Permits: 410-313-2455 € Inspectio\*s: 410-313-1810 Automated Line: 410-313-3800

### Howard County Building/Fire Permit Application Department of Inspections, Licenses & Permits 3430 Court House Drive

Ellicott City, MD 21043

B13003821

Permit Number:

	3 / A /				
Building Address: 13/16	ucks Ridge	Ct,	Property Owner's Name:		
Ellicott City, ms	210402-0	2000	Address: 5485 Hay	pers Far	n Ka # 200
Suite/Apt. #S	DP/WP/BA#: 105-	-61	city Columbia	State:	Zip Code: 0/1044
Census Tract:	Subdivision: Bucks	Kin Onl	Home Phone:	Work Pl	none: 4/0-49-1-500
Section: A	, –	,	Applicant's Name & Mailing A	Address, (If other	than stated herein):
Tax Map: 22 Parcel	: 73 Grid:	110			
Zoning: RR-DEO Map Coordinates: 2463 Lot Size: 50,298 i			41, 997-420R		
Existing Use: Valant			Email:		
Proposed Use:			Contractor Company:		
Estimated Construction Cost: \$ /5	0,000		Contact Person:		
Description of Work: Dorchuste	1-2 W/4 ext+2	1 Kitcht	Address:Stat	te: 7	in Code:
mstr. bed w/concervato	1 3 car ear + Box	us cm-	City:Stat		.p couc.
mstr. bid W/conscruatory, 3 car par + Bonus rm- 2Ft LB ext - 2Story, Full bunt, 12R, 3FB, HB, FP +3		IR FP+2	Phone: Fax:		
Occupact or Tenant!		, J	Email:		
Was tenant space previously occupied	d? □Yes	□No	Engineer/Architect Company:		
Contact Name:			Responsible Design Prof.:		
Address:			Address:		
City:	State:Zip Code:		City:Stat	:e: Zip	Code:
Phone:	Fax:		Phone:	Fax:	
Email:			Email:		
PUM DING DESCRI				DESCRIPTION - RES	ungama.
Building Characteristics	PTION - COMMERCIAL Utilities		Building Characteristics		Utilities
Height:	Water Supply	<u> </u>	SF Dwelling SF Townho	ouse	Water Supply
No. of stories:	☐ Public		Depth W	idth 🗆 Public	
Gross area, sq. ft./floor:	☐ Private		1st floor: 56 6		
	Sewage Dispos	sal		□ Public	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	☐ Public	=	Basement:	Privat	
,,,,,,,,	□ Private		Winfinished Basement	Electric:	
Use group:	Electric: ☐ Yes	□No	☐ Crawl Space	Gas:	☐ Yes ☐ No
	Gas: ☐ Yes	□No	☐ Slab on Grade		Heating System
Construction type:	Heating Syste	m	No. of Bedrooms:  Multi-family Dwelling	☐ Oil	ric
☐ Reinforced Concrete	☐ Electric ☐ Oil	-	No: of efficiency units:	□ Natur	ral Gas
☐ Structural Steel	☐ Natural Gas ☐ Prop	ane Gas	No. of 1 BR units:	Propa	ne Gas
☐ Masonry	Sprinkler Syste	m:	No. of 2 BR units:		
☐ Wood Frame	Ø N/A		No. of 3 BR units:		
☐ State Certifled Modular	□ Yuli		Other Structure: Dimensions:		
Roadside Tree Project Permit			Footings:	S De LA RO	adside Tree Project Permit
□Yes □No	☐ Other Suppression		Roof:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes Jane
Roadside Tree Project Permit #	No. of Heads:		State Certified Modular	Roads	ide Tree Project Pannit 8
THE HANDERSCHED HEREBY CERTIFIES AND ACRO	FES AS FOLLOWAYS. (2) THAT HE SOUR H		Manufactured Home	COLUMN IS CORDE	CT. (2) THAY HE KINE WILL COMPLY
THE UNDERSIGNED HEREBY CERTIFIES AND AGRI WITH ALL REGULATIONS OF HOWARD COUNTY THIS APPLICATION; (S) THAT HE/SHE GRANTS CO	WHICH ARE APPLICABLE THERETO; (	4) THAT HE/SHE WI	MAKE THIS APPLICATION; (2) THAT THE INF LL PERFORM NO WORK ON THE ABOVE RI	EFERENCED PROPERT	Y NOT SPECIFICALLY DESCRIBED IN
THIS APPLICATION; (S) THAT HE/SHE GRANTS CO	UNTY OFFICIALS THE RIGHT TO ENTE	R ONTO THIS PROP	FOR THE PURPOST OF INSPECTING TH	IE WORK PERMITTED	AND POSTING NOTICES.
Applicant's Signature		/ Petit	It Name	5505	W/FD
Mirina morriso Wil	liamsbug LLC.	Com	10/3/13	RECE	コクドク
Email Address	manistra 2	Dat	te /		
Gent NGLLC		#/	313000336	OCT 1	0 2013
Title Company	2 .			UCENSES 8	PERMITS
		: DIRECTOR OF FIL LEASE WRITE NEA:	NANCE OF HOWARD COUNTY TLY & LEGIBLY**	DIVIS	20 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -
The Real Property of the Parks		FOR OFFICE			44.0
AGENCY DATE S	IGNATURE OF APPROVAL	DPZ SETBACK I	NFORMATION	Filing Fee	\$ 00.00
State Highways		Front:		Permit Fee	\$
Building Officials		Rear:		Tech Fee	\$
PSZA (Zoning)		Side:		Excise Tax	\$
SZA (Engineering)		Side St.:		PSFS	\$
Health //-B-/21	Berrande		athorite mat2	Guaranty Fund	
Fire Protection	and only	All minimum se	etbacks met? Yes No	Add'I per Fee	\$
Is Sediment Control approval required					\$
	or issuance NO Yes   No		mit Required?    Yes    No	Total Fees	
☐ CONTINGENCY CONSTRUCTION STAF		Is Entrance Per Historic Distric		Sub- Total Paid	\$
		Historic Distric		Sub- Total Paid Balance Due	

Distribution of Copies: White: Building Officials Green: P. T:\Operations\Updated Forms\New building app 11.10.2010.docx Green: PSZA,Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA

	CC: T	RECEIVED
	Tim VERINIA	FEB 2 3 2007
	DECATUR BUILDING SErvices	LICENSES & PERMITS DIVISION
	Ms. Avis Corbin	CIC. 973
	Dept of Licences + Permits	Znu. 92655
	3430 Court House Drive	\$ 25.00
	Ellicott City MD 21043	
		February 23, 200
	Dear Ms Corbin:	
	I am writing to n	evise building
	permit # B06003388 for	lat 1 Burkskin
	Oaks 13116 Bucks	Ridge Court,
	Oaks, 13/16 Bucks Ellicott City MD 21042 Consists of Clanging on the lot.	. The revision
	Consists of Chansing	the house orientation
	on the lat	
	•	
		1 12
	lesitate to call me at 4	estions, au nox
	Resulate to call me at 4	43-309-7792
	0	n
_	Since	erely,
	yen.	Kenni
	<i>V</i>	·
	·	

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MO 21045 ELLICOTT CITY, MO 21045 PERMITS (410) 313-3450 INSPECTIONS (410) 313-3800 AUTOMATIED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

**PERMIT NUMBER** 

Building Address 13116 Buc	KS Ridge C+	Property Owner's Name NV Hame		
Gilicottet, MD 210	43_	Address		
Suite/Apt. #: SDP/WP/Petition #:		60% Manshalee De	<u> </u>	
Census TractSubdivision		City ELKRIDGE State	<u>M⊅</u> Zip Code <u>≥1075</u>	
SectionAreaLot		Home Phone Worl	k Phone 4/2 375 4552	
Tax Map Parcel Grid		Applicant's Name & Mailing Address, (if oth	ner than stated hereon):	
Zoning Map Coordinates Lot size		Phone Fax		
Existing Use Vaccount (		Contractor Company NV H	<b>在的</b> 自己主要指令。据:	
Proposed Use	Fem 4 hass	Contact Person		
Estimated Construction Cost \$ 3 3		Dostin Hill	(2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
Description of Work What Was 2 Story Const.		Address Manshalee Dr Sache 13		
3 Con garage Phoening		于12000000000000000000000000000000000000		
Frank D Brignest Porch	ce any pirice McDinam,	City State May Zip Code Arth 75 License No.		
Iw. Bon J. Korry		Phone 379 5956 Fax (		
Occupant or Tenant		Engineer or Architect Company		
Contact Name		Contact Person		
Address		Address	,	
City State	Zip Code			
		City State	Zip Code	
Phone Fax		Phone Fax		
BUILDING DESCRIPTIO	N - <u>COMMERCIAL</u>	BUILDING DESCRIPT	ION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	<u>Utilities</u>	
Height:	Water Supply:	SF Dwelling  SF Townhouse	Water Supply: Public	
No. of stories:	Public Private	1st floor: Depth Width	Private	
	Sewage Disposal: Public	2nd floor:	Sewage Disposal: Public	
Gross area, sq. ft. per floor:	Private	Basement: SG	Private	
	Electric Yes □ No □	Crawl space ☐ Slab on Grade ☐ No. of Bedrooms ☑	Electric Yes D No D	
Use group:	Gas Yes□ No□	Height: Multi-family dwellings:	Gas Yes□ No□	
	Heating System:	No. of efficiency units:  No. of 1 BR units:	Heating System: Electric ☐ Oil ☐	
Construction type:  Reinforced Concrete	Electric  Oil  Natural Gas	No. of 2 BR units:	Natural Gas	
Structural Steel	Propane Gas	No. of 3 BR units:	Propane Gas	
Masonry Wood Frame	Sprinkler system: N/A □	Other Structure: Dimensions:	Sprinkler system: N/A 🗆	
VVOCE FIAME	Full	Footings: Roof Height:	NFPA #13D NFPA #13R	
State Certified Modular	Partial		Other:	
State Certified Modular	Other Suppression # of Heads	State Certified Modular Manufactured Home		
HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT H	ie/she will perform no work on the above refei	LICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE RENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICAT	   WILL COMPLY WITH ALL REGULATIONS OF   TION; (5) THAT HE/SHE GRANTS COUNTY OFFICE	
THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE O		Jim KEBWIO		
Applicant's Signature	11 reas organis	Print Name		
soft WHORR	×	2/16/07		
Title/Company		Date		
	** PLEASE WRITE NE	F FINANCE OF HOWARD COUNTY ATLY AND LEGIBLY. **		
AGENCY DATE	- FOR OFFIC SIGNATURE APPROVAL	EUSE ONLY - DPZ SETBACK INFORMATION	PROPERTY ID#:	
Land Development, QPZ			ng fee \$ 100 0/	
State Highways	阿阿尔巴斯巴西斯		mit fee \$	
Building Official		Side: Exc	cise tax \$	
Dev. Engineering, DPZ	100		d'i per. fee \$	
Health 2/23/07 >	Garaffer -	All minimum setbacks met? TO	TAL FEES \$	
Fire Protection /			o-total paid \$	
is Sediment Control approval required prior to	lasuance?	ls Entrance Permit required? Bai	ance due \$	
YES II NO II		YES D NO D Ch	eck #	

Distribution of Copies-T:Vorms\PERMIT.FRM

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

White: Building Official Green: LDD, DPZ

Validation

Gold: SHA

Historic District? YES O NO O

Pinic Health

Lot Coverage for NewTown Zone\_ SDP/Red-line approval date\_ Yellow: DED, DPZ Pir

