

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:

612002371

Building Address: 11633-Vixens Park
Ellicott City MD-21042

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Residence

Proposed Use: Entry Spr.

Estimated Construction Cost: \$ \$ 5,000.00

Description of Work: ADD Main Entry Spr.
HIT & MUTE CANOPY 12x12

Occupant or Tenant: Wajahat Ashai

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Wajahat Ashai

Address: 11633 Vixens Park

City: Ellicott City State: MD Zip Code: 21042

Home Phone: 410-730-8350 Work Phone: 410-206-8850

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

Phone: _____ Fax: _____

Email: _____

Contractor Company: Self

Contact Person: Wajahat Ashai

Address: _____

City: _____ State: _____ Zip Code: _____

License No.: _____

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height: <u>20 feet</u>	<u>Water Supply</u>
No. of stories: <u>2</u>	<input type="checkbox"/> Public
Gross area, sq. ft./floor: <u>10,000</u>	<input checked="" type="checkbox"/> Private
Area of construction (sq. ft.): <u>180</u>	<u>Sewage Disposal</u>
	<input type="checkbox"/> Public
	<input checked="" 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 checked="" type="checkbox"/> Propane Gas
<input checked="" type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input checked="" type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	No. of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<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:	<u>Roadside Tree Project Permit</u>
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<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: Wajahat Ashai

Email Address: Wajahat.Ashai@gmail.com

Title/Company: _____

Print Name: Wajahat Ashai

Date: 7/12/2010

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? ☐ 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	\$
Permit Fee	\$ <u>55</u>
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

CK #571

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health

T:\Operations\Updated Forms\New building app 11.10.2010.docx

Gold: SHA

LOT 7

(1' = 30')
Scale

Wall check OK
0-11-11 H8

EX.
WELL

S78°46'28"E 541.33'

30' BRL

LOT 8
132,207 S.F.
OR
3.0351 AC.±

Approved Septic System Plan
Howard County Health Department

Dana Bernard 7-17-12
Signature Date

Approved as shown
12' x 12' Canopy
BP # B/2002371

POURED CONC.
WALLS
(SEE DETAIL)

SEPTIC AREA

60' BRL

280'±

45'±

33'±

160' BRL

58'±

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:
B11003203

Building Address: 11683 Vixens Path
Ellicott City MD 21042

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____

Proposed Use: _____

Estimated Construction Cost: \$ _____

Description of Work: 1000 Gallon
Underground LP Gas Tank

Occupant or Tenant: _____

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Wajahat Ashraf

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

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

Phone: _____ Fax: _____

Email: _____

Contractor Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License No.: _____

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

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
<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 type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input 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 type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<input type="checkbox"/> Manufactured Home	

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Applicant's Signature _____

Email Address _____

Title/Company _____

Print Name _____

Date _____

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	10/2/11	[Signature]
Fire Protection		
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		
<input type="checkbox"/> 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	\$ 111
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

LEGEND

(127)

NEW CONTOUR LINES

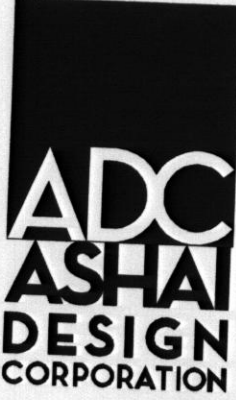
127

EXISTING CONTOUR LINES

379.00
F.G.

FINISH GRADE

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Architect
 ASHAI DESIGN
 21515 Hawthorne Blvd.
 Suite #475
 Torrance, CA 90503
 Tel: (310) 303-7416
 Fax: (310) 303-7417
 Tony Ashai, AIA



