

GP# G10000191

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 B10003281	
Building Address 3322 Secretariat Way Glenwood, MD 21723			Property Owner's Name Ryan Homes Address 6031 University Blvd, Suite 250		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			City Ellicott City State MD Zip Code 21043		
Census Tract 604002 Subdivision Neshawat Property			Phone 410.796.0980 Phone _____		
Section _____ Area _____ Lot 2004			Applicant's Name & Mailing Address, (if other than stated heron):		
Tax Map 21 Parcel 138 Grid 21-5			Phone _____ Fax _____		
Zoning RR-DEO Map Coordinates _____ Lot size _____			Contractor Company Ryan Homes		
Existing Use Vacant Lot			Contact Person Kevin Bowser		
Proposed Use New - Single Family Home			Address 6031 University Blvd, Suite 250		
Estimated Construction Cost \$250,000			City Ellicott City State MD Zip Code 21043		
Description of Work Model Waverly w/Full Bsmt 2 Story, Full Bsmt, 10R, 2FB, 1HB & Garage (4-BR) w/Opt FP			License No. 56 Phone 410.796.0980 Fax 410.796.7094		
Occupant or Tenant Ryan Homes			Engineer or Architect Company Benchmark Engineering		
Contact Name Kevin Bowser			Contact Person John Carney		
Address 6031 University Blvd, Suite 250			Address 8480 Baltimore National Pike, Suite 418		
City Ellicott City State MD Zip Code 21043			City Ellicott City State MD Zip Code 21043		
Phone 410.796.0980 Fax 410.796.7094			Phone 410.465.6105 Fax 410.465.6644		
BUILDING DESCRIPTION - COMMERICAL			BUILDING DESCRIPTION - RESIDENTIAL		
Building Characteristics		Utilities	Building Characteristics		Utilities
Height: _____		Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>		Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____		Sewer Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st Floor: Depth 50 Width 54		Sewer Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____		Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd Floor: 32 54		Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use Group: _____		Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: 32 54		Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction Type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame		Sprinkler System: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: 4 Height: 30 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: _____		Sprinkler System: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
<input type="checkbox"/> State Certified Modular			<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home		

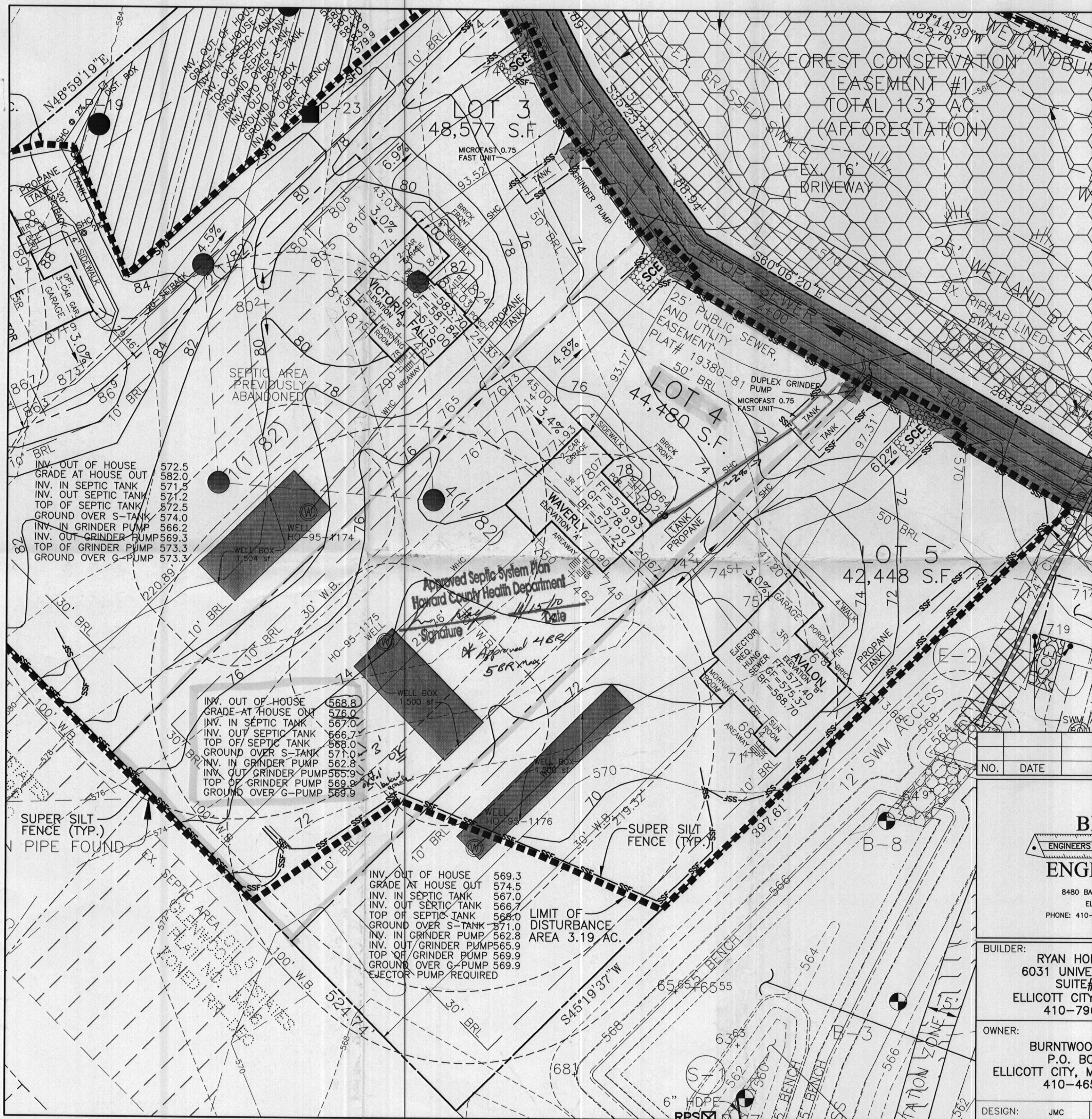
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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 \_\_\_\_\_ Ben Mucci  
Costing Manager \_\_\_\_\_ Print Name  
Title/Company \_\_\_\_\_ 10/12/2010  
Date

