

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER
 B07003487

Building Address 11421 Hunt Crossing Ct
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot 6
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Toll Brothers
 Address 7164 Columbia Gateway Dr #430
 City Columbia State MD Zip Code 21046
 Home Phone 410 872 9105 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone ~~410 872 9105~~ Fax _____

Existing Use SFD
 Proposed Use SFD with deck
 Estimated Construction Cost \$ 38,586
 Description of Work Build approx 13' x 39' deck with 12'x12' gazebo and with steps to grade. Total area is 595 s.f. deck.

Contractor Company Pro-Built Construction Inc
 Contact Person Edward Pachlowski
 Address 13453 Long Days Ct
 City Hyland State MD Zip Code 20777
 License No. 20247
 Phone 301 854 0821 Fax 301 854 9130

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> 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: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> 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 type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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: _____	
Dimensions: _____	
Footings: <u>push & pier</u>	
Roof Height: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 THERE TO; (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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]
 Applicant's Signature
President
 Title/Company

Edward Pachlowski
 Print Name
8/22/07
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>8/22/2007</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____

DATA
BOTTOM

HUNT CROSSING COURT

PUBLIC ACCESS PLACE - 10' R/W

21.25' DUE WEST L=25.48'
R=1020.00
225.00 83.18'

EX. 10' PUBLIC TREE
MAINTENANCE EASEMENT

50' BRL
LOT 6

LOT 5

GRID NORTH

NON-BUILDABLE
BULK PARCEL D

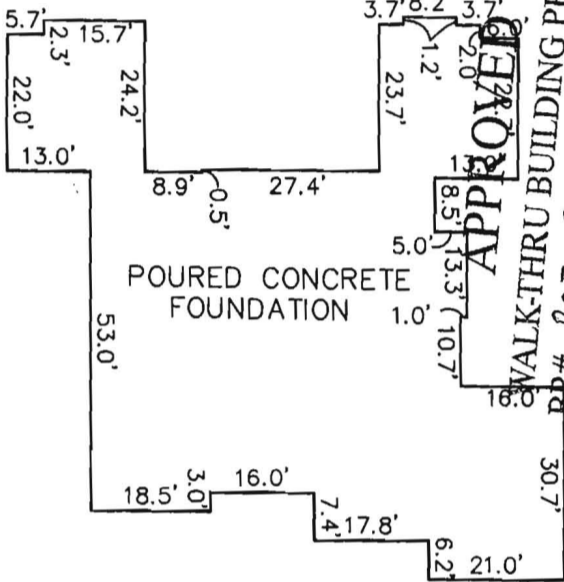
APPROVED
WALK-THRU BUILDING PERMIT
307003487 A

APP. SAN *Per Build* DATE: 02/2/2007
DESC. OF WORK: *fire guard deck, total area = 595 sq ft. as shown*

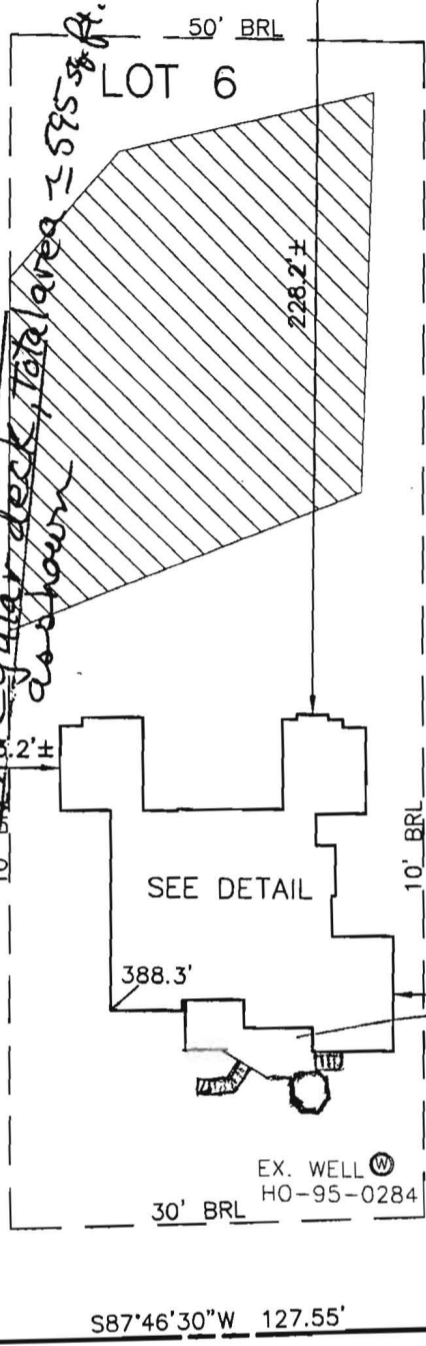
N0016'39"W 386.54'

N0016'39"W 390.41'

9/14/06
Wall Check
OK (SD)



FOUNDATION DETAIL
SCALE: 1" = 30'



OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 0.1'
TOP OF FOUNDATION WALL ELEVATION = 388.3'(WHERE SHOWN)
SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 07/27/06 ; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY FISHER, COLLINS & CARTER, INC. ENTITLED "HOMWOOD CROSSING LOTS 1 THRU 43", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 17895

Stephan Jalon Aug. 1, 2006

STEPHAN JALON
PROFESSIONAL LAND SURVEYOR
MD REG. No. 10726
FOR BENCHMARK ENGINEERING, INC.
MD REG. No. 351
RECORD PLAT No. 17895
FEMA FIRM No. 240044 0027 B
ZONE: C
DATED: 12/04/86

BENCHMARK
ENGINEERS & LAND SURVEYORS & PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PKCE & SUITE 418
ELLICOTT CITY, MARYLAND 21043
phone: 410-485-8105 & fax: 410-485-8644
www.bel-civilengineering.com



NON-BUILDABLE
PRESERVATION PARCEL A

MITIGATED 65dba NOISE LINE

WALL CHECK
HOMWOOD CROSSING
LOTS 1 THRU 43
LOT No. 06
11421 HUNT CROSSING COURT
3RD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: 07/27/06

600009534

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00159983

Building Address 11421 Map 15A2 Lot 6
Ellicott City, MD 21042
 Suite/Apt. #: 05-441358 SDP/WP/Petition #: 17895
 Census Tract 605101 Subdivision Home Center
 Section _____ Area _____ Lot 6
 Tax Map 28 Parcel 28 Grid 9
 Zoning RD DP Map Coordinates 15A2 Lot size 49996

Existing Use Vacant Lot
 Proposed Use Residential Use
 Estimated Construction Cost \$ 350,000
 Description of Work Molvent w/ Conservancy
Area, Contour

Occupant or Tenant Toll MD 3 LP
 Contact Name Nathan Bridle
 Address 7164 Columbia Gateway Dr #230
 City Columbia State MD Zip Code 21046
 Phone 410-489-6242 Fax 410-489-6243

Property Owner's Name Toll MD 3 LP
 Address 7164 Columbia Gateway Dr #230
 City Columbia State MD Zip Code 21046
 Home Phone _____ Work Phone 410-489-6242
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Contractor Company Toll, MD 3 LP
 Contact Person Nathan Bridle
 Address 7164 Columbia Gateway Dr #230
 City Columbia State MD Zip Code 21046
 License No. 0998 5018
 Phone 410-489-6242 Fax 410-489-6243

Engineer or Architect Company Architect Eng
 Contact Person Jane Thompson
 Address 8460 Baltimore Natl Pkwy #418
 City Ellicott City State MD Zip Code 21043
 Phone 410-465-6105 Fax 410-465-6644

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>81'</u> 2nd floor: <u>81'</u> Basement: <u>81'</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: <u>3</u> Height: <u>7.5</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/> Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/> Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> NFPA #13D _____ NFPA #13R _____ Other: _____

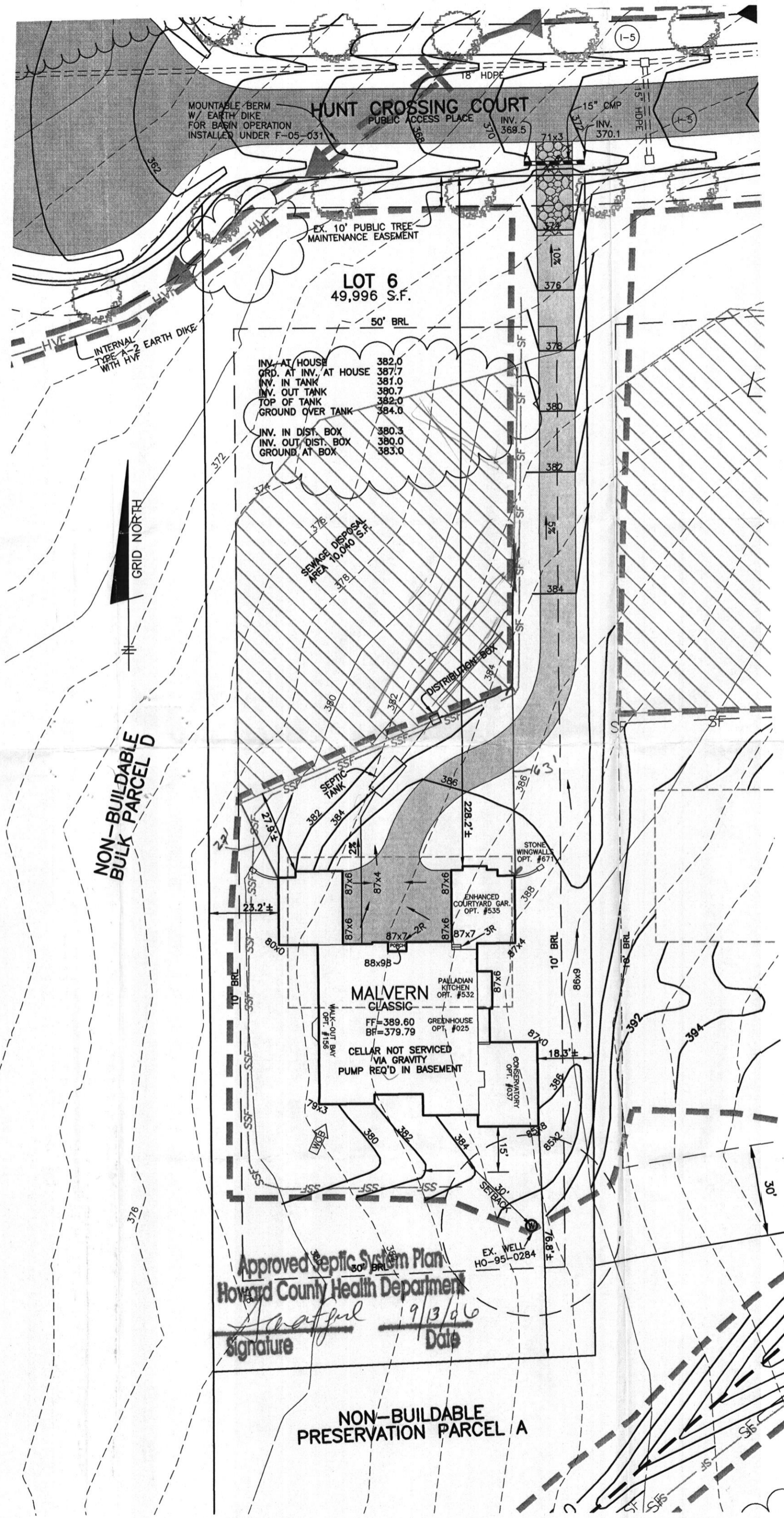
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Nathan Bridle
 Applicant's Signature
 Title/Company _____

