

HEALTH

DIVISION  
MICHAEL C. MICEK

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		B09-000322 PERMIT NUMBER			
Building Address <u>13941 CLARKSVILLE PIKE</u> <u>HIGHLAND, MD 20777</u>		Property Owner's Name <u>BRITT DARRYL F.</u> Address <u>13941 CLARKSVILLE PIKE</u> City <u>HIGHLAND</u> State <u>MD</u> Zip Code <u>20777</u> Phone <u>(701) 908-6788</u> Phone Applicant's Name & Mailing Address, (if other than stated herein): <u>N/A</u>					
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Phone _____ Fax _____					
Census Tract <u>605102</u> Subdivision _____		Contractor Company <u>M.B. VISNIC, INC</u> Contact Person <u>MIKE MICEK</u> Address <u>1684 E GULF DR #102</u> City <u>ROCKVILLE</u> State <u>MD</u> Zip Code <u>20850</u> License No. <u>4244</u> Phone <u>(301) 309-6470</u> Fax <u>(301) 309-8820</u> <u>mmicek@mbvisnic.com</u>					
Section _____ Area _____ Lot <u>8</u>		Engineer or Architect Company <u>KNF ENGINEERING</u> Contact Person <u>KYLE FRANZEN</u> Address <u>21855 CRESCENT PARK SQ #204</u> City <u>ASHBURN</u> State <u>VA</u> Zip Code <u>20148</u> Phone <u>(703) 723-8452</u> Fax <u>(703) 723-9708</u>					
Tax Map <u>40</u> Parcel _____ Grid <u>40-15</u>		Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____					
Zoning _____ Map Coordinates _____ Lot Size _____		City <u>ASHBURN</u> State <u>VA</u> Zip Code <u>20148</u> Phone <u>(703) 723-8452</u> Fax <u>(703) 723-9708</u>					
Existing Use <u>SFD</u>		Contractor Company <u>M.B. VISNIC, INC</u> Contact Person <u>MIKE MICEK</u> Address <u>1684 E GULF DR #102</u> City <u>ROCKVILLE</u> State <u>MD</u> Zip Code <u>20850</u> License No. <u>4244</u> Phone <u>(301) 309-6470</u> Fax <u>(301) 309-8820</u> <u>mmicek@mbvisnic.com</u>					
Proposed Use <u>SFD</u>		Engineer or Architect Company <u>KNF ENGINEERING</u> Contact Person <u>KYLE FRANZEN</u> Address <u>21855 CRESCENT PARK SQ #204</u> City <u>ASHBURN</u> State <u>VA</u> Zip Code <u>20148</u> Phone <u>(703) 723-8452</u> Fax <u>(703) 723-9708</u>					
Estimated Construction Cost \$ <u>10,000</u>		Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____					
Description of Work <u>Retaining wall</u> <u>(landscape) 0'-6'H, 78' LONG</u>		City <u>ASHBURN</u> State <u>VA</u> Zip Code <u>20148</u> Phone <u>(703) 723-8452</u> Fax <u>(703) 723-9708</u>					
Occupant or Tenant <u>N/A</u>		City <u>ASHBURN</u> State <u>VA</u> Zip Code <u>20148</u> Phone <u>(703) 723-8452</u> Fax <u>(703) 723-9708</u>					
Contact Name _____		City <u>ASHBURN</u> State <u>VA</u> Zip Code <u>20148</u> Phone <u>(703) 723-8452</u> Fax <u>(703) 723-9708</u>					
Address _____		City <u>ASHBURN</u> State <u>VA</u> Zip Code <u>20148</u> Phone <u>(703) 723-8452</u> Fax <u>(703) 723-9708</u>					
City _____ State _____ Zip Code _____		City <u>ASHBURN</u> State <u>VA</u> Zip Code <u>20148</u> Phone <u>(703) 723-8452</u> Fax <u>(703) 723-9708</u>					
Phone _____ Fax _____		City <u>ASHBURN</u> State <u>VA</u> Zip Code <u>20148</u> Phone <u>(703) 723-8452</u> Fax <u>(703) 723-9708</u>					
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>					
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: ____ Reinforced Concrete ____ Structural Steel ____ Masonry ____ Wood Frame ____ State Certified Modular		<b>Utilities</b> Water Supply: _____ ____ Public ____ Private Sewage Disposal: _____ ____ Public ____ Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> ____ Full ____ Partial ____ Other Suppression ____ # of Heads		<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: <u>0'-6'H, 78' long</u> Footings: _____ Roof Height: _____ ____ State Certified Modular ____ Manufactured Home		<b>Utilities</b> Water Supply: _____ ____ Public ____ Private Sewage Disposal: _____ ____ Public ____ Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> ____ 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.							
<u>M. B. VISNIC</u> Applicant's Signature		<u>MICHAEL C. MICEK (for M.B. VISNIC)</u> Print Name					
<u>PURCHASING MGR, M.B. VISNIC INC.</u> Title/Company		<u>3/3/09</u> Date					
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY **PLEASE WRITE NEATLY AND LEGIBLY.** - FOR OFFICE USE ONLY -							

