

**HOWARD COUNTY
 PERMIT APPLICATION**

601560357
PERMIT NUMBER
 B09001706

Building Address 13583 Briceville Way
Landover MD 21029

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

Census Tract _____ **Subdivision** Briceville Mill

Section _____ **Area** _____ **Lot** 15

Tax Map _____ **Parcel** _____ **Grid** _____

Zoning _____ **Map Coordinates** _____ **Lot Size** _____

Property Owner's Name NIR Inc
Address 6855 Murphree Rd
City Elkridge **State** MD **Zip Code** 21075
Home Phone _____ **Work Phone** 410 379 5450
Applicant's Name & Mailing Address, (if other than stated herein):
Jim Keenan
P.O. Box 552
Woodbine MD 21797
Phone _____ **Fax** _____
443 309 7792 410 479 0550

Existing Use Manufacturing
Proposed Use Auto Wash
Estimated Construction Cost \$ 300,000

Description of Work New 2 story building with 2 bay garage
with 2 bay garage 4' high
main area 4' high
metal roof

Occupant or Tenant _____

Contact Name _____
Address _____
City _____ **State** _____ **Zip Code** _____
Phone _____ **Fax** _____

Contractor Company NIR Inc
Contact Person MATT
Address 6855 Murphree Rd
City Elkridge **State** MD **Zip Code** 21075
License No. 56
Phone 410 379 5450 **Fax** 410 379 2130

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

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1 st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2 nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl-space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms <u>4</u>	Propane Gas <input checked="" type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: N/A <input checked="" type="checkbox"/>
No. of efficiency units: _____	<input type="checkbox"/> NFPA #13D
No. of 1 BR units: _____	<input type="checkbox"/> NFPA #13R
No. of 2 BR units: _____	<input type="checkbox"/> Other: _____
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
<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 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 Keenan
Applicant's Signature
Director Nir Inc
Title/Company

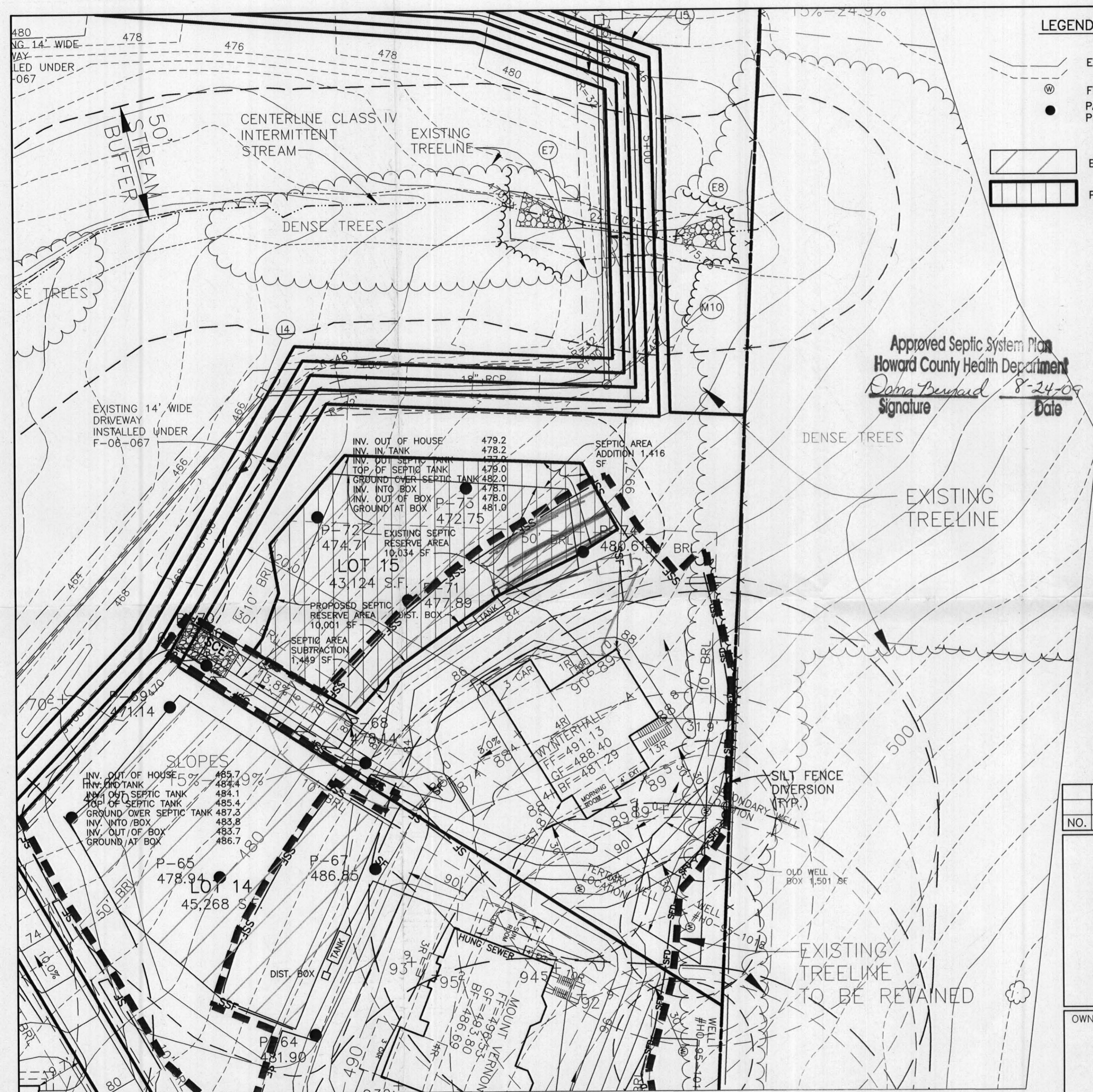
Jim Keenan
Print Name
2/9/09
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 PLEASE WRITE NEATLY AND LEGIBLY

