DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00127588

Building Address 2074 ST. JAMES RD
ELLICOTT CITY, MD 21043

Suite/Apt. #: _____ SDP/WP/Petition #: SP#99-139

Census Tract 6030 Subdivision LYNDON BROOK

Section _____ Area 3RD E. DIST Lot 6

Tax Map 15 Parcel 40 Grid 5

Zoning PP-MH Map Coordinates 5D 13 Lot size 52,000 SF.

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 Chamberlain II Model erect and use 2 story, full BSMT, 10 RM, 2 F.B, 1 H.B. garage, 4 BTR. FIREPLACE

Contractor Company DORSEY FAMILY HOMES
Contact Person Robert 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

Occupant or Tenant N/A
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company Architecture Collaborative
Contact Person Dave Robbins, Pres
Address 8320 Main St. Suite 2
City Ellicott City State Md Zip Code 21043
Phone 410-465-7500 Fax 410-465-0903

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics	Utilities
Height:	Water Supply: ___ Public ___ Private
No. of stories:	Sewage Disposal: ___ Public ___ Private
Gross area, sq. ft. per floor:	Electric Yes ☐ No ☐ Gas Yes ☐ No ☐
Use group:	Heating System: Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐
Construction type: ___ Reinforced Concrete ___ Structural Steel ___ Masonry ___ Wood Frame	Sprinkler system: N/A ☐ ___ Full ___ Partial ___ Other Suppression ___ # of Heads
___ State Certified Modular	

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics	Utilities
SF Dwelling ☐ SF Townhouse ☐	Water Supply: ___ Public X Private
Depth / Width: 1st floor: 52 / 40 / 10 / 1798	Sewage Disposal: ___ Public X Private
2nd floor: 52 / 34 / 10 / 1237	Electric Yes ☑ No ☐
Basement: 52 / 34 / 10 / 1281	Gas Yes ☑ No ☐
Finished Basement ☐ Unfinished Basement ☑	Heating System: FHA
Crawl space ☐ Slab on Grade ☐	Electric ☐ Oil ☐
No. of Bedrooms 4 BTR	Natural Gas ☑
Chamberlain II Model	Propane Gas ☐
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: N/A No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A ☑ ___ NFPA #13D ___ NFPA #13R ___ Other:
5" Conc. Foundation walls. Other Structure: w/d frame/siding Dimensions: _____ Footings: 8x16" concrete Roof: asph. shingle gable	
N/A State Certified Modular ___ 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.

Robert L. Dorsey Sr. Pres
Applicant's Signature

ROBERT L. DORSEY SR. PRES
Print Name

DORSEY FAMILY HOMES
Title/Company

11-29-00
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	12/15/00	M. Lifka
Fire Protection		

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

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front: 10FT
Rear: 25FT
Side: 10FT
Side St.: 25FT
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#: 18878

Filing fee	$ 25
Permit fee	$ _____
Excise tax	$ _____
Sub-total paid	$ _____
Add'l permit fee	$ _____
TOTAL FEES	$ _____
Balance due	$ _____
Check	# 1191
Validation	# _____

