

DEPT. 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 G10000357	PERMIT NUMBER D10002507
Building Address <u>14323 Roxbury Meadows Dr</u>		Property Owner's Name <u>Douglas Homes Inc.</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: <u>GPD3-001</u>		Address _____	
Census Tract <u>6000</u> Subdivision <u>Clark Mh. 100</u>		City _____ State _____ Zip Code _____	
Section _____ Area _____ Lot <u>22</u>		Home Phone _____ Work Phone <u>410 964 1181</u>	
Tax Map <u>21</u> Parcel _____ Grid <u>21-17</u>		Applicant's Name & Mailing Address, (if other than stated herein): <u>Same</u>	
Zoning <u>R-100</u> Map Coordinates _____ Lot Size <u>5300 sq ft</u>		Phone _____ Fax _____	
Existing Use <u>V. F.I.</u>		Contractor Company _____	
Proposed Use _____		Contact Person _____	
Estimated Construction Cost \$ <u>300,000</u>		Address _____	
Description of Work <u>Full</u>		City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u>	
Occupant or Tenant _____		License No. <u>227</u>	
Contact Name <u>N/A</u>		Phone <u>410 964 1181</u> Fax <u>410 964 1181</u>	
Address _____		Engineer or Architect Company <u>D. Taylor</u>	
City _____ State _____ Zip Code _____		Contact Person <u>D. Taylor</u>	
Phone _____ Fax _____		Address <u>5024 Derry H. Dr. #203</u>	
		City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u>	
		Phone <u>410 964 1181</u> Fax <u>410 964 1181</u>	

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>	Depth _____ Width _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	1st floor: <u>44</u> <u>70</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: <u>44</u> <u>70</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: <u>44</u> <u>70</u>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
		No. of Bedrooms _____	
		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: _____	
		State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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 <u>Carl Conzmann</u>
Email Address _____	Date <u>11/22/2010</u>
Title/Company _____	

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY **PLEASE WRITE NEATLY AND LEGIBLY.** - FOR OFFICE USE ONLY -	
AGENCY <u>Laird Development, DPZ</u>	DATE <u>11/22/2010</u>
SIGNATURE APPROVAL <u>R. Buckner</u>	DPZ SETBACK INFORMATION
State Highways	Front: _____
Building Officials	Rear: _____
Dev. Engineering, DPZ	Side: _____
Health	Side St.: _____
Fire Protection	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone SDP/Red-line approval date _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>	PROPERTY ID # <u>75280</u>
Distribution of Copies White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA	Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Add'l per fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ <u>236692</u> Check # <u>236692</u> Validation # _____

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: ~~7/12/13~~ 7/15/2013
To: Dan SWINDELL
(Person's Name and Division)
From: Douglas Homes (410)-660-9305 Charlie
(Your Name, Company Name and Telephone Number)
Subject: Project name CLARKS MEADOW
Project site address Lot # 22 14323 Roxbury Meadows Dr
Permit Number 31000 3537 SDP # _____
Other information pertinent to this project _____

✓ Please check the attachments below that you are submitting with this transmittal:

- ____ Letter of response to Howard County plan review code letter
____ Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
____ Structural steel certification
____ Energy conservation calculations
____ Certification for _____ (be specific).
____ Copies of _____ (be specific).
____ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
✓ Other revised Plot Plans

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

CHARLES Wimmer

410, 660-9305

(Person's name)

(Telephone number)

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by [Signature]