Checks payable: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

AGENCY		DATE	SIGNATURE	DPZ SETBACK INFORMATION		PROPERTY ID#
APPROVAL						
Land Development, DPZ				Front: _____	Filing Fee	\$ 150.00
State Highways				Rear: _____	Permit Fee	\$
Building Official				Side: _____	Excise tax	\$
Dev. Engineering, DPZ				Side St: _____	Add'l per fee	\$
Health				All minimum setbacks met?	TOTAL FEES	\$
Fire Protection				YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$
Is Sediment Control Approval required prior to issuance?				Is Entrance Permit required?	Balance due	\$
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>	Check	\$ 2923.44
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation	\$
ONE STOP SHOP <input checked="" type="checkbox"/>				Lot coverage for New Town Zone _____	Accepted by _____	
Distribution of Copies - White Building Official Green LDD, DPZ Yellow DED, DPZ Pink Health Gold SHA				SDP/Red-line approval date _____		
T: forms\PERMIT.FRM						



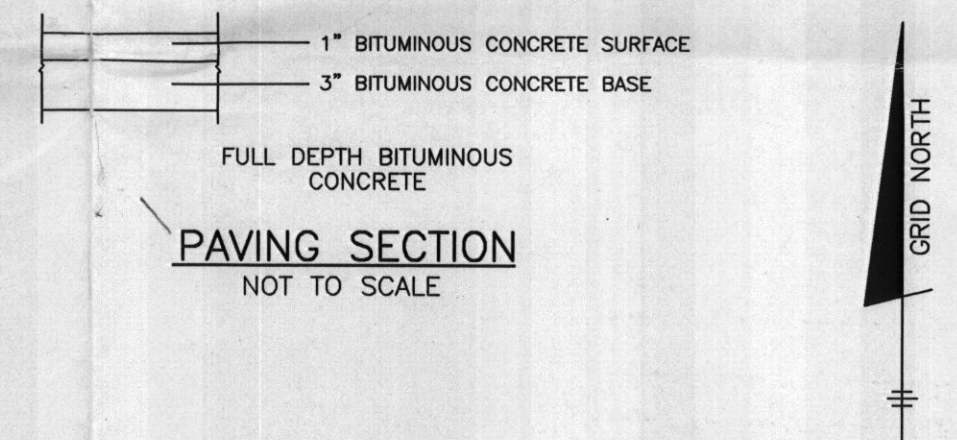


**NOTES:**

- 1. THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR NESHAWAT PROPERTY, PLAT No. 19381. REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS AND ALL EASEMENTS.
- 2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN. RECORDATION OF A MODIFIED EASEMENT PLAT SHALL NOT BE NECESSARY.
- 3. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER GP-10-70 AND MODIFIED FOR THIS SPECIFIC HOUSE.
- 4. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS.
- 5. EXACT LENGTH OF SEPTIC TRENCHES ARE BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF TRENCH LAYOUT AND INSPECTION.
- 6. THE EXISTING WELL SHOWN ON THIS PLAN, HO-95-1175, HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.
- 7. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
- 8. ALL DRAINAGE AND STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS.
- 9. SEPTIC TANK FOR THIS LOT TO BE 2,000 GALLONS.