Consultants

REVISIONS		
No.	Date	Remarks

ISSUED	
Issued for	Issued on
PLAN CHECK	
BIDDING	
CONSTRUCTION	

PROJECT TITLE
 ASHAI
 RESIDENCE
 JOB ADDRESS
 11633 VIXENS PATH
 ELLICOTT CITY, MD

OWNER
 ASHAI

LEGAL DESCRIPTION
 LOT: BLOCK:
 TRACT:
 Sheet Title

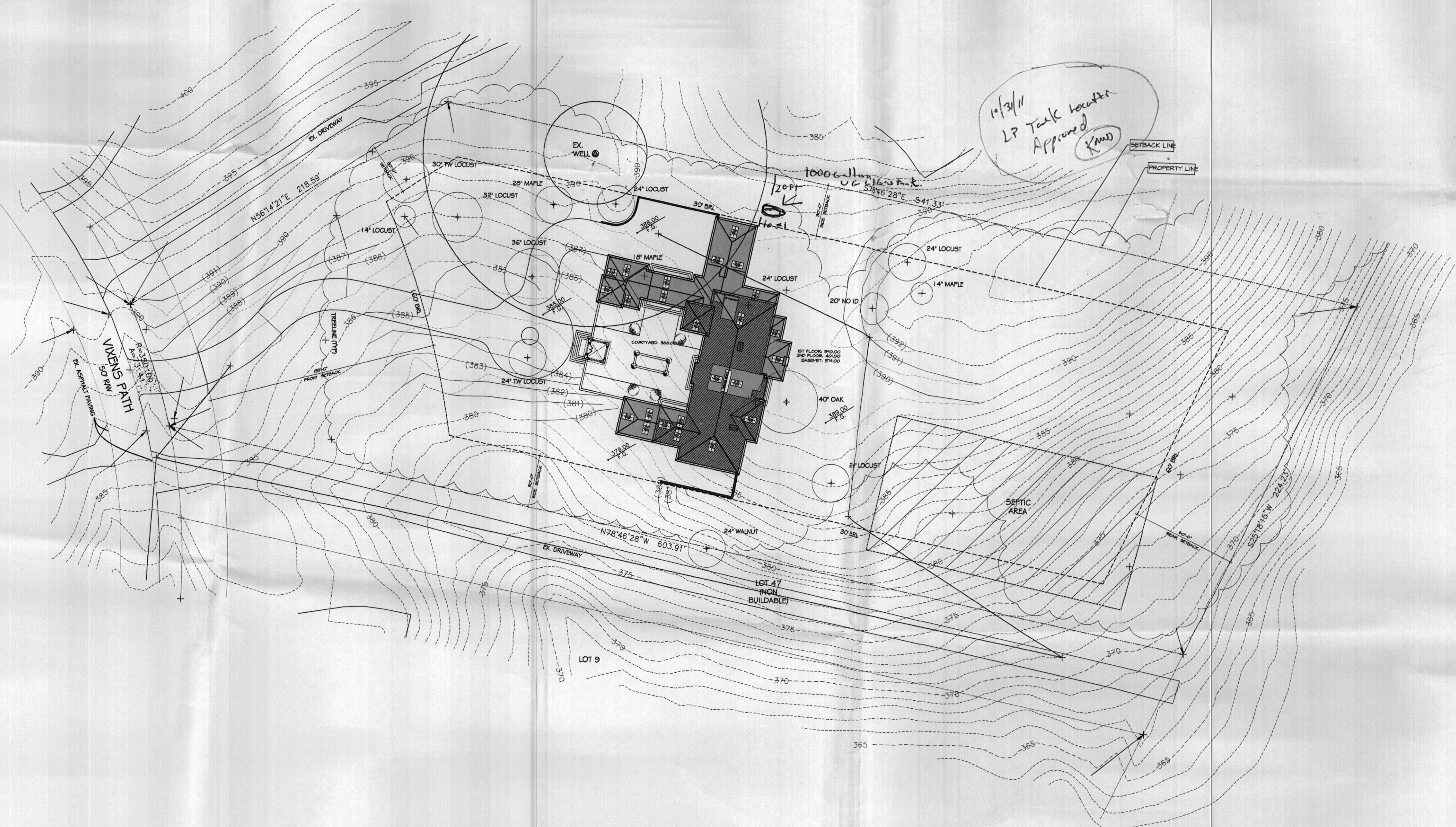
SITE PLAN

Job No.: J-1002
 Date: 06/14/10
 Drawn by: ENM
 Checked by: TA
 File Name: J-1002A-SP

Drawing Type Drawing No.

