

| | | |
|--|---|--|
| DEPARTMENT 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 | PERMIT NUMBER <u>B07004068</u> |
|--|---|--|

Building Address 11600 Whitetail Way
Ellicott City MD 21042

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

Census Tract _____ Subdivision QUARTERFIELD

Section 2 Area _____ Lot 36

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name John & Patricia Doetzer

Address 11600 Whitetail Way

City Ellicott City State MD Zip Code 21042

Home Phone 443 535 9393 Work Phone _____

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

Phone _____ Fax _____

Existing Use Primary residence

Proposed Use Primary residence

Estimated Construction Cost \$ 418,391

Description of Work foyer and powder room addition, sunroom addition, patio, 2 outdoor fireplaces, chimney

Occupant or Tenant 10 x 14 1-17 x 8 img. shape

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Contractor Company Gawthrop Construction

Contact Person _____

Address 13334 Folly Quarter Rd

City Ellicott City State MD Zip Code 21042

License No. 46907

Phone 410 531 6413 Fax 443 535 9669

Engineer or Architect Company Robert Kaplan

Contact Person _____

Address 823 Rowen Rd

City Silver Spring State MD Zip Code 20910

Phone 301 589 1000 Fax _____

| BUILDING DESCRIPTION - <u>COMMERCIAL</u> | | BUILDING DESCRIPTION - <u>RESIDENTIAL</u> | |
|--|--|--|--|
| Building Characteristics | Utilities | Building Characteristics | Utilities |
| Height: _____ | Water Supply: _____ | SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> | Water Supply: _____ |
| No. of stories: _____ | Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> | Depth _____ Width _____ | Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> |
| Gross area, sq. ft. per floor: _____ | Sewage Disposal: _____ | 1st floor: _____ | Sewage Disposal: _____ |
| Use group: _____ | Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> | 2nd floor: _____ | Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> |
| Construction type: _____ | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Basement: _____ | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Reinforced Concrete _____ | Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> | Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Structural Steel _____ | Heating System: _____ | Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/> | Heating System: _____ |
| Masonry _____ | Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> | No. of Bedrooms _____ | Electric <input type="checkbox"/> Oil <input type="checkbox"/> |
| Wood Frame _____ | Natural Gas <input type="checkbox"/> | No. of 1 BR units: _____ | Natural Gas <input checked="" type="checkbox"/> |
| State Certified Modular _____ | Propane Gas <input type="checkbox"/> | No. of 2 BR units: _____ | Propane Gas <input type="checkbox"/> |
| | Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> | No. of 3 BR units: _____ | Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> |
| | Full _____ | Other Structure: _____ | NFPA #13D _____ |
| | Partial _____ | Dimensions: _____ | NFPA #13R _____ |
| | Other Suppression _____ | Footings: _____ | Other: _____ |
| | # of Heads _____ | Roof: _____ | |
| | | State Certified Modular _____ | |
| | | Manufactured Home _____ | |

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT THE BUILDING DESCRIBED HEREON IS TO BE CONSTRUCTED IN ACCORDANCE WITH THE RELEVANT SPECIFICATIONS OF THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS, (2) THAT THE BUILDING WILL BE PERMANENTLY AND EXCLUSIVELY USED FOR THE PURPOSES SET FORTH HEREON, AND (3) THAT THE BUILDING WILL BE MAINTAINED IN ACCORDANCE WITH THE RELEVANT SPECIFICATIONS OF THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS.

Applicant's Signature: [Signature] Print Name: Robert Kaplan

Title/Company: CONSTRUCTION Date: 9/27/07

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

| AGENCY | DATE | SIGNATURE APPROVAL | DPZ SETBACK INFORMATION | PROPERTY ID# |
|--|------------------|--------------------|--|-------------------------|
| Land Development, DPZ | | | Front: _____ | Filing fee \$ _____ |
| State Highways | | | Rear: _____ | Permit fee \$ _____ |
| Building Official | | | Side: _____ | Excise tax \$ _____ |
| Dev. Engineering, DPZ | | | Side St: _____ | Add'l per. fee \$ _____ |
| Health | <u>9/27/2007</u> | <u>[Signature]</u> | All minimum setbacks met? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ _____ |
| Fire Protection | | | Is Entrance Permit required? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| Is Sediment Control approval required prior to issuance? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> | | | Is Historic District? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> | Balance due \$ _____ |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | Lot Coverage for New Town Zone _____ | Check # _____ |
| ONE STOP SHOP: <input type="checkbox"/> | | | SDP/Red-line approval date _____ | Validation # _____ |

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHIA

1.Shown home site complies with minimum building restriction regulations.

