

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:

B13000116

Building Address: 4811 Rivercrossing Ct.
Ellicott City MD 21042
Suite/Apt. #: _____ SDP/WP/BA #: 606005971 (w/ing)
Census Tract: _____ Subdivision: Humwood Crossing
Section: _____ Area: _____ Lot: 72
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Vacant lot
Proposed Use: Residential home
Estimated Construction Cost: \$ 500,000
Description of Work: Two - story, 4 - car garage,
sunroom, casework

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

Property Owner's Name: Toll MD III LP
Address: 14540 Edgewood Way
City: Glennville State: MD Zip Code: 21737
Home Phone: _____ Work Phone: 410 469 2275
Applicant's Name & Mailing Address, (If other than stated herein): _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: Toll MD III LP
Contact Person: Nathan Brandenburg
Address: 14540 Edgewood Way
City: Glennville State: MD Zip Code: 21737
License No.: 5c48
Phone: 410 469 2275 Fax: _____
Email: Nbrandenburg@Tollbrothersinc.com

Engineer/Architect Company: ESE
Responsible Design Prof.: Mike Boyce
Address: 7164 Columbia Gateway Dr. #230
City: Columbia State: MD Zip Code: 21046
Phone: 410 365 4175 Fax: _____
Email: Mboyce@ESEENG.com

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	<input type="checkbox"/> Public
Width	<input checked="" type="checkbox"/> Private
1 st floor: <u>73</u>	<u>Sewage Disposal</u>
2 nd floor: <u>73</u>	<input type="checkbox"/> Public
Basement: <u>73</u>	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Finished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Unfinished Basement	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	<u>Heating System</u>
<input type="checkbox"/> Slab on Grade	<input checked="" type="checkbox"/> Electric
No. of Bedrooms: <u>4</u>	<input type="checkbox"/> Oil
<u>Multi-family Dwelling</u>	<input checked="" type="checkbox"/> Natural Gas
No. of efficiency units:	<input type="checkbox"/> Propane Gas
No. of 1 BR units:	
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	

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: Nbrandenburg@Tollbrothersinc.com
Email Address: Toll Brothers
Title/Company: _____

Print Name: David E. Tol
Date: 1/8/13

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	2/7/14	[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	\$ 100
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

Check 09233955



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.: _____

Building Address: 4811 River Crossing Ct
City: Ellicott City State: md Zip Code: 21042
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Horseshoe Crossing
Section: _____ Area: _____ Lot: 72
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD
Proposed Use: Deck with stairs
Estimated Construction Cost: \$ 35,000
Description of Work: Construct Deck with stairs 15' x 25'

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.): <u>15' x 25'</u>	2 nd floor: _____
Use group: _____	Basement: _____
Construction type: _____	<input 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 type="checkbox"/> Slab on Grade
<input checked="" type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
Roadside Tree Project Permit	No. of efficiency units: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of 1 BR units: _____
Roadside Tree Project Permit #	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

Property Owner's Name: TOLL MD III LP
Address: 14540 Edgewood way
City: Glenelg State: md Zip Code: 21737
Phone: 410 9892275 Fax: _____
Email: derate@tollbrothersinc.com

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

Contractor Company: TOLL MD III LP
Contact Person: David Eiat
Address: 14540 Edgewood way
City: Glenelg State: md Zip Code: 21737
License No.: 5048
Phone: 3012521609 Fax: _____
Email: derate@tollbrothersinc.com

Engineer/Architect Company: ESE
Responsible Design Prof.: mike Boyce
Address: 7164 Columbia Gateway Drive
City: Columbia State: MD Zip Code: 21036
Phone: 410 3654175 Fax: _____
Email: mboyce@eseeng.com

Utilities
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____
Sprinkler System:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number: <u>G07000150</u>
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: derate@tollbrothersinc.com
Email Address: TOLL Brothers
Title/Company: _____

