

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

00052556 KN

Building Address 4590 Centennial Lane
Ellicott City, MD 21042
 Suite/Apt. # 02-383831 SDP/WP/Petition #: _____
 Census Tract 602301 Subdivision _____
 Section _____ Area _____ Lot FAG A
 Tax Map 30 Parcel 1 Grid _____
 Zoning R-20 Map Coordinates 11F13 Lot size 52.34 AC

Property Owner's Name Bryan & Martha Gibbons
 Address 11901 High Hay Dr.
 City Columbia State MD Zip Code 21044
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
Carol Hoffman / Tervis Oil
82 John Street
Westminster MD 21157
 Phone 410-848-4433 Fax 410-848-8739

Existing Use SFD
 Proposed Use SFD, tank
 Estimated Construction Cost \$ 2625
 Description of Work Install installation
underground propane tank

Contractor Company Tervis Oil
 Contact Person Dave Honeycutt
 Address 82 John St
 City Westminster State MD Zip Code 21157
 License No. 65862
 Phone 410-848-4433 Fax 410-848-8739

Occupant or Tenant own
 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 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"/>
Open 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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Chimney space <input type="checkbox"/> Stair to Crawl <input type="checkbox"/> No. of Bedrooms _____	Electric: Yes <input type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units _____ No. of 1 BR units _____ No. of 2 BR units _____ No. of 3 BR units _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: N/A <input type="checkbox"/> NEPA #13D _____ NEPA #13R _____ Other: _____
State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

THE APPLICANT 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 THEREON, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE DESCRIBED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND FUTURE NEEDS.

Applicant's Signature Carol Hoffman
 Title/Company _____

Print Name Carol Hoffman
 Date 3/29/05

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

AGENCY	DATE	SIGNATURE/INITIALS	DEPT. SETBACK INFORMATION	PROPERTY ID#
Public Development Dept.				62181
Public Health				
Public Works				
Fire/Police				
Other				
TOTAL FEES \$ _____				
Sub-total paid \$ _____				
Balance due \$ _____				
Check # _____				
Date _____				
Account # _____				

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

Date: 8-28-17

To: Phil Thompson DEVEL. ENGINEERING
(Person's Name and Division)

From: MATTHEW FORGEN ASSOC. (110) 553-5541
(Your Name, Company Name and Telephone Number)

Subject: Project name BERG RES.

Project site address 4580 CENTEDIAS LAKE
EGG COTT CITY MD. 21042

Permit # B17003118 SDP# _____

Other information pertinent to this project _____

RECEIVED
AUG 30 2017
PLAN REVIEW DIVISION

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 PLOT PLAN (be specific).
- Health Department Request
- DRZ/DED Request
- Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

* SIGNED + SEALED

Contact Person Information: (Required)

MATTHEW FORGEN
Please Print Name

Telephone No: 443-864-8589

E-Mail Address: MFORGEN@AOL.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.

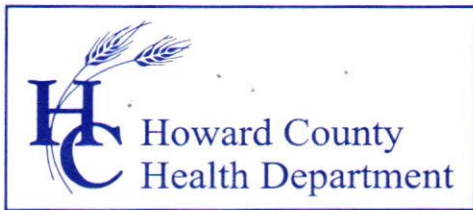
Received by AKH

REVISED PLOT PER DET
(SIGNED + SEALED)
CC: Dan
Heather

5/25/04

Sent BP + PLAN
TO BOB BANKS FOR

His Review. Will
Send letter after he
signs off on a review
Stephanie



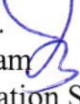
3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

May 24, 2004

MEMORANDUM

To: Covenant Baptist Church
6851 Oak Hall Lane, Suite 100
Columbia, MD 210145

From: John A. Boris, Jr., R.S. 
Well and Septic Program
Development Coordination Section

Re: BP# B00148247
4560 Centennial Lane

This office has recently received a copy of the above referenced building permit. However, we are unable to recommend approval at this time for the following reasons:

- A septic system design plan was not submitted with the plan. An adequate plan must be submitted prior to plan approval.
- Approval of the "warming kitchen" is dependent upon review from the Food Protection Program. Be advised that this will potentially impact the septic system design plan.
- No well location was shown on the plan. If a well is to be utilized, an MDE Groundwater Appropriations Permit must be secured prior to building permit sign off as well as all necessary paper work. If public water is to be utilized, this comment is void.
- Please identify if the correct parcel number is being utilized on the building permit application. There seems to be a conflict with the parcel that has been previously noted as the "Columbia Soccer Association".