4. Existing wells and/or sewerage easement easements within 100 feet of the property have been shown from the best available information.

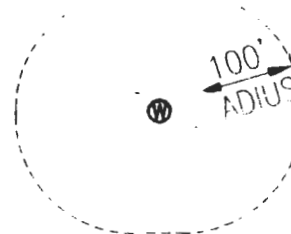
- 8. Any changes to a Private sewerage easement shall require a revised Percolation Certification Plan**

10. Topography Plan based on site plan prepared by Vogel + Assoc.

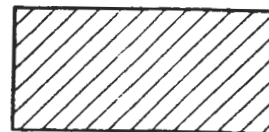
- - - 325 - - -
- - - 330 - - -

EXISTING CONTOURS

PROPERTY LINE



~~REED~~ WELL LOCATION



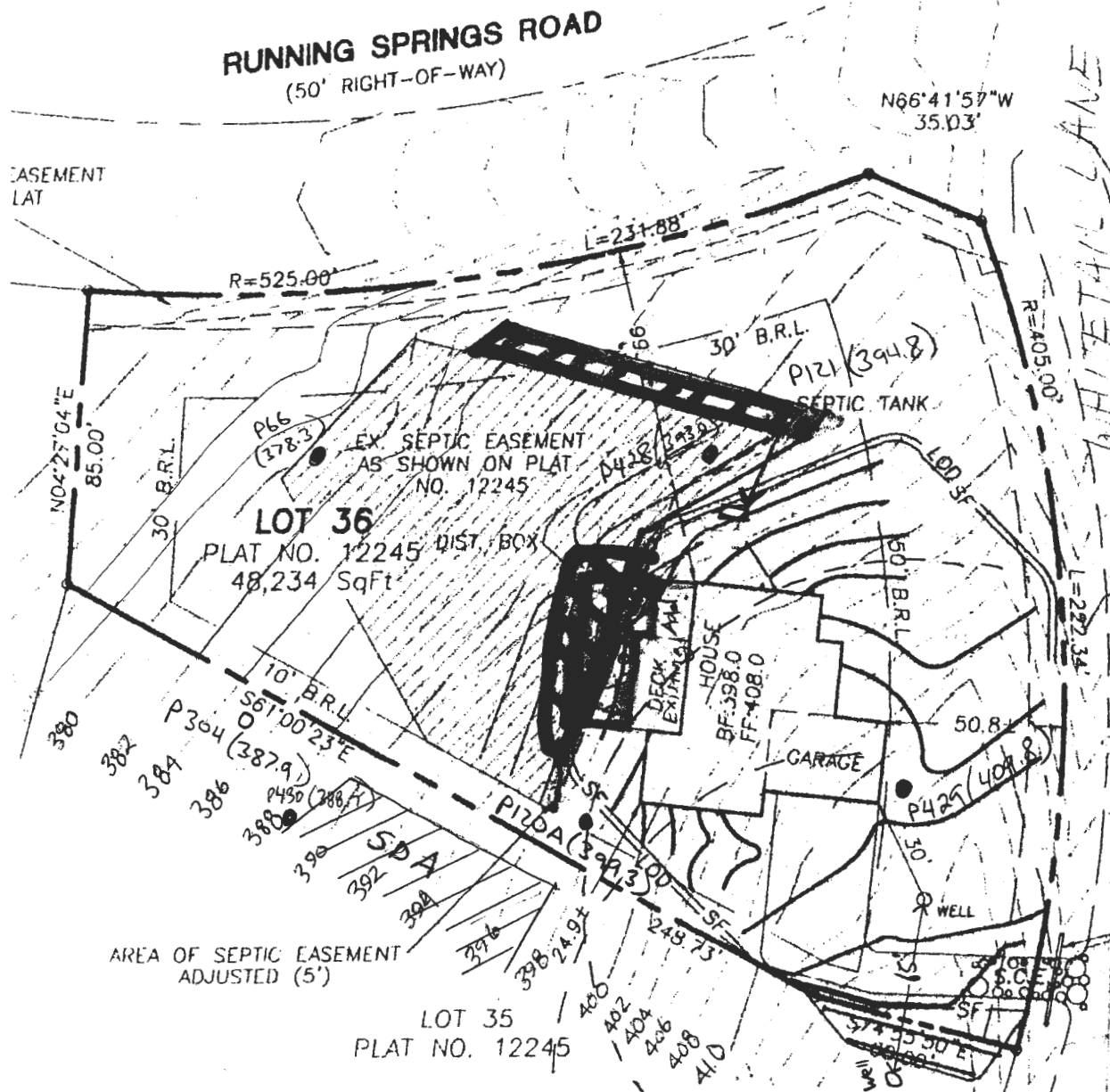
PROP. SEPTIC FIELD

● 36

PERC HOLE APPROVED

○ 33

PERC HOLE FAILED



Approved for Private Water and Sewerage Systems
Howard County, Maryland





B. Nijon for Peter Brilowien 9/19/2007
Howard County Health Officer Date

Howard County Health Officer

Date _____

| | |
|------------------------|--|
| Title: | Revised Percolation Certification Plan |
| Location: | Tax Map 23 – lot 36 3rd Election District Howard County, Maryland 443.535.9393 |
| Project/ Owner: | Mr. and Mrs. Doetzer 11600 Whitetail Way Ellicott City, MD 21042 |
| Date: | September 4th 2007 |
| Scale | 1":50' |
| Prepared By | Gill Gawthrop 410.531.6413 |

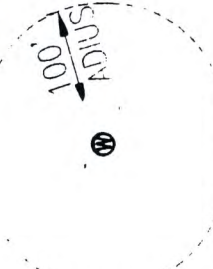
General Notes:

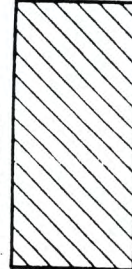
1. Shown home site complies with minimum building restriction regulations.
2. The Lot shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of the Environment.
