

13422 Good Times Ct. Lot 23

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00157661

Building Address 13422 Good Times Ct.
Highway 23 - 26777
Suite/Apt. #: _____ SDP/WP/Petition #: #423
Census Tract 605101 Subdivision 11/14/11 Tr 54
Section 1 Area _____ Lot 23
Tax Map 34 Parcel 300 Grid 15
Zoning RR-DED Map Coordinates 13440 Lot size 1:37A

Property Owner's Name John D. Davis
Address 5902 Gentle Call
City Clarksville State MD Zip Code 21031
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use SID
Proposed Use SID
Estimated Construction Cost \$ 330,000
Description of Work Bury a 1000 gal propane tank

Contractor Company United Propane
Contact Person Doug Miller
Address 205 Napier Road
City Clarksville State MD Zip Code 21031
License No. 01425
Phone 410-587-9000 Fax 410-587-4590

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

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
<input type="checkbox"/> State Certified Modular <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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Douglas Miller
Sales/Service Representative
Title/Company _____

Print Name Douglas Miller
11/10/05
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	<u>1-23-06</u>	<u>[Signature]</u>
Health		
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"/>		

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

PROPERTY ID#	66594
Filing fee \$	_____
Permit fee	\$ <u>100.00</u>
Excise tax	\$ <u>10.00</u>
Add'l per. fee	\$ _____
TOTAL FEES	\$ <u>110.00</u>
Sub-total paid	\$ _____
Balance due	\$ _____
Check #	<u>6021</u>
Validation #	<u>106021</u>

Accepted by [Signature]

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B-155190 *KJB*

Building Address: 13920 Good Times Ct.
 Highland MD 20777
 Suite/Apt. #: 05-380049 SDP/WP/Petition #: 605-044
 Census Tract: 605101 Subdivision: Allnut Farms Estates
 Section: 1 Area: _____ Lot: 23
 Tax Map: 34 Parcel: 366 Grid: 15
 Zoning: HL-300 Map Coordinates: 13410 Lot size: _____

Property Owner's Name: Baker-Wilbur & Cynthia
 Address: 5902 Gentle Call
 City: Clarkville State: MD Zip Code: 21029
 Home Phone: _____ Work Phone: _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
Building Permit Services, Inc. - Pat Orla
7806 Deboy Ave., Balto., MD 21222
 Phone: 410-477-9666 Fax: 410-477-8437

Existing Use: Vacant Lot
 Proposed Use: SFD
 Estimated Construction Cost \$: 500,000.00
 Description of Work: Const SFD

Contractor Company: Gothic Enterprises, Inc.
 Contact Person: Tim Miller
 Address: 335 Rosslare Dr.
 City: Armonld State: MD Zip Code: 21012
 License No.: MHBR#2002
 Phone: 443-336-1257 Fax: 410-421-5802

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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads: _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth: _____ Width: _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: <u>4</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
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 checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA # 13D <input type="checkbox"/> NFPA # 13R <input type="checkbox"/> Other:

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 HERETO; (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: [Signature]
 Title/Company: Agent

