



Building Permit Application

Howard County Maryland
 Department of Inspections, Licenses and Permits
 3430 Court House Drive
 Permits: 410-313-2455
 www.howardcountymd.gov

Date Received: _____

Permit No.: B16001064

Building Address: 17415 Frederick Rd
 City: MT. AIRY State: MD Zip Code: 21771
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Coleman Prop
 Section: _____ Area: _____ Lot: 2
 Tax Map: 7 Parcel: 349 Grid: 1
 Zoning: _____ Map Coordinates: _____ Lot Size: 3.0505 (A)

Existing Use: SFD
 Proposed Use: SFD w/ propane tank
 Estimated Construction Cost: \$ 8000
 Description of Work:
install 1000 gal in-ground propane tank

Occupant or Tenant:
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: Owner
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling	
<input type="checkbox"/> Structural Steel	No. of efficiency units:	
<input type="checkbox"/> Masonry	No. of 1 BR units:	
<input type="checkbox"/> Wood Frame	No. of 2 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Property Owner's Name: MATTHEW MARTIN
 Address: 1931 Reading Ct
 City: MT Airy State: MD Zip Code: 21771
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: JEREMY CLARKE
 Address: PO Box 310
 City: Perry Hall State: MD Zip Code: 21228
 Phone: 443-340-1229 Fax: _____
 Email: Jeremy@AppliedAndApproved.com

Contractor Company: TECH AIR
 Contact Person: Dennis Feaga
 Address: 1560 Ard Caton Center Dr
 City: Baltimore State: MD Zip Code: 21287
 License No.: B1215
 Phone: 443-545-4393 Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: Contractor
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Utilities	RECEIVED MAR 11 2016 LICENSES & PERMITS DIVISION
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number: _____	
Building Shell Permit Number: _____	

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: Jeremy@AppliedAndApproved.com
 Title/Company: Permits

Print Name: Jeremy Clarke
 Date: 3/10/16

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

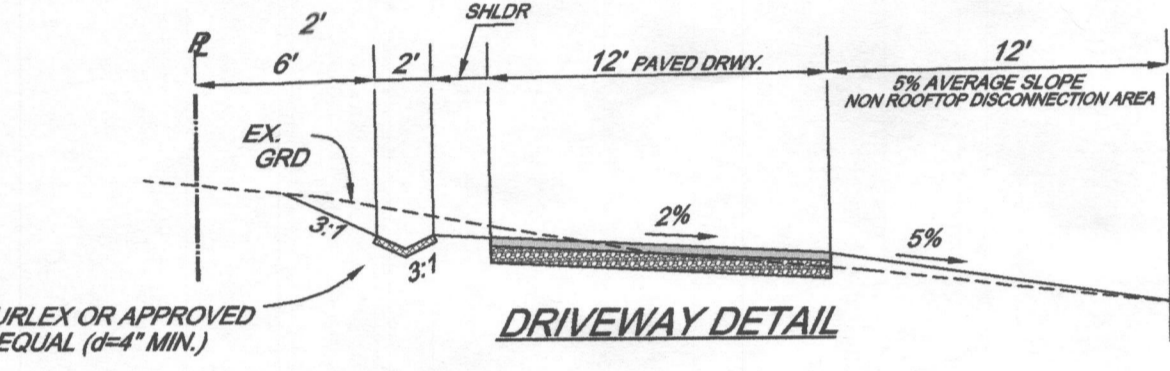
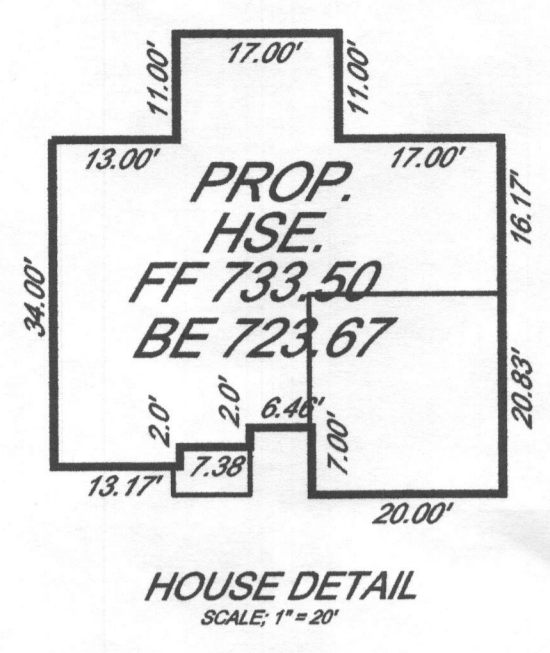
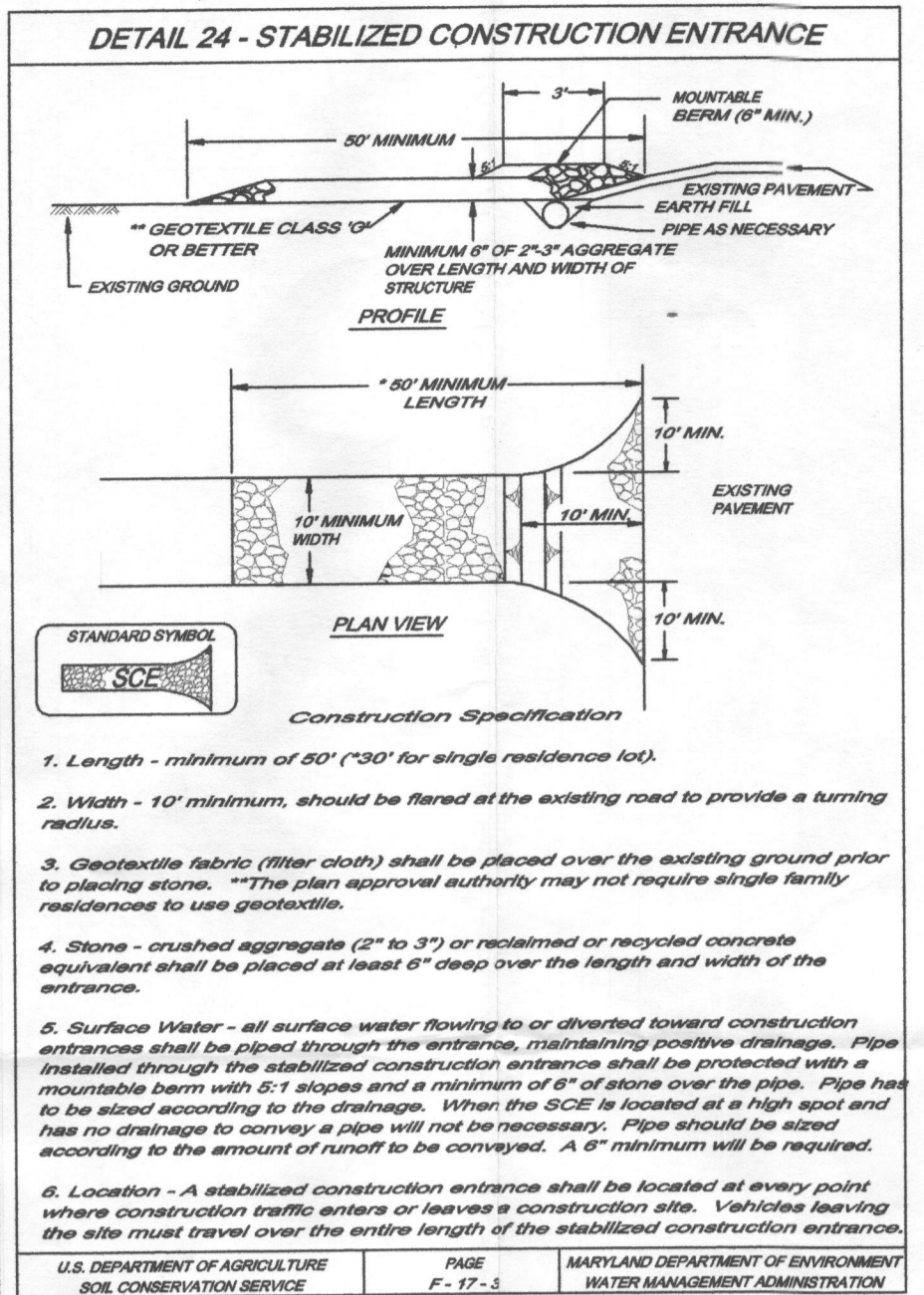
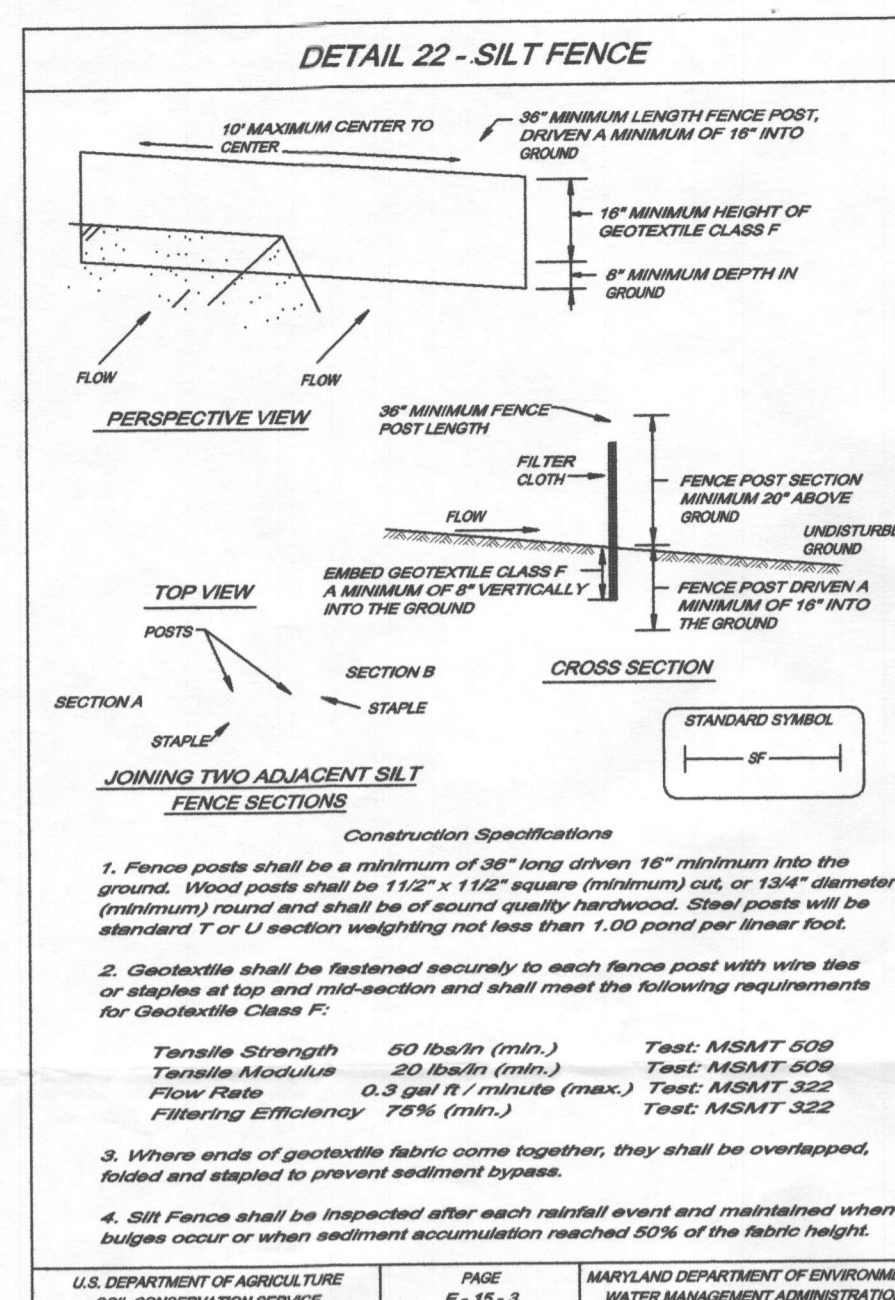
****PLEASE WRITE NEATLY & LEGIBLY****
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
Health	<u>3/24/16</u>	<u>[Signature]</u>