A-101

SHEET NO. OF SHEETS



SITE PLAN
 SCALE: 1/32"=1'-0"

DEPT. 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
B10000230

PERMIT NUMBER
B100002347

Building Address
11033 VINEYD PATH
ELLCOTT CITY, MD

Suite/Apt. #:
SDP/WP/Petition #:

Census Tract
6051.0' Subdivision
TELE. CHASE

Section
Area
Lot
8

Tax Map
29 Parcel
24 Grid
2

Zoning
RC-DE-2 Map Coordinates
Lot Size

Existing Use
VARIANT LOT

Proposed Use
TELE. CHASE VINEYD FAMILY HOME

Estimated Construction Cost \$
95000. Per contract

Description of Work
CONSTRUCT TWO TOWNHOMES

Occupant or Tenant

Contact Name

Address

City
State
Zip Code

Phone
Fax

Property Owner's Name
ISATAHAT, J. HAI

Address
12450 ELLICOTT CITY ROAD

City
State
Zip Code

Home Phone
Work Phone

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

Phone
Fax

Contractor Company
O. J.

Contact Person

Address

City
State
Zip Code

License No.

Phone
Fax

Engineer or Architect Company
MICHAEL J. VANGLANT

Contact Person
T. MICHAEL VANGLANT

Address

City
State
Zip Code

Phone
Fax

BUILDING DESCRIPTION – COMMERCIAL

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:

2nd floor:

Basement:

Finished Basement

Unfinished Basement

Crawl space

Slab on Grade

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

Manufactured Home

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

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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature

Print Name

Email Address

Date

Title/Company

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY AND LEGIBLY.
- FOR OFFICE USE ONLY -

AGENCY
Land Development, DPZ

DATE
8-5-10

SIGNATURE APPROVAL
OBernard

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

PROPERTY ID #
\$

Filing fee
\$

Permit fee
\$

Excise tax
\$

Add'l per fee
\$

TOTAL FEES
\$

Sub-total paid
\$

Balance due
\$

Check
#

Validation
#

Is Sediment Control approval required prior to issuance?

