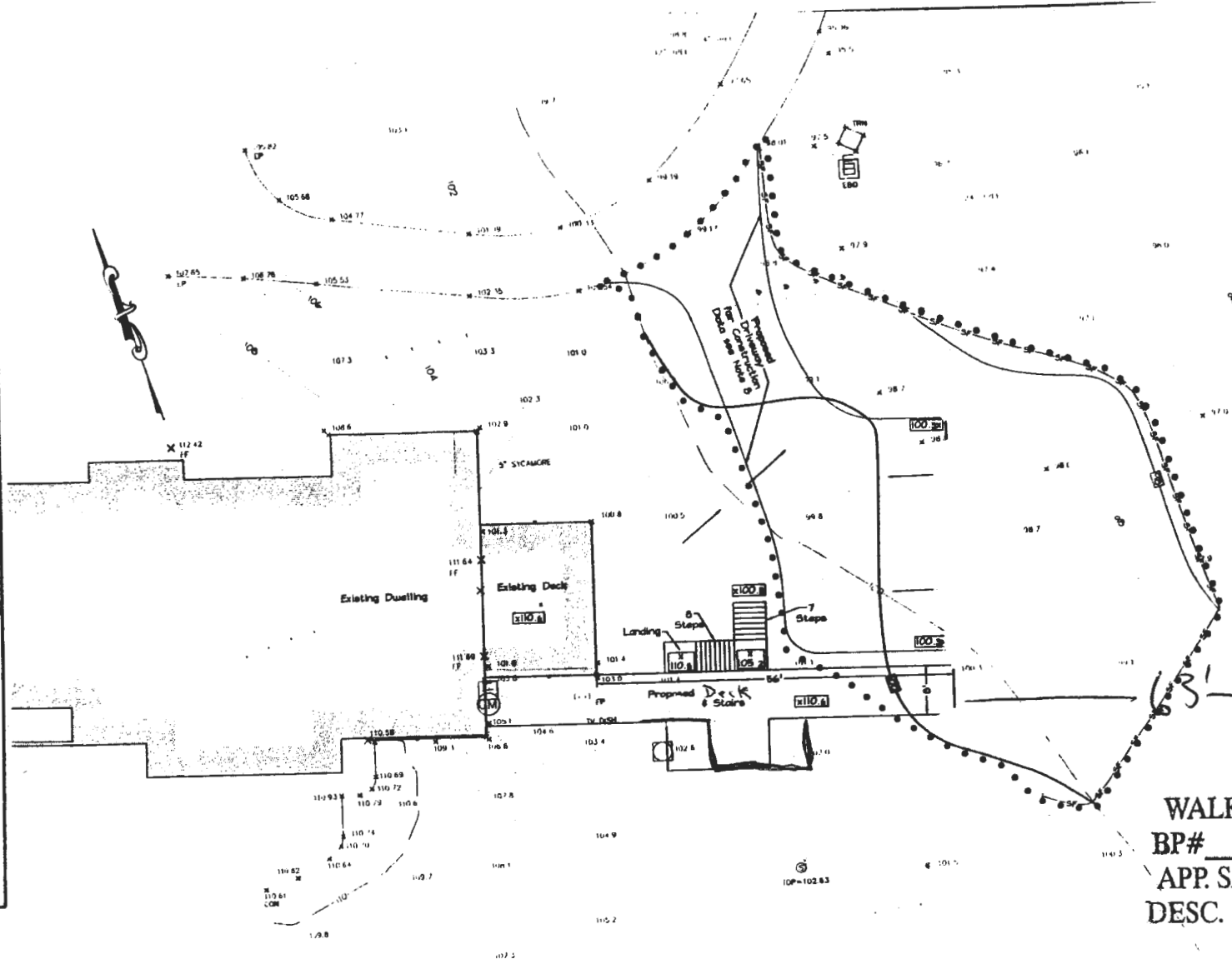
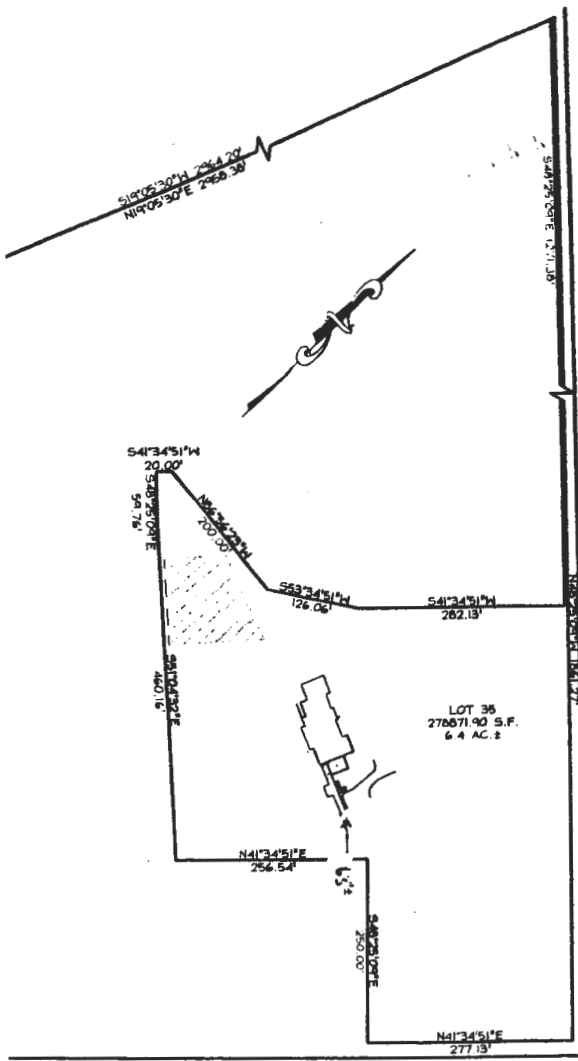
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY 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>7/19/06</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is 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 # _____
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	Lot Coverage for New Town Zone _____	
Yellow: DED, DPZ	Pink: Health	Gold: SHA	SDP/Red-line approval date _____	Accepted by _____
T: Home/PERMIT.FRM				