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

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

Filing Fee	\$ <u>110.00</u>
Permit Fee	\$ _____
Tech Fee	\$ _____
Excise Tax	\$ _____
PSFS	\$ _____
Guaranty Fund	\$ _____
Add'l per Fee	\$ _____
Total Fees	\$ _____
Sub- Total Paid	\$ _____
Balance Due	\$ _____
Check	# <u>5148</u>



SEPTIC SYSTEM DESIGN:

(B.A.T. SYSTEM)

PRE-TREATMENT UNIT - SHALL BE MODEL TMTLP UNIT BY NORWECO OR APPROVED EQUAL CAPACITY = 600 GPD CONTROL PANEL - SHALL BE NORWECO SIMILAR TYP CONTROL PANEL AS MANUFACTURED BY NORWECO OR APPROVED EQUAL.

PRE-TREATMENT UNIT VAULT - SHALL BE A PRE-CASTE CONCRETE VAULT, MANUFACTURED BY BACK RIVER PRECAST, INC. OR APPROVED EQUAL.

SEPTIC SYSTEM DATA: (4 - BEDROOM DWELLING)

BASMT, F.F. ELEVATION = 723.67
INVERT (SS) @ SLDG. ELEV. = 721.67

PRE-TREATMENT UNIT (VAULT)

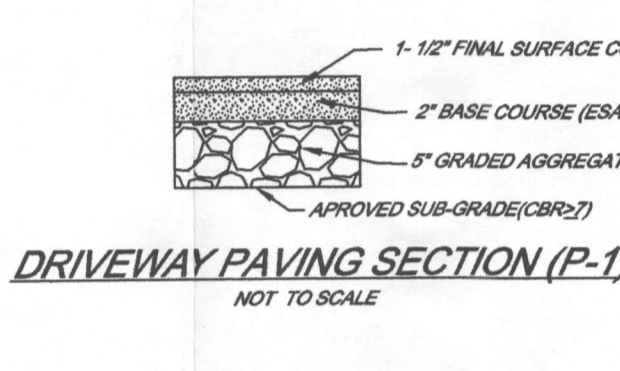
FINISH GRADE = ELEV. 722.0
INVERT (IN) = ELEV. 719.53
INVERT (OUT) = ELEV. 719.32

