



Building Permit Application
Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 04/17/13

Permit No.: B13001458

Building Address: 11635 Vixens Path
City: Ellicott City State: MD Zip Code: 21042
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: 5
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: VACANT LOT
Proposed Use: SF.D
Estimated Construction Cost: \$ 40,000
Description of Work: BUILD NEW TWO STORY SFD WITH 5 B.D

Occupant or Tenant: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth Width
Gross area, sq. ft./floor: _____	1 st floor: _____
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: _____
<u>Construction type:</u>	<input checked="" type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input checked="" type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	<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: _____
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Vixens Path 2, LLC
Address: 7701 Greenbelt Rd.
City: Greenbelt State: MD Zip Code: 20770
Phone: 703-296-3575 Fax: _____
Email: nick@desbuildc.com

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: Nick Chaffarian
Address: 4942-C Eisenhower Ave
City: Alexandria State: VA Zip Code: 22304
Phone: 703-296-3575 Fax: 703-751-4664
Email: nick@desbuildc.com

Contractor Company: Desbuild Construction Inc
Contact Person: Nick Chaffarian
Address: P.O. Box 1825
City: Fairfax State: VA Zip Code: 22031
License No.: 7055
Phone: 443-542-1260 Fax: 703-751-4664
Email: nick@desbuildc.com

Engineer/Architect Company: Geo ENV Engineers
Responsible Design Prof.: Ibrahim Chehab
Address: 10875 Main St.
City: Fairfax State: VA Zip Code: 22030
Phone: 703-591-7170 Fax: _____
Email: _____

Utilities
<u>Water Supply</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
<u>Sewage Disposal</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>Heating System</u>
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____
<u>Sprinkler System:</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number: _____
Building Shell Permit Number: _____

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: Nick Chaffarian
Email Address: nick@desbuildc.com
Title/Company: President

Print Name: Nick Chaffarian
Date: 4/16/13

RECEIVED

APR 17 2013

LICENSES & PERMITS
DIVISION

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

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>5/14/13</u>	<u>Wendy Smith</u>
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
CONTINGENCY CONSTRUCTION START		

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 New Town Zone: _____

SDP/Red-line approval date: _____

Filing Fee	\$ <u>100.00</u>
Permit Fee	\$ _____
Tech Fee	\$ _____
Excise Tax	\$ _____
PSFS	\$ _____
Guaranty Fund	\$ <u>50.00</u>
Add'l per Fee	\$ _____
Total Fees	\$ _____
Sub- Total Paid	\$ _____
Balance Due	\$ _____
Check #	<u>1915</u>



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: B1300 3053

Building Address: 11635 Vixens Path
City: Ellicott City State: MD Zip Code: 21042
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: 5
Tax Map: 0029 Parcel: 0382 Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Single Family Dwelling (new construction)
Proposed Use: Fuel supply for All gas home
Estimated Construction Cost: \$ 5,700
Description of Work: Removal of propane tank and installation of gas line from tank to ~~garage~~ stub out at house 100 gal
Occupant or Tenant: _____
Was tenant space previously occupied? ☐ Yes ☒ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth _____ Width _____
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<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
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	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
	Footings: _____
	Roof: _____
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	<input type="checkbox"/> Manufactured Home

Property Owner's Name: _____
Address: 11635 Vixens Path
City: Ellicott City State: MD Zip Code: 21042
Phone: 703 751 4663 Fax: 703 751 4664
Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: Suburban Propane
Contact Person: Brent Stubbs
Address: 31 Derwood Cr
City: Rockville State: MD Zip Code: 20850
License No.: 78263
Phone: 301 251 0000 Fax: 301 251 8931
Email: BSTUBBS@SUBURBANPROPANE.COM

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Utilities
<u>Water Supply</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
<u>Sewage Disposal</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Heating System</u>
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____
<u>Sprinkler System:</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number: _____
Building Shell Permit Number: _____

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: _____
Email Address: BSTUBBS@SUBURBANPROPANE.COM

Print Name: BRENT STUBBS
Date: 9/30/13

Title/Company: _____

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	<u>10/1/13</u>	<u>Waters</u>

Is Sediment Control approval required for issuance? ☐ Yes ☒ No
☐ CONTINGENCY CONSTRUCTION START

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 New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$	<u>110.00</u>
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub-Total Paid	\$	
Balance Due	\$	
Check	#	

Distribution of Copies: White: Building Officials

Green: PSZA, Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA

T:\Operations\Updated Forms\Building applmp 8.2012.docx

MO.



