



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: 5/11/15

Permit No.: B15001620

Building Address: 2775 Florence Rd
 City: Woodbine State: MD Zip Code: 21797
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Laykknoll
 Section: _____ Area: _____ Lot: 2
 Tax Map: 7 Parcel: 112 Grid: 19
 Zoning: _____ Map Coordinates: _____ Lot Size: 61326

Existing Use: Vacant lot
 Proposed Use: New SFD
 Estimated Construction Cost: \$ 300,000.
 Description of Work: Construct 2 story, 1 bedroom, 2.5 bath, unfinished basement, 2 car garage home

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: Curtis Cumberland
 Address: 16371 A.E. Mullinix Rd
 City: Woodbine State: MD Zip Code: 21797
 Phone: 301 272-1122 Fax: _____
 Email: Cumberlanddev@gmail.com

Property Owner's Name: Jan Gordon
 Address: 1775 Florence Rd.
 City: Woodbine State: MD Zip Code: _____
 Phone: 410 981 4851 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Cumberland Dev.
 Address: 16371 A.E. Mullinix Rd
 City: Woodbine State: MD Zip Code: 21797
 Phone: 301 272 6838 Fax: _____
 Email: _____

Contractor Company: Same as above
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: 2072
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: Cadd Works
 Responsible Design Prof.: _____
 Address: 332 West Patrick St
 City: Frederick State: MD Zip Code: _____
 Phone: 301 695 7121 Fax: _____
 Email: _____

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: <u>341</u>	<u>36.4</u>
Area of construction (sq. ft.):	2 nd floor: <u>34</u>	<u>3.6</u>
Use group:	Basement:	
	<input type="checkbox"/> Finished Basement	
	<input checked="" 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: <u>1</u>	
<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 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 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: <u>B15000146</u>	
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: Curtis Cumberland
 Email Address: Cumberlanddev@gmail.com
 Title/Company: _____

Print Name: Curtis Cumberland
 Date: 5/11/15

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	<u>6/11/15</u>	<u>H. Oswald</u>

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	\$	<u>100</u>
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	<u>50</u>
Add'l per Fee	\$	
Total Fees	\$	
Sub-Total Paid	\$	
Balance Due	\$	<u>10048</u>
Check	#	

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

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

Date: 5/21/15
To: Plan review, zoning, DED, SHA, Health
From: Cumberland Development Corp (301) 252-1122
Subject: Project name: Layton Knoll
Project site address: 2775 Florence Rd Woodbine MD
Permit #: B15001620 SDP #
Other information pertinent to this project

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

- Letter of response to address plan review comment letter
Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
Letter Summarizing Changes
Energy conservation calculations
Copies of (be specific).
Health Department Request DPZ/ DED Request Applicant's Request
Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or #
Other Revised plot plan showing correct lot # + address

Contact Person Information: (Required)

Please Print Name Telephone No: E-Mail Address:

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 [Signature]

Oswald, Hank

From: Cumberland Development <cumberlanddev@gmail.com>
Sent: Thursday, May 28, 2015 8:48 AM
To: Oswald, Hank
Subject: Re: B15001620

Hank,

This is 2775 Florence Rd. Lot 2.

Sorry for the mix up.

Thanks,
Curtis cell 301 252 1122

On Wed, May 27, 2015 at 11:37 AM, Oswald, Hank <hoswald@howardcountymd.gov> wrote:

Curtis:

Which address and Lot # is building permit # B15001620 associated with?

Hank

Hank Oswald, L.E.H.S.

Howard County Health Department

Bureau of Environmental Health

Well & Septic Program

410.313.1786

--

Danielle Cumberland

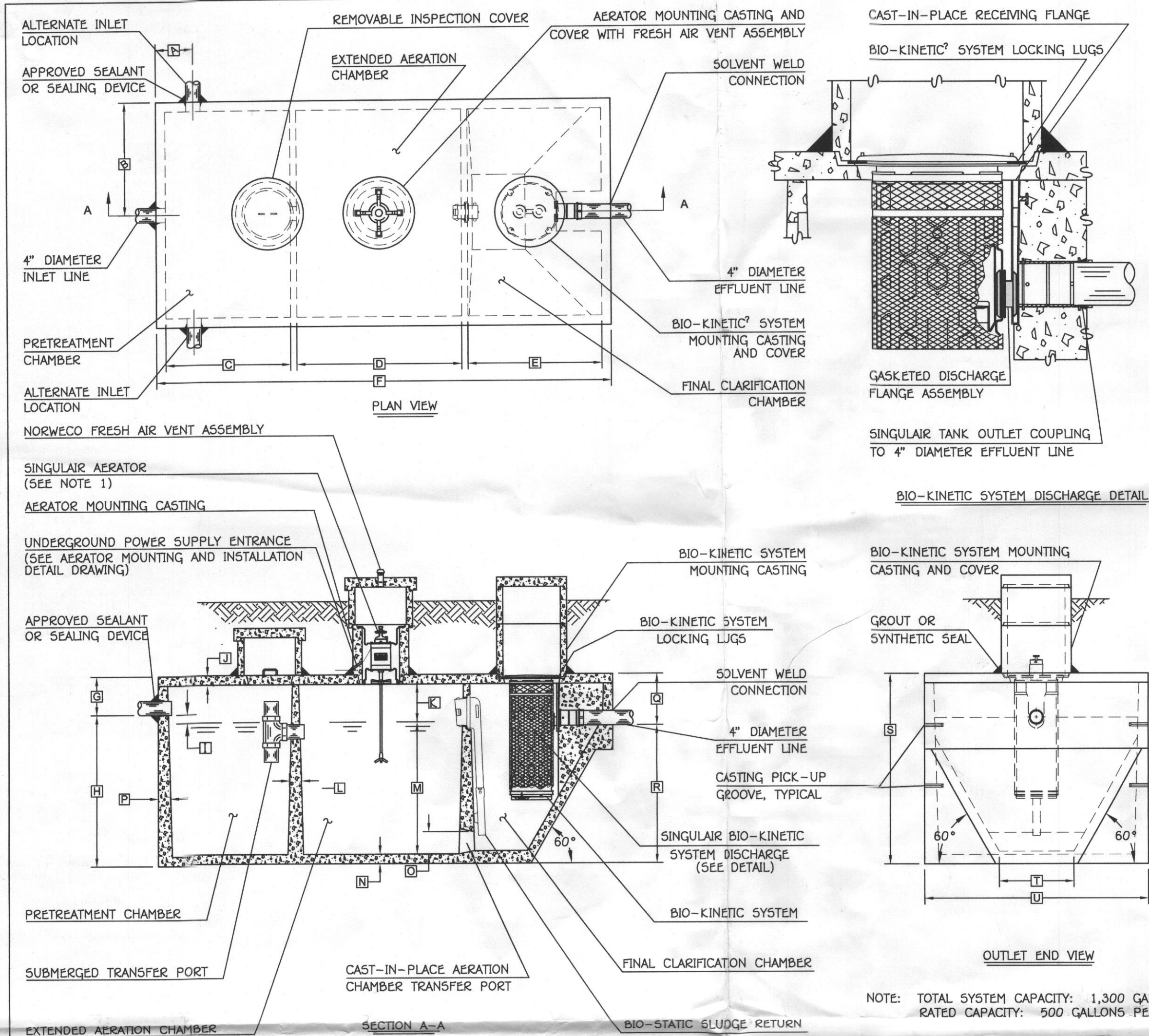
▼
Maryanne Cumberland

Cumberland Development Corp.