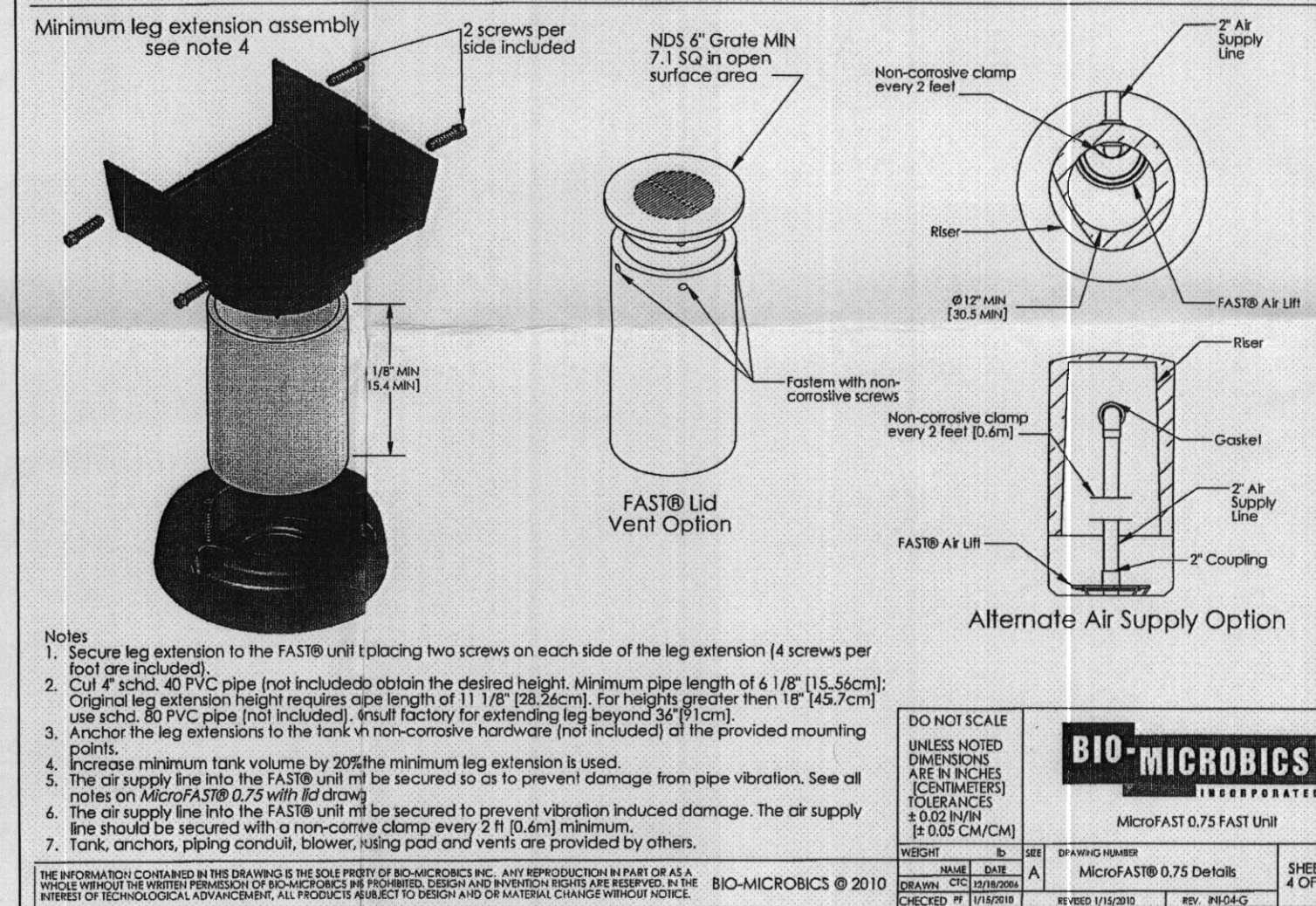