Accepted by\_

Rev. 11/4//04

# G 06001323 HOWARD COUNTY

PERMIT NUMBER

	PERMIT AP	PLICATION 1 1060	1023250	
Building Address 13/16 BV	CKS Ribbe Court	Property Owner's Name NV Hon		
			-	
Suite/Apt. #: 03-31179816	ition #:	Address 6085 Marshalee Drive		
Census Tract Subdivision_	Ruckskin BAKS	City Elika dae State A	A c   Zip Code 24075	
Section Area Lot		Home Phone Work Applicant's Name & Mailing Address, (if oth	Phone 4/13 379-5556	
Tax Map Parcel 569 Grid 169		Applicant s Hame & Maining Address, (it don	er trair stated ricicon).	
Zoning Map Coordinates Lot size 1.15 acces		Phone Fax		
Existing Use Victoria (		Contractor Company NV Homes		
Proposed Use Single Fam. Home  Estimated Construction Cost \$ 4011 5011		Contact Person		
Description of Work 2 Story with 3 Car garage		Address		
SUNROOM, MORNING RM REC ROOM		GOSS MARSHARE Drive		
Homostice, At BATH		City Etter A State Md Zip Code 2.1075		
	, , ,	Phone 410 379 5956 Fax 410 379 2430		
Occupant or Tenant		Engineer or Architect Company		
Contact Name		Contact Person		
Address_				
City State	Zip Code	Address		
		City State Zip Code		
Phone Fax	Y	Phone Fax		
BUILDING DESCRIPTION	- <u>COMMERCIAL</u>	BUILDING DESCRIPT	ION - <u>RESIDENTIAL</u>	
Building Characteristics	<u>Utilities</u>	Building Characteristics	<u>Utilities</u>	
Height:	Water Supply: Public	SF Dwelling	Water Supply: Public	
No. of stories:	Private Sewage Disposal:	1st floor:	Private Sewage Disposal:	
Gross area, sq. ft. per floor:	Public Private	Basement:	Public Private	
Gross area, sq. it. per noor.	Private	1		
*		Finished Basement  Unfinished Basement Crawl space  Slab on Grade	Electric Voc II No II	
Use group:	Electric Yes 🗆 No 🗆	Crawl space ☐ Slab on Grade ☐ No. of Bedrooms	Electric Yes I No II Gas Yes II No II	
Use group:	Gas Yes□ No □	Crawl space  Slab on Grade  No. of Bedrooms Height: Multi-family dwellings: No. of efficiency funits:	Gas Yes □ No □ Heating System:	
Construction type:	Gas Yes □ No □  Heating System: Electric □ Oil □	Crawl space  Slab on Grade  No. of Bedrooms  Height:  Multi-family dwellings:  No. of efficiency units:  No. of 1 BR units:  No. of BR units:	Gas Yes□ No□	
Construction type: Reinforced Concrete Structural Steel	Gas Yes □ No □ Heating System:	Crawl space ☐ Slab on Grade ☐ No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 3 BR units:	Gas Yes \( \text{No } \( \text{D} \)  Heating System:  Electric \( \text{D } \text{Oil } \( \text{D} \)	
Construction type: Reinforced Concrete	Gas Yes D No D  Heating System: Electric D Oil D  Natural Gas D  Propane Gas D	Crawl space  No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 3 BR units: Other Structure: Dimensions:	Gas Yes \( \) No \( \)  Heating System:  Electric \( \) Oil \( \)  Natural Gas \( \)  Propane Gas \( \)  Sprinkler system: \( \) N/A \( \)	
Construction type: Reinforced Concrete Structural Steel Masonry	Gas Yes \( \) No \( \)  Heating System:  Electric \( \) Oil \( \)  Natural Gas \( \)  Propane Gas \( \)  Sprinkler system: \( N/A \)  Full	Crawl space ☐ Slab on Grade ☐ No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 3 BR units:	Gas Yes \( \) No \( \)  Heating System:  Electric \( \) Oil \( \)  Natural Gas \( \)  Propane Gas \( \)  Sprinkler system: \( N/A \) NFPA #13DNFPA #13R	
Construction type: Reinforced Concrete Structural Steel Masonry	Gas Yes D No D  Heating System: Electric D Oil D  Natural Gas D  Propane Gas D  Sprinkler system: N/A D	Crawl space  No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings:	Gas Yes \( \) No \( \)  Heating System:  Electric \( \) Oil \( \)  Natural Gas \( \)  Propane Gas \( \)  Sprinkler system: \( N/A \) NFPA #13D	
Construction type:  Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersigned hereby certifies and agrees as follows: (4) that here	Gas Yes \( \) No \( \)  Heating System:  Electric \( \) Oil \( \)  Natural Gas \( \)  Propane Gas \( \)  Sprinkler system: N/A \( \)  ———————————————————————————————————	Crawl space  No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height:  State Certified Modular Manufactured Home  LICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE VERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION.	Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: NFPA #13D NFPA #13R Other:	
Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersigned hereby certifies and agrees as follows: (Howard County which are applicable thereto; (4) that he/s the right to enter onto this property for the purpose of	Gas Yes \( \) No \( \)  Heating System:  Electric \( \) Oil \( \)  Natural Gas \( \)  Propane Gas \( \)  Sprinkler system: N/A \( \)  ———————————————————————————————————	Crawl space  No. of Bedrooms Height: Multi-family dwellings: No. of efficiency funits: No. of 1 BR units: No. of 3 BR units: No. of 3 BR units: Cother Structure: Dimensions: Footings: Roof Height:  State Certified Modular Manufactured Home LICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE RENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATIONICES.	Gas Yes No D  Heating System: Electric Oil D  Natural Gas D  Propane Gas D  Sprinkler system: N/A D  NFPA #13D  NFPA #13R  Other:	
Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersigned hereby certifies and agrees as follows: (Howard County which are applicable thereto; (4) that here the right to enter onto this property for the purpose of the county which are applicable thereto; (4) that here the right to enter onto this property for the purpose of the county which are applicable thereto; (4) that here	Gas Yes \( \) No \( \)  Heating System:  Electric \( \) Oil \( \)  Natural Gas \( \)  Propane Gas \( \)  Sprinkler system: N/A \( \)  ———————————————————————————————————	Crawl space  No. of Bedrooms  Height:  Multi-family dwellings:  No. of efficiency units:  No. of 1 BR units:  No. of 3 BR units:  No. of 3 BR units:  Cother Structure:  Dimensions:  Footings:  Roof Height:  State Certified Modular  Manufactured Home  LICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE VERBINGED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATIONICES.	Gas Yes No D  Heating System: Electric Oil D  Natural Gas D  Propane Gas D  Sprinkler system: N/A D  NFPA #13D  NFPA #13R  Other:	
