

HOWARD COUNTY
VIEW PERMIT APPLICATION

PERMIT NUMBER

008001784

Building Address 4958 Valley Overlook
Ellicott City

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

Census Tract _____ Subdivision Home Wood Crossing

Section _____ Area _____ Lot 37

Tax Map 29 Parcel 28 Grid 9

Zoning _____ Map Coordinates _____ Lot size _____

Existing Use Single Family Dwelling

Proposed Use Deck

Estimated Construction Cost \$ 12,995

Description of Work 2 section Deck
20' x 14' and 12' x 12'
with steps to grade

Occupant or Tenant _____

Contact Name Same

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name Joe Sundberg

Address 4958 Valley Overlook

City Ellicott State MD Zip Code 21042

Home Phone _____ Work Phone _____

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

Phone 410-997-3159 Fax _____

Contractor Company Blake Contractors

Contact Person Paul Blake

Address 13108 Manor Rd.

City Glenarm State MD Zip Code 21057

License No. 18140

Phone 410-817-9719 Fax Same

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.

Paul Blake

Applicant's Signature

Owner

Title/Company

Paul Blake

Print Name

6/18/08

Date

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

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

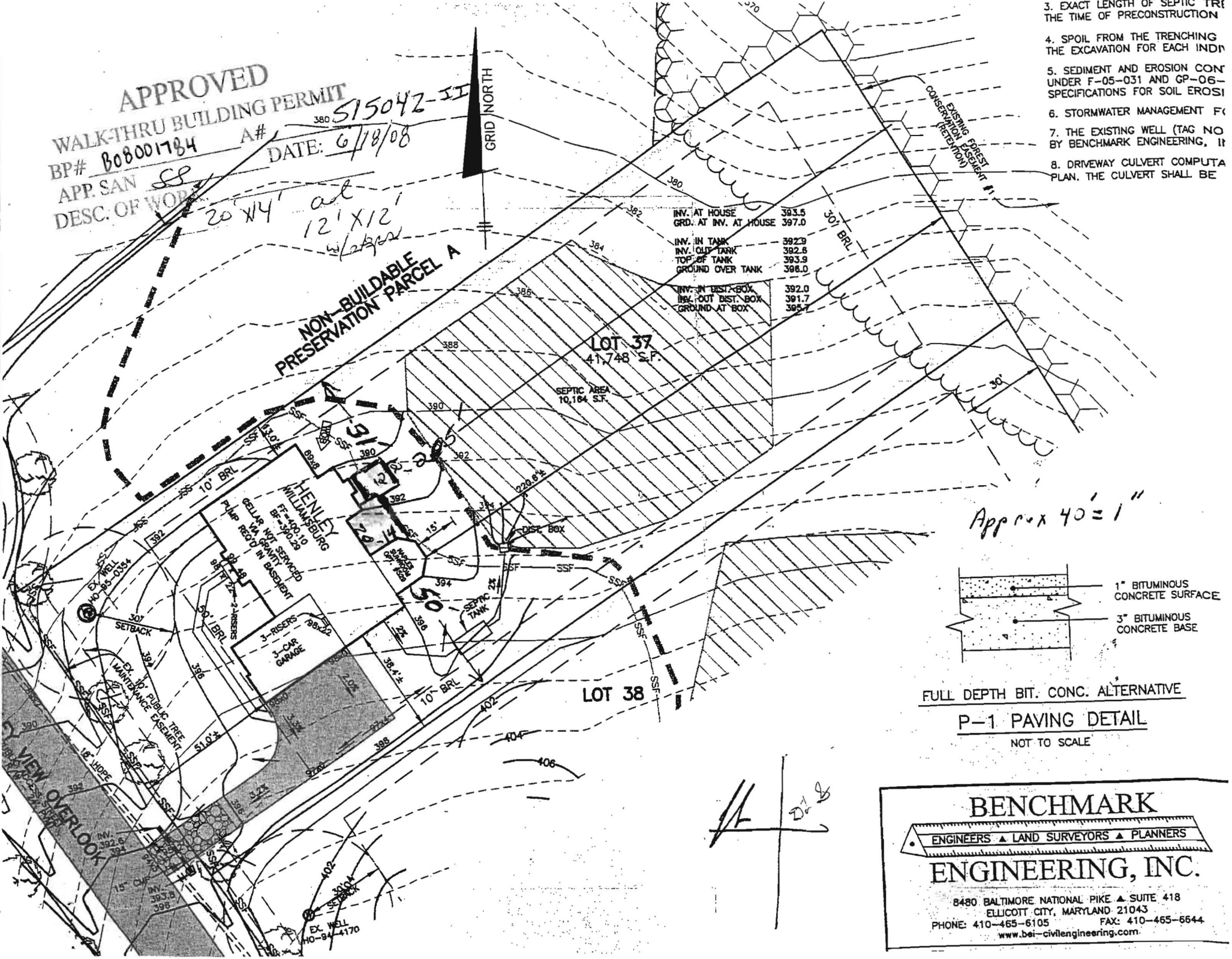
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>6/18/08</u>	<u>[Signature]</u>	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 type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies:			Lot Coverage for New Town Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