DISTRIBUTION BOX

FINISH GRADE = ELEV. 721.8
INVERT (IN) = ELEV. 719.33
INVERT (OUT) = ELEV. 719.17

INITIAL SYSTEM

TRENCH #1 GRD. ELEV. 721.7
INVERT (IN) = ELEV. 718.7
TRENCH #2 GRD. ELEV. 720.7
INVERT (IN) = ELEV. 717.17



SOILS LEGEND

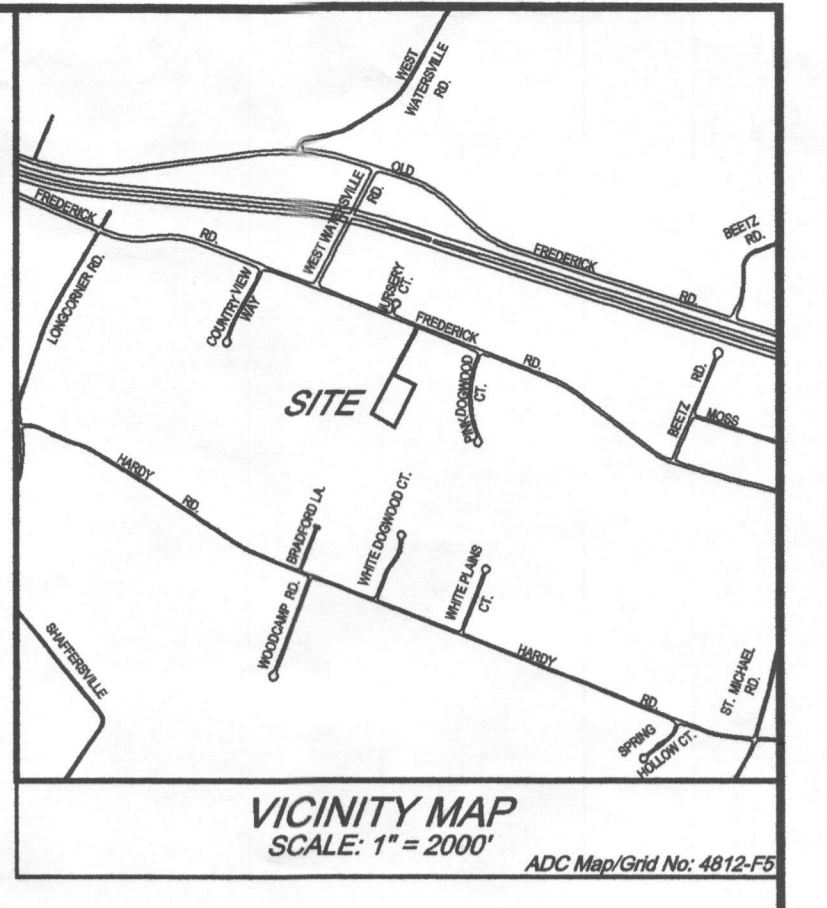
SYMBOL	NAME/DESCRIPTION	SOIL GROUP	K-VALUE	K-VALUE	HYDRIC GROUP
GgA	Glenelg loam, 0 to 3 percent slopes	B	0.28	+	NOT HYDRIC
GgB	Glenelg loam, 3 to 8 percent slopes	B	0.28	+	NOT HYDRIC
GgC	Glenelg loam, 8 to 15 percent slopes	B	0.28	+	NOT HYDRIC