YES

NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Distribution of Copies

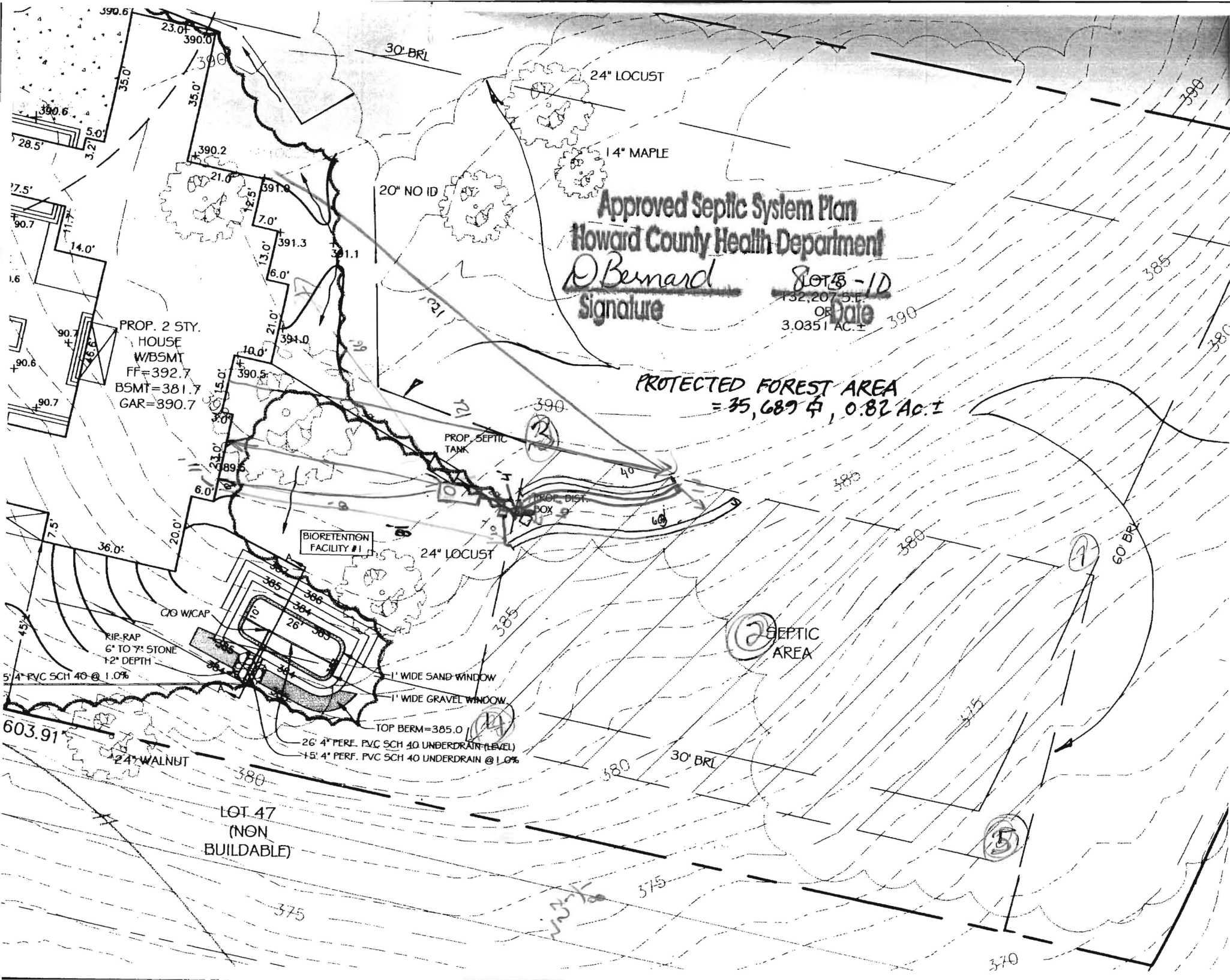
White: Building Officials

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA



Approved Septic System Plan
Howard County Health Department
O Bernard
Signature

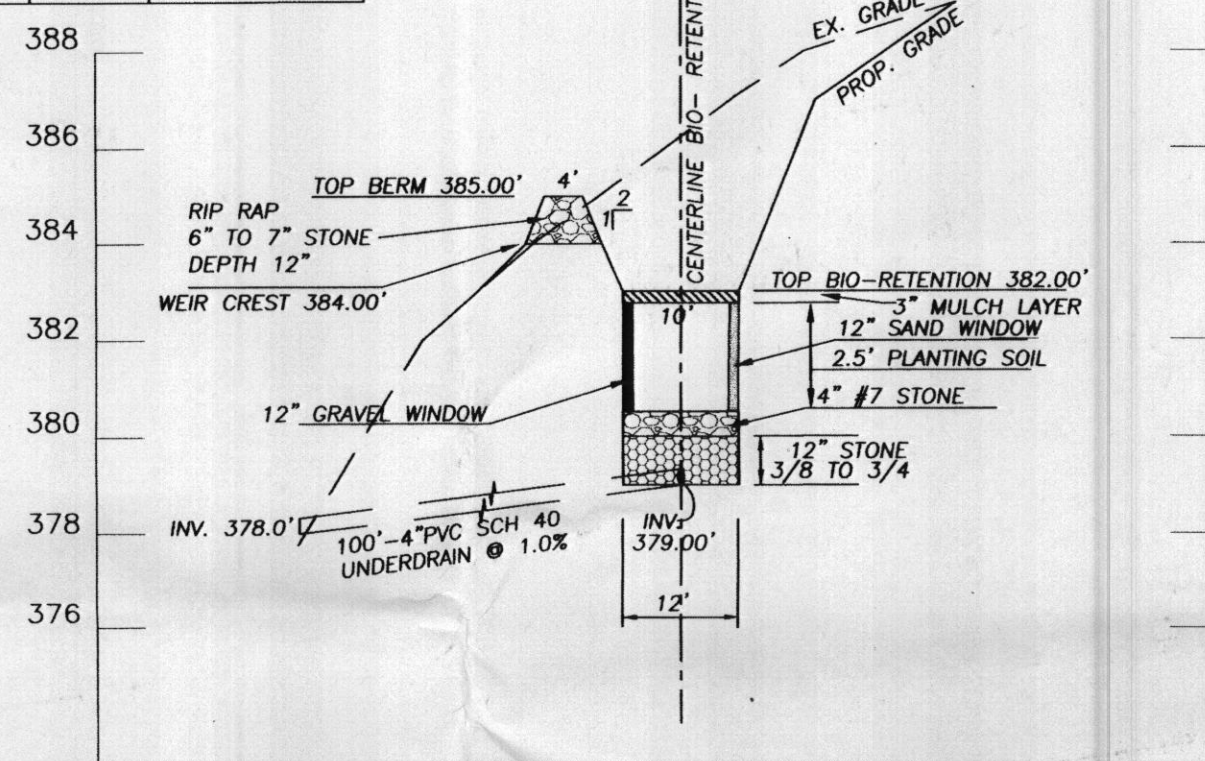
8/15/10
132,207 S.E.
OR
3.0351 AC. ±
Date