Print Name: David Eiat
Date: 10/2/14

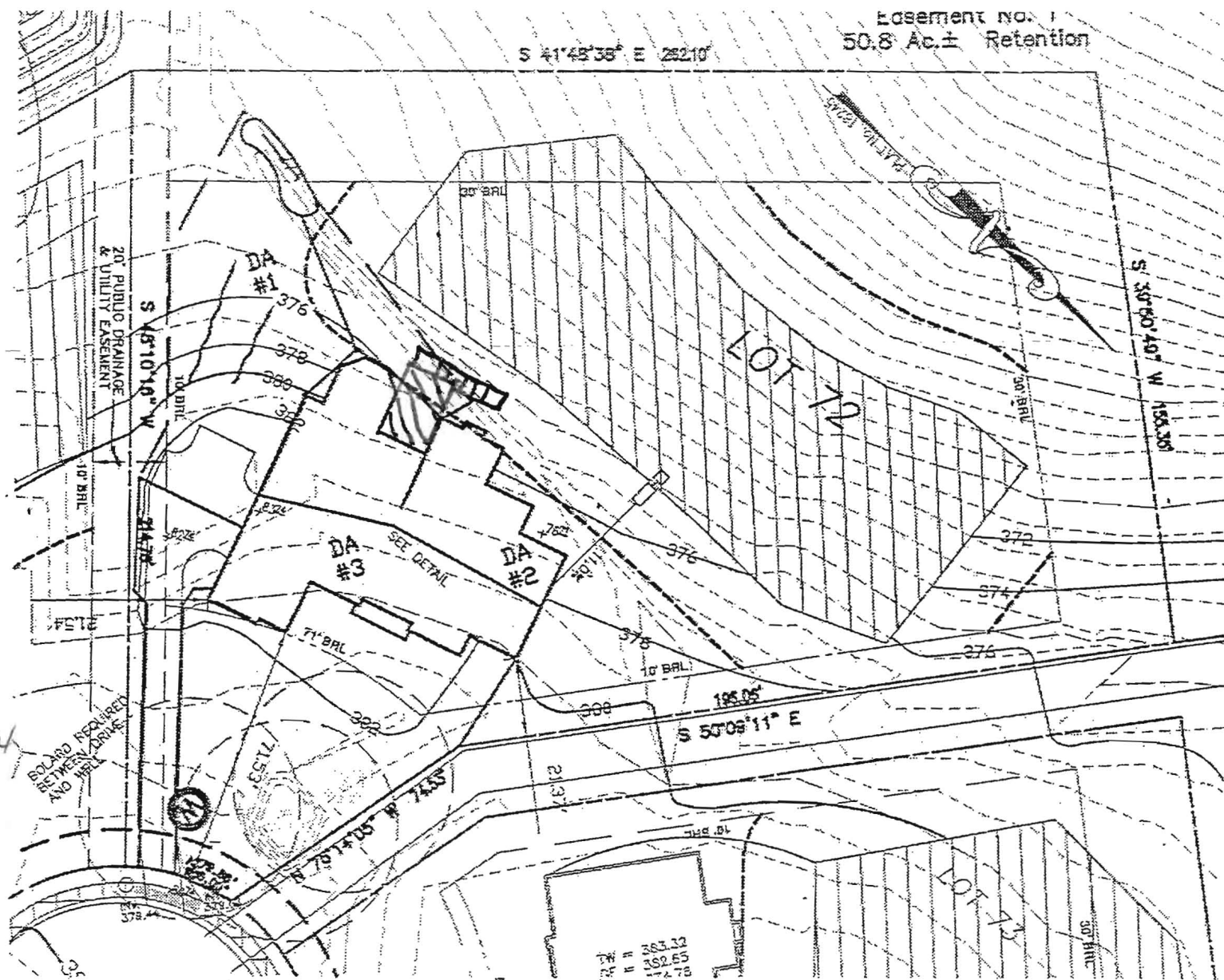
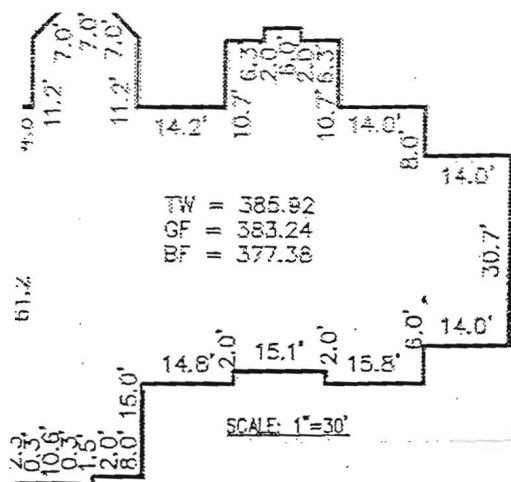
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