SOIL TYPES BASED ON HOWARD COUNTY SOIL SURVEY MAP # 13 OF 29 / ELLICOTT CITY SW, MARYLAND

LEGEND-SWM- MDE DESIGNATION

DOWN SLOPE - N-1 DENOTES ROOF-TOP RUNOFF DIRECTION

DRIVEWAY SLOPE - N-2 DENOTES NON-ROOFTOP CONNECTION EXISTING DRIVEWAY FAVEMENT

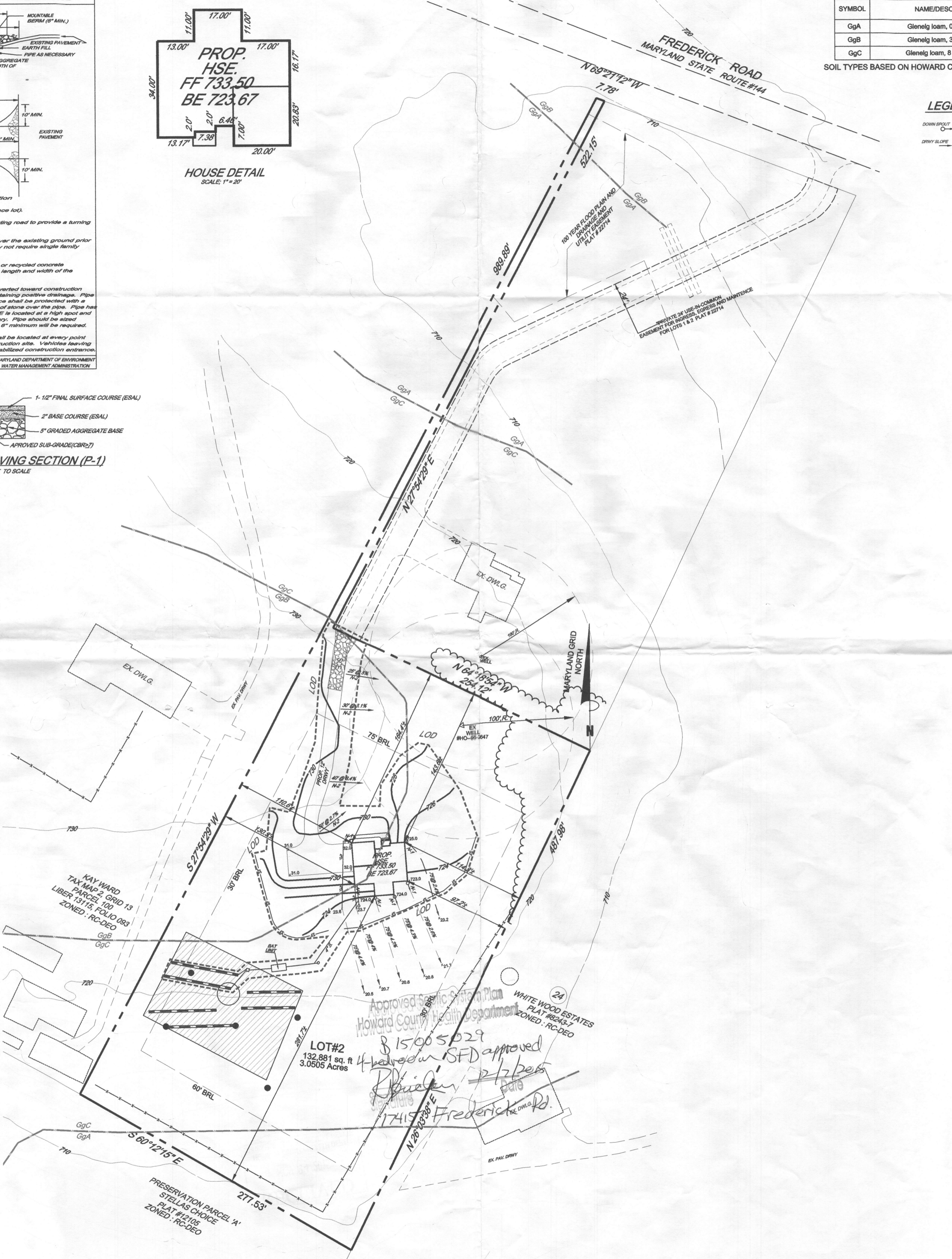
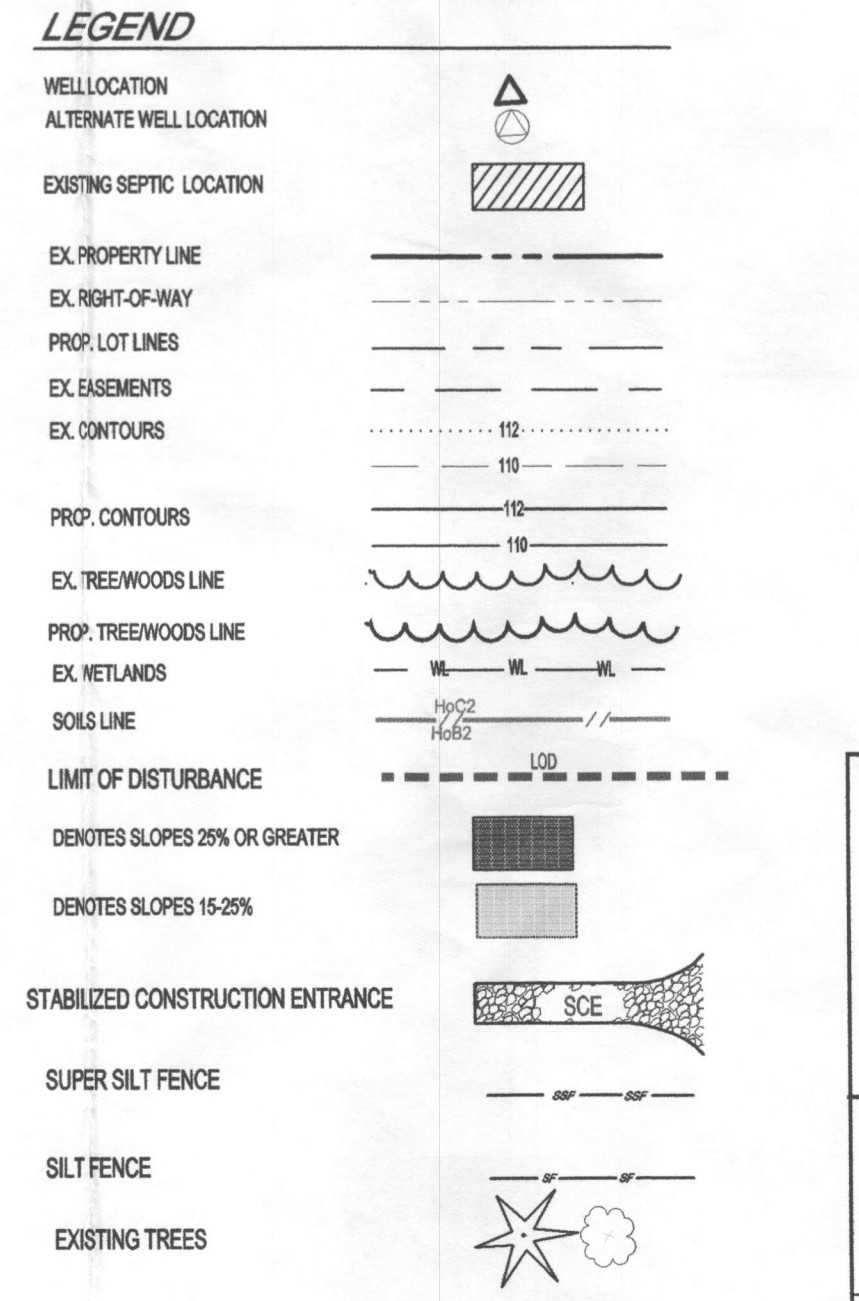


- ### GENERAL NOTES
- OWNERS: VINCENT R. COLEMANNE, 815 WINDRIVER DR, SYKESVILLE, MARYLAND 21784. DEED REFERENCE: LIBER 14088, FOLIO 0437. DATE: JUNE 18, 1979. GRANITOR: A. ROBY HARDY & RAYMOND E. HARDY.
 - TAX MAP 007, GRID 001, PARCEL 349.
 - THE BOUNDARY SHOWN HEREON IS BASED UPON RECORDED PLAT OF COLEMANNE PROPERTY I.W.R. #22714.
 - SOILS BASED UPON NRCS - SOIL WEB MAPS.
 - WATER SERVICE IS PRIVATE, SEWER SERVICE IS PRIVATE.
 - 100 YEAR FLOOD PLAIN LOCATED ON THE PROPERTY BASED ON ECP-13-027 APPROVED 12/13/2012.
 - TOPOGRAPHY SHOWN HEREON IS FIELD RUN BASED UPON HOWARD COUNTY GIS DATA NAVD83, CONTOUR INTERVAL = 2 FT. FIELD VERIFIED BY CRC & ASSOC.
 - THERE ARE NO WELLS OR SEPTIC SYSTEMS WITHIN 100 FT OF THE SUBJECT PROPERTY UNLESS OTHERWISE SHOWN HEREON.
 - SUBJECT PROPERTY IS ZONED RC-DEO.
 - THE PROPERTY SHOWN HEREON IS SUBJECT TO THE FOLLOWING DPZ CASE FILES: WP-12-182, ECP-12-027, AND F-13-082.
 - THIS PLAN IS EXEMPT FROM THE REQUIREMENTS OF FOREST CONSERVATION IN ACCORDANCE WITH SECTION 16.10(2)(b), (1)(b) OF THE HOWARD COUNTY CODE BECAUSE THE DEVELOPER CREATES ONE ADDITIONAL LOT AND HAS NO FURTHER SUBDIVISION POTENTIAL.
 - COORDINATES BASED ON NAD 83, MARYLAND COORDINATE SYSTEM AS PROJECTED BY HOWARD COUNTY GEODETIC CONTROL STATIONS NO. G28A AND NO. 07AD.

- ### HEALTH DEPARTMENT NOTES
- THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP, WIDTH AND AREA REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT.
 - THE AREA DESIGNATED AS PRIVATE SEWAGE EASEMENT OF 10,000 SQ-FT. AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT 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 AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENTS.
 - THERE ARE NO EXISTING WELLS AND SEPTIC SYSTEMS WITHIN 1000' OF THE LOT LINES SHOWN HEREON UNLESS NOTED OTHERWISE.
 - ⊕ DENOTES "PASSED" PERCOLATION TEST
 - ⊗ DENOTES "FAILED" PERCOLATION TEST
 - THE NEAREST WATER INTAKE STRUCTURE IS FOUR MILES+ AWAY.
 - THE PURPOSE OF THE PLAN SHOWN HEREON IS TO AMEND THE REVISED PRIVATE SEWAGE EASEMENT AREA (SEPTIC AREA) FOR LOT-1 AND TO SHOW THE PLAN PROFILE AND DETAILS FOR THE CONSTRUCTION OF THE PRIVATE ON-SITE SEWAGE DISPOSAL SYSTEM (B.A.T. SYSTEM) FOR LOT-1.
 - ANY CHANGES TO THE PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.