Cumberland Company, Inc.

www.cumberlanddev.com

www.cumberlandcompanyinc.com



GENERAL NOTES:

- SINGULAR AERATOR, AS TESTED AND ACCEPTED BY NSF, OPERATING 60 MINUTES ON / 60 MINUTES OFF.
- FALL THROUGH SINGULAR[®] PLANT FROM INLET INVERT TO OUTLET INVERT IS FOUR INCHES. INLET INVERT IS TWELVE INCHES BELOW TANK TOP.
- ON DEEPER INSTALLATIONS, PRECAST RISERS MUST BE USED TO EXTEND AERATOR MOUNTING CASTING AND BIO-KINETIC SYSTEM MOUNTING CASTING TO GRADE.
- TANK REINFORCED PER ACI STD. 318-05.
- REMOVABLE COVERS ON RISERS WEIGH IN EXCESS OF SEVENTY-FIVE POUNDS EACH TO PREVENT UNAUTHORIZED ACCESS.
- CONTACT THE LOCAL LICENSED SINGULAR DISTRIBUTOR FOR ELECTRICAL REQUIREMENTS.

PROJECT ENGINEER'S APPROVAL:
I (WE) HEREBY CERTIFY THAT THIS DRAWING HAS BEEN CHECKED AND IS APPROVED FOR USE IN CONFORMITY WITH THE CONTRACT DOCUMENTS.

DATE: _____

CONTRACTOR'S CERTIFICATION:
I (WE) HEREBY CERTIFY THAT THIS DRAWING HAS BEEN CHECKED AND IS APPROVED FOR USE IN CONFORMITY WITH THE CONTRACT DOCUMENTS.

DATE: _____

CRITICAL DIMENSIONS

A	1'-0"	N	0'-3"
B	3'-0"	O	0'-6"
C	3'-4"	P	0'-3"
D	4'-5"	Q	1'-4"
E	3'-7"	R	3'-8"
F	12'-2"	S	5'-0"
G	1'-0"	T	2'-0"
H	4'-0"	U	6'-0"
I	0'-3"	V	
J	0'-3"	W	
K	1'-0"	X	
L	0'-2"	Y	
M	3'-6"	Z	

norweco 3-29-07 B
LOW-PROFILE SINGULAR[®] BIO-KINETIC WASTEWATER TREATMENT SYSTEM
MODEL: THTPL600 GPD NTS
PC-5-7091

BAT NOTES

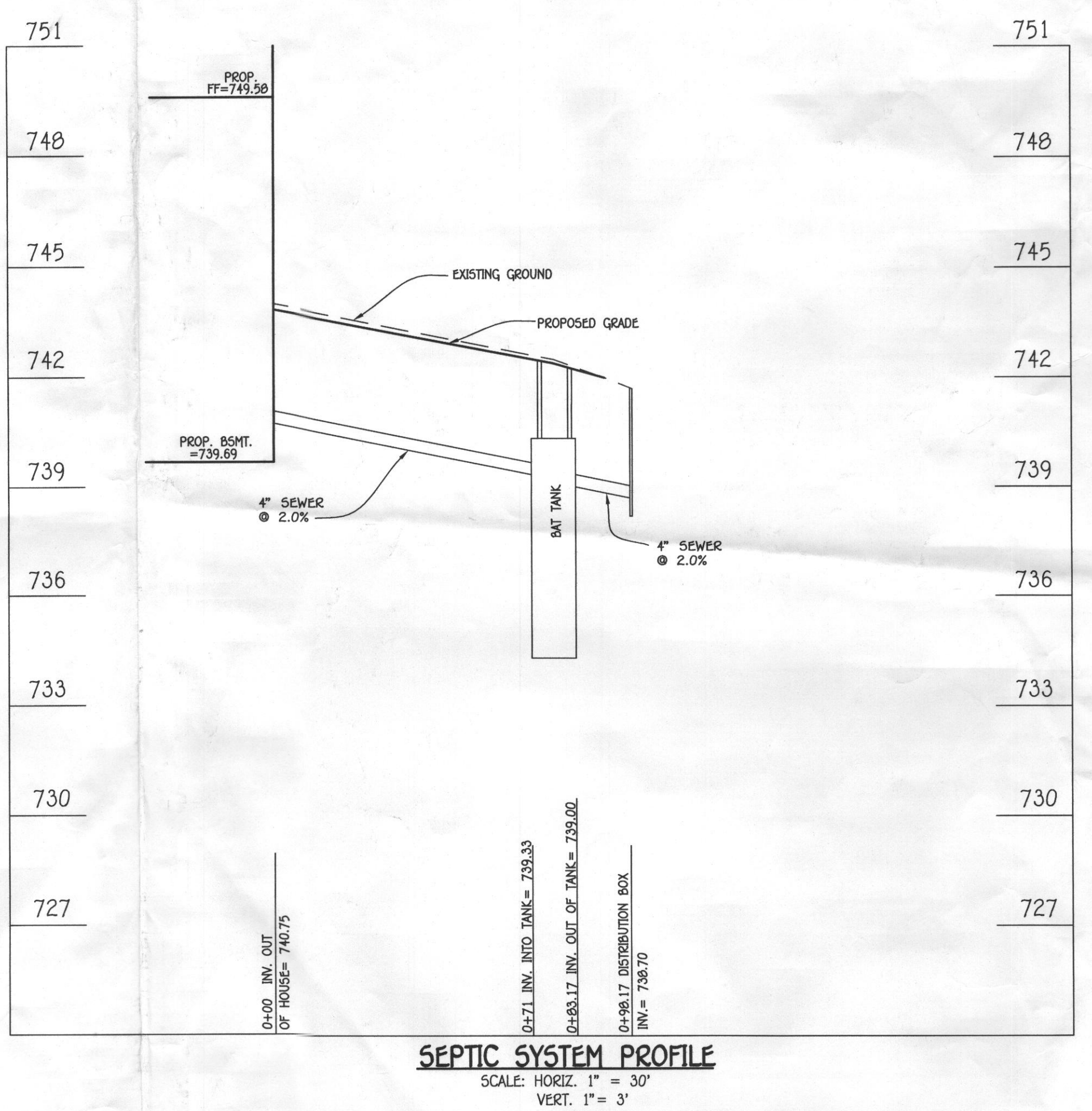
- ANY CHANGE TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REVISED SITE PLAN MAY BE REQUIRED.
- THE MAXIMUM COVER OVER THE BAT SHALL BE 3 FEET.
- THE BAT SYSTEM SHALL BE MAINTAINED AND OPERATED FOR THE LIFE OF THE SYSTEM.
- THE BAT SHALL BE OPERATED BY AND MAINTAINED BY A CERTIFIED SERVICE PROVIDER.
- WITHIN ONE MONTH OF INSTALLATION, A PERSON INSTALLING THE BAT SYSTEM SHALL REPORT TO THE MARYLAND DEPARTMENT OF THE ENVIRONMENT (MDE) IN A MANNER ACCEPTABLE TO MDE, THE ADDRESS AND DATE OF COMPLETION OF THE BAT INSTALLATION AND THE TYPE OF BAT INSTALLED.
- ANY ELECTRICAL WORK FOR THE BAT INSTALLATION MUST BE PERFORMED BY A LICENSED ELECTRICIAN.
- AN AGREEMENT AND EASEMENT HAS BEEN COMPLETED AND SIGNED BY ALL APPLICABLE PARTIES, AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY, LIBER _____ FOLIO _____.
- THE HEALTH DEPARTMENT REQUIRES DOCUMENTATION FOR THE START-UP CERTIFICATION FROM THE MANUFACTURER PRIOR TO FINAL APPROVAL OF THE INSTALLATION.
- SURFACE RUNOFF SHALL BE DIRECTED AROUND THE BAT TANK.

