

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

E08000734

Building Address 1230 UNDERWOOD RD.
SPRINGVILLE MD. 20784
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot A
Tax Map 9 Parcel 748 Grid B
Zoning _____ Map Coordinates _____ Lot size 2 AC

Property Owner's Name HOWARD COUNTY
Address 1000 E. 7th Ave. Annapolis MD
City Annapolis State MD Zip Code 20701
Home Phone 410 271 1234 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
SPRINGVILLE MD
Phone _____ Fax _____

Existing Use SP
Proposed Use SP
Estimated Construction Cost \$ 200,000
Description of Work INSTALL 2 1000 GALLON
AND ONE 500 GALLON UNDERGROUND
TREATMENT TANKS.

Contractor Company THE TOWN OF ANAPOLIS
Contact Person JOHN J. WILSON
Address _____
City ANAPOLIS State MD Zip Code _____
License No. YEP
Phone _____ Fax _____

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 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 checked="" 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 type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Height: _____ Multi-family dwellings: _____ 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 _____
Title/Company _____

Print Name _____
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>4/23/2008</u>	<u>R. Bucken</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 _____ Yellow: DED, DPZ _____ Pink: Health _____ Gold: SHA _____			

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
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 # _____
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

BY THE ENGINEER: I CERTIFY THAT THIS PLAN FOR FOND CONSTRUCTION, EROSION, AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS. THIS PLAN WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.

SIGNATURE OF ENGINEER: DATE:

DEVELOPER'S CERTIFICATE: I CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE IN ACCORDANCE WITH THE PLAN AND THAT ANY PERSONS RESPONSIBLE FOR THE CONSTRUCTION OF THE PROJECT HAVE BEEN ADVISED OF THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT OR THEIR AUTHORIZED AGENTS, AS DEEMED NECESSARY.

SIGNATURE OF DEVELOPER: DATE:

USDA - NATURAL RESOURCE CONSERVATION SERVICE: DATE:

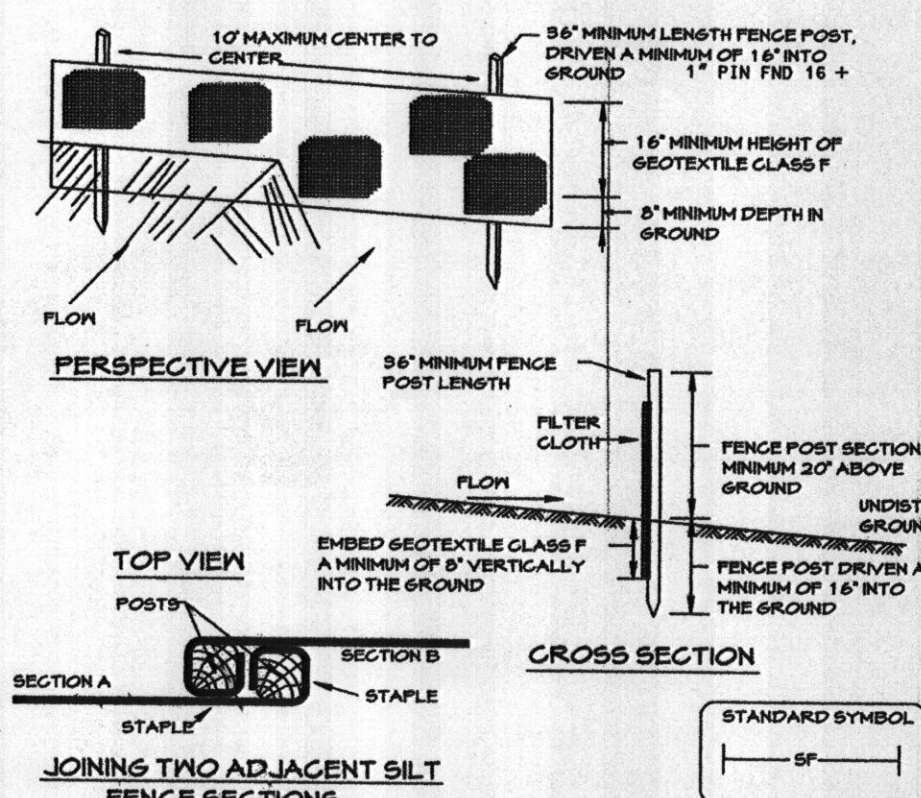
THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.

