

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
806006269

Building Address 15570 Union Chapel Road
Woodbine, MD 21797
 Suite/Apt. #: _____ SDP/WP/Pettion #: _____
 Census Tract _____ Subdivision Milly's Delight
 Section _____ Area _____ Lot 5
 Tax Map 14 Parcel 119 Grid 13
 Zoning RCD0 Map Coordinates _____ Lot size 6.381

Property Owner's Name Larry Jarboe
 Address 15570 Union Chapel Road
 City Woodbine State MD Zip Code 21797
 Home Phone 410-489-4483 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
Nichole Tiede, Rd, Woodbine, MD 21797
1720 St. Michaels
 Phone 443-277-3191 Fax 410-489-5007

Existing Use 2 story home
 Proposed Use 2 story home w/ rear covered patio
 Estimated Construction Cost \$ 20,000.00
 Description of Work Construct a covered rear patio w/ masonry fireplace w/ block foundation & poured concrete slab

Contractor Company CT Contracting Inc
 Contact Person Chris Tiede
 Address 1720 St. Michaels Rd
 City Woodbine State MD Zip Code 21797
 License No. 87154
 Phone 443-277-2970 Fax 410-489-5007

Occupant or Tenant Larry Jarboe
 Contact Name Nichole Tiede
 Address 1720 St. Michaels Rd
 City Woodbine State MD Zip Code 21797
 Phone 443-277-3191 Fax 410-489-5007

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

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: <u>N/A</u> <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: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ _____ Public _____ Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Craw space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
No. of Bedrooms <u>2</u> Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Other Structure: _____ Dimensions: <u>27ft w x 15ft</u> Footings: <u>20ft x 8in</u> Roof Height: <u>10ft above slab</u>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other: _____
_____ 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 Nichole Tiede
 Title/Company CT Contracting

Print Name Nichole Tiede
 Date 1/25/07

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>1/25/07</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	White: Building Official	Green: LDD, DPZ	Lot Coverage for New Town Zone _____	
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____
			Yellow: DED, DPZ	
			Pink: Health	
			Gold: SHA	

... previously disturbed, shall be maintained, albeit 4" - 8" higher in elevation.

iii. Topsoil shall be uniformly distributed in a 4" - 8" layer and lightly compacted to a minimum thickness of 4". Spreading shall be performed in such a manner that sodding or seeding can proceed with a minimum of additional soil preparation and tillage. Any irregularities in the surface resulting from topsoiling or other operations shall be corrected in order to prevent the formation of depressions or water pockets.

iv. Topsoil shall not be placed while the topsoil or subsoil is in a frozen or muddy condition, when the subsoil is excessively wet or in a condition that may otherwise be detrimental to proper grading and seedbed preparation.

TEMPORARY SEEDING NOTES

SEEDBED PREPARATION: Loosen upper three inches of soil by raking, discing or other acceptable means before seeding, if not previously loosened.

SOIL AMENDMENTS: Apply 600 lbs. per acre 10-10-10 fertilizer (14 lbs./1000 sq.ft.).

SEEDING: For periods March 1 thru April 30 and from August 15 thru November 15, seed with 2 1/2 bushel per acre of annual rye (3.2 lbs./1000 sq.ft.) For the period May 1 thru August 14, seed with 3 lbs. per acre of weeping lovegrass (.07 lbs./1000 sq.ft.). For the period November 1 thru February 28, protect site by applying 2 tons per acre of well anchored straw mulch and seed as soon as possible in the spring, or use sod.