Health 3/13/2009 RBuck

# GENERAL NOTES

## SURVEY:

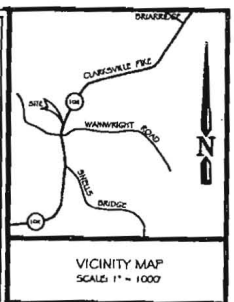
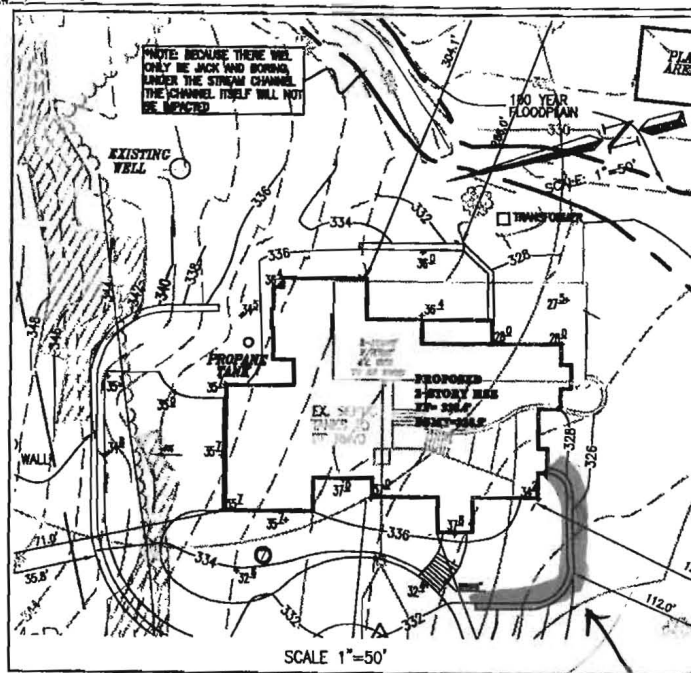
- HORIZONTAL DATUM BASED ON NAD83(NSRS2007)
- VERTICAL DATUM BASED ON NAVD88
- TOPO AT - 2' CONTOUR INTERVALS
- TOPOGRAPHY BASED ON FIELD RUN TOPO PERFORMED BY CPJ ON 05-01-07.
- 100 YR FLOODPLAIN LOCATED WITHIN THE SITE
- NO TITLE REPORT WAS FURNISHED FOR THIS PLAN

## ZONING:

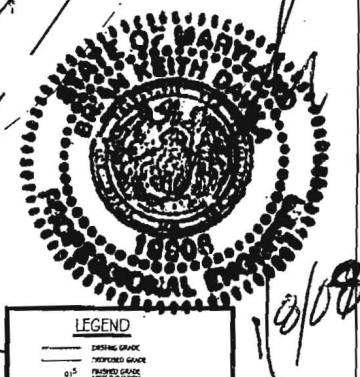
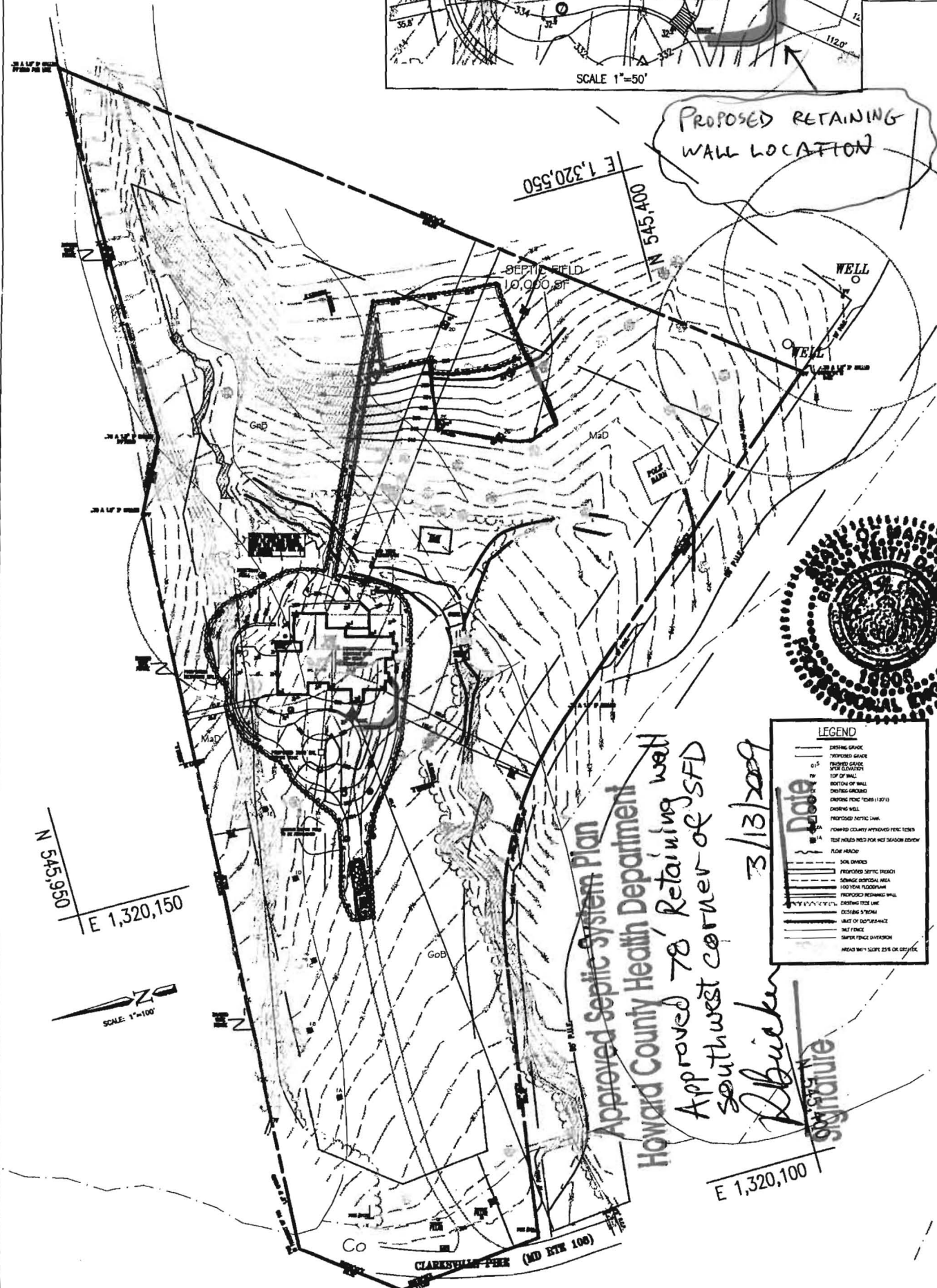
BRITT RESIDENCE: 13941 CLARKSVILLE PIKE, HIGHLAND MD 20777  
 - PROPERTY ZONED: RR-DEO  
 - LOT 8 - TAX MAP-40 - GRID:15 - PARCEL:412  
 - LOT SIZE: 5.69 AC

