



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 JUN 19 PM2:07

Date Received: _____

Permit No: **B18-2183**

Building Address: 12420 HILLCREST
City: FULTON State: MD Zip Code: 20759
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: CAIRN CUSTOM HOMES
Address: 10548 GORMAN
City: LAUREL State: _____ Zip Code: 20723
Phone: 301 490 5317 Fax: _____
Email: _____
Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: ANNAPOLIS PROPANE
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Existing Use: SFD
Proposed Use: SFD
Estimated Construction Cost: \$ 2500-
Description of Work: INSTALL 500 GAL
MG PROPANE TANK
LINE TO EXISTING STEUB
Occupant/Tenant Name: _____
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: ANNAPOLIS PROPANE
Contact Person: CHIP GARRETT
Address: 879 BRESTGATE RD STE 400
City: ANNAPOLIS State: _____ Zip Code: 21401
License No.: 60187
Phone: 410 223 9199 Fax: _____
Email: CGARRETT@ANNAPOLISPROPANE.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 type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:		
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<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	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<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
Other:	
Sprinkler System:	
<input type="checkbox"/> Yes	<input 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 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: Chip Garrett Print Name: CHIP GARRETT
Email Address: CGARRETT@ANNAPOLISPROPANE.COM Date: 6-18-2018
Title/Company: _____

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

AGENCY	DATE	SIGNATURE OF APPROVAL
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>7/2/18</u>	<u>[Signature]</u>

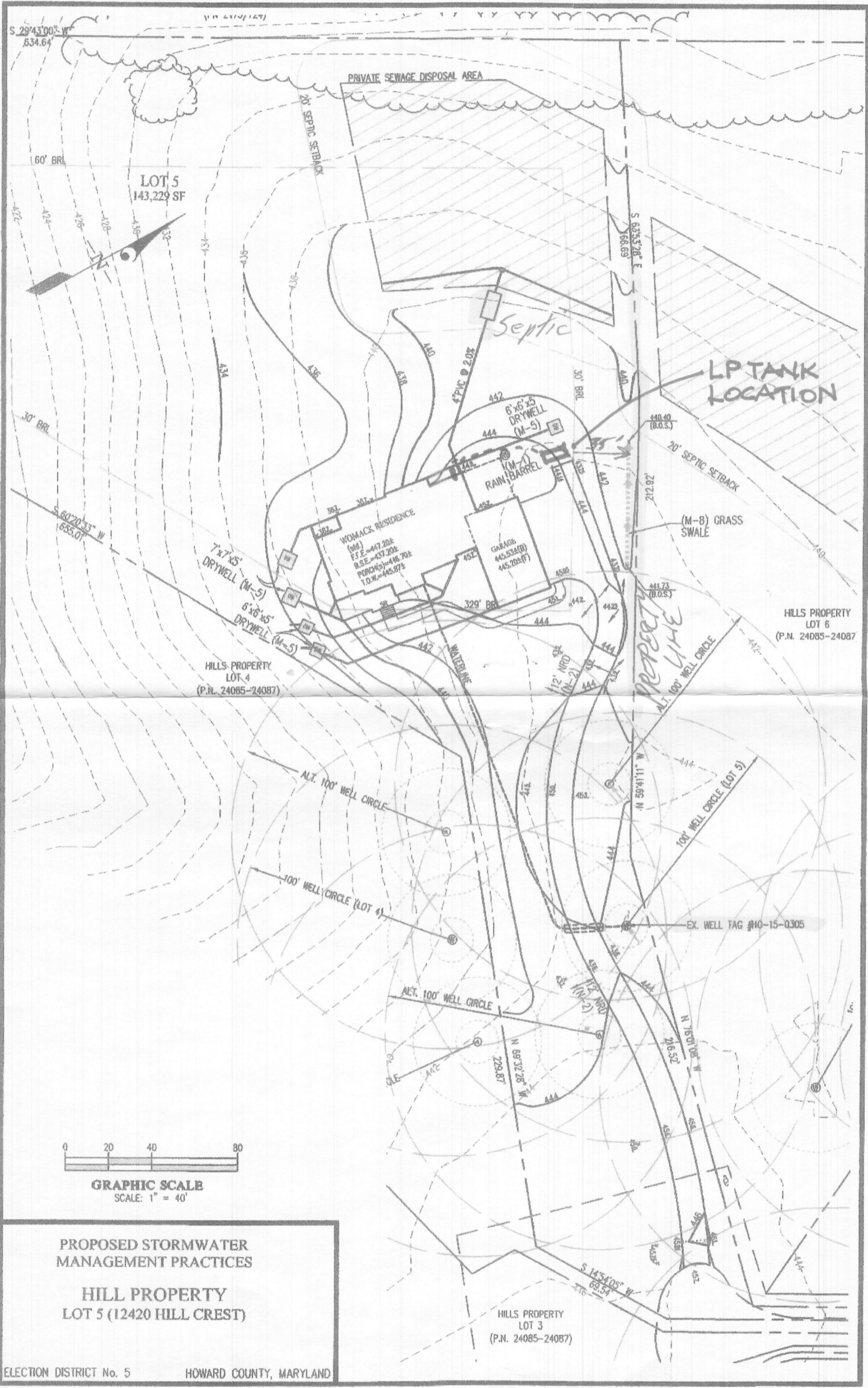
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <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	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$ <u>110</u>
Check #	<u>183</u>

Distribution of Copies: White: Building Officials Green: PSZA, Zoning Yellow: PSZA, Engineering Pink: Health Gold: SHA

T:\Operations\Updated Forms\Building applmp 09.21.2017.docx



PROPOSED STORMWATER
 MANAGEMENT PRACTICES

 HILL PROPERTY
 LOT 5 (12420 HILL CREST)

 ELECTION DISTRICT No. 5 HOWARD COUNTY, MARYLAND

Approved B18000183
 7/2/18 R/E



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: 10/3/17

Permit No.: B17003049

Building Address: 12420 Hill Crest
 City: Fulton State: MD Zip Code: 20759
 Suite/Apt. #: _____ SDP/WP/BA #: GP-18-014
 Census Tract: _____ Subdivision: Hill Property / Lime Kiln
 Section: _____ Area: _____ Lot: 5
 Tax Map: 45 Parcel: _____ Grid: 5
 Zoning: RL-DEO Map Coordinates: _____ Lot Size: 143,229 sq ft

Existing Use: Vacant Lot
 Proposed Use: S.F.O.
 Estimated Construction Cost: \$431,520
 Description of Work: 2 story, 11 rooms, 5 1/2 baths, 1 fire place, 3 car garage, unfinished basement.
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Tim + Medrika Womack
 Address: 10548 German Rd.
 City: Laurel State: MD Zip Code: 20723
 Phone: 301-490-5317 Fax: _____
 Email: Sarah@cairncustomhomes.com

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Sarah Jahny
 Address: 10548 German Rd.
 City: Laurel State: MD Zip Code: 20723
 Phone: 301-490-5317 Fax: _____
 Email: Sarah@cairncustomhomes.com

Contractor Company: Cairn Custom Homes
 Contact Person: Sarah Jahny
 Address: 10548 German Rd.
 City: Laurel State: MD Zip Code: 20723
 License No.: 7518
 Phone: 301-490-5317 Fax: _____
 Email: Sarah@cairncustomhomes.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 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	RECEIVED
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	OCT 03 2017
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	LICENSES & PERMITS DIVISION
<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>G17000309</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.