HOWARD SOIL CONSERVATION DISTRICT: DATE:

Standard Sediment Control Notes

- A minimum of 48 hours notice must be given to the Howard County Department of Inspections, Licenses and Permits, Sediment Control Division prior to the start of any construction (913-1555).
- All vegetation and structural practices are to be installed according to the provisions of this plan and are to be in conformance with the most current MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL, and revisions thereto.
- Following initial soil disturbance or re-disturbance, permanent or temporary stabilization shall be completed within a 1 calendar day for all perimeter sediment control structures, dikes, perimeter slopes and all slopes greater than 5:1 to 14:1 days as to all other disturbed or graded areas on the project site.
- All sediment traps/basins shown must be fenced and warning signs posted around their perimeter in accordance with Vol. 1, Chapter 12 of the HOWARD COUNTY DESIGN MANUAL, Storm Drainage.
- All disturbed areas must be stabilized within the time period specified above in accordance with the 1984 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL, for permanent seeding (Sec. 5.1), sod (Sec. 5.4), temporary seeding (Sec. 5.0) and mulching (Sec. 5.2). Temporary stabilization with sod or mulch may be done until recommended seeding dates do not allow for proper germination and establishment of grasses.
- All sediment control structures are to remain in place and are to be maintained in operative condition until permission for their removal has been obtained from the Howard County Sediment Control Inspector.
- Site Analysis:
 - Total Area of Site: Acres
 - Area Disturbed: Acres
 - Area to be vegetatively stabilized: Acres
 - Area to be roofed or paved: Acres
 - Total Cut: Cu Yds.
 - Total Fill: Cu Yds.
 - Off-site waste/borrow area location:
- Any sediment control practice, which is disturbed by grading activity for placement of utilities, must be repaired on the same day of disturbance.
- Additional sediment control must be provided, if deemed necessary by the Howard County Sediment Control Inspector.
- On all sites with disturbed areas in excess of 2 acres, approval of the inspection agency shall be requested upon completion of installation of perimeter erosion and sediment controls, but before proceeding with any other earth disturbance or grading. Other building or grading inspection approvals may not be authorized until this initial approval by the inspection agency is made.
- Trenches for the construction of utilities are limited to three pipe lengths or that which shall be back-filled and stabilized by the end of each working, whichever is shorter.

