

PERMIT NUMBER

Building Address 4961 Valley View Overlook
Ellicott City, MD 21042

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

Census Tract _____ Subdivision Homewood Crossing

Section _____ Area _____ Lot 35

Tax Map 29 Parcel 28 Grid 9

Zoning _____ Map Coordinates _____ Lot size 1.131A

Property Owner's Name Toll MDTL CP

Address 7164 Columbia Gateway Dr #230

City Columbia State MD Zip Code 21045

Phone _____ Phone 410.912.5578

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

Phone _____ Fax _____

Existing Use Vacant lot

Use Residential Home

Proposed Use Residential Home

Estimated Construction Cost \$ 450,000

Description of Work 1.5 story, 4 Bed, 4 Bath, 4.5 bdrm, 3 car garage, fireplace, sunroom

Contractor Company T&H MD III LP

Contact Person John P. ...

Address 7109 Columbia Gateway Dr. #230

City Columbia State MD Zip Code 21046

License No. 97418

Phone 410-241-8776 Fax 410-241-8776

Occupant or Tenant Tom M. III

Contact
Name Tom M. III

Address 7104 Columbia Gateway Dr. #230

City College State MD Zip Code 21040

Phone 410-923-2344 Fax 410-923-2344

Engineer or Architect Company ESE

Contact Person Mike Gurr

Address 4101 Killebuck Mallon Rd.

City Upper Merion State MD Zip Code 20872

Phone 410.365.4175 Fax 301.627.7485

BUILDING DESCRIPTION - COMMERCIAL**BUILDING DESCRIPTION - RESIDENTIAL**

<u>Building Characteristics</u>	<u>Utilities</u>
Height:	Water Supply:
No. of stories:	_____ Public
Gross area, sq. ft. per floor:	_____ Private
Use group:	Sewage Disposal:
Construction type:	_____ Public
_____ Reinforced Concrete	_____ Private
_____ Structural Steel	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Masonry	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Wood Frame	Heating System:
_____ State Certified Modular	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

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth <u> </u> Width <u> </u>	Sewage Disposal: <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u> </u>	
2nd floor: <u> </u>	
Basement: <u> </u>	
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	
<input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u> </u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Height: <u> </u>	
Multi-family dwellings: <u> </u>	Heating System: <u> </u>
No. of efficiency units: <u> </u>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
No. of 1 BR units: <u> </u>	Natural Gas <input type="checkbox"/>
No. of 2 BR units: <u> </u>	Propane Gas <input type="checkbox"/>
No. of 3 BR units: <u> </u>	
Other Structure: <u> </u>	Sprinkler system: <u> </u> N/A <input type="checkbox"/>
Dimensions: <u> </u>	<u> </u> NFPA #13D
Footings: <u> </u>	<u> </u> NFPA #13R
Roof Height: <u> </u>	<u> </u> Other: <u> </u>
<u> </u> State Certified Modular 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 _____

Title/Company

Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

**** PLEASE WRITE NEATLY AND LEGIBLY. ****

FOR OFFICE USE ONLY

<u>AGENCY</u>	<u>DATE</u>	<u>SIGNATURE</u>	<u>APPROVAL</u>
Land Development, DPZ			
State Highways			
Building Official			
Dev. Engineering, DPZ			
Health <i>5-25-10</i>		<i>DPZmand</i>	
Fire Protection			
Is Sediment Control approval required prior to issuance?			
YES <input type="checkbox"/> NO <input type="checkbox"/>			

<u>DPZ SETBACK INFORMATION</u>		<u>PROPERTY ID#</u>
Front: _____	Filing fee	\$ _____
Rear: _____	Permit fee	\$ _____
Side: _____	Excise tax	\$ _____
Side St.: _____	Add'l per. fee	\$ _____
All minimum setbacks met?	TOTAL FEES	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$ _____
Is Entrance Permit required?	Balance due	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check	# _____
Historic District?	Validation	# _____