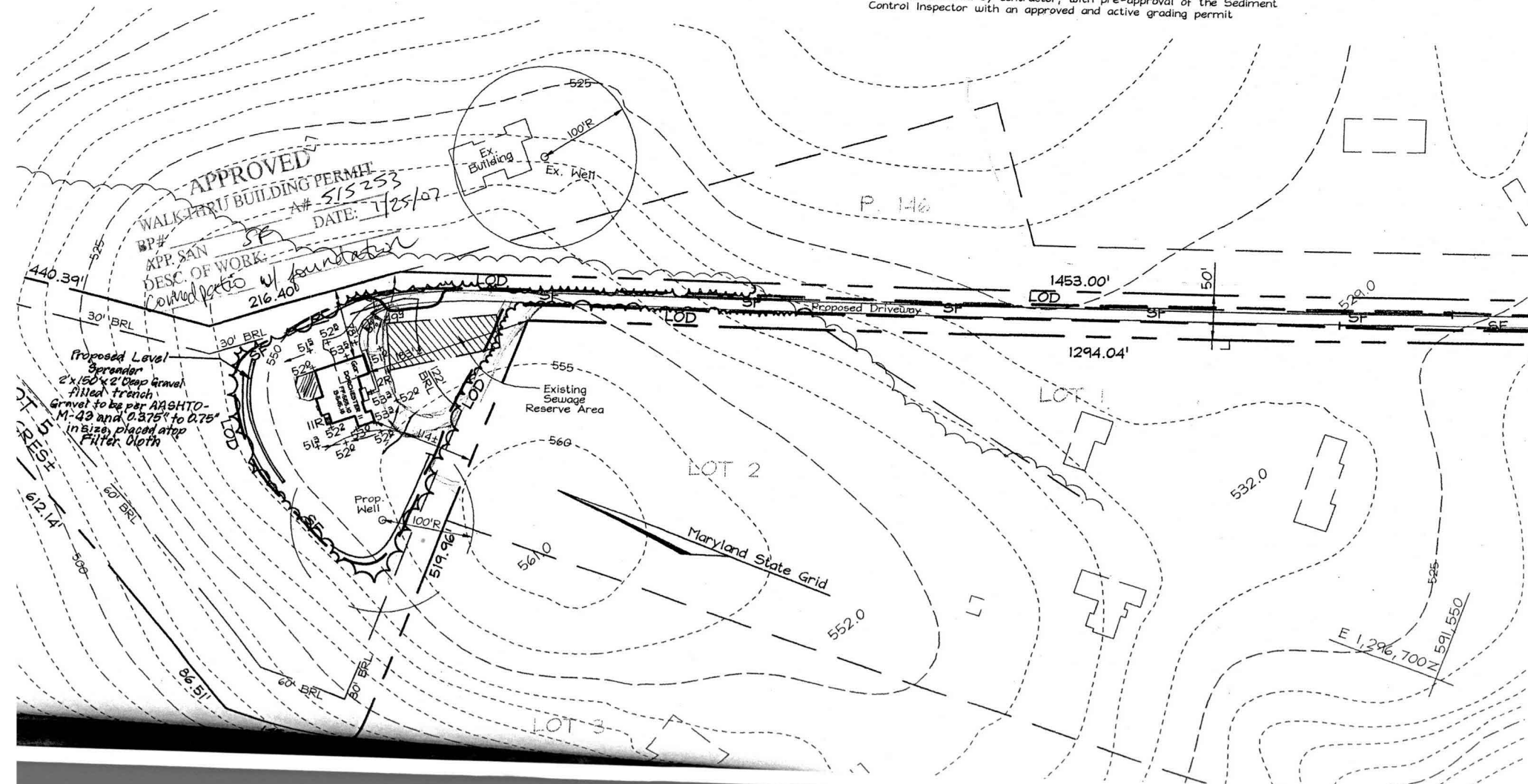
MULCHING: Apply 1 1/2 to 2 tons per acre (70 to 90 lbs./1000 sq.ft.) of unrotted small grain straw immediately after seeding. Anchor mulch immediately after application using mulch anchoring tool or 216 gallons per acre (5 gal/1000 sq.ft.) of emulsified asphalt on flat areas. On slopes 8 feet or higher, use 348 gallons per acre (8 gal/1000 sq.ft.) for anchoring.