Vicinity Map  
Scale: 1"=200'



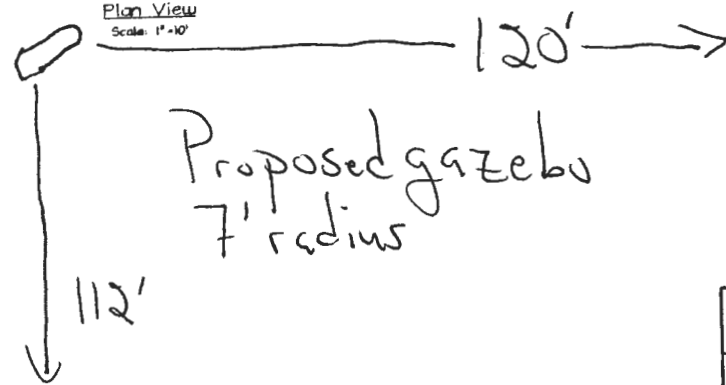
Plan View  
Scale: 1"=10'

**APPROVED**  
**WALK-THRU BUILDING PERMIT**  
 BP# \_\_\_\_\_ A# 41443  
 APP. SAN AF DATE: 7/18/06  
 DESC. OF WORK: 14'x18' gazebo

THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL OF AT LEAST 1,000 SQUARE FEET AS REQUIRED BY THE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNLESS PUBLIC SEWAGE IS AVAILABLE THESE EASEMENTS SHALL ESCAPE HALL AND VOID UPON CONNECTION TO A PUBLIC SYSTEM. THE LOCAL HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT REQUIREMENTS OF A PROPOSED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

- LEGEND**
- LIMIT OF DISTURBANCE
  - SILT FENCE
  - EXISTING CONTOUR
  - PROPOSED GRADE
  - ▨ EXISTING SEWAGE DISPOSAL EASEMENT
  - DRAINAGE FLOW