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

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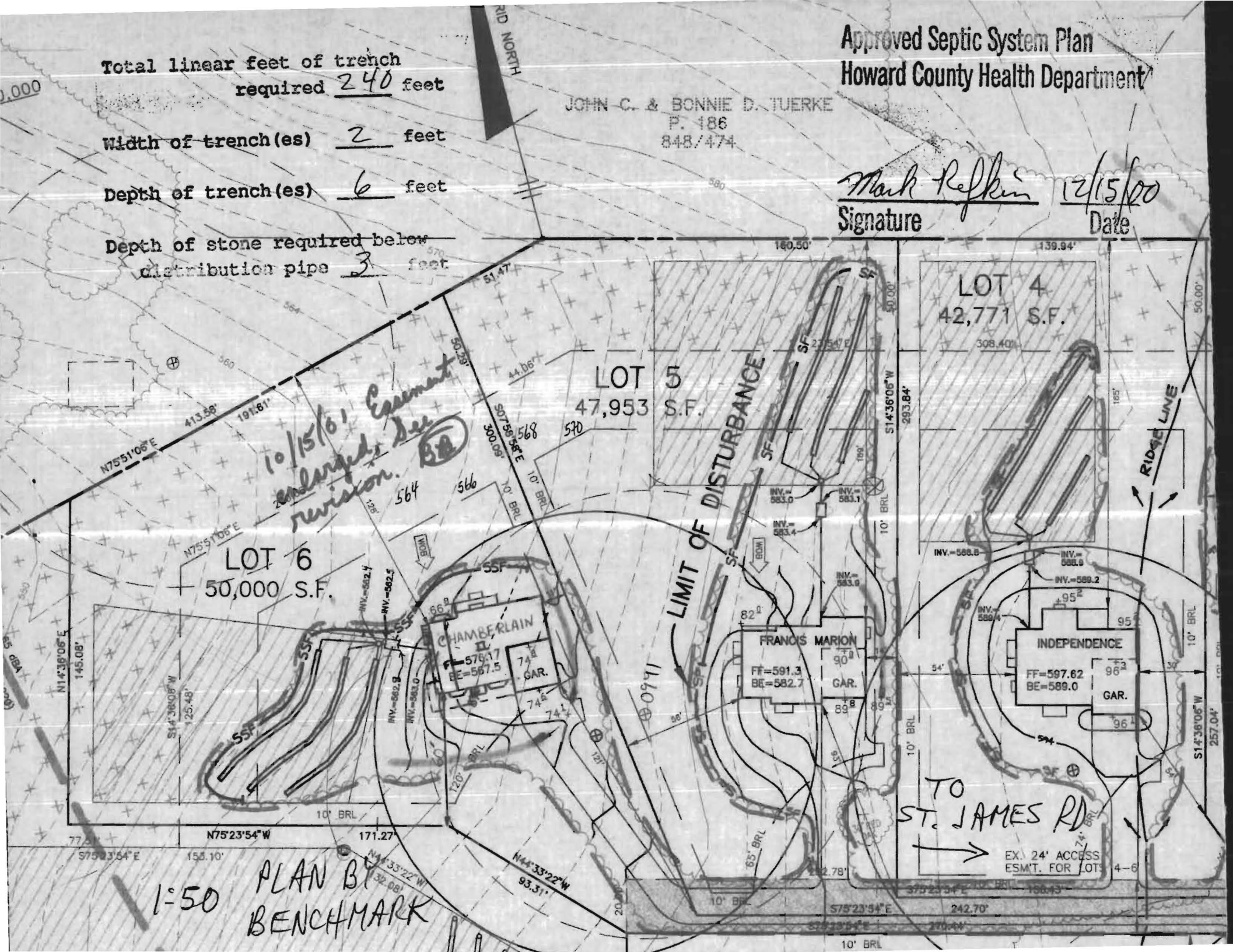
Rev. 10/15/98


Approved Septic System Plan
Howard County Health Department
Mark Refkin 12/15/00
Signature Date
Total linear feet of trench required 240 feet
Width of trench(es) 2 feet
Depth of trench(es) 6 feet
Depth of stone required below distribution pipe 3 feet
JOHN C. & BONNIE D. TUERKE
P. 186
848/474
LOT 5
47,953 S.F.
LOT 4
42,771 S.F.
LOT 6
50,000 S.F.
10/15/00 enlarged, See revision.
LIMIT OF DISTURBANCE
RIDGE LINE
CHAMBERLAIN II
FF=576.17
BE=567.5
FRANCIS MARION
FF=591.3
BE=582.7
INDEPENDENCE
FF=597.62
BE=589.0
TO ST. JAMES RD
EX. 24' ACCESS ESM'T. FOR LOTS 4-6
1"=50' PLAN BY
BENCHMARK