- FRONT YARD: 75.0'
- SIDE YARD: 30.0'
- REAR YARD: 60.0'
- LOT COVERAGE: 1.6%

MAXIMUM BUILDING HEIGHT: 40.0' (PROPOSED 33.5' TO MEAN ROOF)



3" BITUMINOUS CONCRETE SURFACE COURSE IN 2 - 1 1/2" LAYERS
3" BITUMINOUS CONCRETE BASE COURSE
APPROVED SUBGRADE
PAVING SECTION



LEGEND	
[Symbol]	EXISTING GRADE
[Symbol]	PROPOSED GRADE
[Symbol]	SPOT ELEVATION
[Symbol]	TOP OF WALL
[Symbol]	BOTTOM OF WALL
[Symbol]	EXISTING GRADING
[Symbol]	EXISTING FENCE (2011)
[Symbol]	EXISTING WELL
[Symbol]	PROPOSED FENCE LINE
[Symbol]	FOUNDED COUNTY APPROVED FENCE LINE
[Symbol]	TEST HOLES MADE FOR H2S SENSOR EXPOSURE
[Symbol]	FLOOD HAZARD
[Symbol]	SOIL SHEDS
[Symbol]	PROPOSED SEPTIC TRENCH
[Symbol]	SEWAGE DISPOSAL AREA
[Symbol]	100 YEAR FLOODPLAIN
[Symbol]	PROPOSED RETAINING WALL
[Symbol]	EXISTING TREE LINE
[Symbol]	EXISTING STREAM
[Symbol]	WALL OF DISTURBANCE
[Symbol]	WELL FENCE
[Symbol]	SURVEY FENCE DIVISION
[Symbol]	MEANS MAY VARY 25% OR GREATER

Approved Septic System Plan  
 Howard County Health Department  
 Approved 78' Retaining wall  
 southwest corner of SFD