- NOTES**
1. EXISTING ZONING: RC-DEO.
  2. DEED REFERENCE: 4140/598.
  3. TOTAL AREA OF LOTS: 6.402 AC.±
  4. THE LOT SHOWN COMPLIES WITH THE MINIMUM LOT AREA AND OWNERSHIP WIDTH AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
  5. THE TOPOGRAPHY SHOWN IS FIELD RUN BY LDE INC. AND IS ON ASSUMED DATUM.
  6. LIMIT OF DISTURBANCE: 4,037 SQ. FT.±
  7. THE PROPOSED DRIVEWAY FOR THIS LOT SHALL BE A MINIMUM OF 12 FEET WIDE, FSI BX1200 TENSAR GEOGRID SET ON 2" CRUSHER RUN AND COVERED WITH 3" TOPSOIL.
  8. SEE ARCHITECTURAL PLANS FOR BUILDING DIMENSIONS.

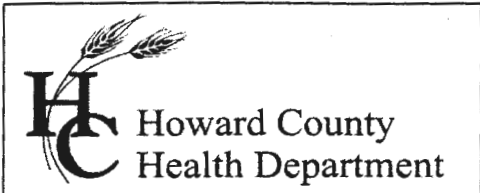


**LDE Inc.**  
 Engineers, Surveyors, Planners  
 9710 Powers Road, Suite 100, Columbia, Maryland - 21041  
 (410) 270-1200 FAX (410) 270-1201

DESIGNED D.W.W.	Plot Plan for Building Permit	SCALE As Sh.
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11521 E. WINCHESTER LANE





Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

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Penny E. Borenstein, M.D., M.P.H., Health Officer

June 1, 2006

Mr. Bernie Mann  
11524 E. Winchester Lane  
Ellicott City, MD 21042

RE: **Variance Approval**  
11524 E. Winchester Lane  
Ellicott City, MD 21042

Dear Mr. Mann,

The Department of Health has received your variance request dated May 31, 2006 for the above referenced property. This agency will grant **approval** of the variance provided that the deck is constructed with the footers of the deck no closer than five (5) feet to the existing septic tank. Approval of a building permit will be granted by this Department provided that the site plan submitted with the building permit application is consistent with the site plan approved under this variance request and the construction plans illustrate the construction of the footers in compliance with the five (5) foot setback. Any deviations from the site plan submitted with the request will be subject to further review by this Department.

Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

Michael J. Davis, R.S.  
Director, Well and Septic Programs

cc: File

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

Building Address 11524 E. Winchester Ln  
Ellicott City MD 21042

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6030 Subdivision Kings Gift

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 35

Tax Map 16 Parcel 352 Grid \_\_\_\_\_

Zoning RCD Map Coordinates \_\_\_\_\_ Lot size 6.9 ac

Property Owner's Name Bernie Mann

Address 11524 E. Winchester Lane

City Ellicott City State MD Zip Code 21042

Home Phone 443 535 0845 Work Phone 443 808 5397

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone \_\_\_\_\_ Fax 443 535 0846

Existing Use Lawn

Proposed Use slab on grade

Estimated Construction Cost \$ 7000

Description of Work Proposed slab on grade

Contractor Company Owner/AAA Slabjacking

Contact Person Same as above/Ross Kimmel

Address 5194 America Ct

City Mt Air State MD Zip Code 21771

License No. 153218

Phone 301 831 8314 Fax \_\_\_\_\_

Occupant or Tenant B.A. Mann

Contact Name B.A. Mann

Address Same as above

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 _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
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 _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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 _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
1st floor: <u>48</u> Depth <u>24</u> Width	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: <u>slab</u>	
Dimensions: <u>48x24</u>	
Footings: _____	
Roof Height: _____	
State Certified Modular _____	
Manufactured Home _____	

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.