3.  This area designates a private sewerage easement of 10,000 square feet as required by the Maryland State Department of the Environment for individual sewerage disposal. Improvements of any nature in this area are restricted until public sewer is available. These easements shall become null and void upon connection to a public sewerage system. The county health officer shall have the authority to grant variances for adjustments to the private sewerage easement. Recordation of a modified sewerage easement plat shall not be necessary.
4. Existing wells and/or sewerage easements within 100 feet of the property have been shown from the best available information.
5.  This area designates new patio.
6.  This area designates removed septic easement.
7.  This area designates added septic easement
8. Any changes to a Private sewerage easement shall require a revised Percolation Certification Plan
9. "I certify that the information shown hereon is based on field work performed by me or under my direct supervision, and is correct, to the best of my knowledge and belief". *Patricia A. Doetzer*
10. Topography plan based on site plan prepared by Vogel + Assoc.

| | |
|-----------------|---|
| Title: | Revised Percolation Certification Plan |
| Location: | Tax Map 23 - lot 36 3rd Election District Howard County, Maryland 443.535.9393 |
| Project/ Owner: | Mr. and Mrs. Doetzer 11600 Whitetail Way Ellicott City, MD 21042 |
| Date: | September 4th 2007 |
| Scale | 1"=50' |
| Prepared By | Gill Gawthrop 410.531.6413 |

LEGEND :

