

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER
 B07004562

Building Address 4912 valley view Overlook
Ellicott City, MD 21043
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision B
 Section _____ Area _____ Lot 41
 Tax Map 29 Parcel 28 Grid 9
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Bob Colfax Schnorf
 Address 4912 valley view Overlook
 City Ellicott City State MD Zip Code 21043
 Home Phone 301-607-4480 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD w/ deck
 Estimated Construction Cost \$ 29,000
 Description of Work build approx. 14x18
Screen in porch

Contractor Company Probuild Construction, Inc
 Contact Person Edward Pacylowski
 Address 12155 Long Days Ct
 City Highland State MD Zip Code 20777
 License No. 20297
 Phone 301-854-0221 Fax 301-854-9632

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
 Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
 Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads

Building Characteristics
 SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: _____
 2nd floor: _____
 Basement: _____
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 No. of Bedrooms: _____
 Height: _____
 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: Post & Piers
 Roof Height: _____
 State Certified Modular
 Manufactured Home

Utilities
 Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 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.

[Signature]
 Applicant's Signature
President
 Title/Company

Edward Pacylowski
 Print Name
11/8/07
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>11/8/07</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

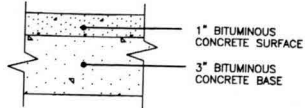
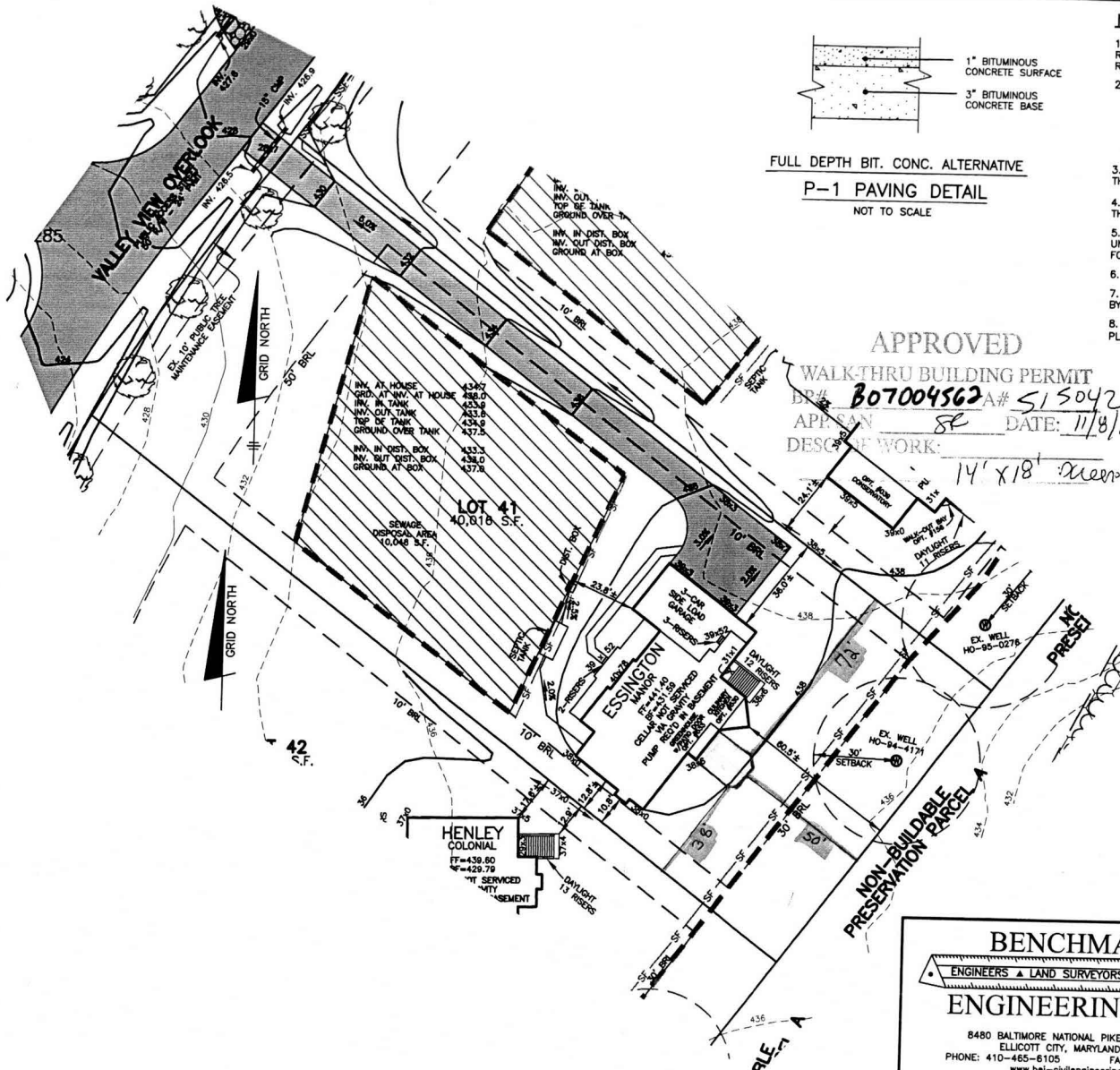
CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Distribution of Copies- White: Building Official Green: LDD, DPZ
 T:Forms\PERMIT.FRM

