

G 9267

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

BO700067

Building Address 13447 HIGHLAND RD
HIGHLAND 20777
Suite/Apt. #: _____ SDP/WP/Petition #: #5749
Census Tract 605101 Subdivision CHRIS MARLINS
Section 2 Area _____ Lot 5
Tax Map 34 Parcel 381 Grid 14
Zoning RDPD Map Coordinates 1359 Lot size 3.007 AC

Property Owner's Name TRINITY CUSTOM HOMES INC
Address 3675 PARK AVE #301
City ELLCOTT CITY State MD Zip Code 21043
Home Phone _____ Work Phone 410-313-8722
Applicant's Name & Mailing Address, (if other than stated hereon):
TIM KEANE - 443-324-9806
Phone _____ Fax 410-313-5731

Existing Use VACANT LOT
Proposed Use SFD
Estimated Construction Cost \$ 186,900
Description of Work CUSTOM DOBLY 2510SQY
FULL BSMT, 3 FB, 1 HB, FP
1 GARAGE, 1 BR, 4 BR, FINISHED
BSMT WITH FULL BATH

Contractor Company SAME
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. 699
Phone _____ Fax _____

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

Engineer or Architect Company SAME
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 _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: <u>2000</u>	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: <u>1500</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>2000</u>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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> Height: _____	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 Height: _____	
<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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Sally L Hodge
Applicant's Signature
V.P. OPERATIONS - TRINITY
Title/Company

SALLY HODGE
Print Name
1/18/07
Date

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

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> 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		PROPERTY ID#
Front: <u>25</u>	Filing fee	\$ <u>100.00</u>
Rear: <u>30</u>	Permit fee	\$ _____
Side: <u>60</u>	Excise tax	\$ _____
Side St.: <u>N/A</u>	Add'l per. fee	\$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES	\$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due	\$ _____
Lot Coverage for NewTown Zone _____	Check	# _____
SDP/Red-line approval date _____	Validation	# _____

Distribution of Copies-
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White: Building Official

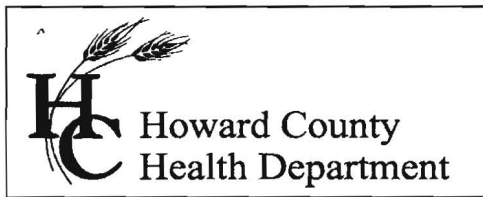
Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

Rev. 11/4/04



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

Penny E. Borenstein, M.D., M.P.H., Health Officer

MEMORANDUM

TO: Brian
Fisher, Collins & Carter, Inc.