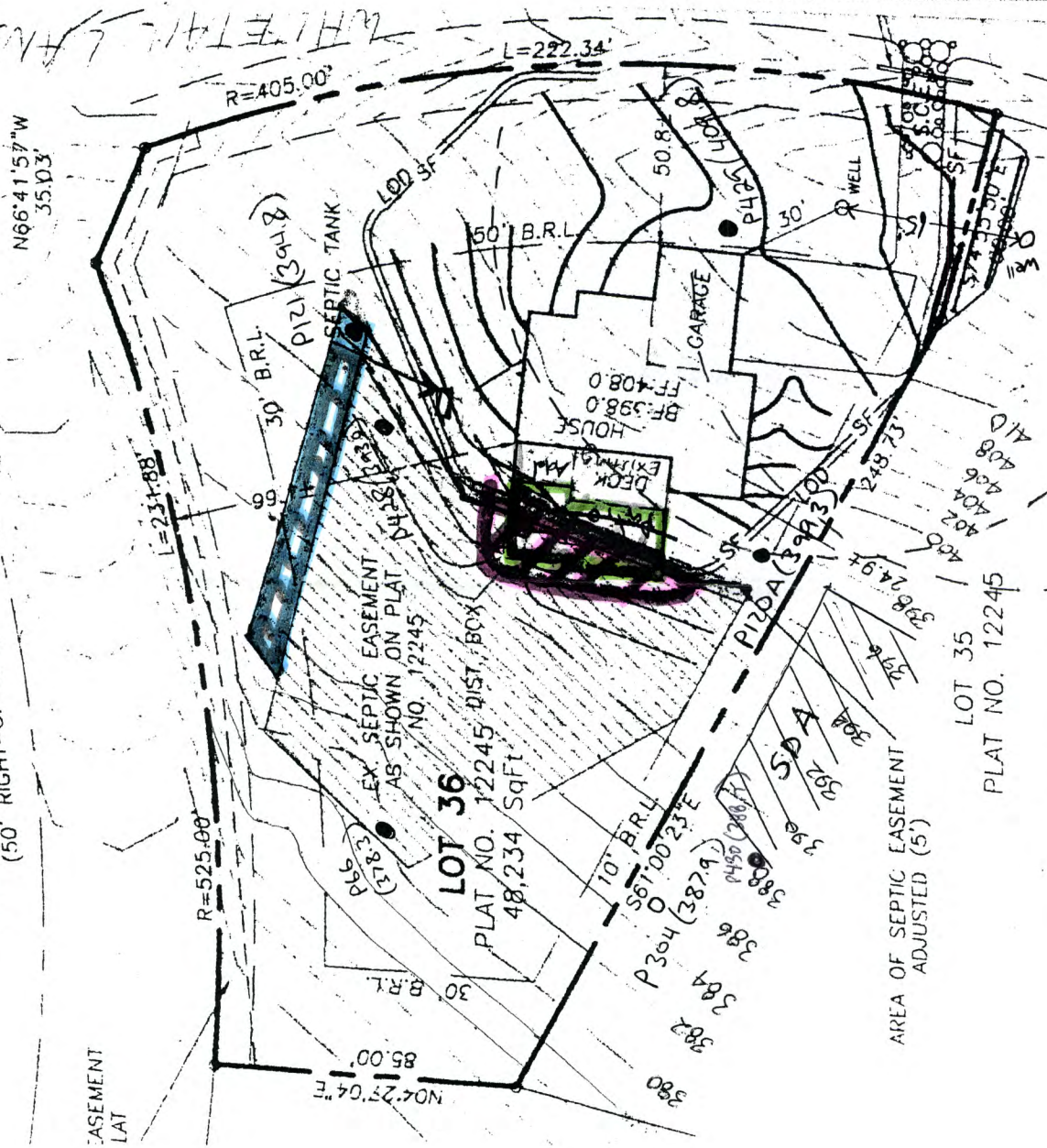
--- 325 ---
--- 330 ---
--- EXISTING CONTOURS ---
--- PROPERTY LINE ---

 100' RADIUS
WELL LOCATION

 **PROP. SEPTIC FIELD**

☒ 36 **PERC HOLE APPROVED**
☐ 33 **PERC HOLE FAILED**

RUNNING SPRINGS ROAD
(50' RIGHT-OF-WAY)



Approved for Private Water and Sewerage Systems
Howard County, Maryland

Patricia A. Doetzer 9/19/2007
Howard County Health Officer Date

SK rgo