



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: **B13001769**

PROBLEM ADDRESS

Building Address: **13520 TRINDELPHIA MIL RD**
City: **CLARKSVILLE** State: **MD** Zip Code: **21027**
Suite/Apt. #: _____ SDP/WP/BA #: **CP 13.058**
Census Tract: **5** Subdivision: **HEASBERG FARM**
Section: _____ Area: _____ Lot: **4**
Tax Map: **28** Parcel: **64** Grid: **20**
Zoning: **RR AEO** Map Coordinates: _____ Lot Size: **0.9591**

Existing Use: **VACANT LOT**
Proposed Use: **NEW SINGLE FAMILY HOME**
Estimated Construction Cost: \$ **682,650**
Description of Work: **NEW SINGLE FAMILY HOME 2 STORY
4 BED 4.5 BATH 3 CAR GARAGE PERV GREEN
FINISHED BASE**
Occupant or Tenant: **N/A**
Was tenant space previously occupied? ☐ Yes ☒ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: **HEASBERG FARM LLLC**
Address: **13520 TRINDELPHIA MIL RD**
City: **CLARKSVILLE** State: **MD** Zip Code: **21027**
Phone: **410 531 2135** Fax: **410 531 4900**
Email: **MARK E STEVENS@BUILDERS.COM**

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: **STEVENS BUILDERS LLC**
Address: **4714 LINTHICUM RD**
City: **DAYTON** State: **MD** Zip Code: **21036**
Phone: **410 984 7296** Fax: **410 531 4900**
Email: **MARK E STEVENS@BUILDERS.COM**

Contractor Company: **STEVENS BUILDERS LLC**
Contact Person: **MARK STEVENS**
Address: **4714 LINTHICUM RD**
City: **DAYTON** State: **MD** Zip Code: **21036**
License No.: **MNBR # 86**
Phone: **410 984 7296** Fax: **410 531 4900**
Email: **MARK E STEVENS@BUILDERS.COM**

Engineer/Architect Company: **JRA**
Responsible Design Prof.: **JOHNN RIVERA**
Address: _____
City: **WOODBINE** State: **MD** Zip Code: **21797**
Phone: **443 226 5745** Fax: _____
Email: **JRIVERA@JRA-DESIGN.COM**

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor: 62' 8" 75' 8"
	2 nd floor: 30' 8" 50'
Area of construction (sq. ft.):	Basement: 62' 75' 8"
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: 4
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units:
<input type="checkbox"/> Wood Frame	No. of 1 BR units:
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
> Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<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: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
Sprinkler System:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number:
Building Shell Permit Number:

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: **MARK E STEVENS@BUILDERS.COM**
Email Address: **V.P. STEVEN BUILDERS**
Title/Company: _____

Print Name: **MARK STEVENS**
Date: **5/6/13**

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	5/29/13	Walter Scott

Is Sediment Control approval required for issuance? ☐ Yes ☒ No
☐ CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$ 100
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 7396

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 11/15/13

Permit No.: B13004274

Building Address: 13520 Triadelphia Mill Rd
 City: Highland State: MD Zip Code: 21029
 Suite/Apt. #: SDP/WP/BA #: 1590
 Census Tract: Subdivision: 1590
 Section: Area: Lot: 4
 Tax Map: C028 Parcel: 0420 Grid: C028
 Zoning: Map Coordinates: Lot Size:

Property Owner's Name: Russell Fanzler
 Address: 13520 Triadelphia Mill Rd
 City: Highland State: MD Zip Code: 21029
 Phone: 410-531-2100 Fax: 410-531-2100
 Email:

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

Applicant's Name: Suburban
 Address: State: Zip Code:
 City: State: Zip Code:
 Phone: Fax:
 Email:

Existing Use: Single Family Dwelling
 Proposed Use: Fuel supply for gas boiler
 Estimated Construction Cost: \$5,500
 Description of Work: Burial of propane tank and installation of gas line from tank to house

Contractor Company: Suburban Propane
 Contact Person: Brent Stubbs
 Address: 31 Derwood Cir.
 City: Rockville State: MD Zip Code: 20850
 License No.: 78203
 Phone: 301-251-0004 Fax: 301-251-8731
 Email:

Occupant or Tenant:
 Was tenant space previously occupied? ☐ Yes ☐ No
 Contact Name:
 Address:
 City: State: Zip Code:
 Phone: Fax:
 Email:

Engineer/Architect Company:
 Responsible Design Prof.:
 Address:
 City: State: Zip Code:
 Phone: Fax:
 Email:

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor:
	2 nd floor:
Area of construction (sq. ft.):	Basement:
Use group:	<input type="checkbox"/> Finished Basement
	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units:
<input type="checkbox"/> Wood Frame	No. of 1 BR units:
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities
Water Supply
<input type="checkbox"/> Public
<input type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
Other:
Sprinkler System:
<input type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number:
Building Shell Permit Number:

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: Brent Stubbs
 Email Address: BSTUBB8@SUBURBANPROPANE.COM
 Title/Company: Manager, Suburban Propane

Print Name: Brent Stubbs
 Date: 11/15/13

RECEIVED

NOV 15 2013

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	11/20/13	Wendy

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

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	\$ 100.00
Tech Fee	\$ 10.00
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ 110.00
Sub- Total Paid	\$
Balance Due	\$ 2105786588226
Check	MB #

Distribution of Copies: White: Building Officials

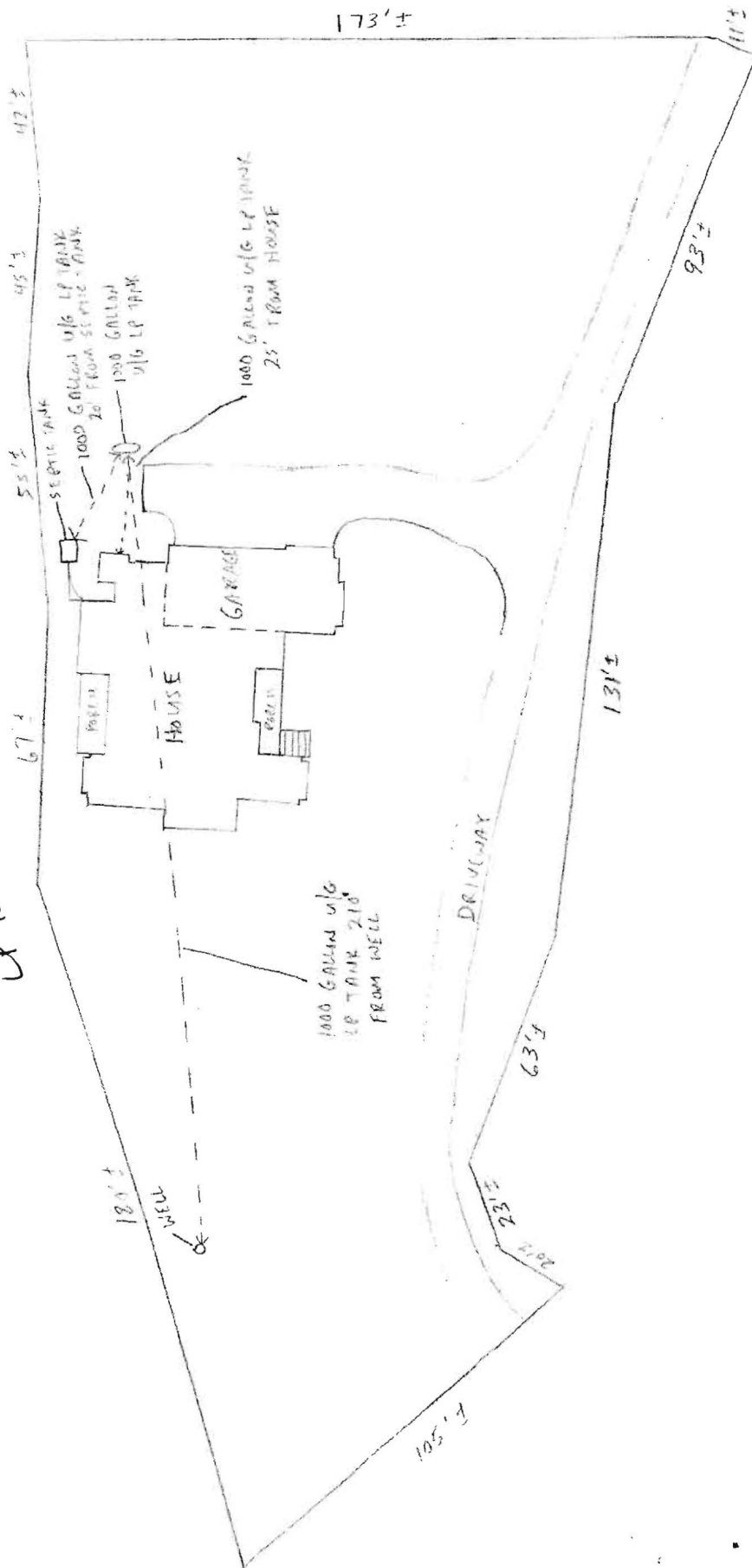
Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA

B13004274 11/20/13 HB
 LP tank OK



LOT 4

SCALE 1" = 10'

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 5/22/13
To: PERMITS/PLAN REVIEW
(Person's Name and Division)
From: STEVENS BUILDERS (410) 984 7296
(Your Name, Company Name and Telephone Number)
Subject: Project name HEAGERON FARM
Project site address 13520 TRIMMELAND AVE ROCK
Permit Number B13001709 SDP # _____
Other information pertinent to this project LOT 4

RECEIVED
MAY 31 2013
HOWARD COUNTY

☒ Please check the attachments below that you are submitting with this transmittal:

- ☐ Letter of response to Howard County plan review code letter
- ☐ Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- ☐ Structural steel certification
- ☐ Energy conservation calculations
- ☐ Certification for _____ (be specific).
- ☐ Copies of _____ (be specific).
- ☐ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- ☒ Other REVISED PLOT PLAN SHOWING CORRECT HOUSE CONFIGURATION

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

(Person's name) (_____) _____
(Telephone number)

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by AKH

PER DAN
CC: Heather

*Scanned

white: Plan Review Division
yellow: Applicant
pink: Permit Division



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: **B13001769**

ECP-11-020

Building Address: 13520 TRIANGLE MILL ROAD City: CLARKSVILLE State: MD Zip Code: 21029 Suite/Apt. #: _____ SDP/WP/BA #: CP 13-058 Census Tract: 5 Subdivision: HEASERON FARM Section: _____ Area: _____ Lot: 4 Tax Map: 28 Parcel: 64 Grid: 70 Zoning: RR AEO Map Coordinates: _____ Lot Size: .9591 AC.		Property Owner's Name: HEASERON FARM, LLC Address: 13520 TRIANGLE MILL ROAD City: CLARKSVILLE State: MD Zip Code: 21029 Phone: 410 531 2100 Fax: 410 531 4900 Email: MARK@STEVENSBUILDERS.COM	
Existing Use: VACANT LOT Proposed Use: NEW SINGLE FAMILY HOME Estimated Construction Cost: \$ 682,000 Description of Work: NEW SINGLE FAMILY HOME 2 STORY / 4 BED 4.5 BATH 3 CAR GARAGE PERIM GREEN FINISHED BENT Occupant or Tenant: N/A Was tenant space previously occupied? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Contact Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____ Email: _____		Applicant's Name & Mailing Address, (if other than stated herein) Applicant's Name: STEVENS BUILDERS INC. Address: 4714 LINTHICUM ROAD City: DAYTON State: MD Zip Code: 21036 Phone: 410 984 7296 Fax: 410 531 4900 Email: MARK@STEVENSBUILDERS.COM	
Contractor Company: STEVENS BUILDERS INC. Contact Person: MARK STEVENS Address: 4714 LINTHICUM ROAD City: DAYTON State: MD Zip Code: 21036 License No.: MHB# 86 Phone: 410 984 7296 Fax: 410 531 4900 Email: MARK@STEVENSBUILDERS.COM		Engineer/Architect Company: JRA Responsible Design Prof.: JONATHAN RIVERA Address: _____ City: WOODBINE State: MD Zip Code: 21797 Phone: 443 226 5745 Fax: _____ Email: JRIVERA@JRA-DESIGN.COM	