Building Permit Services, Inc. - Pat Orla
 Print Name: Pat Orla
 Date: 7/10/05

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY ****

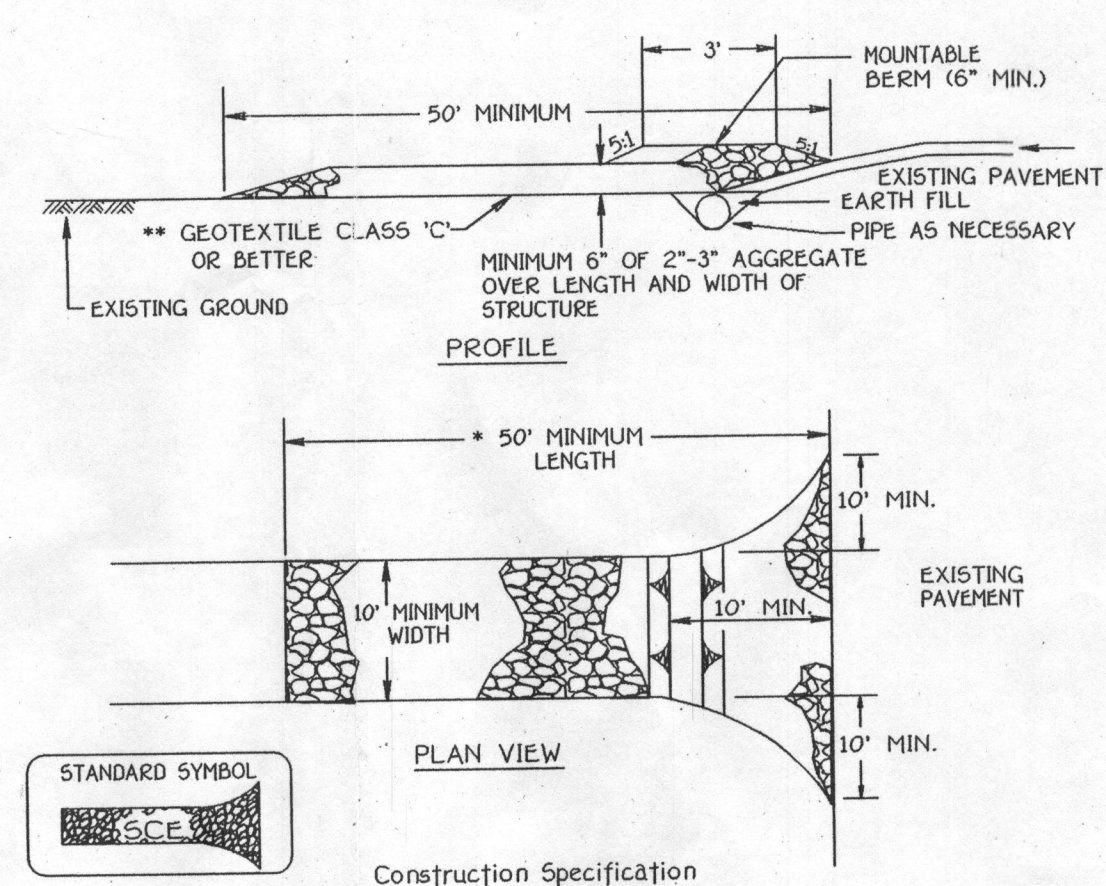
FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
<input checked="" type="checkbox"/> Land Development DPZ			Front: _____	<u>66594</u> Filling fee \$ <u>100.00</u> Permit fee \$ _____ Excise tax \$ _____ Subtotal paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # _____ Validation # _____
<input checked="" type="checkbox"/> State Highways			Rear: _____	
<input checked="" type="checkbox"/> Building Official			Side: _____	
<input checked="" type="checkbox"/> Dev. Engineering DPZ			Side St.: _____	
<input checked="" type="checkbox"/> Health	<u>9/21/05</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line, approval date _____	
			Accepted by <u>[Signature]</u>	