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

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	#

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



Easement No. 1
50.8 Ac.± Retention

THIS AREA DESIGNATES A PRIVATE SEWERAGE 10,000 SQ. FT. AS REQUIRED BY THE STATE DEPARTMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS ON AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. ~~SEWER~~ BECOME NULL AND VOID UPON CONNECTION TO SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVERSE CERTIFICATION PLAN. RECORDATION OF A MODIFIED EASEMENT NECESSARY.

STORMWATER MANAGEMENT FOR THIS LOT HAS NOT CH
PLOT PLAN.

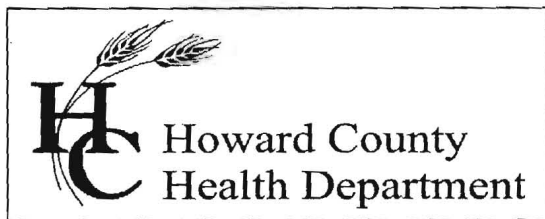
CULVERT FOR DRIVEWAY PER F-05-059 AND GP-14-C

TOPOGRAPHIC INFORMATION ESTABLISHED AT TWO FOOT
AERIAL TOPOGRAPHY PROVIDED TO ESE BY FISHER, CO

INV. IN DIST. BOX	371.3
INV. OUT DIST. BOX	371.0
GROUND AT BOX	375.0

COUNTY HEALTH OFFICER

TYPE: HENLEY (CAR)-
WALKOUT BASEMENT
EXPANDED FAMILY ROOM
CONSERVATORY ELITE ADDITION
ADD 1' TO HEIGHT OF BASEMENT
FIRST FLOOR BEDROOM IN LIEU OF STUDY
ADDITIONAL POWDER ROOM 1ST/2ND FLOOR



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

MEMO

Date: January 23, 2013

To: Nathan Brandenburg, Toll MD III L.P., Applicant
nbrandenburg@tollbrothersinc.com

From: Robert Bricker, REHS/R.S.
Environmental Sanitarian, Well and Septic Program

RE: B13000116, Building Permit Application for new construction at 4811 River Crossing Court

The referenced Building Permit Application is 'On Hold'. The plot plan must be edited as follows.

1. Include on the Plot Plan the two 'Alt Well' locations as shown on the most recent Percolation Certification Plan.
2. Delete Note 7 under General Notes, OR edit it as the well location certification, i.e.

THE EXISTING WELL SHOWN ON THIS PLAN (HO-_-_) HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.

Please be advised that the Septic System Installation Permit will be conditioned so that Final Approval will be pending installation of a permanent landscape feature to protect the existing well.

This is a request for Plot Plan revision. Therefore, submit two (2) copies to DILP. Write "HEALTH DEPT" on one copy so that DILP personnel will know to direct that copy to us.

Copy: Mike Boyce, ESE
file

Surveyor still needs to locate this well.

Bricker, Robert

From: Bricker, Robert
Sent: Thursday, January 24, 2013 10:58 AM
To: 'Michael Boyce'
Cc: Nathan Brandenburg
Subject: RE: 4811 Rivercrossing Ct_B13000116

You may delete that note, or replace it with the well location certification note. Also add the two alternate well locations shown on the perc cert.