*[Signature]*  
 Signature

N 545,950  
 E 1,320,150

E 1,320,100

CLIENT: MB VISNIC  
 1684 E. GUDE DR.  
 SUITE 102  
 ROCKVILLE, MD  
 20850

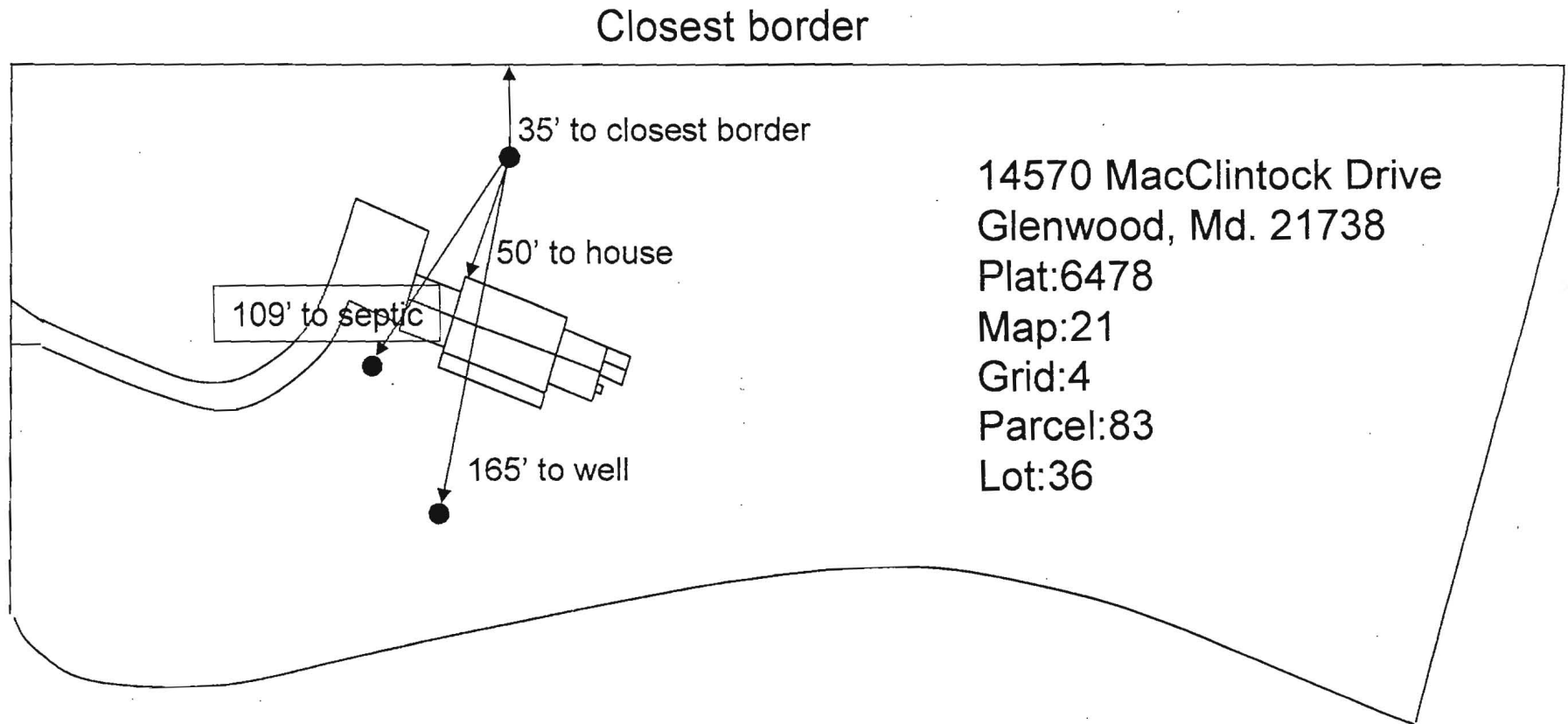
OWNER: DARRYL &  
 LAWANDA BRITT

SITE PLAN, LOT 8, PARCEL 412  
**BRITT RESIDENCE**  
 13941 CLARKSVILLE PIKE, HIGHLAND, MARYLAND  
 HOWARD COUNTY, MARYLAND

**CPI** Charles P. Johnson & Associates, Inc.  
 Civil and Environmental Engineers - Planners - Landscape Architects - Surveyors  
 11000 Greenleaf Road, Suite 200, Greenleaf, MD 20886  
 www.cpi-engineers.com • Oakton, VA • Frederick, MD • Silver Spring, MD • Fairfax, VA



Option: Having Tank further away



- Proposed Propane Location
- Septic Tank Location
- Well Location






Diagram illustrating the side elevation of a cylindrical tank or vessel. Key components and labels include:

- 1**: Bottom flange or support structure.
- 2**: Left end flange or support structure.
- 3**: Small circular components, possibly valves or ports, located near the ends.
- 4**: Rectangular components, possibly manways or access doors, located on the bottom.
- 5**: Top dome or head structure.
- 6**: Vertical dashed line indicating the centerline.
- 7**: Horizontal dashed line indicating the liquid level.
- 8**: Vertical dashed line indicating the liquid level.
- D.T.**: Dashed line indicating the liquid level.
- Float Gauge**: Indicated by a dashed line and a float symbol.
- 3/16**: Pipe size specification for the outlet pipes.
- TYP.**: Typical, indicating standard components.
- 2 1/2"**: Pipe size specification for the outlet pipes.
- 60**: Overall length dimension.
- 11**: Dimension for the bottom flange or support structure.
- 1**: Dimension for the bottom flange or support structure.

END VIEW

MARK	QTY.	DESCRIPTION	DWG. NO.
1	1	SHELL 0.218" X 81 1/2" X 116 13/16" - SA414G	
2	2	HEADS - 37" I.D. X 0.185" - HEAL; SA414G	
3	2	LIFTING LUGS	D-2
4	4	TANK LEGS	D-2
(ALT.)	2	TANK LEGS (FREMONT PLANT ONLY)	D-3
5	1	DOOME	D-4
6	1	DATA PLATE	
7	1	REGULATOR BRACKET	D-10
8	1	DIP TUBE LENGTH = 10.1" FOR 80 % @ 40° F	

REV.	BY:	DESCRIPTION	DATE:
10	CDH	RELOCATED "A" & "F"	3/21/00
11	CDH	NEW DATA PLATE & CHEK-LOK	10/16/01
12	CDH	REVISED MDMT PRESSURE TO 250 PSI	8/22/02
13	CDH	DELETED DRAIN CONNECTION	12/4/02
14	CDH	CORRECTED RELIEF VLV. MODEL NOS.	11/5/03
15	CDH	CORRECTED SHELL LENGTH	11/12/03