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

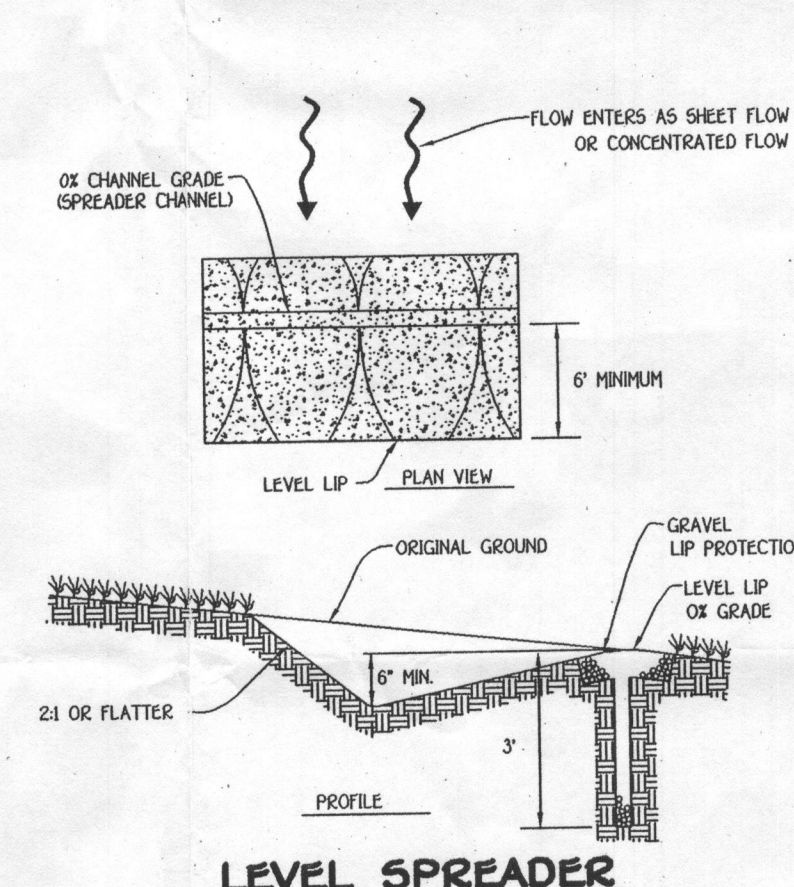
SEDIMENT CONTROL NOTES

- A MINIMUM OF 48 HOURS NOTICE MUST BE GIVEN TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSING AND PERMITS, SEDIMENT CONTROL DIVISION PRIOR TO THE START OF ANY CONSTRUCTION (33-895A).
- ALL VEGETATIVE 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 THEREOF.
- FOLLOWING INITIAL SOIL DISTURBANCE OR RE-DISTURBANCE, PERMANENT OR TEMPORARY STABILIZATION SHALL BE COMPLETED WITHIN 30 CALENDAR DAYS FOR ALL PERMITTED SEDIMENT CONTROL STRUCTURES, DICES, PERIMETER SLOPES AND ALL SLOPES STEEPER THAN 3:1. IN 14 DAYS AS TO ALL OTHER DISTURBED OR GRADED AREAS ON THE PROJECT SITE. ALL SEDIMENT TRANSPORTERS SHALL BE FORCED AND MAINTAINED SIGNS POSTED AROUND THESE PERIMETERS IN ACCORDANCE WITH VOL. 1, CHAPTER 22 OF THE HOWARD COUNTY DEPARTMENT OF PERMITS, STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL. FOR PERMANENT AND TEMPORARY SEEDING SEE SEC. 501 AND HOLDING USE SEC. 502. TEMPORARY STABILIZATION WITH MULCH ALONG CAN ONLY BE DONE WHEN 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 PERMSSION FOR THEIR REMOVAL HAS BEEN OBTAINED FROM THE HOWARD COUNTY SEDIMENT CONTROL INSPECTOR.
- SITE ANALYSIS**
TOTAL AREA OF SITE: 0.9494 ACRES
AREA DISTURBED: 0.4356 ACRES
AREA TO BE ROOFED OR PAVED: 0.8189 ACRES
AREA TO BE VEGETATIVELY STABILIZED: 0.3237 ACRES
TOTAL CUT: 229 CU.YDS.
TOTAL FILL: 235 CU.YDS.
OFFSITE WASTE/BORROW AREA LOCATION: N/A
- 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 CONTROLS 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 REQUIRED UPON COMPLETION OF PERIMETER EROSION AND SEDIMENT 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 IS LIMITED TO THREE PIPE LENGTHS OR THAT WHICH SHALL BE BACK-FILLED AND STABILIZED WITHIN ONE WORKING DAY, WHERE THE DISTURBANCE IS SHORTER.