Please allow an additional 10 working days after resubmitted for review before expecting additional comments. If you have any questions regarding the above corrections, please feel free to contact this agency at (410) 313-2640.

cc: Howard County Health Dept, Food Protection Program
Department of Inspections, Licenses, and Permits
File



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.: B17003118

Building Address: 4580 CENTENNIAL LN
 City: ELICOTT CITY State: MD Zip Code: 21045
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: 602303 Subdivision: COVERHART BAPTIST CHURCH
 Section: _____ Area: 62.97 Lot: P. B
 Tax Map: 30 Parcel: 1 Grid: 1
 Zoning: RC-DEO Map Coordinates: 444.K1 Lot Size: 62.97 ac.

Property Owner's Name: ROBERT S. BERG
 Address: 4580 CENTENNIAL LN
 City: ELICOTT CITY State: MD Zip Code: 21045
 Phone: 443-939-0656 Fax: _____
 Email: scott.berg@me.com

Existing Use: SINGLE-FAMILY RESIDENTIAL
 Proposed Use: ADDITION
 Estimated Construction Cost: \$ 500,000.00
 Description of Work: CONSTRUCTION OF AN ADDITION (LIDLOOR BASKETBALL COURT) & INTERIOR RECONSTRUCTION
 Occupant/Tenant Name: ROBERT S & LISA A. BERG
 Was tenant space previously occupied? Yes No
 Contact Name: ROBERT S. BERG
 Address: 4580 CENTENNIAL LANE
 City: ELICOTT CITY State: MD Zip Code: 21045
 Phone: 443-939-0656 Fax: _____
 Email: scott.berg@me.com

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: ROBERT S. BERG
 Address: 4580 CENTENNIAL LN
 City: ELICOTT CITY State: MD Zip Code: 21045
 Phone: 443-939-0656 Fax: _____
 Email: scott.berg@me.com

Contractor Company: MOLIOR CONSTRUCTION LLC
 Contact Person: GREG VOSEL
 Address: 10401 STEVENSON RD.
 City: STEVENSON State: MD Zip Code: 21153
 License No.: MHC 107180
 Phone: _____ Fax: _____
 Email: gvogel@moliorkonstruction.com

Engineer/Architect Company: VINCENT GREENE ARCH.
 Responsible Design Prof.: VINCENT GREENE ARCH.
 Address: 733 WEST 10TH ST., STE 250FS
 City: BALT. State: MD Zip Code: 21211
 Phone: 410-366-9982 Fax: _____
 Email: GREENEARCH@VERIZON.NET

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: <u>51'8"</u>	<u>37'4"</u>
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: _____	
	Footings: _____	
Roadside Tree Project Permit	Roof: _____	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> State Certified Modular	
Roadside Tree Project Permit # _____	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input 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 checked="" 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 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: Matthew A. Fargen
 Email Address: MFORGEN@AOL.COM
 Title/Company: MAF & ASSOC. LLC

Print Name: MATTHEW A. FARGEN OF MAF & ASSOCIATES, LLC
 Date: 8-17-17

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>G.T. Beard</u>

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

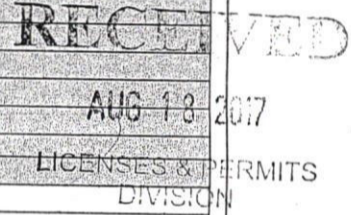
DPZ SETBACK INFORMATION

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	\$ <u>25.00</u>
Permit Fee	\$ _____
Tech Fee	\$ _____
Excise Tax	\$ _____
PSFS	\$ _____
Guaranty Fund	\$ _____
Add'l per Fee	\$ _____
Total Fees	\$ _____
Sub- Total Paid	\$ _____
Balance Due	\$ _____
Check #	<u>1816</u>