CONTINGENCY CONSTRUCTION START: ☒
ONE STOP SHOP: ☐

Distribution of Copies-
T:\forms\PERMIT.FRM

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health


Gold: SHA

Rev. 11/4/04

Approved Septic System Plan Howard County Health Department

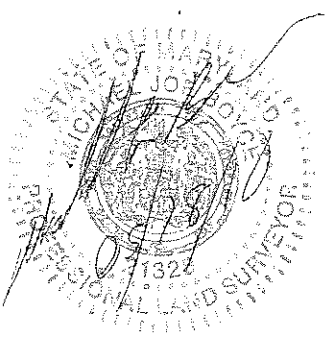
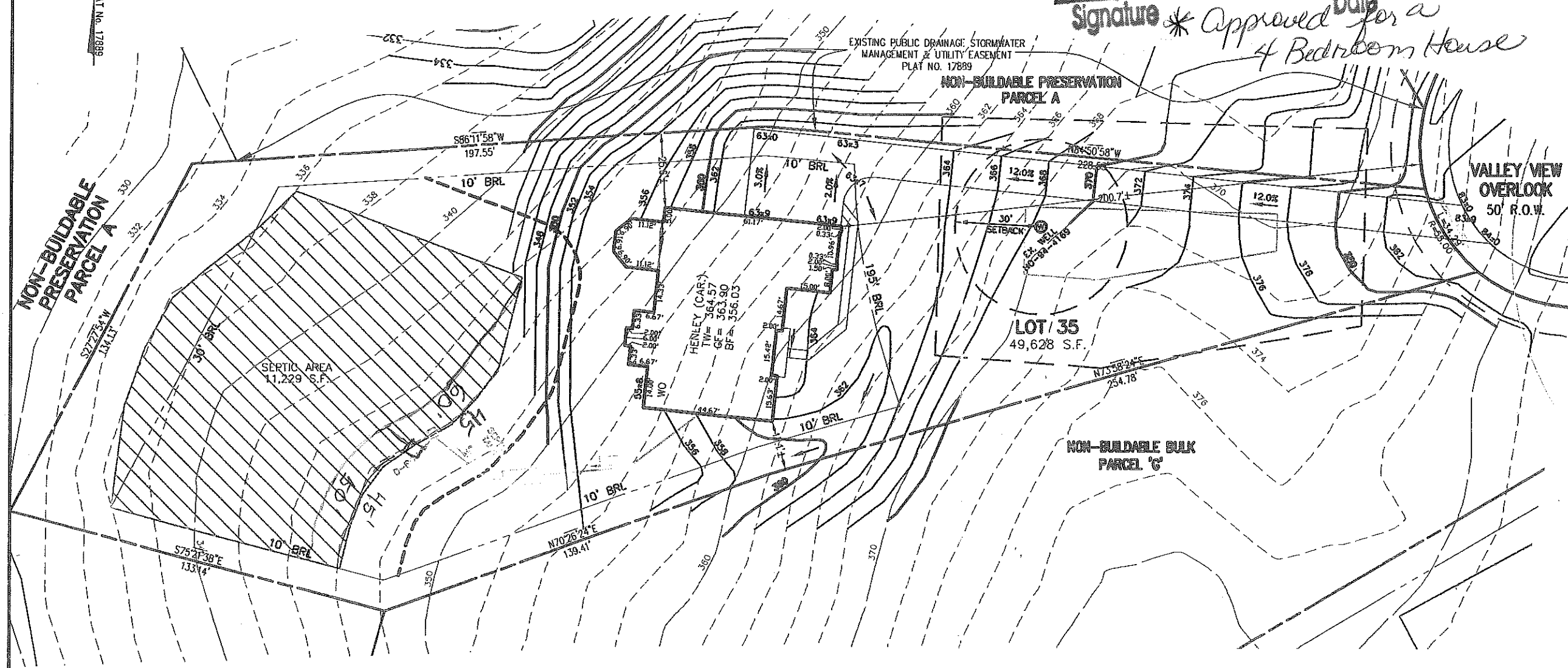
Dora Bernard 5-25-10
Signature * Approved Date for a
4 Bedroom House

NOTES:

1. THE LOT SHOWN HEREON WAS RECORDED ON MAY 2, 2006 AS PLAT NUMBER 17889. REFER TO THIS PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
2.  THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE 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 SEWER 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. EXACT LENGTH OF SEPTIC TRENCHES ARE BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PRECONSTRUCTION INSPECTION.
4. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
5. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER F-05-069 AND GP-07-067 AND SHALL COMPLY WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
6. THE EXISTING WELL (TAG NO. HO-94-4169) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING ON AND IS ACCURATELY SHOWN.

