

G-07000359

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3400 COURT HOUSE DRIVE  
ELICOTT CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER  
B09001300

Building Address 13556 Braccolina Way  
CLARKSVILLE MD 21029  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision Brighton Mill  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 4  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name NUR FAC  
Address 6055 Manahala dr S-132  
City ELBRIDGE State MD Zip Code 21075  
Phone \_\_\_\_\_ Phone 410 379-5956  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Jim Korman P.O. Box 556  
Windsor MD 21087  
Phone 410-309-7792 Fax 410-414-0550

Existing Use Vacant lot  
Proposed Use Single family house  
Estimated Construction Cost \$ 300,000  
Description of Work new 2 story "Mantecalla"  
with 3 car garage, Conservatory, masonry  
work and finished basement.

Contractor Company NV Homes  
Contact Person MAIT RENZI  
Address 6055 Manahala dr S-132  
City ELBRIDGE State MD Zip Code 21075  
License No. 56  
Phone 410 379 5956 Fax 410 379 2432

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: _____<br>Public <input type="checkbox"/> Private <input type="checkbox"/>   |
| No. of stories: _____  | Sewage Disposal: _____<br>Public <input type="checkbox"/> Private <input type="checkbox"/>  |
| Gross area, sq. ft. per floor: _____   | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Use group: _____   | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/>               |
| Construction type: _____<br>Reinforced Concrete <input type="checkbox"/><br>Structural Steel <input type="checkbox"/><br>Masonry <input type="checkbox"/><br>Wood Frame <input type="checkbox"/><br>State Certified Modular <input type="checkbox"/> | Sprinkler system: N/A <input type="checkbox"/><br>Full <input type="checkbox"/><br>Partial <input type="checkbox"/><br>Other Suppression <input type="checkbox"/><br># of Heads _____ |

| Building Characteristics  | Utilities  |
|---|--|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/><br>Depth _____ Width _____<br>1st floor: <u>55'</u> x <u>91'</u><br>2nd floor: <u>60'</u> x <u>66'</u><br>Basement: <u>35'</u> x <u>81'</u><br>Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/><br>Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/><br>No. of Bedrooms <u>4</u><br>Height: <u>10'</u><br>Multi-family dwellings: _____<br>No. of efficiency units: _____<br>No. of 1 BR units: _____<br>No. of 2 BR units: _____<br>No. of 3 BR units: _____<br>Other Structure: _____<br>Dimensions: _____<br>Footings: _____<br>Roof Height: _____<br>State Certified Modular <input type="checkbox"/><br>Manufactured Home <input type="checkbox"/> | Water Supply: _____<br>Public <input type="checkbox"/> Private <input checked="" type="checkbox"/><br>Sewage Disposal: _____<br>Public <input type="checkbox"/> Private <input checked="" type="checkbox"/><br>Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input checked="" type="checkbox"/><br>Propane Gas <input type="checkbox"/><br>Sprinkler system: N/A <input type="checkbox"/><br>NFPA #13D _____<br>NFPA #13R _____<br>Other: _____ |

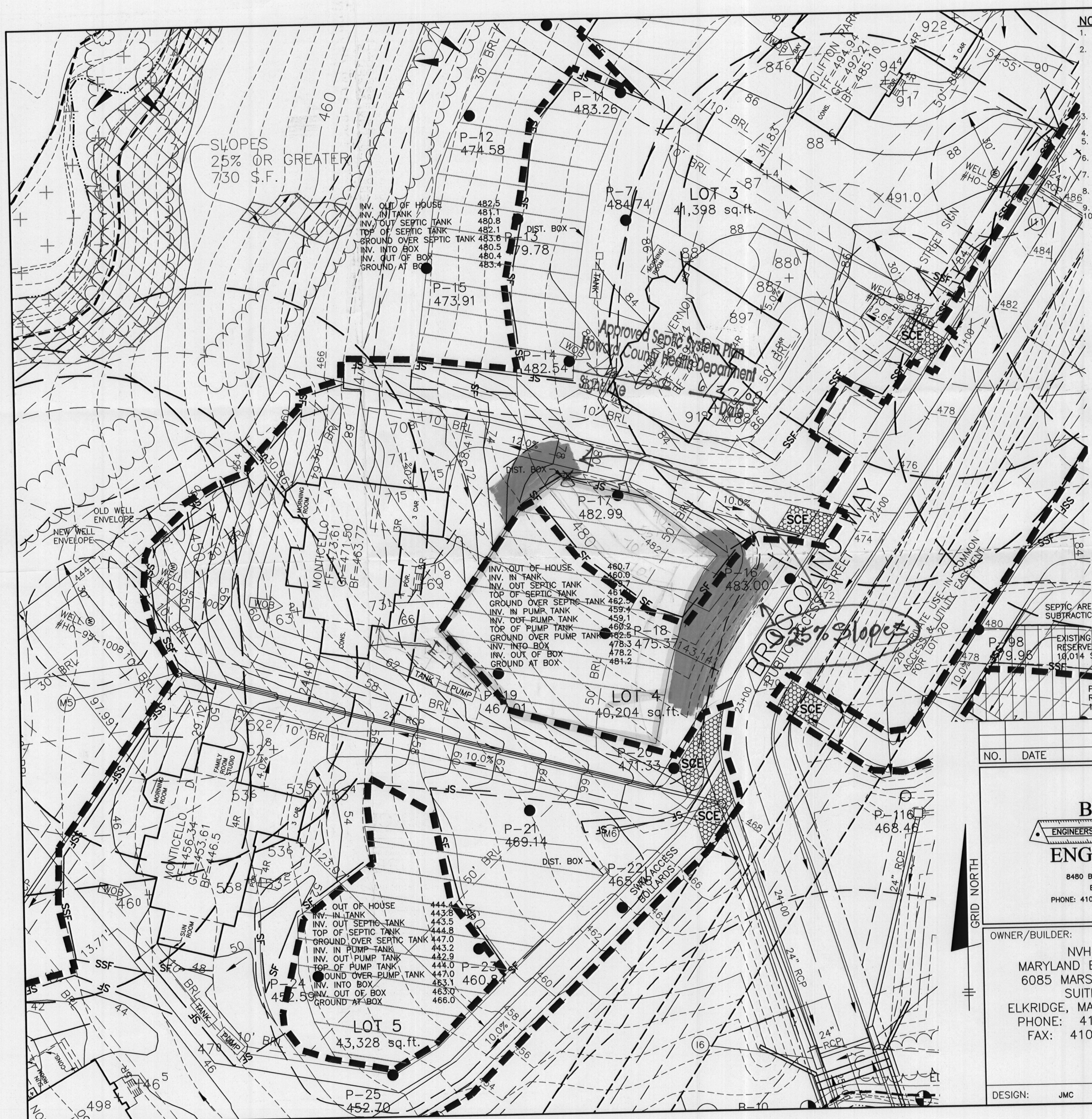
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

