DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-18_0
AUTOMATED INFORMATION (410) 313-3900

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00127782

Building Address 2070 ST. JAMES RD. ELLICOTT CITY, MD 21043
Suite/Apt. #: ______ SDP/WP/Petition #: GP# 99-139
Census Tract 6030 Subdivision LYNDONBROOK
Section ______ Area 3rd E.D. Lot 5
Tax Map 15 Parcel 40 Grid 5
Zoning RC Map Coordinates 5 D13 Lot size ______

Property Owner's Name DORSEY FAMILY HOMES
Address 9926 Cypressmede Dr.
City Ellicott City State MD Zip Code 21042
Home Phone 410-465-7200 Work Phone 410-465-0488
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone ______ Fax ______

Existing Use Vacant LoT
Proposed Use sgl family dwelling
Estimated Construction Cost $ 85,000
Description of Work erect a single 2 story, frame (colonial) BSMT, GARAGE, 4 BR, F.P. 3½ bath 1/2 R.I. BSMT, 7 PM, 2 ... walk front
Occupant or Tenant N/A ...
Contact Name ______
Address ______
City ______ State ______ Zip Code ______
Phone ______ Fax ______

Contractor Company Dorsey Family Homes
Contact Person Rob Dorsey, Sr. Pres
Address 9926 Cypressmede Dr.
City Ellicott City State MD Zip Code 21042
License No. 189906
Phone 410-465-7200 Fax 410-465-0488

Engineer or Architect Company Architecture Collaborative
Contact Person Dave Robbins, Pres
Address 2320 Main St. Suite 2
City Ellicott City State MD Zip Code 21043
Phone 410-465-7500 Fax 410-465-0903

BUILDING DESCRIPTION - *COMMERCIAL* N/A

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: 32	56	10
2nd floor: 32	56	10

Basement:
Finished Basement ☐ Unfinished Basement ☑
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 4 BR
Multi-family dwellings:
No. of efficiency units: ______
No. of 1 BR units: NA
No. of 2 BR units: ______
No. of 3 BR units: ______
Other Structure: wd frame / siding / 8" conc. foundation
Dimensions: ______
Footings: 8x16" Conc.
Roof: asph / gable
____ State Certified Modular
____ Manufactured Home

Utilities

Water Supply: ____ Public X Private
Sewage Disposal: ____ Public X Private
Electric Yes ☑ No ☐
Gas Yes ☑ No ☐
Heating System: FHA
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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Robert L. Dorsey Sr. Pr. — *Applicant's Signature*
DORSEY FAMILY HOMES — *Print Name*
PRESIDENT — *Title/Company*
12-14-00 — *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	12/29/00	M. Rifkin
Fire Protection		

Is Sediment Control approval required prior to issuance? YES ☐ NO ☐

DPZ SETBACK INFORMATION
Front: ______
Rear: ______
Side: ______
Side St.: ______
All minimum setbacks met? YES ☐ NO ☐
Is Entrance Permit required? YES ☐ NO ☐
Historic District? YES ☐ NO ☐
Lot Coverage for NewTown Zone ______
SDP/Red-line approval date ______ Accepted by ______

PROPERTY ID#: 49049
Filing fee $ 25.00
Permit fee $
Excise tax $
Sub-total paid $
Add'l permit fee $
TOTAL FEES $
Balance due $
Check # 7423
Validation #

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

s:\permit.frm Rev. 10/15/98

Approved Septic System Plan

Howard County Health Department

Total linear feet of trench required 180 feet

Width of trench(es) 2 feet

Depth of trench(es) 7 feet

Depth of stone required below distribution pipe 4 feet

Mark Rifkin 12/29/00
Signature Date

GRID NORTH

JOHN C. & BONNIE D. TUERKE
P. 186
848/474

582 584 586 588 590

LOT 4
42,771 S.F.

LOT 5
47,953 S.F.

LOT 3
41,122 S.F.

LIMIT OF DISTURBANCE

RIDGE LINE

INDEPENDENCE
FF=597.62
BE=589.0

GIL RESIDENCE
FF=591.3
BE=582.7

BEN FRANKLIN
FF=594.8
BE=586.2

EX. 24' ACCESS ESM'T. FOR LOTS 4-6

EX. SEPTIC BANK

1:50 PLAN BY BENCHMARK

TO ST. JAMES ROAD

LIMIT OF DISTURBANCE