 NAT'L BD. SERIAL NO. <span style="border: 1px solid black; padding: 2px 20px;"></span>	
<b>CERTIFIED BY: AMERICAN WELDING &amp; TANK</b> HARSCO CORPORATION GAS & FLUID CONTROL GROUP JESUP, GEORGIA-BLOOMFIELD, IOWA, SALT LAKE CITY, UTAH-FREMONT, OHIO	
 W RTA	MAX. ALLOW. WORKING PRESS. <span style="border: 1px solid black; padding: 2px 20px;">250</span> PSI AT <span style="border: 1px solid black; padding: 2px 20px;">400</span> P.S.I. MDMT <span style="border: 1px solid black; padding: 2px 20px;">-20</span> °F AT <span style="border: 1px solid black; padding: 2px 20px;">250</span> PSI PLANT NO. <span style="border: 1px solid black; padding: 2px 20px;"></span>
	CRN NO. <span style="border: 1px solid black; padding: 2px 40px;">L-4709.5C</span>
	SERIAL NO. <span style="border: 1px solid black; padding: 2px 20px;">E</span> YEAR BUILT <span style="border: 1px solid black; padding: 2px 20px;">20</span>
	LENGTH <span style="border: 1px solid black; padding: 2px 20px;">119</span> IN. OUTSIDE DIA. <span style="border: 1px solid black; padding: 2px 20px;">37.4</span> IN. HEAD THK. <span style="border: 1px solid black; padding: 2px 20px;">.185</span> IN. SHELL THK. <span style="border: 1px solid black; padding: 2px 20px;">.218</span> IN. ABOVE GROUND TYPE <span style="border: 1px solid black; padding: 2px 20px;">BS-AP</span> SURFACE AREA <span style="border: 1px solid black; padding: 2px 20px;">97.5</span> SQ. FT.
<div style="border: 1px solid black; padding: 5px; display: inline-block;">          LISTED CONTAINER          ASSEMBLY FOR LP GAS          695A       </div>	HEAD D.R. <span style="border: 1px solid black; padding: 2px 20px;">HEMI</span> WATER CAPACITY <span style="border: 1px solid black; padding: 2px 20px;">500</span> GALS.

1. LIFTING LUGS DESIGNED FOR TOTAL LIFTING WEIGHT OF 15000LBS.
2. TOTAL EMPTY WEIGHT IS 9400LBS.
3. ALL DIMENSIONS ARE IN INCHES UNLESS OTHERWISE SPECIFIED.
4. COMPLETE TANK DRIED TO REMOVE ALL MOISTURE.
5. NOTE DELETED
6. EXTERIOR OF TANK TO BE GRIT BLASTED.
7. PAINT PER SHOP ORDER.
8. VACUUM PURGE TANK.
9. DIMENSIONS ARE SUBJECT TO CHANGE WITH OUT NOTICE.  
(NON-PRESSURE RETAINING COMPONENTS ONLY)
10. THREADS OF ALL FITTINGS TO BE COATED WITH COMPOUND SUITABLE FOR USE WITH LP GAS.
11. FLOAT GAUGE TO BE INSTALLED WITH FLOAT ARM 45° OFF LONGITUDINAL CENTERLINE OF TANK.


WATER CAPACITY (GALLONS)	500
ALLOWABLE WORKING PRESSURE (PSIG)	250
JOINT EFFICIENCY: ASME UW-51 LONG SEAM	100 %
ASME UW-52 HEAD TO SHELL	80 %
HYDROSTATIC TEST PRESSURE (PSIG)	325
SURFACE AREA (SQ. FT.)	97.5
RELIEF VALVE SETTING (PSIG)	250
RELIEF DISCHARGE RATE - (CFM REQ'D.)	2290
CODE: ASME SECTION VIII DIV. I	
STANDARDS: UNDERWRITERS LABORATORIES INC.	MH-5127
N.F.P.A. 58 LP GAS CODE	
MATERIAL SPECS:	
COUPLINGS SA-105	
TANK FLANGES SA-105	
ADAPTOR SA-105	

500 W.G. ABOVEGROUND  
PROPANE TANK-TYPE BS-AP

AMERICAN WELDING & TANK  
HARSCO CORPORATION GAS & FLUID CONTROL GROUP

DATE:	DRAWN BY:	APPROVED BY:	REV. NO.:	DRAWING NO.:
01/03/00	RAC	CDH	15	E-500C9

Health.