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





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.: B18000694

Building Address: 4580 Centennial Ln.
 City: _____ State: _____ Zip Code: _____
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ _____
 Description of Work: _____

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

Property Owner's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No. : _____
 Phone: _____ Fax: _____
 Email: _____

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

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input 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	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<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:	
> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input 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 type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input 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 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 _____ **Print Name** _____
Email Address _____ **Date** _____
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		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	3/1/18	<i>[Signature]</i>

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	\$
Check	#

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

GENERAL NOTES:

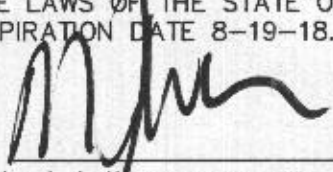
1. THIS SITE CONSISTS OF 62.970 ACRES.
2. TAX ACCOUNT NUMBER: 383861
3. EXISTING USE: SINGLE FAMILY DWELLING
4. PROPOSED USE: SINGLE FAMILY DWELLING ADDITION
5. PROPERTY ADDRESS: 4580 CENTENNIAL LANE
ELLICOTT CITY, MD. 21045
6. OWNER: ROBERT SCOTT BERG
LISA ANNETTE BERG
4580 CENTENNIAL LANE
ELLICOTT CITY, MD. 21045
PHONE: 443-939-0656
7. DEVELOPER: ROBERT SCOTT BERG
LISA ANNETTE BERG
4580 CENTENNIAL LANE
ELLICOTT CITY, MD. 21045
PHONE: 443-939-0656
8. BUILDER: MOLIOR CONSTRUCTION LLC, C/O GREG VOGLE
10401 STEVENSON ROAD
STEVENSON, MD. 21153
MHIC 107180, MHR 6476
PHONE: 410-804-5957
9. NO PROPERTY LINE SURVEY HAS BEEN MADE AT THIS TIME.
10. THE EXISTING UTILITIES HAVE NOT BEEN FIELD VARIFIED AT THE TIME. IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO OBTAIN THE LOCATION OF THE EXISTING UTILITIES PRIOR TO COMMENCEMENT OF ANY GRADING ACTIVITY.
10. ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.

TOPOGRAPHY NOTE:

THE TOPOGRAPHY SHOWN ON THIS PLAN WAS TAKEN FROM EXISTING APPROVED DRAWINGS ON FILE WITH THE HOWARD COUNTY BUREAU OF ENVIRONMENTAL HEALTH

PROFESSIONAL CERTIFICATION

PROFESSIONAL CERTIFICATION: I, MICHAEL J. WERNER, 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. 23380, EXPIRATION DATE 8-19-18.

Signature: 
 Name: Michael J. Werner MD P.E. License #23380 Date: 8/28/17
 Firm Name: M.A.F. & ASSOCIATES LLC
 Address: 526 HOODS MILL ROAD
 WOODBINE MD. 21797

