

Building Address: 15525 Bushy Tail Run Woodbine MD 21797

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

Census Tract: _____ Subdivision: 122port

Section: _____ Area: _____ Lot: 5

Tax Map: 14 Parcel: 233 Grid: 3

Zoning: VC-100 Map Coordinates: _____ Lot Size: 3.78

Existing Use: _____

Proposed Use: Lighted Parking

Estimated Construction Cost: \$ _____

Description of Work: _____

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: 17700 8th/17700 7th/17700 6th

Address: 15525 Bushy Tail Run

City: Woodbine State: MD Zip Code: 21797

Home Phone: 410 890 6795 Work Phone: 410 371 1299

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

Phone: _____ Fax: _____

Email: hbecke@mont.com

Contractor Company: Key Chris Construction

Contact Person: Kevin Frithbeck

Address: 29 Multiple Ct

City: Upper Meriden State: MD Zip Code: 21158

License No.: _____

Phone: 410 371 1211 Fax: _____

Email: _____

Engineer/Architect Company: David

Responsible Design Prof.: David

Address: 1937-B 4607 Cove Rd

City: Darlington State: MD Zip Code: 21034

Phone: 410 326 3621 Fax: 410 326 7037

Email: David@DavidArchitect.com

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor: <u>234 32</u>	<input type="checkbox"/> Private
2 nd floor: <u>234 32</u>	<u>Sewage Disposal</u>
Basement: <u>N/A</u>	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<input type="checkbox"/> 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: _____

Email Address: _____

Title/Company: _____

Print Name: _____

Date: _____

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>4-27-11</u>	<u>Dana Bernard</u>
Fire Protection		

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? Yes No

Is Entrance Permit Required? Yes No

Historic District? Yes No

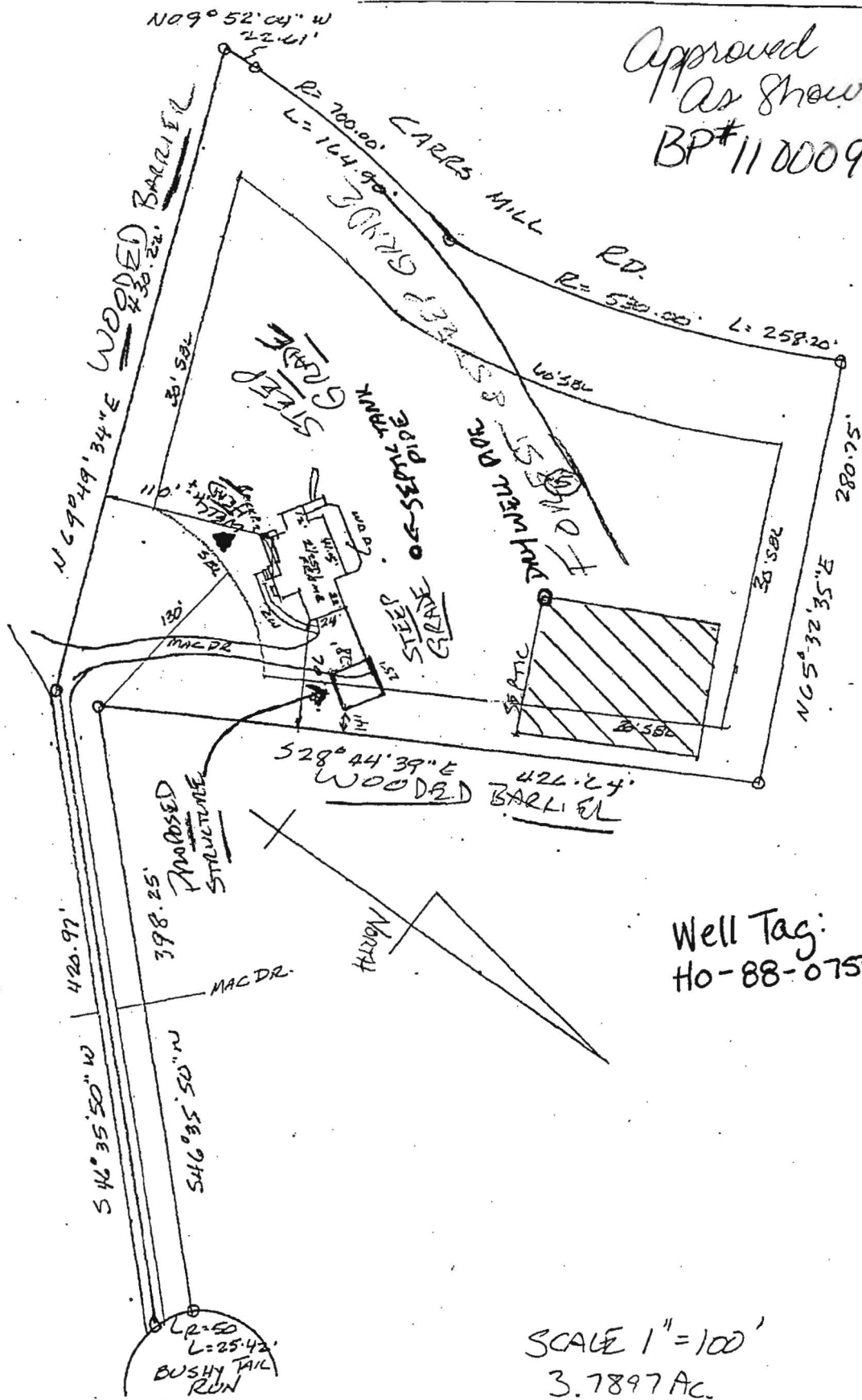
Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

