

Permits: 410-313-2455
Inspections: 410-313-1810
Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
Department of Inspections, Licenses & Permits
3430 Court House Drive
Ellicott City, MD 21043

Permit Number:

B11001341

Building Address: 3329 Secretariat Way
Ellicott City, MD 21138

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: YARD

Proposed Use: Deck

Estimated Construction Cost: \$ 29,500

Description of Work: ~23x30 Multi-level
deck w/benches

Occupant or Tenant: Bernard T. Hirsch

Was tenant space previously occupied? ☐ Yes ☒ No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction type:	Heating System
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	Sprinkler System:
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

Property Owner's Name: Bernard T. Hirsch

Address: 3329 Secretariat Way

City: Ellicott City State: MD Zip Code: 21138

Home Phone: 410-552-4749 Work Phone: 410-552-4749

Applicant's Name & Mailing Address, (If other than stated herein):

Phone: _____ Fax: _____

Email: _____

Contractor Company: B&W Home Improvements

Contact Person: Bernard T. Hirsch

Address: PO Box 1342

City: Ellicott City State: MD Zip Code: 21138

License No.: 92757

Phone: 410-552-4749 Fax: _____

Email: bwhomeimprovements@gmail.com

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth Width	<input checked="" type="checkbox"/> Public
1 st floor:	<input checked="" type="checkbox"/> Private
2 nd floor:	<input checked="" type="checkbox"/> <u>Sewage Disposal</u>
Basement:	<input checked="" type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	Heating System
No. of Bedrooms:	<input type="checkbox"/> Electric
Multi-family Dwelling	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<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.

Applicant's Signature: Bernard T. Hirsch

Print Name: Bernard T. Hirsch

Email Address: bwhomeimprovements@gmail.com

Date: 5/12/11

Title/Company: B&W Home Improvements

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		
Fire Protection		

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START
☐ ONE STOP SHOP

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	\$
Permit Fee	\$ 50
Tech Fee	\$ 5
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

SECRETARIAT WAY

40' R/W-PUBLIC ACCESS PLACE

LOT 6

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# P534491

APP. SAN HS DATE: 5-11-11

DESC. OF WORK: deck as shown

* shared septic

EX. 10' PUBLIC
SEWER & UTILITY
EASEMENT
PLAT# 19374

24.00'
N14°49'52"E

GRID NORTH

NON-BUILDABLE PRESERVATION PARCEL "B"
47,560 S.F. OR 1,0918 AC.
(TO BE CONVEYED TO THE HOMEOWNER'S
ASSOCIATION WITH HOWARD COUNTY AS THE
EASEMENT HOLDER)
PLAT# 19374 (F-07-74)

EX. PRIVATE
STORMWATER
MANAGEMENT ACCESS
MAINTANANCE &
UTILITY EASEMENT
PLAT# 19374

SEE DETAIL

DECK

LOT 5

LOT 4

WELL ②
HO-95-1093

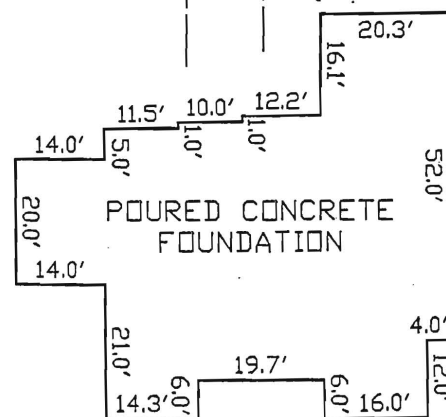
10' PRIVATE SURFACE
DRAINAGE EASEMENT

1" = 50'

TOP OF FOUNDATION WALL ELEVATION = 572.8'
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 0.1'

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL
KNOWLEDGE, INFORMATION AND BELIEF, THAT THE
DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON
ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN
SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC.



