

Building Address 14319 F...
Suite/Apt. #: SDP/WP/Petition #:
Census Tract Subdivision
Section Area Lot
Tax Map Parcel Grid 17
Zoning Map Coordinates Lot size 1200

Property Owner's Name
Address
City State Zip Code
Home Phone Work Phone
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone Fax

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

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

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 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 DESCRIPTION - RESIDENTIAL

Building Characteristics

SF Dwelling SF Townhouse
Depth Width
1st floor:
2nd floor:
Basement:
Finished Basement Unfinished Basement
Crawl space Slab on Grade
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:
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.

Applicant's Signature
Title/Company
Print Name
Date

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

AGENCY DATE SIGNATURE APPROVAL

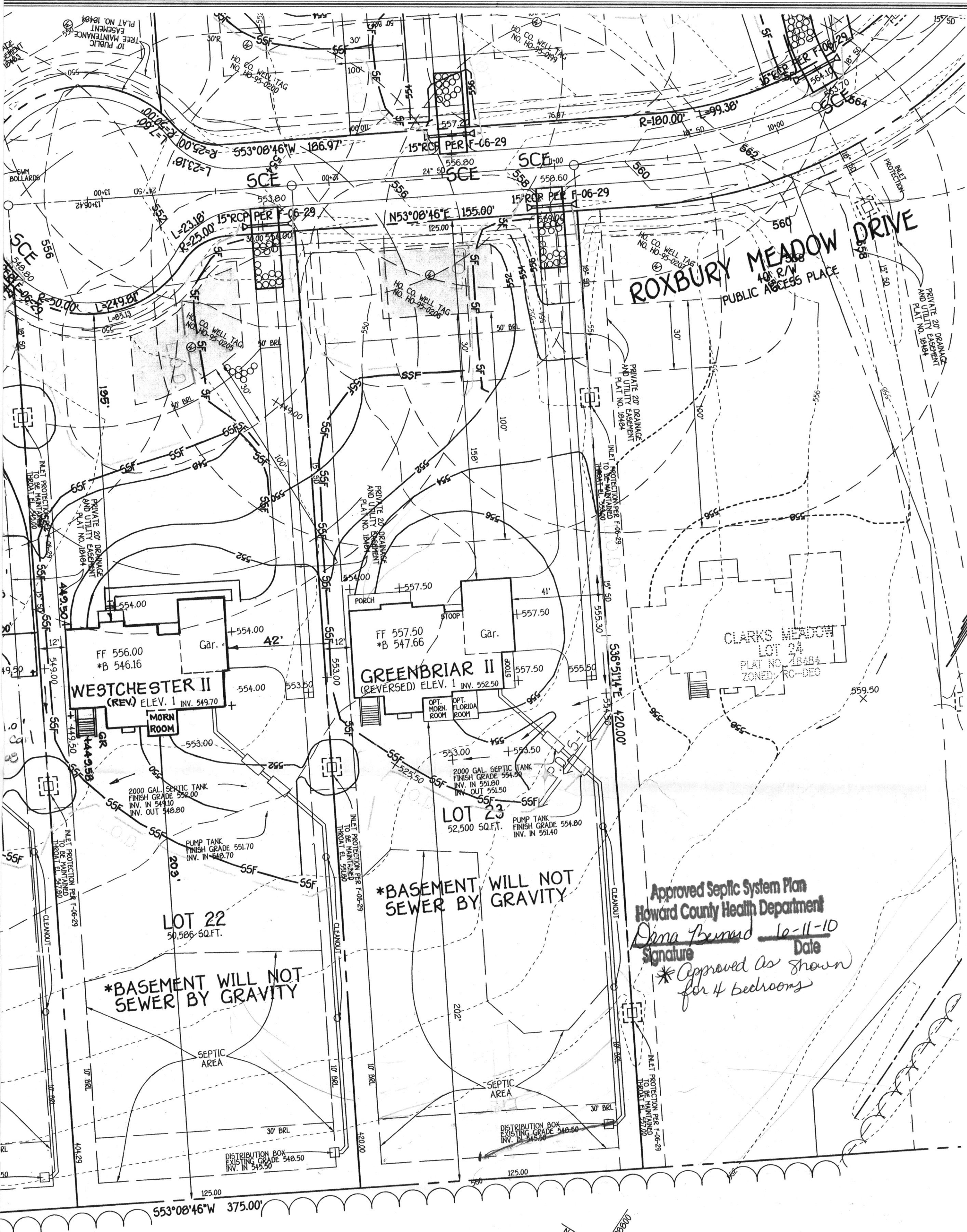
Land Development, DPZ
State Highways
Building Official
Dev. Engineering, DPZ
Health 9-13-10 DBernard
Fire Protection
Is Sediment Control approval required prior to issuance?
YES NO
CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:
Distribution of Copies- White: Building Official Green: LDD, DPZ
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DPZ SETBACK INFORMATION