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Rev. 11/4/04

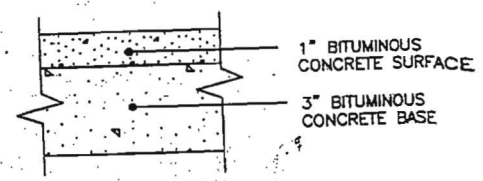
APPROVED
WALK-THRU BUILDING PERMIT
 BP# B08001784 A# 515042-II
 APP. SAN SS DATE: 6/18/08
 DESC. OF WORK 20' X 4' at 12' X 12' w/2302

3. EXACT LENGTH OF SEPTIC TRUNK LINE TO THE TIME OF PRECONSTRUCTION
4. SPOIL FROM THE TRENCHING THE EXCAVATION FOR EACH INDIVIDUAL
5. SEDIMENT AND EROSION CONTROL UNDER F-05-031 AND GP-06-SPECIFICATIONS FOR SOIL EROSION
6. STORMWATER MANAGEMENT PLAN
7. THE EXISTING WELL (TAG NO. BY BENCHMARK ENGINEERING, INC.)
8. DRIVEWAY CULVERT COMPUTATION PLAN. THE CULVERT SHALL BE



INV. AT HOUSE	383.5
GRD. AT INV. AT HOUSE	397.0
INV. IN TANK	392.9
INV. OLD TANK	392.6
TOP OF TANK	393.9
GROUND OVER TANK	396.0
INV. IN DIST. BOX	392.0
INV. OUT DIST. BOX	391.7
GROUND AT BOX	395.7

Approx 40' = 1"



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

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

206004429

Building Address 4958 Johns View Court
Ellicott City, MD 21042
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot 37
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Tell MD 3 LP
Address 7107 Columbia Gateway Dr #230
City Columbia State MD Zip Code 21046
Home Phone _____ Work Phone 410-492-2748
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use _____
Proposed Use Commercial Building
Estimated Construction Cost \$ 200,000
Description of Work See drawings
for details

Contractor Company Tell MD 3 LP
Contact Person Debra Scudle
Address 7107 Columbia Gateway Dr #230
City Columbia State MD Zip Code 21046
License No. 5018
Phone 410-492-2748 Fax 410-492-3234

Occupant or Tenant Tell MD 3 LP
Contact Name Debra Scudle
Address 7107 Columbia Gateway Dr #230
City Columbia State MD Zip Code 21046
Phone 410-492-2748 Fax 410-492-3234

Engineer or Architect Company Boehmke Eng.
Contact Person David Thompson
Address 8180 Baltimore Nat'l Pike #418
City Ellicott City State MD Zip Code 21042
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	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"/>
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 _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input 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 _____ Height: _____ 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 _____ NFPA #13R _____ Other: _____
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**