Nathan Bridle
 Print Name
5/17/06
 Date

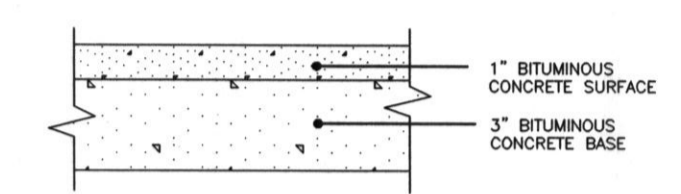
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: <u>50</u>	Filing fee \$ <u>100.00</u>
State Highways			Rear: <u>30</u>	Permit fee \$ _____
Building Official			Side: <u>10</u>	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: <u>N/A</u>	Add'l per. fee \$ _____
Health <u>2/12/06</u>		<u>Robert J. Jam</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 # <u>3581679</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # <u>114042</u>
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 _____	Accepted by <u>1</u>
T:\forms\PERMIT.FRM		Yellow: DED, DPZ	SDP/Red-line approval date _____	
		Pink: Health		
		Gold: SHA		



NOTES:

1. THE LOT SHOWN HEREON WAS RECORDED ON 12-13-05 AS PLAT NUMBER 17895. REFER TO THIS PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
3. EXACT LENGTH OF SEPTIC TRENCHES ARE BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PRECONSTRUCTION INSPECTION.
4. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
5. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER F-05-031 AND SHALL COMPLY WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
6. STORMWATER MANAGEMENT FOR THIS LOT WAS PROVIDED UNDER F-05-031.
7. THE EXISTING WELL (TAG NO. HO-95-0284) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. ON 5-23-06 AND IS ACCURATELY SHOWN.



FULL DEPTH BIT. CONC. ALTERNATIVE
P-1 PAVING DETAIL
NOT TO SCALE

LEGEND

- EXISTING CONTOURS ESTABLISHED UNDER F-05-031
- FIELD SURVEYED WELL LOCATION
- STREET TREES INSTALLED UNDER F-05-031
- INDICATES WALK-OUT BASEMENT LOCATION
- STABILIZED CONSTRUCTION ENTRANCE PROPOSED UNDER THIS PLOT PLAN
- SUPER SILT FENCE INSTALLED UNDER F-05-031
- SILT FENCE INSTALLED UNDER F-05-031
- LIMIT OF DISTURBANCE UNDER F-05-031

6/12/06 Resolved M. Davis
① Step slopes
Need to keep 25' from 25' or greater slopes
6/12/06 JF

BENCHMARK ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS ENGINEERING, INC. 8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418 ELLCOTT CITY, MARYLAND 21043 PHONE: 410-465-6105 FAX: 410-465-6644 www.bei-civilengineering.com		HOMEWOOD CROSSING PLOT PLAN LOT 6	
		11421 HUNT CROSSING COURT TAX MAP 29, GRID 9 - PARCEL 28 3rd ELECTION DISTRICT HOWARD COUNTY, MARYLAND	
BUILDER: TOLL MD III LIMITED PARTNERSHIP 7164 COLUMBIA GATEWAY DRIVE SUITE 230 COLUMBIA, MARYLAND 21046 410-872-9105		HOUSE TYPE: MALVERN CLASSIC ELEVATION	
DATE:	MAY 24, 2006	PROJECT NO.	1913
SCALE:	1" = 30'	DRAWING	1 OF 1