

WALK - thru

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B10003350

Building Address 4931 Valley View Overlook
Ellicott City, MD 21042

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 32

Tax Map 29 Parcel 28 Grid 9

Zoning _____ Map Coordinates _____ Lot size 48,380 sq. ft.

Existing Use _____

Proposed Use _____

Estimated Construction Cost \$ 30,000.00

Description of Work SFD - Irregular Inground

Pool; 3ft-8ft deep; filled by truck;
fence to code

Occupant or Tenant Amin Khan

Contact Name Same

Address 4931 Valley View Overlook

City Ellicott City State MD Zip Code 21042

Phone 410-207-0119 Fax _____

Property Owner's Name Amin Khan

Address 4931 Valley View Overlook

Ellicott City MD 21042

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

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

Rowan Landscape Co. Inc
16643 Frederick Rd Mt Airy MD 21771
Phone 443-2774827 Fax _____

Contractor Company Rowan Landscape Co. Inc

Contact Person Tim or Mary Rowan

Address 16643 Frederick Rd Mt Airy MD

City _____ State _____ Zip Code 21771

License No. 16659

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: _____

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.

Mary E Rowan
Applicant's Signature
Sec Rowan Landscape Co. Inc
Title/Company

Mary E Rowan
Print Name
10-28-2010
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 10-28-10

Fire Protection

DBurnad

Is Sediment Control approval required prior to issuance?

YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

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 ☐ NO ☐

Is Entrance Permit required?

YES ☐ NO ☐

Historic District?

YES ☐ NO ☐

Lot Coverage for NewTown Zone _____

SDP/Red-line approval date _____

Sub-total paid \$ _____

Balance due \$ _____

Check # _____

Validation # _____

Distribution of Copies-
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White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