Construction type:  Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersigned hereby certifies and agrees as follows: (Howard County which are applicable thereto; (4) that hele the right to enter onto this property for the purpose of applicant's Signature	Gas Yes No No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system:  Sprinkler system: N/A Sprinkler Suppression # of Heads  1) That he/she is authorized to make this applied with Perform No work on the above references the work permitted and positing in	Crawl space  No. of Bedrooms Height: Multi-family dwellings: No. of efficiency funits: No. of 1 BR units: No. of 3 BR units: No. of 3 BR units: Cother Structure: Dimensions: Footings: Roof Height:  State Certified Modular Manufactured Home LICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE RENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATIONICES.  Print Name  S 15 6	Gas Yes No D  Heating System: Electric Oil D  Natural Gas D  Propane Gas D  Sprinkler system: N/A D  NFPA #13D  NFPA #13R  Other:	
Construction type:  Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersigned hereby certifies and agrees as follows: (Howard County which are applicable thereto; (4) that here the right to exter onto this property for the purpose of applicant's Signature  Title/Company	Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system:  Sprinkler system:  Full Partial Other Suppression # of Heads  1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPI SHE WILL PERFORM NO WORK ON THE ABOVE REFER INSPECTING THE WORK PERMITTED AND POSTING N	Crawl space  No. of Bedrooms  Height:  Multi-family dwellings:  No. of efficiency units:  No. of 1 BR units:  No. of 3 BR units:  No. of 3 BR units:  Other Structure:  Dimensions:  Footings:  Roof Height:  State Certified Modular  Manufactured Home  LICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE IS RENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATIONICES.  Print Name  FINANCE OF HOWARD COUNTY	Gas Yes No D  Heating System: Electric Oil D  Natural Gas D  Propane Gas D  Sprinkler system: N/A D  NFPA #13D  NFPA #13R  Other:	
Construction type:  Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersigned hereby certifies and agrees as follows: (Howard County which are applicable thereto; (4) that here the right to exter onto this property for the purpose of applicant's Signature  Applicant's Signature  Title/Company	Heating System: Electric	Crawl space  No. of Bedrooms  Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height:  State Certified Modular Manufactured Home  LICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE IN THIS APPLICATION COLOR (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE IN THIS APPLICATION COLOR (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE IN THIS APPLICATION COLOR (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE IN THIS APPLICATION COLOR (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE IN THIS APPLICATION COLOR (4) THE INTERNATION COLOR (4) THE	Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: NFPA #13D NFPA #13R Other:  MILL COMPLY WITH ALL REGULATIONS OF ON; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS	
Construction type:  Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersigned hereby certifies and agrees as follows: (Howard County which are applicable thereto; (4) that held the right to enter onto this property for the purpose of Applicant's Signature  Agency  AGENCY  DATE	Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system:  Sprinkler system:  Full Partial Other Suppression # of Heads  1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPI PRE WILL PERFORM NO WORK ON THE ABOVE REFER INSPECTING THE WORK PERMITTED AND POSTING IN SPECTING THE WORK PERMITTED AND POSTING IN SPECIAL PROPERTY OF THE WORK PERMITTED THE PROPERTY OF THE PROPERTY OF THE WORK PERMITTED THE PROPERTY OF THE WORK PERMITTED THE	Crawl space  No. of Bedrooms Height: Multi-family dwellings: No. of efficiency funits: No. of 1 BR units: No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height:  State Certified Modular Manufactured Home LICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE INTERIOR PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATIONICES.  Print Name  FFINANCE OF HOWARD COUNTY FATLY AND LEGIBLY. **	Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: N/A NFPA #13D NFPA #13R Other:  MILL COMPLY WITH ALL REGULATIONS OF ON; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS	
Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersigned hereby certifies and agrees as follows: (Howard County which are applicable Thereto; (4) That he/s the Right to enter onto this property for the purpose of Applicant's Signature  Applicant's Signature  Are Company  AGENCY Land Dovelopment, DPZ Sate Highways	Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system:  Sprinkler system: N/A Sprinkler Suppression for Heads  1) That he/she is authorized to make this applied with Perform No work on the above reference of the Work Permitted and Posting November 1988 And Posting Novemb	Crawl space  No. of Bedrooms Height: Multi-family dwellings: No. of efficiency funits: No. of 1 BR units: No. of 3 BR units:  Cother Structure: Dimensions: Footings: Roof Height:  State Certified Modular Manufactured Home  LICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE INTERIOR PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATIONICES.  Print Name  FINANCE OF HOWARD COUNTY EATLY AND LEGIBLY.  Date  FINANCE OF HOWARD COUNTY EATLY AND LEGIBLY.  THE USE ONLY  DPZ SETBACK INFORMATION  Front: Reser.  FILING  Reser.  FILING  FILING	Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: NFPA #13D NFPA #13D NFPA #13R Other:  MIL COMPLY WITH ALL REGULATIONS OF ON; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS  PROPERTY ID:	
Construction type:  Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersigned hereby certifies and agrees as follows: (Howard County which are applicable Thereto; (4) That he's the right to enter onto this property for the Purpose of Applicant's Signature  Agency Agency Agency Land Development, DPZ State Highways Building Official Day, Engineering, DPZ	Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system:  Sprinkler system: N/A Sprinkler Suppression for Heads  1) That he/she is authorized to make this applied with Perform No work on the above reference of the Work Permitted and Posting November 1988 And Posting Novemb	Crawl space  No. of Bedrooms  Height:  Multi-family dwellings:  No. of efficiency units:  No. of 1 BR units:  No. of 3 BR units:  No. of 3 BR units:  Other Structure:  Dimensions:  Footings:  Roof Height:  State Certified Modular  Manufactured Home  LICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE IN  RENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION  OTICES.   Print Name  Pate  FINANCE OF HOWARD COUNTY EATLY AND LEGIBLY. **  EUSE ONLY-  DPZ SETBACK INFORMATION  Front:  Filling  Front:  Filling  Pen  Side:  EXC.	Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: NFPA #13D NFPA #13D NFPA #13R Other:  MILL COMPLY WITH ALL REGULATIONS OF ON; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS  PROPERTY ID:  PROPERTY ID:  1	