From: Michael Boyce [<mailto:MBOYCE@eseeng.com>]
Sent: Thursday, January 24, 2013 10:53 AM
To: Bricker, Robert
Cc: Nathan Brandenburg
Subject: RE: 4811 Rivercrossing Ct_B13000116

So all you need done is remove the note stating the well drilling has been scheduled?

From: Bricker, Robert [<mailto:RBricker@howardcountymd.gov>]
Sent: Thursday, January 24, 2013 10:36 AM
To: Michael Boyce
Subject: RE: 4811 Rivercrossing Ct_B13000116

Michael, Attached is the well location exhibit (i.e., copy of perc cert) sent with Well Permit Application. The lot configuration appears to be the same as presented on your Plot Plan.
Robert Bricker, REHS/R.S.

From: Michael Boyce [<mailto:MBOYCE@eseeng.com>]
Sent: Thursday, January 24, 2013 9:56 AM
To: Bricker, Robert
Subject: RE: 4811 Rivercrossing Ct_B13000116

Robert,

I do not have a copy of this perc cert, all the engineering plans I have and the files I received from the consultant show the ALT wells as I show them. Can I come and get a copy of what you are looking at?

From: Bricker, Robert [<mailto:RBricker@howardcountymd.gov>]
Sent: Thursday, January 24, 2013 9:08 AM
To: Nathan Brandenburg
Cc: Michael Boyce
Subject: RE: 4811 Rivercrossing Ct_B13000116

Sorry about that. The comment concerns 4811 River Crossing Court. See attached WORD file.
Robert Bricker

From: Nathan Brandenburg [<mailto:NBRANDENBURG@tollbrothersinc.com>]
Sent: Thursday, January 24, 2013 8:22 AM
To: Bricker, Robert
Cc: Michael Boyce
Subject: RE: 4811 Rivercrossing Ct_B13000116

Robert,

Is this for Rivercrossing or Meriwether? The email says Rivercrossing but the letter says Meriwether.

Nathan Brandenburg
Project Manager - Toll Brothers Inc.
Patuxent Chase * Field Office (410) 992-5978 * Fax (410) 992-3234
Triadelphia Crossing * Field Office (410) 489-2275 * Fax (410) 489-2278

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From: Bricker, Robert [<mailto:RBricker@howardcountymd.gov>]
Sent: Wednesday, January 23, 2013 4:40 PM
To: Nathan Brandenburg
Cc: Michael Boyce
Subject: 4811 Rivercrossing Ct_B13000116

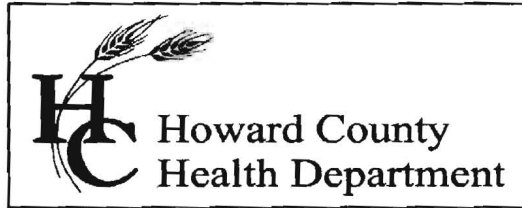
See attached PDF

ROBERT BRICKER, CPSS, REHS/RS
ENVIRONMENTAL SANITARIAN
DEVELOPMENT COORDINATION SECTION, WELL AND SEPTIC PROGRAM
HOWARD COUNTY BUREAU OF ENVIRONMENTAL HEALTH
7178 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046

410-313-2691; fax, 410-313-2648
rbricker@howardcountymd.gov

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Bureau of Environmental Health
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www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

MEMO

Date: January 23, 2013

To: Nathan Brandenburg, Toll MD III L.P., Applicant
nbrandenburg@tollbrothersinc.com

From: Robert Bricker, REHS/R.S.
Environmental Sanitarian, Well and Septic Program

RE: B13000116, Building Permit Application for new construction at 14845 Meriwether Drive

The referenced Building Permit Application is 'On Hold'. The plot plan must be edited as follows.

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2. Delete Note 7 under General Notes, OR edit it as the well location certification, i.e.

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Copy: Mike Boyce, ESE
file