4961 VALLEY VIEW OVERLOOK
3rd ELECTION DISTRICT HOWARD
COUNTY, MARYLAND

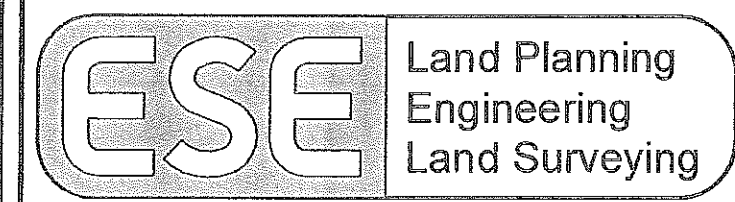
INV. AT HOUSE	354.0
GRD. AT INV. AT HOUSE	358.0
INV. IN TANK	348.3
INV. OUT TANK	348.0
TOP OF TANK	349.0
GROUND OVER TANK	350.0
INV. IN DIST. BOX	345.1
INV. OUT DIST. BOX	344.8
GROUND AT BOX	346.0



TYPE: HENLEY (CAROLINA)-
WALKOUT BASEMENT
NAPLES SUNROOM
BRICK SIDES AND REAR OF HOME
ADD 1' TO BASEMENT

OPTION No. 017
OPTION No. 529
OPTION No. 673
OPTION No. 070

PLOT PLAN
LOT #35
HOMEWOOD CROSSING
D.B. 9808, PG. 204
PLAT No. 17889
THIRD ELECTION DISTRICT
HOWARD COUNTY



ESE Consultants Inc.
7164 Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-4870

DATE: 05/18/10 SCALE: 1"=40' FILE: LOT 35 ESE
CHK'D: MJB JOB#: 1214 DRAWN: MJB

Application Cancelled 8-29-07

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 B0700 1189	
Building Address <u>4961 Valley View Circle</u> <u>Ellicott City, MD 21042</u>			Property Owner's Name <u>Toll MD III LP</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address <u>7164 Columbia Gateway Dr #230</u>		
Census Tract _____ Subdivision <u>Hawthorn Crossing</u>			City <u>Columbia</u> State <u>MD</u> Zip Code <u>21046</u>		
Section _____ Area _____ Lot <u>35</u>			Home Phone _____ Work Phone <u>710-992-5978</u>		
Tax Map _____ Parcel _____ Grid <u>1</u>			Applicant's Name & Mailing Address, (if other than stated hereon): _____		
Zoning _____ Map Coordinates _____ Lot size _____			Phone _____ Fax _____		
Existing Use <u>Vacant lot</u>			Contractor Company <u>Toll MD III LP</u>		
Proposed Use <u>Residential Dwelling</u>			Contact Person <u>Nathan Beidle</u>		
Estimated Construction Cost \$ <u>350,000</u>			Address <u>7164 Columbia Gateway Dr #230</u>		
Description of Work <u>Chamberlain w/ Palladia Kitchen</u>			City <u>Columbia</u> State <u>MD</u> Zip Code <u>21046</u>		
Occupant or Tenant <u>Toll MD III LP</u>			License No. <u>50418</u>		
Contact Name <u>Nathan Beidle</u>			Phone <u>410-992-5978</u> Fax <u>410-992-3234</u>		
Address <u>7164 Columbia Gateway Dr #230</u>			Engineer or Architect Company <u>Benchmark Eng</u>		
City <u>Columbia</u> State <u>MD</u> Zip Code <u>21046</u>			Contact Person <u>Dave Thompson</u>		
Phone <u>410-992-5978</u> Fax <u>410-992-3234</u>			Address <u>8480 Baltimore Wt M Bldg #418</u>		
			City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u>		
			Phone <u>410-465-6105</u> Fax <u>410-465-6644</u>		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
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 type="checkbox"/>	Depth <u>67'</u> Height <u>10'</u> Width <u>76'</u>	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Sewage Disposal: _____	1st floor: <u>67'</u> <u>10'</u> <u>76'</u>	Sewage Disposal: _____
Use group: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>	2nd floor: <u>67'</u> <u>10'</u> <u>76'</u>	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Construction type: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: <u>67'</u> <u>10'</u> <u>76'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Reinforced Concrete <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Structural Steel <input type="checkbox"/>	Heating System: _____	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____
Masonry <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of Bedrooms <u>4</u>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Wood Frame <input type="checkbox"/>	Natural Gas <input type="checkbox"/>	Height: _____	Natural Gas <input checked="" type="checkbox"/>
State Certified Modular <input type="checkbox"/>	Propane Gas <input type="checkbox"/>	Multi-family dwellings: _____	Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/>	No. of efficiency units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
	Full <input type="checkbox"/>	No. of 1 BR units: _____	NFPA #13D <input type="checkbox"/>
	Partial <input type="checkbox"/>	No. of 2 BR units: _____	NFPA #13R <input type="checkbox"/>
	Other Suppression <input type="checkbox"/>	No. of 3 BR units: _____	Other: _____
	# of Heads _____	Other Structure: _____	
		Dimensions: _____	
		Footings: _____	
		Roof Height: _____	
		State Certified Modular <input type="checkbox"/>	
		Manufactured Home <input type="checkbox"/>	