B.A. Mann  
Applicant's Signature

\_\_\_\_\_  
Title/Company

B.A. Mann  
Print Name

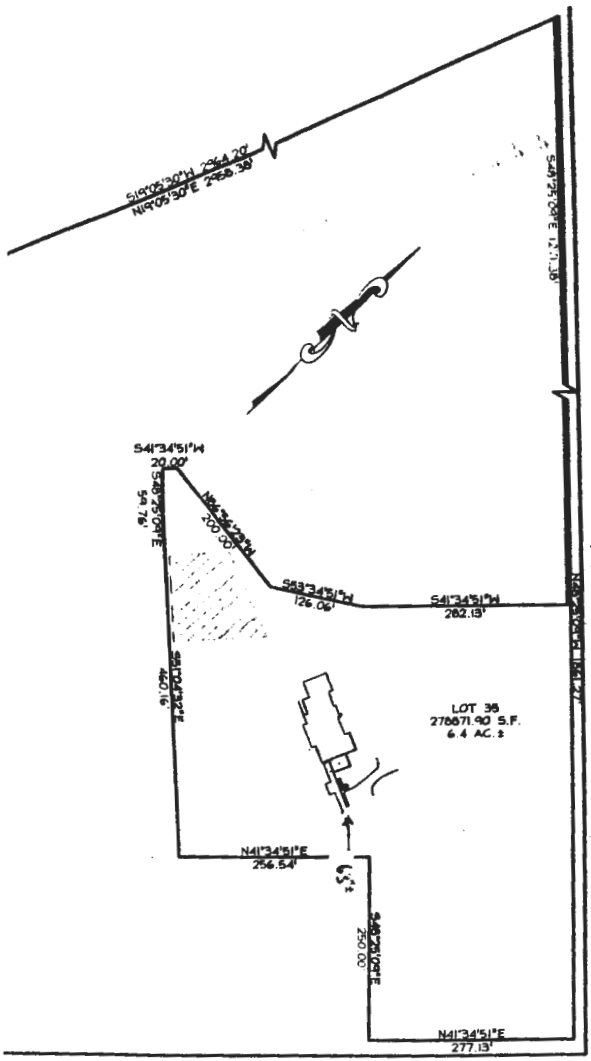
7/5/06  
Date

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

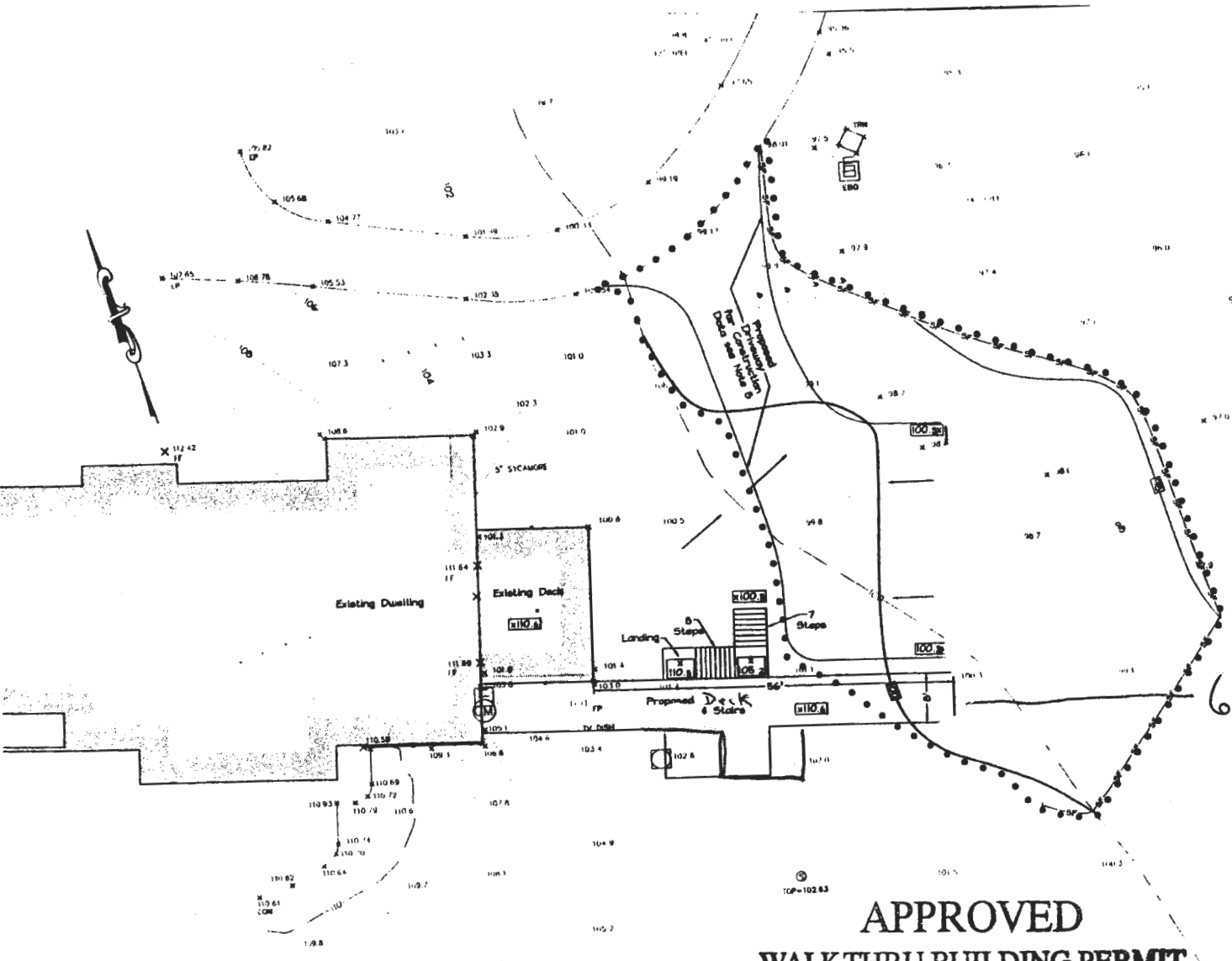
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>7/11/06</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is 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 # _____
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	Lot Coverage for NewTown Zone _____	SDP/Red-line approval date _____
T:\norma\PERMIT.FRM			Yellow: DED, DPZ	Pink: Health
				Gold: SHA
				Accepted by _____



Vicinity Map  
Scale: 1"=200'



Boundary  
Scale: 1"=100'



Plan View  
Scale: 1"=10'

**APPROVED  
WALK-THRU BUILDING PERMIT**

BP# \_\_\_\_\_ A# \_\_\_\_\_  
 APP. SAN N. J. Dain DATE: 7/11/06  
 DESC. OF WORK: Proposed deck