SEPTIC SYSTEM DESIGN
4 BEDROOM HOUSE
LOADING RATE = 600 GPD
APPLICATION RATE = 0.8

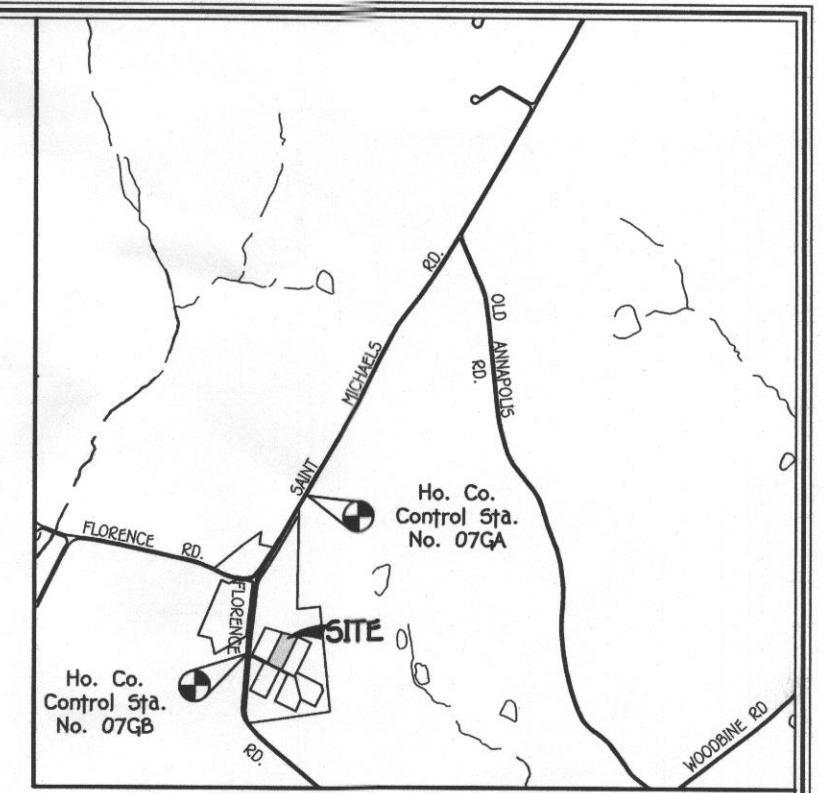
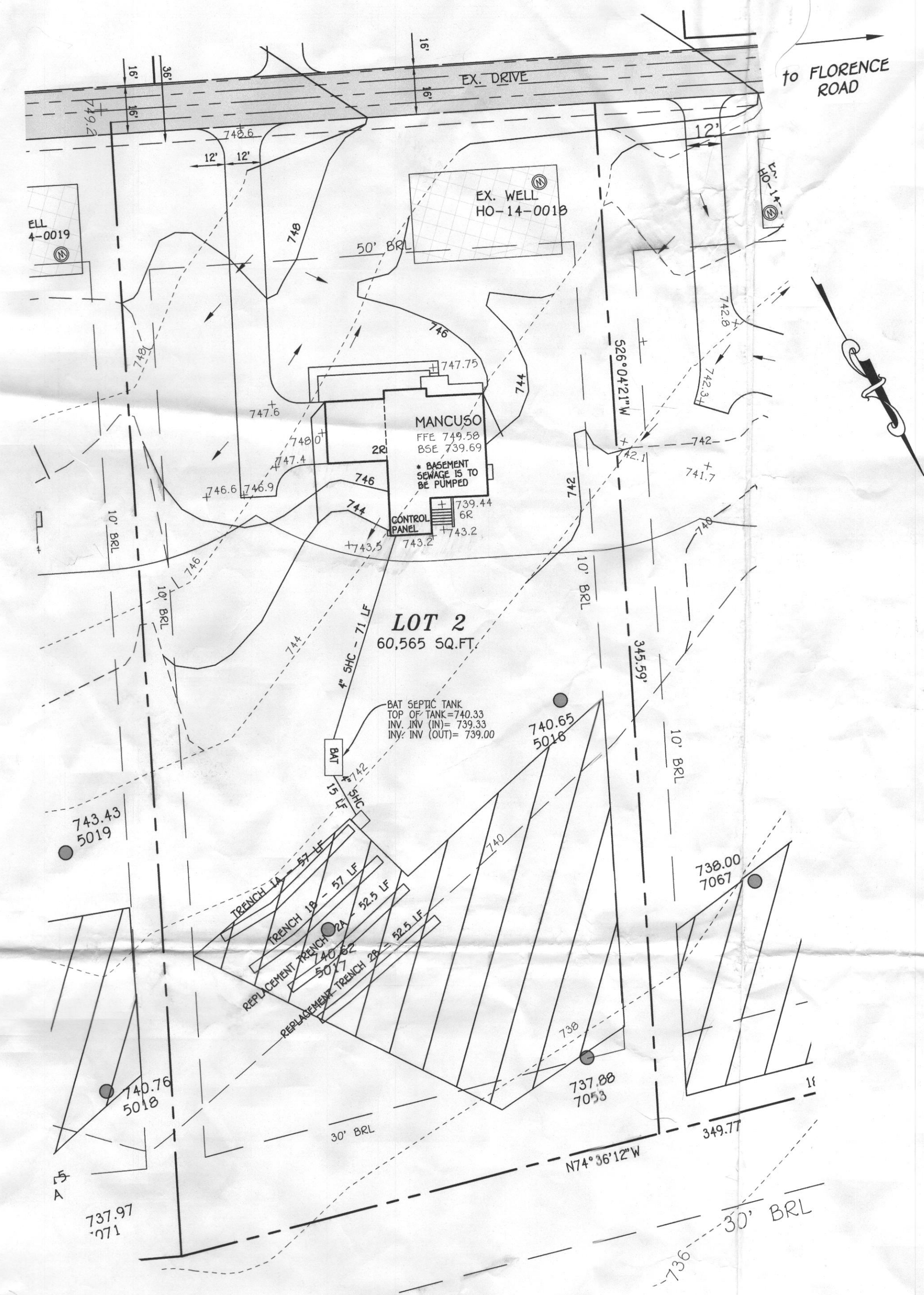
INITIAL SYSTEM
EFFECTIVE SIDEWALL BEGINS AT 3 FEET
TRENCH DEPTH = 6.5 FEET
TRENCH WIDTH (W) = 3 FEET
EFFECTIVE DEPTH (D) = 3.9 FEET
COEFFICIENT OF REDUCTION OF TRENCH LENGTH = 0.455
 $(W+2) / (W+1+2D) = (3+2) / (3+1+(2 \times 3.9))$
SF OF DRAINFIELD = 600 GPD / 0.8 = 750 SF
TRENCH LENGTH = 750 SF x 0.455 / 3 = 113.75 FEET (USE 114 FEET)
TRENCH WIDTH = 2D+W = 2(3.9)+3 = 10