Sarah Jahny
 Applicant's Signature
Sarah@cairncustomhomes.com
 Email Address
Project Coordinator
 Title/Company

Sarah Jahny
 Print Name
9/8/17
 Date

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>11/20/17</u>	<u>R. Bueck</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>5000</u>
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>8254</u>

Distribution of Copies: White: Building Officials Green: PSZA, Zoning Yellow: PSZA, Engineering Pink: Health Gold: SHA

MITHU-yes

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

Date: 11/13/17

To: Health - Robert Bricker + Building Review - Dan Swinder
(Person's Name and Division) Cairn

From: Sarah Jahng, Custom Homes (301) 490-5317
(Your Name, Company Name and Telephone Number)

Subject: Project name Womack, Lot 5 Hill Property

Project site address 12426 Hill Crest Fulton, 20759

Permit # B17003649 SDP # AP-18-014

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
- Copies of _____ (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 _____

Contact Person Information: (Required)

Sarah Jahng
Please Print Name

Telephone No: 410-301-490-5317

E-Mail Address: sarah@cairn
customhomes.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 

Revision / For Health



11/9/2017

RE: B17003649
12420 Hill Crest
Fulton, MD 20759

To Whom It May Concern:

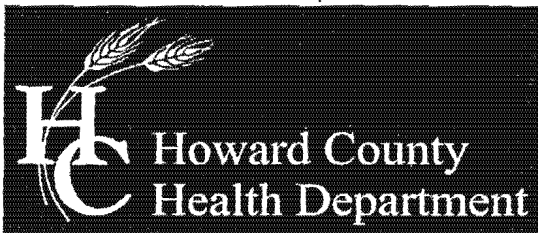
This correspondence is in response to the email and memorandum dated 11/3/17 from Robert Bricker. Please be advised that required floor plan changes to the prayer room have been completed by the architect and approved by the homeowner. The original email, memo and revised plans are attached. Please contact our office if there are any questions at 301-490-5317.

Regards,

A handwritten signature in black ink that reads "Sarah Jahng". The signature is written in a cursive, flowing style.

Sarah Jahng
Project Coordinator
Cairn Custom Homes

RECEIVED
NOV 13 2017
LICENSES & PERMITS
DIVISION



Bureau of Environmental Health
8930 Stanford Boulevard, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

MEMORANDUM

TO: *Sarah Jahng, Cairn Custom Home*

FROM: *Robert Bricker, REHS/RS, L.E.H.S.*
Well & Septic Program

RE: *12420 Hill Crest, Potential Basement Bedroom*

DATE: November 3, 2017

I have reviewed the floor plans in support of Building Permit **B17003649** for a new home at **12420 Hill Crest** and noted that there rough-ins for two full bathrooms planned in the unfinished basement. Please note that this makes it very likely for one or more rooms to be considered bedrooms upon conversion of the basement to finished living space.

For reference, the following is the bedroom definition in Howard County Code Section 3.801(b):

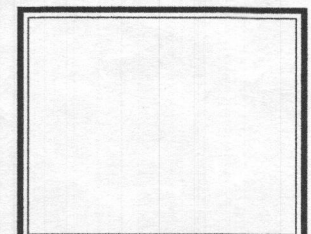
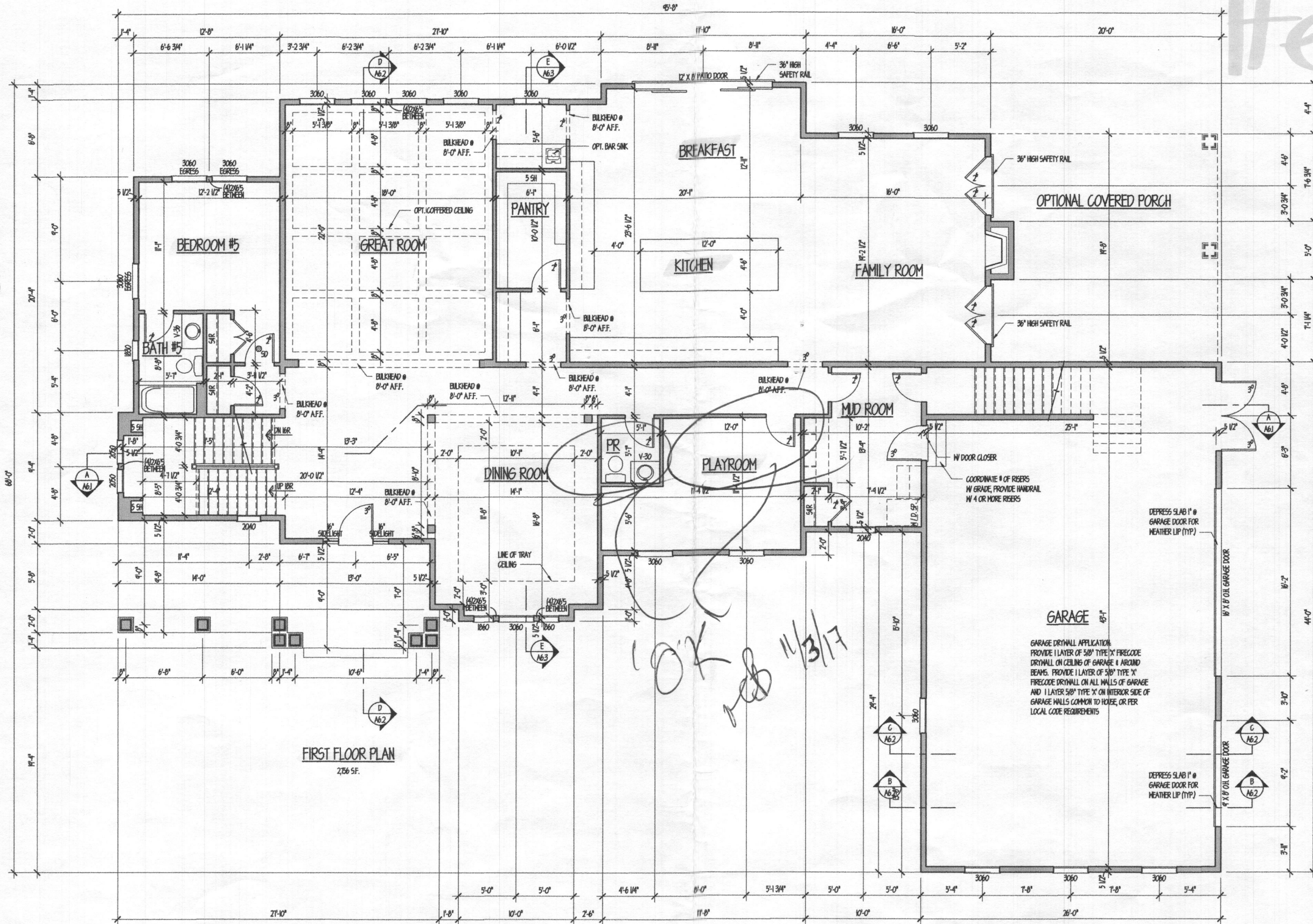
- (1) Except as provided in paragraph (2) of this subsection, a bedroom is any space in the conditioned area of a dwelling unit or accessory structure that:
 - (i) Is 90 square feet or greater in size;
 - (ii) May be used as a private sleeping area; and
 - (iii) Has at least one window and one interior door.
- (2) If a home office, library, or similar room is proposed, it may not be a bedroom if there is no closet; and
 - (i) The room contains permanently built-in bookcases around the perimeter of the room, desks, and other features that encumber the room;
 - (ii) A minimum 4 foot-wide opening, without doors, into another room;
 - (iii) A half wall (4 foot maximum height) between the room and another room; or
 - (iv) The room is a first floor room or basement area that does not have direct access to full bathrooms or "roughed in" plumbing that would provide direct access to future full bathroom facilities.

