

Building Address 13570 Broccolina Way
Clarksville, MD 21029

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 6

Tax Map 34 Parcel 2 Grid 2

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name NVR

Address 6085 Marshalee Drive

City Elkridge State MD Zip Code 21075

Phone 410-379-5956 Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD w/ deck

Estimated Construction Cost \$ 42,823

Description of Work Construct approx. 14x35 deck w/ steps to grade and 12x12 Gazebo

Contractor Company Probuilt Construction, Inc

Contact Person Edward Pacylowski

Address 13330 Clarksville Pike

City Highland State MD Zip Code 20773

License No. 202247

Phone 201-874-0881 Fax 201-854-9632

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 type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Basement: _____
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>
Construction type: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Other Structure: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Reinforced Concrete	Sprinkler system: N/A <input type="checkbox"/>	Dimensions: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Structural Steel	_____ Full	Footings: <u>Post + Piers</u>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
_____ Masonry	_____ Partial	Roof Height: _____	Sprinkler system: N/A <input type="checkbox"/>
_____ Wood Frame	_____ Other Suppression	_____ State Certified Modular	_____ NFPA #13D
_____ State Certified Modular	_____ # of Heads	_____ Manufactured Home	_____ NFPA #13R

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 HERETO; (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.

Applicant's Signature [Signature] Print Name Edward Pacylowski

Title/Company President Date 10/14/08

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>10/15/08</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 -			Lot Coverage for NewTown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				



SLOPES 25%
 445.6 OR GREATER
 8.811 S.F.
 WALKTHRU BUILDING PERMIT
 BP# *511403*
 APP/SAN HS
 DATE *10/13/08*
 DEED ON WORK *141 x 351*
check w/ steps to garage
to 12x2' garage

BENCHMARK
 ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.
 3480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043
 PHONE: 410-465-6105 FAX: 410-465-6644
 brighton.mill\dwg\8091.dwg, Lot, 8/13/2008 10:01:03 AM,

BRIGHTON MILL
 LOT 6
 FIFTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 8/13/08

G O 7000 - 9

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2155 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B08-1755

Building Address 13570 Beccolina Way
Clarksville MD 21029
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Brighton Mill
Section _____ Area _____ Lot 6
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name NVR Inc
Address 6085 Marshalee Dr S-130
City Elkridge State MD Zip Code 21075
Phone 410-379-5956 Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Jim Kerwin PO Box 552
Woodbine MD 21797
Phone _____ Fax _____
410-309-7792 410-489-0550

Existing Use Vacant lot
Proposed Use Single family house
Estimated Construction Cost \$ 306,000
Description of Work New 2 Story "Monticello"
with 3 car garage, morning room,
finished basement.

Contractor Company NV Homes
Contact Person Matt Atwell
Address 6085 Marshalee Dr S-130
City Elkridge State MD Zip Code 21075
License No. 56
Phone 410-379-5956 Fax 410-377-2430

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
Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
Water Supply: _____
 Public
 Private
Sewage Disposal: _____
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads _____

Building Characteristics
SF Dwelling SF Townhouse
Depth Width
1st floor: 74 x 66
2nd floor: 60 x 66
Basement: 64 x 66
Finished Basement Unfinished Basement
 Crawl space Slab on Grade
No. of Bedrooms 4
Height: 30'
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
 Manufactured Home

Utilities
Water Supply: _____
 Public
 Private
Sewage Disposal: _____
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 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.

Jim Kerwin
Applicant's Signature
agent NV Homes
Title/Company

Jim Kerwin
Print Name
6/13/08
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>6/24/08</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"/>		
Distribution of Copies - White: Building Official Green: LDD, DPZ		
T:\Forms\PERMIT.FRM		

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 # <u>2008113</u>
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	
Yellow: DED, DPZ	Pink: Health
Gold: SHA	

SLOPES 25%
445.6 X OR GREATER
8,811 S.F.