SITE ANALYSIS

TOTAL AREA SITE	3.0205 ACRES
AREA DISTURBED	28,378 SF
AREA TO BE ROOFPED	2,110 SF
AREA TO BE PAVED	3818 SF
AREA TO BE VEGETATIVELY STABILIZED	23,452 SF
TOTAL VOLUME CUT	513 CY.
TOTAL VOLUME FILL	513 CY.



PROFESSIONAL CERTIFICATION

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND.

Charles R. Crocken 11-10-15
CHARLES R. CROCKEN, PE MD LICENSE REG. NO. 7803 DATE

SITE PLAN

17415 FREDERICK ROAD
LOT 2
"COLEMANNE PROPERTY"

SINGLE FAMILY DETACHED
PLAT C.M.P. # 22714
ZONED RC-DEO

FOURTH ELECTION DISTRICT TAX MAP #7, GRID 011, PARCEL 349
HOWARD COUNTY, MARYLAND

Prepared by:
CHARLES R. CROCKEN AND ASSOCIATES, INC.
902 LEE AVE.
SYKESVILLE, MARYLAND 21157
Tel. (410) 549-2708

SCALE: 1" = 50' DATE: 11/05/15 SHEET 1 OF 1

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PRIVATE
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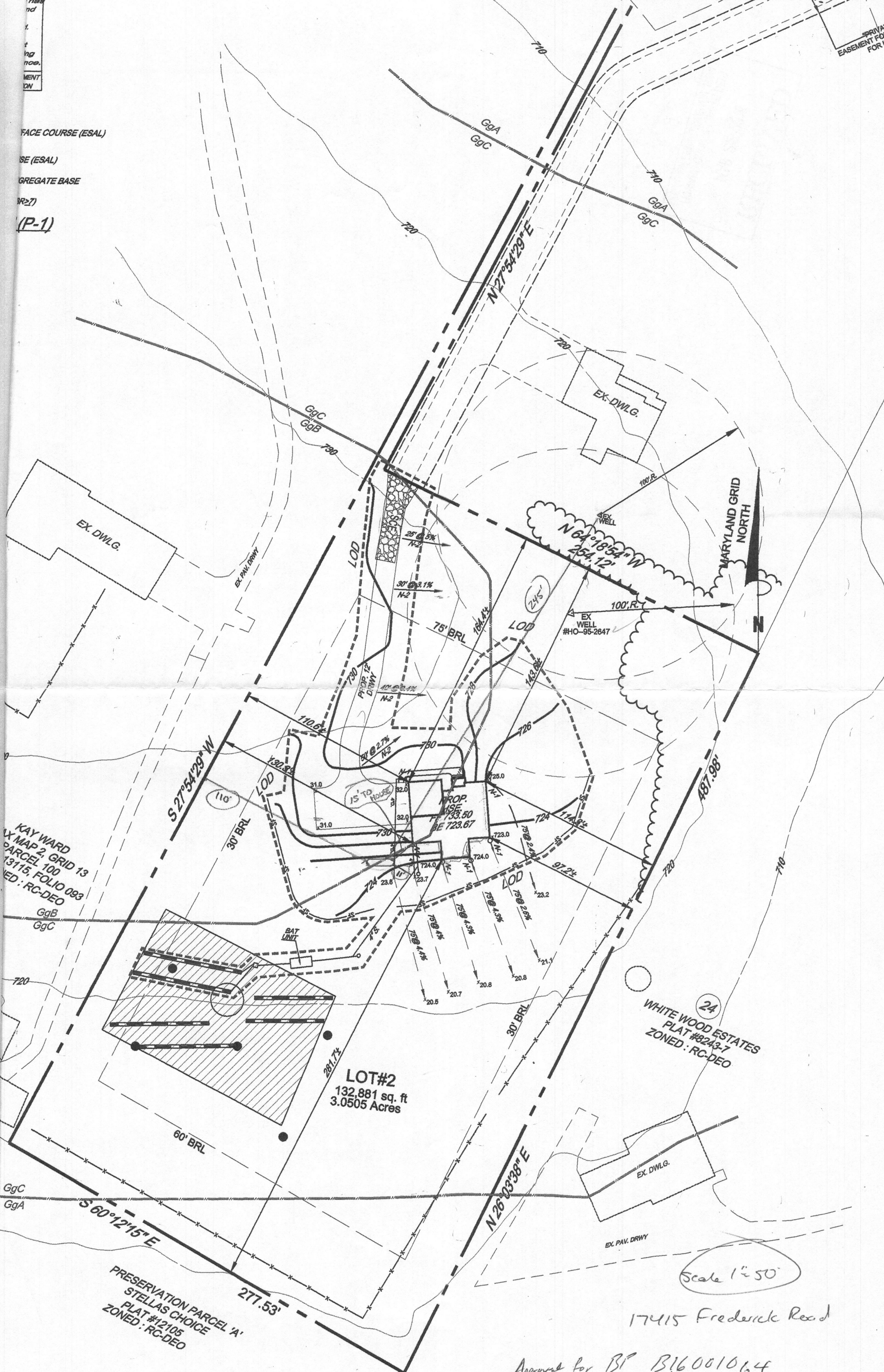
FACE COURSE (ESAL)

ISE (ESAL)

GREGATE BASE

PR-7)

(P-1)



KAY WARD
EX MAP 2, GRID 13
PARCEL 100
13115, FOLIO 093
ZONED: RC-DEO

LOT#2
132,881 sq. ft
3.0505 Acres

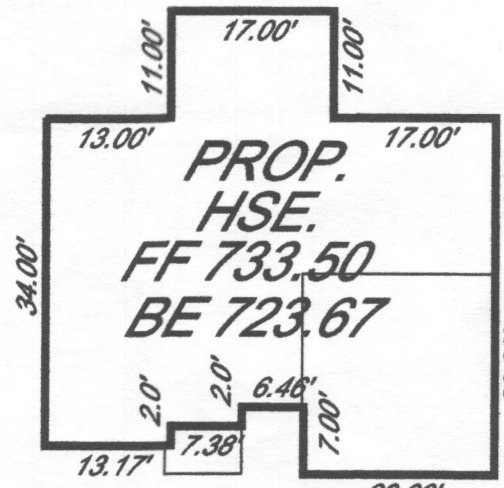
24
WHITE WOOD ESTATES
PLAT #8243-7
ZONED: RC-DEO

PRESERVATION PARCEL 'A'
STELLAS CHOICE
PLAT #12105
ZONED: RC-DEO

Scale 1" = 50'

17415 Frederick Road

Approved for BP B16001064



HOUSE DETAIL
SCALE: 1" = 20'

HEALTH DEPARTMENT NOTES

1. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP, WIDTH AND AREA REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT.
2. THE AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT 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 AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENTS.
3. THERE ARE NO EXISTING WELLS AND SEPTIC SYSTEMS WITHIN 100 FT. OF THE LOT LINES SHOWN HEREON UNLESS NOTED OTHERWISE.
 ⊕ DENOTES "PASSED" PERCOLATION TEST
 ⊖ DENOTES "FAILED" PERCOLATION TEST
4. THE NEAREST WATER INTAKE STRUCTURE IS FOUR MILES+ AWAY.
5. THE PURPOSE OF THE PLAN SHOWN HEREON IS TO AMEND THE REVISED ON-SITE SEWAGE DISPOSAL SYSTEM (S.A.T. SYSTEM) FOR LOT #1.
6. ANY CHANGES TO THE PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.