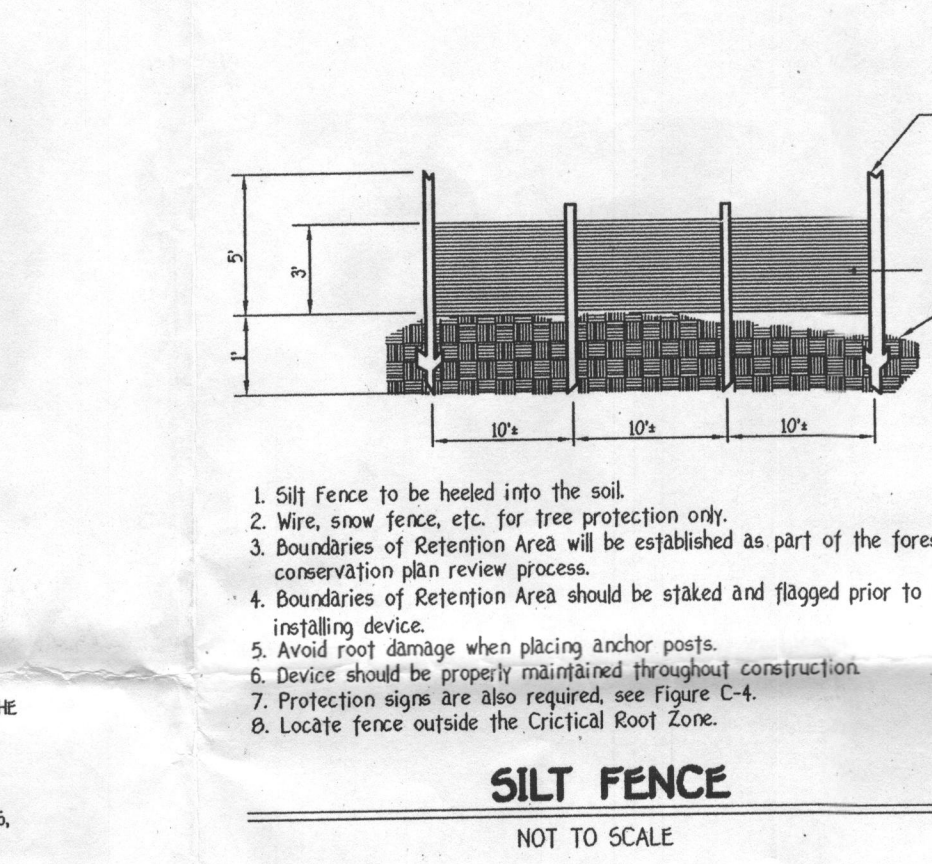
STABILIZED CONSTRUCTION ENTRANCE - 2

NOT TO SCALE



LEVEL SPREADER

NOT TO SCALE



TYPICAL DRIVEWAY SECTION FOR NON-ROOFTOP DISCONNECT CREDIT

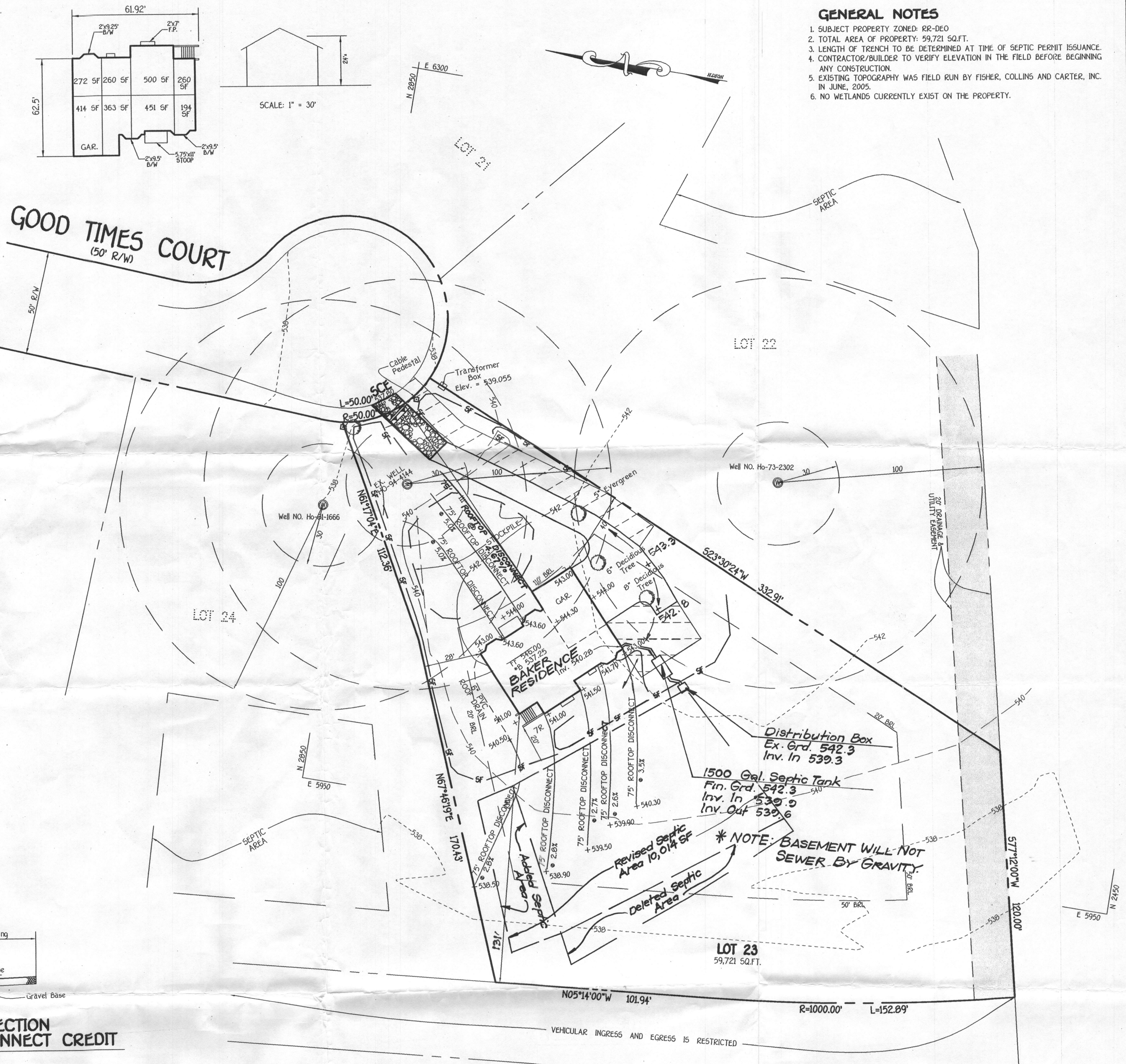
NOT TO SCALE

TEMPORARY SEEDING NOTES

- APPLY TO GRADED OR CLEARED AREAS LIKELY TO BE REDISTURBED WHERE A SHORT-TERM VEGETATIVE COVER IS NEEDED.
- SEEDING PREPARATION:**
LOOSEN UPPER THREE INCHES OF SOIL BY RAKING, DISCING OR OTHER ACCEPTABLE MEANS BEFORE SEEDING, IF NOT PREVIOUSLY LOOSENED.
- SOIL AMENDMENTS:**
APPLY 500 LBS. PER ACRE 10-10-10 FERTILIZER (45 LBS./1,000 SQ.FT.)
- SEEDING:**
FOR THE PERIODS MARCH 1 THROUGH APRIL 30, AND AUGUST 15 THROUGH NOVEMBER 15, SEED WITH 17 BUREL PER ACRE OF ANNUAL RYE (12 LBS./ACRE) OF WEEPING LOVEGRASS (0.7 LBS./1,000 SQ.FT.) FOR THE PERIOD NOVEMBER 15 THROUGH 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 500.
- MULCHING:**
APPLY 1 TO 2 TONS PER ACRE (70 TO 90 LBS./1,000 SQ.FT.) OF UNROTTED SMALL GRASS STRAW IMMEDIATELY AFTER SEEDING. ANCHOR MULCH IMMEDIATELY AFTER APPLICATION USING MULCH ANCHORING TOOL OR 200 