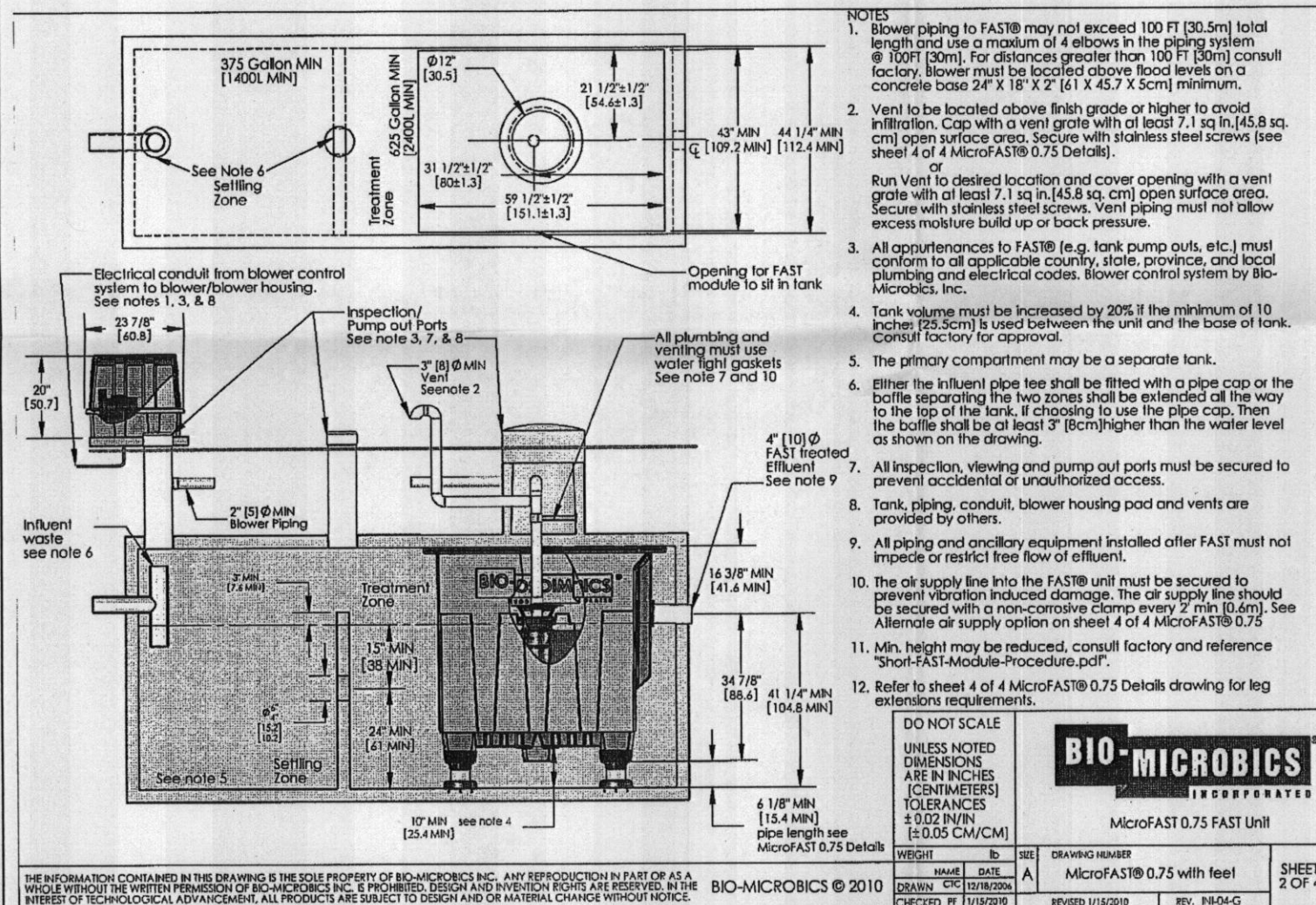
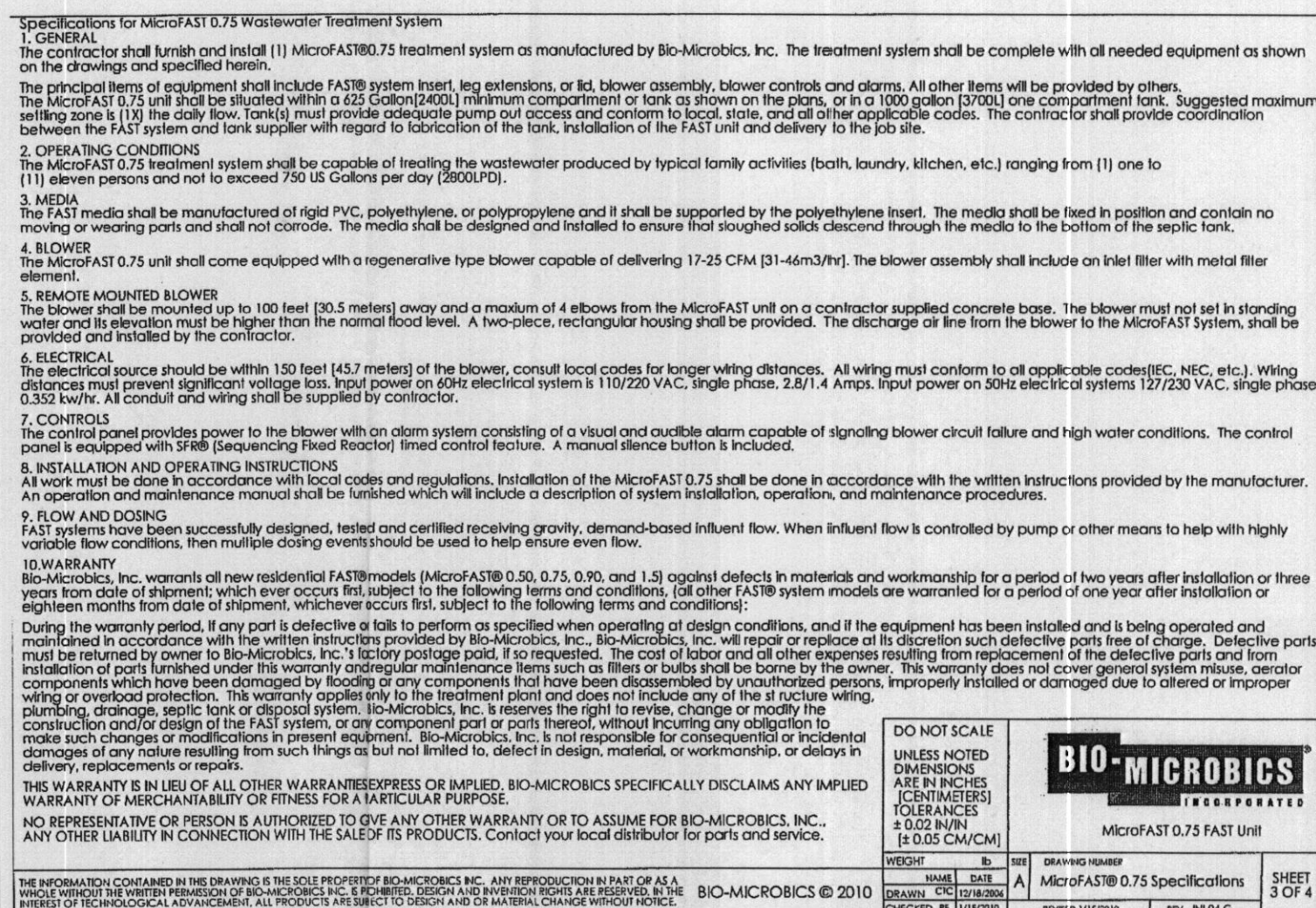