BAT SYSTEM NOTES (HCHD)

1. ANY CHANGE TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT (HCHD) PRIOR TO INSTALLATION. A REVISED SITE PLAN MAY BE REQUIRED.
2. THE MAXIMUM DEPTH OF THE BAT PER HCHD SPECIFICATIONS IS 3 FT.
3. THE BLOWER MAY NOT BE LOCATED MORE THAN 10 FEET FROM THE TANK BASED ON THE MANUFACTURER'S SPECIFICATIONS.
4. THE BAT SYSTEM SHALL BE MAINTAINED AND OPERATED FOR THE LIFE OF THE SEPTIC SYSTEM.
5. THE BAT SHALL BE OPERATED AND MAINTAINED BY A CERTIFIED SERVICE PROVIDER.
6. WITHIN ONE MONTH OF INSTALLATION, THE CONTRACTOR INSTALLING THE BAT SYSTEM SHALL REPORT TO THE MARYLAND DEPARTMENT OF THE ENVIRONMENT (MDE) IN A MANNER ACCEPTABLE TO MDE, THE ADDRESS AND DATE OF COMPLETION OF THE BAT INSTALLATION AND THE TYPE AND MANUFACTURER OF THE BAT UNIT INSTALLED.
7. ALL ELECTRICAL WORK FOR THE BAT INSTALLATION MUST BE PERFORMED BY A LICENSED ELECTRICIAN.
8. AN AGREEMENT AND EASEMENT MUST BE COMPLETED AND SIGNED BY ALL APPLICABLE PARTIES, AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY.
9. THE HOWARD COUNTY HEALTH DEPARTMENT (HCHD) REQUIRES DOCUMENTATION FOR THE SITE PERCOLATION FROM THE MANUFACTURER PRIOR TO FINAL APPROVAL OF THE INSTALLATION.

SEPTIC SYSTEM DESIGN:

DESIGN FLOW: 4 - BEDROOM DWELLING DESIGN FLOW = 800 GPD

INITIAL SYSTEM
 PERCOLATION TEST TIME > 15 MINUTES
 APPLICATION RATE = 0.80 GPD/SQ-FT
 DEEP TRENCH WIDTH W = 3'; DEPTH OF STONE = 5' BELOW INVERT OF PIPE
 LENGTH OF TRENCH REQ'D = 120 LF
 USE (2) TRENCHES L = 60' EACH

1ST REPLACEMENT SYSTEM
 PERCOLATION TEST TIME < 15 MINUTES
 APPLICATION RATE = 0.80 GPD/SQ-FT
 DEEP TRENCH WIDTH W = 3'; DEPTH OF STONE = 4.5' BELOW INVERT OF PIPE
 LENGTH OF TRENCH REQ'D = 98 LF
 USE (2) TRENCHES L = 47.5' EACH

2ND REPLACEMENT SYSTEM
 PERCOLATION TEST TIME > 15 MINUTES
 APPLICATION RATE = 0.80 GPD/SQ-FT
 DEEP TRENCH WIDTH W = 3'; DEPTH OF STONE = 4' BELOW INVERT OF PIPE
 LENGTH OF TRENCH REQ'D = 120 LF
 USE (2) TRENCHES L = 60' EACH

(B.A.T. SYSTEM)

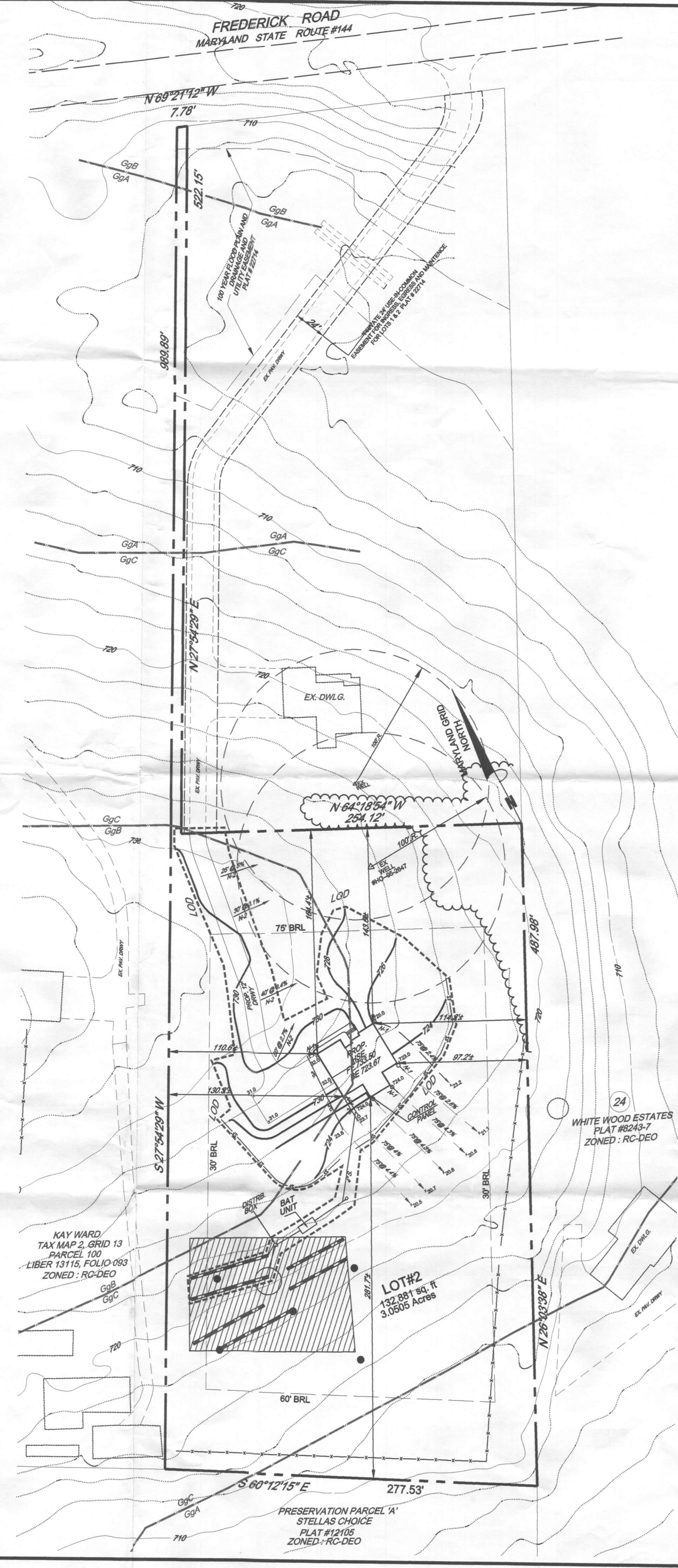
PRE-TREATMENT UNIT - SHALL BE MODEL TMTLP UNIT BY NORWECO OR APPROVED EQUAL CAPACITY = 800 GPD
 CONTROL PANEL - SHALL BE NORWECO SINGULAR THAT CONTROL PANEL AS MANUFACTURED BY NORWECO OR APPROVED EQUAL
 PRE-TREATMENT UNIT VAULT - SHALL BE A PRE-CASTE CONCRETE VAULT, MANUFACTURED BY BACK RIVER PRECAST, INC. OR APPROVED EQUAL