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	808002969 PERMIT NUMBER
Building Address <u>13941 CLARKSVILLE PIKE</u> <u>HIGHLAND, MD 20777</u>		Property Owner's Name <u>DARRYL F. BRITT</u> Address <u>13941 CLARKSVILLE PIKE</u> City <u>HIGHLAND</u> State <u>MD</u> Zip Code <u>20777</u> Phone <u>301 908-6777</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Applicant's Name & Mailing Address, (if other than stated herein): <u>Contractor (see below)</u>	
Census Tract <u>605102</u> Subdivision _____		Phone _____ Fax _____	
Section _____ Area _____ Lot <u>8</u>		Contractor Company <u>MB VISNIC INC.</u>	
Tax Map <u>40</u> Parcel _____ Grid <u>40-15</u>		Contact Person <u>Michael C. Micek</u>	
Zoning _____ Map Coordinates _____ Lot Size _____		Address <u>1684 E. GUDE DR #102</u>	
Existing Use <u>Single Family Dwelling</u>		City <u>ROCKVILLE</u> State <u>MD</u> Zip Code <u>20850</u>	
Proposed Use <u>Single Family Dwelling</u>		License No. <u>MHBL 4244</u>	
Estimated Construction Cost \$ <u>10,000</u>		Phone <u>301 309 6470</u> Fax <u>301 309 8820</u>	
Description of Work <u>Retaining Wall at rear of house</u> <u>(one wall only - all others ≤ 36" H)</u>		Engineer or Architect Company <u>KNF ENGINEERING</u>	
Occupant or Tenant _____		Contact Person <u>KYLE FRANZEN</u>	
Contact Name _____		Address <u>21855 CRESCENT PARK SQ. #204</u>	
Address _____		City <u>BROADLANDS</u> State <u>VA</u> Zip Code <u>20148</u>	
City _____ State _____ Zip Code _____		Phone <u>703 723-8452</u> Fax <u>703 723 9708</u>	
Phone _____ Fax _____			
<b>BUILDING DESCRIPTION - COMMERCIAL</b>		<b>BUILDING DESCRIPTION - RESIDENTIAL</b>	
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: ____ Reinforced Concrete ____ Structural Steel ____ Masonry ____ Wood Frame ____ State Certified Modular	<b>Utilities</b> Water Supply: _____ ____ Public ____ Private Sewage Disposal: _____ ____ Public ____ Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> ____ Full ____ Partial ____ Other Suppression ____ # of Heads	<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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 Height: _____ ____ State Certified Modular ____ Manufactured Home	<b>Utilities</b> Water Supply: _____ ____ Public ____ Private Sewage Disposal: _____ ____ Public ____ Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> ____ 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.			
<u></u> Applicant's Signature		<u>MICHAEL C. MICEK</u> Print Name	
<u>PURCHASING MGR. / MB VISNIC, INC.</u> Title/Company		<u>10/2/08</u> Date	
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY **PLEASE WRITE NEATLY AND LEGIBLY.** - FOR OFFICE USE ONLY -			

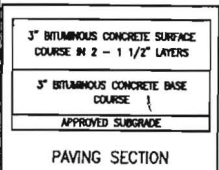
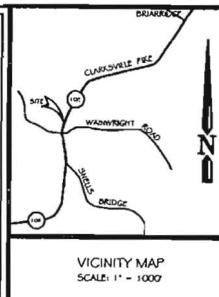
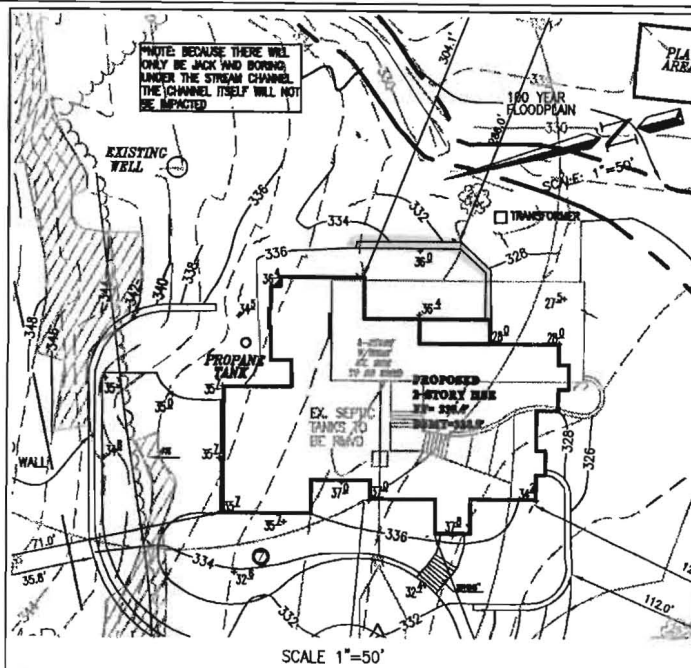
Health 10/16/08 M. Micek