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 Nathan Beidle Print Name Nathan Beidle

Title/Company _____ Date 3/5/07

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 \$ <u>100.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>4/19/07</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # <u>29746378</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			Accepted by <u>[Signature]</u>	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
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EXISTING CONTOURS
ESTABLISHED UNDER F-05-031

FIELD SURVEYED WELL LOCATION

STREET TREES
INSTALLED UNDER F-05-031

INDICATES WALK-OUT
BASEMENT LOCATION

STABILIZED CONSTRUCTION
ENTRANCE INSTALLED UNDER
GP-06-94

SUPER SILT FENCE
INSTALLED UNDER F-05-031

SUPER SILT FENCE
INSTALLED UNDER GP-06-94

SILT FENCE
INSTALLED UNDER F-05-031

LIMIT OF DISTURBANCE
UNDER F-05-031

INV. AT HOUSE	345.1
GRD. AT INV. AT HOUSE	356.0
INV. IN TANK	344.1
INV. OUT TANK	343.8
TOP OF TANK	345.1
GROUND OVER TANK	348.0

INV. IN DIST. BOX	342.3
INV. OUT DIST. BOX	342.0
GROUND AT BOX	346.0

GRID NORTH

Approved Septic System Plan
Howard County Health Department

Signature

- 1" BITUMINOUS CONCRETE SURFACE
- 3" BITUMINOUS CONCRETE BASE

FULL DEPTH BIT. CONC. ALTERNATIVE

P-1 PAVING DETAIL

NOT TO SCALE

1. THE LOT SHOWN HEREON WAS RECORDED ON 12-13-05 AS PLAT NUMBER 17889.
REFER TO THIS PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING
RESTRICTIONS.

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. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.

3. EXACT LENGTH OF SEPTIC TRENCHES ARE BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PRECONSTRUCTION INSPECTION.

4. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.

5. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER F-05-031 AND GP-06-94 AND SHALL COMPLY WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.

6. STORMWATER MANAGEMENT FOR THIS LOT WAS PROVIDED UNDER F-05-031.

7. THE EXISTING WELL (TAG NO. HO-94-4169) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. ON 6-2-06 AND IS ACCURATELY SHOWN.

8. DRIVEWAY CULVERT COMPUTATIONS HAVE BEEN PROVIDED WITH THIS BUILDING PERMIT PLOT PLAN. THE CULVERT SHALL BE 15" CMP OR ELLIPTICAL EQUIVALENT.

EXISTING PUBLIC DRAINAGE
WATER MANAGEMENT & UTILITY EASEMENT
PLAT NO. 17889

**NON-BUILDABLE
PRESERVATION PARCELS**

12	SWM	ACCESS
----	-----	--------

VALLEY VIEW
OVERLOOK

LOT 35
49,628 S.F.