CIVIL AND LAND DEVELOPMENT ENGINEERING

P.O. Box 650206
Sterling, VA 20165

Tel (703) 404-0363
Fax (703) 404-0443

July 30, 2013

Mr. Robert Frances
Director
Department of Inspection, Licenses and permits
Howard County
3430 Courthouse Dr.
Ellicott City, MD. 21043

RE: Permit # 1300158
11635 Vixens Path

G13000158
B13001458

Dear Mr. Frances,

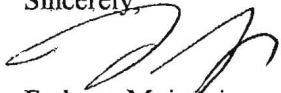
Per our client request, we have some revision on the approved plan for the above referenced permit number. The revisions are as followed:

1. Due to steep slope in the rear and walkout area, a 170 LF retaining wall has been proposed and designed 10' away from conservation easement in the rear.
2. Due to this revision, the limit of disturbed has been adjusted.
3. Patio with some steps connected to the driveway has been added. The proposed wall along the driveway has been adjusted due to proposed steps.
4. The size of Bio-retention facility has been adjusted due to above revision.
5. The size of the proposed deck has been reduced.

Copies of revised plan and retaining wall design calculation are attached for review and approval.

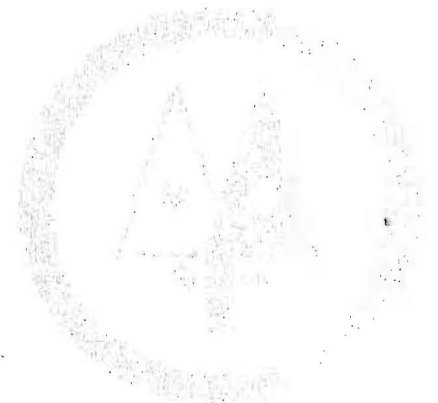
Please feel free to contact me, if you need more information.