Filing Fee	\$ <u>25.00</u>
Permit Fee	\$ _____
Tech Fee	\$ _____
Excise Tax	\$ _____
PSFS	\$ _____
Guaranty Fund	\$ _____
Add'l per Fee	\$ _____
Total Fees	\$ _____
Sub- Total Paid	\$ _____
Balance Due	\$ _____

CE# 3720

Approved
As Shown
BP# 11000947

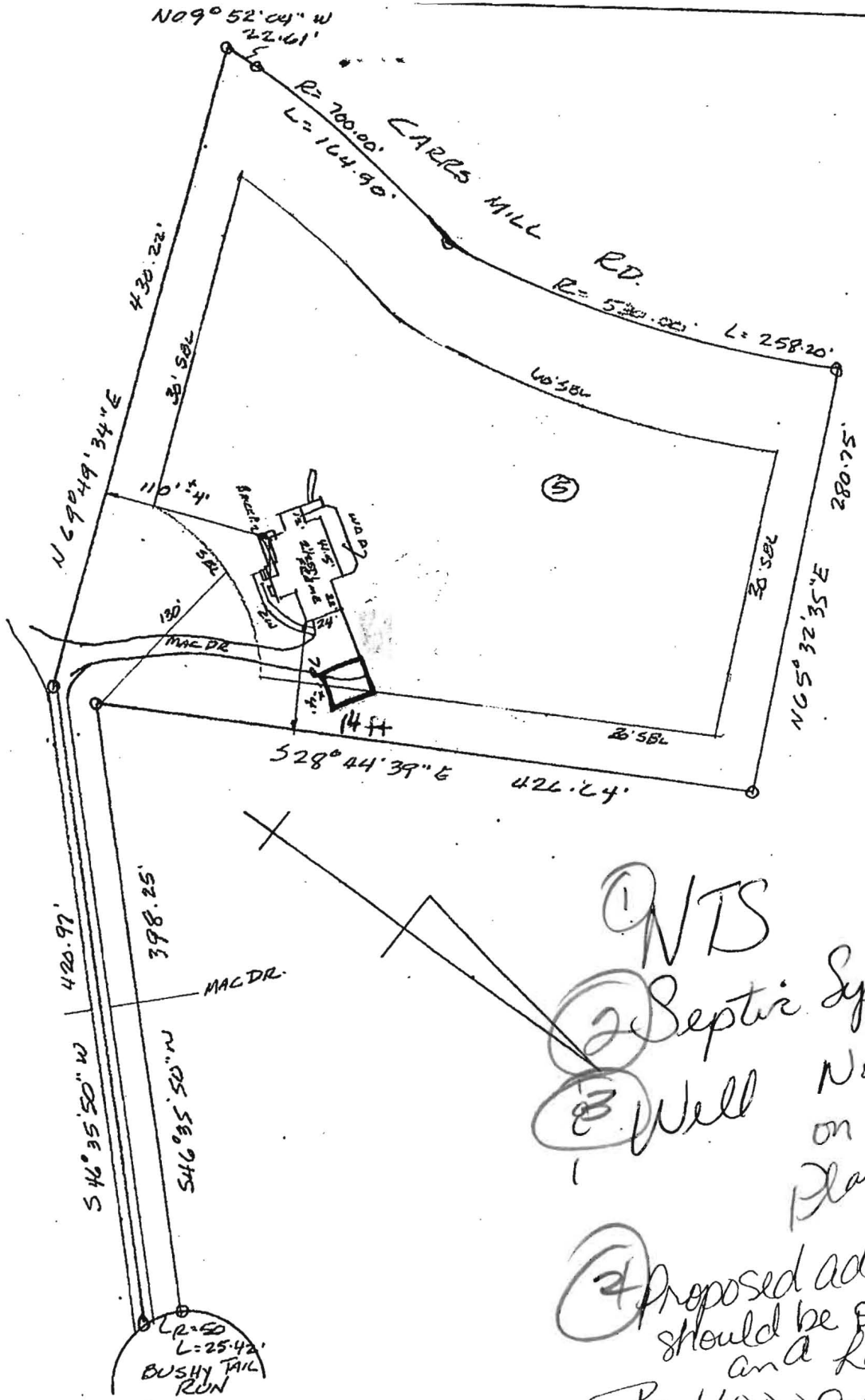


Well Tag:
HO-88-0755

SCALE 1" = 100'
3.7897 AC.

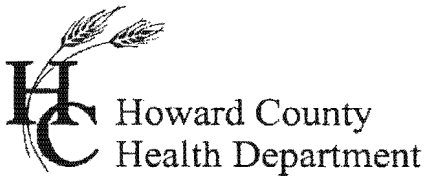
The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat does not provide for the accurate identification of

#15525 BUSHY TAIL RUN
LOT 5 - FOXPORT PLANTATION
A DEPARTMENT OF THE STATE OF MISSISSIPPI



The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat does not provide for the accurate identification of

#15525 BUSHY TAIL RUN
 LOT 5 - FOXPAW PLANTATION



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
Website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

DATE: April 19, 2011

RE: **Building Permit # B11000947**
15525 Bushy Tail Run
Woodbine, Maryland 21797
Building Site Plan

TO: Building Permit Services
C/o HOWARD & ELLEN EISENBERG
Via E-mail: HBEEKE@GMAIL.COM

Mr. and Mrs. Eisenberg:

Prior to building permit approval, an approved revised Building Plan is required. Further review is contingent upon submission of a revised plan for showing the following:

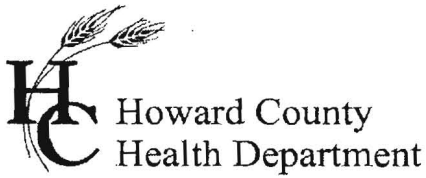
- Well must be shown on Building Plan. Well location and setbacks required are 30 feet from new foundation and 100 feet from septic tank, system and easement. Well tag numbers for existing well must be included.
- Proposed addition must be shown on plan.
- Plan should be drawn to a reasonable scale between 1:30 and 1:100 and noted on plan.
- Show the exact location of existing structures, wells, septic easements, septic reserve areas, and other septic system components such as septic tank, dry wells and distribution boxes.
