Permits: 410-313-2455 Inspections: 410-313-1810 Automated Line: 410-313-3800 Howard County Building/Fire Pe . Application Department of Inspections, Licenses & Permits 3430 Court House Drive Ellicott City, MD 21043

Permit Number:

B1100	2960
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Building Address:			
		Property Owner's Name:	
15925 Ryon Dr	Glenely nd 21737	Address:	
Suite/Apt. #SDP/	/WP/BA #:		Zip Code:
Census Tract:	Subdivision: Hopkins Choice	Home Phone:	_ Work Phone:
Section: Area	a: Lot:	Applicant's Name & Mailing Address	, (If other than stated herein):
Tax Map: Parcel:			·
		[]	
Zoning: Map Coordinate	es: Lot Size: 33000	Phone: Fi	ax:
Existing Use:		Email:	
Proposed Use:		Contractor Company:	
Estimated Construction Cost: \$ 80	4Ö	Contact Person:	
		Address:	
Description of Work:		City:State:	
Install a loop ga	inground proprine	License No. :	
	J fank	Phone:	Fax:
Occupant or Tenant:		Email:	
Was tenant space previously occupied?	□Yes □No	Engineer/Architect Company:	
Contact Name:		Responsible Design Prof.:	
Address:		Address:	
City: S	tate: Zip Code:	City:State:	Zip Code:
Phone:	Fax:	Phone:	
Email:			
		Email:	
BUILDING DESCRIPTI			TION – RESIDENTIAL
Building Characteristics	Utilities	Building Characteristics	Utilities
Height:	Water Supply	SF Dwelling         SF Townhouse           Depth         Width	Water Supply
No. of stories:		1 <sup>st</sup> floor:	
Gross area, sq. ft./floor:	Private	2 <sup>nd</sup> floor:	Sewage Disposal
	<u>Sewage Disposal</u>	Basement:	Public
Area of construction (sq. ft.):	Public	Finished Basement	Private
	Private	Unfinished Basement	Electric: 🗌 Yes 🗌 No
Use group:	Electric: 🗌 Yes 🗌 No	Crawl Space	Gas: 🗌 Yes 🗌 No
	Gas: 🗌 Yes 🗌 No	Slab on Grade	Heating System
Construction type:	Heating System	Multi-family Dwelling	
Reinforced Concrete	🗆 Electric 🛛 🖓 Oil	No. of efficiency units:	□ Natural Gas
Structural Steel	🗆 Natural Gas 🛛 Propane Gas	No. of 1 BR units:	Propane Gas
Masonry	Sprinkler System:	No. of 2 BR units:	
Wood Frame	□ N/A	No. of 3 BR units:	
□ State Certified Modular	🗆 Full	Other Structure:	
> Roadside Tree Project Permit	🗆 Partial	Dimensions: Footings:	Roadside Tree Project Permit
□Yes □No	Other Suppression	Roof:	
Roadside Tree Project Permit #	No. of Heads:	State Certified Modular	Roadside Tree Project Permit #
		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.

**Applicant's Signature** 

Print Name

Email Address

Date

Title/Company

## Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY \*\*PLEASE WRITE NEATLY & LEGIBLY\*

DPZ SETBACK INFORMATION

All minimum setbacks met?

1-178 1.20

Front:

Rear:

Side:

Side St.:

44

		,
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
<b>Building Officials</b>		
PSZA (Zoning)		
PSZA (Engineering)		
Health	10-12-11	Deide Salt
Fire Protection		0
Is Sediment Control approv		ed for issuance?  Yes  No TART

ONE STOP SHOP

Lot Coverage for New Town Zone: SDP/Red-line approval date:

**Historic District?** 

**Filing Fee** \$ Permit Fee \$ Tech Fee \$ Excise Tax \$ PSFS \$ **Guaranty Fund** \$ Add'l per Fee \$ **Total Fees** \$ Sub- Total Paid \$ \$ **Balance** Due

istribution of Copies: White: Building Officials Green: PSZA,Zoning \Operations\Updated Forms\New building app 11.10.2010.docx