THIS AREA DESIGNATED A PRIVATE SEWAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE COUNTY OF THE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

- LEGEND**
- 1.0. ● LIMIT OF DISTURBANCE
  - SILT FENCE
  - EXISTING CONTOUR
  - PROPOSED GRADE
  - EXISTING SEWAGE DISPOSAL EASEMENT
  - DRAINAGE FLOW

- NOTES**
1. EXISTING ZONING: RC-DEO.
  2. DEED REFERENCE: 4140/549.
  3. TOTAL AREA OF LOTS: 6.402 AC.±
  4. THE LOT SHOWN COMPLIES WITH THE MINIMUM LOT AREA AND OWNERSHIP WIDTH AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
  5. THE TOPOGRAPHY SHOWN IS FIELD RUN BY LDE INC. AND IS ON ASSUMED DATUM.
  6. LIMIT OF DISTURBANCE: 4,037 SQ. FT. ±
  7. THE PROPOSED DRIVEWAY FOR THIS LOT SHALL BE A MINIMUM OF 12 FEET WIDE, F51 BK1200 TENSAR GEOGRID SET ON 2" CRUSHER RUN AND COVERED WITH 3" TOPSOIL.
  8. SEE ARCHITECTURAL PLANS FOR BUILDING DIMENSIONS.