Front: Filing fee \$
Rear: Permit fee \$
Side: Excise tax \$
Side St.: Add'l per. fee \$
All minimum setbacks met? TOTAL FEES \$
YES NO Sub-total paid \$
Is Entrance Permit required? Balance due \$
YES NO Check #
Historic District? Validation #
YES NO
Lot Coverage for NewTown Zone
SDP/Red-line approval date Accepted by

PROPERTY ID#

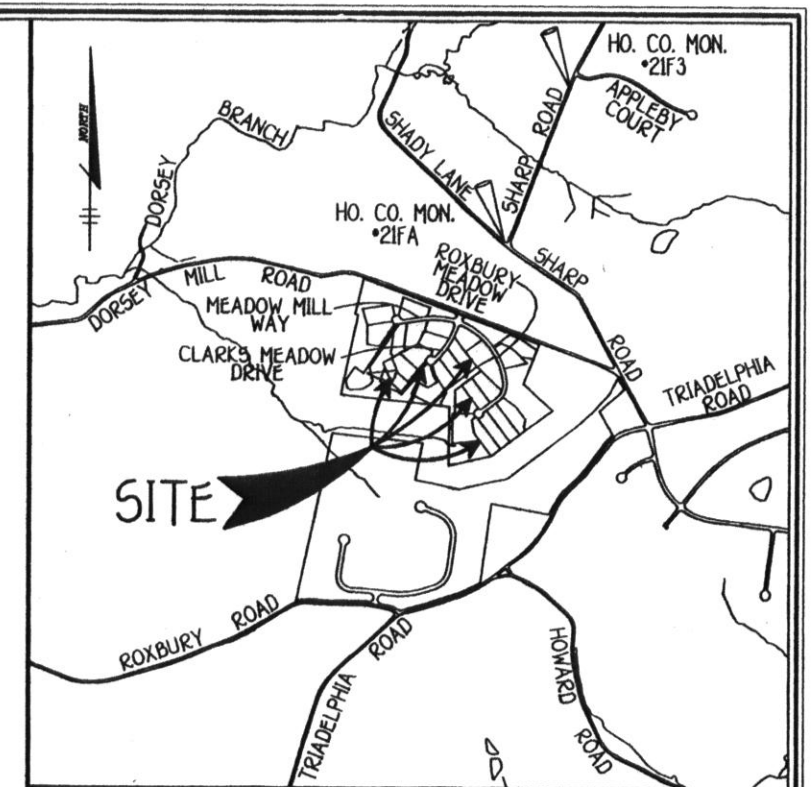
Rev. 11/4/04



BENCH MARKS

HO. CO. MON. 21FA
N582028.730 E1308457.870 ELEV. 528.916
CONCRETE MONUMENT SET
3.5' FROM NORTHERN EDGE
OF PAVING OF SHADY LANE
49.5' FROM CL. OF SHARP ROAD
AND 66.0' FROM CAP POLE #7.

HO. CO. MON. 21F3
N58341186 E1309075.570 ELEV. 538.385
5.5' FROM EASTERN EDGE
OF PAVING OF SHARP ROAD
APPROX. 0.3 MILES NORTH
OF SHADY LANE, 32' FROM
CAP POLE #14 (GAE POLE #49987).