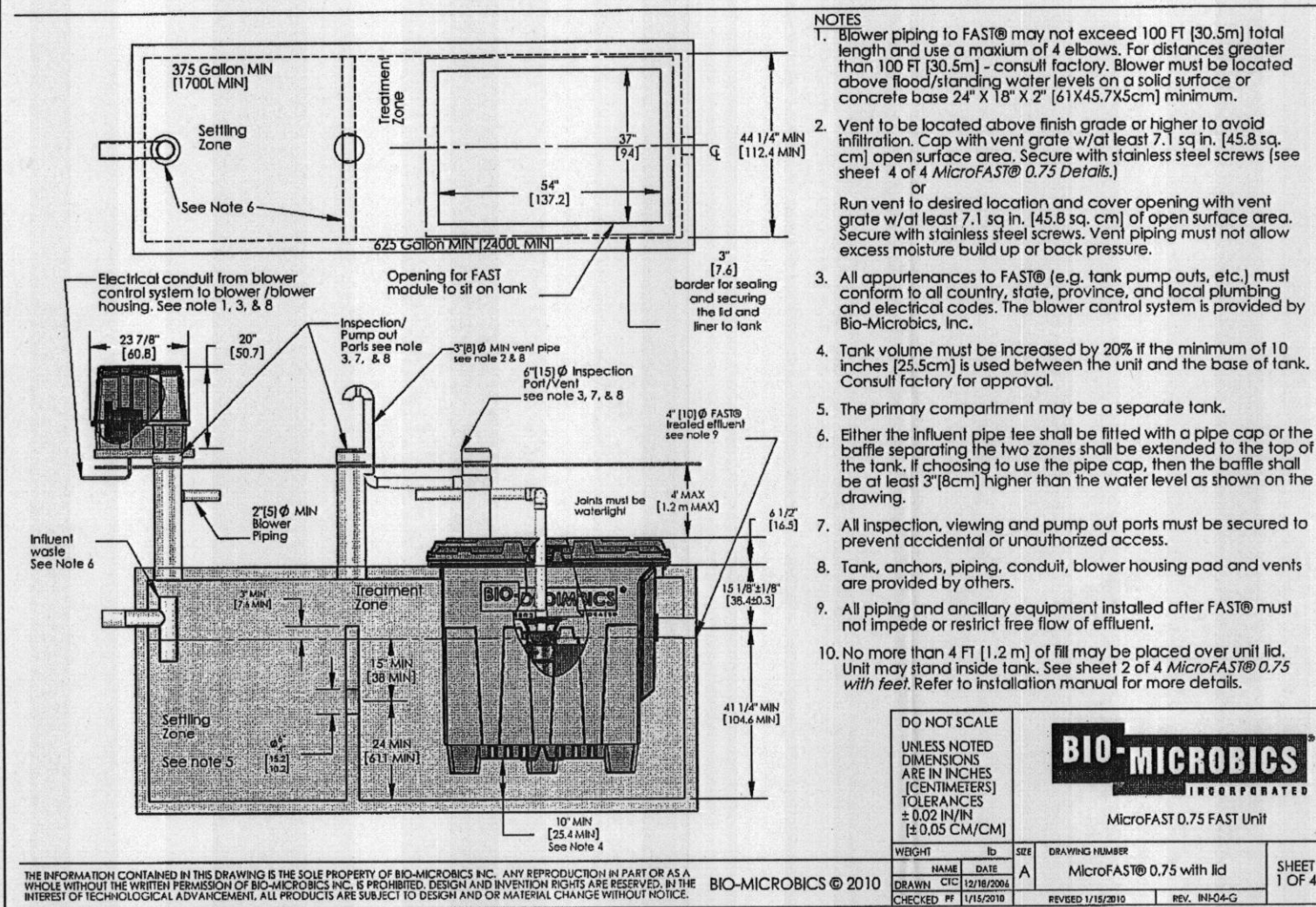
**LEGEND**