FROM: Ashley Trump
Well and Septic Program
Development Coordination Section

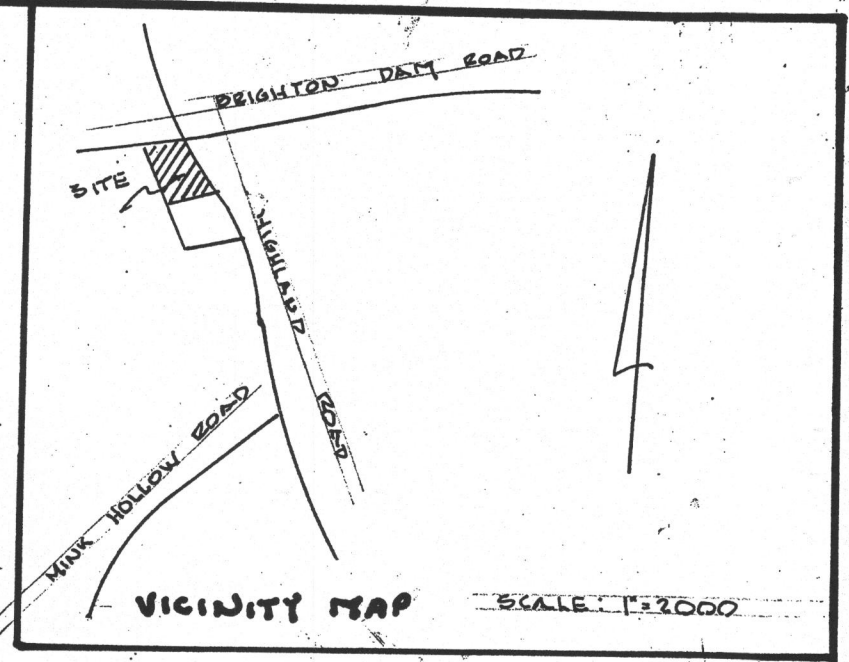
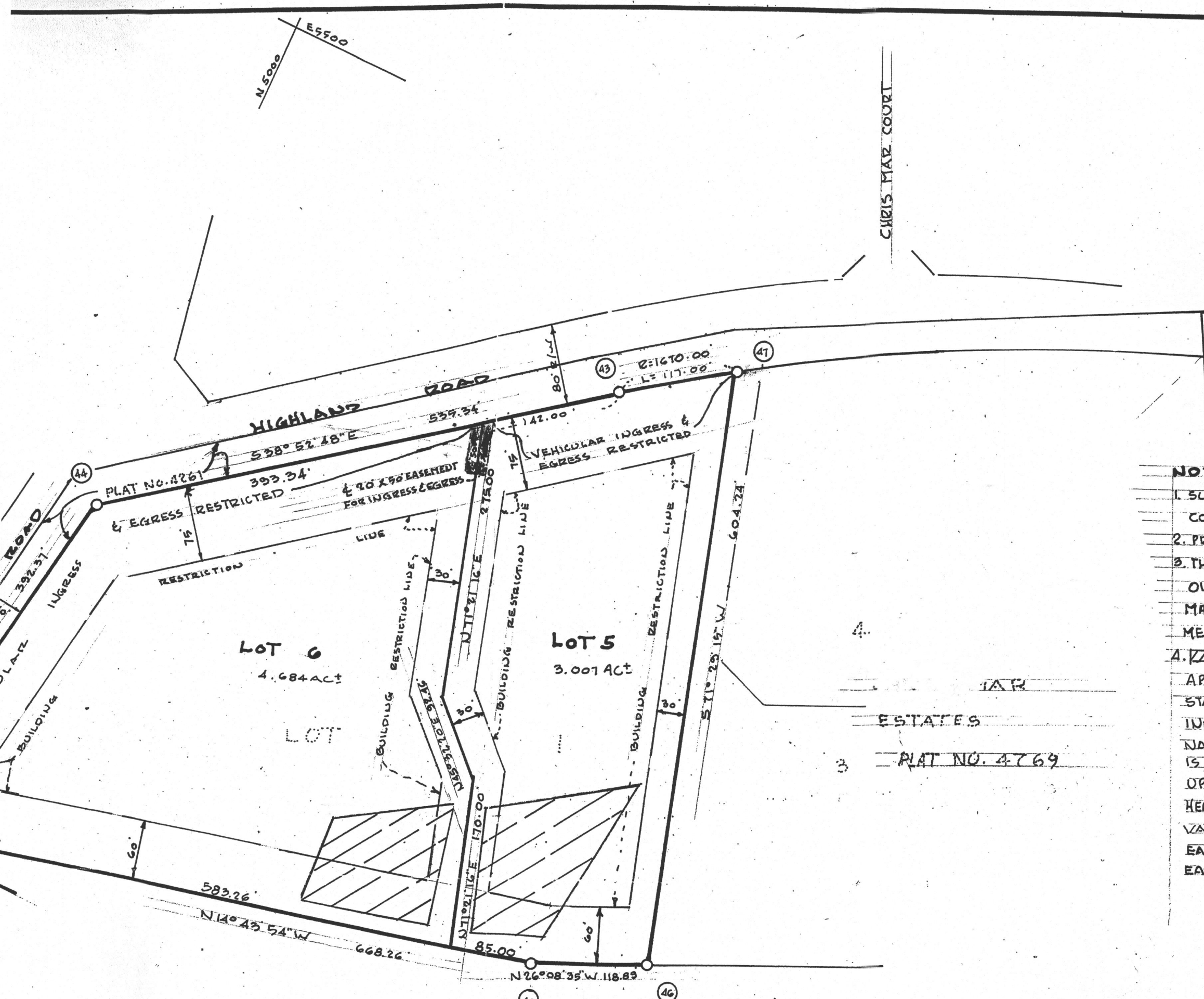
RE: Building Permit number: B07000072
13447 Highland Rd (Chris Mar Estates Lot 5)