REPLACEMENT SYSTEM
EFFECTIVE SIDEWALL BEGINS AT 3 FEET
TRENCH DEPTH = 7 FEET
TRENCH WIDTH (W) = 3 FEET
EFFECTIVE DEPTH (D) = 4 FEET
COEFFICIENT OF REDUCTION OF TRENCH LENGTH = 0.417
 $(W+2) / (W+1+2D) = (3+2) / (3+1+(2 \times 4))$
SF OF DRAINFIELD = 600 GPD / 0.8 = 750 SF
TRENCH LENGTH = 750 SF x 0.417 / 3 = 104.25 FEET (USE 105 FEET)
TRENCH WIDTH = 2D+W = 2(4)+3 = 11

SEPTIC SYSTEM ELEVATIONS
FFE = 749.50
BSE = 739.69
INV. OUT OF HOUSE = 740.75
EX. GROUND AT BAT TANK = 742.5
PROP. GRADE AT BAT TANK = 742.4
TOP OF BAT TANK = 740.33
COVER OVER BAT TANK = 2.07 FT
INVERT INTO BAT TANK = 739.33
INVERT OUT OF BAT TANK = 739.00
EX. GRADE AT DIST BOX = 741.7
INVERT INTO DISTRIBUTION BOX = 736.70
INVERT OUT OF DISTRIBUTION BOX = 736.60
* BASEMENT SEWAGE IS TO BE PUMPED



SEPTIC SYSTEM PROFILE
SCALE: HORIZ. 1" = 30'
VERT. 1" = 3'



GENERAL NOTES

- SUBJECT PROPERTY ZONED: RC-DEO
- TOTAL AREA OF PROPERTY: 60,565 SQ. FT.
- SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT REVIEW.
- LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
- CONTRACTOR/BUILDER TO VERIFY ELEVATION IN THE FIELD BEFORE BEGINNING ANY CONSTRUCTION.
- EXISTING TOPOGRAPHY SHOWN IS BASED ON A FIELD RUN SURVEY ALONG FLORENCE ROAD & SAINT MICHAELS ROAD WITH MAXIMUM TWO FOOT CONTOUR INTERVALS PREPARED BY FISHER, COLLINS & CARTER, INC. DATED AUGUST, 2014, SUPPLEMENTED WITH HOWARD COUNTY GIS TOPOGRAPHY ON-SITE AND OFF-SITE.
- NO WETLANDS CURRENTLY EXIST ON THE PROPERTY.

TRENCH DESIGN

TRENCH	GROUND ELEV.	TOP OF STONE ELEV.	INVERT INTO TRENCH	DEPTH TO STONE AT	DEPTH OF STONE (FT)	BOTTOM OF TRENCH ELEV.	EFFECTIVE DEPTH (FEET EX. GROUND)	EFFECTIVE DEPTH (D)	WIDTH OF TRENCHES (W)	TRENCH SPACING
T1A	741.6	738.85	738.60	2.75'	3.75'	739.1	3	3.5	3.0	10
T1B	741.1	737.35	738.10	2.75'	3.75'	734.6	3	3.5	3.0	10
RT2A	740.5	737.75	737.50	2.75'	4.25'	733.5	3	4	3.0	11
RT2B	739.9	737.15	736.90	2.75'	4.25'	732.9	3	4	3.0	11

Approved Septic System Plan
Howard County Health Department
Mark Oswald 6/14/15
Signature Date

PROFESSIONAL CERTIFICATION
I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AND THAT I AM A DAILY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 38366, EXPIRATION DATE: 01/12/2016.
Supriya Jaita 6/15/15
Signature of Professional Engineer DATE