GALLONS PER ACRE (5 GAL./1,000 SQ.FT.) OF EMULSIFIED ASPHALT ON FLAT ACRES, ON SLOPES 0 FEET OR HIGHER, USE 340 GALLONS PER ACRE (34 GAL./1,000 SQ.FT.) FOR ANCHORING. REFER TO THE 1998 MARYLAND STANDARDS AND SPECIFICATION FOR SOIL EROSION AND SEDIMENT CONTROL FOR RATE AND METHODS NOT COVERED.

PERMANENT SEEDING NOTES

- ALL DISTURBED AREAS SHALL BE STABILIZED AS FOLLOWS:
- SEEDING PREPARATION:**
LOOSEN UPPER THREE INCHES OF SOIL BY RAKING, DISCING OR OTHER ACCEPTABLE MEANS BEFORE SEEDING.
- SOIL AMENDMENTS:**
APPLY 2 TONS PER ACRE DOLOMITIC LIMESTONE (92 LBS./1,000 SQ.FT.) AND 600 LBS. PER ACRE 0-20-20 FERTILIZER (45 LBS./1,000 SQ.FT.) BEFORE SEEDING HARROW OR DISC INTO UPPER THREE INCHES OF SOIL. AT TIME OF SEEDING, APPLY 400 LBS. PER ACRE 30-0-0 UREAFORM FERTILIZER (9 LBS./1,000 SQ.FT.) AND 500 LBS. PER ACRE (45 LBS./1,000 SQ.FT.) OF 10-20-20 FERTILIZER.
- SEEDING:**
FOR THE PERIODS MARCH 1 THROUGH APRIL 30, AND AUGUST 15 THROUGH NOVEMBER 15, SEED WITH 100 LBS. PER ACRE (2.3 LBS./1,000 SQ.FT.) OF KENTUCKY 31 TALL FESCUE. FOR THE PERIOD MAY 1 THROUGH JULY 31, SEED WITH 60 LBS./ACRE (0.4 LBS./1,000 SQ.FT.) KENTUCKY 31 TALL FESCUE AND 2 LBS. PER ACRE (0.02 LBS./1,000 SQ.FT.) OF WEEPING LOVEGRASS. DURING THE PERIOD OF OCTOBER 15 THROUGH FEBRUARY 28, PROTECT SITE BY OPTION (1) - TWO TONS PER ACRE OF WELL ANCHORED STRAW MULCH AND SEED AS SOON AS POSSIBLE IN THE SPRING. OPTION (2) - USE 500. OPTION (3) - SEED WITH 100 LBS./ACRE KENTUCKY 31 TALL FESCUE AND MULCH WITH TWO TONS/ACRE WELL ANCHORED STRAW. ALL SLOPES SHOULD BE HYDROSEDED.
- MULCHING:**
APPLY 1 TO 2 TONS PER ACRE (70 TO 90 LBS./1,000 SQ.FT.) OF UNROTTED SMALL GRASS STRAW IMMEDIATELY AFTER SEEDING. ANCHOR MULCH IMMEDIATELY AFTER APPLICATION USING 200 GALLONS PER ACRE (5 GAL./1,000 SQ.FT.) OF EMULSIFIED ASPHALT ON FLAT ACRES, ON SLOPES 0 FEET OR HIGHER USE 340 GALLONS PER ACRE (34 GAL./1,000 SQ.FT.) FOR ANCHORING.
- MAINTENANCE:**
INSPECT ALL SEEDING AREAS AND MAKE NEEDED REPAIRS, REPLACEMENTS AND RESEEDING.
* FOR PUBLIC PONDS SUBSTITUTE CHEMUNG CROWNWEED AT 15 LBS./ACRE AND KENTUCKY 31 TALL FESCUE AT 40 LBS./ACRE AS THE SEEDING REQUIREMENT. OPTIMUM SEEDING DATE FOR THIS MIXTURE IS MARCH 1 TO APRIL 30.