Yellow: PSZA, Engineering

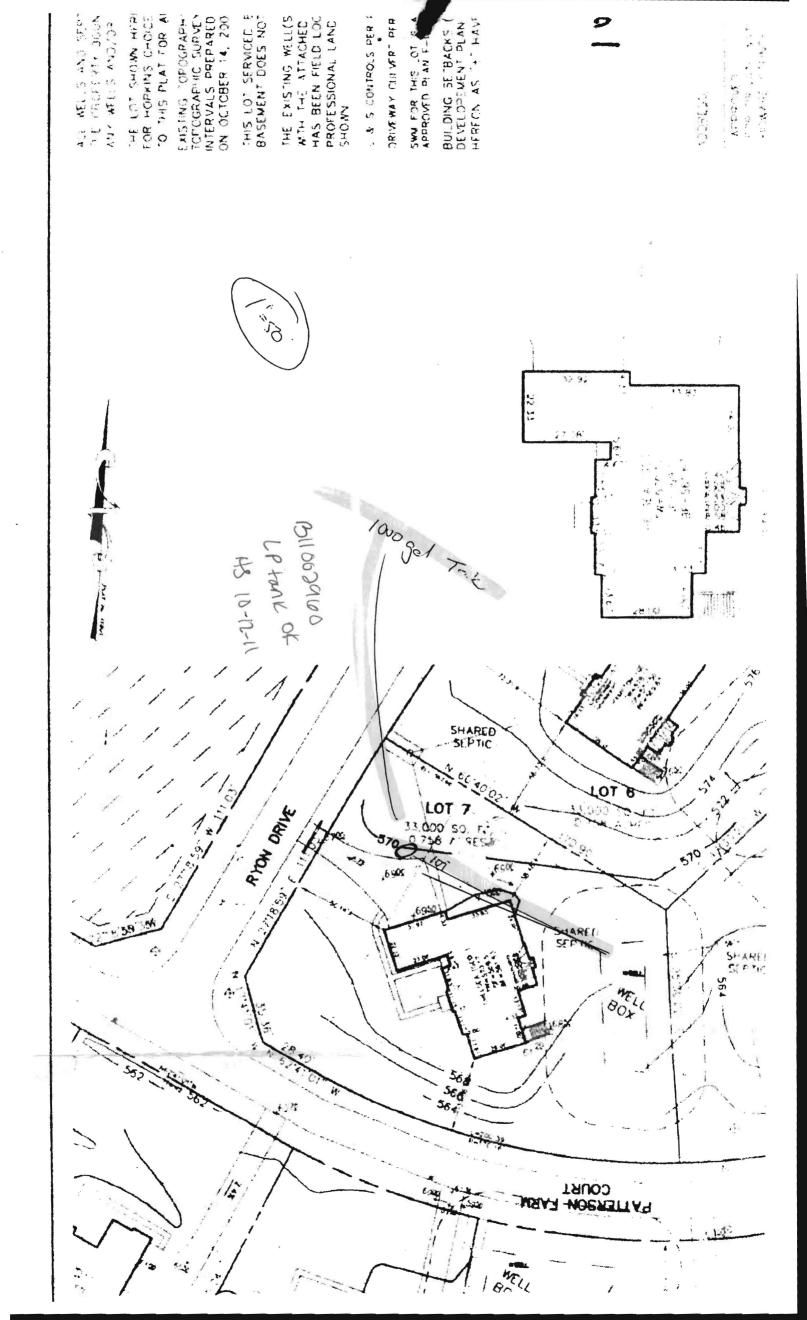
Is Entrance Permit Required? 
Yes No

□ Yes □No

□ Yes □No

Pink: Health

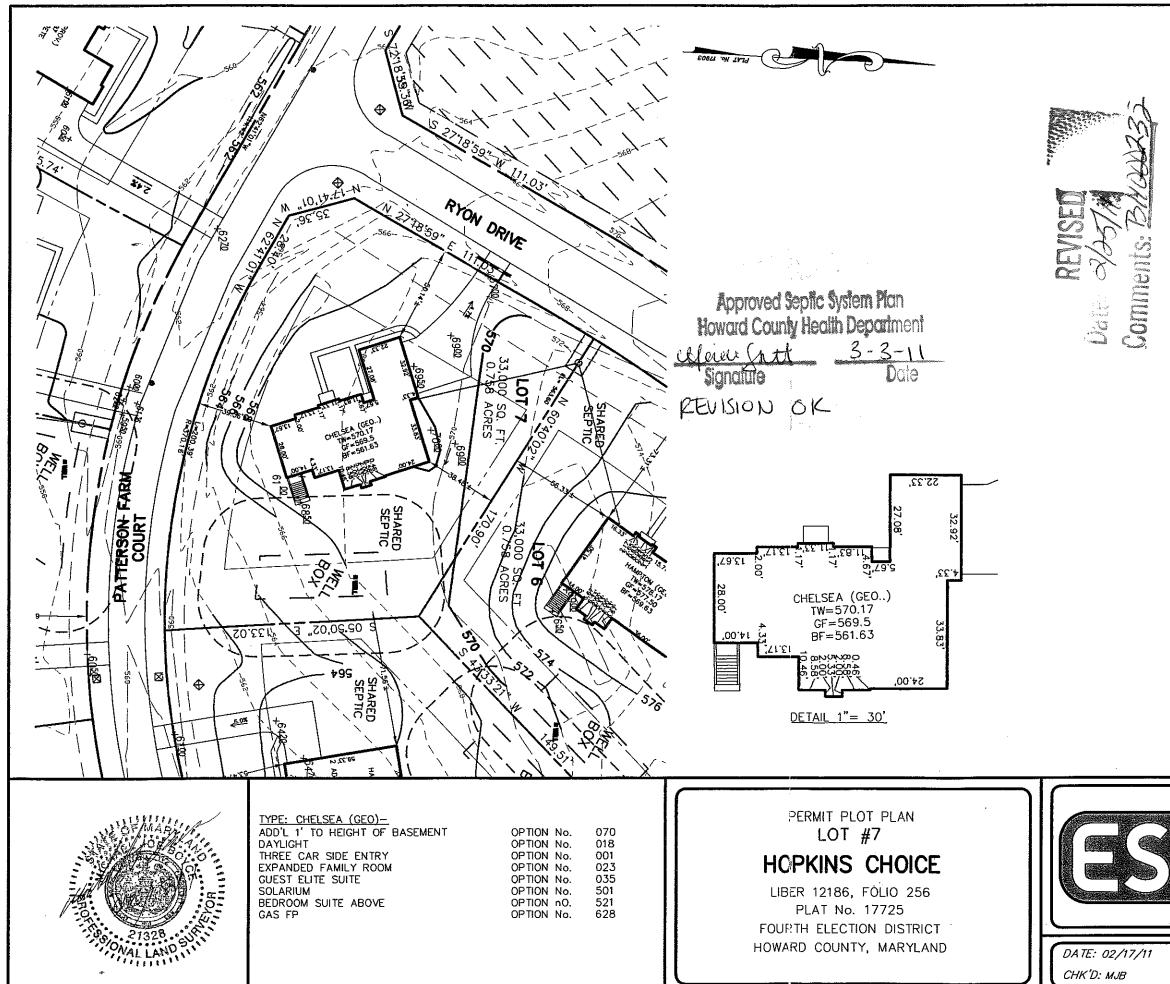
Gold: SHA



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Permits: 410-313-2455			e Permit Application	i I	Permit Number:	Sec. 1
Inspections: 410-313-1810 Automated Line: 410-313-3800 🦷			Licenses & Permits	1.L	HEAR	222
Automated Line. 410-515-5800	tterner Jelli	30 Court Hou		E	HUUU	
129.00		icoar only, with		T211 -		
	upul Ar		Property Owner's Name:	<u>י 17 א</u>	MAJI LT	
Glenelg MD			Address: 14118 1	attersa.	J. Im Ct	
	/MD/DA #.	* . *	city: Columbia st	tate: 1	っつ Zip Code	: 21737
Suite/Apt. #SDP/WP/BA #:           Census Tract:        Subdivision:			Home Phone: Work Phone:			
Census Tract:	Subdivision:					
Section: Are	a:Lot:	·/	Applicant's Name & Mailing Ac	ddress, (lf d	other than stated h	ierein):
Tax Map: Parcel:						
Zoning: Map Coordinat	es: Lot Size:		Phone:	Fax:		
	· · · · · · · · · · · · · · · · · · ·		Email:			
Existing Use: VCCapt 10					<u> </u>	
Proposed Use: Single	remily Durllin	9	Contractor Company:	011 1	Srothers_	
Estimated Construction Cost: \$	100,000 -	ر 	Contact Person: $\gamma$	Kg 1	nating	<u> </u>
Description of Work:	/		Address: 7/ Cp.L			
			City: <u>Columble</u> State	e: <u> Y  7</u>	Zip Code:	101(p)
			Phone: 410-489-740	7 Eav:		
			Email:			
Occupant or Tenant:						
Was tenant space previously occupied?	, □Yes	□No	Engineer/Architect Company:	E	T	- S
Contact Name: Mike N	Dection		Responsible Design Prof.:			
Address: 14/18 Patters	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		Address: 7164 (1)			
		<u>Locic</u>				<u>n</u>
city: <u>Glenel g</u> s			City: ColumbiaState	e: (n)	Zip Code: 2	1046
Phone:	Fax:		Phone:	Fax:	<i>t</i>	
Email:			Email:		1. C.	
· · · · · · · · · · · · · · · · · · ·				1		
BUILDING DESCRIPT Building Characteristics	ION - COMMERCIAL Utilities		BUILDING D Building Characteristic		I – RESIDENTIAL Utiliti	
Height:	Water Supply		SF Dwelling SF Townho		Water St	
No. of stories:			Depth Wi			
Gross area, sq. ft./floor:		-	1 <sup>st</sup> floor:		Private	128
	Sewage Dispose	al	2 <sup>nd</sup> floor:		Sewaqe D	isposal
Area of another the first of		<u> </u>	Basement:		Public     Private	
Area or construction (sq. ff.)						
Area of construction (sq. ft.):			Unfinished Basement		Electric: 🗌 Ye	s 🗆 No
200	Private		Unfinished Basement Crawl Space		Electric: Gas: Ye	
Area of construction (sq. ft.): Use group:	Private     Electric: Yes	□ No	Crawl Space Slab on Grade		Gas: 🗆 Ye Heating S	s 🗆 No
200	Private Electric: Yes Gas: Yes	🗆 No	Crawl Space Slab on Grade No. of Bedrooms:	• <i>i</i>	Gas:	s 🗆 No
Use group:	Private     Electric: Yes	🗆 No	<ul> <li>Crawl Space</li> <li>Slab on Grade</li> <li>No. of Bedrooms:</li> <li><u>Multi-family Dwelling</u></li> </ul>	1	Gas: 🗆 Ye Heating S	s 🗆 No
Use group: Construction type:	Private     Electric: Yes     Gas: Yes     Heating System	□ No <u>n</u>	Crawl Space Slab on Grade No. of Bedrooms:	1	Gas:	s 🗆 No