The Health Department strongly recommends sizing the onsite sewage disposal system at least one bedroom larger than the existing design to accommodate a future finished basement. If you choose to only size for the existing design, any future building permit for a finished basement may be placed on hold until the system is upgraded to accommodate the proposed number of bedrooms. This memo will be retained in the Health Department file for future reference.

B17003649

Health

RECEIVED
OCT 11 2017
HOWARD COUNTY HEALTH DEPT.
HEALTH ENVIRONMENTAL HEALTH



PROFESSIONAL CERTIFICATION: I 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 MARYLAND, LICENSE # 3387-E, EXPIRATION DATE 10/21/17

dw taylor
associates, inc
ARCHITECT

5024 BORSLEY HALL DR. SUITE 203 ELICOTT CITY, MD 21042
P: (410) 964 1181 F: (410) 997 2324 www.dwtaylor.com

BID & PERMIT ONLY

REVISIONS	
date	remarks

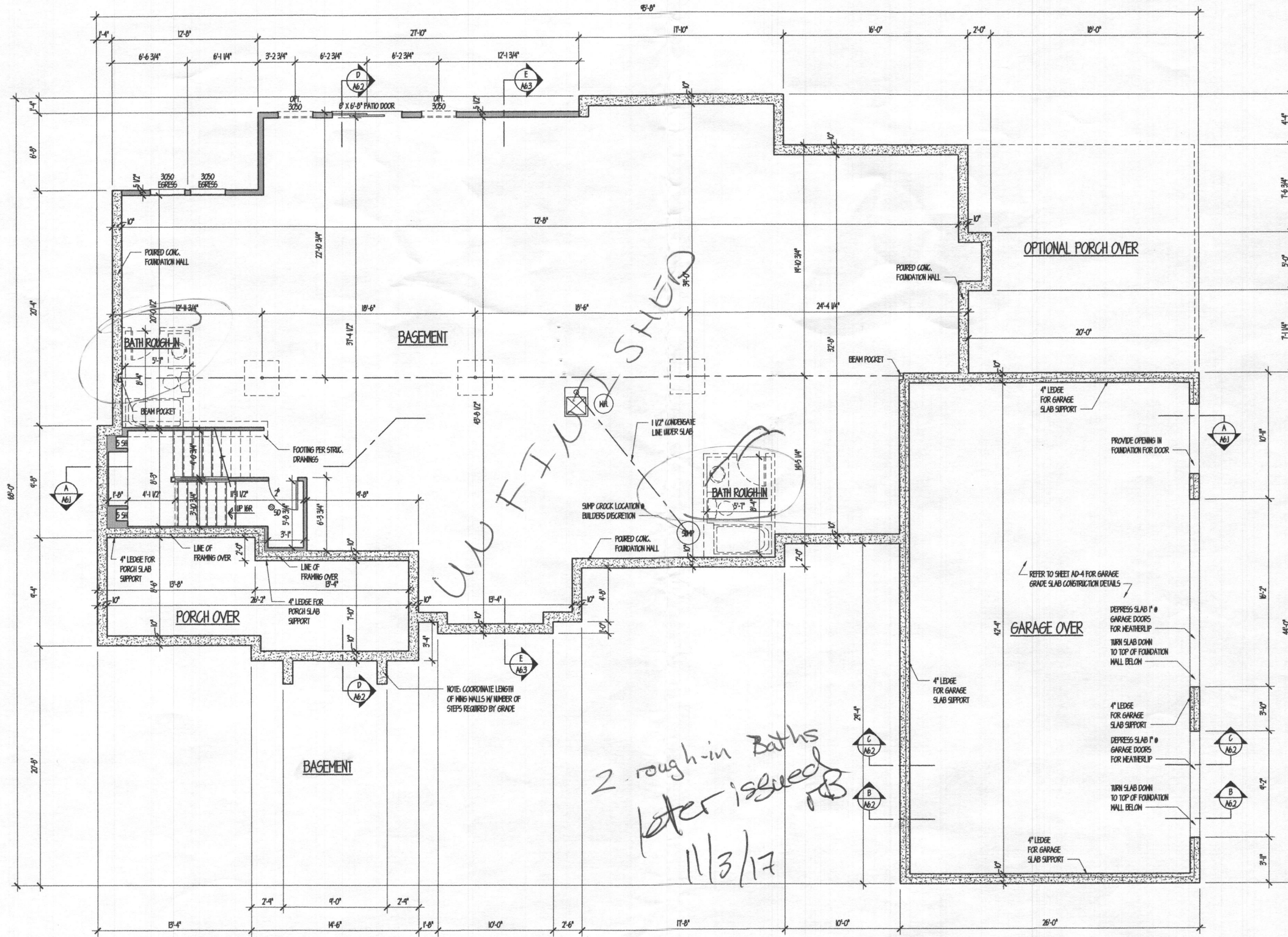
drawn by: **ATH** checked by:
scale: **1/4" = 1'-0"** date: **08/25/11**

PROJECT TITLE
**CAIRN CUSTOM HOMES
WOMACK RESIDENCE**

CONTENT
FIRST FLOOR PLAN

PROJECT NUMBER 2625	DRAWING NUMBER A3.1
-------------------------------	-------------------------------

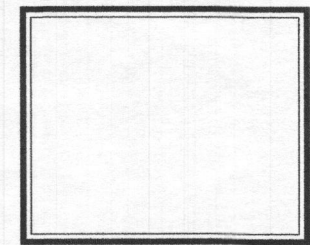
Womack Residence
Health Dept.