GENERAL NOTES

- SUBJECT PROPERTY ZONED RR-DEO
- TOTAL AREA OF PROPERTY: 59,721 SQ.FT.
- 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 WAS FIELD RUN BY FISHER, COLLINS AND CARTER, INC. IN JUNE, 2005.
- NO WETLANDS CURRENTLY EXIST ON THE PROPERTY.

LEGEND

SYMBOL	DESCRIPTION
---	EXISTING CONTOUR 2' INTERVAL
+362.5	SPOT ELEVATION
-S/TIP-S/TIP	SILT FENCE & TREE PROTECTION
-S/SI-S/SI	SUPER SILT FENCE
WALK	PROPOSED WALKOUT
LOD	LIMITS OF DISTURBANCE
○	EXISTING STREET TREES FROM F-01-191

SEQUENCE OF CONSTRUCTION

- OBTAIN GRADING PERMIT. 1 DAY
- INSTALL SEDIMENT AND EROSION CONTROL DEVICES AS SHOWN ON PLAN. 1 DAY
- CLEAR AND GRUB TO LIMITS OF DISTURBANCE AND MASS GRADE TO SURF-BASE. 1 DAY
- INSTALL TEMPORARY SEEDING. 1 DAY
- CONSTRUCT BUILDINGS. 2 MONTHS
- FINE GRADE SITE AND INSTALL PERMANENT SEEDING AND LANDSCAPE. 1 DAY
- REMOVE SEDIMENT CONTROL DEVICES AS UPLAND AREAS ARE STABILIZED AND PERMISSION IS GRANTED BY E/S CONTROL INSPECTOR. 2 DAYS

NOTE

THE EXISTING WELL SHOWN ON THIS PLAN, TAG NO. HO 94-44 HAS BEEN FIELD LOCATED BY FISHER, COLLINS & CARTER, INC., PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.

OWNER

CYNTHIA AND WILBUR BAKER
5902 GENTLE CALL WAY
CLARKSVILLE, MARYLAND 21029

BUILDER/DEVELOPER

GOthic BUILDERS, INC.
335 ROSSLARE DRIVE
ARNOLD, MARYLAND 21012
410-421-9601



ENGINEER'S CERTIFICATE

"I HEREBY CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITION AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT."

Signature: Earl D. Collins
DATE: 7.14.05

DEVELOPER'S CERTIFICATE

"I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN AND THAT ANY RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF THE ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT."

Signature: Tim Miller
DATE: 7.13.05

THIS DEVELOPMENT IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.
APPROVED BY: [Signature] DATE: 7/15/05
HOWARD SOIL CONSERVATION DISTRICT

REVIEWED FOR HOWARD COUNTY SOIL CONSERVATION DISTRICT AND MEETS TECHNICAL REQUIREMENTS.
[Signature] DATE: 7/15/05
U.S.D.A. NATURAL RESOURCES CONSERVATION SERVICE

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CONTINENTAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELICOTT CITY, MARYLAND 21042
410 461 2000

SITE DEVELOPMENT, SEDIMENT/EROSION CONTROL PLAN, NOTES & DETAILS
ALLNUTT FARMS ESTATES
SECTION ONE
LOT 23
ZONED RR-DEO PLAT NO. 3725
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1"=30' DATE: JULY, 2005

G.P. 05-088