DETAIL 22 - SILT FENCE



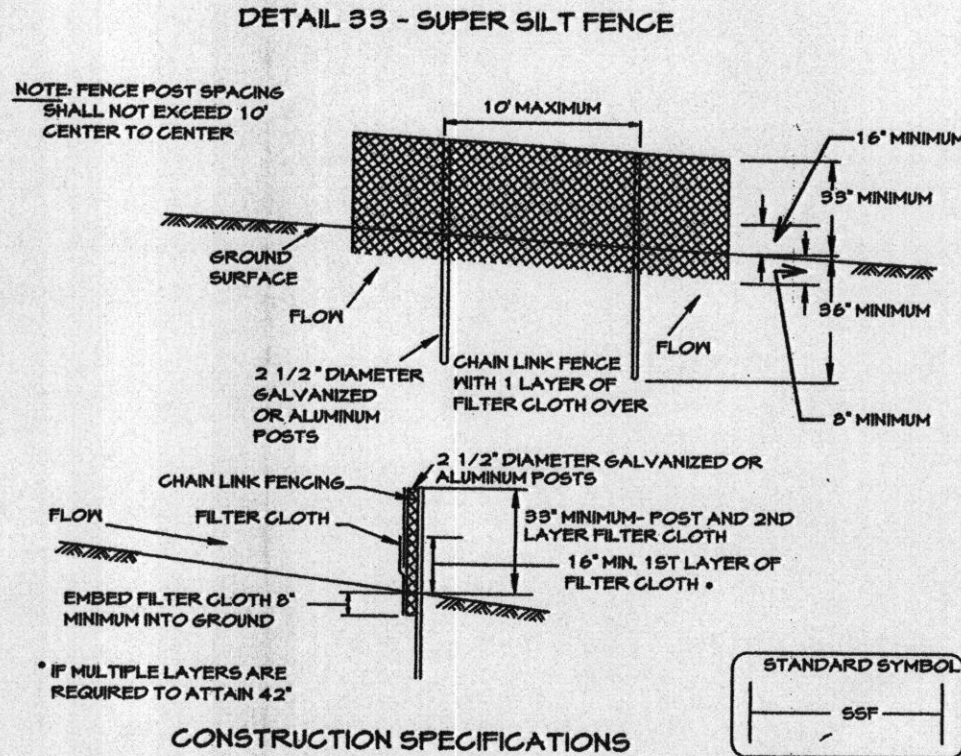
Silt Fence Design Criteria

Slope Steepness	(Maximum) Slope Length	(Maximum) Silt Fence Length
Flatter than 5:1	unlimited	unlimited
5:1 to 10:1	125 feet	1,000 feet
10:1 to 5:1	100 feet	750 feet
5:1 to 3:1	60 feet	500 feet
3:1 to 2:1	40 feet	250 feet
2:1 and steeper	20 feet	125 feet

NOTE: IN AREAS OF LESS THAN 2% SLOPE AND SANDY SOILS (USDA GENERAL CLASSIFICATION: SPTSH, SOIL CLASS A) MAXIMUM SLOPE LENGTH AND SILT FENCE LENGTH WILL BE UNLIMITED. IN THESE AREAS A SILT FENCE MAY BE THE ONLY PERIMETER CONTROL REQUIRED.

STANDARDS AND SPECIFICATIONS FOR TOPSOIL CONSTRUCTION AND MATERIAL SPECIFICATIONS

- Topsoil salvaged from the existing site may be used provided that it meets the standards as set forth in these specifications. Typically, the depth of topsoil to be salvaged for a given soil type can be found in the representative soil profile. Agricultural Survey published by USDA-SCS in cooperation with Maryland Agricultural Experiment Station.
- Topsoil Specifications - Soil to be used as topsoil must meet the following:
 - Topsoil shall be a loam, sandy loam, clay loam, silt loam, sandy clay loam, loamy sand. Other soils may be used if recommended by an agronomist or soil scientist and approved by the appropriate approval authority. Regardless, topsoil shall not be a mixture of contrasting textured subsoils and shall contain less than 5% by volume of clumps, stones, slag, coarse fragments, gravel, sticks, roots, trash, or other materials larger than 1" in diameter.
 - Topsoil must be free of plants or plant parts such as bermuda grass, quack grass, Johnson grass, nutgrass, poison ivy, thistle, or others as specified.
 - Where the subsoil is either highly acidic or composed of heavy clays, ground limestone shall be spread at the rate of 4-8 tons/acre (200-400 pounds per 1,000 square feet) prior to the placement of topsoil. LIME shall be distributed uniformly over designated areas and worked into the soil in conjunction with tillage operations as described in the following procedures.
 - For sites having disturbed areas under 5 acres:
 - Place topsoil (if required) and apply soil amendments as specified in 2.0.0 Vegetative Stabilization - Section I - Vegetative Stabilization Methods and Materials.
 - For sites having disturbed areas under 5 acres:
 - On soil receiving Topsoil specifications, obtain test results dictating fertilizer and lime amendments required to bring the soil into compliance with the following:
 - a) pH for topsoil shall be between 6.0 and 7.5. If the tested soil demonstrates a pH of less than 6.0, topsoil shall be prescribed to raise the pH to 6.5 or higher.
 - b) Organic content of topsoil shall be not less than 1.5 percent by weight.
 - c) Topsoil having soluble salt content greater than 500 parts per million shall not be used.
 - d) No sod or seed shall be placed on soil which has been treated with soil sterilants or chemicals used for insect control unless sufficient time has elapsed (14 days min.) to permit dissipation of phytotoxic materials.
 - NOTE: Topsoil substitutes or amendments, as recommended by a qualified agronomist or soil scientist and approved by the appropriate approval authority, may be used in lieu of natural topsoil.
 - Place topsoil (if required) and apply soil amendments as specified in 2.0.0 Vegetative Stabilization - Section I - Vegetative Stabilization Methods and Materials.
 - For sites having disturbed areas over 5 acres:
 - On soil receiving Topsoil specifications, obtain test results dictating fertilizer and lime amendments required to bring the soil into compliance with the following:
 - a) pH for topsoil shall be between 6.0 and 7.5. If the tested soil demonstrates a pH of less than 6.0, topsoil shall be prescribed to raise the pH to 6.5 or higher.
 - b) Organic content of topsoil shall be not less than 1.5 percent by weight.
 - c) Topsoil having soluble salt content greater than 500 parts per million shall not be used.
 - d) No sod or seed shall be placed on soil which has been treated with soil sterilants or chemicals used for insect control unless sufficient time has elapsed (14 days min.) to permit dissipation of phytotoxic materials.
 - NOTE: Topsoil substitutes or amendments, as recommended by a qualified agronomist or soil scientist and approved by the appropriate approval authority, may be used in lieu of natural topsoil.