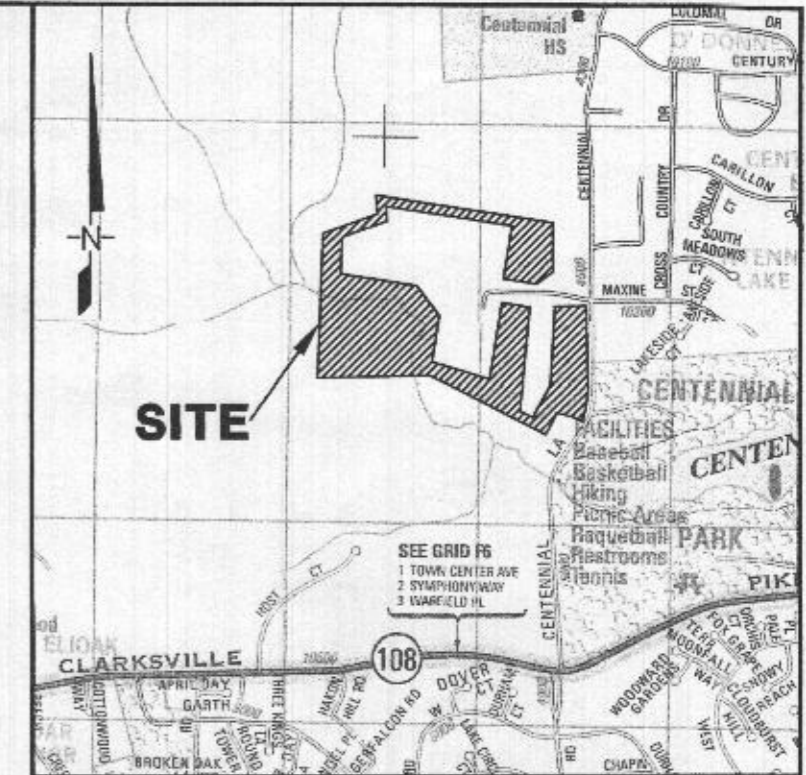


**M.A.F. &
ASSOCIATES, LLC**

526 HOODS MILL ROAD
WOODBINE MD. 21797
PHONE: 410-552-5541
FAX: 410-552-5546

INDEX OF SHEETS	
SHEET 1 OF 3	GENERAL NOTES, AND VICINITY MAP
SHEET 2 OF 3	LOCATION PLAN
SHEET 3 OF 3	PLAN VIEW

REVISED
 Date: 8/28/17
 Comments: B17003118
 SIGNED + SEALED
 PER DED



VICINITY MAP

SCALE: 1" = 2,000'
 ADC MAP: 15, GRID: E1
 Copyright ADC The Map People
 Permitted Use Number 20711191

**SHEET 1 of 3
 SITE PLAN
 BERG RESIDENCE
 AT 4580 CENTENNIAL LANE
 ELLICOTT CITY MD. 21042**

2ND DISTRICT
 SCALE: AS SHOWN
 TAX MAP 30

HOWARD COUNTY, MARYLAND
 DRAWN ON: AUGUST 14, 2017

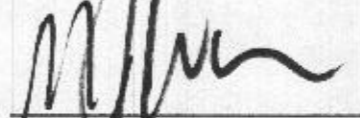
BLOCK 1
 PARCEL 001
 ZIPCODE: 21042

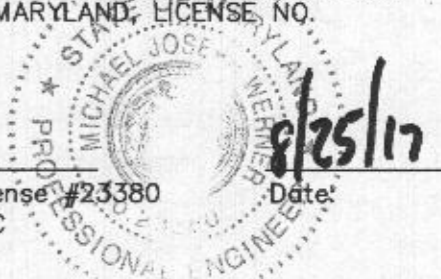


CENTENNIAL LANE

PROFESSIONAL CERTIFICATION

PROFESSIONAL CERTIFICATION: I, MICHAEL J. WERNER, 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. 23380, EXPIRATION DATE 8-19-18.

Signature: 
 Name: Michael J. Werner MD P.E. License #23380
 Firm Name: M.A.F. & ASSOCIATES LLC
 Address: 526 HOODS MILL ROAD
 WOODBINE MD. 21797
 Date: 8/25/17