**-BUILDABLE
PARCEL 'G'**

BENCHMARK

ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS

ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418
ELLICOTT CITY, MARYLAND 21043
PHONE: 410-465-6105 FAX: 410-465-6644
www.bei-civilengineering.com

BUILDER: TOLL MD III LIMITED PARTNERSHIP
7164 COLUMBIA GATEWAY DRIVE
SUITE 230
COLUMBIA, MARYLAND 21046
410-872-9105

HOMewood CROSSING
PLOT PLAN
LOT 35

4961 VALLEY VIEW OVERLOOK
TAX MAP 29, GRID 9 - PARCEL 28
3rd ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

HOUSE TYPE: CHAMBERLAIN
COUNTRY MANOR ELEVATION

DATE:	MARCH 8, 2007	PROJECT NO.	1913
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SCALE: 1" = 40' DRAWING 1 OF 1

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-3455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B 06008680	
Building Address 4961 Valley View Overlook MD 21042			Property Owner's Name Tol MD 3 LP		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address 7109 Columbia Avenue P. 21042		
Census Tract _____ Subdivision _____			City Columbia State MD Zip Code 21042		
Section _____ Area _____ Lot 35			Home Phone _____ Work Phone 410-992-3278		
Tax Map _____ Parcel _____ Grid _____			Applicant's Name & Mailing Address, (if other than stated hereon):		
Zoning _____ Map Coordinates _____ Lot size _____			Phone _____ Fax _____		
Existing Use _____			Contractor Company Tol MD 3 LP		
Proposed Use _____			Contact Person Nathan Beidl		
Estimated Construction Cost \$ 250,000			Address 7109 Columbia Avenue P. 21042		
Description of Work SFD -			City Columbia State MD Zip Code 21042		
Occupant or Tenant Tol MD 3 LP			License No. _____		
Contact Name Nathan Beidl			Phone 410-992-3278 Fax 410-992-3234		
Address 7109 Columbia Avenue P. 21042			Engineer or Architect Company _____		
City Columbia State MD Zip Code 21042			Contact Person _____		
Phone 410-992-3278 Fax 410-992-3234			Address 2140 Baltimore Valley Pk. 21042		
			City _____ State MD Zip Code 21042		
			Phone 410-992-3278 Fax 410-992-3234		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ 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: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input 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: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
State Certified Modular _____		Height: _____ Multi-family dwellings: _____ 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 _____	

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

Title/Company

Date

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

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 1/4/2007			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown 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: SHA			Accepted by _____	

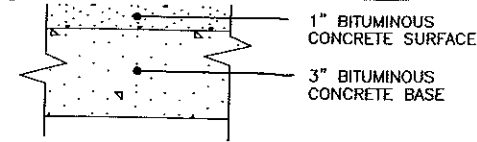
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Rev. 11/4/04

- FIELD SURVEYED WELL LOCATION
- STREET TREES
INSTALLED UNDER F-05-031
- INDICATES WALK-OUT
BASEMENT LOCATION
- STABILIZED CONSTRUCTION
ENTRANCE INSTALLED UNDER
GP-06-94
- SSF SUPER SILT FENCE
INSTALLED UNDER F-05-031
- SSF SUPER SILT FENCE
INSTALLED UNDER GP-06-94
- SF SILT FENCE
INSTALLED UNDER F-05-031
- LIMIT OF DISTURBANCE
UNDER F-05-031