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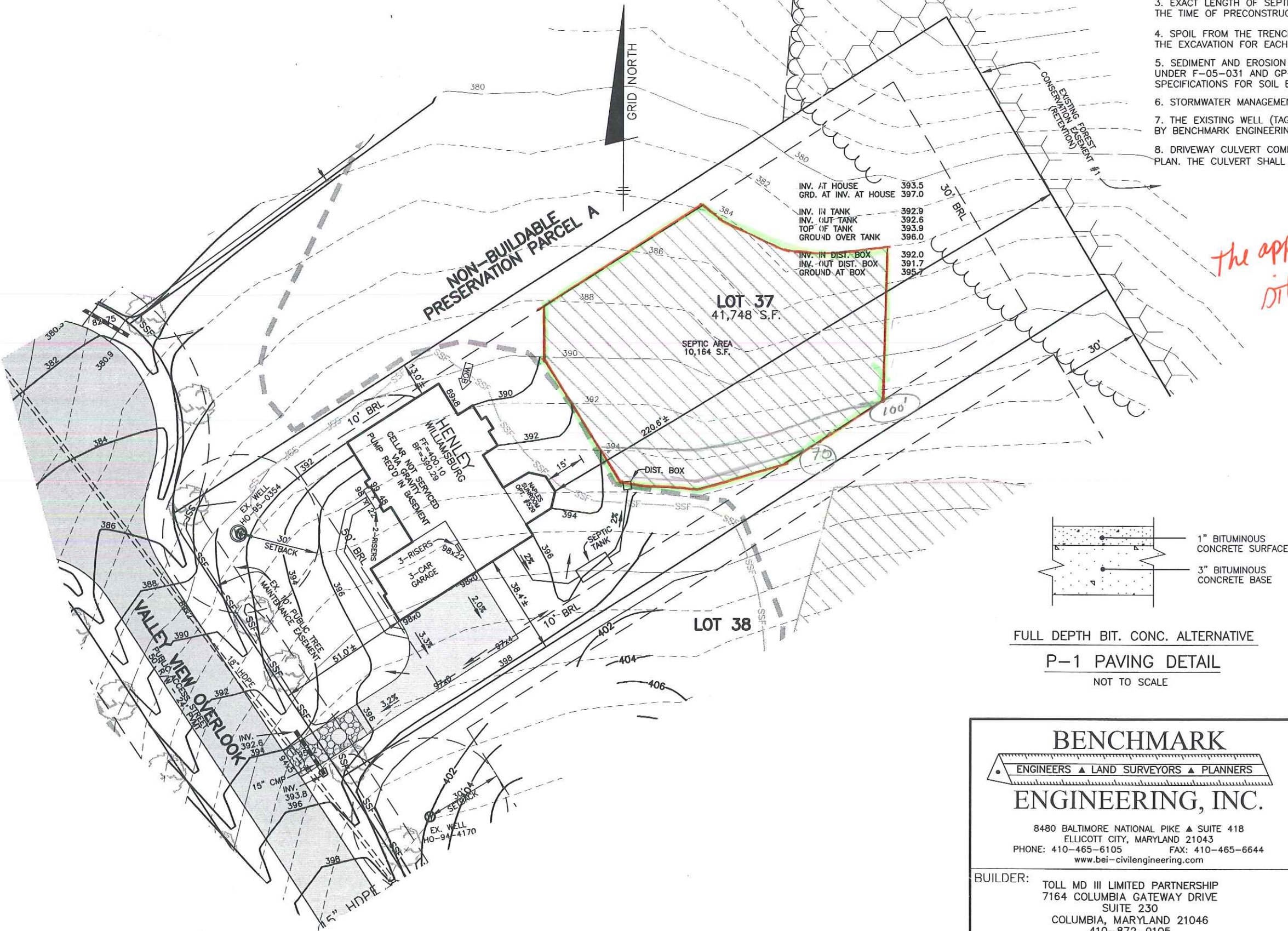
AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>10/20/06</u>	<u>John A. Gen</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		
Distribution of Copies:	White: Building Official	Green: LDD, DPZ
T:\forms\PERMIT.FRM		

DPZ SETBACK INFORMATION		PROPERTY ID#
Front: _____	Filing fee	\$ <u>710.00</u>
Rear: _____	Permit fee	\$ _____
Side: _____	Excise tax	\$ _____
Side St.: _____	Add'l per. fee	\$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES	\$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due	\$ _____
Lot Coverage for NewTown Zone	Check	# <u>6620</u>
SDP/Red-line approval date	Validation	# _____
Accepted by _____		
Yellow: DED, DPZ	Pink: Health	Gold: SHA

9/14/06 at ✓
well completion WTB signed

- NOTES:**
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-95-0354) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. ON 9-7-06 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.

The approved
site plan



- 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		HOMEWOOD CROSSING PLOT PLAN LOT 37 4958 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: HENLEY WILLIAMSBURG ELEVATION	
DATE: SEPTEMBER 8, 2006		PROJECT NO. 1913	
SCALE: 1" = 40'		DRAWING 1 OF 1	