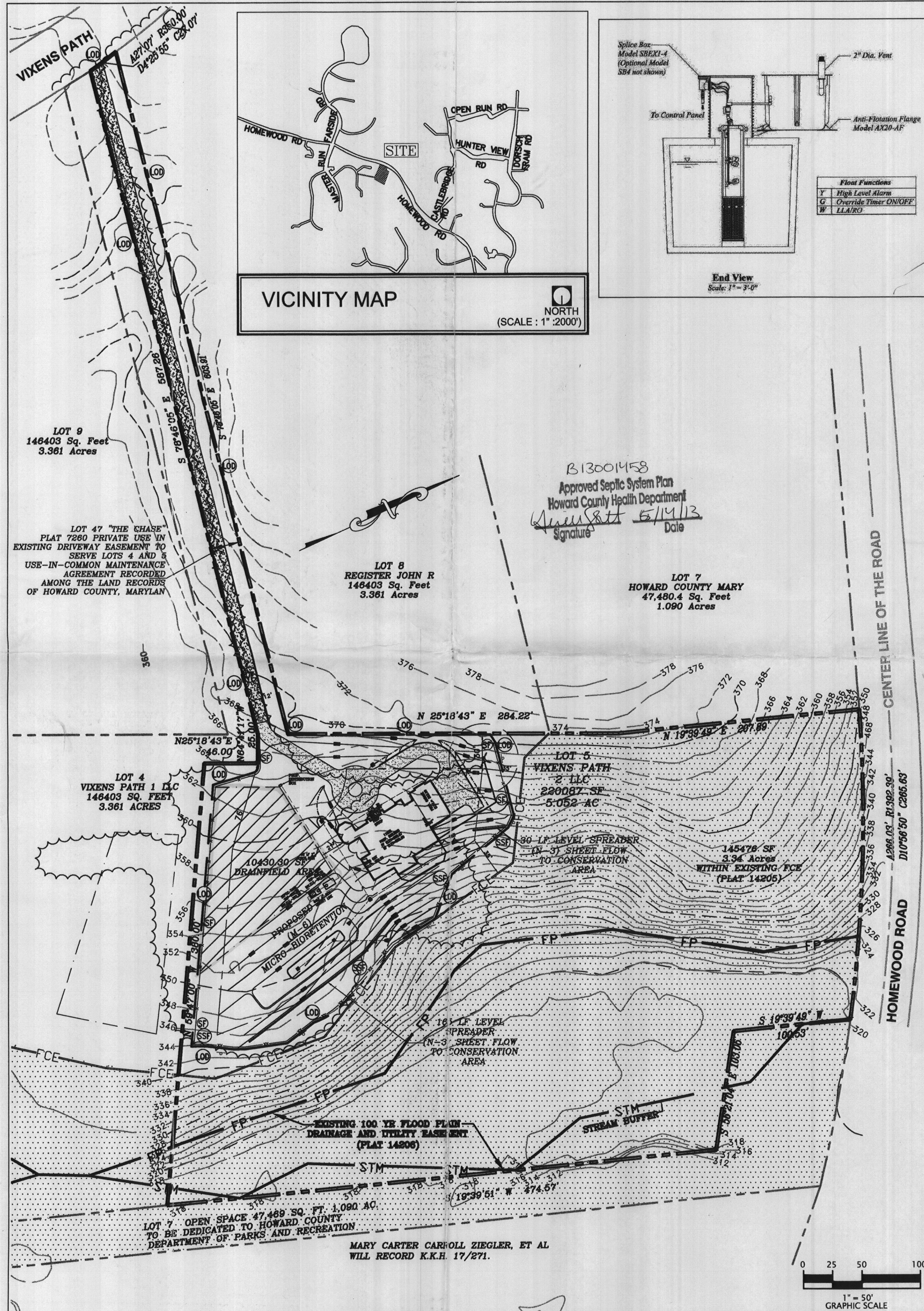
Sincerely,


Farhang Mojgani
Project Manager

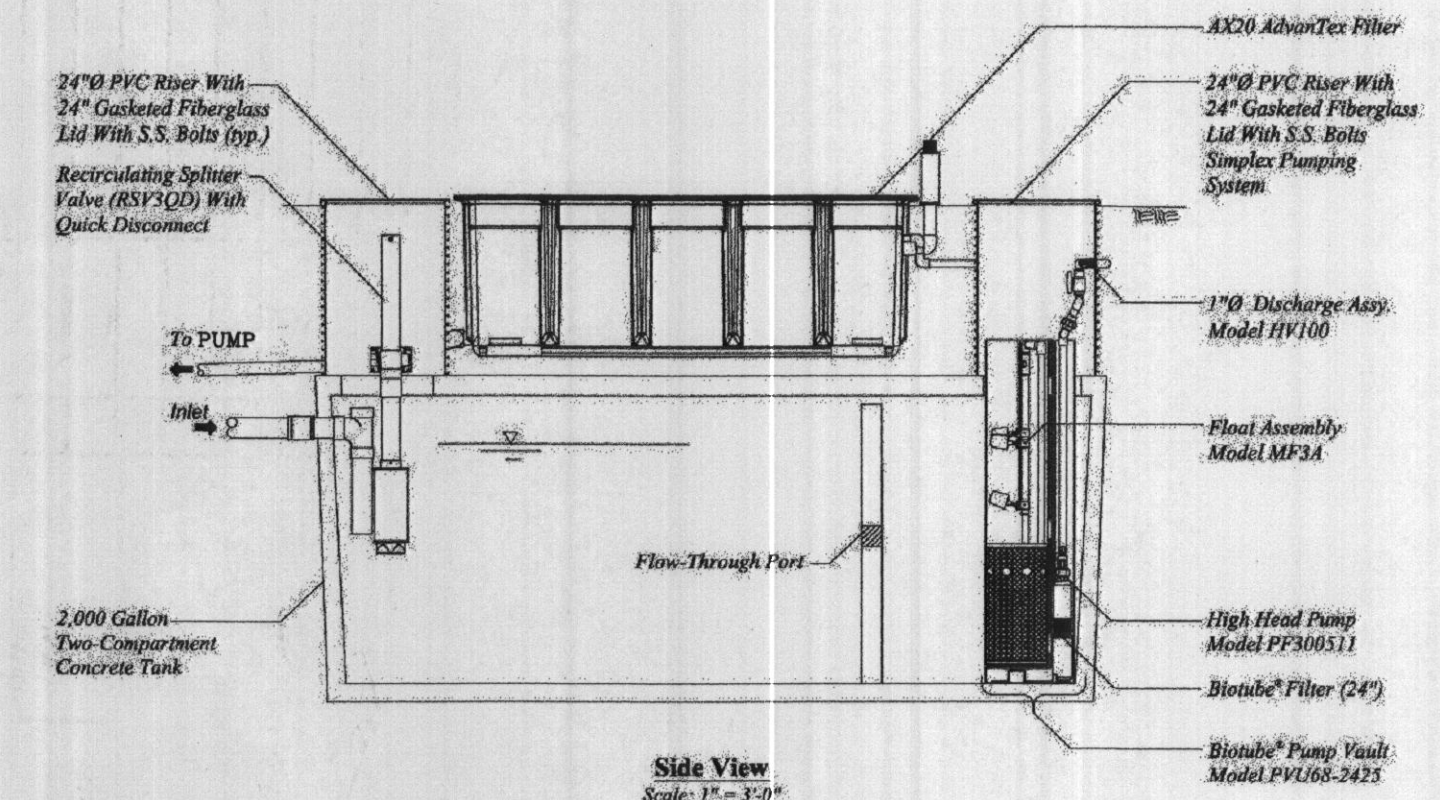