CONSTRUCTION SPECIFICATIONS

FENCING SHALL BE 42" IN HEIGHT AND CONSTRUCTED IN ACCORDANCE WITH THE LATEST MARYLAND STATE HIGHWAY DETAILS FOR CHAIN LINK FENCING. THE SPECIFICATION FOR A 6" FENCE SHALL BE USED, SUBSTITUTING 42" FABRIC AND 6" LENGTH POSTS.

- THE POSTS DO NOT NEED TO SET IN CONCRETE.
- CHAIN LINK FENCE SHALL BE FASTENED SECURELY TO THE FENCE POSTS WITH WIRE TIES. THE LOWER TENSION WIRE, BRACE AND TRUSS RODS, DRIVE ANCHORS AND POST CAPS ARE NOT REQUIRED EXCEPT ON THE ENDS OF THE FENCE.
- FILTER CLOTH SHALL BE FASTENED SECURELY TO THE CHAIN LINK FENCE WITH TIES SPACED EVERY 24" AT THE TOP AND MID SECTION.
- FILTER CLOTH SHALL BE EMBEDDED A MINIMUM OF 6" INTO THE GROUND.
- WHEN TWO SECTIONS OF FILTER CLOTH ADJOIN EACH OTHER, THEY SHALL BE OVERLAPPED BY 6" AND FOLDED.
- MAINTENANCE SHALL BE PERFORMED AS NEEDED AND SILT BUILDUPS REMOVED WHEN "BULGES" DEVELOP IN THE SILT FENCE, OR WHEN SILT REACHES 50% OF FENCE HEIGHT.
- FILTER CLOTH SHALL BE FASTENED SECURELY TO EACH FENCE POST WITH WIRE TIES OR STAPLES AT TOP AND MID SECTION AND SHALL MEET THE FOLLOWING REQUIREMENTS FOR GEOTEXTILE CLASS F:

TENSILE STRENGTH	50 LBS/IN (MIN)	TEST: HMT 504
TENSILE MODULUS	20 LBS/IN (MIN)	TEST: HMT 504
FLOOR RATE	0.5 GAL/FT ² (MINUTE MAX)	TEST: HMT 522
FILTERING EFFICIENCY	75% (MIN)	TEST: HMT 522
- MAINTENANCE SHALL BE PERFORMED AS NEEDED AND SILT BUILDUPS REMOVED WHEN "BULGES" DEVELOP IN THE SILT FENCE, OR WHEN SILT REACHES 50% OF FENCE HEIGHT.
- FILTER CLOTH SHALL BE FASTENED SECURELY TO EACH FENCE POST WITH WIRE TIES OR STAPLES AT TOP AND MID SECTION AND SHALL MEET THE FOLLOWING REQUIREMENTS FOR GEOTEXTILE CLASS F:

TENSILE STRENGTH	50 LBS/IN (MIN)	TEST: HMT 504
TENSILE MODULUS	20 LBS/IN (MIN)	TEST: HMT 504
FLOOR RATE	0.5 GAL/FT ² (MINUTE MAX)	TEST: HMT 522
FILTERING EFFICIENCY	75% (MIN)	TEST: HMT 522

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HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B08000918

Building Address 1730 UNDERWOOD RD.
SYKEVILLE MD 21784
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 604002 Subdivision PRINCE MEADOWS
Section _____ Area _____ Lot _____
Tax Map 9 Parcel _____ Grid 9-8
Zoning AG-250 Map Coordinates _____ Lot size _____

Property Owner's Name MARY MARCHES
Address 10304 ROYAL ASCOT CT
10304 ROYAL ASCOT CT. EC 21042
City FUSSELL CITY State MD Zip Code 21042
Phone 410 418 5702 Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
CARSON ARNOLD 7526 STE 201 WILSON ST
Phone 410 549 4444 Fax 410 549 4440
7526 STE 201 WILSON ST
SYKEVILLE MD 21784

