

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:

B12002780

Building Address: 14309 Roxbury meadow Dr Glenwood 21738

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

Census Tract: _____ Subdivision: Clarks meadow

Section: _____ Area: _____ Lot: 25

Tax Map: 21 Parcel: _____ Grid: 21-17

Zoning: _____ Map Coordinates: _____ Lot Size: 1.054 (A)

Existing Use: SFD

Proposed Use: SFD w/ propane tank

Estimated Construction Cost: \$ 8000

Description of Work: install 1000 gallon in ground propane Tank

Occupant or Tenant: _____

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: _____

Address: Owner

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Douglas Hones

Address: 5034 Dorsey Hall Dr Ste 102

City: Ellicott City State: md Zip Code: 21042

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein):
Jeremy Clancy PO Box 1253
Elidersburg md 21784

Phone: 443-340-1229 Fax: _____

Email: Jeremy @ Applied and approved. com

Contractor Company: Valley National Gas

Contact Person: William Gerwig

Address: 7201 Montevideo Rd

City: Jessup State: md Zip Code: 20794

License No.: 67793

Phone: 410-799-1114 Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: Contractor

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 |
| <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 checked="" type="checkbox"/> No |
| <input type="checkbox"/> Crawl Space | Gas: <input type="checkbox"/> Yes <input checked="" 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 | <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: _____
Email Address: Jeremy @ Applied and approved. com
permits
Title/Company: _____

Print Name: Jeremy Clancy
Date: 8/14/12

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>8-22-12</u> | <u>Bernard</u> |
| 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? ☐ 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 | \$ |
| Tech Fee | \$ |
| Excise Tax | \$ |
| PSFS | \$ |
| Guaranty Fund | \$ |
| Add'l per Fee | \$ |
| Total Fees | \$ |
| Sub- Total Paid | \$ |
| Balance Due | \$ |

check 3001

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:

B12002780

| | | | |
|---|--|---|--|
| Building Address: 14309 Roxbury meadow Dr Glenwood 21738 | | Property Owner's Name: Douglas Homes | |
| Suite/Apt. # _____ SDP/WP/BA #: _____ | | Address: 5034 Dorsey Hall Dr Ste 102 | |
| Census Tract: _____ Subdivision: Clarks meadow | | City: Ellicott City State: md Zip Code: 21042 | |
| Section: _____ Area: _____ Lot: 25 | | Home Phone: _____ Work Phone: _____ | |
| Tax Map: 21 Parcel: _____ Grid: 21-17 | | Applicant's Name & Mailing Address, (if other than stated herein): Jeremy Clancy PO Box 1253 Eldersburg Md 21784 | |
| Zoning: _____ Map Coordinates: _____ Lot Size: 1.054 (A) | | Phone: 443-340-1229 Fax: _____ | |
| Existing Use: SFD | | Email: Jeremy@appliedandapproved.com | |
| Proposed Use: SFD w/ propane tank | | Contractor Company: Valley National Gas | |
| Estimated Construction Cost: \$ 8000 | | Contact Person: William Carwing | |
| Description of Work: install 1000 gallon in ground propane tank | | Address: 7201 Montevideo Rd | |
| Occupant or Tenant: _____ | | City: Jessup State: md Zip Code: 20794 | |
| Was tenant space previously occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No | | License No.: 67793 | |
| Contact Name: _____ | | Phone: 410-799-1114 Fax: _____ | |
| Address: owner | | Email: _____ | |
| City: _____ State: _____ Zip Code: _____ | | Engineer/Architect Company: _____ | |
| Phone: _____ Fax: _____ | | Responsible Design Prof.: _____ | |
| Email: _____ | | Address: contractor | |
| | | 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: | <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 checked="" type="checkbox"/> No |
| <input type="checkbox"/> Crawl Space | Gas: <input type="checkbox"/> Yes <input checked="" 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 | <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: _____ **Print Name:** Jeremy Clancy