Use group: <u>Construction type:</u> Reinforced Concrete	Private      Electric:         Yes      Gas:         Propa      Electric     Oil      Natural Gas     Propa	□ No n ane Gas	<ul> <li>□ Crawl Space</li> <li>□ Slab on Grade</li> <li>No. of Bedrooms:</li> <li><u>Multi-family Dwelling</u></li> <li>No. of efficiency units:</li> </ul>	1	Gas: Peating S Electric Oil Natural Gas	s 🗆 No
Use group: <u>Construction type:</u> Reinforced Concrete Structural Steel	Private  Electric: Yes  Gas: Yes <u>Heating System</u> Electric Oil	□ No n ane Gas	<ul> <li>□ Crawl Space</li> <li>□ Slab on Grade</li> <li>No. of Bedrooms:</li> <li><u>Multi-family Dwelling</u></li> <li>No. of efficiency units:</li> <li>No. of 1 BR units:</li> <li>No. of 2 BR units:</li> <li>No. of 3 BR units:</li> </ul>	1	Gas: Peating S Electric Oil Natural Gas	s 🗆 No
Use group: <u>Construction type:</u> Reinforced Concrete Structural Steel Masonry	Private  Electric: Yes  Gas: Yes  Heating System  Electric Oil Natural Gas Propa  Sprinkler System	□ No n ane Gas	<ul> <li>□ Crawl Space</li> <li>□ Slab on Grade</li> <li>No. of Bedrooms:</li> <li><u>Multi-family Dwelling</u></li> <li>No. of efficiency units:</li> <li>No. of 1 BR units:</li> <li>No. of 2 BR units:</li> <li>No. of 3 BR units:</li> <li>Other Structure:</li> </ul>	1	Gas: Peating S Electric Oil Natural Gas	s 🗆 No
Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame	Private  Electric: Yes  Gas: Yes  Heating System Electric Oil Natural Gas Propa Sprinkler System N/A	□ No n ane Gas	<ul> <li>□ Crawl Space</li> <li>□ Slab on Grade</li> <li>No. of Bedrooms:</li> <li><u>Multi-family Dwelling</u></li> <li>No. of efficiency units:</li> <li>No. of 1 BR units:</li> <li>No. of 2 BR units:</li> <li>No. of 3 BR units:</li> <li>Other Structure:</li> <li>Dimensions:</li> </ul>	1	Gas: Peating S Electric Oil Natural Gas	s 🗆 No
Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame	Private  Electric: Yes  Gas: Yes  Heating System  Electric Oil Natural Gas Propa  Sprinkler System  N/A Full Partial	□ No n ane Gas	<ul> <li>□ Crawl Space</li> <li>□ Slab on Grade</li> <li>No. of Bedrooms:</li> <li><u>Multi-family Dwelling</u></li> <li>No. of efficiency units:</li> <li>No. of 1 BR units:</li> <li>No. of 2 BR units:</li> <li>No. of 3 BR units:</li> <li>Other Structure:</li> </ul>	1	Gas: Peating S Electric Oil Natural Gas	s 🗆 No
Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame	Private  Electric: Yes  Gas: Yes <u>Heating System</u> Electric Oil Natural Gas Propa <u>Sprinkler System</u> N/A Full	□ No n ane Gas	<ul> <li>□ Crawl Space</li> <li>□ Slab on Grade</li> <li>No. of Bedrooms:</li> <li><u>Multi-family Dwelling</u></li> <li>No. of efficiency units:</li> <li>No. of 1 BR units:</li> <li>No. of 2 BR units:</li> <li>No. of 3 BR units:</li> <li>Other Structure:</li> <li>Dimensions:</li> <li>Footings:</li> </ul>	1	Gas: Peating S Electric Oil Natural Gas	s 🗆 No
Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame	Private   Electric: Yes   Gas: Yes   Heating System   Electric Oil   Natural Gas Propa   Sprinkler System   N/A   Full   Partial   Other Suppression	□ No n ane Gas	<ul> <li>□ Crawl Space</li> <li>□ Slab on Grade</li> <li>No. of Bedrooms:</li> <li><u>Multi-family Dwelling</u></li> <li>No. of efficiency units:</li> <li>No. of 1 BR units:</li> <li>No. of 2 BR units:</li> <li>No. of 3 BR units:</li> <li>Other Structure:</li> <li>Dimensions:</li> <li>Footings:</li> <li>Roof:</li> </ul>	1	Gas: Peating S Electric Oil Natural Gas	s 🗆 No
Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular THE UNDERSIGNED HEREBY CERTIFIES AND AGREE WITH ALL REGULATIONS OF HOWARD COUNTY W	Private  Electric:  Yes  Gas:  Heating System  Electric  Oil  Natural Gas  Propa  Sprinkler System  N/A  Full  Partial  Other Suppression No. of Heads:  SAS FOLLOWS: (1) THAT HE/SHE IS  HICH ARE APPLICABLE THERETO; (4)	AUTHORIZED TO N	□ Crawl Space         □ Slab on Grade         No. of Bedrooms:         Multi-family Dwelling         No. of efficiency units:         No. of 1 BR units:         No. of 2 BR units:         No. of 3 BR units:         Other Structure:         Dimensions:         Footings:         Roof:         □ State Certified Modular         □ Manufactured Home         MAKE THIS APPLICATION; (2) THAT THE INF         ILL PERFORM NO WORK ON THE ABOVE R	2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Gas: <u>Heating S</u> Electric Oil Natural Gas Propane Gas S CORRECT; (3) THAT HE PROPERTY NOT SPECIFIC	S I NO
Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular THE UNDERSIGNED HEREBY CERTIFIES AND AGREE WITH ALL REGULATIONS OF HOWARD COUNTY W THIS APPLICATION; (5) THAT HE/SHE GRANTS COU	Private  Electric:  Yes  Gas:  Heating System  Electric  Oil  Natural Gas  Propa  Sprinkler System  N/A  Full  Partial  Other Suppression No. of Heads:  SAS FOLLOWS: (1) THAT HE/SHE IS  HICH ARE APPLICABLE THERETO; (4)	AUTHORIZED TO N A) THAT HE/SHE W R ONTO THIS PROP	□ Crawl Space         □ Slab on Grade         No. of Bedrooms: <u>Multi-family Dwelling</u> No. of efficiency units:         No. of 1 BR units:         No. of 2 BR units:         No. of 3 BR units:         Other Structure:         Dimensions:         Footings:         Roof:         □ State Certified Modular         □ Manufactured Home         MAKE THIS APPLICATION; (2) THAT THE INFILL PERFORM NO WORK ON THE ABOVE R         ERTY FOR THE PURPOSE OF INSPECTING TH	2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Gas: <u>Heating S</u> Electric Oil Natural Gas Propane Gas S CORRECT; (3) THAT HE PROPERTY NOT SPECIFIC	S I NO
Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame	Private  Electric:  Yes  Gas:  Heating System  Electric  Oil  Natural Gas  Propa  Sprinkler System  N/A  Full  Partial  Other Suppression No. of Heads:  SAS FOLLOWS: (1) THAT HE/SHE IS  HICH ARE APPLICABLE THERETO; (4)	AUTHORIZED TO N A) THAT HE/SHE W R ONTO THIS PROP	□ Crawl Space         □ Slab on Grade         No. of Bedrooms:         Multi-family Dwelling         No. of efficiency units:         No. of 1 BR units:         No. of 2 BR units:         No. of 3 BR units:         Other Structure:         Dimensions:         Footings:         Roof:         □ State Certified Modular         □ Manufactured Home         MAKE THIS APPLICATION; (2) THAT THE INF         ILL PERFORM NO WORK ON THE ABOVE R	2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Gas: <u>Heating S</u> Electric Oil Natural Gas Propane Gas S CORRECT; (3) THAT HE PROPERTY NOT SPECIFIC	S I NO
Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular THE UNDERSIGNED HEREBY CERTIFIES AND AGREE WITH ALL REGULATIONS OF HOWARD COUNTY W THIS APPLICATION; (5) THAT HE/SHE GRANTS COU Applicant's Signature Email Address	Private  Electric:  Yes  Gas:  Heating System  Electric  Oil  Natural Gas  Propa  Sprinkler System  N/A  Full  Partial  Other Suppression No. of Heads:  SAS FOLLOWS: (1) THAT HE/SHE IS  HICH ARE APPLICABLE THERETO; (4)	AUTHORIZED TO N A) THAT HE/SHE W R ONTO THIS PROP	□ Crawl Space     □ Slab on Grade     No. of Bedrooms: <u>Multi-family Dwelling</u> No. of efficiency units:     No. of 1 BR units:     No. of 2 BR units:     No. of 3 BR units:     Other Structure:     Dimensions:     Footings:     Roof:     □ State Certified Modular     □ Manufactured Home MAKE THIS APPLICATION; (2) THAT THE INFILL PERFORM NO WORK ON THE ABOVE R ERTY FOR THE PURPOSE OF INSPECTING TH int Name	2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Gas: <u>Heating S</u> Electric Oil Natural Gas Propane Gas S CORRECT; (3) THAT HE PROPERTY NOT SPECIFIC	S I NO
Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular THE UNDERSIGNED HEREBY CERTIFIES AND AGREE WITH ALL REGULATIONS OF HOWARD COUNTY W THIS APPLICATION; (5) THAT HE/SHE GRANTS COU Applicant's Signature	Private  Electric:  Yes  Gas:  Heating System  Electric  Oil  Natural Gas  Propa  Sprinkler System  N/A  Full  Partial  Other Suppression No. of Heads:  SAS FOLLOWS: (1) THAT HE/SHE IS  HICH ARE APPLICABLE THERETO; (4)	No	□ Crawl Space     □ Slab on Grade     No. of Bedrooms: <u>Multi-family Dwelling</u> No. of efficiency units:     No. of 1 BR units:     No. of 2 BR units:     No. of 3 BR units:     Other Structure:     Dimensions:     Footings:     Roof:     □ State Certified Modular     □ Manufactured Home MAKE THIS APPLICATION; (2) THAT THE INFILL PERFORM NO WORK ON THE ABOVE R ERTY FOR THE PURPOSE OF INSPECTING TH int Name	2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Gas: <u>Heating S</u> Electric Oil Natural Gas Propane Gas S CORRECT; (3) THAT HE PROPERTY NOT SPECIFIC	S I NO
Use group:	Private  Electric:  Yes  Gas:  Heating System  Electric  Oil  Natural Gas  Propa  Sprinkler System  N/A  Full  Partial  Other Suppression No. of Heads:  As FOLLOWS: (1) THAT HE/SHE IS  Checks Payable to:  Checks Payable to:		Crawl Space Slab on Grade No. of Bedrooms: <u>Multi-family Dwelling</u> No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof: State Certified Modular MAKE THIS APPLICATION; (2) THAT THE INF ILL PERFORM NO WORK ON THE ABOVE R ERTY FOR THE PURPOSE OF INSPECTING TH int Name INANCE OF HOWARD COUNTY	2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Gas: <u>Heating S</u> Electric Oil Natural Gas Propane Gas S CORRECT; (3) THAT HE PROPERTY NOT SPECIFIC	S I NO
Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular State Certified Modular FHE UNDERSIGNED HEREBY CERTIFIES AND AGREE WITH ALL REGULATIONS OF HOWARD COUNTY W THIS APPLICATION; (5) THAT HE/SHE GRANTS COU Applicant's Signature Email Address	Private  Electric:  Yes  Gas:  Heating System  Electric  I Yes  Electric  Natural Gas  Propa  Sprinkler System  N/A  Full  Partial  Other Suppression No. of Heads:  AS FOLLOWS: (1) THAT HE/SHE IS  HICH ARE APPLICABLE THERETO; (4)  NTY OFFICIALS THE RIGHT TO ENTER  Checks Payable to: **PLi		Crawl Space  Slab on Grade  No. of Bedrooms: <u>Multi-family Dwelling</u> No. of efficiency units:  No. of 1 BR units:  No. of 2 BR units:  No. of 3 BR units:  Other Structure: Dimensions: Footings: Roof: State Certified Modular  MAKE THIS APPLICATION; (2) THAT THE INFILL PERFORM NO WORK ON THE ABOVE R ERTY FOR THE PURPOSE OF INSPECTING TH  Int Name  INANCE OF HOWARD COUNTY  ATLY & LEGIBLY**	2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Gas: <u>Heating S</u> Electric Oil Natural Gas Propane Gas S CORRECT; (3) THAT HE PROPERTY NOT SPECIFIC	S I NO
Use group:	Private  Electric:  Yes  Gas:  Yes  Heating System  Electric  Oil  Natural Gas  Propa  Sprinkler System  N/A  Full  Partial  Other Suppression No. of Heads:  SAS FOLLOWS: (1) THAT HE/SHE IS HICH ARE APPLICABLE THERETO; (4) NTY OFFICIALS THE RIGHT TO ENTER  Checks Payable to: **PLi		Crawl Space  Slab on Grade  No. of Bedrooms: <u>Multi-family Dwelling</u> No. of efficiency units:  No. of 1 BR units:  No. of 2 BR units:  No. of 3 BR units:  Other Structure: Dimensions: Footings: Roof: State Certified Modular  MAKE THIS APPLICATION; (2) THAT THE INFILL PERFORM NO WORK ON THE ABOVE R ERTY FOR THE PURPOSE OF INSPECTING TH  Int Name  INANCE OF HOWARD COUNTY  ATLY & LEGIBLY**	2 ORMATION IS EFERENCED P IE WORK PERI	Gas: Ye Heating S Electric Oil Natural Gas Propane Gas S CORRECT; (3) THAT HE PROPERTY NOT SPECIFIC MITTED AND POSTING N	S INO
Use group:	Private  Electric:  Yes  Gas:  Heating System  Electric  I Yes  Electric  Natural Gas  Propa  Sprinkler System  N/A  Full  Partial  Other Suppression No. of Heads:  AS FOLLOWS: (1) THAT HE/SHE IS  HICH ARE APPLICABLE THERETO; (4)  NTY OFFICIALS THE RIGHT TO ENTER  Checks Payable to: **PLi	INO D	Crawl Space  Slab on Grade  No. of Bedrooms: <u>Multi-family Dwelling</u> No. of efficiency units:  No. of 1 BR units:  No. of 2 BR units:  No. of 3 BR units:  Other Structure: Dimensions: Footings: Roof: State Certified Modular  MAKE THIS APPLICATION; (2) THAT THE INFILL PERFORM NO WORK ON THE ABOVE R ERTY FOR THE PURPOSE OF INSPECTING TH  Int Name  INANCE OF HOWARD COUNTY  ATLY & LEGIBLY**	2 ORMATION IS EFERENCED P E WORK PERI	Gas: Ye Heating S Electric Oil Natural Gas Propane Gas S CORRECT; (3) THAT HE PROPERTY NOT SPECIFIC MITTED AND POSTING N	S I NO