- Label all structures on plan.

Your building permit will be placed "on hold" until all Health Dept. requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana L. Bernard, Environmental Sanitarian
Bureau of Environmental Health
Well and Septic Program
Development and Coordination
Phone (410) 313-2775
E-mail: dbernard@howardcountymd.gov

cc: Well & Septic program file



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
Website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

DATE: April 19, 2011

RE: **Building Permit # B11000947**
15525 Bushy Tail Run
Woodbine, Maryland 21797
Building Site Plan

TO: Building Permit Services
C/o Pat Orla
Via E-mail: PORLA@COMCAST.NET
232-D COCKER DRIVE
Bel Air, Maryland 21015

Pat Orla:

Prior to building permit approval, an approved revised Building Plan is required. Further review is contingent upon submission of a revised plan for showing the following:

- Well must be shown on Building Plan. Well location and setbacks required are 30 feet from new foundation and 100 feet from septic tank, system and easement. Well tag numbers for existing well must be included.
- Proposed addition must be shown on plan.
- Plan should be drawn to a reasonable scale between 1:30 and 1:100 and noted on plan.
- Show the exact location of existing structures, wells, septic easements, septic reserve areas, and other septic system components such as septic tank, dry wells and distribution boxes.
- Label all structures on plan.

Your building permit will be placed "on hold" until all Health Dept. requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,


Dana L. Bernard, Environmental Sanitarian
Bureau of Environmental Health
Well and Septic Program
Development and Coordination
Phone (410) 313-2775
E-mail: dbernard@howardcountymd.gov

cc: Well & Septic program file