- PROPOSED FOREST CONSERVATION EASEMENT
- EX. SEPTIC AREA
- LIMIT OF DISTURBANCE
- STABILIZED CONSTRUCTION ENTRANCE
- SUPER SILT FENCE
- SUPER SILT FENCE
- SILT FENCE DIVERSION



NO.		DATE		REVISION	
<div><b>BENCHMARK</b> ENGINEERS • LAND SURVEYORS • PLANNERS <b>ENGINEERING, INC.</b> 8480 BALTIMORE NATIONAL PIKE • SUITE 418 ELLICOTT CITY, MARYLAND 21043 PHONE: 410-465-6105 • FAX: 410-465-6644 EMAIL: benchmark@ccis.com</div>					
BUILDER: RYAN HOMES INC. 6031 UNIVERSITY BLVD SUITE# 250 ELLICOTT CITY, MD 21043 410-796-0980			PROJECT: <b>NESHAWAT PROPERTY LOT 4</b>		
OWNER: BURNWOODS, L.L.C. P.O. BOX 417 ELLICOTT CITY, MD 21041-0417 410-465-4244			LOCATION: 3322 SECRETARIAT WAY GLENWOOD, MD 21738 TAX MAP 21 PARCEL 138 GRID 5 4th ELECTION DISTRICT HOWARD COUNTY, MARYLAND		
DESIGN: JMC			DRAFT: JMC		
DATE: OCTOBER, 2010			PROJECT NO. 1662-Ryan		
SCALE: 1" = 30'			DRAWING 1 OF 2		