UNFINISHED

2 rough-in Baths later issued JB 11/3/17

NOTE: COORDINATE LENGTH OF FINING WALLS BY NUMBER OF STEPS REQUIRED BY GRADE



PROFESSIONAL CERTIFICATION I 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 MARYLAND, LICENSE # 3387-RE, EXPIRATION DATE 10/27/17

dw taylor
 associates, inc
 ARCHITECT
 5524 DORSEY HALL DR. SUITE 203 ELKLOFT CITY, MD 21042
 P: (410) 984 1181 F: (410) 997 2524 www.dwtaylor.com

BID & PERMIT ONLY

REVISIONS	
date	remarks

drawn by	ATH	checked by	
scale	1/4" = 1'-0"	date	08/25/17

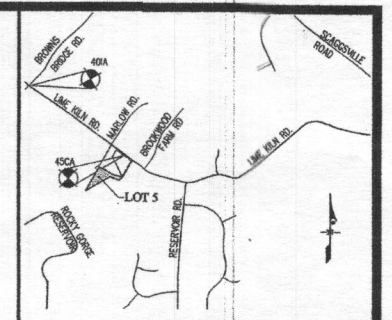
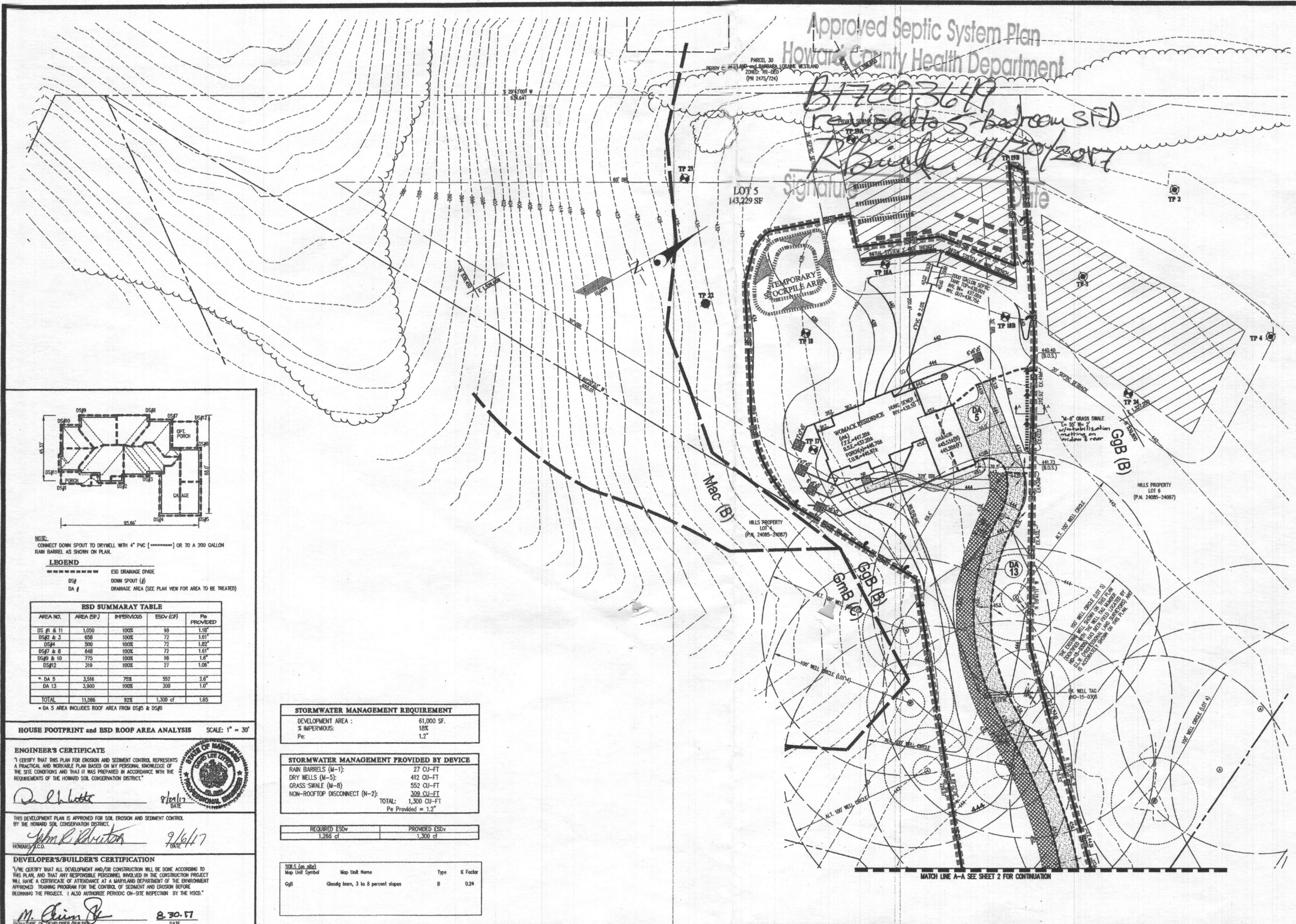
PROJECT TITLE
**CAIRN CUSTOM HOMES
 WOMACK RESIDENCE**

CONTENT
FOUNDATION PLAN

PROJECT NUMBER	DRAWING NUMBER
2625	A2.1

Approved Septic System Plan
Howard County Health Department

B17003649
revised to 5 bedrooms SFD
R. B. B. 11/30/2017

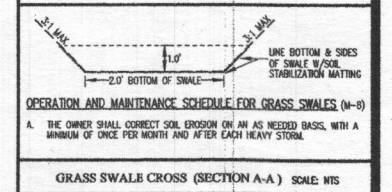


VICINITY MAP
SCALE: 1" = 2,000'

BENCHMARKS
40A ELEV. 435.8
N = 540,071.002 E = 1,327,702.245
40A ELEV. 380.07
N = 541,725.800 E = 1,325,316.89

LEGEND

- 430 EXISTING CONTOUR
- 430 PROPOSED CONTOUR
- FFE FIRST FLOOR ELEVATION
- TOW TOP OF FOUNDATION WALL
- BASE BASEMENT SLAB ELEVATION
- SF SILT FENCE
- SF SUPER SILT FENCE
- SCE STABILIZED CONSTRUCTION ENTRANCE
- LT LIMIT OF DISTURBANCE
- EW EXISTING WELL LOCATION
- AW ALTERNATE WELL LOCATION
- PSD PRIVATE SEWAGE DISPOSAL AREA
- MS 3' WIDE TRENCH
- 1st REPLACEMENT SYSTEM TRENCH
- 2nd REPLACEMENT SYSTEM TRENCH
- 200 GALLON RAIN BARREL (SEE DETAIL SHT. 2)
- DW DRYWELL (SEE PLAN VIEW FOR SIZE & DETAIL SHT. 2)
- DISCONNECTION OF NON-ROOF TOP RUNOFF (N-2) (PRIVATELY OWNED AND MAINTAINED)
- (B.O.S.) BOTTOM OF SWALE ELEVATION
- 2 FOOT WIDE GRASS SWALE (N-8) (SEE DETAIL BELOW)
- TP # PERCOLATION TEST HOLES (PASSED)
- TP # PERCOLATION TEST HOLES (FAILED)
- TP # DECEMBER 1987 APPROX. PERCOLATION TEST LOCATIONS REFERENCED FROM HEALTH DEPT. RECORDS