**SURVEY:**

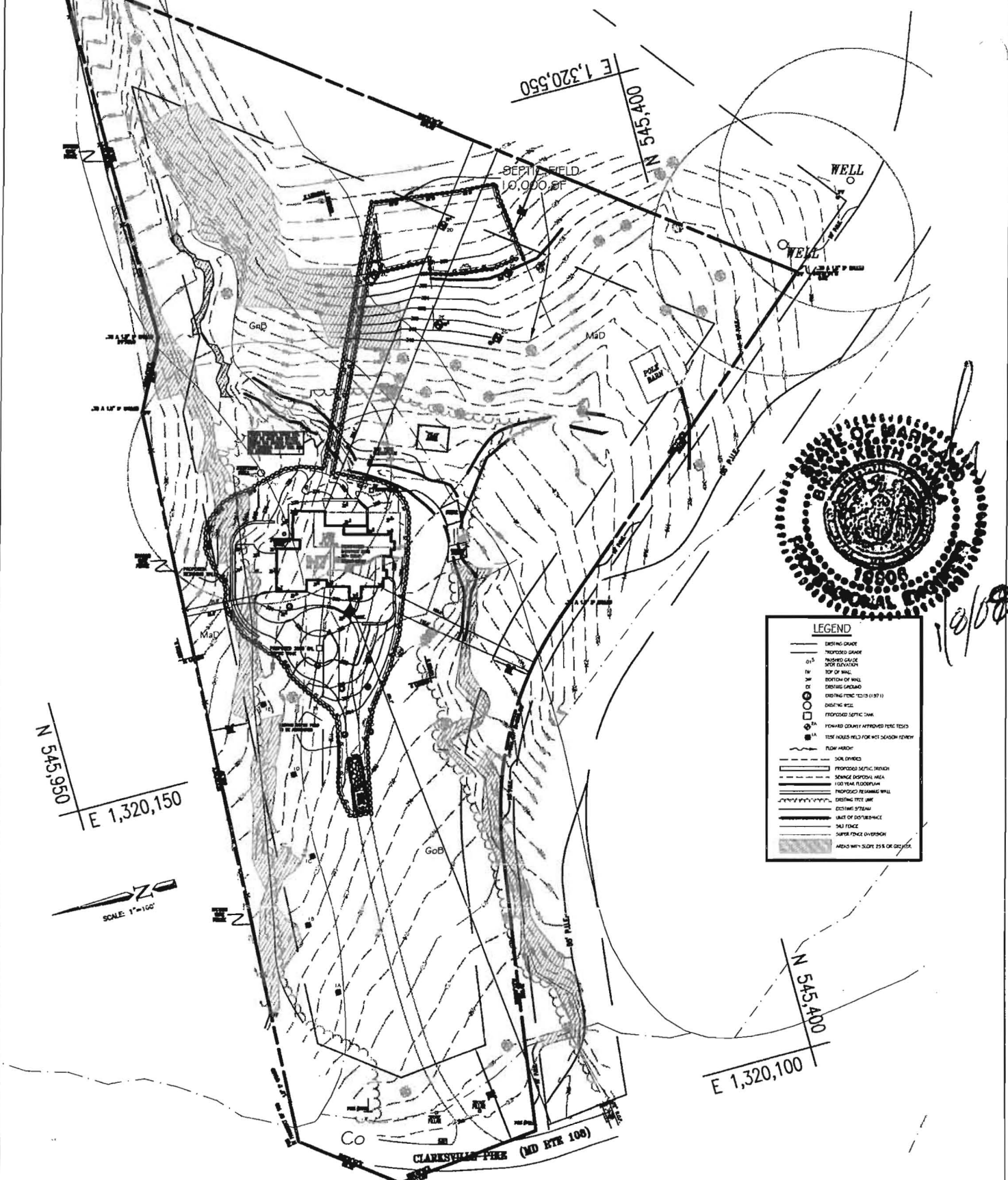
- ZONING:**

- FRONT YARD: 75.0'
- SIDE YARD: 30.0'
- REAR YARD: 60.0'
- LOT COVERAGE: 1.6%

MAXIMUM BUILDING HEIGHT: 40.0' (PROPOSED 33.5' TO MEAN ROOF)



#B08002a69  
Retaining wall  
OK 10-16-08 HHS



N 545,950

E 1,320,150

SCALE: 1"=100'

LEGEND

- 
- DISTINGUISH GRADE  
 PROPOTEGED GRADE  
 PROPOSED GRADE FOR ELEVATION  
 TOP OF WALL  
 BOTTOM OF WALL  
 DISTINGUISH GRADE  
 DISTINGUISH WALL  
 PROPOSED SEPTIC DRAIN  
 FOUNDED CHANNEL APPROVED PORE TESTS  
 TEST HOLES USED FOR WET DESIGN METHOD  
 SOL DRIVERS  
 PROPOSED SEPTIC DRAIN  
 SOURCE DISPOSAL AREA  
 100 YEAR FLOODPLAIN  
 PROPOSED REMAINING WALL  
 DISTINGUISH FEE  
 DISTINGUISH FEE  
 UNIT OF DISTURBANCE  
 SAL FORCE  
 SALINE FORCE OVERFLOW  
 AREAS WITH SLOPE 25% OR GREATER

CLIENT: MB VISNIC  
1684 E. GUDE DR.  
SUITE 102  
ROCKVILLE, MD  
20850

OWNER: DARRYL &  
LAWANDA BRITT

SITE PLAN, LOT 8, PARCEL 412  
**BRITT RESIDENCE**  
13941 CLARKSVILLE PIKE, HIGHLAND, MARYLAND  
HOWARD COUNTY, MARYLAND

**CPI** Charles P. Johnson & Associates, Inc.  
Civil and Commercial Engineers • Planners • Landscape Architects • Surveyors  
1734 Evans Rd., Ste. 300 • Silver Spring, MD 20910 • 301-424-7000 • FAX 301-424-8944  
www.cpi.com • Gaithersburg, MD • Frederick, MD • Stevensville, MD • Fairfax, VA

G-7000349

(Health)