DATE: January 24, 2007

The following are needed for Final approval:

- The roof top disconnect needs to be 25' from the septic easement
- Need 1-2% fall in lines between the house and the septic tank
- Need to know the square footage of each floor in the house

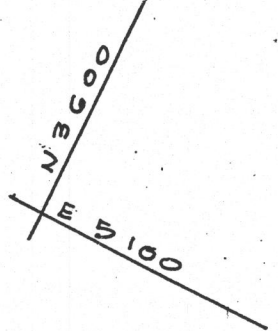
If you have any questions please feel free to contact me at 410-313-1775
Thank you

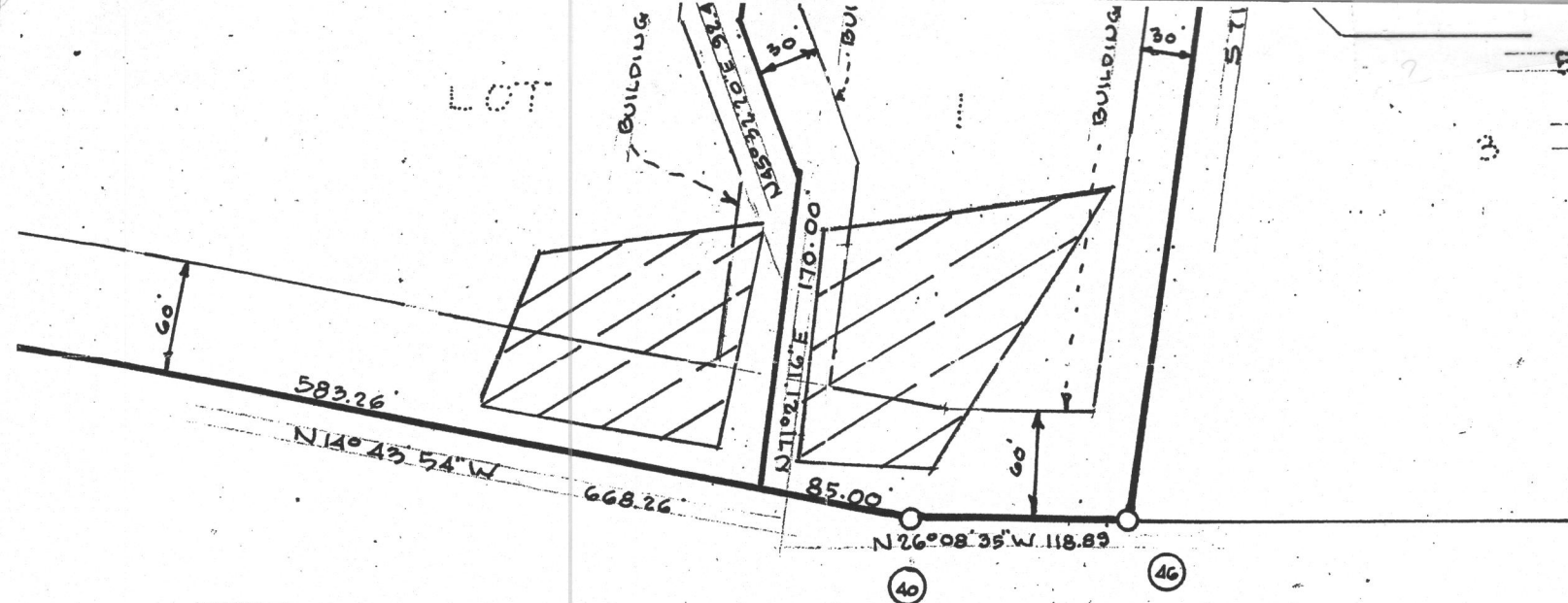


NOTES:

1. SUBJECT PROPERTY ZONED "R" PER 10/3/77 COMPREHENSIVE ZONING.
2. PROPERTY SUBJECT TO V.P.-82-97
3. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH & LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
4. THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF APPROXIMATELY 10,000 GPD AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH & MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

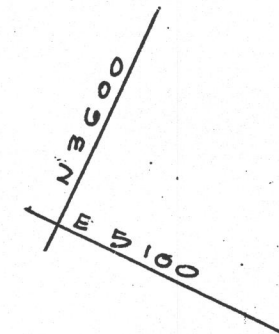
THOMAS NICHOLS
 L. 934 F. 258





ESTATES
 PLAT NO. 4769

INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.



THOMAS NICHOLS
 L. 934 F. 258

SURVEYORS CERTIFICATE

THE FINAL PLAT SHOWN HEREON IS CORRECT; THAT IT IS ALL OF THE LANDS CONVEYED BY PAUL G. KOTTIS UNTO HENDRIKUS UBBO VAN DER VALK AND FRANCES SUZANNE VAN DER VALK, BY DEED DATED JULY 12, 1979 AND RECORDED IN THE RECORDS OF HOWARD COUNTY IN LIBER 953, AT FOLIO 154, ETC., AND THAT ALL EASEMENTS ARE IN PLACE OR WILL BE IN PLACE PRIOR TO THE LAYING OUT OF THE STREETS IN THE SUBDIVISION BY HOWARD COUNTY, IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND, AS AMENDED.

DEDICATION FOR INDIVIDUALS

WE, HENDRIKUS GERARDUS UBBO VAN DER VALK AND FRANCES SUZANNE VAN DER VALK, OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION; AND IN CONSIDERATION OF THE APPROVAL OF THIS PLAT BY THE OFFICE OF PLANNING AND ZONING ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES. ALL EASEMENTS OF RIGHTS-OF-WAY AFFECTING THE PROPERTY ARE INCLUDED IN THIS PLAN OF SUBDIVISION. WITNESS OUR HANDS THIS 13 DAY OF DEC. 1983.

Hendrikus Gerardus Ubbo van der Valk
 HENDRIKUS GERARDUS UBBO VAN DER VALK

Frances Suzanne van der Valk
 FRANCES SUZANNE VAN DER VALK

Walter Park
 WITNESS



11-28-1983
 DATE

RECORDED IN PLAT No. 5749 ON 3-2-1984
 AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND

FINAL PLAT

CHRIS. MAR ESTATES

LOTS 5 & 6 SECTION 2

A RESUBDIVISION OF LOT 1

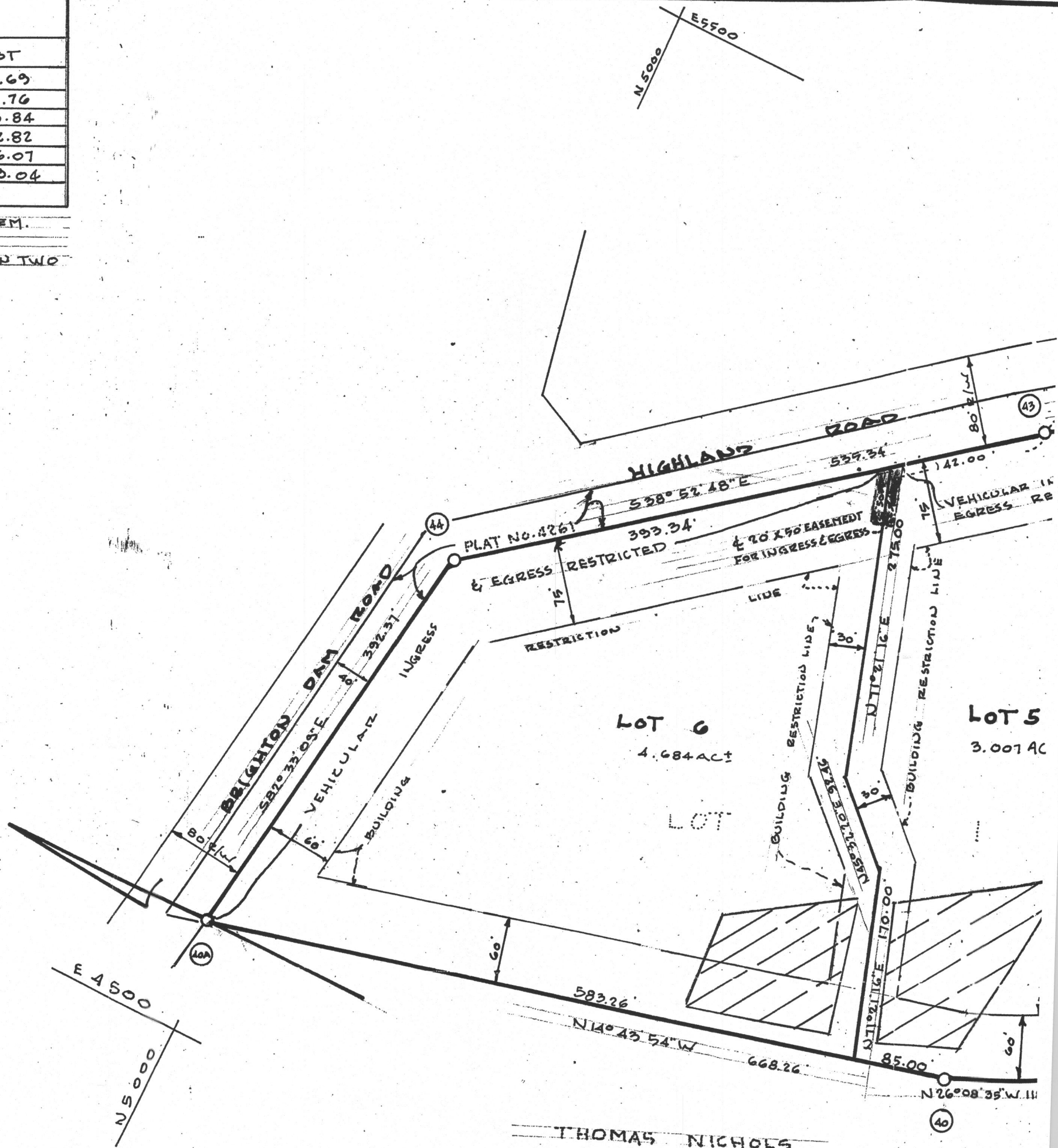
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1"=100' NOVEMBER 28, 1983
 TAX MAP 34 PARCEL 381

HUDKINS ASSOCIATES
 ENGINEERS-SURVEYORS
 231 JOSEPH SQUARE
 COLUMBIA, MD 21044

F-84-97

COORDINATES		
No.	NORTH	EAST
40	4366.48	4769.69
40A	5012.78	4593.76
43	4545.18	5318.84
44	4961.92	4982.82
46	4259.75	4816.07
47	4451.60	5389.04

COORDINATES SYSTEM.
 BASED ON PLAT NO. 4761
 CHRIS MAR ESTATES SECTION TWO



THOMAS NICHOLS
 L. 934