VICINITY MAP

SCALE: 1" = 2000'

GENERAL NOTES

- SUBJECT PROPERTY ZONED: RC-DEO
- SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT REVIEW.
- LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
- CONTRACTOR/BUILDER TO VERIFY ELEVATION IN THE FIELD BEFORE BEGINNING ANY CONSTRUCTION.
- FIELD RUN TOPOGRAPHIC SURVEY WAS PREPARED BY, AIR SURVEY, INC. IN MARCH, 2001.
- NO WETLANDS CURRENTLY EXIST ON THE PROPERTY.
- DRIVEWAY CULVERTS SHALL BE CONSTRUCTED AT SITE DEVELOPMENT PLAN STAGE IN ACCORDANCE WITH APPROVED CULVERT SIZE SHOWN ON F-06-029.
- STORMWATER MANAGEMENT IS PROVIDED UNDER F-06-029.
- PLAT REFERENCE NO. 18482-18484.
- THE EXISTING WELLS SHOWN ON THIS PLAN HO-25-0204, HO-25-0205 AND HO-25-0206, HAVE BEEN LOCATED BY FISHER COLLINS & CARTER, INC. PROFESSIONAL LAND SURVEYORS AND ARE ACCURATELY SHOWN.

*BASEMENT WILL NOT
SEWER BY GRAVITY

Approved Septic System Plan
Howard County Health Department

Dana Brown 10-11-10
Signature Date
*Approved as shown
for 4 bedrooms

DEVELOPER'S CERTIFICATE

ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE
IN ACCORDANCE WITH THE PLAN AND THAT ANY RESPONSIBLE PERSONNEL INVOLVED
IN THE PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE
FROM THE ENVIRONMENT APPROVED TRAINING PROGRAM FOR
EROSION AND SEDIMENT CONTROL BEFORE BEGINNING THE PROJECT.
PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL
CONSERVATION DISTRICT.

Carla Cruzman
CARL CRUZMAN

3.12.08
DATE

ENGINEER'S CERTIFICATE

I HEREBY CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL
REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL
KNOWLEDGE OF THE SITE CONDITION AND THAT IT WAS PREPARED IN
ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION
DISTRICT.

Earl Collins

3.12.08
DATE

PROFESSIONAL CERTIFICATION

I HEREBY CERTIFY THAT THIS DOCUMENT WAS PREPARED OR APPROVED
BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER
THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 9753, EXPIRATION

Earl Collins

3.12.08
DATE



SITE DEVELOPMENT, SEDIMENT AND EROSION CONTROL PLAN CLARKS MEADOW

LOT 5,8,10,16,18,19 & 21 THRU 23
ZONED: RC-DEO PLAT NO.: 18483

TAX MAP NO.: 21 GRID NO.: 17 PARCEL NO.: 227
4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1" = 30' DATE: JANUARY, 2008
SHEET 1 OF 4

GP-08-061

| DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 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 B10001036 | |
|--|--|-------------------------------------|--|----------------------------|--|
| Building Address <u>14314 Parkway 21730</u> | | | Property Owner's Name <u>Georgie Home Inc.</u> | | |
| Suite/Apt. #: <u>---</u> SDP/WP/Petition #: <u>02-10-001</u> | | | Address <u>5034 Army Hall Dr. Suite 102</u> | | |
| Census Tract <u>815601</u> Subdivision <u>Clark Meadows</u> | | | City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u> | | |
| Section <u>1</u> Area <u>---</u> Lot <u>23</u> | | | Home Phone <u>410 764 1181</u> Work Phone <u>---</u> | | |
| Tax Map <u>---</u> Parcel <u>---</u> Grid <u>21-17</u> | | | Applicant's Name & Mailing Address, (if other than stated herein): | | |
| Zoning <u>---</u> Map Coordinates <u>---</u> Lot size <u>20 x 20 ft</u> | | | Phone <u>---</u> Fax <u>---</u> | | |
| Existing Use <u>Commercial</u> | | | Contractor Company <u>Georgie Home Inc.</u> | | |
| Proposed Use <u>---</u> | | | Contact Person <u>Carl Czernoman</u> | | |
| Estimated Construction Cost \$ <u>---</u> | | | Address <u>5034 Army Hall Dr. Suite 102</u> | | |
| Description of Work <u>Custom 2 story home</u> | | | City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u> | | |
| <u>1st floor 11x15 2nd floor 11x15</u> | | | License No. <u>3271</u> | | |
| <u>4.5x15 1st floor 2 BR 2nd floor 2 BR</u> | | | Phone <u>410 764 1181</u> Fax <u>410 764 0585</u> | | |
| Occupant or Tenant <u>---</u> | | | Engineer or Architect Company <u>John Taylor</u> | | |
| Contact Name <u>---</u> | | | Contact Person <u>John Taylor Assoc.</u> | | |
| Address <u>---</u> | | | Address <u>5034 Army Hall Dr. Suite 102</u> | | |
| City <u>---</u> State <u>---</u> Zip Code <u>---</u> | | | City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u> | | |
| Phone <u>---</u> Fax <u>---</u> | | | Phone <u>410 764 1181</u> Fax <u>410 947 7124</u> | | |