PROTECTED FOREST AREA
= 35,687 sq ft, 0.82 Ac. ±

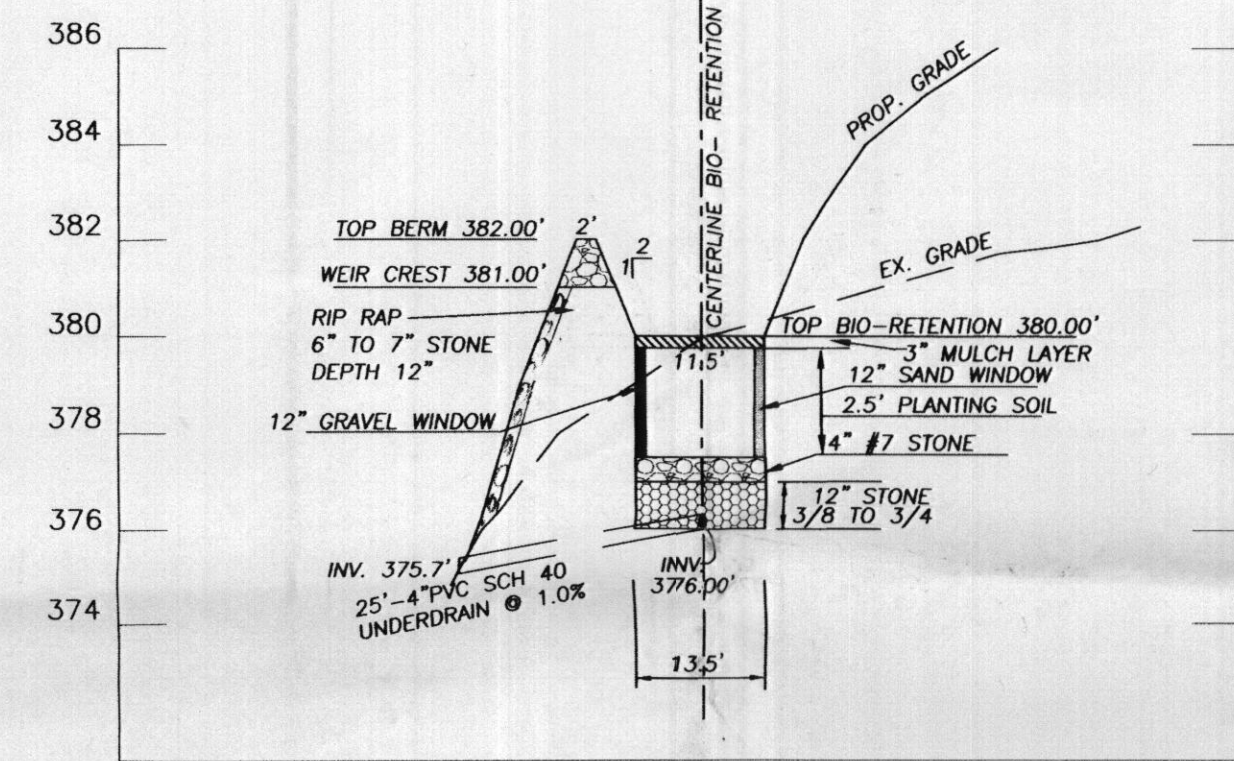
LOT 47
(NON
BUILDABLE)

DESCRIPTION	TOP OF MULCH	TOP OF FILTER MEDIA	TOP OF # 5 STONE	TOP OF # 57 STONE	BOTTOM OF FACILITY	TOP OF BERM	WEIR CREST
BIORETENTION FACILITY # 1	363.00	362.83	360.33	379.66	379.00	365.00	364.00
BIORETENTION FACILITY # 2	380.00	379.83	377.33	376.66	376.00	382.00	381.00