Email Address: Jeremy@appliedandapproved.com **Date:** 8/14/12

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

check 3001

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA
T:\Operations\Updated Forms\New building app 11.10.2010.docx

100-443887-100

MYW-1 MO-94-4209

107

LOT 25

LOT 16

OT 17

LOT

OT/10

12

CHB2

MW-2-4210
HO-94

MYW-1 MO-94-4209

107

LOT 25

LOT 16

OT 17

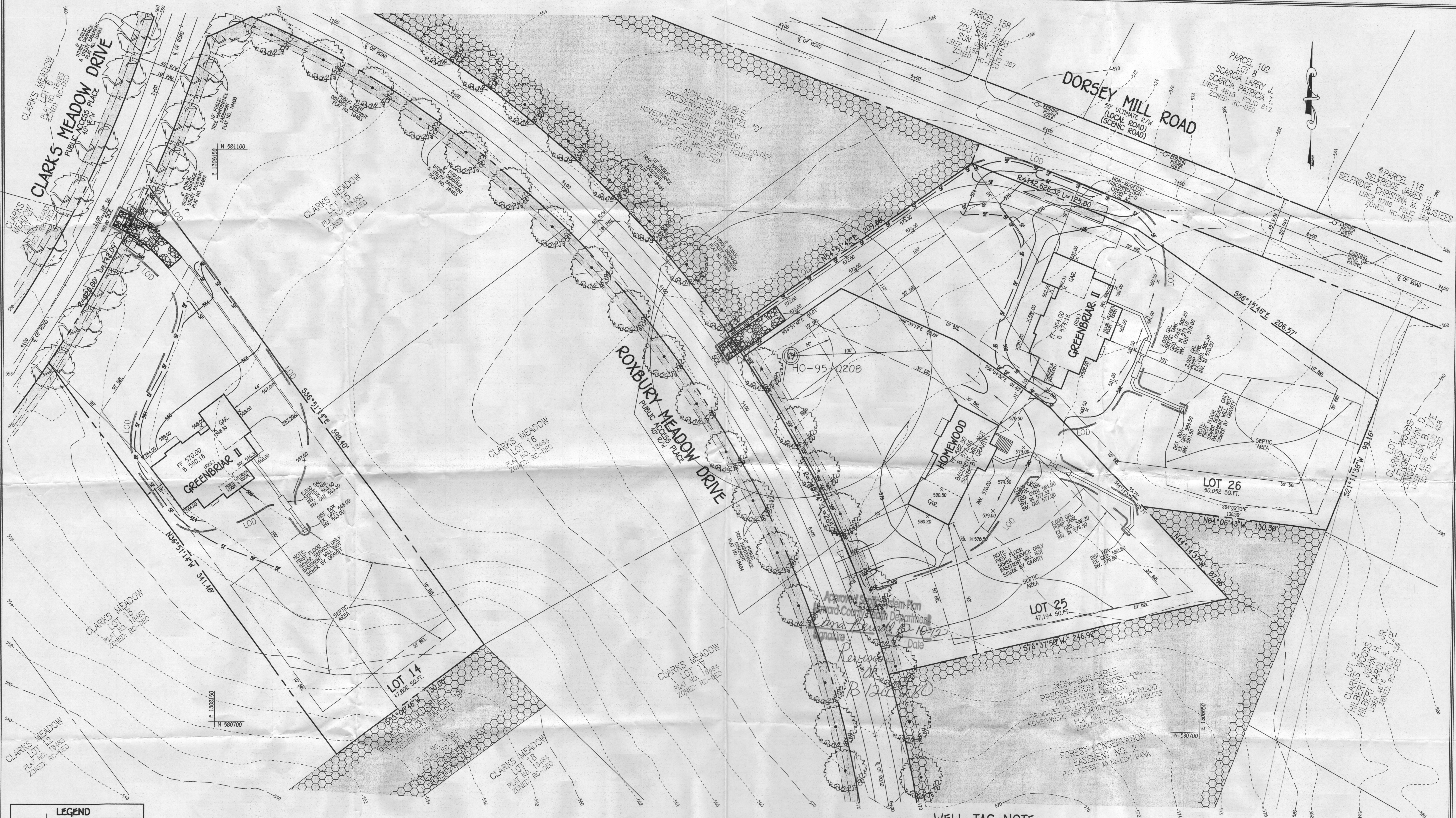
LOT

OT/10

12

CHB2

MW-2-4210
HO-94



| LEGEND | |
|-----------|------------------------------|
| SYMBOL | DESCRIPTION |
| - - - - - | EXISTING CONTOUR 2' INTERVAL |
| - - - - - | PROPOSED CONTOUR 2' INTERVAL |
| 362.5 | SPOT ELEVATION |
| - - - - - | SUPER SILT FENCE |
| ECM | EROSION CONTROL MATTING |
| LOD | LIMITS OF DISTURBANCE |

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CONTINENTAL SQUARE OFFICE PARK - 10272 BALDFORD NATIONAL PIKE
ELICOTT CITY, MARYLAND 21046
(410) 461 - 2895

OWNER/BUILDER/DEVELOPER
DOUGLAS HOMES
P.O. BOX 629
ELICOTT CITY, MARYLAND 21041
410-750-0522

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."

EARL D. COLLINS _____ DATE _____

WELL TAG NOTE
THE EXISTING WELL SHOWN ON LOT 25 (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-0208) HAS BEEN FIELD LOCATED BY FISHER, COLLINS AND CARTER, INC., PROFESSIONAL LAND SURVEYORS, ON 1-5-08 AND IS ACCURATELY SHOWN.

"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 IS 2/28/12."

EARL D. COLLINS _____ DATE _____

REVISED SITE DEVELOPMENT & SEDIMENT/EROSION CONTROL PLAN
CLARK'S MEADOW
LOT 25
ZONED: RC-DEO PLAT NO.: 18483 & 18494
TAX MAP NO.: 21 PARCEL NO.: 227 GRID NO.: 17
4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1" = 30' DATE: AUGUST, 2012

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:

B11000107

Building Address: 14309 Roxbury Meadow Dr
Ellicott City, MD 21738

Suite/Apt. # — SDP/WP/BA #: WP 11-38

Census Tract: 605601 Subdivision: Cherry Meadows

Section: — Area: — Lot: 25

Tax Map: 71 Parcel: — Grid: 21-17

Zoning: RE-20 Map Coordinates: — Lot Size: 1 acre

Existing Use: Vacant Lot

Proposed Use: Single Family Home

Estimated Construction Cost: \$ 300,000

Description of Work: Custom 2 story home
w/ full basement, 3 car garage,
10 rooms, 3 FB, 1 HR, 1 EP