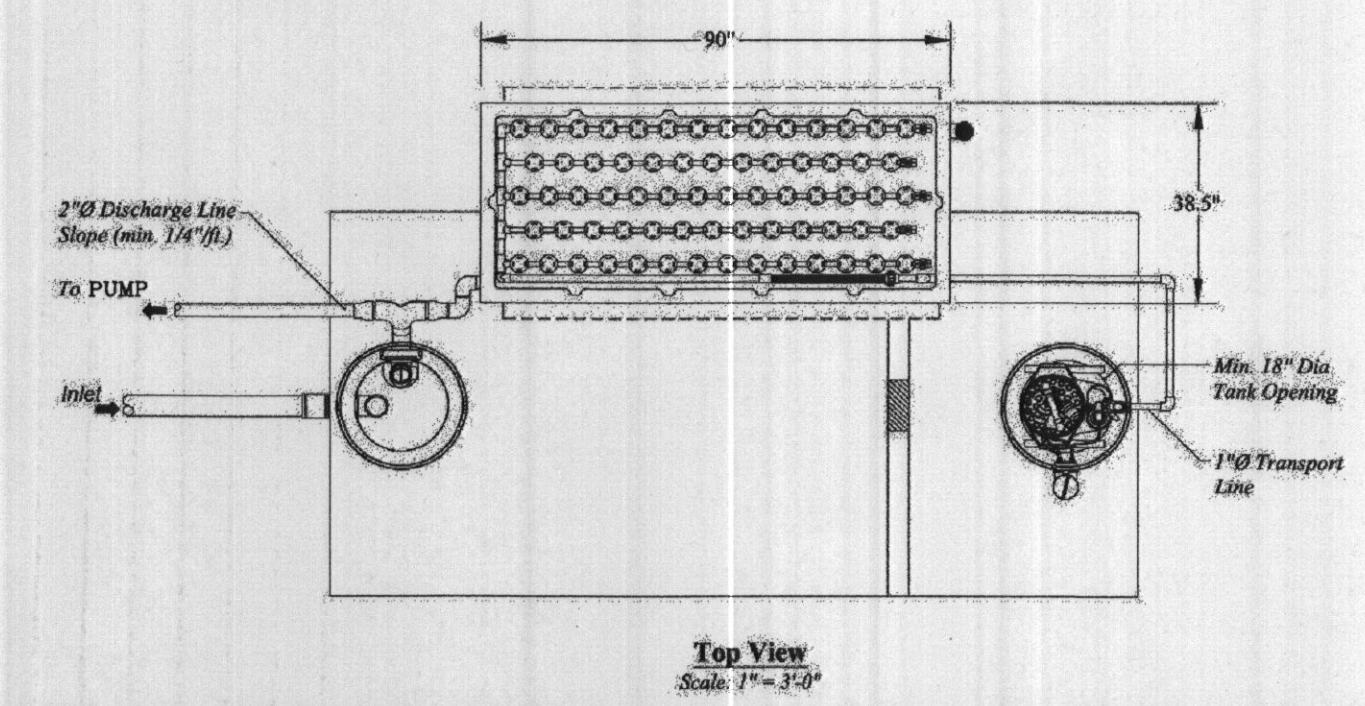
Attached: Grading plan, Retaining wall Calculations