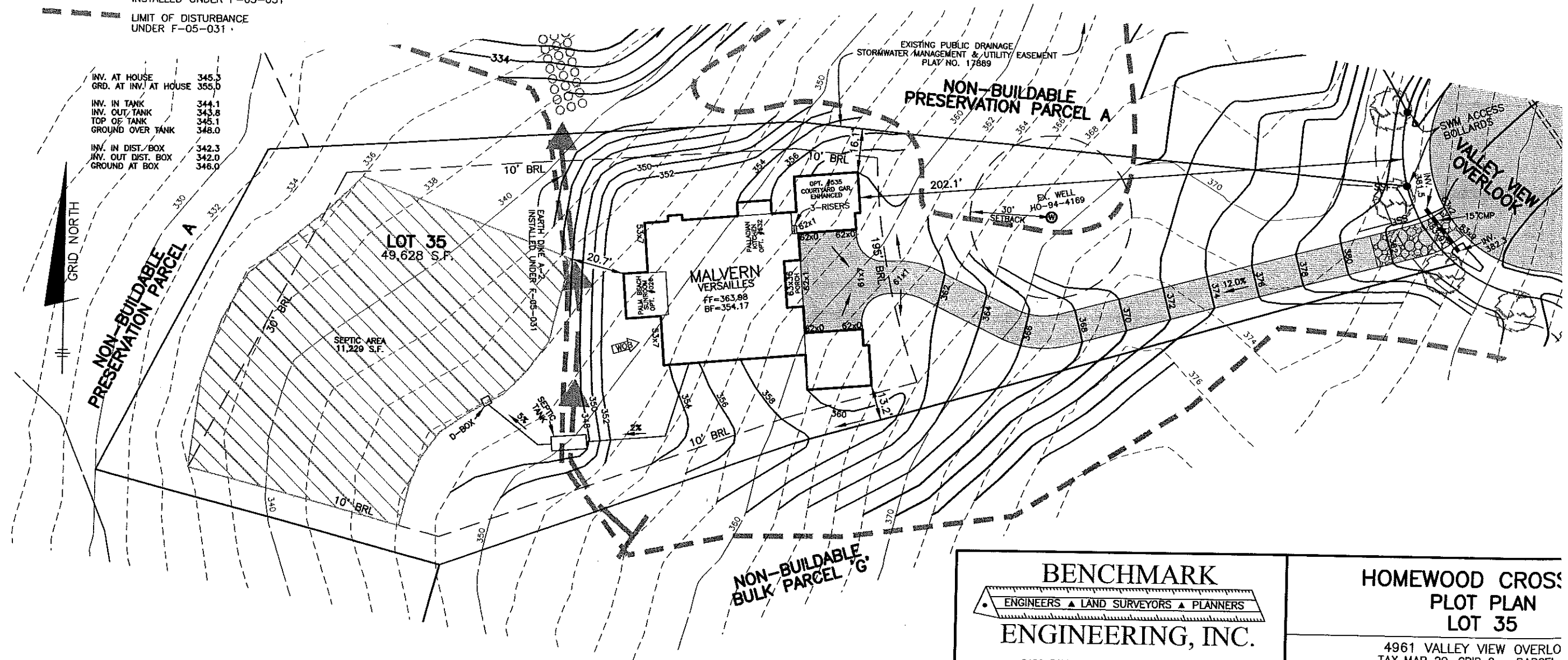
Approved Septic System Plan
Howard County Health Department
Signature *[Signature]* for AT
Date 1/4/2007

FULL DEPTH BIT. CONC. ALTERNATIVE
P-1 PAVING DETAIL
NOT TO SCALE



REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNLESS OTHERWISE SPECIFIED. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A PRIVATE SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.

3. EXACT LENGTH OF SEPTIC TRENCHES ARE TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PRECONSTRUCTION INSPECTION.
4. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE EXCAVATION FOR EACH INDIVIDUAL LOT.
5. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD COUNTY SOIL CONSERVATION UNDER F-05-031 AND GP-06-94 AND SHALL COMPLY WITH THE 1994 MARYLAND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
6. STORMWATER MANAGEMENT FOR THIS LOT WAS PROVIDED UNDER F-05-031.
7. THE EXISTING WELL (TAG NO. HO-94-4169) SHOWN ON THIS PLAN HAS BEEN BY BENCHMARK ENGINEERING, INC. ON 6-2-06 AND IS ACCURATELY SHOWN.
8. DRIVEWAY CULVERT COMPUTATIONS HAVE BEEN PROVIDED WITH THIS BUILDING PLAN. THE CULVERT SHALL BE 15" CMP OR ELLIPTICAL EQUIVALENT.



BENCHMARK ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS ENGINEERING, INC. 8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418 ELLICOTT CITY, MARYLAND 21043 PHONE: 410-465-6105 FAX: 410-465-6644 www.bei-civilengineering.com		HOMEWOOD CROSS PLOT PLAN LOT 35 4961 VALLEY VIEW OVERLOOK TAX MAP 29, GRID 9 - PARCEL 3rd ELECTION DISTRICT HOWARD COUNTY, MARYLAND	
BUILDER: TOLL MD III LIMITED PARTNERSHIP 7164 COLUMBIA GATEWAY DRIVE SUITE 230 COLUMBIA, MARYLAND 21046 410-872-9105		HOUSE TYPE: MALVERN VERSAILLES ELEVATION	
DATE: NOVEMBER 28, 2006		PROJECT NO:	
SCALE: 1" = 40'		DRAWING:	