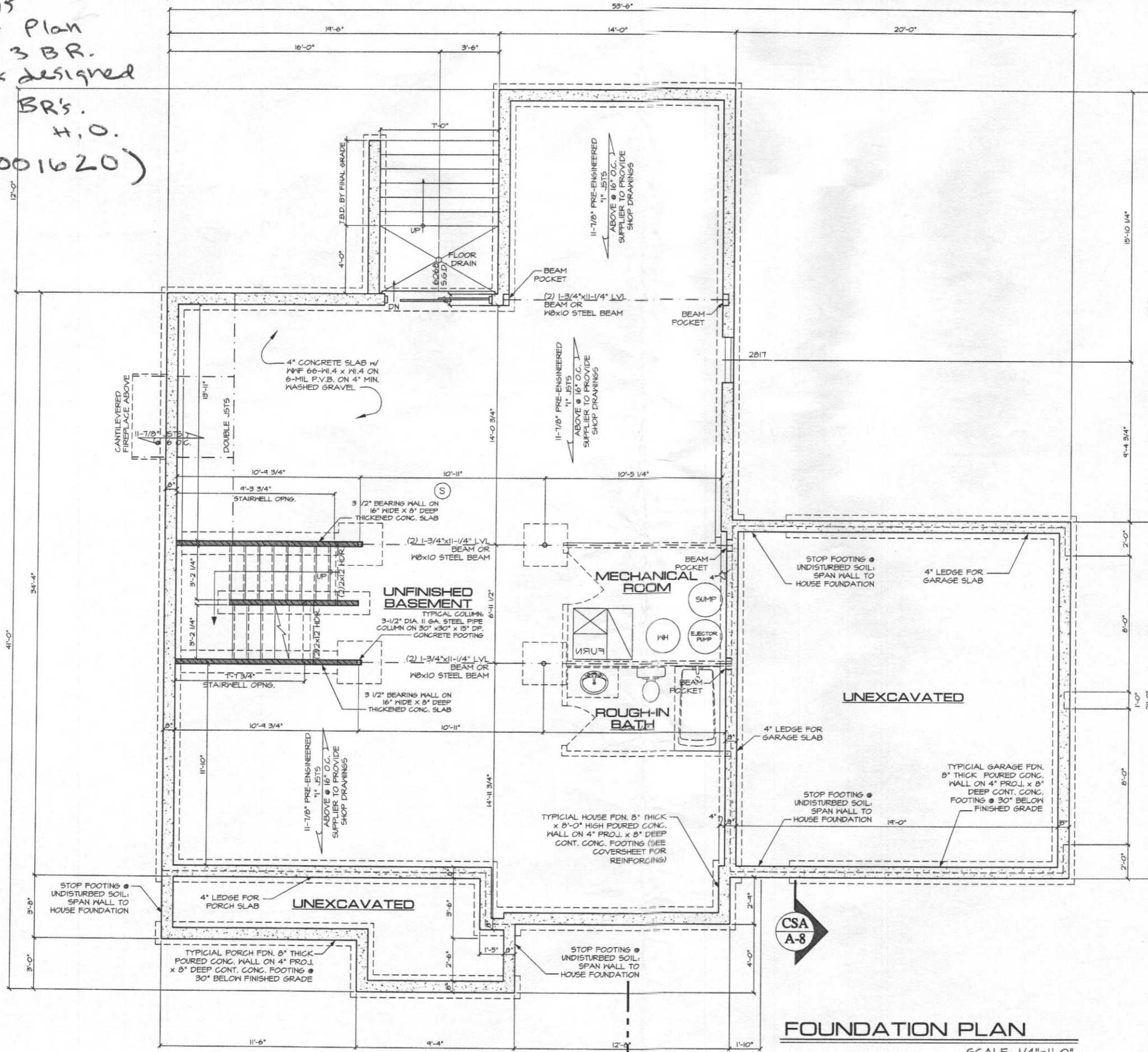


SITE PLAN FOR BAT SYSTEM INSTALLATION
LAYTON KNOLL
LOT 2
2775 FLORENCE ROAD
ZONED RC-DEO
TAX MAP NO.: 7 GRID NO.: 19 PARCEL NO.: 112
FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1" = 30' DATE: JUNE, 2015
SHEET 1 OF 1

K:\SSD\PROJ\60787\TIDOTS\DELIGHT.dwg(60787-4 Layton Knoll Site Plans)\60787-6 BAT Plan Lot 2.dwg 6/27/2015 2:02:28 PM, 11

2775 Florence Rd, Lot 2

5/19/15
 Floor Plan
 shows 3 BR.
 BAT is designed
 for 4 BR's.
 H.O.
 (B15001620)



CSA
A-8

CSB
A-9

FOUNDATION PLAN
 SCALE: 1/4" = 1'-0"

caddworks inc.
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 (F) 301.695.4868 (W) WWW.CADDWORKS.NET