Existing Use WALSH LOT / SFD UNDER CONST.
Proposed Use INDUSTRIAL / STORAGE
Estimated Construction Cost \$ 20,000
Description of Work CONCRETE 24'x20'

Contractor Company SHAW-WALKER HOMES INC.
Contact Person RUSSELL SHAW
Address 7526 STE 201 WILSON ST
City SYKEVILLE State MD Zip Code 21784
License No. 22
Phone 410 924 2314 Fax 410 549 4440

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

Engineer or Architect Company MARLIEE HOMES
Contact Person TONY LEE
Address _____
City _____ State _____ Zip Code _____
Phone 410 549 4444 Fax 410 549 4440

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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 _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
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 type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: <u>3 CAR GAR.</u>	
Dimensions: <u>30x20</u>	
Footings: <u>20x20</u>	
Roof Height: <u>12</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 Robert Marches/Mary Marches
Title/Company _____

Print Name 1.3.08
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		
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ <u>25</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 \$ _____
Check _____	Balance due \$ _____
Validation # _____	

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
T:\forms\PERMIT.FRM

Historic District? YES ☐ NO ☐
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____ Accepted by 1
Rev. 11/4/04

607000189

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2155 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER 6070002415	
Building Address <u>1230 Underwood Rd</u>			Property Owner's Name <u>MANUEL MANCUSO</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address <u>10304 ROYAL ASCOT CT.</u>		
Census Tract <u>6090.02</u> Subdivision <u>Block Napun</u>			City <u>ELICOTT CITY</u> State <u>MD</u> Zip Code <u>21042</u>		
Section _____ Area _____ Lot <u>4</u>			Home Phone <u>410 418 5702</u> Work Phone <u>410 783 3835</u>		
Tax Map <u>9</u> Parcel <u>748</u> Grid <u>8</u>			Applicant's Name & Mailing Address, (if other than stated hereon): <u>CORSAIR AVENUE, SUITE 200</u>		
Zoning <u>RC</u> Map Coordinates _____ Lot size <u>3,000</u>			Phone _____ Fax _____		
Existing Use _____			Contractor Company <u>MANUEL MANCUSO</u>		
Proposed Use _____			Contact Person <u>MANUEL MANCUSO</u>		
Estimated Construction Cost \$ <u>70,000</u>			Address <u>10304 ROYAL ASCOT CT.</u>		
Description of Work <u>2 BR, 1 BATH, 1 CARPORT</u>			City <u>ELICOTT CITY</u> State <u>MD</u> Zip Code <u>21042</u>		
Occupant or Tenant _____			License No. <u>72</u>		
Contact Name <u>MANUEL MANCUSO</u>			Phone <u>410 418 5702</u> Fax <u>410 783 3835</u>		
Address <u>10304 ROYAL ASCOT CT.</u>			Engineer or Architect Company _____		
City <u>ELICOTT CITY</u> State <u>MD</u> Zip Code <u>21042</u>			Contact Person <u>MANUEL MANCUSO</u>		
Phone <u>410 418 5702</u> Fax <u>410 783 3835</u>			Address _____		
			City _____ State _____ Zip Code _____		
			Phone _____ Fax _____		