FOR OFFICE USE ONLY

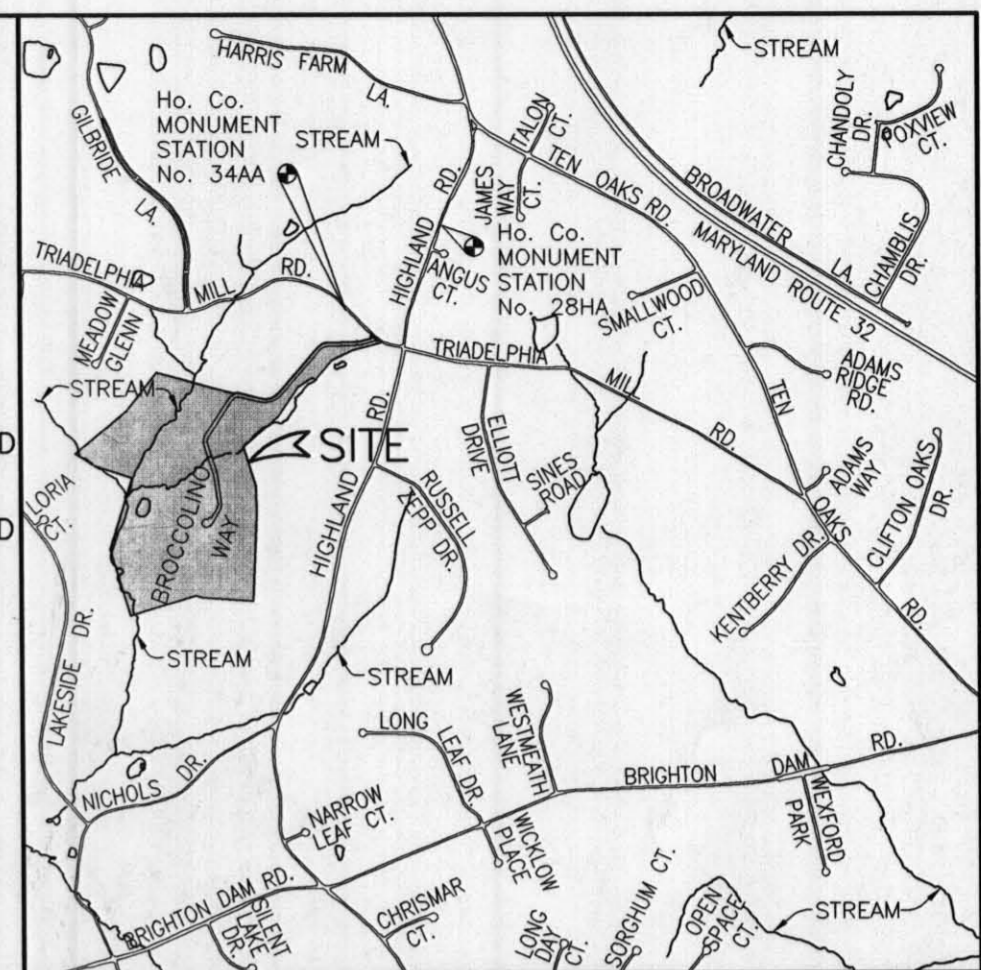
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Officials			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St.: _____	Add'l per fee \$ _____
Health <u>8-24-09</u> <u>Dona Brunel</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?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
			Is Entrance Permit Required?	Check # <u>57-15</u>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
			Historic District?	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone	
			SDP/Red-line approval date _____	Accepted by _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:



LEGEND

- EXISTING CONTOURS
- FIELD SURVEYED WELL LOCATION
- PASSED PERCOLATION TEST PER TEST RESULTS
- EXISTING APPROVED SEPTIC FIELD
- PROPOSED REVISED SEPTIC FIELD



VICINITY MAP
SCALE: 1" = 2000'

Approved Septic System Plan
Howard County Health Department
Dona Beard Signature 8-24-09 Date

NOTES:

1. THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR BRIGHTON MILL, PLAT No. 19464. 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 AND ARE MODIFIED FOR THIS SPECIFIC HOUSE.
4. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS.
5. EXACT LENGTH OF SEPTIC TRENCHES ARE 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-95-1018, HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.
11. THERE ARE NO EXISTING WELLS OR SEPTIC SYSTEMS WITHIN 100' OF THIS PROJECT'S BOUNDARY EXCEPT AS NOTED.
12. THE PURPOSE FOR THIS PERCOLATION CERTIFICATION PLAN IS TO REVISE THE WELL BOX AND SEPTIC AREA TO FIT THIS PARTICULAR HOUSE AND GRADING.
13. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
14. STORMWATER MANAGEMENT FOR THIS LOT IS PROVIDED IN FACILITY #2, MICROPOOL-ED, AS SHOWN ON THE FINAL ROAD CONSTRUCTION PLANS, F-06-67.



APPROVED:
FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT
Brian for Peter Beileman 8/19/2009
COUNTY HEALTH OFFICER DATE

NO.	DATE	REVISION

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
EMAIL: benchmrk@ccois.com

OWNER/BUILDER: NVHOMES MARYLAND EAST DIVISION 6085 MARSHALEE DRIVE SUITE 130 ELKBRIDGE, MARYLAND 21075 PHONE: 410-379-5956 FAX: 410-379-5956		PROJECT: BRIGHTON MILL LOT 15	
LOCATION: 13583 BROCCOLINO WAY CLARKSVILLE, MD 21029 TAX MAP No. 34 - BLOCK No. 9999 - PARCEL No. 2 4th ELECTION DISTRICT, HOWARD COUNTY, MARYLAND		TITLE: REVISED PERCOLATION CERTIFICATION PLAN	
HOUSE TYPE: WYNTERHALL ELEVATION "A"		DATE: JULY, 2009 AUGUST 12, 2009	PROJECT NO. 2061
DESIGN: JMC	DRAFT: JMC	SCALE: 1" = 30'	DRAWING 1 OF 1

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