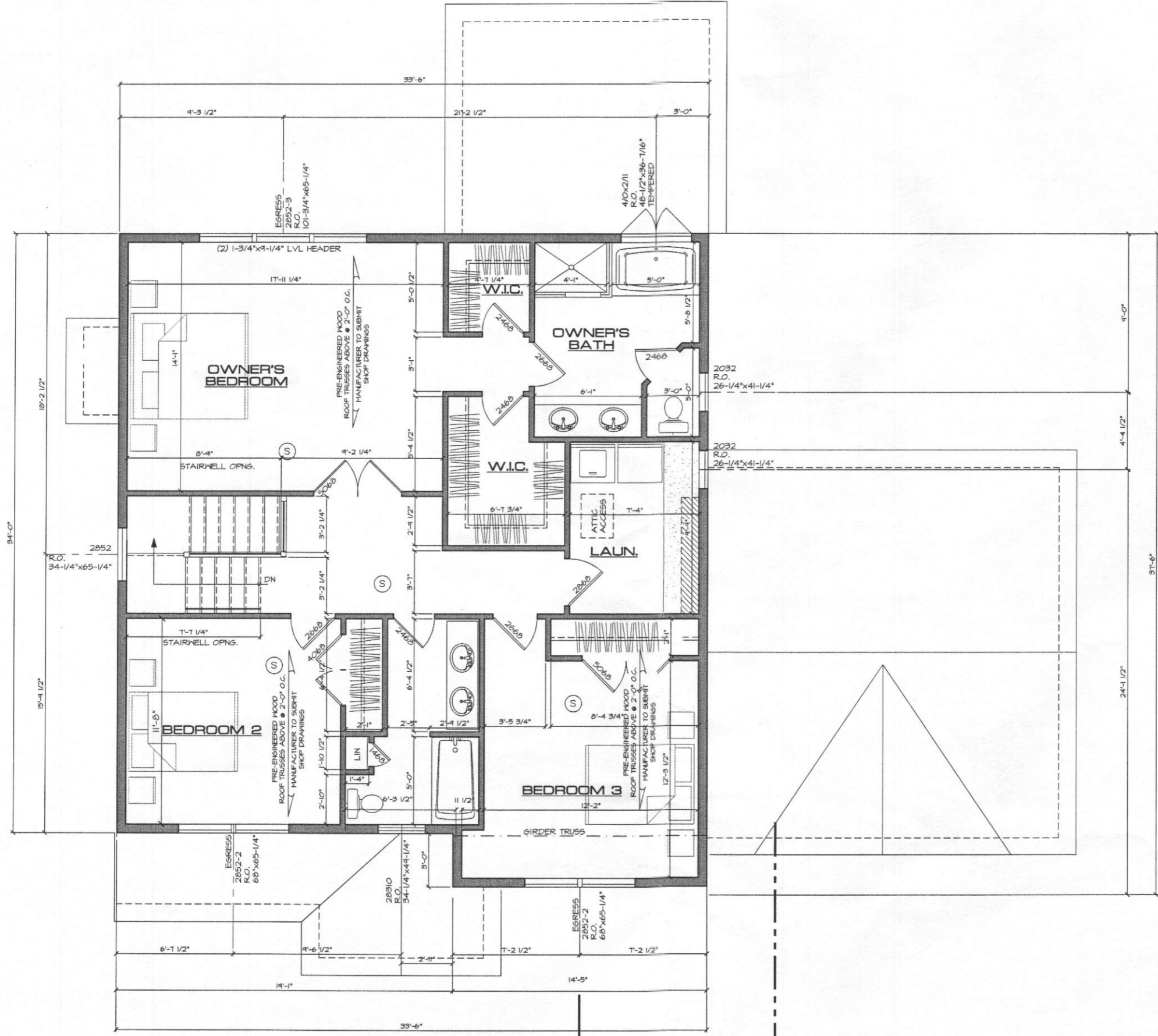
SUBMITTALS

ISSUE DATE	DRAWN BY	REMARKS
4-1-15	DJK	PRELIM PLANS

FOUNDATION PLAN

CUMBERLAND DEVELOPMENT
 MODIFIED OLIVIA
 THE MANCUSO RESIDENCE
 LAYTON KNOLL, HOWARD MARYLAND

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CSB
A-9

CSA
A-8

SECOND FLOOR PLAN

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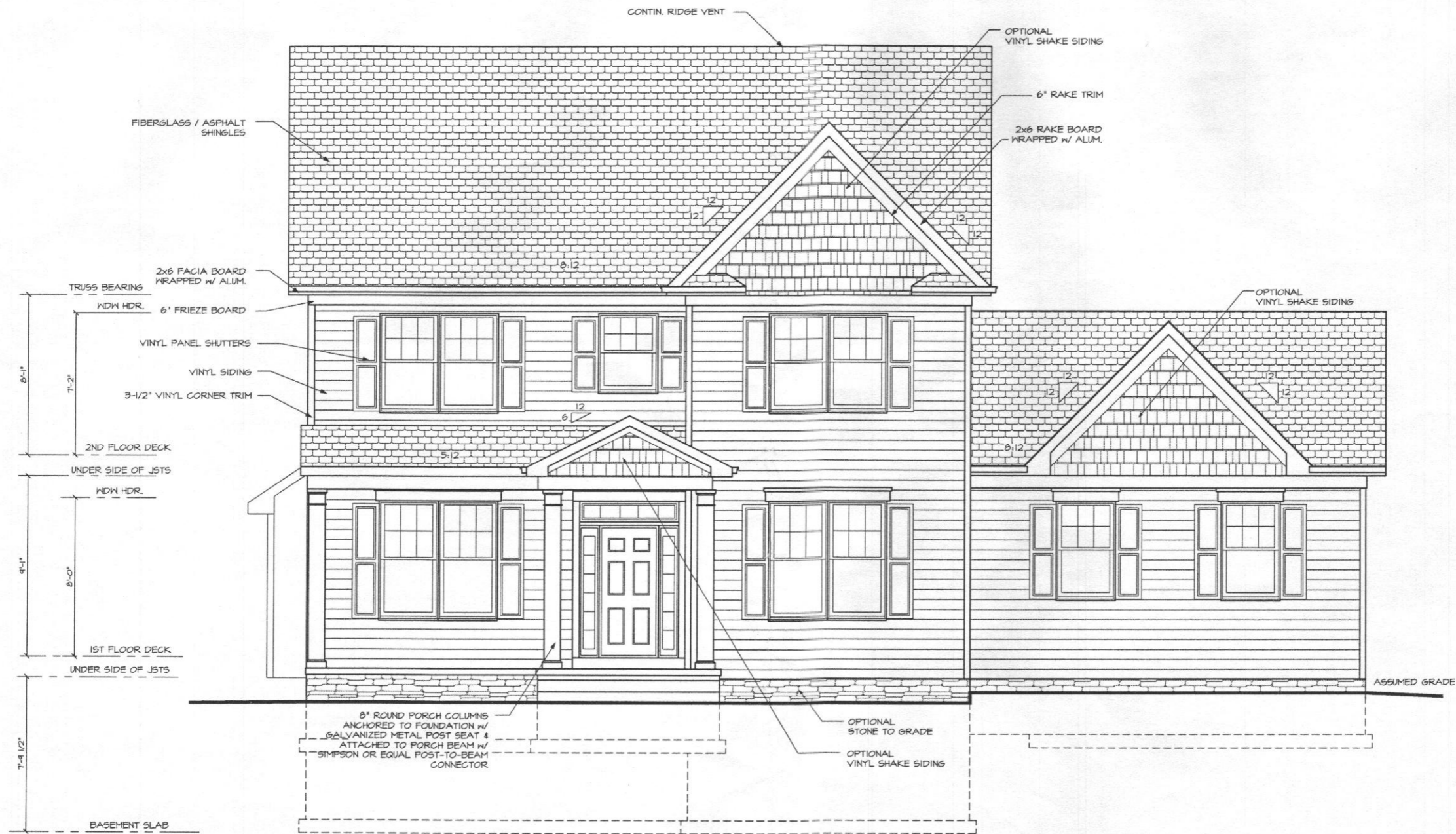
SUBMITTALS

ISSUE DATE	DRAWN BY	REMARKS
4-15	DKR	PRELIM PLANS


SECOND FLOOR PLAN

CUMBERLAND DEVELOPMENT
MODIFIED OLIVIA
THE MANCUSO RESIDENCE
LAYTON KNOLL, HOWARD MARYLAND

SHEET NO.



FRONT ELEVATION
SCALE: 1/4"=1'-0"


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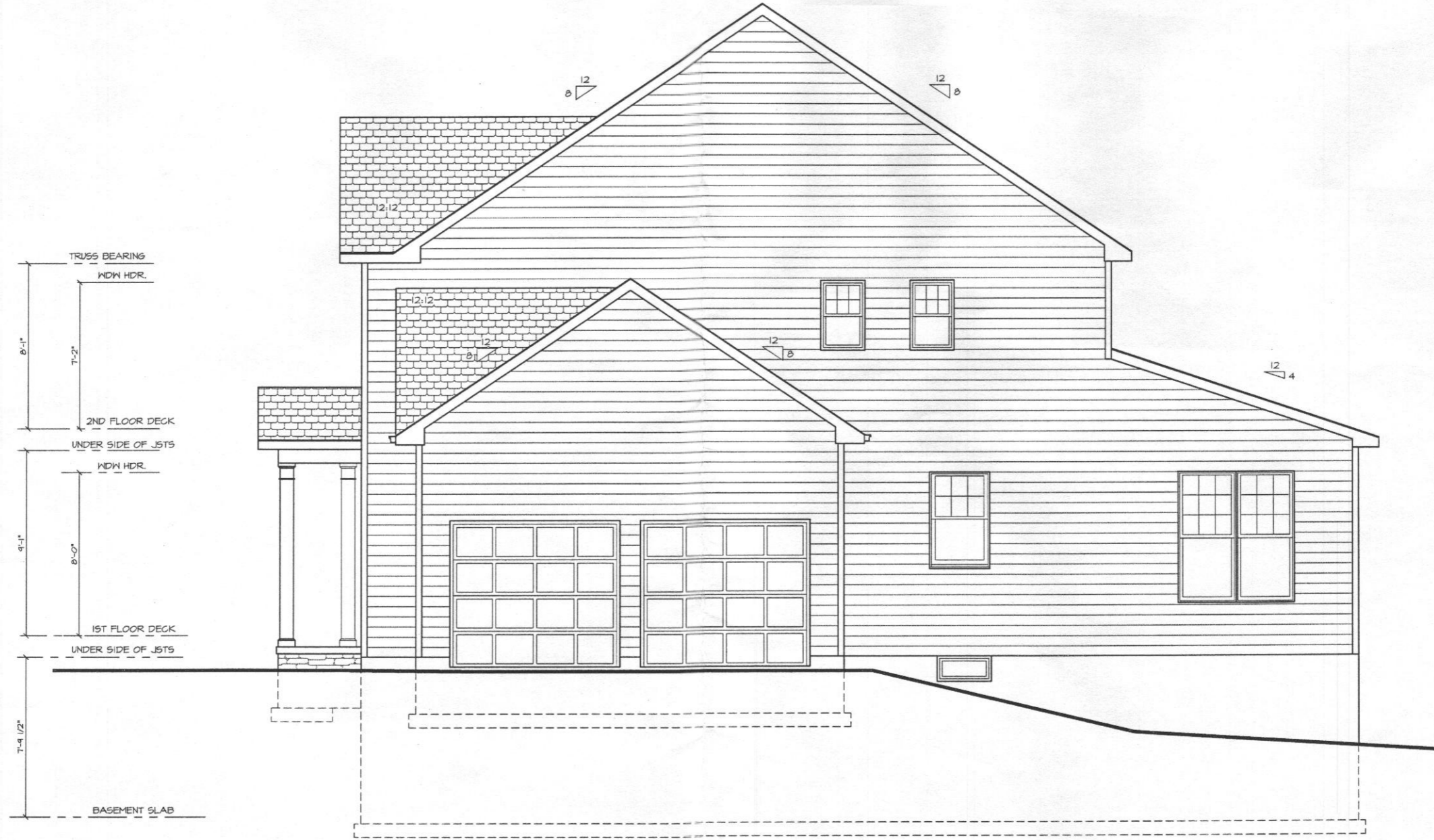
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SUBMITTALS