CC: DPZ
DED
Heather





AdvanTex® AX20 Mode 3A w/Concrete Tank - Maryland 5 Bedroom



GENERAL NOTES:

1. THE SUBJECT PROPERTY IS ZONED RE-CEDE PER THE 2 / 2 / 04 COMPREHENSIVE ZONING PLAN AND PER COMPLETE ZONING REGULATION DATED 7 / 28 / 06.
2. PLAT REFERENCE: PLAT # 14026.
3. THE EXISTING TOPOGRAPHY WITHIN THE AREA OF PROPOSED WORK IS TAKEN FROM FIELD RUN SURVEY WITH MAXIMUM TWO FOOT CONTOURS INTERVALS PREPARED BY HIGHLAND SURVEY DATED 10-13-2012.
4. SEE ARCHITECTURAL PLANS FOR BUILDING DIMENSION AND DESIGN DETAILS. PRIOR TO STAKEOUT FOR CONSTRUCTION, IT SHALL BE THE OWNER RESPONSIBILITY TO PROVIDE LED, INC. WITH THE MOST RECENT SET OF HOUSE PLANS.
5. THE CONTRACTOR OR DEVELOPER SHALL NOTIFY THE DEPARTMENT OF PUBLIC WORKS / BUREAU OF ENGINEERING / CONSTRUCTION INSPECTION DIVISION AT (410) 313-1881 AT LEAST FIVE (5) WORKING DAYS PRIOR TO THE START OF WORK.
6. THE CONTRACTOR SHALL NOTIFY "MISS UTILITY" AT 1-800-257-7777 AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO ANY EXCAVATION WORK BEING DONE.
7. TOTAL LIMIT OF DISTURBANCE: 39,410 SF / 0.91 AC.
8. ANY DAMAGE TO PUBLIC "RIGHT-OF-WAY" OR PAVED PUBLIC ROADS SHALL BE REPAIRED IMMEDIATELY AT THE CONTRACTORS EXPENSE IN ACCORDANCE EIGHT THE HOWARD COUNTY STANDARDS AND SPECIFICATIONS.
9. THESE AREAS DESIGNATE A PRIVATE SEWAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. (COMER 26.04.03) IMPROVE OF ANY NATURE IN THIS AREA ARE RETRACTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

SEPTIC SYSTEM/BEST AVAILABLE TECHNOLOGY (BAT) NOTES:

1. ANY CHANGE TO THE LOCATION OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REVISED SITE PLAN MAY BE REQUIRED.
2. THE MAXIMUM DEPTH OF THE BAT PER THE MANUFACTURE'S SPECIFICATION IS 3 FEET COVER.
3. THE BLOWER MAY NOT BE LOCATED MORE THAN 10 FEET FROM THE TANK BASED ON THE MANUFACTURER'S SPECIFICATIONS.
4. THE BAT SYSTEM SHALL BE MAINTAIN AND OPERATED FOR THE LIFE OF THE SYSTEM.
5. THE BAT SHALL BE OPERATED BY AND MAINTAINED BY A CERTIFIED SERVICE PROVIDER.
6. WITHIN ONE MONTH OF INSTALLATION, A PERSON INSTALLING THE BAT SYSTEM SHALL REPORT TO THE MARYLAND DEPARTMENT OF THE ENVIRONMENT (MDE), IN A MANNER ACCEPTABLE TO MDE, THE ADDRESS AND DATE OF COMPLETION OF THE BAT INSTALLATION AND THE TYPE OF BAT INSTALLED.
7. ELECTRICAL WORK FOR THE BAT INSTALLATION MUST BE PERFORMED BY A LICENSED ELECTRICIAN.
8. AN AGREEMENT AND EASEMENT MUST BE COMPLETED AND SIGNED BY ALL APPLICABLE PARTIES, AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY.
9. THE HEALTH DEPARTMENT REQUIRES DOCUMENTATION FOR THE START-UP CERTIFICATION FROM THE MANUFACTURER PRIOR TO FINAL APPROVAL OF THE INSTALLATION.