<b>BENCHMARK</b> ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS <b>ENGINEERING, INC.</b> 8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418 ELLICOTT CITY, MARYLAND 21043 PHONE: 410-465-6105 ▲ FAX: 410-465-6644 EMAIL: bei@bei-civilengineering.com	
<b>BUILDER:</b> RYAN HOMES INC. 6031 UNIVERSITY BLVD SUITE# 250 ELLICOTT CITY, MD 21043 410-796-0980	<b>PROJECT:</b> NESHAWAT PROPERTY LOT 4
<b>OWNER:</b> BURNTWOODS, L.L.C. P.O. BOX 417 ELLICOTT CITY, MD 21041-0417 410-465-4244	<b>LOCATION:</b> 3322 SECRETARIAT WAY GLENWOOD, MD 21738 TAX MAP 21 PARCEL 138 GRID 5 4th ELECTION DISTRICT HOWARD COUNTY, MARYLAND
<b>TITLE:</b> PERMIT PLAN	
<b>HOUSE TYPE:</b> WAVERLY - A	
<b>DATE:</b> NOVEMBER, 2010	<b>PROJECT NO.</b> 1662-Ryan
<b>DESIGN:</b> JMC	<b>DRAFT:</b> JMC
<b>SCALE:</b> 1" = 30'	
<b>DRAWING</b> 2 OF 2	



B11000399

Building Address: 3322 Secretariat Way  
Glenwood MD 21738

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

Census Tract: \_\_\_\_\_ Subdivision: Dishawad

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: Property

Tax Map: 21 Parcel: 138 Grid: 5

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: SFO

Proposed Use: SFO

Estimated Construction Cost: \$ 8000

Description of Work: Install a 1000 Gal  
Inground propane tank

Occupant or Tenant: \_\_\_\_\_

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: Owner

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Property Owner's Name: NVR

Address: 6085 Marshalee Dr.

City: Elkridge State: MD Zip Code: 21078

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Applicant's Name & Mailing Address, (If other than stated herein):  
Jeremy Clancy 7051 Macbeth Ln  
Elkridge MD 21787

Phone: 443-340-1029 Fax: \_\_\_\_\_

Email: AppliedAndApproved@yahoo.com

Contractor Company: Valley National Cranes

Contact Person: William Ciescic

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
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>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 <sup>st</sup> floor:	<input checked="" type="checkbox"/> Private
2 <sup>nd</sup> 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:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input checked="" 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: Jeremy Clancy Print Name: Jeremy Clancy FEB 10 2011

Email Address: AppliedAndApproved@yahoo.com Date: 2/10/11

Title/Company: permits LICENSES & PERMITS DIVISION

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>2/10/11</u>	<u>D 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? ☐ 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	\$

cl# 2258