ISSUE DATE	DRAWN BY	REMARKS
4-15	DKR	PRELIM PLANS

FRONT ELEVATION

CUMBERLAND DEVELOPMENT
 MODIFIED OLIVIA
 THE MANCUSO RESIDENCE
 LAYTON KNOLL, HOWARD MARYLAND



RIGHT SIDE ELEVATION
SCALE: 1/4"=1'-0"



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SUBMITTALS

ISSUE DATE	DRAWN BY	REMARKS
4-18	DJK	PRELIM PLANS

RIGHT SIDE ELEVATION

CUMBERLAND DEVELOPMENT
MODIFIED OLIVIA
THE MANCUSO RESIDENCE
LAYTON KNOLL, HOWARD MARYLAND



REAR ELEVATION
SCALE: 1/4"=1'-0"


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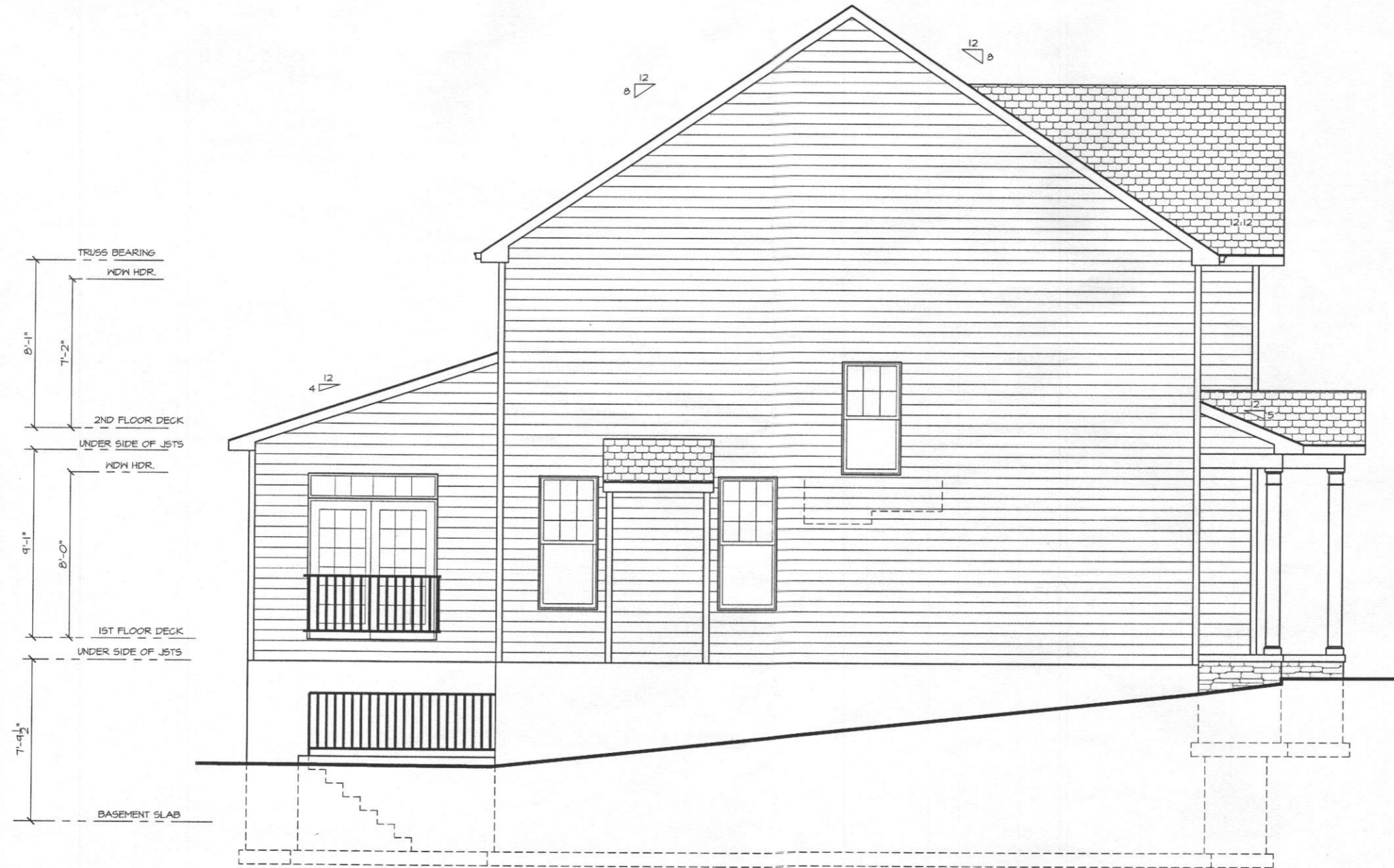
SUBMITTALS

ISSUE DATE	DRAWN BY	REMARKS
4-1-08	DWR	PRELIM PLANS

REAR ELEVATION

CUMBERLAND DEVELOPMENT
 MODIFIED OLIVIA
 THE MANCUSO RESIDENCE
 LAYTON KNOLL, HOWARD MARYLAND

SHEET NO.