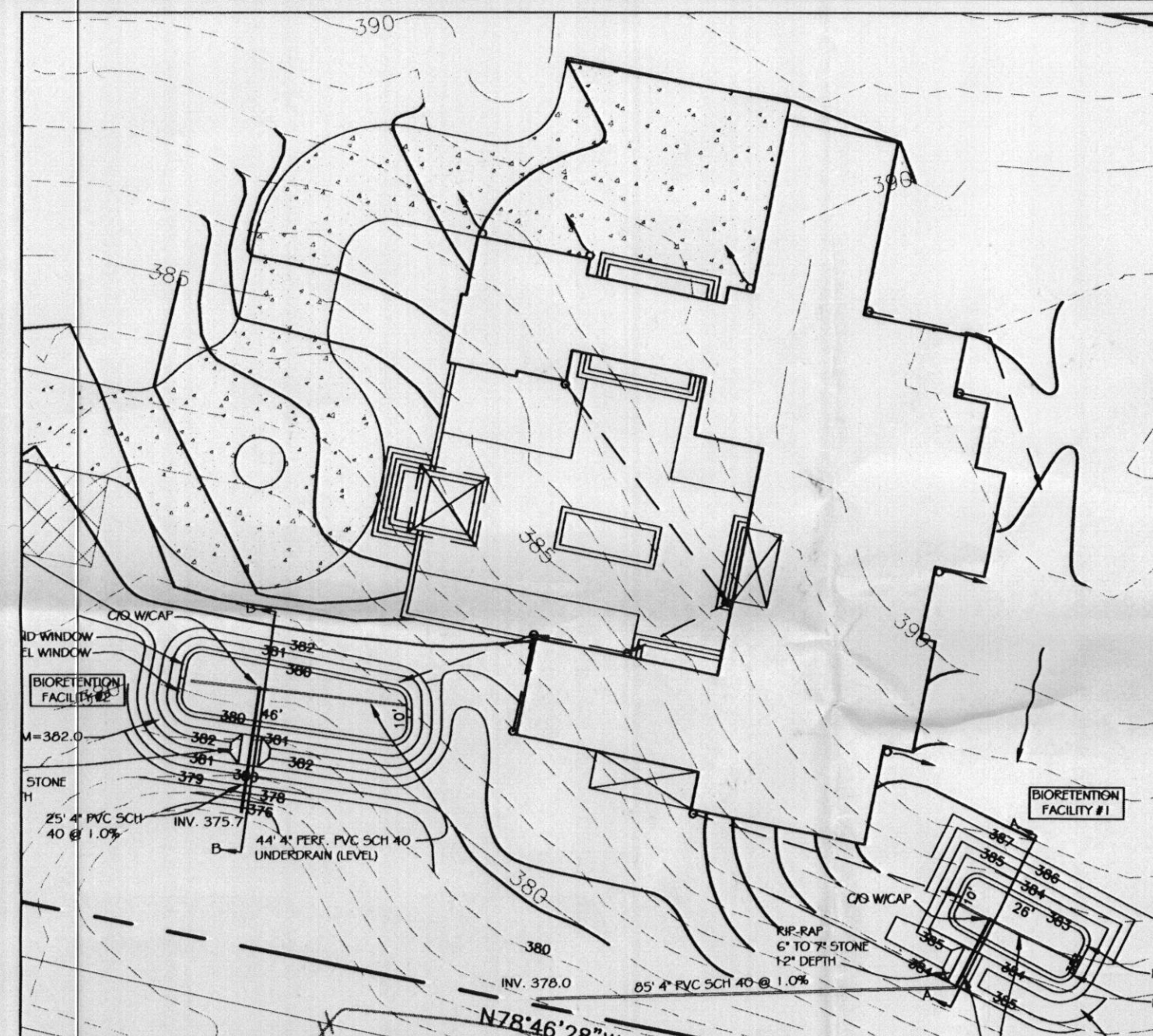
* FOR DIMENSIONS SEE PLAN VIEW



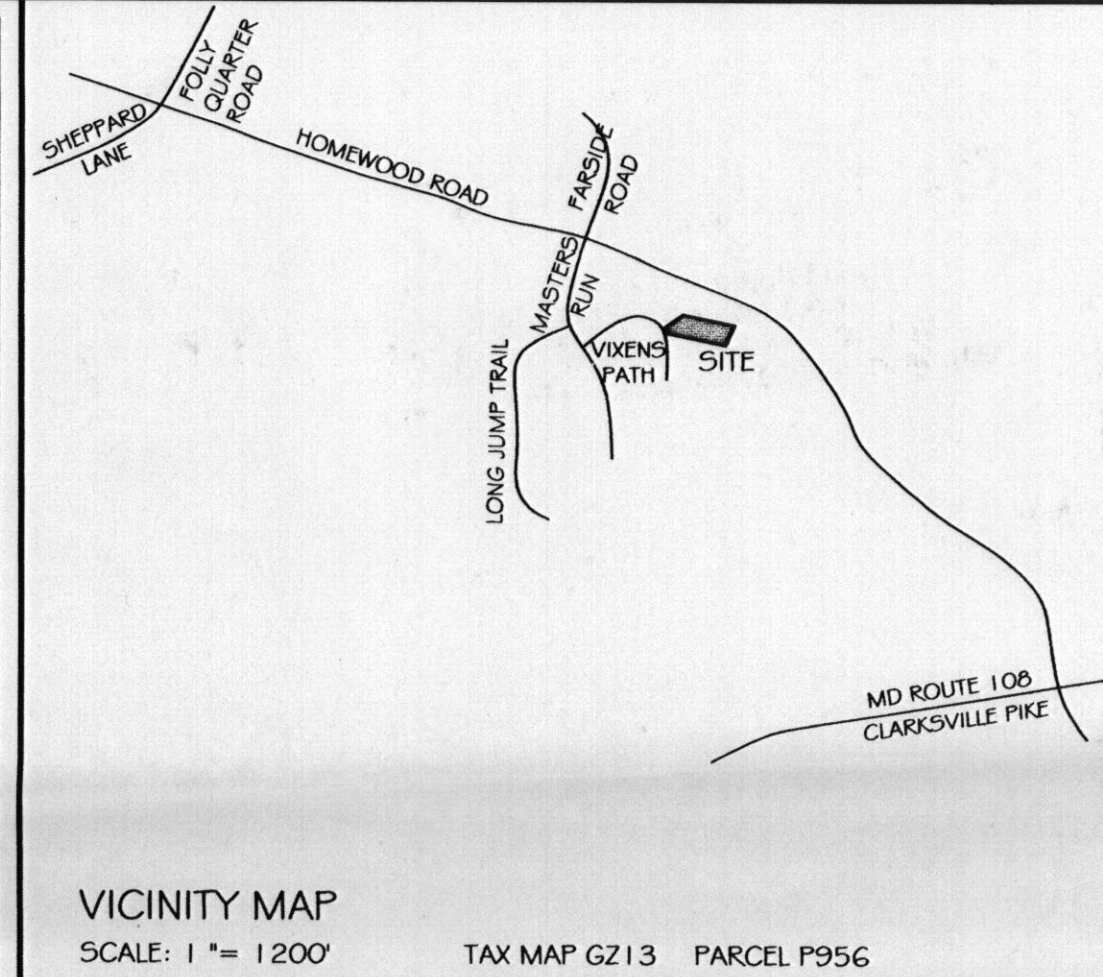
SECTION AA
HOR. 1"=20'
VERT. 1"=4'



SECTION BB
HOR. 1"=20'
VERT. 1"=4'



ROOF DRAIN DETAIL
1"=30'

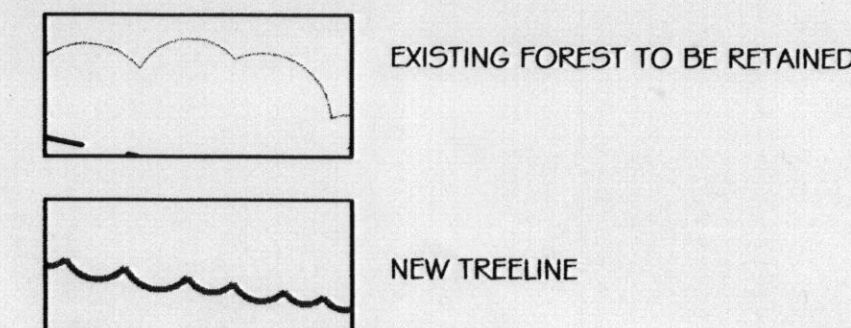


NOTES:

- The basis of bearings for this drawing is the Maryland Coordinate System, NAD83/91, as projected by Howard County Survey Control Stations 0019 (N580.468.0976 E1,333.675.5182 Elev385.12) & 0040 (N577.270.5843, E1,332.002.5754 Elev364.59) sft.
- Contours shown hereon have a 1' interval interpolated from Howard County G15 Data (2' interval), supplemented with field-run topo by VanMar Assoc., Inc. in 9/09. Vertical datum is NAVD88.
- Actual length and number of trenches for sewerage to be determined at time of septic system permit issuance.
- Proposed house is 6 bedrooms.
- Limit of disturbance (LOD): 42,754 Sq. Ft.
- The existing well shown hereon has been field located by VanMar Assoc., Inc. and accurately shown.