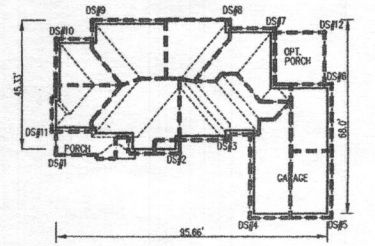


- NOTES:
- THE LOT SHOWN IS 3.022 ACRES AND IT IS RECORDED ON PLAT No. 24085/86 AMONG THE LAND RECORDED OF HOWARD COUNTY, MD.
 - EXISTING TOPOGRAPHY SHOWN IS FROM FIELD RUN SURVEY BY G.L.W. IN FEBRUARY 2017.
 - THERE ARE NO 100-YR FLOODPLAIN, WETLAND, WETLAND BUFFER, STREAM OR STREAM BUFFER WITHIN 100-FT OF THIS LOT.
 - THIS LOT IS SERVED BY A PRIVATE WELL AND A PRIVATE SEPTIC FIELD.
 - THE EXISTING WELL SHOWN ON THIS PLAN (IDENTIFIED WITH THE WELL TAG NUMBER 10-15-0305) HAS BEEN FIELD LOCATED BY G.L.W. (PROFESSIONAL LAND SURVEYOR) AND IS ACCURATELY SHOWN ON THIS PLAN.
 - AN "ESD STORMWATER MANAGEMENT ANALYSIS" SPECIFIC FOR THE HOUSE CONSTRUCTION ON THIS LOT IS INCLUDED AS PART OF THE PLOT PLAN SUBMITTAL PACKAGE FOR BUILDING PERMIT APPLICATION.

- SEQUENCE OF CONSTRUCTION
- APPLY FOR A GRADING PERMIT, A BUILDING PERMIT AND SCHEDULE A PRE-CONSTRUCTION MEETING. DURATION = 1/2 DAY (for submission of permit application packages).
 - REMOVE ENOUGH OF THE EXISTING ORNAMENTAL FENCE ALONG THE ROAD R/W IN ORDER TO INSTALL THE STABILIZED CONSTRUCTION ENTRANCE (SCE). THE REST OF THE EXISTING ORNAMENTAL METAL FENCE TO REMAIN. ALSO INSTALL THE SILT FENCE (S-F) AND SUPER (S-SF). THE SEDIMENT CONTROL INSPECTOR (CSCI) CAN UPGRADE SF TO SIF AT HIS/HER DISCRETION. DURATION = 1 DAY.
 - CONSTRUCT THIS HOME SITE. DURATION = 9-12 MONTHS.
 - STABILIZE ALL REMAINING DISTURBED AREAS IN ACCORDANCE WITH THE PERMANENT SEEDING NOTES OR WITH MARYLAND CERTIFIED SOIL. DURATION = 1 DAY.
 - OBTAIN PERMISSION FROM THE COUNTY SEDIMENT CONTROL INSPECTOR (CSCI) TO REMOVE ANY SEDIMENT CONTROL FEATURES THAT ARE NO LONGER NEEDED. DURATION = 1 DAY.
 - OBTAIN ANY CERTIFICATIONS/INSPECTIONS FOR FINISH OF A USE & OCCUPANCY PERMIT.

GRAPHIC SCALE
SCALE: 1" = 30'

SCALE	ZONING	G. L. W. FILE No.
1"=30'	RR-DEO	17053
DATE	TAX MAP - GRID	SHEET
AUG. 2017	45 - 5	1 OF 2



NOTE:
CONNECT DOWN SPOUT TO DRYWELL WITH 4" PVC (-----) OR TO A 200 GALLON RAIN BARREL, AS SHOWN ON PLAN.

LEGEND

- ESD DRAINAGE DIVIDE
- DS# DOWN SPOUT (d)
- DA# DRAINAGE AREA (SEE PLAN VIEW FOR AREA TO BE TREATED)

ESD SUMMARY TABLE

AREA NO.	AREA (SF)	IMPERVIOUS	ESDv (CF)	Pp PROVIDED
DS #1 & 11	1,050	100%	99	1.18"
DS#2 & 3	658	100%	72	1.61"
DS#4	500	100%	72	1.62"
DS#7 & 8	848	100%	72	1.61"
DS#9 & 10	775	100%	98	1.8"
DS#12	319	100%	27	1.06"
DA 5	3,516	75%	502	2.6"
DA 13	3,900	100%	309	1.0"
TOTAL	11,966	92%	1,300 cf	1.65"

* DA 5 AREA INCLUDES ROOF AREA FROM DS#5 & DS#6

STORMWATER MANAGEMENT REQUIREMENT

DEVELOPMENT AREA :	61,000 SF.
% IMPERVIOUS:	18%
Pp:	1.2"

STORMWATER MANAGEMENT PROVIDED BY DEVICE

RAIN BARRELS (N-1):	27 CU-FT
DRY WELLS (N-5):	412 CU-FT
GRASS SWALE (N-8):	552 CU-FT
NON-ROOFTOP DISCONNECT (N-2):	308 CU-FT
TOTAL:	1,300 CU-FT
Pp Provided =	1.2"

REQUIRED ESDv	PROVIDED ESDv
1.266 cf	1,300 cf

SSES (see table)

Map Unit	Symbol	Type	K Factor
GpB	Grassy lawn, 3 to 8 percent slopes	B	0.24

HOUSE FOOTPRINT and ESD ROOF AREA ANALYSIS SCALE: 1" = 30'

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.

Paul Blott 8/21/17
DATE

THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.

John P. Whitton 9/6/17
DATE

DEVELOPER/BUILDER'S CERTIFICATION
I/WE CERTIFY THAT ALL DEVELOPMENT AND/OR 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 MARYLAND 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 HSCD.

M. Chinn 8.30.17
SIGNATURE OF DEVELOPER/BUILDER DATE

GLW GUTSCHICK LITTLE & WEBER, P.A.
CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS
3000 NATIONAL DRIVE - SUITE 250 - BETHESDA, MARYLAND 20814
TEL: 301-421-4024 BAL: 410-880-1820 DC/VA: 301-955-2524 FAX: 301-421-4186

DATE	REVISION	BY	APP'R.

PREPARED FOR:
CHRYN CUSTOMES HOMES
10548 GORMAN ROAD
LAUREL, MD 20723
PH: 301-480-5371
ATTN: STEVEN APPLER

PROFESSIONAL CERTIFICATION
I HEREBY CERTIFY THAT THESE PLANS 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. 12864, EXPIRATION DATE: MAY 28, 2019.

