

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 B/0001281

Building Address 900 Henryton Rd.
Mariettaville, MD 21104
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 10 Parcel 98 Grid 2
 Zoning RR Map Coordinates _____ Lot Size 2,041 ac

Property Owner's Name Joshua S. Rimmel
 Address 900 Henryton Rd.
 City Mariettaville State MD Zip Code 21104
 Home Phone _____ Work Phone 410 462 3257
 Applicant's Name & Mailing Address, (if other than stated herein):

 Phone _____ Fax _____

Existing Use single family home
 Proposed Use single family home
 Estimated Construction Cost \$ 150,000
 Description of Work new single family home

Contractor Company Highpoint Home Improvement
 Contact Person Josh Rimmel
 Address 900 Henryton Rd.
 City Mariettaville State MD Zip Code 21104
 License No. 125177
 Phone 410 462 3257 Fax _____
 Engineer or Architect Company OWNER

Occupant or Tenant _____
 Contact Name Joshua S. Rimmel
 Address 900 Henryton Rd.
 City Mariettaville State MD Zip Code 21104
 Phone 410 462 3257 Fax _____

Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

<p>Building Characteristics</p> <p>Height: _____</p> <p>No. of stories: _____</p> <p>Gross area, sq. ft. per floor: _____</p> <p>Use group: _____</p> <p>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</p>	<p>Utilities</p> <p>Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____</p>
--	--

<p>Building Characteristics</p> <p>SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>42 x 29</u> 2nd floor: <u>42 x 29</u> Basement: <u>42 x 29</u></p> <p>Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>3</u></p> <p>Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____</p> <p>Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____</p> <p><input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home</p>	<p>Utilities</p> <p>Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p> <p>Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____</p>
---	---

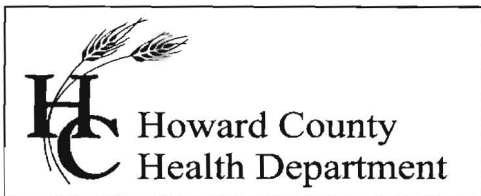
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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 [Signature]
 Email Address joshremmel@aol.com
 Title/Company owner / Highpoint Home Improvement

Print Name Joshua S. Rimmel
 Date 6/14/10

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 #
Land Development, DPZ			Front: _____	Filing fee \$ <u>100.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Officials			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____
Health	<u>6/3/10</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Is Entrance Permit Required?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Balance due \$ _____
		Historic District?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Check # <u>10000</u>
		Lot Coverage for New Town Zone _____	SDP/Red-line approval date _____	Validation # _____
		CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>	ONE STOP SHOP: <input type="checkbox"/>	Accepted by _____



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

MEMORANDUM

TO: Professional Surveys LLC

FROM: Kevin M. Wolf *KMW*
Well and Septic Program
Groundwater Management Section

RE: BP Plan # B10001281
900 Henryton Rd.

DATE: May 19th, 2010

The following comments apply to the above referenced plan. Please revise and resubmit prior to signature:

- Please add the note "The existing well HO-XX-XXXX shown on this plan has been field located by _____ and is accurately shown."
- Need to show invert elevations for the basement floor (if any), sewer out elevation from the new house, invert elevations in and out of all tanks as well as existing ground elevations over the proposed tank locations.
- Tanks currently shown must be moved further away from road. Case by case basis...
- Must maintain 20' from the new dwelling.
- Keep tanks at least 5' from 25% slopes or greater.

KMW
C.C. Josh Rimmel
File