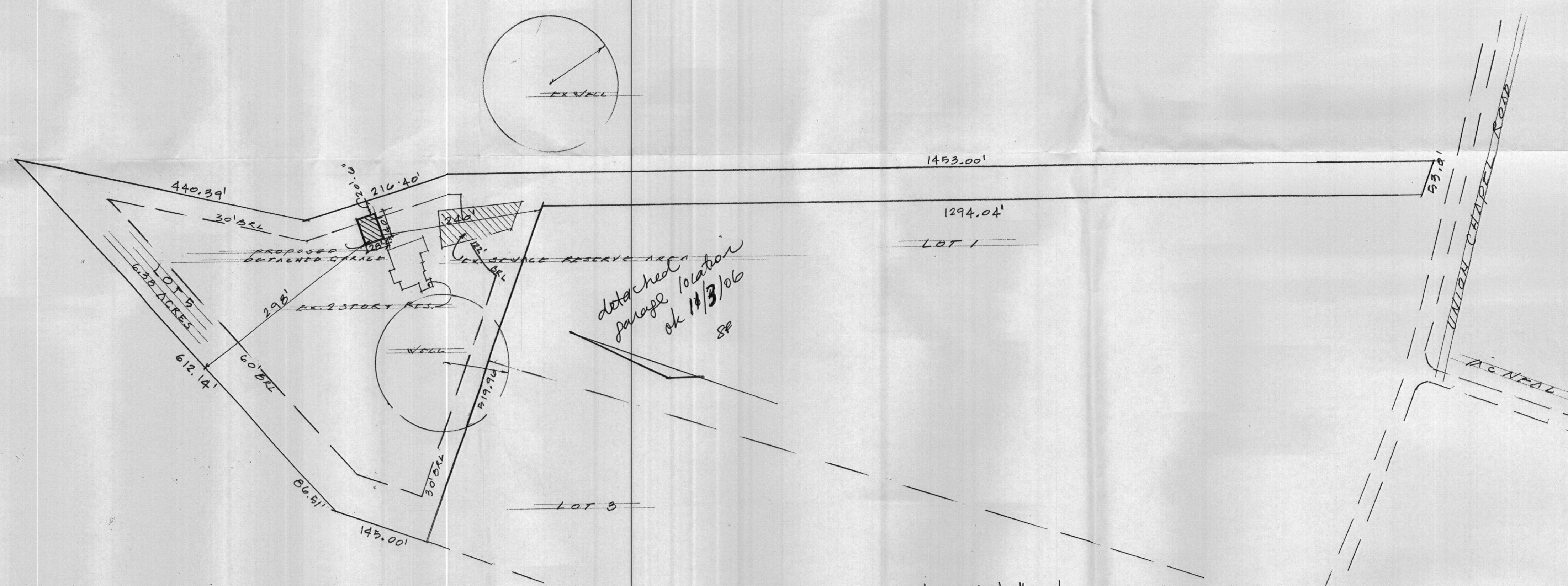
REFER TO THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL FOR RATE AND METHODS NOT COVERED.

Area to be roofed or paved	0.46 Acres
Area to be vegetatively stabilized	1.40 Acres
Total Cut	308 CY
Total Fill	270 CY
Offsite waste/borrow area location	*