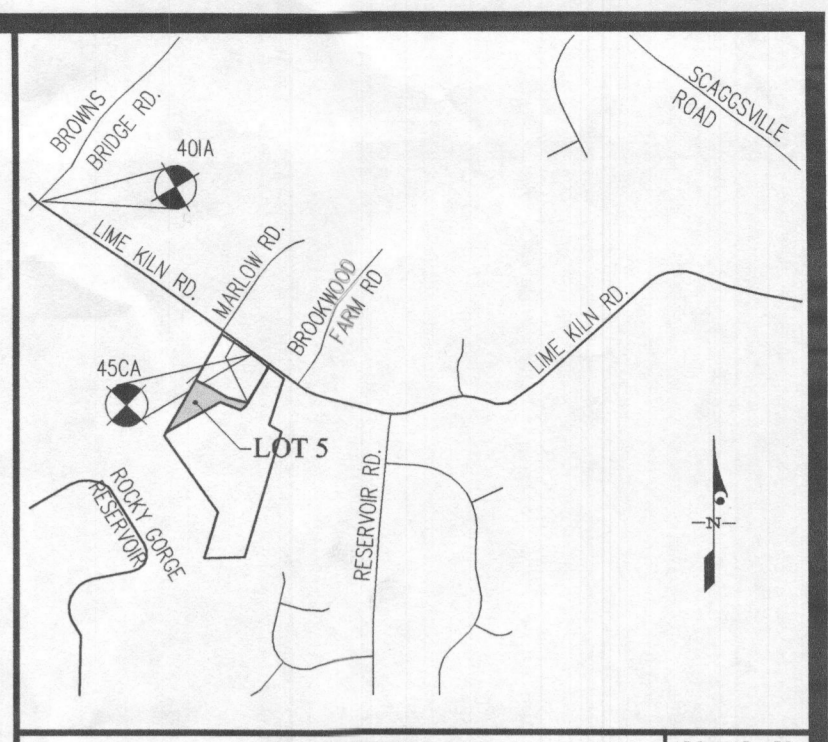
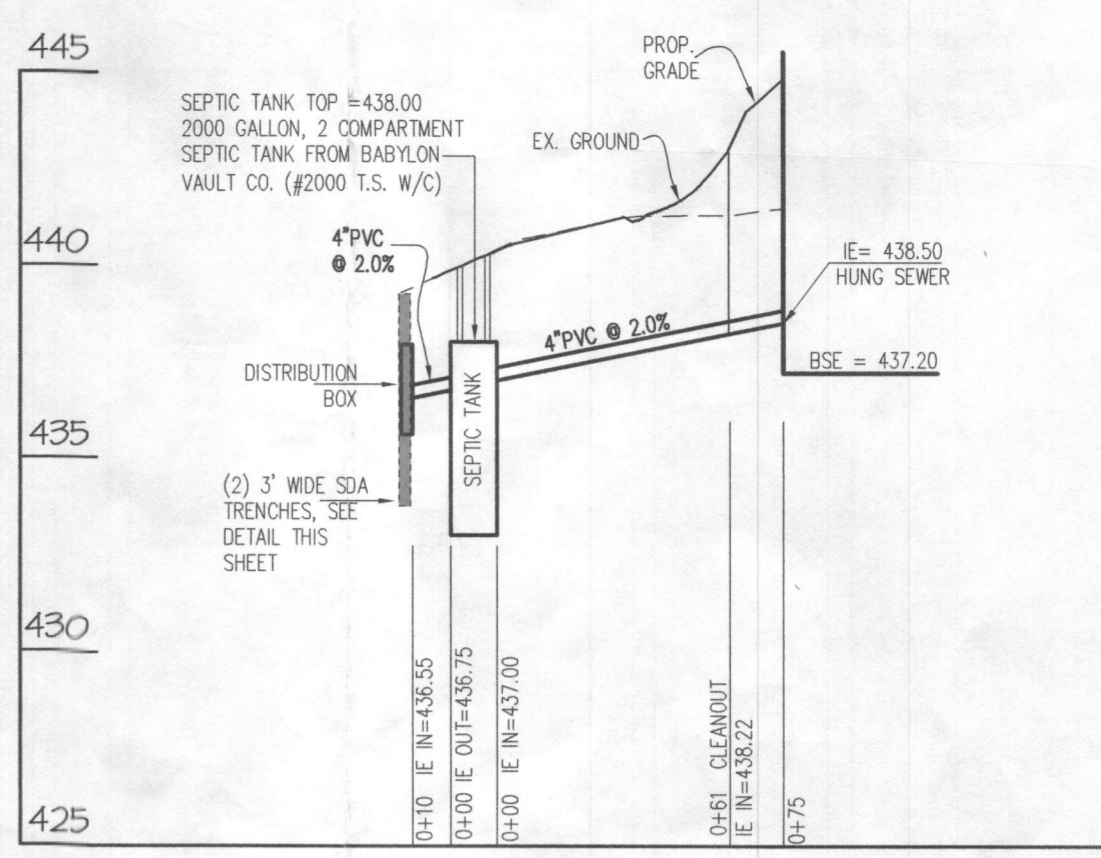
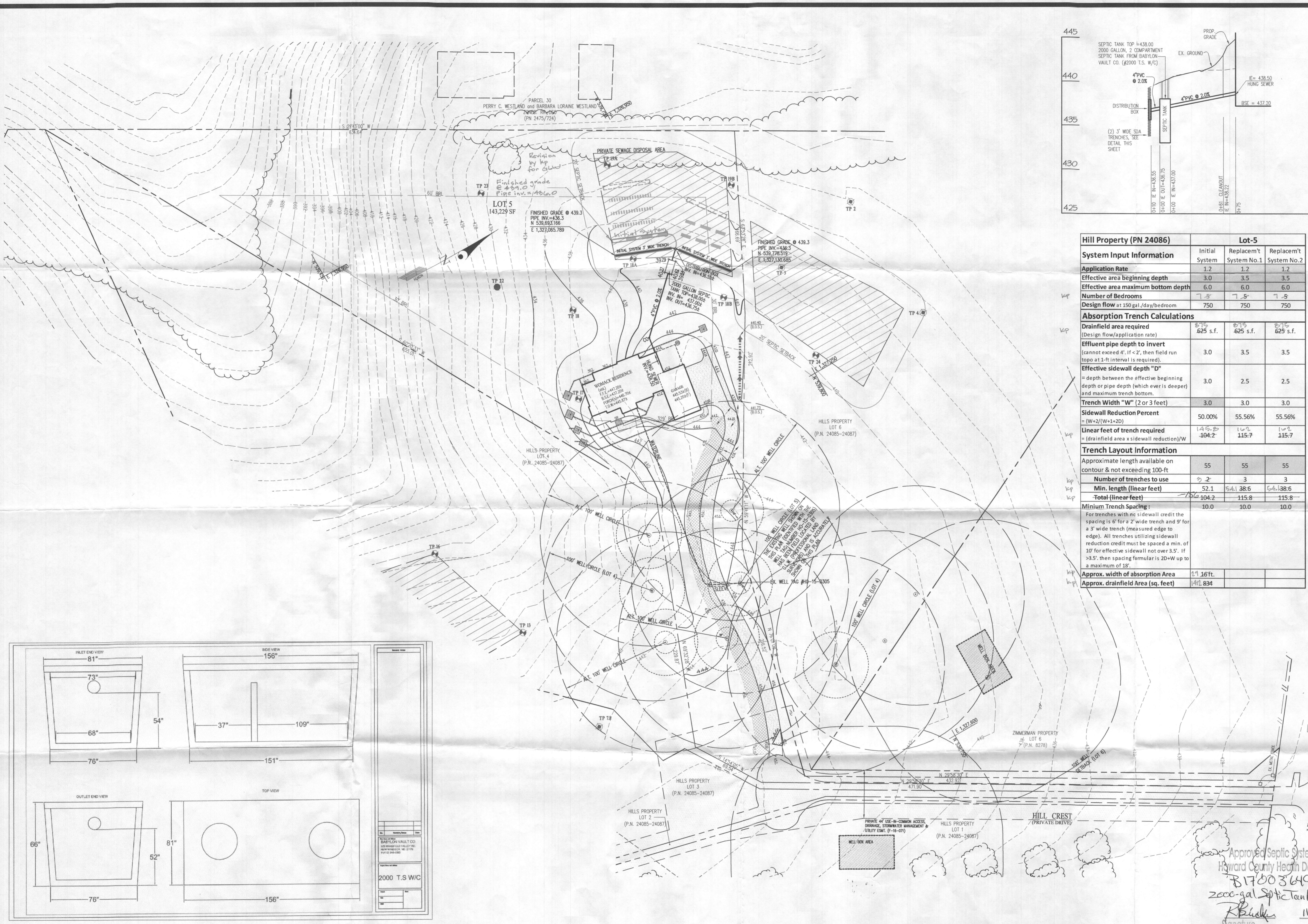
Paul Blott 8/21/17
DATE