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth: _____ Width: _____
Gross area, sq. ft./floor: _____	1 st floor: 62' x 75' 8" 2 nd floor: 40' x 50'
Area of construction (sq. ft.): _____	Basement: 62' x 75' 8" <input type="checkbox"/> Finished Basement
Use group: _____	<input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl Space
Construction type: _____	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: 4
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units: _____
<input type="checkbox"/> Wood Frame	No. of 1 BR units: _____
<input type="checkbox"/> State Certified Modular	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
<input checked="" type="checkbox"/> Roadside Tree Project Permit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Footings: _____
<input checked="" type="checkbox"/> Roadside Tree Project Permit # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____
	<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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____
Sprinkler System:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number: _____
Building Shell Permit Number: _____

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: **MARK STEVENS** Print Name: **MARK STEVENS**
 Email Address: **MARK@STEVENSBUILDERS.COM** Date: **5/6/13**
 Title/Company: **V.P. STEVEN BILVER**

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	5/28/13	Adrian Scott

Is Sediment Control approval required for issuance? ☒ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ 100
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 7396

Distribution of Copies: White: Building Officials

Green: PSZA, Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA



Mark Stevens
Vice President

Office: 410.531.2100
Mobile: 410.984.7296
FAX: 410.531.4900
4714 Linthicum Rd.
Dayton, MD 21036
mark@stevensbuilders.com
stevensbuilders.com

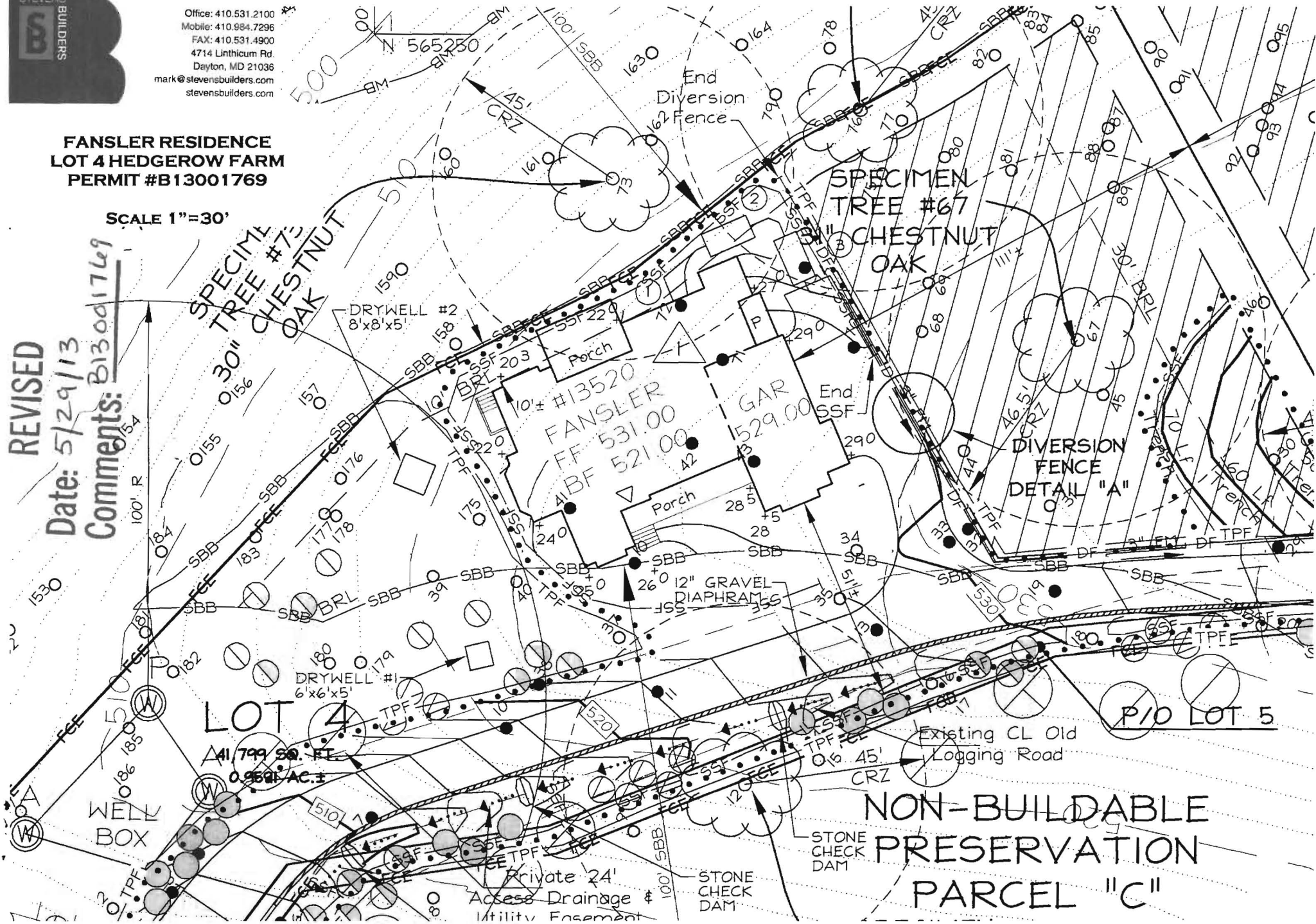
**FANSLER RESIDENCE
LOT 4 HEDGEROW FARM
PERMIT #B13001769**