DPZ SETBACK INFORMATION

PROPERTY ID#:
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"/>
Is Entrance Permit required? Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone Check # _____
SDP/Red-line approval date Validation # _____
Accepted by _____



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

APPROVED
 WALKTHRU BUILDING PERMIT
 BR# **B07004562** A# **515042**
 APPLICANT **SE** DATE: **11/8/07**
 DESCRIPTION: **14' x 18' driveway**

NOTES:

1. THE LOT SHOWN HEREON WAS RECORDED ON 12-13-05 AS PLAT NUMBER 17896. 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 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 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 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-94-4171) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. ON 4-11-06 AND IS ACCURATELY SHOWN.
8. DRIVEWAY CULVERT COMPUTATIONS ARE BEING PROVIDED WITH THIS BUILDING PERMIT PLOT PLAN. THE CULVERT SHALL BE 15" CMP OR EQUIVALENT.

LEGEND

- 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

<p>BENCHMARK ENGINEERS • LAND SURVEYORS • PLANNERS ENGINEERING, INC. 8480 BALTIMORE NATIONAL PIKE & SUITE 418 ELICOTT CITY, MARYLAND 21043 PHONE: 410-465-6105 FAX: 410-465-6644 www.bei-civilengineering.com</p>	<p>HOMEWOOD CROSSING PLOT PLAN LOT 41</p>	
	<p>4912 VALLEY VIEW OVERLOOK TAX MAP 28, GRID 9 - PARCEL 28 3rd ELECTION DISTRICT HOWARD COUNTY, MARYLAND</p>	
<p>BUILDER: TOLL MD III LIMITED PARTNERSHIP 7164 COLUMBIA GATEWAY DRIVE SUITE 230 COLUMBIA, MARYLAND 21046 410-872-9105</p>	<p>HOUSE TYPE: ESSINGTON MANOR ELEVATION</p>	
	<p>DATE: JANUARY 18, 2007</p>	<p>PROJECT NO. 1913</p>
	<p>SCALE: 1" = 40'</p>	<p>DRAWING 1 OF 1</p>

6000-5937
**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER
B06005967

Building Address <u>4912 Valley View Overlook</u> <u>Ellicott City, MD 21042</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot <u>41</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____	Property Owner's Name <u>Toll MD 3 LP</u> Address _____ City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
Existing Use _____ Proposed Use _____ Estimated Construction Cost \$ <u>350,000</u> Description of Work <u>Excavation Minor</u>	Contractor Company <u>Toll MD 3 LP</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax <u>410-992-3234</u>
Occupant or Tenant <u>Toll MD 3 LP</u> Contact Name <u>Natha Beidle</u> Address <u>7164 Columbia Gateway Dr #230</u> City <u>Columbia</u> State <u>MD</u> Zip Code <u>21042</u> Phone <u>410-992-5978</u> Fax <u>410-992-3234</u>	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Height _____ Width _____ 1st floor: <u>51</u> <u>11</u> <u>76</u> 2nd floor: <u>30</u> <u>11</u> <u>76</u> Basement: <u>51</u> <u>11</u> <u>76</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> 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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

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Applicant's Signature _____ Print Name Natha Beidle
 Title/Company _____ Date _____

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AGENCY	DATE	SIGNATURE	APPROVAL
Land Development, DPZ			
State Highways			
Building Official			
Dev. Engineering, DPZ			
Health	<u>11/8/06</u>	<u>Aaa</u>	<u>ful</u>
Fire Protection			