PLOT (house siting) PLAN / SEDIMENT CONTROL PLAN

HILL PROPERTY
LOT 5 (12420 Hill Crest)
PLAT No. 24085-24086

ELECTION DISTRICT No. 5

HOWARD COUNTY, MARYLAND



VICINITY MAP
SCALE: 1" = 2,000'

BENCHMARKS

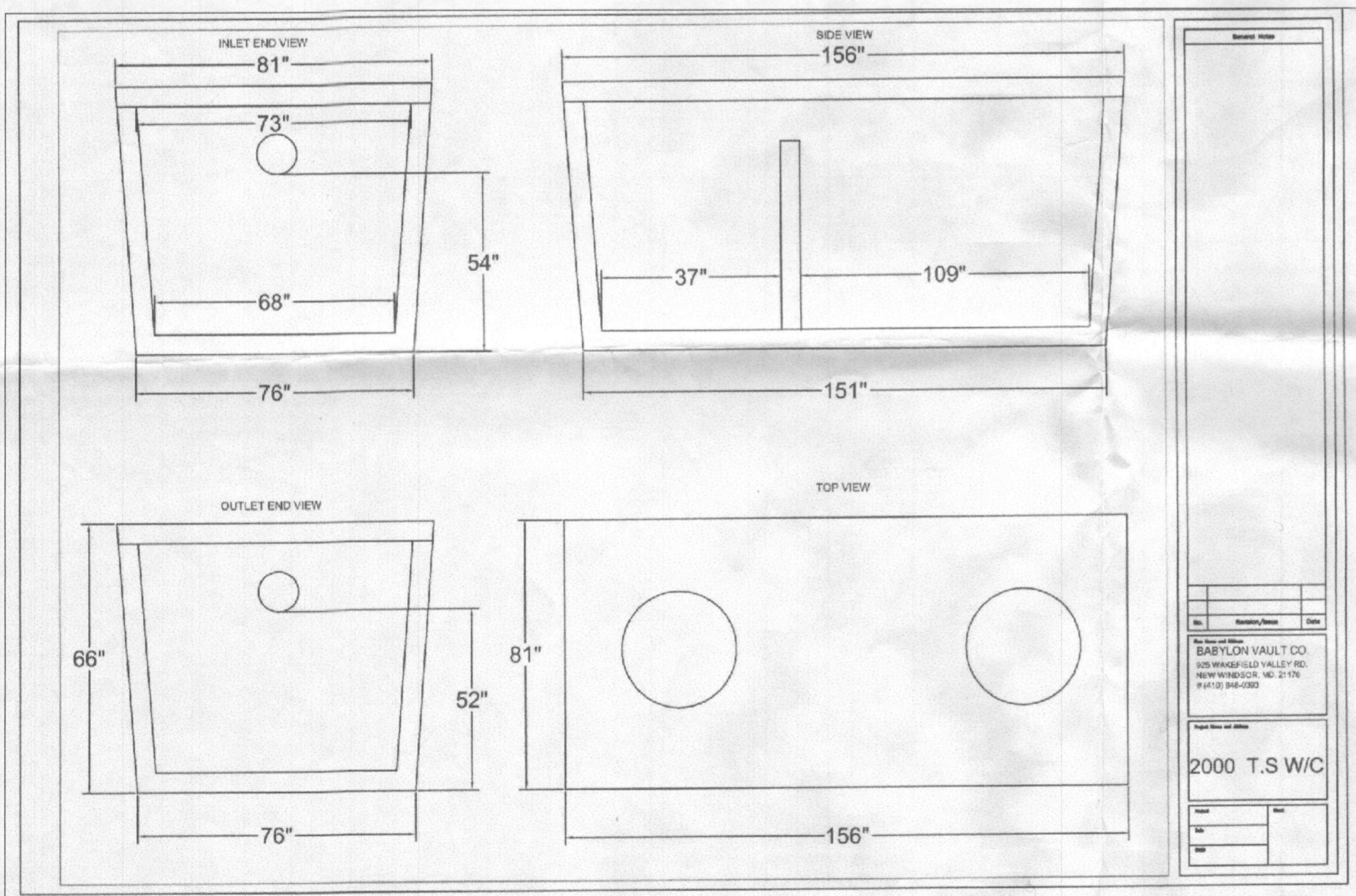
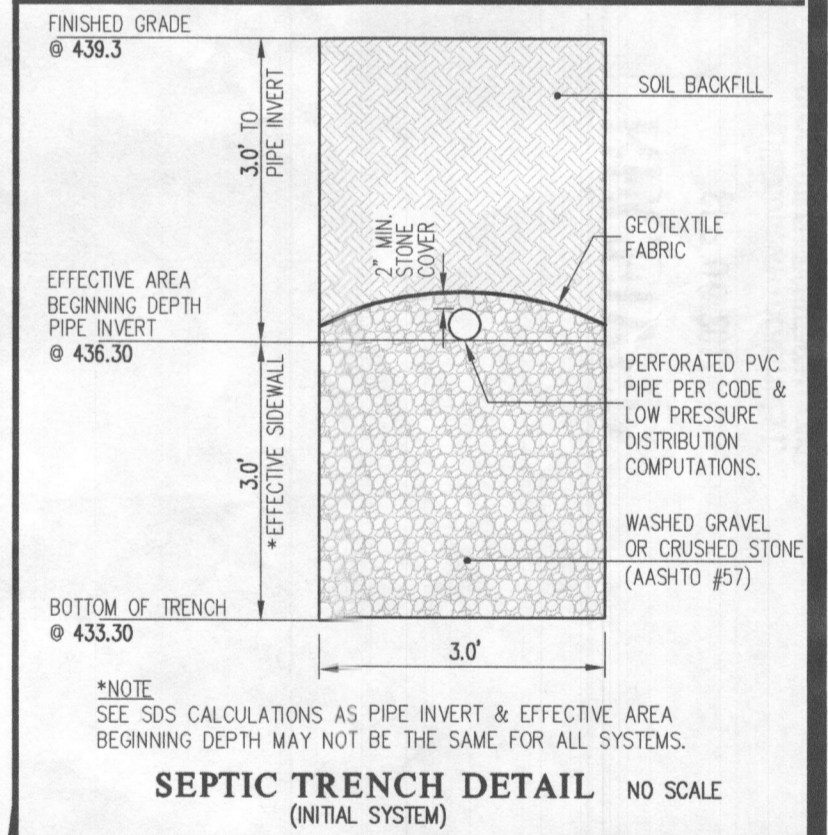
45CA	ELEV. 426.81	N = 540,071.002	E = 1,327,702.745
40A	ELEV. 360.07	N = 541,725.800	E = 1,325,316.89