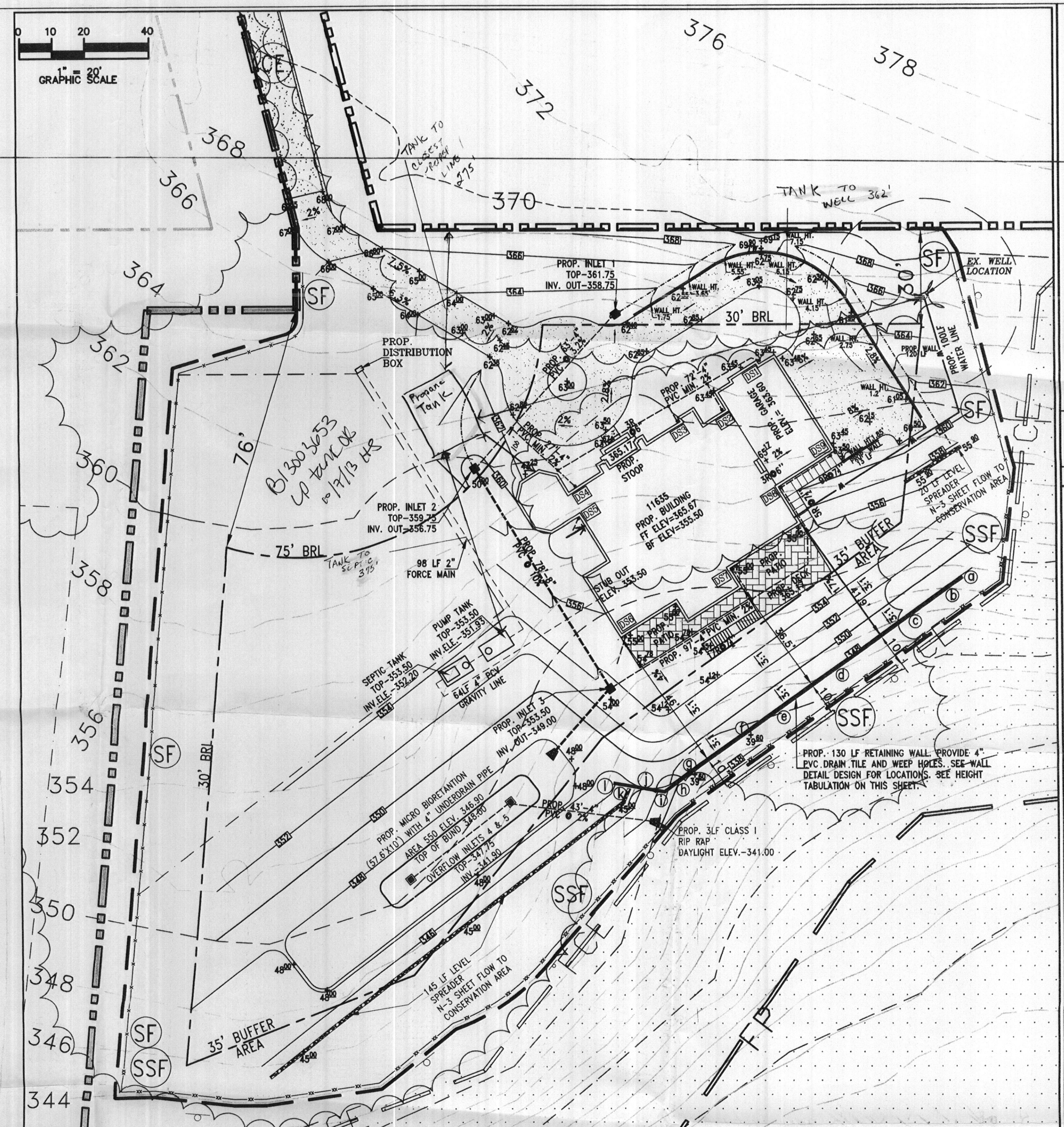
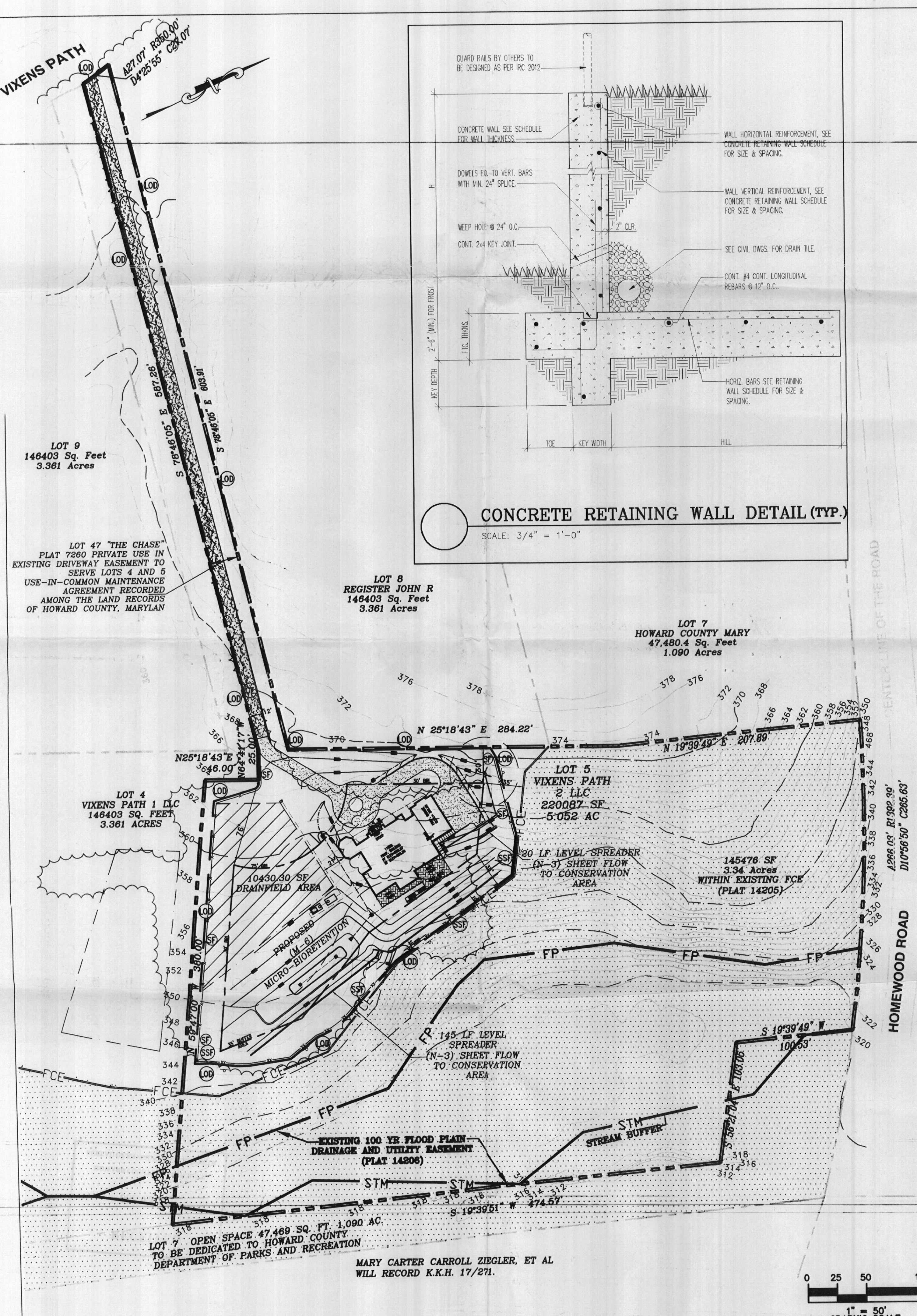
CIVILAND, LLC
ENGINEERING • LAND DEVELOPMENT
P.O. BOX 650206 STERLING, VIRGINIA 20165
(703) 404-0363 • Fax (703) 404-0443
fmo@civilandllc.com



SCALE: AS SHOWN

SITE PLAN FOR BAT INSTALLATION
THE CHASE II, LOT 5-11635 VIXENS PATH- PLAT #14026 (F-99-167)
TAX MAP 29 / GRID 3 / PARCEL 382 - ZONED RR

SHEET NO. 1 OF 1
FILE NO. XX-XX



CIVILAND, LLC

ENGINEERING • LAND DEVELOPMENT
P.O. BOX 650206 STERLING, VIRGINIA 20165
(703) 404-0363 • Fax (703) 404-0443
fmojgan@earthlink.net

DESIGN BY: FM
CHECKED BY: FM
DATE: APRIL 2013

SCALE: AS SHOWN

SITE & GRADING PLAN
THE CHASE II, LOT 5-11635 VIXENS PATH- PLAT #14026 (F-99-167)
TAX MAP 29 / GRID 3 / PARCEL 382 - ZONED RR

SHEET NO. 1 OF 1
FILE NO. 12-34