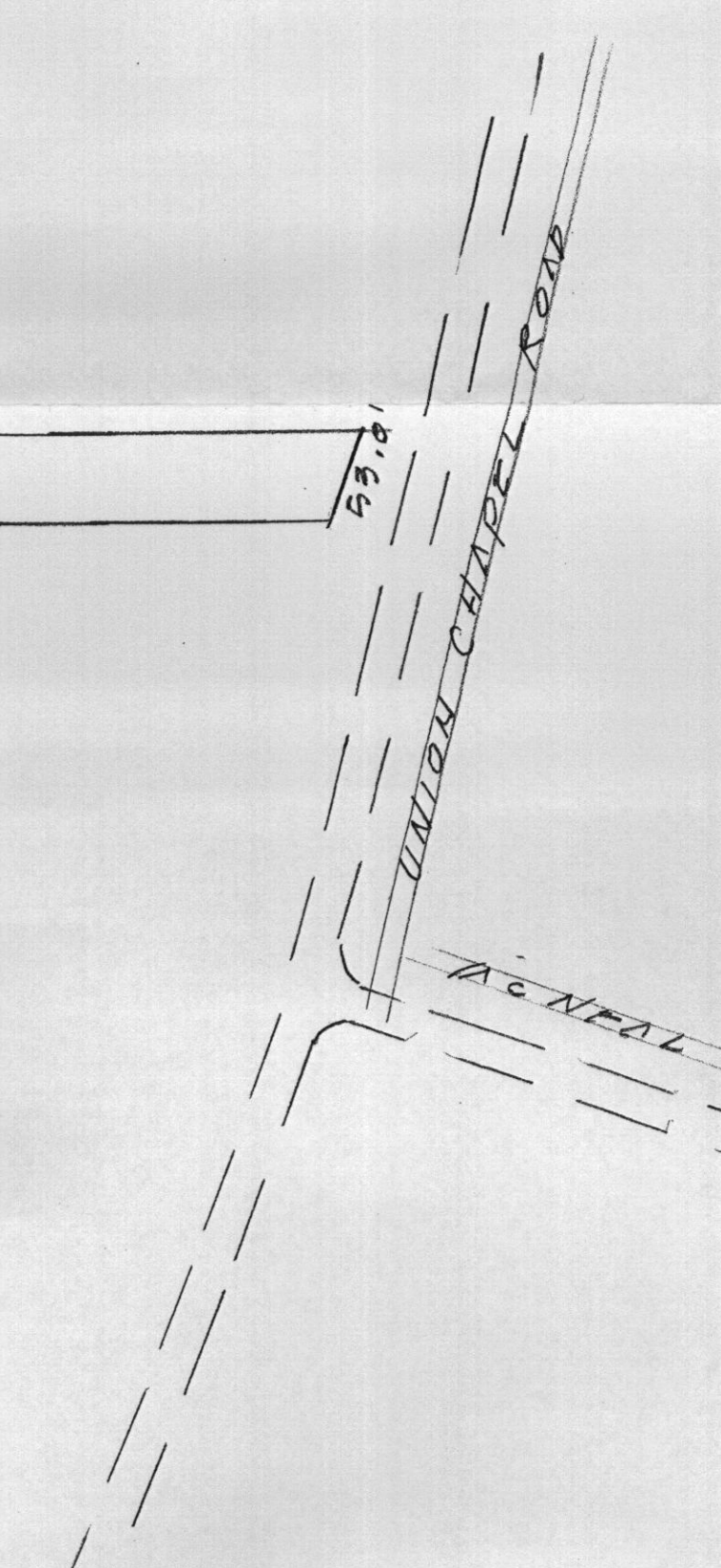
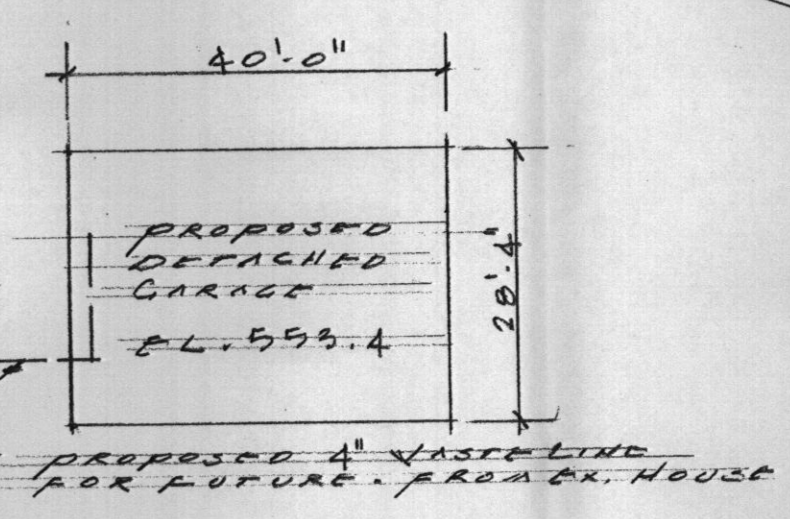
8. Any sediment control practice which is disturbed by grading activity for placement of utilities must be repaired on the same day of disturbance.
9. Additional sediment controls must be provided, if deemed necessary by the Howard County Sediment Control Inspector.
10. On all sites with disturbed areas 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.
11. Trenches for the construction of utilities is limited to three pipe lengths or that which shall be back-filled and stabilized within one working day, whichever is shorter.