Hill Property (PN 24086)		Lot-5		
System Input Information	Initial System	Replacem't System No.1	Replacem't System No.2	
Application Rate	1.2	1.2	1.2	
Effective area beginning depth	3.0	3.5	3.5	
Effective area maximum bottom depth	6.0	6.0	6.0	
Number of Bedrooms	7.5	7.5	7.5	
Design flow at 150 gal/day/bedroom	750	750	750	
Absorption Trench Calculations				
Drainfield area required (Design flow/application rate)	625 s.f.	625 s.f.	625 s.f.	
Effluent pipe depth to invert (cannot exceed 4', if < 2', then field run topo at 1-ft interval is required)	3.0	3.5	3.5	
Effective sidewall depth "D" = depth between the effective beginning depth or pipe depth (which ever is deeper) and maximum trench bottom.	3.0	2.5	2.5	
Trench Width "W" (2 or 3 feet)	3.0	3.0	3.0	
Sidewall Reduction Percent = (W+2)/(W+1+2D)	50.00%	55.56%	55.56%	
Linear feet of trench required = (drainfield area x sidewall reduction)/W	145.8	115.7	115.7	
Trench Layout Information				
Approximate length available on contour & not exceeding 100-ft	55	55	55	
Number of trenches to use	3	3	3	
Min. length (linear feet)	52.1	38.6	38.6	
Total (linear feet)	104.2	115.8	115.8	
Minimum Trench Spacing: For trenches with no sidewall credit the spacing is 6' for a 2' wide trench and 9' for a 3' wide trench (measured edge to edge). All trenches utilizing sidewall reduction credit must be spaced a min. of 10' for effective sidewall not over 3.5'. If > 3.5', then spacing formula is 2D+W up to a maximum of 18'.	10.0	10.0	10.0	
Approx. width of absorption Area	11.16ft.			
Approx. drainfield Area (sq. feet)	141.834			

LEGEND

- 430- EXISTING CONTOUR
- 430- PROPOSED CONTOUR
- FFE FIRST FLOOR ELEVATION
- TOW TOP OF FOUNDATION WALL
- BSE BASEMENT SLAB ELEVATION
- SEPTIC EASEMENT (SEWAGE DISPOSAL AREA)
- INITIAL SYSTEM 3' WIDE TRENCH
- 1st REPLACEMENT SYSTEM TRENCH
- 2nd REPLACEMENT SYSTEM TRENCH
- TP # PERCOLATION TEST HOLES (PASSED)
- TP # PERCOLATION TEST HOLES (FAILED)
- TP # DECEMBER 1987 APPROX. PERCOLATION TEST LOCATIONS REFERENCED FROM HEALTH DEPT. RECORDS
- EXISTING WELL LOCATION
- ALTERNATE WELL LOCATION

- NOTES:**
- ANY CHANGE TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REVISED SITE PLAN MAY BE REQUIRED.
 - THE MAXIMUM EARTH COVER OVER THE TANK IS 3 FEET. GREATER EARTH COVER WILL REQUIRE A HEAVY LOAD BEARING TANK.
 - THE WELL (TAG #15-0305) HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.
 - ALL WELLS AND SEPTIC SYSTEMS LOCATED WITHIN 100' OF THE PROPERTY BOUNDARIES AND 200' DOWN GRADIENT OF ANY WELLS AND/OR SEPTIC SYSTEMS HAVE BEEN SHOWN.



Approved Septic System Plan
Howard County Health Department
B17003649
2000-gal Septic Tank to Gravity Drainfield
Signature: [Handwritten Signature] Date: 11/20/17

Revised for additional address per request by owner: [Handwritten Signature] 9/26/17

GLWGUTSCHICK LITTLE & WEBER, P.A.
CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS
3609 NATIONAL DRIVE - SUITE 250 - BURTONTOWNE OFFICE PARK
BURTONTOWNE, MARYLAND 20866
TEL: 301-421-4024 BAL: 410-880-1820 DC/WA: 301-989-2524 FAX: 301-421-4186

DATE	REVISION	BY	APPR.

PREPARED FOR:
CAIRN CUSTOMES HOMES
10548 GORMAN ROAD
LAUREL, MD 20723
PH: 301-490-5371
ATTN: STEVEN APPLER

PROFESSIONAL CERTIFICATION
I HEREBY CERTIFY THAT THESE PLANS 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. 12285.
EXPIRATION DATE: MAY 26, 2018
9/6/17



ONSITE SEWAGE DISPOSAL SYSTEM DESIGN PLAN
HILL PROPERTY
LOT 5 (12420 Hill Crest)
PLAT No. 24085-24086
ELECTION DISTRICT No. 5
HOWARD COUNTY, MARYLAND

SCALE	ZONING	G. L. W. FILE No.
1"=40'	RR-DEO	17053
DATE	TAX MAP - GRID	SHEET
AUG. 2017	45 - 5	1 OF 1