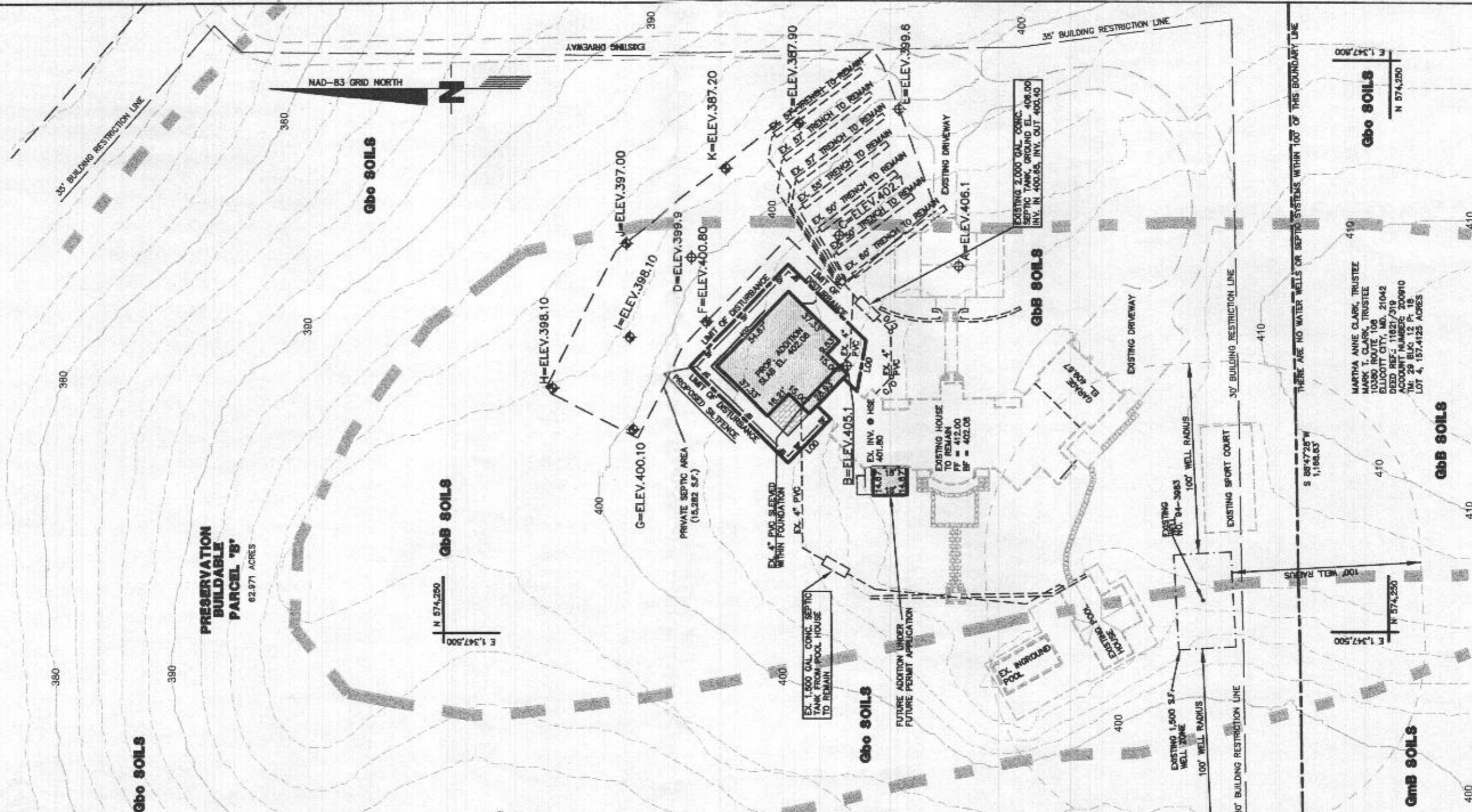


M.A.F. & ASSOCIATES, LLC
 526 HOODS MILL ROAD
 WOODBINE MD. 21797
 PHONE: 410-552-5541
 FAX: 410-552-5546

LOCATION PLAN VIEW
 SCALE: 1" = 300'

SHEET 2 of 3
SITE PLAN
BERG RESIDENCE
AT 4580 CENTENNIAL LANE
ELLICOTT CITY MD. 21042

2ND DISTRICT
 SCALE: AS SHOWN
 TAX MAP 30
 HOWARD COUNTY, MARYLAND
 DRAWN ON: AUGUST 14, 2017
 BLOCK 1
 PARCEL 001
 ZIPCODE: 21042



LIMIT OF DISTURBANCE NOTE:

THE TOTAL DISTURBANCE SHOWN ON THIS PLAN FOR THE PROPOSED ADDITION IS 4,900 SQUARE FEET.