Occupant or Tenant: —

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: N/A

Address: —

City: — State: — Zip Code: —

Phone: — Fax: —

Email: —

Property Owner's Name: Douglas Homes Inc

Address: 5034 Army Hall Dr

City: Ellicott City State: MD Zip Code: 21042

Home Phone: 410 716 0522 Work Phone: 410 716 0523

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

Phone: 410 716 0522 Fax: 410 716 0525

Email: CC@douglasinc.com

Contractor Company: Douglas Homes Inc

Contact Person: Carl Connerman

Address: 5034 Army Hall Dr

City: Ellicott City State: MD Zip Code: 21042

License No.: 3217

Phone: 410 716 0522 Fax: 410 716 0525

Email: CC@douglasinc.com

Engineer/Architect Company: Alan Taylor & Assoc

Responsible Design Prof.: Alan Taylor

Address: 5034 Army Hall Dr

City: Ellicott City State: MD Zip Code: 21042

Phone: 410 764 1151 Fax: 410 797 2924

Email: N/A

| 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 |
| Area of construction (sq. ft.): | <u>Sewage Disposal</u> |
| Use group: | <input type="checkbox"/> Public |
| | <input type="checkbox"/> Private |
| | 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 type="checkbox"/> Partial |
| | <input type="checkbox"/> Other Suppression |
| | 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: <u>60</u> <u>86</u> | <input type="checkbox"/> Private |
| 2 nd floor: <u>60</u> <u>86</u> | <u>Sewage Disposal</u> |
| Basement: <u>60</u> <u>86</u> | <input type="checkbox"/> Public |
| <input type="checkbox"/> Finished Basement | <input type="checkbox"/> Private |