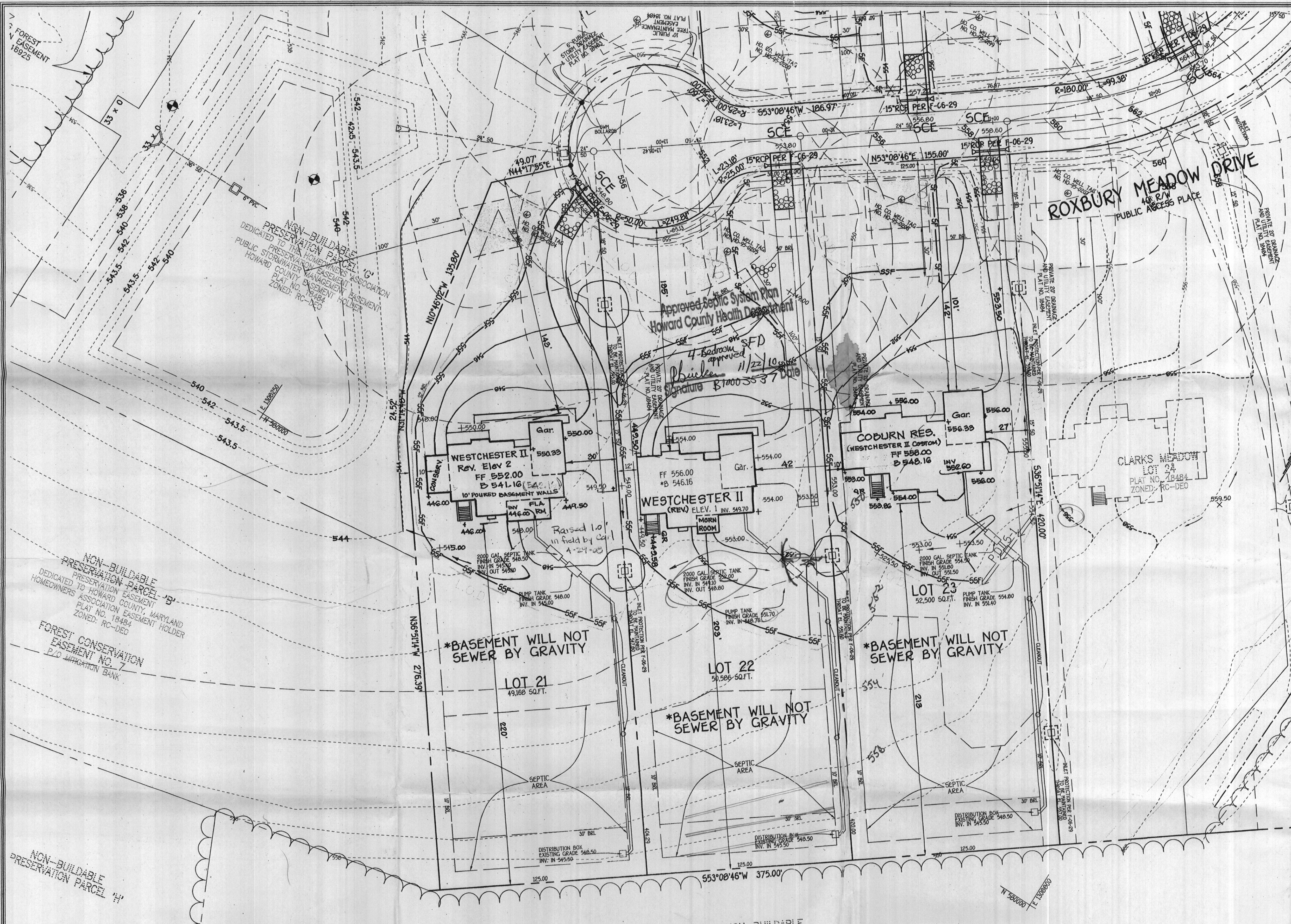
t:\Updated forms\transmit.frm - Rev. 5/08