**LDE Inc.**  
 Engineers, Surveyors, Planners  
 8710 Powers Road, Suite 100, Columbia, Maryland 21045  
 (410) 271-1870 FAX (410) 271-1222 E-MAIL: info@ldeinc.com

DESIGNED D.W.W.	SCALE As Shd.
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Plot Plan for Building Permit

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

Building Address 11524 E. Winchester Ln  
Elicott City MD 21043  
Suite/Apt. #: \_\_\_\_\_ SDP/M/P/Petition #: \_\_\_\_\_  
Census Tract 6030 Subdivision Kings Gift  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 35  
Tax Map 16 Parcel 352 Grid \_\_\_\_\_  
Zoning RCDD Map Coordinates \_\_\_\_\_ Lot size +6.5 acres

Property Owner's Name Bernie Mann  
Address 11524 E. Winchester Ln  
City Elicott City State MD Zip Code 21043  
Home Phone 443.535.0845 Work Phone 443.802.5297  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone 443.535.0845 Fax 443.535.0846

Existing Use Lawn  
Proposed Use Deck/Leisure  
Estimated Construction Cost \$ 7000  
Description of Work Proposed deck connecting to existing decks

Contractor Company OWARR  
Contact Person Same as above  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant B.A. Mann  
Contact Name B.A. Mann  
Address Same as above  
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 _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: <u>8</u> Depth <u>56</u> Width _____ 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: _____	Water Supply: _____ Public _____ Private _____ Sewage Disposal: _____ Public _____ Private _____ Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Structure: <u>Deck</u> Dimensions: <u>8x56</u> Footings: _____ Roof Height: <u>9'</u> State Certified Modular _____ Manufactured Home _____	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"/> 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.