SEPTIC SYSTEM DATA: (4 - BEDROOM DWELLING)
 BSMT: F.F. ELEVATION = 723.07
 INVERT (S) @ B.S.M.T. = ELEV. = 721.87

PRE-TREATMENT UNIT - (VAULT)
 FINISH GRADE = ELEV. 722.0
 INVERT (IN) = ELEV. 719.33
 INVERT (OUT) = ELEV. 719.20

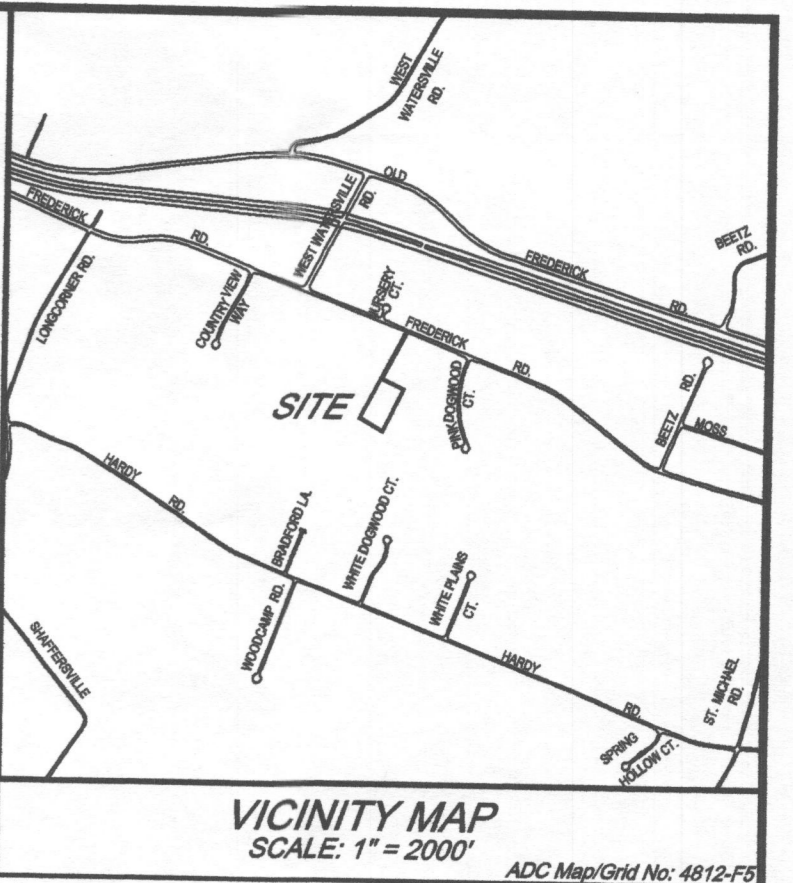
DISTRIBUTION BOX
 FINISH GRADE = ELEV. 721.8
 INVERT (IN) = ELEV. 718.9
 INVERT (OUT) = ELEV. 718.84

INITIAL SYSTEM
 TRENCH #1, GRD. ELEV. 721.7
 INVERT (IN) = ELEV. 718.7
 TOP OF STONE = ELEV. 718.37
 BOTTOM OF STONE = ELEV. 713.7
 TRENCH #2, GRD. ELEV. 720.7
 INVERT (IN) = ELEV. 717.7
 TOP OF STONE = ELEV. 718.07
 BOTTOM OF STONE = ELEV. 712.7



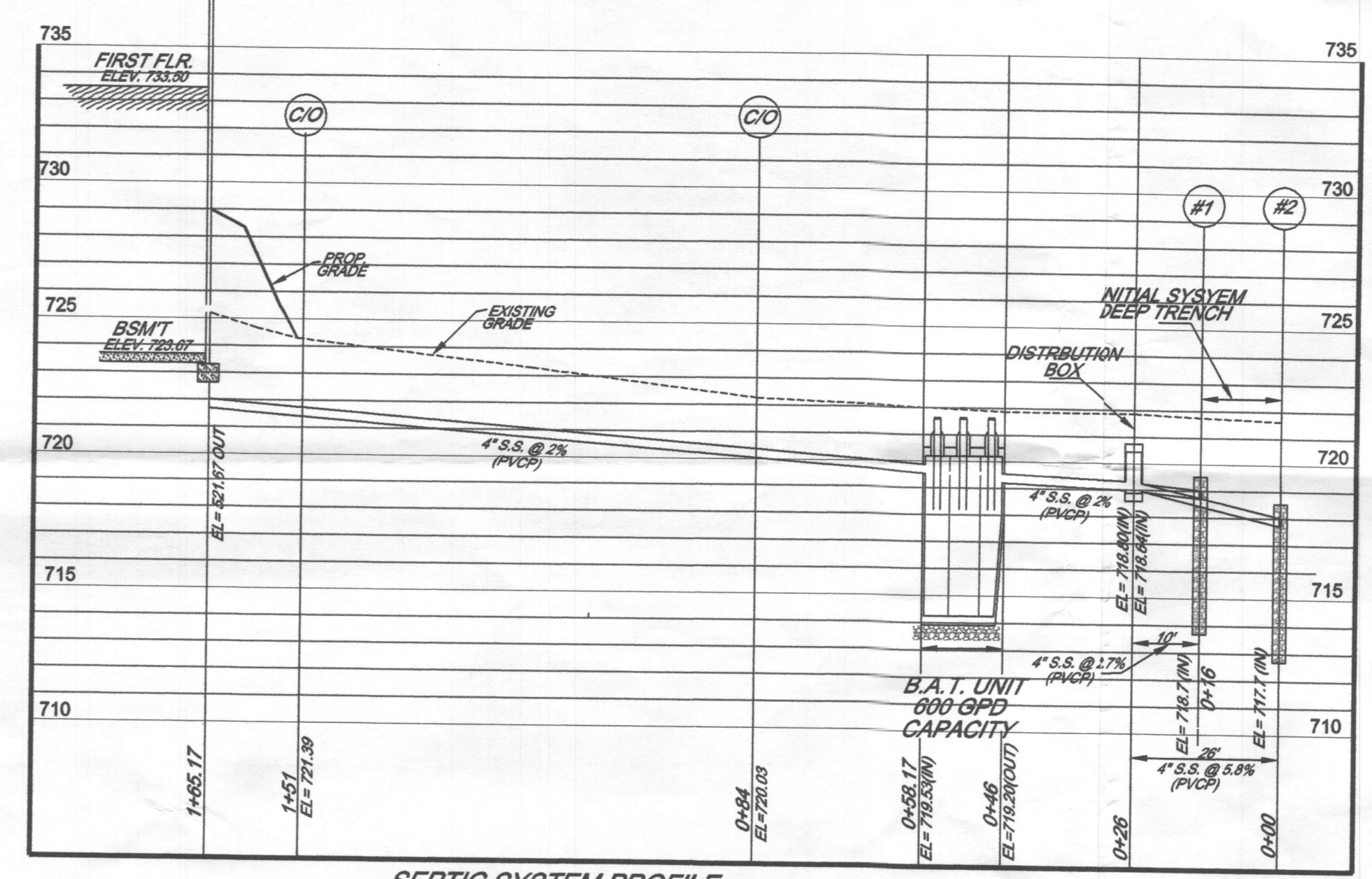
SOILS LEGEND					
SYMBOL	NAME/DESCRIPTION	SOIL GROUP	K-VALUE	K-VALUE	HYDRIC GROUP
GgA	Glenn loam, 0 to 3 percent slopes	B	0.28	+	NOT HYDRIC
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SOIL TYPES BASED ON HOWARD COUNTY SOIL SURVEY MAP # 13 OF 29 / ELLICOTT CITY SW, MARYLAND