Accepted by _____

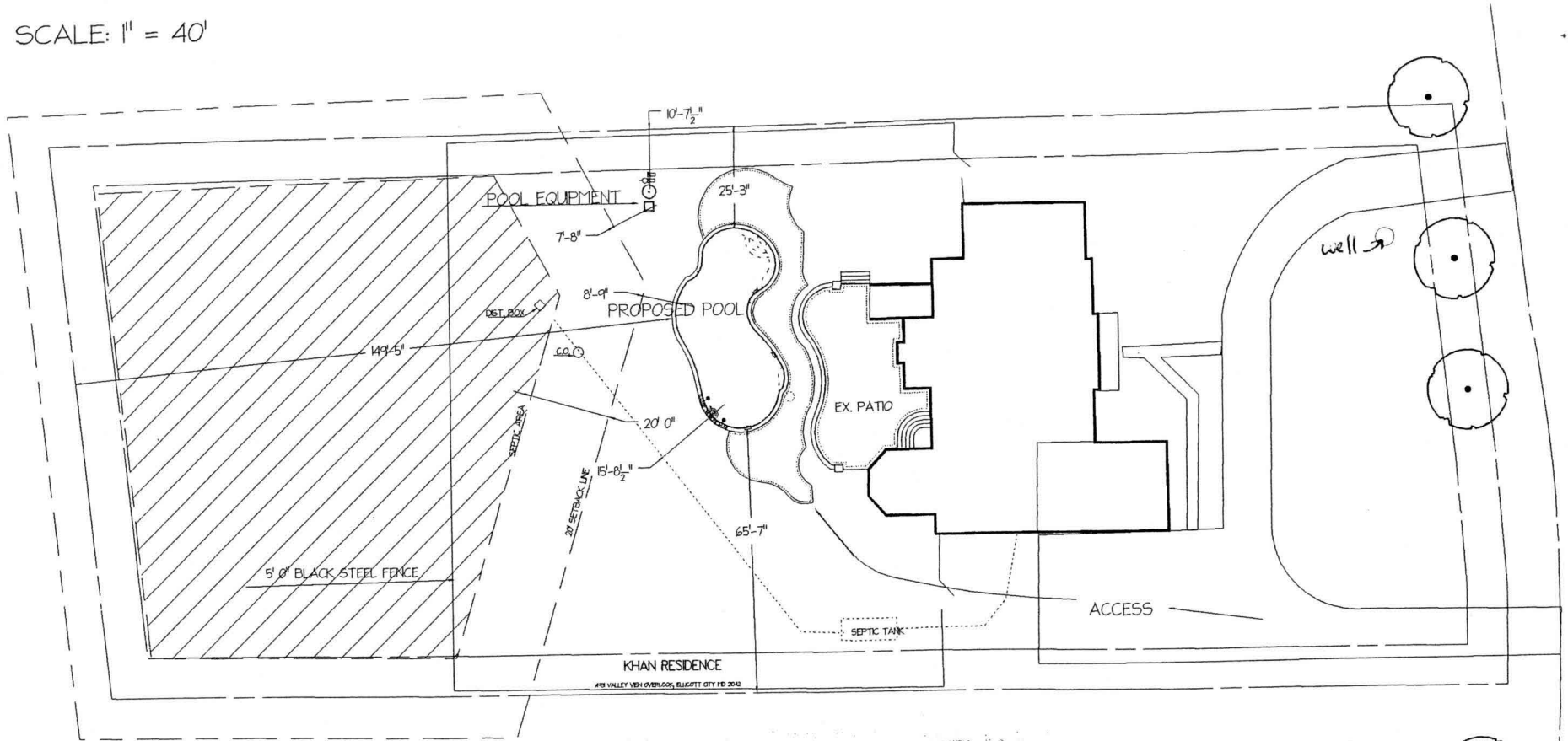
Rev. 11/4/04

AMIN & ALVINA KHAN
4931 VALLEY VIEW OVERLOOK
ELLICOTT CITY, MD 21042

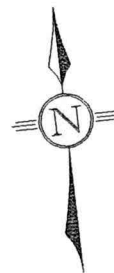
HOMWOOD CROSSING PLOT PLAN:

LOT 32
TAX MAP 29, GRID 9 - PARCEL 28
3rd ELECTION DISTRICT

SCALE: 1" = 40'



Approved Septic System Plan
Howard County Health Department
Dana Bernard 10-28-10
Signature Date



**ROWAN LANDSCAPE Co. INC.**
16643 FREDERICK ROAD MT. AIRY, MD 21771
410-489-0707 TIM@ROWANLANDSCAPE.COM
WWW.ROWANLANDSCAPE.COM

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B06002239

Building Address 4921 Valley View Overlook
Ellicott City, MD 21042
Suite/Apt. #: 05-441633 SDP/WP/Petition #: _____
Census Tract 605101 Subdivision Brimwood Cross
Section _____ Area _____ Lot 32
Tax Map 29 Parcel 28 Grid 9
Zoning RC Map Coordinates _____ Lot size _____

Existing Use Vacant lot
Proposed Use Residential Dwelling
Estimated Construction Cost \$ 330,000
Description of Work House with Hardscape

Occupant or Tenant Toll MD 3 LP
Contact Name Naima Biddle
Address 7161 Columbia Gateway Dr 230
City Columbia State MD Zip Code 21046
Phone 410-992-5978 Fax 410-992-3234

Property Owner's Name Toll MD 3 LP
Address 7161 Columbia Gateway Dr 230
City Columbia State MD Zip Code 21046
Home Phone 410-992-5978 Work Phone 410-992-3234
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Contractor Company Toll MD 3 LP
Contact Person Naima Biddle
Address 7161 Columbia Gateway Dr 230
City Columbia State MD Zip Code 21046
License No. 3018
Phone 410-992-5978 Fax 410-992-3234

Engineer or Architect Company Shelton & Associates
Contact Person Shelton & Associates
Address 8410 Ellicott Rd 2nd Floor
City Ellicott City State MD Zip Code 21043
Phone 410-405-6105 Fax 410-405-6105

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per 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"/>
Construction type: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input checked="" type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
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>4</u> Height: <u>30</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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Applicant's Signature

Print Name

Title/Company

Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
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AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>8/31/06</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-
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White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA


Accepted by [Signature]