SCALE 1"=30'

REVISED

Date: 5/29/13

Comments: B13001769



**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 6/11/13
To: ZONING
(Person's Name and Division)
From: MARK STAVENS BUILDERS (410) 984-7296
(Your Name, Company Name and Telephone Number)
Subject: Project name HESSERON Farm
Project site address 13520 TRIDDELPIN, A 1/2 L
Permit Number B1308 1769 ~~984~~
Other information pertinent to this project _____

☒ Please check the attachments below that you are submitting with this transmittal:

- ☐ Letter of response to Howard County plan review code letter
- ☐ Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- ☐ Structural steel certification
- ☐ Energy conservation calculations
- ☐ Certification for _____ (be specific).
- ☐ Copies of _____ (be specific).
- ☐ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- ☒ Other REVISE PLAT - DELETE PORCH

RECEIVED

JUN 11 2013

LICENSES & PERMITS
DIVISION

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

(Person's name)

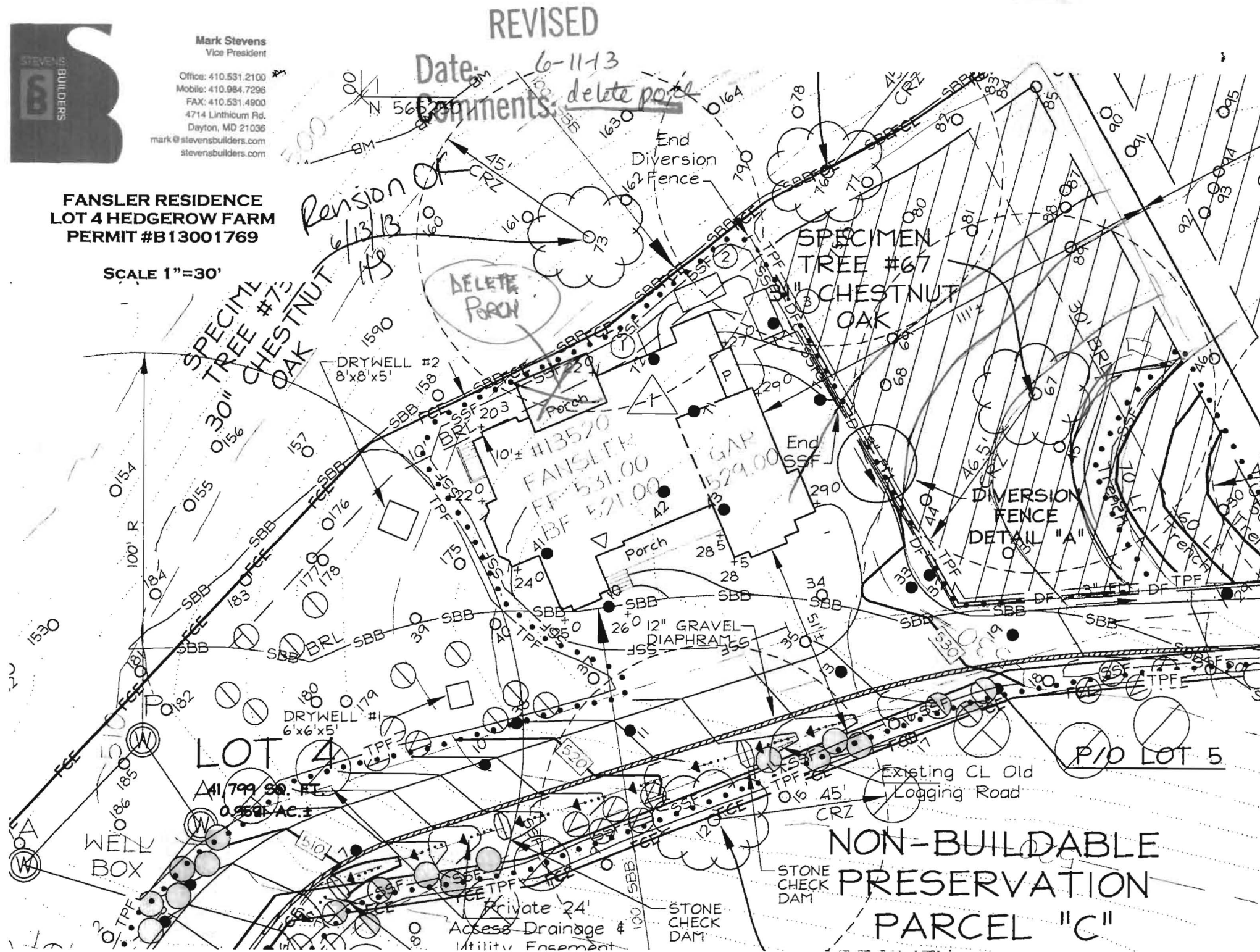
(_____) _____
(Telephone number)