Construction type:  Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersigned hereby certifies and agrees as follows: (Howard County which are applicable thereto; (4) that he/s the right to enter onto this property for the purpose of Applicant's Signature  Applicant's Signature  Agency Agency Agency Agency Agency Agency Agency Building Official Day, Engineering, DPZ State Highways Building Official	Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system:  Sprinkler system: N/A Sprinkler Suppression for Heads  1) That he/she is authorized to make this applied with Perform No work on the above reference of the Work Permitted and Posting November 1988 And Posting Novemb	Crawl space  No. of Bedrooms Height: Multi-family dwellings: No. of efficiency funits: No. of 1 BR units: No. of 3 BR units: No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height:  State Certified Modular Manufactured Home LICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE INTERIOR PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATIONICES.  Print Name  FFINANCE OF HOWARD COUNTY EATLY AND LEGIBLY. ** EUSE ONLY- DPZ SETBACK INFORMATION Front: Resc: Side: Side St.: Add All minimum setbacks met? TOT	Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: NFPA #13D NFPA #13D NFPA #13R Other:  MILL COMPLY WITH ALL REGULATIONS OF ON; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS  PROPERTY ID:  The Section Sprinkler Street Sprinkler Sp	
Construction type:  Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersigned hereby certifies and agrees as follows: (Howard County which are applicable thereto; (4) that here the right to enter onto this property for the purpose of Applicant's Signature  Applicant's Signature  Building Official Day, Engineering, DPZ Health Fire Protection	Heating System: Electric    Oil	Crawl space  No. of Bedrooms Height: Multi-family dwellings: No. of efficiency funits: No. of 1 BR units: No. of 1 BR units: No. of 3 BR units: No. of 3 BR units: Cother Structure: Dimensions: Footings: Roof Height:  State Certified Modular Manufactured Home LICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE'S RENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATIONICES.  Print Name  Print Name  FINANCE OF HOWARD COUNTY EATLY AND LEGIBLY. ** EUSE ONLY- DPZ SETBACK INFORMATION Front: Rese: Side: Side St.: Add All minimum setbacks met? YES II NO II Sub	Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: NFPA #13D NFPA #13D NFPA #13R Other:  MILL COMPLY WITH ALL REGULATIONS OF ON; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS  PROPERTY ID#  Gree S TAL FEES S TOTAL PEES S TOTAL PEES S TOTAL PEES S TOTAL PEES S	
Construction type:  Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersigned hereby certifies and agrees as follows: (Howard County which are applicable thereto; (4) that he/s the right to enter onto this property for the purpose of Applicant's Signature  Applicant's Signature  Agency Agency Agency Agency Agency Agency Agency Building Official Day, Engineering, DPZ State Highways Building Official	Heating System: Electric    Oil	Crawl space  No. of Bedrooms Height: Multi-family dwellings: No. of efficiency funits: No. of 1 BR units: No. of 1 BR units: No. of 3 BR units: No. of 3 BR units: Cother Structure: Dimensions: Footings: Roof Height:  State Certified Modular Manufactured Home LICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE'S RENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATIONICES.  Print Name  Print Name  FINANCE OF HOWARD COUNTY EATLY AND LEGIBLY. ** EUSE ONLY- DPZ SETBACK INFORMATION Front: Rese: Side: Side St.: Add All minimum setbacks met? YES II NO II Sub	Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: NFPA #13D NFPA #13D NFPA #13R Other:  MIL COMPLY WITH ALL REGULATIONS OF ON; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS  PROPERTY ID:  PROPERTY ID:  The Second S	
Construction type:  Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersigned hereby certifies and agrees as follows: (Howard County which are applicable thereto; (4) that here the right to enter onto this property for the purpose of Applicant's Signature  Applicant's Signature  AGENCY AGENCY DATE  State Highways Building Official Day, Engineering, DPZ fiestin Fire Protection Is Sediment Control approval required prior to is YES CI NO CI	Heating System: Electric   Oil   Natural Gas   Propane Gas   Propane Gas   Sprinkler system: N/A   Spr	Crawl space  No. of Bedrooms  Height:  Multi-family dwellings:  No. of efficiency funits:  No. of 1 BR units:  No. of 1 BR units:  No. of 3 BR units:  Other Structure:  Dimensions:  Footings:  Roof Height:   State Certified Modular  Manufactured Home   LICATION, (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE IN  RENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATIONICES.  Print Name  Print Name  Date FFINANCE OF HOWARD COUNTY EATLY AND LEGIBLY. **  EUSE ONLY-  DPZ SETBACK INFORMATION  Front: Filin Rese:  Side:  Side St:  Add All minimum setbacks met?  YES  NO  Che Historic District?	Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: NFPA #13D NFPA #13D NFPA #13R Other:  MIL COMPLY WITH ALL REGULATIONS OF ON; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS  PROPERTY ID:  PROPERTY ID:  The Second S	
Construction type:  Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersigned hereby certifies and agrees as follows: (Howard County which are applicable thereto; (4) that here the right to enter onto this property for the purpose of Applicant's Signature  Applicant's Signature  Agency Land Development, DPZ State Highways Building Official Dev. Engineering, DPZ Health Five Protection Is Sediment Control approval required prior to in	Heating System: Electric   Oil   Natural Gas   Propane Gas   Propane Gas   Sprinkler system: N/A   Spr	Crawl space  No. of Bedrooms Height: Multi-family dwellings: No. of efficiency funits: No. of BR units: No.	Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: NFPA #13D NFPA #13D NFPA #13R Other:  MILL COMPLY WITH ALL REGULATIONS OF ON; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS  PROPERTY ID:  PROPERTY ID:  ALL FEES TAL FEES Lotal peid  All fees Ck	