Permits: 410-313-2455
Inspections: 410-313-1810
Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
Department of Inspections, Licenses & Permits
3430 Court House Drive
Ellicott City, MD 21043

Permit Number:

B11000542

Building Address: <u>3329 Secretariat way Glenwood Md 21738</u>		Property Owner's Name: <u>ABA properties</u>	
Suite/Apt. # _____ SDP/WP/BA #: _____		Address: <u>7221 Lee Deforest Dr Sta 100</u>	
Census Tract: _____ Subdivision: <u>Mogelwood Farms</u>		City: <u>Columbia</u> State: <u>md</u> Zip Code: <u>21046</u>	
Section: _____ Area: _____ Lot: <u>5</u>		Home Phone: _____ Work Phone: _____	
Tax Map: <u>21</u> Parcel: <u>106</u> Grid: <u>5</u>		Applicant's Name & Mailing Address, (if other than stated herein): <u>Jeremy Clancy 7051 Macbeth way</u> <u>Eldersburg md 21781</u>	
Zoning: _____ Map Coordinates: _____ Lot Size: <u>36,668 sq ft</u>		Phone: <u>443-340-1229</u> Fax: _____	
Existing Use: <u>SFO</u>		Email: <u>AppliedAndApproved@yahoo.com</u>	
Proposed Use: <u>SFO</u>		Contractor Company: <u>Valley National Gases</u>	
Estimated Construction Cost: \$ <u>8,000</u>		Contact Person: <u>William Grewig</u>	
Description of Work: <u>install 1,000 gal in ground propane</u> <u>B1-2108</u>		Address: <u>7201 Montevideo Rd</u>	
Occupant or Tenant: _____		City: <u>Jessup</u> State: <u>md</u> Zip Code: <u>20794</u>	
Was tenant space previously occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No		License No.: <u>67793</u>	
Contact Name: <u>owner</u>		Phone: <u>410-799-1114</u> Fax: _____	
Address: _____		Email: _____	
City: _____ State: _____ Zip Code: _____		Engineer/Architect Company: _____	
Phone: _____ Fax: _____		Responsible Design Prof.: _____	
Email: _____		Address: <u>Contractor</u>	
		City: _____ State: _____ Zip Code: _____	
		Phone: _____ Fax: _____	
		Email: _____	

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height: _____	<u>Water Supply</u>
No. of stories: _____	<input type="checkbox"/> Public
Gross area, sq. ft./floor: _____	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.): _____	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group: _____	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit # _____	No. of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth _____ Width _____	<input type="checkbox"/> Public
1 st floor: _____	<input checked="" type="checkbox"/> Private
2 nd floor: _____	<u>Sewage Disposal</u>
Basement: _____	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: _____	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units: _____	<input type="checkbox"/> Natural Gas
No. of 1 BR units: _____	<input type="checkbox"/> Propane Gas
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit # _____
<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.

Applicant's Signature: Jeremy Clancy Print Name: Jeremy Clancy

Email Address: AppliedAndApproved@yahoo.com Date: 2/16/11 3/2/11

Title/Company: permits

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	3/25/11	R Buckle
Fire Protection		