SIMPLIFIED FOREST CONSERVATION PLAN FOREST CONSERVATION NOTES:

- NET TRACT AREA: 3.04 ACRES ±.
- EXISTING FOREST: 2.6 ACRES ±.
- REMOVAL: 0.78 ACRES ±.



Forest Conservation Worksheet 2.0

Net Tract Area									
A.	Total Tract Area							A =	3.04
B.	Deductions							B =	0.00
C.	Net Tract Area							C =	3.04
Land Use Category		Input the number "1" under the appropriate land use (zoning, and limit to only one entry)							
		ARA	MDR	IDA	HDR	MPD	CA		
		0	1	0	0	0	0		
D.	Reforestation Threshold (Net Tract Area x 20%)							D =	0.61
E.	Conservation Threshold (Net Tract Area x 25%)							E =	0.76
F.	Existing Forest Cover within the Net Tract Area							F =	2.60
G.	Area of Forest Above Conservation Threshold							G =	1.84
H.	Break Even Point							H =	1.13
I.	Forest Clearing Permitted Without Mitigation							I =	1.47
J.	Total Area of Forest to be Cleared							J =	0.82
K.	Total Area of Forest to be Retained							K =	1.78
L.	Reforestation for Clearing Above the Conservation Threshold							L =	0.00
M.	Reforestation for Clearing Below the Conservation Threshold							M =	0.00
N.	Credit for Retention above the Conservation Threshold							N =	0.00
O.	Total Reforestation Required							O =	0.00
P.	Total Reforestation Required							P =	0.00
Q.	Total Reforestation Required							Q =	0.00
R.	Total Planting Requirement							R =	0.00

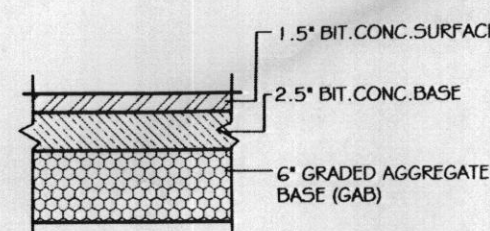
RECORDED AS PLAT NO. 7260 AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND.

SEPTIC ELEVATIONS

PROPOSED HOUSE:
F.F. ELEV. = 392.7
BSMT. ELEV. = 381.7
GARAGE ELEV. = 390.7
INV. OUT = 386.0

PROPOSED SEPTIC TANK:
EX GRD. ELEV. = 390.0
PROP. GRD. ELEV. = 390.0
INV. IN = 387.0
INV. OUT = 386.8

PROPOSED DISTRIBUTION BOX:
EX GRD. ELEV. = 387.0
INV. IN = 384.2
INV. OUT = 384.0



PAVING SECTION
(N.T.S.)

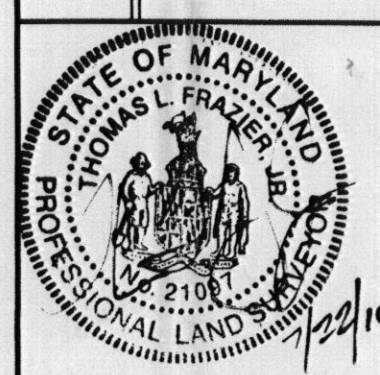
THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.

John R. Robinson 7/22/10
HOWARD COUNTY CONSERVATION DISTRICT DATE

OWNER
WALNUT ASPEN
13450 BRIGHTON DAM RD.
CLARKSVILLE, MD 21029

DEVELOPER
KAHMAN CONSTRUCTION
1403 MIMOSA LN.
SILVER SPRING, MD 20904
202-528-2131

DATE	REVISIONS
6/16/10	PER REV HSE PLANS
6/21/10	FOREST INFO
7/13/10	HSCD COMMENTS
7/22/10	HSCD COMMENTS



PLOT PLAN LOT 8 THE CHASE

11633 VIXENS PATH
FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1"=30' FEBRUARY 2010



VANMAR ASSOCIATES, INC.
Engineers Surveyors Planners

310 South Main Street Mount Airy, Maryland 21771
(301) 829-2890 (301) 831-5015 (410) 549-2751
Fax (301) 831-5603 ©Copyright, Latest Date Shown