Approved Septic System Plan
Howard County Health Department

Signature

Date

NOTES:

1. THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR BRIGHTON MILL, PLAT No. 19463. REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS AND ALL EASEMENTS.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ. FT. 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.
5. EXACT LENGTH OF SEPTIC TRENCHES ARE TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF TRENCH LAYOUT AND INSPECTION.
6. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
7. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
8. ALL DRAINAGE AND STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS.
9. SEPTIC TANK FOR THIS LOT TO BE 2,000 GALLONS.
10. THE EXISTING WELL SHOWN ON THIS PLAN, HO-95-1009, HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.

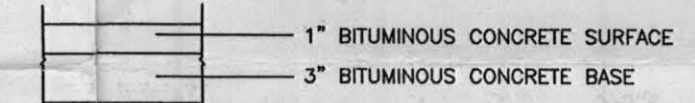
I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION, AND IS CORRECT, TO THE BEST OF KNOWLEDGE AND BELIEF.

John M. Carney 6/9/08
PLAN PREPARER
JOHN M. CARNEY FOR BENCHMARK ENGINEERING, INC.

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

COUNTY HEALTH OFFICER

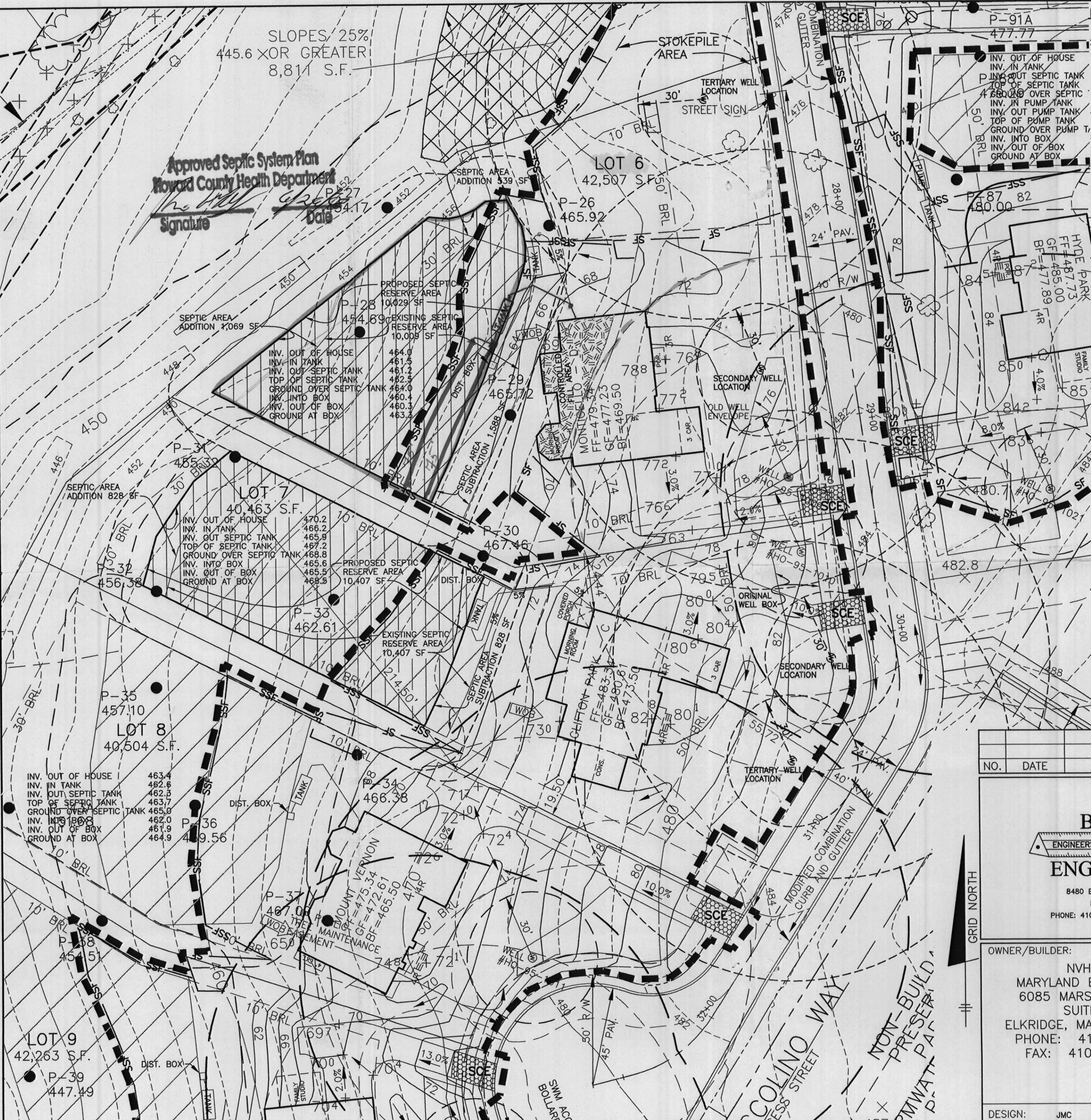
DATE

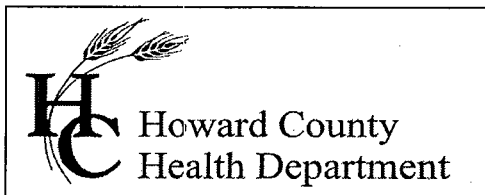


FULL DEPTH BITUMINOUS CONCRETE

PAVING SECTION
NOT TO SCALE

NO.	DATE	REVISION
BENCHMARK ENGINEERING, INC. ENGINEERS ▲ LAND SURVYORS ▲ PLANNERS 8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418 ELLICOTT CITY, MARYLAND 21043 PHONE: 410-465-6105 ▲ FAX: 410-465-6644 EMAIL: benchmr@cals.com		
OWNER/BUILDER:		PROJECT:
NVHOMES MARYLAND EAST DIVISION 6085 MARSHALEE DRIVE SUITE 130 ELKBRIDGE, MARYLAND 2075 PHONE: 410-379-556 FAX: 410-379-595		BRIGHTON MILL LOT 6
LOCATION:		13570 BROCCOLINO WAY CLARKSVILLE, MD 21029 TAX MAP No. 34 - BLOCK No. 2 - PARCEL No. 2 5th ELECTION DISTRICT, HOWARD COUNTY, MARYLAND