TOPOGRAPHY NOTE:

THE TOPOGRAPHY SHOWN ON THIS PLAN WAS TAKEN FROM EXISTING APPROVED DRAWINGS ON FILE WITH THE HOWARD COUNTY BUREAU OF ENVIRONMENTAL HEALTH

**M.A.F. &
ASSOCIATES, LLC**

526 HOODS MILL ROAD
WOODBINE MD. 21797
PHONE: 410-552-5541
FAX: 410-552-5546

**PLAN VIEW
SCALE: 1" = 60'**

PROFESSIONAL CERTIFICATION

PROFESSIONAL CERTIFICATION: I, MICHAEL J. WERNER, 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. 23380, EXPIRATION DATE 8-19-18.

Signature: *[Signature]*
Name: Michael J. Werner MD P.E. License #23380
Firm Name: M.A.F. & ASSOCIATES LLC
Address: 526 HOODS MILL ROAD
WOODBINE MD. 21797

Date: 8/25/17



SHEET 3 of 3

**SITE PLAN
BERG RESIDENCE
AT 4580 CENTENNIAL LANE
ELLICOTT CITY MD. 21042**

2ND DISTRICT
SCALE: AS SHOWN
TAX MAP 30

HOWARD COUNTY, MARYLAND
DRAWN ON: AUGUST 14, 2017

BLOCK 1
ZIPCODE: 21042

PARCEL 001

Gbc SOILS

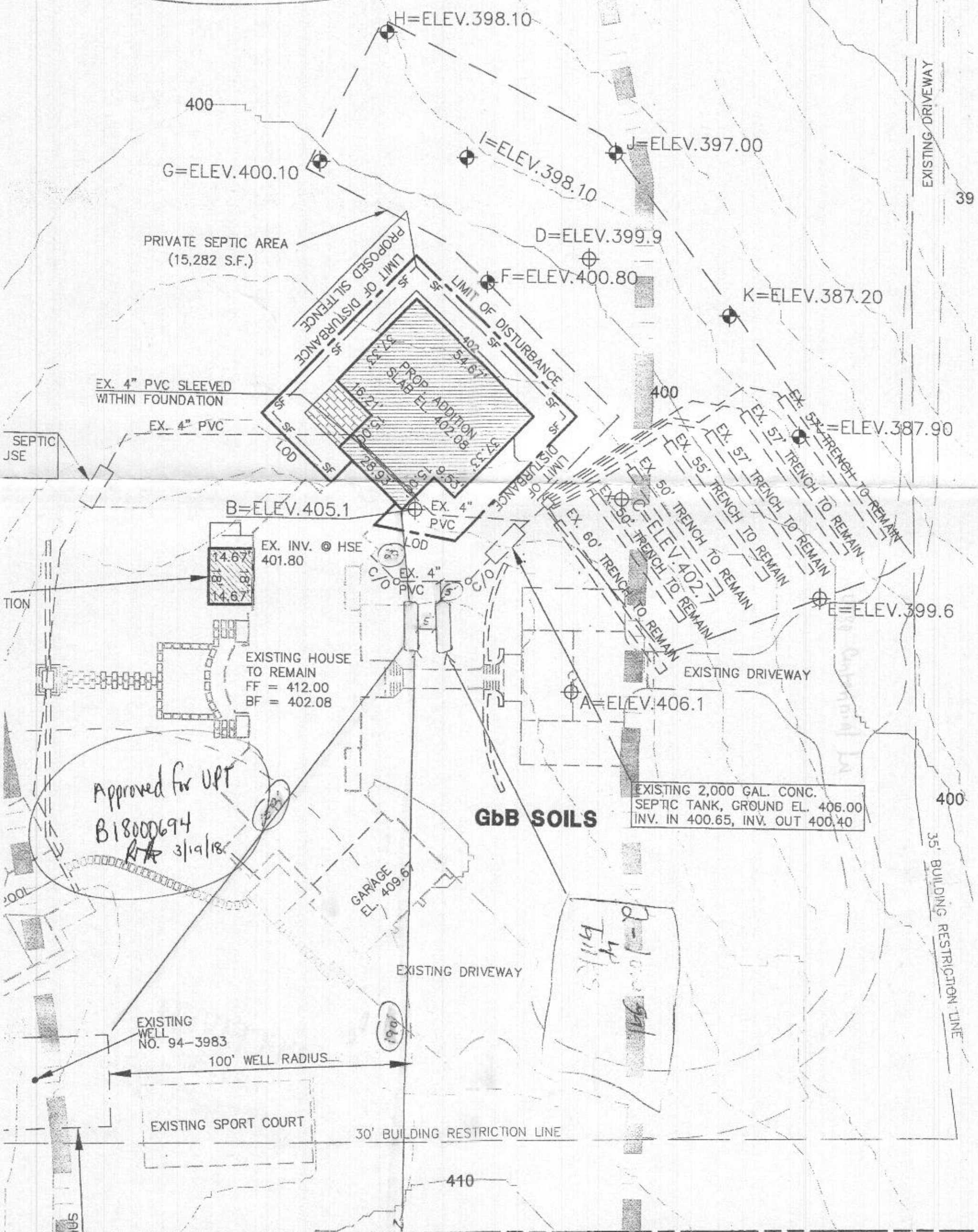
11D NORTH



N 574,250

Gbb SOILS

4580 Centennial Ln
scale 1"=30'



PRIVATE SEPTIC AREA
(15,282 S.F.)