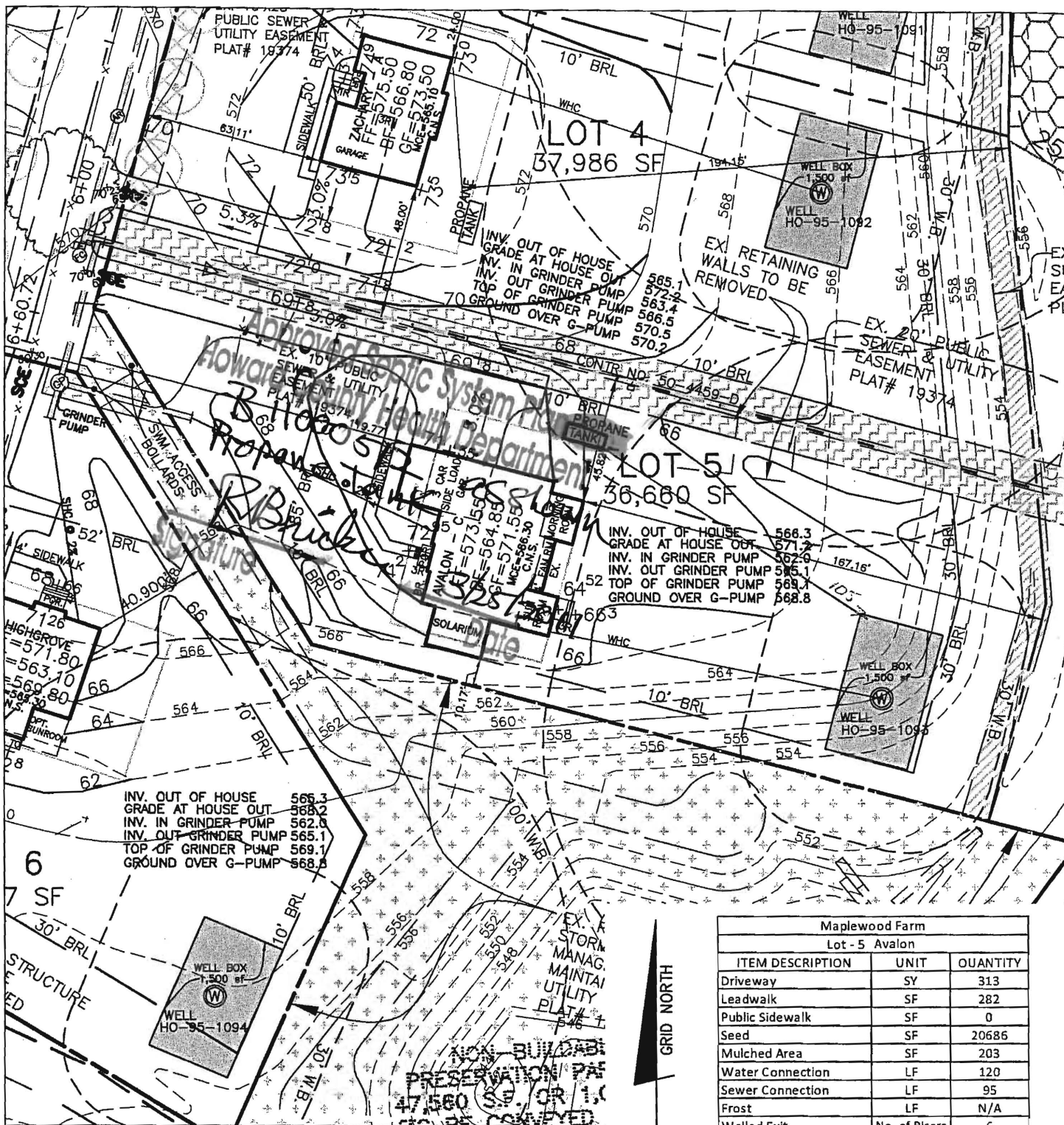
Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START
☐ ONE STOP SHOP

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$ 110.00
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

OK# 2321

1,000 gal Tank
3329 Secretariat way



Maplewood Farm		
Lot - 5 Avalon		
ITEM DESCRIPTION	UNIT	QUANTITY
Driveway	SY	313
Leadwalk	SF	282
Public Sidewalk	SF	0
Seed	SF	20686
Mulched Area	SF	203
Water Connection	LF	120
Sewer Connection	LF	95
Frost	LF	N/A
Welled Exit	No. of Risers	6
Silt Fence	LF	0
Super Silt Fence	LF	871

NO.	DATE	REVISION
2	12-13-10	AVALON-ELEV. C, SOLARIUM, MORN RM, 3 CAR GAR, SUN RM. FAM. RM
1	7-23-10	WAVERLY - ELEV. E, SOLARIUM, MORNING ROOM, 3 CAR GARAGE, BR.