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
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 _____ Width _____	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Sewage Disposal: _____	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____
Use group: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Construction type: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Reinforced Concrete <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	No. of Bedrooms <u>4</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Structural Steel <input type="checkbox"/>	Heating System: _____	Height: <u>24</u>	Heating System: _____
Masonry <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Multi-family dwellings: _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Wood Frame <input type="checkbox"/>	Natural Gas <input type="checkbox"/>	No. of 1 BR units: _____	Natural Gas <input type="checkbox"/>
State Certified Modular <input type="checkbox"/>	Propane Gas <input type="checkbox"/>	No. of 2 BR units: _____	Propane Gas <input checked="" type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	No. of 3 BR units: _____	Sprinkler system: N/A <input checked="" type="checkbox"/>
	Full <input type="checkbox"/>	Other Structure: _____	NFPA #13D <input type="checkbox"/>
	Partial <input type="checkbox"/>	Dimensions: _____	NFPA #13R <input type="checkbox"/>
	Other Suppression <input type="checkbox"/>	Footings: _____	Other: _____
	# of Heads _____	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 _____ 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#
<input checked="" type="checkbox"/> Land Development DPZ				Front: _____	Filing fee	\$ <u>100.00</u>
<input checked="" type="checkbox"/> State Highways				Rear: _____	Permit fee	\$ _____
<input checked="" type="checkbox"/> Building Official				Side: _____	Excise tax	\$ _____
<input checked="" type="checkbox"/> Dev. Engineering DPZ				Side St.: _____	Add'l per. fee	\$ _____
<input checked="" type="checkbox"/> Health	<u>6/29/07</u>		<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES	\$ _____
<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>	Check	\$ <u>327</u>
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 NewTown 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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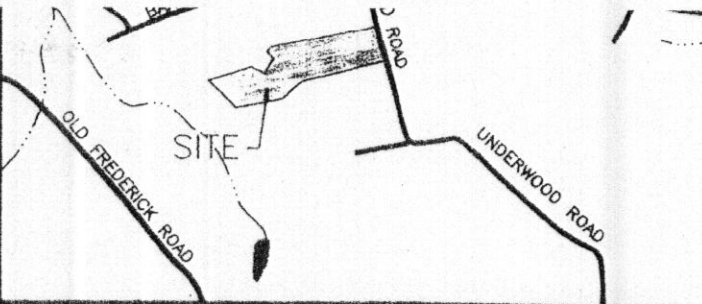
G. Scott Shanaberger 9/10/98
G. SCOTT SHANABERGER DATE

Patrick A. Wallace 9/4/98
PATRICK A. WALLACE DATE

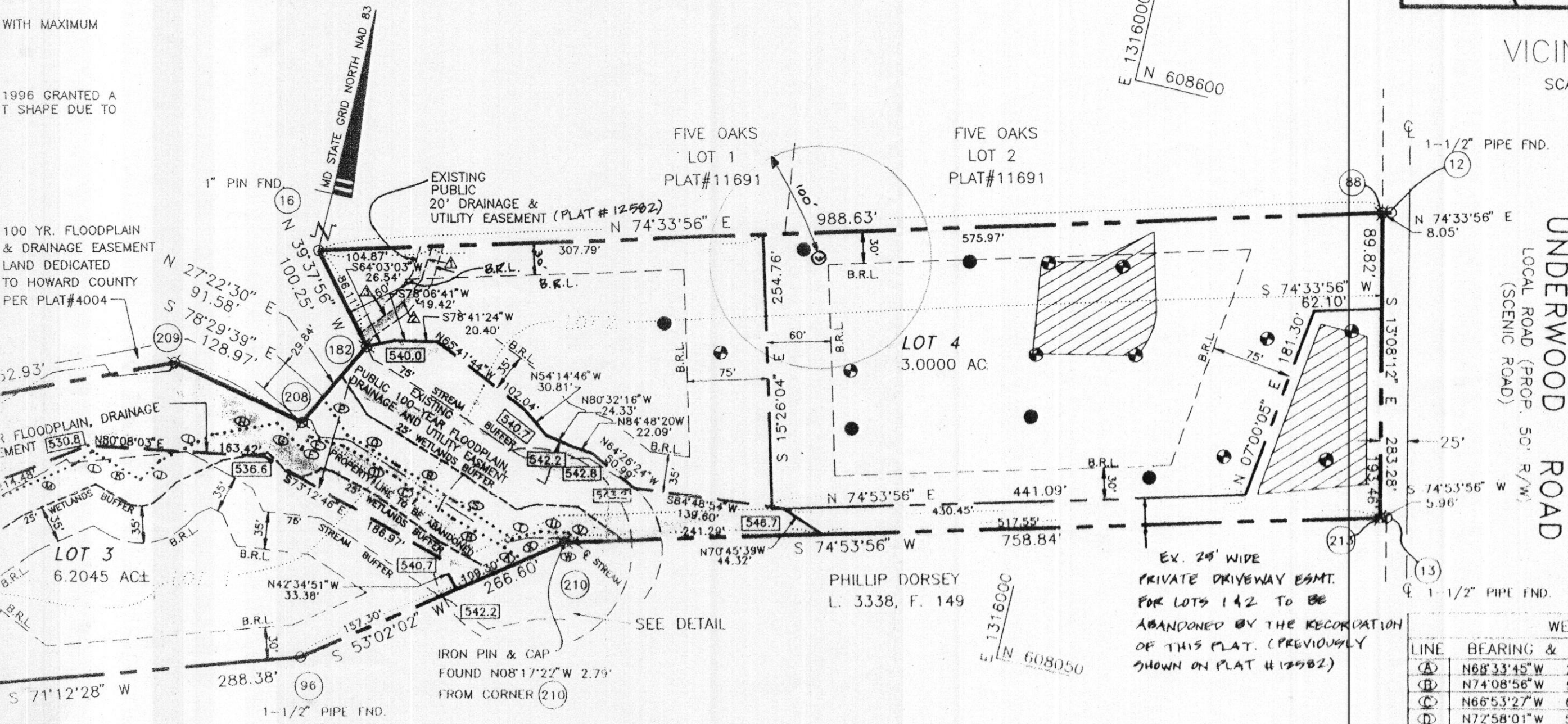
Elaine B. Wallace 9/4/98
ELAINE B. WALLACE DATE