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by cha

CC: DED
Heath

white: Plan Review Division
yellow: Applicant
pink: Permit Division



SEWAGE SYSTEM DESIGN DATA/LOT 4

- Invert at Foundation Wall: 519.50 Basement service
- 2000 Gallon Septic Tank (5 Bedrooms)
Provide Manhole to Finished Grade
 - Ex. Ground Over Tank: 522.00
 - Prop. Grade Over Tank: 522.00
 - Invert In: 519.30
 - Invert Out: 519.00
- 2000 Gallon Pump Pit
 - Ex. Ground Over Pit: 524.00
 - Prop. Grade Over Pit: 522.00
 - Invert In: 518.00
 - Invert Out: 519.30
- Distribution Box: (Provide 3 Outlets Minimum)
 - Ex. Ground Over Box: 535.70
 - Prop. Grade Over Box: 535.70
 - Invert In: 532.70

NOTE: Trench design may be revised at time of installation based on site conditions.

SEWAGE SYSTEM DESIGN DATA/LOT 5

- Invert at Foundation Wall: 525.50 Basement service
- 2000 Gallon Septic Tank (5 Bedrooms)
Provide Manhole to Finished Grade
 - Ex. Ground Over Tank: 526.00
 - Prop. Grade Over Tank: 526.50
 - Invert In: 524.50
 - Invert Out: 524.20
- 2000 Gallon Pump Pit
 - Ex. Ground Over Pit: 527.00
 - Prop. Grade Over Pit: 527.00
 - Invert In: 524.00
 - Invert Out: 524.50
- Distribution Box: (Provide 3 Outlets Minimum)
 - Ex. Ground Over Box: 541.00
 - Prop. Grade Over Box: 541.00
 - Invert In: 538.00

NOTE: Trench design may be revised at time of installation based on site conditions

FOR LOTS 4 & 5

THE WELL SITE HAS BEEN STAKED BY LDE INC. ON 12/18/12 AND DOES NOT REQUIRE A SITE INSPECTION

NOTES/LOT 4 & 5

- The proposed septic system for this lot requires a pump.
- Pump chamber to be a minimum 1500 gallon top sealed pump pit with single effluent pump. pump shall be equipped with audible and visual alarm system for high water and pump malfunction. alarm system shall be installed on a separate electrical circuit. install check valves as required.
- Provide manhole cleanout to finished grade at proposed septic tank and the pump chamber.
- Details and specification of the proposed pump within the pump pit to be supplied by the contractor for review and approval by the Howard county health department prior to issuance of a septic permit.

B13001769

Approved Septic System Plan

Howard County Health Department

N. Satt
Signature

5/28/13
Date