Use group:	Private  Electric:  Yes  Gas:  Yes  Heating System  Electric  Oil  Natural Gas  Propa  Sprinkler System  N/A  Full  Partial  Other Suppression No. of Heads:  SAS FOLLOWS: (1) THAT HE/SHE IS  HICH ARE APPLICABLE THERETO; (4) NTY OFFICIALS THE RIGHT TO ENTER  Checks Payable to: **PLi	INO D	Crawl Space Slab on Grade No. of Bedrooms: <u>Multi-family Dwelling</u> No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof: State Certified Modular Manufactured Home MAKE THIS APPLICATION; (2) THAT THE INF ILL PERFORM NO WORK ON THE ABOVE R ERTY FOR THE PURPOSE OF INSPECTING TH Int Name Inte INANCE OF HOWARD COUNTY ATLY & LEGIBLY** USE ONLY-	2 ORMATION IS EFFERNCED P IE WORK PERI Filing Fe Permit I	Gas: Ye Heating S Electric Oil Natural Gas Propane Gas S CORRECT; (3) THAT HE PROPERTY NOT SPECIFIC MITTED AND POSTING N PROPERTY NOT SPECIFIC MITTED AND POSTING N PROPERTY NOT SPECIFIC MITTED AND POSTING N	S INO
Use group:	Private  Electric:  Yes  Gas:  Yes  Heating System  Electric  Oil  Natural Gas  Propa  Sprinkler System  N/A  Full  Partial  Other Suppression No. of Heads:  SAS FOLLOWS: (1) THAT HE/SHE IS  HICH ARE APPLICABLE THERETO; (4) NTY OFFICIALS THE RIGHT TO ENTER  Checks Payable to: **PLi	INO D A AUTHORIZED TO N AUTHORIZED TO N AUTHORIZED TO N AUTHORIZED TO N CONTO THIS PROP  Pri D CO	Crawl Space Slab on Grade No. of Bedrooms: <u>Multi-family Dwelling</u> No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof: State Certified Modular Manufactured Home MAKE THIS APPLICATION; (2) THAT THE INF ILL PERFORM NO WORK ON THE ABOVE R ERTY FOR THE PURPOSE OF INSPECTING TH Int Name Inte INANCE OF HOWARD COUNTY ATLY & LEGIBLY** USE ONLY-	2 ORMATION IS FFERENCED P IE WORK PERI Filing Fe Permit I Tech Fe	Gas: Ye Heating S Electric Oil Natural Gas Propane Gas S CORRECT; (3) THAT HE ROPERTY NOT SPECIFIC MITTED AND POSTING N Fee \$ Fee \$ e \$	S INO
Use group:          Construction type:         Reinforced Concrete         Structural Steel         Masonry         Wood Frame         State Certified Modular         FHE UNDERSIGNED HEREBY CERTIFIES AND AGREE         Mith ALL REGULATIONS OF HOWARD COUNTY WITHIS APPLICATION; (S) THAT HE/SHE GRANTS COU         Applicant's Signature         Email Address         Title/Company         State Highways	Private  Electric:  Yes  Gas:  Yes  Heating System  Electric  Oil  Natural Gas  Propa  Sprinkler System  N/A  Full  Partial  Other Suppression No. of Heads:  SAS FOLLOWS: (1) THAT HE/SHE IS  HICH ARE APPLICABLE THERETO; (4) NTY OFFICIALS THE RIGHT TO ENTER  Checks Payable to: **PLi	DIRECTOR OF FICE	Crawl Space Slab on Grade No. of Bedrooms: <u>Multi-family Dwelling</u> No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof: State Certified Modular Manufactured Home MAKE THIS APPLICATION; (2) THAT THE INF ILL PERFORM NO WORK ON THE ABOVE R ERTY FOR THE PURPOSE OF INSPECTING TH Int Name Inte INANCE OF HOWARD COUNTY ATLY & LEGIBLY** USE ONLY-	2 ORMATION IS EFERENCED P IE WORK PERI Filing Fe Permit I Tech Fe Excise T	Gas: Ye Heating S Electric Oil Natural Gas Propane Gas S CORRECT; (3) THAT HE PROPERTY NOT SPECIFIC MITTED AND POSTING N Property NOT SPECIFIC Fee \$ e \$ ax \$	S INO
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Yellow: PSZA, Engineering Pink: Health Gold: SHA