Rev. 11/4/04

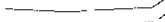



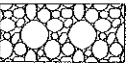




DPZ SETBACK INFORMATION

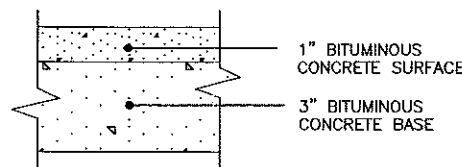
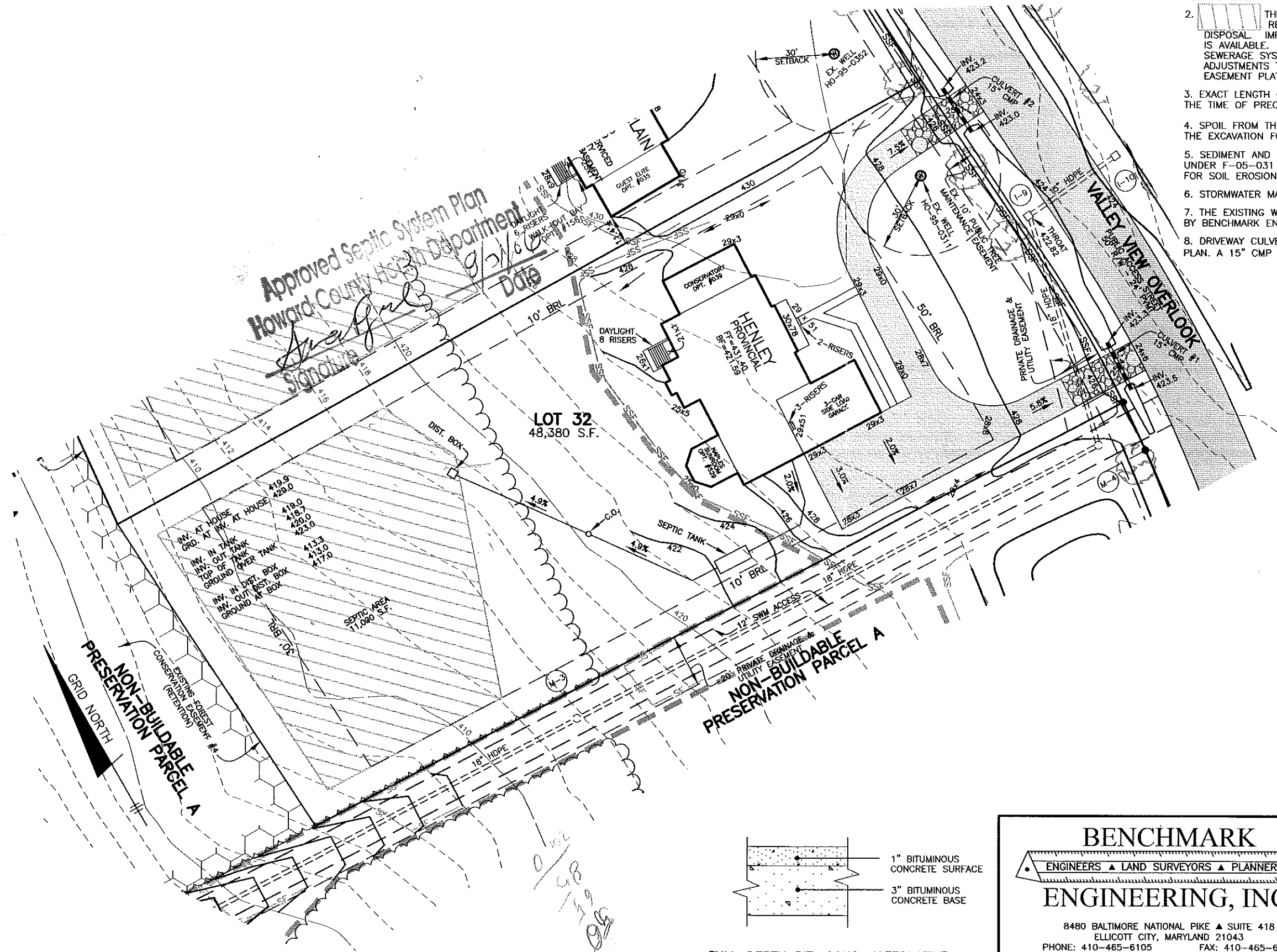
	PROPERTY ID#
Front: _____	Filing fee \$ <u>1,000.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	

NOTES:

1. THE LOT SHOWN HEREON WAS RECORDED ON 12-13-05 AS PLAT NUMBER 17892. 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-95-0311) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. ON 7-13-06 AND IS ACCURATELY SHOWN.
8. DRIVEWAY CULVERT COMPUTATIONS HAVE BEEN PROVIDED WITH THIS BUILDING PERMIT PLOT PLAN. A 15" CMP OR ELIPTICAL EQUIVALENT IS SUFFICIENT.

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



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

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 32

4931 VALLEY VIEW OVERLOOK
TAX MAP 29, GRID 9 - PARCEL 28
3rd ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

HOUSE TYPE: **HENLEY
PROVINCIAL ELEVATION**

DATE:	AUGUST 21, 2006	PROJECT NO.	1913
SCALE:	1" = 40'	DRAWING	1 OF 1