* To be determined by contractor, with pre-approval of the Sediment Control Inspector with an approved and active grading permit.





detached garage location ok 11/3/06



PLOT PLAN
 UNION CHAPEL ROAD
 SCALE: 1" = 10'
 DATE: 10-18-00
 APPROVED BY:
 FAX AND 14 GRID 13
 AT THE DISTRICT
 C.T. CONTRACTING

Approved Septic System Plan
Howard County Health Department

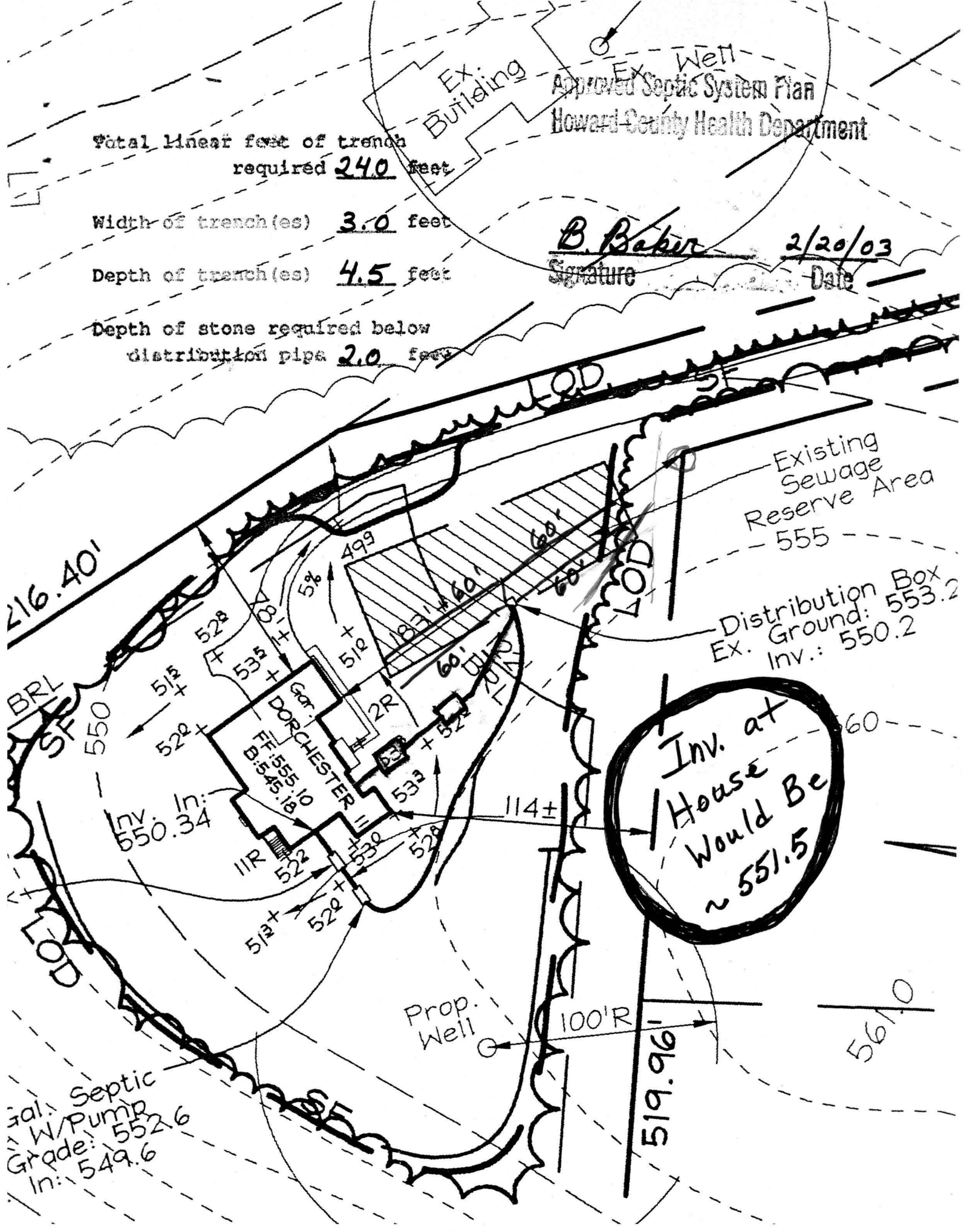
Total linear feet of trench
required 240 feet.

Width of trench(es) 3.0 feet

Depth of trench(es) 4.5 feet

Depth of stone required below
distribution pipe 2.0 feet

B. Baker 2/20/03
Signature Date



Gal. Septic
W/Pump
Grade: 552.6
In: 549.6

Inv. at
House
Would Be
~ 551.5

Distribution Box
EX. Ground: 553.2
Inv.: 550.2

Existing
Sewage
Reserve Area
555