1996 GRANTED A
T SHAPE DUE TO

16. THIS RESUBDIVISION IS EXEMPT FROM STORMWATER MANAGEMENT REQUIREMENTS BECAUSE BOTH LOTS ARE OVER 2 ACRES.
17. FOR FLAG OR PIPESTEM LOTS, REFUSE COLLECTION, SNOW REMOVAL AND ROAD MAINTENANCE IS TO BE PROVIDED AT THE JUNCTION OF THE FLAG OR PIPESTEM AND THE ROAD RIGHT-OF-WAY AND NOT ONTO THE FLAG OR PIPESTEM LOT DRIVEWAY.
18. [540.0] DESIGNATES ELEVATION OF 100-YEAR FLOODPLAIN.



VICINITY MAP
SCALE: 1"=2000'



NOTE: THE PURPOSES OF THIS RESUBDIVISION PLAT ARE TO MOVE THE LOT LINE BETWEEN LOTS 1 & 2, TO ABANDON THE USE-IN-COMMON DRIVEWAY (A SINGLE USE) AND TO REVISE CENTERLINE DISTANCE INFORMATION FOR PUBLIC 20' WIDE DRAINAGE & UTILITY EASEMENT. NO NEW LOTS ARE BEING CREATED.

OWNERS:
PATRICK & ELAINE WALLACE
13735 FORSYTHE ROAD
SYKESVILLE, MD. 21784

COORDINATES

NO.	NORTH (M)	EAST (M)	NORTH (F)	EAST (F)
12	185,482.404	401,196.524	608,536.854	1,316,258.929
13	185,398.141	401,215.536	608,260.400	1,316,321.304
16	185,401.554	400,903.688	608,271.597	1,315,298.185
88	185,481.751	401,194.157	608,534.710	1,316,251.164
96	185,288.545	400,925.548	607,900.833	1,315,369.904
97	185,305.360	400,745.514	607,956.002	1,314,779.242
167	185,260.229	400,842.335	607,807.934	1,315,096.894
182	185,378.019	400,923.180	608,194.385	1,315,362.133
208	185,353.233	400,910.345	608,113.064	1,315,320.025

MINIMUM LOT SIZE CHART

LOT	GROSS	PIPESTEM	MINIMUM
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WETLANDS DATA			
LINE	BEARING & DIST.	LINE	BEARING & DIST.
(A)	N68°33'45"W 21.39'	(M)	S51°52'13"W 72.9'
(B)	N74°08'56"W 55.10'	(N)	S41°33'48"W 73.0'
(C)	N66°53'27"W 85.90'	(O)	S62°13'35"W 94.2'
(D)	N72°58'01"W 55.56'	(P)	S47°18'45"E 41.2'
(E)	N87°43'24"W 32.51'	(Q)	S72°22'01"E 52.0'
(F)	S18°58'33"W 13.69'	(R)	S71°04'20"E 63.2'
(G)	N57°52'02"W 32.77'	(S)	S69°56'18"E 65.3'
(H)	S66°31'18"W 60.18'	(T)	N60°59'23"E 27.0'
(I)	S49°58'29"W 54.19'	(U)	N80°09'46"E 25.5'
(J)	S32°24'59"W 25.08'	(V)	S68°13'31"E 14.5'
(K)	N72°44'04"W 51.76'	(W)	S74°53'56"W 14.8'
(L)	S40°20'11"W 20.35'	(X)	S53°02'02"W 42.1'

RECORDED AS PLAT # 13325
ON 10-7-98 AMONG THE LAND
RECORDS OF HOWARD COUNTY, MD.