LEFT SIDE ELEVATION
SCALE: 1/4"=1'-0"



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SUBMITTALS

ISSUE DATE	DRAWN BY	REMARKS
4-1-15	DWR	PRELIM PLANS

LEFT SIDE ELEVATION

CUMBERLAND DEVELOPMENT
MODIFIED OLIVIA
THE MANCUSO RESIDENCE
LAYTON KNOLL, HOWARD MARYLAND

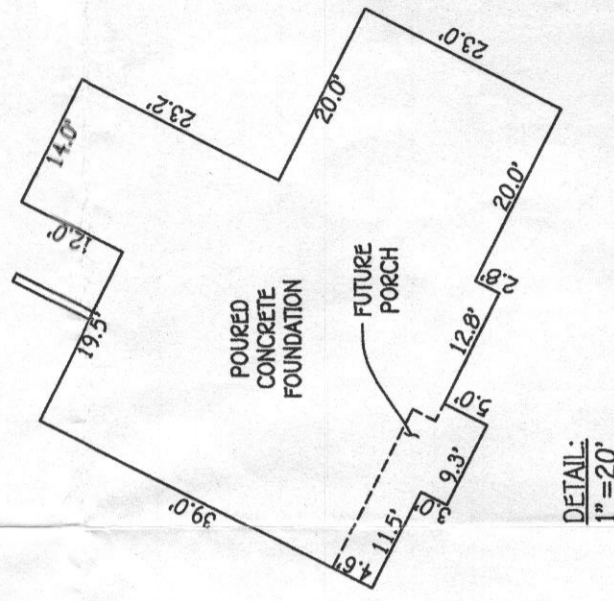
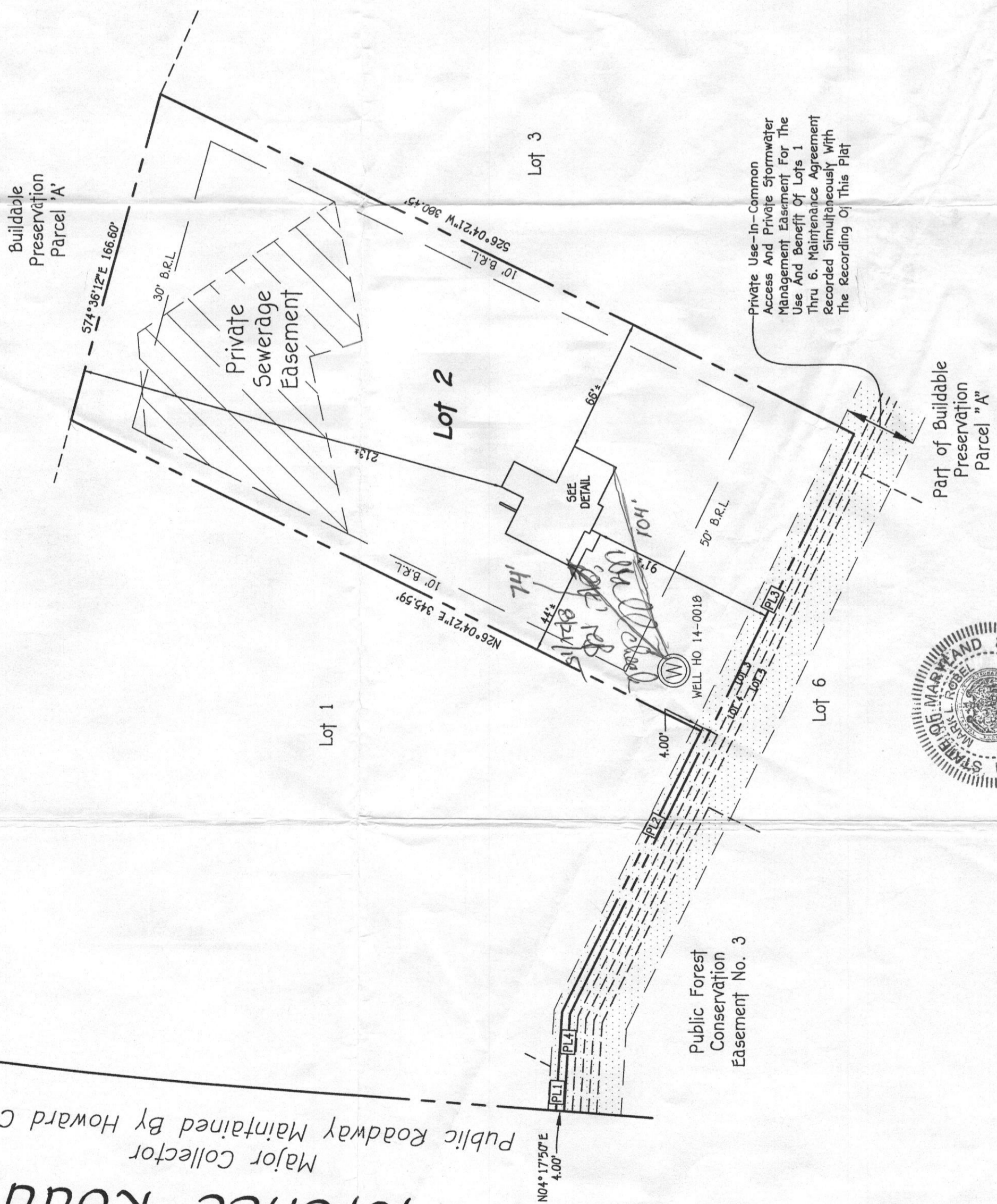
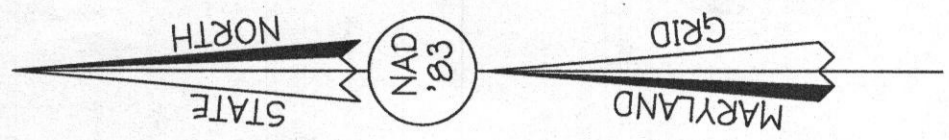
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GENERAL NOTES:

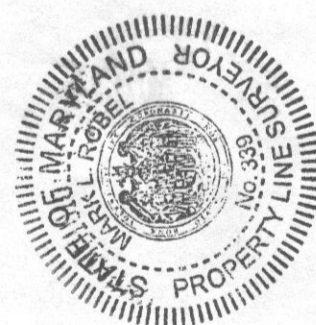
- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING, OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND. COMMUNITY PANEL No. 2400440007-B EFFECTIVE DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1/4".
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.
- 5) PROFESSIONAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROPERTY LINE SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 339, EXPIRATION DATE 10/04/2016.
- 6) THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-11-0018) HAS BEEN FIELD LOCATED BY FISHER, COLLINS AND CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.
- 7) BUILDING PERMIT# B-15001620

Florence Road
 Major Collector
 Public Roadway Maintained By Howard County

Line	Bearing	Length
PL1	N 86°40'56" W	48.23'
PL2	S 63°55'59" E	153.84'
PL3	N 63°55'59" W	316.75'
PL4	N 86°40'56" W	47.49'



FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10279 BAINBRIDGE NATIONAL PARK
 ELICOTT CITY, MARYLAND 21046
 (410) 461-2955



Mark A. Fisher
 PROPERTY LINE SURVEYOR
 REG. #339
 DATE 4/24/15

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 6.22.15
 FINAL LOCATION:
 BOUNDARY SURVEY:
 SCALE: 1"=50'
 DATE: 6/26/15
 DRAWN BY: GAD
 CHECKED BY: MLR
 PROJECT No.: 60287-6001

LOT 2
 LAYTON KNOLL
 LOTS 1 THRU 6, BUILDABLE PRESERVATION
 PARCEL 'A' AND NON-BUILDABLE
 PRESERVATION PARCEL 'B'
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 PLAT #22910 THRU 22920

#2775 FLORENCE ROAD
 B.C.L.= BUILDING RESTRICTION LINE
 TOP OF FOUNDATION ELEV. = 749.0'