B.A. Mann  
Applicant's Signature

B.A. Mann  
Print Name

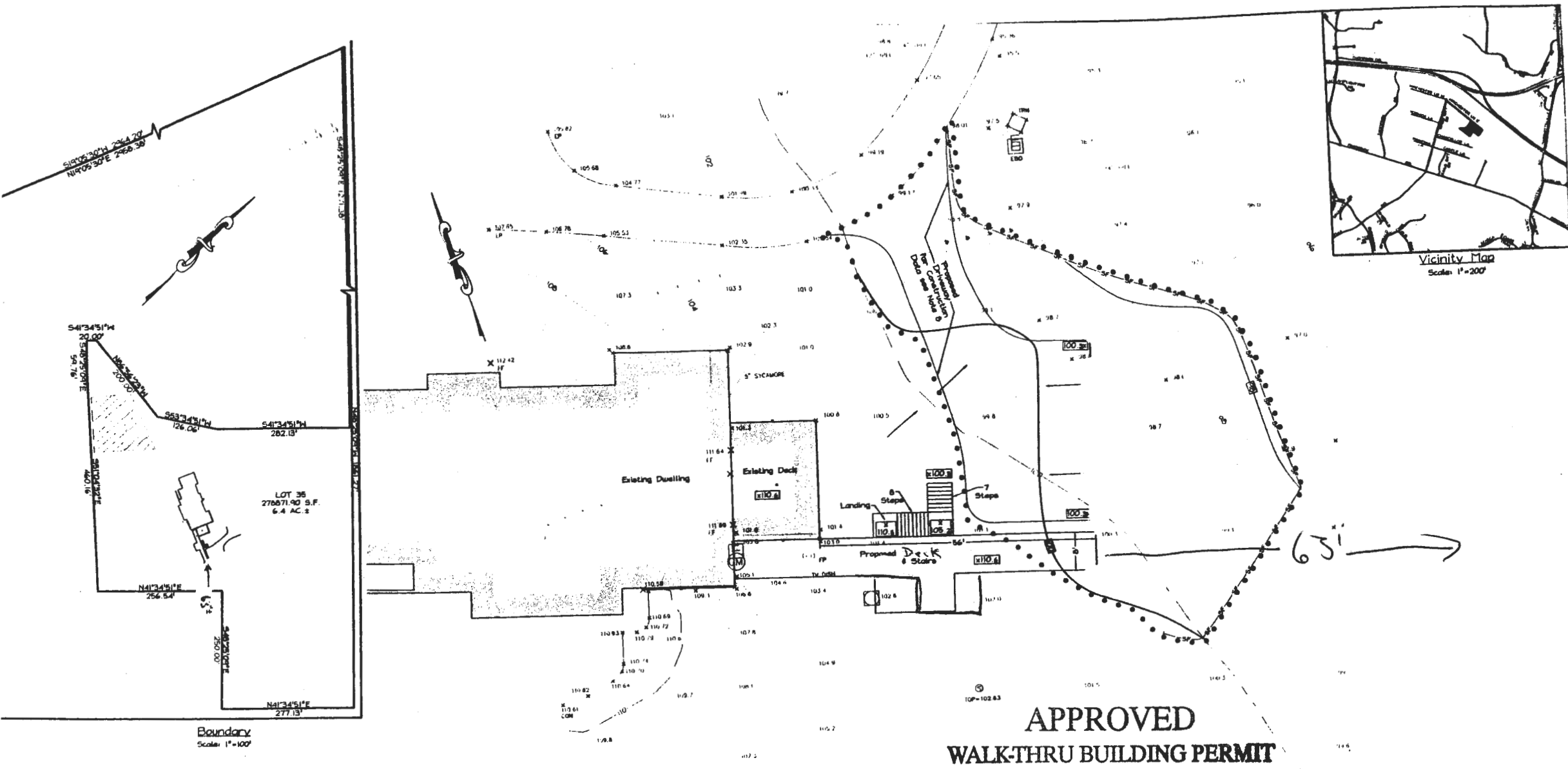
\_\_\_\_\_  
Title/Company

7/5/06  
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>7/11/06</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is 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 # _____
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 New/Town Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				



- LEGEND**
- LIMIT OF DISTURBANCE
  - SILT FENCE
  - - - EXISTING CONTOUR
  - PROPOSED GRADE
  - ▨ EXISTING SEWAGE DISPOSAL EASEMENT
  - DRAINAGE FLOW

- NOTES:**
1. EXISTING ZONING: RC-DEO.
  2. DEED REFERENCE: 4140/648.
  3. TOTAL AREA OF LOTS: 6.402 AC.±
  4. THE LOT SHOWN COMPLIES WITH THE MINIMUM LOT AREA AND OWNERSHIP WIDTH AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
  5. THE TOPOGRAPHY SHOWN IS FIELD RUN BY LDE INC. AND IS ON ASSUMED DATUM.
  6. LIMIT OF DISTURBANCE: 4,837 SQ. FT. ±
  7. THE PROPOSED DRIVEWAY FOR THIS LOT SHALL BE A MINIMUM OF 12 FEET WIDE, PSI BX1200 TENSAR GEOGRID SET ON 2" CRUSHER RUN AND COVERED WITH 3" TOPSOIL.
  8. SEE ARCHITECTURAL PLANS FOR BUILDING DIMENSIONS.

**APPROVED**  
**WALK-THRU BUILDING PERMIT**  
 BP# \_\_\_\_\_ A# \_\_\_\_\_  
 APP. SAN N. J. Dain DATE: 7/11/06  
 DESC. OF WORK:  
Proposed deck

THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF AT LEAST 5,000 SQUARE FEET AS REQUIRED BY THE DEPARTMENT OF THE ENVIRONMENT FOR RESIDENTIAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC STREET. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A PROPOSED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

**LDE Inc.**  
 Engineers, Surveyors, Planners  
 2710 Powers Road, Suite 100 Columbia, Maryland 21043  
 (410) 721-1820 (410) 721-1822 FAX (410) 721-1108

Plot Plan for Building Permit

DESIGNED: D.W.W. SCALE: As Shown  
 DRAWN: E. WINCHESTER LANE

Re: Bldg Permit # 00159726

5/31/06

To: Mr. Michael Davis

This note is a request for a ten (10ft) septic setback variance. Proposed structure will be moved to comply with five (5ft) setback.

Thank you,  
B.G.M.