TITLE:		REVISED PERCOLATION CERTIFICATION PLAN AND PERMIT PLAN
HOUSE TYPE:		MONTICELLO - D
DATE:	JUNE 9, 2008	PROJECT NO. 2061
DESIGN:	JMC	DRAWING 1 OF 1
DRAFT:	JMC	





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

Peter L. Beilenson, M.D., M.P.H., Health Officer

September 23, 2008

Ryan Johnson
NV Homes
6085 Marshalee Drive
Suite 130
Elkridge, MD 21075

RE: **Variance Approval**
Brighton Mill, lot 6

Dear Sir,

The Department of Health has received your variance request faxed on September 12, 2008 to allow a Sewage Disposal Area to be located five (5) feet from the property line. This agency grants **approval** of the variance. Any deviation from this plan will require review by this Department. The property line along the sewage disposal area must be professionally staked prior to the trench installation.

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.
Assistant Director
Bureau of Environmental Health

cc: File



To: Howard County
Health Department
Well and Septic Program

Attn: Sara Sappington, R.S.

From: Ryan K. Johnson
NV Homes
6085 Marshalee Dr Suite 130
Elkridge, MD 21075

Dear Sara,

Per your request, I am providing this letter referencing 13570 Broccolino Way: Building Permit # B08001755. NVHomes is requesting to adjust the septic easement 5' from the Southwest property line. Please accept this letter as a formal request for a variance from the required set back of 10'.

If you have any question or concerns, please feel free to contact me. Thank you for your time and consideration regarding this issue.

Sincerely,

A handwritten signature in black ink, appearing to read "Ryan K. Johnson", written over a white background.

Ryan Johnson
NV Homes
Production Manager
Office: 410 379-5956
Cell: 443 309-5572

6085 Marshalee Drive • Suite 130 • Elkridge, MD 21075 • (410) 379-5956 • FAX (410) 379-2430