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	B07004786 PERMIT NUMBER
Building Address <u>13941 Clarksville Pike</u> <u>Highland, MD 20777</u>		Property Owner's Name <u>Darryl and Lawanda Britt</u> Address <u>13941 Clarksville Pike</u> City <u>Highland</u> State <u>MD</u> Zip Code <u>20777</u> Phone _____ Phone _____ Applicant's Name & Mailing Address, (if other than stated herein):  Phone <u>(301) 908-6773</u> Fax _____	
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area <u>2</u> Lot <u>8</u> Tax Map <u>40</u> Parcel <u>412</u> Grid <u>15</u> Zoning _____ Map Coordinates _____ Lot Size <u>5.69 AC</u>		Contractor Company <u>MB Visnic</u> Contact Person <u>Mike Micek</u> Address <u>1684 East Gude Dr. #102</u> <u>20852</u> City <u>Rockville</u> State <u>MD</u> Zip Code <u>20777</u> License No. <u>45255875 4744</u> Phone <u>(301) 309-6470</u> Fax <u>(301) 309-8820</u>	
Existing Use <u>Residential</u> Proposed Use <u>Residential</u> Estimated Construction Cost \$ <u>859,066.00</u> Description of Work <u>Construct new single</u> <u>Tear down and construction</u> <u>family home.</u>		Engineer or Architect Company <u>Charles P. Johnson &amp; Assoc.</u> <u>HUTCHINSON &amp; ASSOC. LLC</u> Contact Person <u>Sang Ann BRUCE HUTCHINSON</u> <u>11820 PARKLAWN DR, SUITE 100</u> Address <u>1751 Elton Road, Suite 300</u> <u>ROCKVILLE</u> <u>20852</u> City <u>Silver Spring</u> State <u>MD</u> Zip Code <u>20903</u> Phone <u>770-9680</u> <u>770-9163</u> Fax <u>(301) 434-7000</u> <u>(301) 434-7010</u>	
Occupant or Tenant <u>Darryl &amp; Lawanda Britt</u> Contact Name <u>Darryl &amp; Lawanda Britt</u> Address <u>13941 Clarksville Pike</u> City <u>Highland</u> State <u>MD</u> Zip Code <u>20777</u> Phone _____ Fax _____		Engineer or Architect Company <u>Charles P. Johnson &amp; Assoc.</u> <u>HUTCHINSON &amp; ASSOC. LLC</u> Contact Person <u>Sang Ann BRUCE HUTCHINSON</u> <u>11820 PARKLAWN DR, SUITE 100</u> Address <u>1751 Elton Road, Suite 300</u> <u>ROCKVILLE</u> <u>20852</u> City <u>Silver Spring</u> State <u>MD</u> Zip Code <u>20903</u> Phone <u>770-9680</u> <u>770-9163</u> Fax <u>(301) 434-7000</u> <u>(301) 434-7010</u>	
<b>BUILDING DESCRIPTION - COMMERCIAL</b>		<b>BUILDING DESCRIPTION - RESIDENTIAL</b>	
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	<b>Utilities</b> Water Supply: _____ Public _____ Private _____ Sewage Disposal: _____ Public _____ Private _____ Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 <sup>st</sup> floor: <u>45 x 37</u> 2 <sup>nd</sup> floor: <u>40 x 37</u> Basement: <u>45 x 37</u> (partial) Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>6</u> 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 Height: _____ State Certified Modular _____ Manufactured Home _____	<b>Utilities</b> Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> 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.			
<u>Michael C. Micek</u> Applicant's Signature <u>Purchasing Manager / MB VISNIC, INC.</u> Title/Company		<u>Michael C. Micek (for MB VISNIC, INC.)</u> Print Name <u>11/6/07</u> Date	
Checks payable to: <b>DIRECTOR OF FINANCE OF HOWARD COUNTY</b> **PLEASE WRITE NEATLY AND LEGIBLY.** - FOR OFFICE USE ONLY -			
<b>AGENCY</b> <input checked="" type="checkbox"/> Land Development DPZ <input checked="" type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Officials <input checked="" type="checkbox"/> Dev. Engineering DPZ <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Fire Protection Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> CONTINGENCY CONSTRUCTION START <input type="checkbox"/> ONE STOP SHOP <input type="checkbox"/>		<b>DPZ SETBACK INFORMATION</b> Front: _____ Rear: _____ Side: _____ Side St: _____ All minimum setbacks met? 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 _____ Accepted by <u>1</u>	
<b>PROPERTY ID #</b> Filing fee \$ <u>100.00</u> Permit fee \$ _____ Excise tax \$ _____ Add'l per fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # <u>274</u> Validation # _____		<b>Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA</b> T:forms/buildingpermitapplication REV 10/28/04	





5/18/09 Upon inspection for a pump out alarm test, system failed due to cracks in F.M. near house. Builder was installing a 4' x 7' cypress footing for a retaining wall. Records show HD approved wall BP # B09000322 per plan that matched approved BP site development plan. What they were digging in field did not match approved plans. Wall was running right through ex. F.M. Contractor already hit F.M. @ 2 spots. I told builder would have to sleeve 2" F.M. all the way thru the wall and Bene temp den. only is letter stating that once V&O release, builder will re-route 2" F.M. around retaining wall. (KW)

5/20/09 2" F.M. fixed. Skewed ~~on~~ through retaining wall location to be installed. Pump test verified, OK.