| <input type="checkbox"/> Unfinished Basement | Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Crawl Space | Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Slab on Grade | <u>Heating System</u> |
| No. of Bedrooms: <u>4</u> | <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: | |
| Roof: | |
| <input type="checkbox"/> State Certified Modular | |
| <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: Carl Connerman Print Name: Carl Connerman

Email Address: CC@douglasinc.com Date: 12/16/2010

Title/Company: Construction Manager

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>3/16/11 Bernard</u> |
| 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 | \$ <u>150.00</u> |
| 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
(Operations) Undated Form Building App. 6/2010

Green: PSZA, Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA

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

Date: 9/4/2012 14309
To: San Swinder Roxbury
(Person's Name and Division) Meadows
From: Carl Conzeman (410) 984 2488 Drive
(Your Name, Company Name and Telephone Number)
Subject: Project name Clark's Meadow
Project site address 14309 Roxbury Meadows Drive
Permit Number B11000102 SDP # _____ Glenwood,
Other information pertinent to this project _____ MD

✓ 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 revised site plan (be specific).
- ☐ Two sets of single family dwelling model plans to be placed on permanent file: Model _____
- ☐ Other _____

- INVOICE \$25
- SCAN
- DESCRIPTION

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:

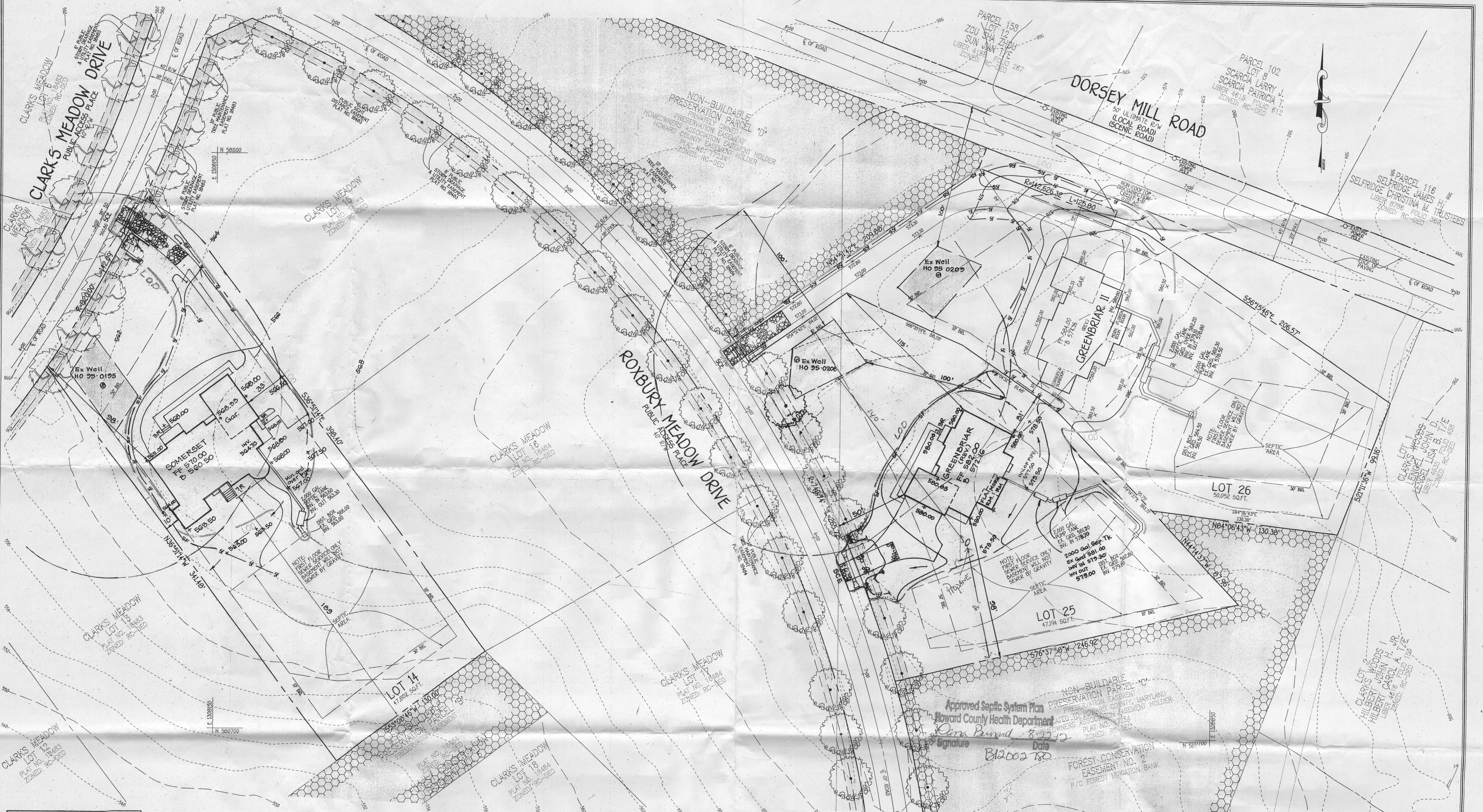
(Person's name) (Telephone number)