| BUILDING DESCRIPTION - <u>COMMERCIAL</u> | | BUILDING DESCRIPTION - <u>RESIDENTIAL</u> | |
|---|---|--|---|
| Building Characteristics | Utilities | Building Characteristics | Utilities |
| Height: <u>---</u> | Water Supply: <u>---</u> | SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> | Water Supply: <u>---</u> |
| No. of stories: <u>---</u> | <u>---</u> Public <u>---</u> Private | Depth <u>50'</u> Width <u>74'</u> | <u>---</u> Public <u>---</u> Private |
| Gross area, sq. ft. per floor: <u>---</u> | Sewage Disposal: <u>---</u> | 1st floor: <u>---</u> | Sewage Disposal: <u>---</u> |
| Use group: <u>---</u> | <u>---</u> Public <u>---</u> Private | 2nd floor: <u>---</u> | <u>---</u> Public <u>---</u> Private |
| Construction type: <u>---</u> | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> | Basement: <u>---</u> | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <u>---</u> Reinforced Concrete | Gas Yes <input type="checkbox"/> No <input type="checkbox"/> | Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> | Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <u>---</u> Structural Steel | Heating System: <u>---</u> | Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> | Heating System: <u>---</u> |
| <u>---</u> Masonry | Electric <input type="checkbox"/> Oil <input type="checkbox"/> | No. of Bedrooms <u>4</u> | Electric <input type="checkbox"/> Oil <input type="checkbox"/> |
| <u>---</u> Wood Frame | Natural Gas <input type="checkbox"/> | Height: <u>---</u> | Natural Gas <input type="checkbox"/> |
| <u>---</u> State Certified Modular | Propane Gas <input type="checkbox"/> | Multi-family dwellings: | Propane Gas <input type="checkbox"/> |
| | Sprinkler system: <u>N/A</u> <input type="checkbox"/> | No. of efficiency units: <u>---</u> | Heating System: <u>---</u> |
| | <u>---</u> Full | No. of 1 BR units: <u>---</u> | Electric <input type="checkbox"/> Oil <input type="checkbox"/> |
| | <u>---</u> Partial | No. of 2 BR units: <u>---</u> | Natural Gas <input type="checkbox"/> |
| | <u>---</u> Other Suppression | No. of 3 BR units: <u>---</u> | Propane Gas <input type="checkbox"/> |
| | <u>---</u> # of Heads | Other Structure: <u>---</u> | Sprinkler system: <u>N/A</u> <input type="checkbox"/> |
| | | Dimensions: <u>---</u> | <u>---</u> NFPA #13D |
| | | Footings: <u>---</u> | <u>---</u> NFPA #13R |
| | | Roof Height: <u>---</u> | <u>---</u> Other: |
| | | <u>---</u> State Certified Modular | |
| | | <u>---</u> Manufactured Home | |

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Applicant's Signature Carl Czernoman Print Name Carl Czernoman
Title/Company Manager/Physical Therapy Date 3/12/2010

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>---</u> | Filing fee \$ <u>---</u> |
| State Highways | | | Rear: <u>---</u> | Permit fee \$ <u>---</u> |
| Building Official | | | Side: <u>---</u> | Excise tax \$ <u>---</u> |
| Dev. Engineering, DPZ | | | Side St.: <u>---</u> | Add'l per. fee \$ <u>---</u> |
| Health <u>6-11-10</u> | | <u>ABernard</u> | All minimum setbacks met? | TOTAL FEES \$ <u>---</u> |
| Fire Protection | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ <u>---</u> |
| Is Sediment Control approval required prior to issuance? | | | Is Entrance Permit required? | Balance due \$ <u>---</u> |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | Check # <u>---</u> |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | Historic District? | Validation # <u>---</u> |
| ONE STOP SHOP: <input type="checkbox"/> | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Distribution of Copies: | | | Lot Coverage for NewTown Zone <u>---</u> | Accepted by <u>---</u> |
| White: Building Official | | | SDP/Red-line approval date <u>---</u> | |
| Green: LDD, DPZ | | | Yellow: DED, DPZ | |
| Pink: Health | | | Gold: SHA | |

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Rev. 11/4/04