BENCHMARK
ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.
8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELICOTT CITY, MARYLAND 21043
(P) 410-485-8108 (F) 410-485-8844
60 THOMAS JOHNSON DRIVE • FREDERICK, MARYLAND 21702
(P) 301-371-3305 (F) 301-371-3506
WWW.BE-ENGINEERING.COM

MINIMUM BUILDING RESTRICTION LINES:

FRONT: 85'
REAR: 30'
SIDE: 10'

*** HOUSE SITING ONLY ***

LOT 5
MAPLEWOOD FARM

SCALE: 1" = 50'
DATE: 7/23/10

PREPARED BY: jc
PROJECT NO: 1662-RYAN



Howard County
Health Department

Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

March 24, 2011

Bob Kilby
Propane Manager
Valley National Gases, Inc.
7201 Montevideo Road
Jessup, MD 20794
(sent via fax)

RE: **Waiver Approval**
3329 Secretariat Way

Dear Mr. Kilby,

The Department of Health has received your variance request dated March 23, 2011 for the above referenced properties. This Health Department grants **approval** of the waiver on the basis that the propane tank has been located over eighty-five (85) feet from the neighboring well box on lot 4 and over one hundred (100) feet from the existing well (HO-95-1092). Approval of the building permit will be granted by this Department provided that the site plan submitted with the building permit application is consistent with the site plan approved under this waiver request. Any deviations from the site plan submitted with the request will be subject to further review by this Department.

Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

Michael J. Davis, R.S.
Assistant Director
Bureau of Environmental Health

cc: File

03/23/11

Mr. Mike Davis
Howard County Health Department

Mr. Davis,

We are requesting a variance on lot 5 at Maplewoods in Glenwood, Md. The lp gas tanks have been placed in the only location that meets all requirements except the 100 foot from a well head. The lp gas tank is well over 50 feet from the well head on lot 4.

Your careful consideration of this matter would be greatly appreciated.

Please find the address for each lot below:

Lot 5
3329 Secretariat Way.
Glenwood, Md.
B11000542

Thank you,

Bob Kilby
410-799-1114
Propane Manager
Valley National Gases, Inc.
7201 Montevideo Rd
Jessup, Md. 20794

Sumner 7/14/10 JH GP# G-1000201

DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B10002108
Building Address <u>3329 Secretariat Way</u> <u>Glenwood, MD 21723</u>		Property Owner's Name <u>Ryan Homes</u> Address <u>6031 University Blvd, Suite 250</u>	
Suite/Apt. #: _____ SDP/MP/Petition #: _____		City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u>	
Census Tract <u>604002</u> Subdivision <u>Burntwoods (BR)</u>		Phone <u>410.796.0980</u> Phone _____	
Section _____ Area _____ Lot <u>1005</u>		Applicant's Name & Mailing Address, (if other than stated heron): _____	
Tax Map <u>21</u> Parcel <u>106</u> Grid <u>21-5</u>		Phone _____ Fax _____	
Zoning RR-DEO Map Coordinates _____ Lot size _____		Contractor Company <u>Ryan Homes</u>	
Existing Use <u>Vacant Lot</u>		Contact Person <u>Kevin Bowser</u>	
Proposed Use <u>New - Single Family Home</u>		Address <u>6031 University Blvd, Suite 250</u>	
Estimated Construction Cost <u>\$ 250,000</u>		City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u>	
Description of Work <u>Model Waverly w/Morn Rm, Solarium, Lux</u> <u>2 Story, Full Bsm't, 12R, 3FB, 1HB</u> <u>& 3 Car Garage (4-BR) w/Opt FP</u>		License No. <u>56</u> Phone <u>410.796.0980</u> Fax <u>410.796.7094</u>	
Occupant or Tenant <u>Ryan Homes</u>		Engineer or Architect Company <u>Benchmark Engineering</u>	
Contact Name <u>Kevin Bowser</u>		Contact Person <u>John Carney</u>	
Address <u>6031 University Blvd, Suite 250</u>		Address <u>8480 Baltimore National Pike, Suite 418</u>	
City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u>		City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u>	
Phone <u>410.796.0980</u> Fax <u>410.796.7094</u>		Phone <u>410.465.6105</u> Fax <u>410.465.6644</u>	
BUILDING DESCRIPTION - <u>COMMERICAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use Group: _____ Construction Type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewer Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler System: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1 st Floor: 50 68 2 nd Floor: 32 54 Basement: 42 68 Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: <u>4</u> Height: <u>30</u> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewer Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler System: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