EX. 4" PVC SLEEVED
WITHIN FOUNDATION

EX. 4" PVC

SEPTIC
JSE

B=ELEV.405.1

EX. INV. @ HSE
401.80

14.67
14.67

EXISTING HOUSE
TO REMAIN
FF = 412.00
BF = 402.08

Approved for UPT
B18000694
RTA 3/19/18

GARAGE
EL. 409.67

EXISTING DRIVEWAY

EXISTING
WELL
NO. 94-3983

100' WELL RADIUS

EXISTING SPORT COURT

30' BUILDING RESTRICTION LINE

410

Gbb SOILS

EXISTING 2,000 GAL. CONC.
SEPTIC TANK, GROUND EL. 406.00
INV. IN 400.65, INV. OUT 400.40

2-1000 gal.
by 1/18/18

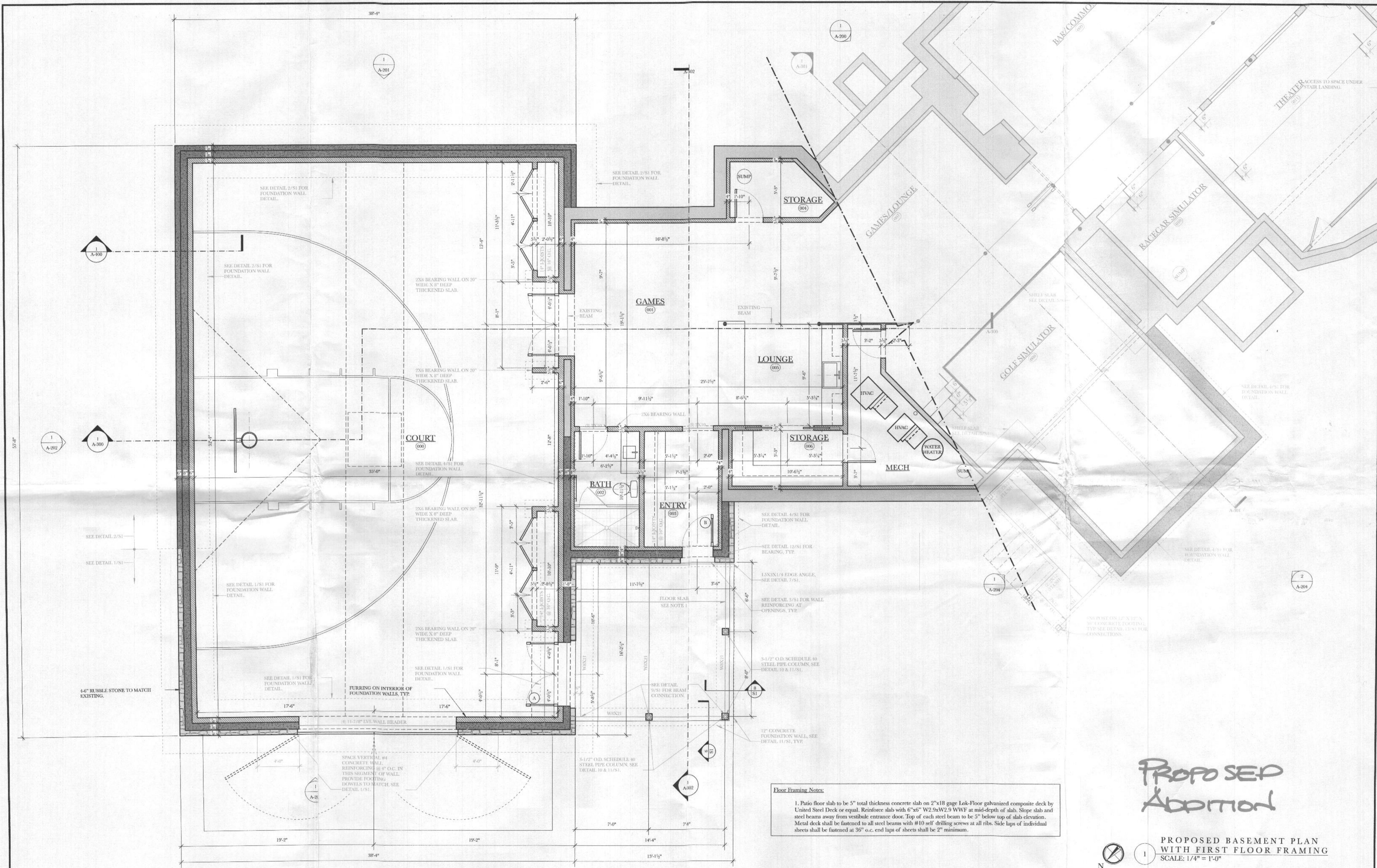
EXISTING DRIVEWAY

39

400

35' BUILDING RESTRICTION LINE

THERE ARE NO WATER WELLS OR SEPTIC SYSTEMS WITHIN 100' OF THIS BOUNDARY LINE



Floor Framing Notes:
 1. Patio floor slab to be 5" total thickness concrete slab on 2"x18 gage Lok-Floor galvanized composite deck by United Steel Deck or equal. Reinforce slab with 6"x6" W2.9xW2.9 WWF at mid-depth of slab. Slope slab and steel beams away from vestibule entrance door. Top of each steel beam to be 5" below top of slab elevation. Metal deck shall be fastened to all steel beams with #10 self-drilling screws at all ribs. Side laps of individual sheets shall be fastened at 36" o.c. end laps of sheets shall be 2" minimum.

PROPOSED Addition

PROPOSED BASEMENT PLAN WITH FIRST FLOOR FRAMING
 SCALE: 1/4" = 1'-0"

<p>PROJECT NAME: BERG RESIDENCE 4580 CENTENIAL LANE ELLICOTT CITY, MARYLAND 21042</p>	<p>DRAWING TITLE: PROPOSED BASEMENT PLAN WITH FIRST FLOOR FRAMING</p>	<p>DATE: © 2017 GREENARCH5EAL; CREATED: 08/09/2016 SCALE: 1/4" = 1'-0" REVISED: 01/05/2017</p>	<p>SHEET #: A-100 A</p>
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