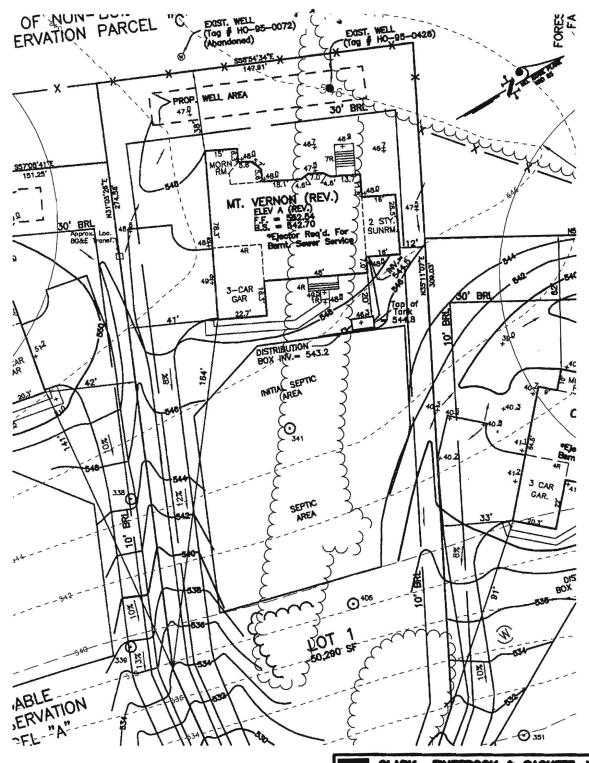
White: Building Official

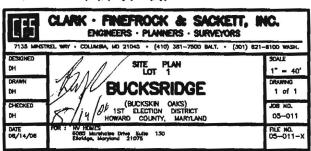
Green: LDD, DPZ

Yellow: DED, DPZ

Pinic Health

Gold: SHA





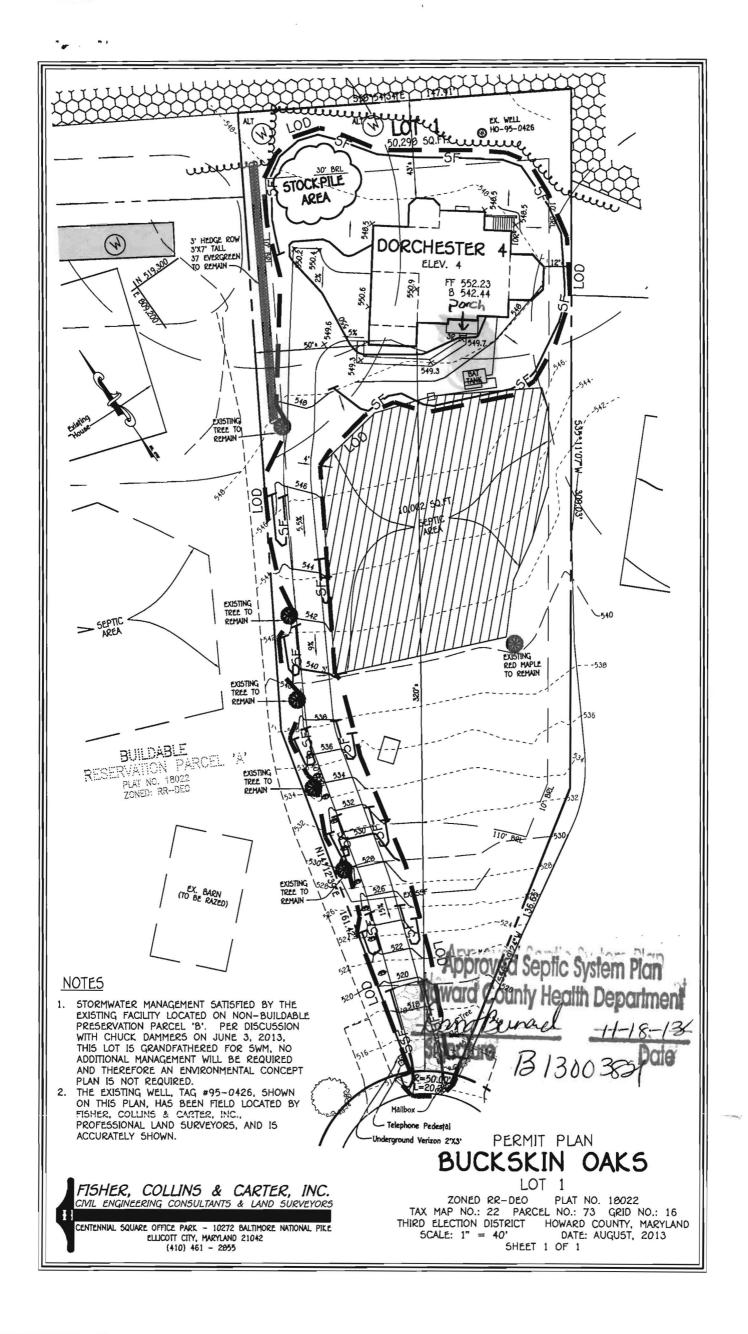
PDF created with pdfFactory Pro trial version www.pdffactory.com