Ben Mucci
Applicant's Signature

Ben Mucci
Print Name

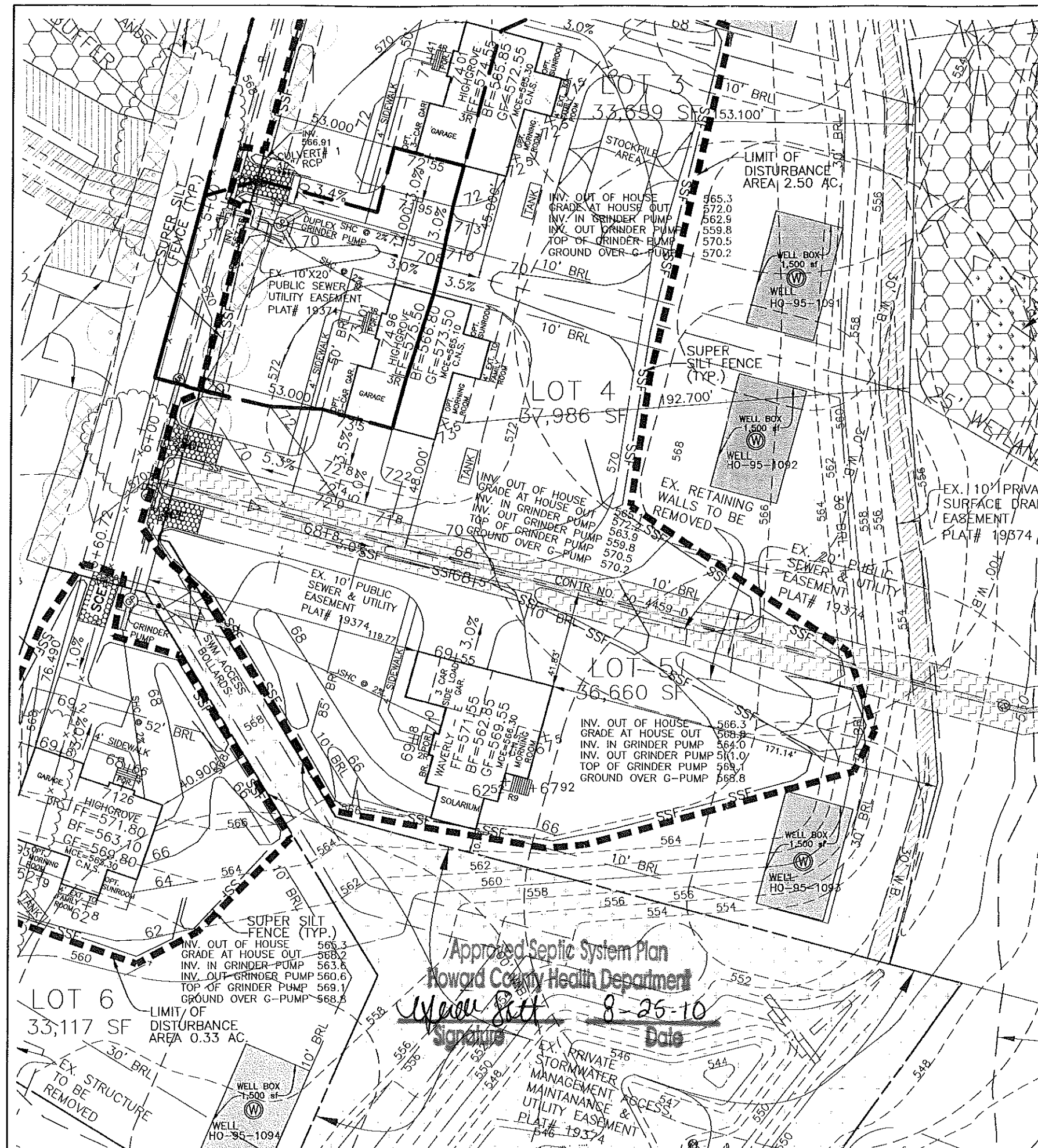
Project Manager
Title/Company

06/30/2010
Date

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE	DPZ SETBACK INFORMATION	PROPERTY ID#
APPROVAL			Front: _____	Filing Fee \$ <u>100.00</u>
Land Development, DPZ			Rear: _____	Permit Fee \$ _____
State Highways			Side: _____	Excise tax \$ _____
Building Official			Side St: _____	Add'l per. fee \$ <u>50.00</u>
Dev. Engineering, DPZ			All minimum setbacks met?	TOTAL FEES \$ _____
Health	<u>8-25-10</u>	<u>John Carney</u>	YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Fire Protection			Is Entrance Permit required?	Balance due \$ <u>6016.56/55</u>
Is Sediment Control Approval required prior to issuance?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot coverage for New Town Zone _____	Accepted by _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	
Distribution of Copies -				
White: Building Official				
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				
T: forms/PERMIT.FRM				Rev. 11/04/04

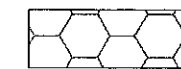


NOTES:

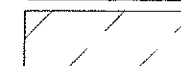
1. THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR MAPLEWOOD FARM, PLAT No. 19374. REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS AND ALL EASEMENTS.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE 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 UNDER GP-10-078 AND MODIFIED FOR THIS SPECIFIC HOUSE.
4. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS.
5. THE EXISTING WELL SHOWN ON THIS PLAN, HO-95-1093, HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.
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.

LEGEND

PROPOSED FOREST
CONSERVATION EASEMENT



EX. SEPTIC AREA



LIMIT OF DISTURBANCE



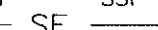
STABILIZED CONSTRUCTION
ENTRANCE



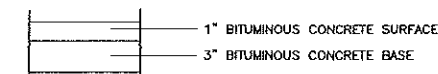
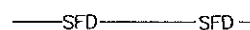
SUPER SILT FENCE



SUPER SILT FENCE



SILT FENCE DIVERSION



FULL DEPTH BITUMINOUS
CONCRETE

PAVING SECTION
NOT TO SCALE



1" = 50'

NO.	DATE	REVISION
<p align="center">BENCHMARK ENGINEERS & LAND SURVEYORS & PLANNERS ENGINEERING, INC.</p> <p align="center">8480 BALTIMORE NATIONAL PIKE SUITE 418 ELLICOTT CITY, MARYLAND 21043 PHONE: 410-465-6105 FAX: 410-485-6644 EMAIL: benchmark@cois.com</p>		
BUILDER: RYAN HOMES INC. 6031 UNIVERSITY BLVD SUITE# 250 ELLICOTT CITY, MD 21043 410-796-0980		PROJECT: MAPLEWOOD FARM LOT 5
OWNER: ABA PROPERTIES LLC 7221 LEE DEFOREST DR., SUITE 100 COLUMBIA, MD 21046-3251 410-953-0505		LOCATION: 3329 SECRETARIAT WAY GLENWOOD, MD 21738 TAX MAP 21 PARCEL 106 GRID 5 4th ELECTION DISTRICT HOWARD COUNTY, MARYLAND
TITLE: PERMIT PLAN		HOUSE TYPE: WAVERLY-E