ALL WELLS AND SEPTIC SYSTEMS LOCATED WITHIN 100' OF THE PROPERTY BOUNDARIES AND 200' DOWN GRADIENT OF ANY WELLS AND/OR SEPTIC SYSTEMS HAVE BEEN SHOWN.

THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR HOPKINS CHOICE- PHASE I, PLAT No. 17725. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

EXISTING TOPOGRAPHY IS TAKEN FROM A FIELD RUN TOPOGRAPHIC SURVEY WITH 2 - FOOT CONTOUR INTERVALS PREPARED BY ESE CONSULTANTS, PERFORMED ON OCTOBER 14, 2009.

THIS LOT SERVICED BY SHARED SEPTIC BASEMENT DOES NOT GRAVITY SEWER

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-94-4076) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC.-PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

E & S CONTROLS PER PLAN GP 10-74

DRIVEWAY CULVERT PER F-05-29 PLAN

SWM FOR THIS LOT IS ADDRESSED BY THE APPROVED PLAN F-05-29.

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPEMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

ADDRESS:

13925 RYON DRIVE GLENELG, MD 21737

APPROVED: FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEMS HOWARD COUNTY HEALTH DEPARTMENT

COUNTY HEALTH OFFICER

DATE

Land Planning Engineering Land Surveying ESE Consultants Inc. 7164 Columbia Gateway Dr. Suite 203 Columbia, MD 21046 TEL: 410-872-9105 FAX: 410-872-4870

SCALE: 1"= 50' JOB#: 2975 FILE: 2975 PHANTOM PP 12-2010

DRAWN: MJB

8, 2011 - 6:48 am P: /Projects/2975 Hopkins Choice..Glenelg/SurvDept/Lots/Lot 7/PP/lat 7 PP.dwg M