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 AKH

CC: PTZ
DED
Heather

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



| LEGEND | |
|--------|------------------------------|
| SYMBOL | DESCRIPTION |
| --- | EXISTING CONTOUR 2' INTERVAL |
| - - - | PROPOSED CONTOUR 2' INTERVAL |
| +362.5 | SPOT ELEVATION |
| --- | SUPER SILT FENCE |
| --- | EROSION CONTROL MATTING |
| --- | LIMITS OF DISTURBANCE |

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
410-462-2955

REVISION 2. Rev. hsc. type 4 qrd. Lot 25 6-4-2012
REVISION 1. Rev. hsc. type 4 qrd. Lot 14 5-2-2012

THIS DEVELOPMENT IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.
APPROVED:
John R. Roberts
HOWARD SOIL CONSERVATION DISTRICT
12/15/10
DATE

OWNER/BUILDER/DEVELOPER
DOUGLAS HOMES
P.O. BOX 628
ELLICOTT CITY, MARYLAND 21041
410-750-0922

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."
Carl Cruzman
SIGNATURE OF DEVELOPER
CARL CRUZMAN
12/14/10
DATE

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."
Earl D. Collins
EARL D. COLLINS
12-14-10
DATE

The Existing wells shown on this plan HO-95-0195, HO-95-0208 and HO-95-0209 have been field located by Fisher, Collins & Carter, Inc. Professional Land Surveyors and are accurately shown.

Approved Septic System Plan
Howard County Health Department
Don Burd
Signature
8-22-12
Date
B12002180



SITE DEVELOPMENT & SEDIMENT/EROSION CONTROL PLAN
CLARKS MEADOW
LOTS 1, 11, 12, 14, 25 & 26
ZONED: RC-DEO PLAT NO: 18493 & 18494
TAX MAP NO: 21 PARCEL NO: 227 GRID NO: 17
4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1" = 30'
DATE: NOVEMBER, 2010
SHEET 3 OF 4