Jim Korman  
Applicant's Signature  
MAIT RENZI NV Homes  
Title/Company

JIM KORMAN  
Print Name  
5/19/08  
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>6/27/08</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 _____                      | Accepted by _____                       |
| T:\forms\PERMIT.FRM  |                |                    | SDP/Red-line approval date _____                         | Yellow: DED, DPZ Pink: Health Gold: SHA |



SLOPES  
25% OR GREATER  
730 S.F.

Approved Septic System Plan  
Howard County Health Department

**NOTES:**

1. THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR BRIGHTON MILL, PLAT No. 19462. REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS AND ALL EASEMENTS.
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. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN. RECORDATION OF A MODIFIED EASEMENT PLAT SHALL NOT BE NECESSARY.
3. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER GP-08-36 AND MODIFIED FOR THIS SPECIFIC HOUSE.
4. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS. EXACT LENGTH OF SEPTIC TRENCHES ARE TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF TRENCH LAYOUT AND INSPECTION.
5. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
6. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
7. ALL DRAINAGE AND STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS.
8. SEPTIC TANK FOR THIS LOT TO BE 2,000 GALLONS.
9. THE EXISTING WELL SHOWN ON THIS PLAN, HO-95-1007, HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.

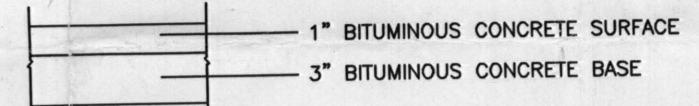
I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION, AND IS CORRECT, TO THE BEST OF KNOWLEDGE AND BELIEF.

*John M. Carney* 5/22/08

PLAN PREPARER  
JOHN M. CARNEY FOR BENCHMARK ENGINEERING, INC.

APPROVED:  
FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS  
HOWARD COUNTY HEALTH DEPARTMENT

*Richard J. Davis* 6/23/08  
COUNTY HEALTH OFFICER DATE



FULL DEPTH BITUMINOUS CONCRETE  
**PAVING SECTION**  
NOT TO SCALE

| NO.  | DATE           | REVISION   |
|--|----------------|--|
| <p><b>BENCHMARK</b><br/>ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS<br/><b>ENGINEERING, INC.</b></p> <p>8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418<br/>ELLCOTT CITY, MARYLAND 21043<br/>PHONE: 410-465-6105 ▲ FAX: 410-465-6644<br/>EMAIL: benchmark@ccais.com</p> |                |  |
| OWNER/BUILDER:   |                | PROJECT:   |
| <p>NVHOMES<br/>MARYLAND EAST DIVISION<br/>6085 MARSHALEE DRIVE<br/>SUITE 130<br/>ELKRIDGE, MARYLAND 21075<br/>PHONE: 410-379-5956<br/>FAX: 410-379-5956</p>  |                | <p><b>BRIGHTON MILL<br/>LOT 4</b></p>  |
| LOCATION:  |                | <p>13556 BROCCOLINO WAY<br/>CLARKSVILLE, MD 21029<br/>TAX MAP No. 34 - BLOCK No. 2 - PARCEL No. 2<br/>5th ELECTION DISTRICT, HOWARD COUNTY, MARYLAND</p> |
| TITLE:   |                | <p>PERMIT PLAN AND REVISED<br/>PERCOLATION CERTIFICATION PLAN</p>  |
| HOUSE TYPE:  |                | <p><b>MONTICELLO - A</b></p>   |
| DATE:  | APRIL 29, 2008 | PROJECT NO. 2061   |
| DESIGN:  | JMC            | DRAWING 1 OF 1   |
| DRAFT:   | JMC            | SCALE: 1" = 30'  |