\$25.00 fee

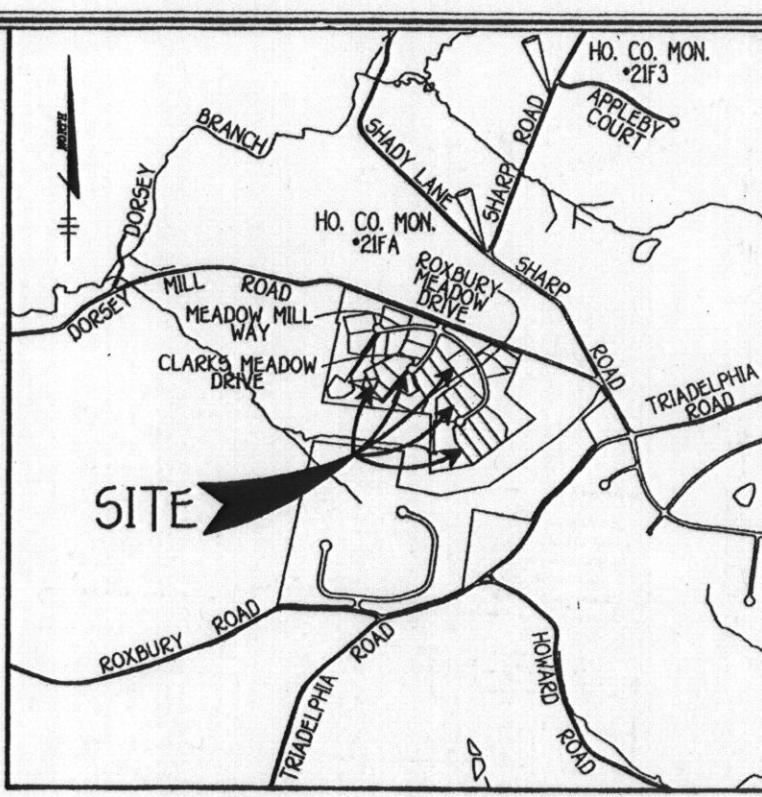
PLAN REVIEW
HAS PREV. SIGNED
OFF
INV# 325651
CK# 3440

white: Plan Review Division
yellow: Applicant
pink: Permit Division

cc: DPZ
DED
HEALTH



BENCH MARKS
HO. CO. MON. 21A
ELEV. 528.96
CONCRETE MONUMENT SET
3.5' FROM NORTHERN EDGE
OF PAVING OF SHADY LANE
45.9' FROM CL. OF SHARP ROAD
AND 86.0' FROM CAP POLE #7.
HO. CO. MON. 21B
ELEV. 530.385
NBSH4108 2309075.570
5.0' FROM EASTERN EDGE
OF PAVING OF SHARP ROAD
APPROX. 0.3 MILES NORTH
OF SHADY LANE 1/2' FROM
CAP POLE #4 1/2' FROM #109873.



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.
 - PLAN 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.

LEGEND	
SYMBOL	DESCRIPTION
---	EXISTING CONTOUR 2' INTERVAL
---	PROPOSED CONTOUR 2' INTERVAL
+382.5	SPOT ELEVATION
---	SUPER SILT FENCE
---	EROSION CONTROL MATTING
---	LIMITS OF DISTURBANCE

NO.	REVISION	DATE
1	Rev. hsc. & qrd. Lot 22	7-11-08
2	Add well notes and shade in well boxes	6-4-10
3	Rev. hsc. & qrd. Lot 23	6-29-10

OWNER/BUILDER/DEVELOPER

DOUGLAS HOMES
P.O. BOX 628
ELLICOTT CITY, MARYLAND 21041
410-750-0522

DEVELOPER'S CERTIFICATE

"I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN AND THAT ANY RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF THE ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT."

SIGNATURE OF DEVELOPER: *Carl Cruzman* DATE: 3-12-08

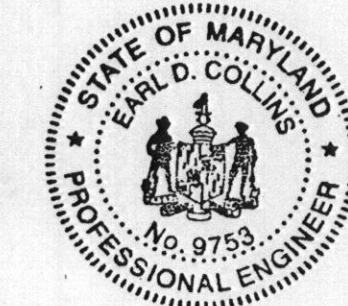
ENGINEER'S CERTIFICATE

"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."

SIGNATURE OF ENGINEER: *Carl Cruzman* DATE: 3-12-08

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 DATE: 3-12-08



SITE DEVELOPMENT, SEDIMENT AND EROSION CONTROL PLAN
CLARKS MEADOW
LOT 5,8,10,16,18,19 & 21 THRU 23
ZONED: RC-DEO
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