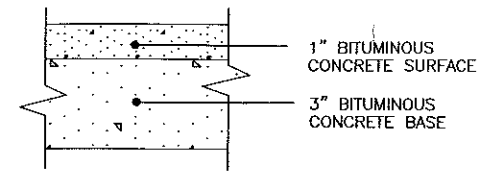
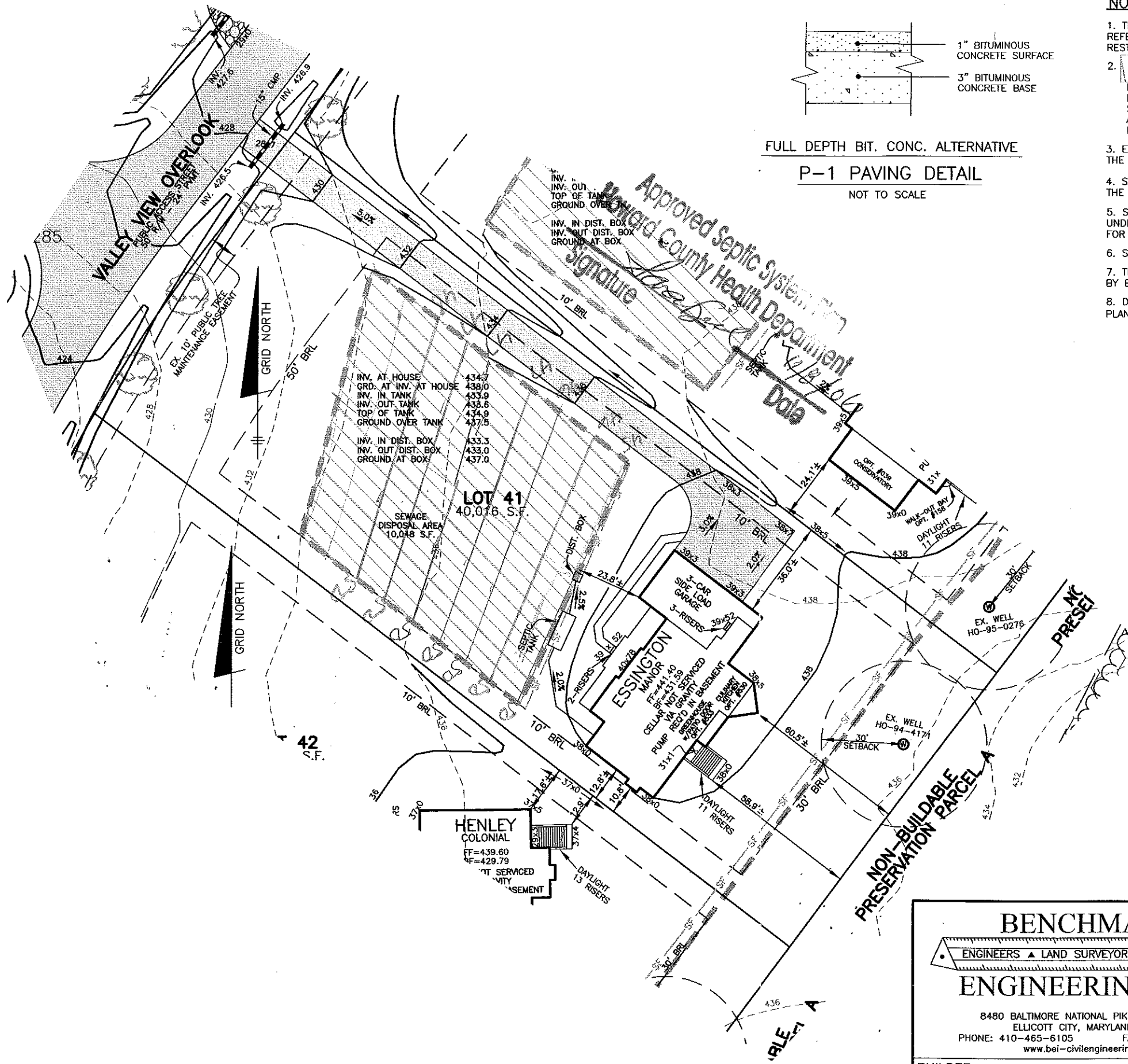
Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DPZ SETBACK INFORMATION		PROPERTY ID#:
Front: _____	Filing fee	\$ <u>100.00</u>
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	# <u>08693614</u>
Historic District?	Validation	# _____
YES <input type="checkbox"/> NO <input type="checkbox"/>		
Lot Coverage for NewTown Zone _____		
SDP/Red-line approval date _____	Accepted by	<u>3</u>
Yellow: DED, DPZ	Pink: Health	Gold: SHA

Distribution of Copies-
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White: Building Official
 Green: LDD, DPZ



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

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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 CROSSING PLOT PLAN LOT 41 4912 VALLEY VIEW OVERLOOK TAX MAP 29, GRID 9 - PARCEL 28 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: ESSINGTON MANOR ELEVATION	
DATE:	OCTOBER 10, 2006	PROJECT NO.	1913
SCALE:	1" = 40'	DRAWING	1 OF 1