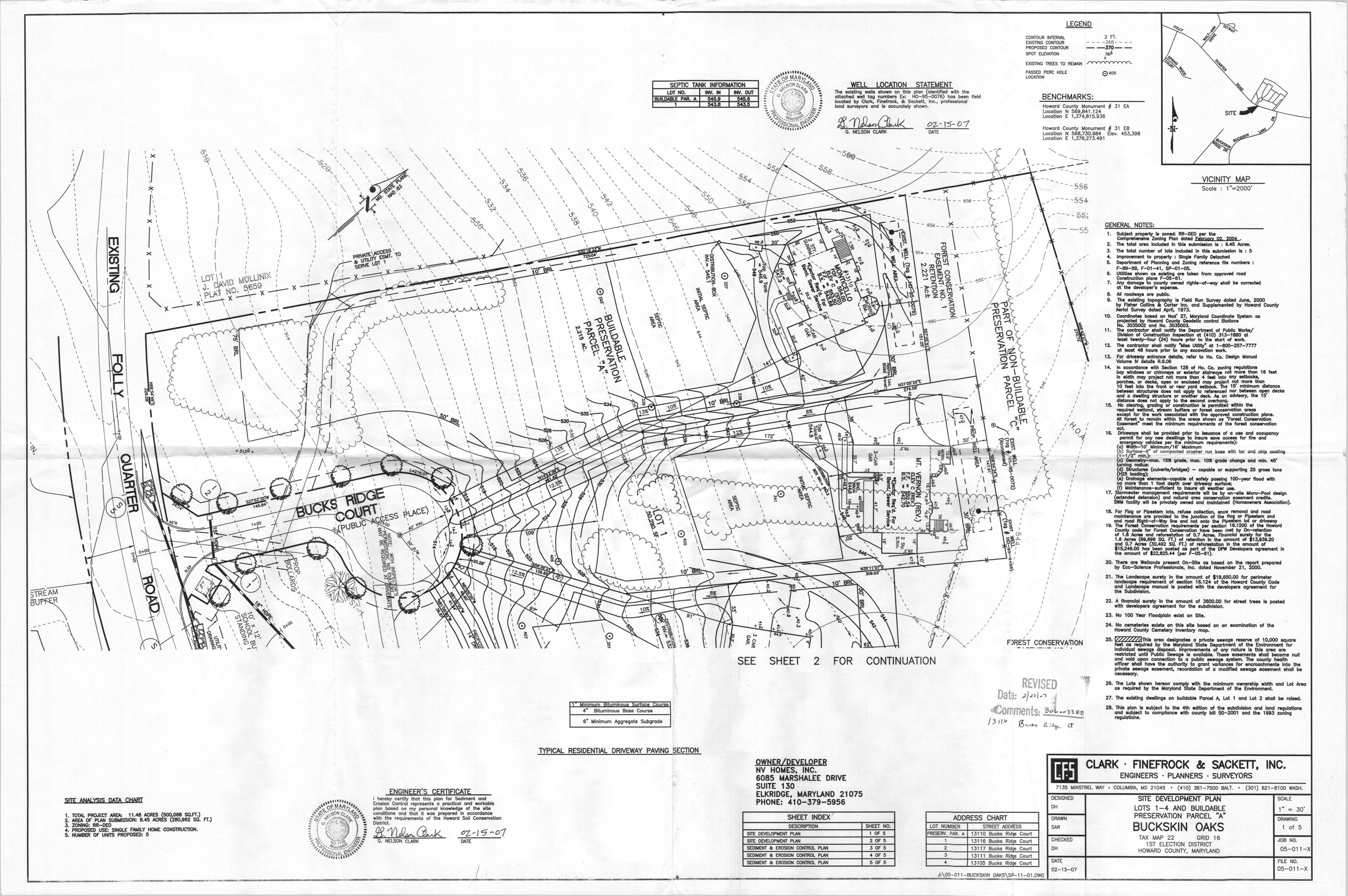
D'Need a too scale chausing

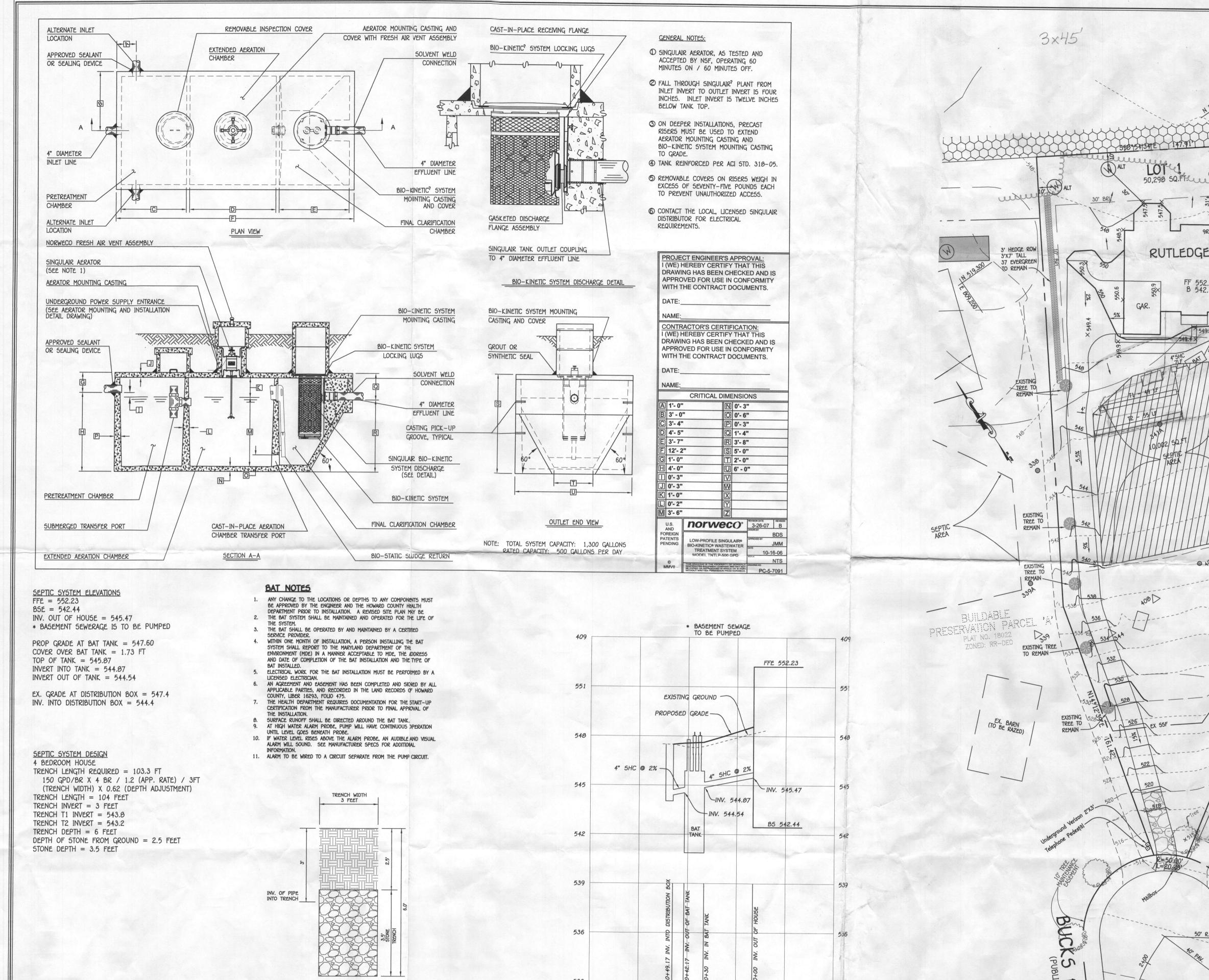
3 Need final plat#

(3) Need well abandonment report

9 Need well completion report.







BUILDER/DEVELOPER

WILLIAMSBURG GROUP, LLC

5485 HARPERS FARM ROAD, SUITE 200

COLUMBIA, MARYLAND 21044 410-997-8800

FISHER, COLLINS & CARTER, INC. ELLICOTT CITY, MARYLAND 21042 (410) 461 - 2055

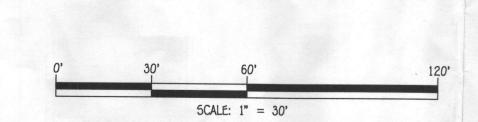
PROFESSIONAL CERTIFICATION I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME IND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE (

TRENCH DETAIL

MARYLAND, LICENSE NO. 38386, EXPIRATION DATE: 01/12/2014. Monne,

Signature Of Professional Engineer





BAT PROFILE

HORIZONTAL SCALE : 1"=30"

VERTICAL SCALE : 1"=3"

~ 5589541347E 147.917 MHO-95-0426 VICINITY MAP 5CALE: 1" = 1200' HO. CO. MD. ADC MAP 24, GRID F3 FF 552.23 B 542.44 BENCH MARKS T.P. 3035002 ELEV 456.00 T.P. 3035003 ELEV. 387.40 N. 518,569.898 N. 518,771.894 E. 809,377.965 E. 80,854.115 GENERAL NOTES SUBJECT PROPERTY ZONED: RC-DEO. TOTAL AREA OF PROPERTY: 50,298 SQ.FT. OR 1.15 ACRES ± 3. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT REVIEW. 4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE. 5. CONTRACTOR/BUILDER TO VERIFY ELEVATION IN THE FIELD BEFORE BEGINNING ANY CONSTRUCTION. 5. BOUNDARY OF LOT BASED ON PLAT #18022. 7. DEED REFERENCE: LIBER 6792, FOLIO 653. 8. FIELD RUN TOPOGRAPHIC SURVEY CONDUCTED BY FISHER, COLLINS & CARTER, INC. IN . NO WETLANDS EXIST ON THIS LOT. 10. STORMWATER MANAGEMENT TO BE SATISFIED BY THE EXISTING FACILITY LOCATED ON NON-BUILDABLE PRESERVATION PARCEL 'B'. PER DISCUSSION WITH CHUCK DAMMERS ON JUNE 3, 2013, THIS LOT IS GRANDFATHERED FOR 5WM, NO ADDITIONAL MANAGEMENT WILL BE REQUIRED AND THEREFORE AN ENVIRONMENTAL CONCEPT PLAN I 11. EXISTING TREES SHOWN TO REMAIN WERE PLANTED WITH THE INITIAL DEVELOPMENT OF THE SUBDIVISION, AND THEREFORE PLANTED LESS THAN 5 YEARS AGO. PROPOSED DRIVEWAY INSTALLATION SHOULD NOT ADVERSELY IMPACT THE ROOT SYSTEM OF THESE TREES SINCE THEY WERE MORE RECENTLY PLANTED. 12. THE CONTRACTOR SHALL NOTIFY THE DEPARTMENT OF PUBLIC WORKS/BUREAU OF ENGINEERING/CONSTRUCTION INSPECTION DIVISION AT (410) 313-1880 AT LEAST FIVE (5) WORKING DAYS PRIOR TO THE START OF WORK. 13. THE CONTRACTOR SHALL NOTIFY "MISS UTILITY" AT 1-800-257-7777 AT LEAST 48 HOURS PRIOR TO ANY EXCAVATION WORK BEING DONE. 14. EXISTING UTILITIES SHOWN ARE BASED ON AVAILABLE CONSTRUCTION DRAWINGS.CONTRACTOR TO VERIFY LOCATIONS OF EXISTING UTILITIES PRIOR TO 15. THERE ARE NO FLOODPLAIN, 15-24.9% SLOPES, 25% OR GREATER SLOPES, WETLANDS, OR WETLAND BUFFERS WITHIN LOT 9-A WHERE CONSTRUCTION IS PROPOSED. 16. THERE ARE NO DISTURBANCES TO ENVIRONMENTAL FEATURES, AS NONE ARE LOCATED ON THIS PROPERTY. 17. ADJUSTMENTS TO SEPTIC EASEMENT AREA ARE NOT PERMITTED WITHOUT ADDITIONAL 18. EXISTING WELLS AND/OR SEWERAGE EASEMENTS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN FROM ALL REASONABLE EFFORTS. 19. EXISTING WELL (HO-95-0426) HAS BEEN FIELD LOCATED BY FISHER, COLLINS & CARTER, INC. IN MAY 2013. 20. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERC CERTIFICATION PLAN. THIS AREA DESIGNATES A PRIVATE SEWERAGE AREA OF AT LEAST 10,000 SQUARE FEET [OR IF PRIOR TO MARCH 1972, AT LEAST ENOUGH AREA TO ACCOMMODATE AN INITIAL AND TWO REPLACEMENT SYSTEMS] AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE AREAS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE AREA. RECORDATION OF A MODIFIED SEWAGE AREA SHALL NOT BE NECESSARY. LEGEND **SYMBOL** DESCRIPTION EXISTING CONTOUR 2' INTERVAL PROPOSED CONTOUR 2' INTERVAL SPOT ELEVATION - EX 55F- EXISTING SUPER SILT FENCE TRENCH 50' R/W FAILED PERC HOLE PASSED PERC HOLE EXISTING STREET TREES FROM F-12-041 RIDGE BAT SITE PLAN Health Department BUCKSKIN OAKS, LOT 1 30 13116 BUCKS RIDGE COURT ZONED RR-DEO PLAT NO. 18022 TAX MAP NO.: 22 PARCEL NO.: 73 GRID NO.: 16

THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND

DATE: OCTOBER, 2015

5CALE: 1" = 30"

## Bernard, Dana

From: Sent:

Bernard, Dana

Thursday, October 31, 2013 4:26 PM



RRIS@WILLIAMSBITEGLOF (FRMHealth Officer nit BP#13003821 7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-6300 | Fax: 410-313-6303 TDD 410-313-2323 | Toll Free 1-866-313-6300 www.hchealth.org

Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Acting Health Officer

DATE: October 30, 2013

TO: Marina Morris

Via-e-mail: MARINAMORRIS@WILLIAMSBURGLLC.COM

RE: Building Permit # B13003821 13116 Bucks Ridge Court Ellicott City, Maryland 21042

Ms. Morris

Further review is contingent upon submission of a revised building plan showing the following:

 As of January 1, 2013, all new construction is required to use the "Best Available Technology" (BAT) for septic installation. Before building permit approval, a BAT site plan must be submitted along with your building application and building plan.

Your building permit will be placed "on hold" until all Health Department 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.

Thank you & Have a\* ")

Dana Bernard, REHS/RS

Environmental Specialist II
Bureau of Environmental Health

Well and Septic Program Phone (410) 313-2775

E-mail: DBernard@howardcountymd.gov

(,.' \* Wonderful Day!

cc: Well & Septic program file