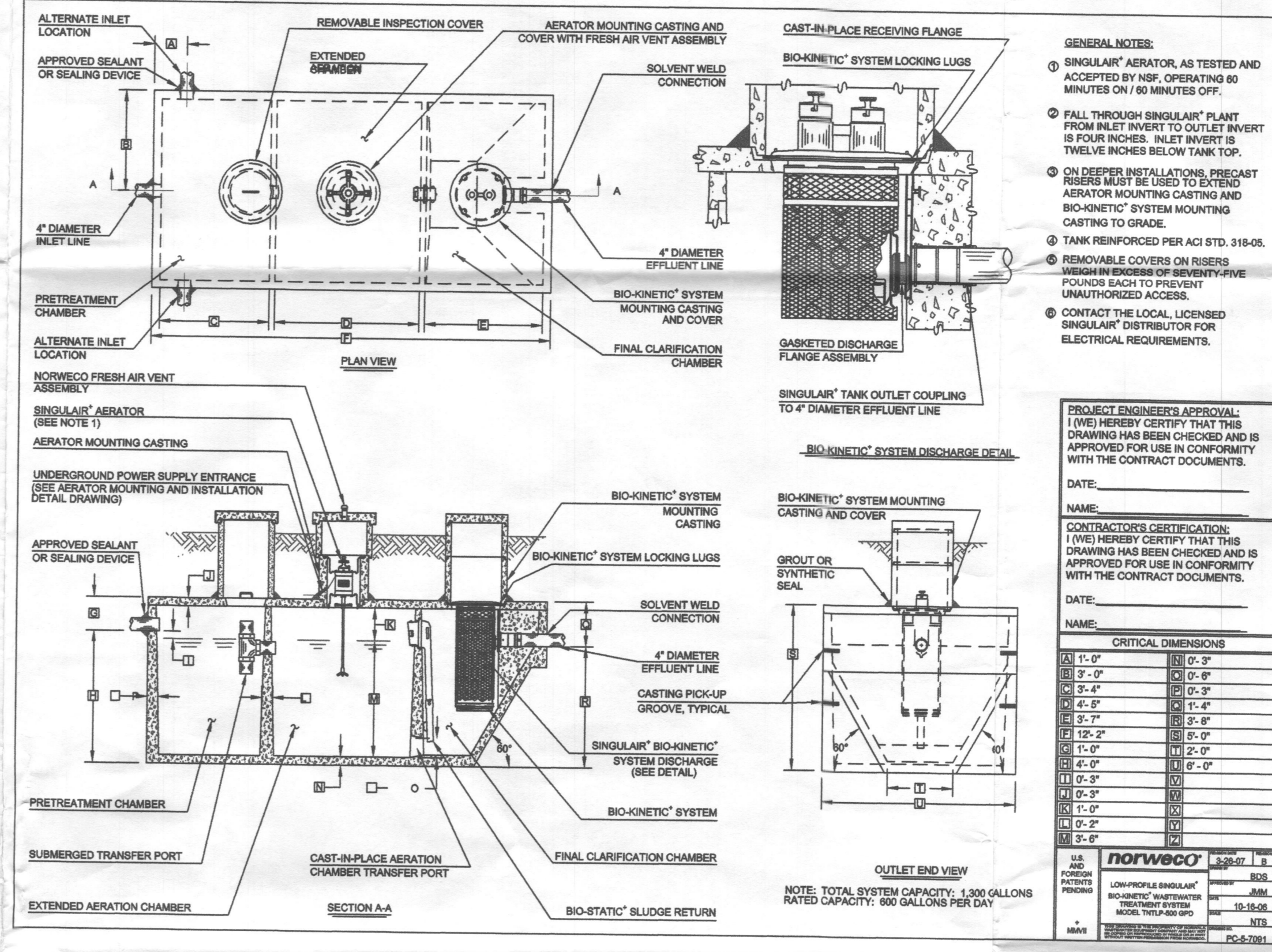


GENERAL NOTES

1. OWNERS: VINCENT R. COLEMANNE, 815 WINDSOR DR, SYKESVILLE, MARYLAND 21784. DEED REFERENCE: LIBER 1428, FOLIO 0437. DATE: JUNE 18, 1978. GRANTOR: A. ROBY HARDY & RAYMOND E. HARDY.
2. TAX MAP 001, GRID 001, PARCEL 349.
3. THE BOUNDARY SHOWN HEREON IS BASED UPON RECORDED PLAT OF COLEMANNE PROPERTY W.A.R. 82714.
4. SOILS BASED UPON NRCS SOIL WEBS MAPS.
5. WATER SERVICE IS PRIVATE. SEWER SERVICE IS PRIVATE.
6. 100 YEAR FLOOD PLAIN LOCATED ON THE PROPERTY BASED ON EOP-13-027 APPROVED 12/13/2012.
7. TOPOGRAPHY SHOWN HEREON IS FIELD RUN BASED UPON HOWARD COUNTY GIS DATA NAVD83, CONTOUR INTERVAL = 2 FT. FIELD VERIFIED BY ORC & ASSOC.
8. THERE ARE NO WELLS OR SEPTIC SYSTEMS WITHIN 100 FT OF THE SUBJECT PROPERTY UNLESS OTHERWISE SHOWN HEREON.
9. SUBJECT PROPERTY IS ZONED RC-DEO.
10. THE PROPERTY SHOWN HEREON IS SUBJECT TO THE FOLLOWING DPZ CASE FILES: WP-12-163, EOP-12-037, AND F-13-082.
11. THIS PLAN IS EXEMPT FROM THE REQUIREMENTS OF FOREST CONSERVATION IN ACCORDANCE WITH SECTION 16.12(b)(3) (1) OF THE HOWARD COUNTY CODE BECAUSE THE DEVELOPMENT CREATES ONE ADDITIONAL LOT AND HAS NO FURTHER SUBDIVISION POTENTIAL.
12. COORDINATES BASED ON HD 83, MARYLAND COORDINATE SYSTEM AS PROJECTED BY HOWARD COUNTY GEODETIC CONTROL STATIONS NO. 0204 AND NO. 0242.
13. THE EXISTING WELL SHOWN ON THIS PLAN TAG NO. HO-95-2647 HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.



SEPTIC SYSTEM PROFILE
 SCALES: HORIZ 1" = 20'
 VERT. 1" = 5'



GENERAL NOTES:

1. SINGULAR® AERATOR, AS TESTED AND ACCEPTED BY MDE, OPERATING 90 MINUTES ON 160 MINUTES OFF.
2. FALL THROUGH SINGULAR® PLANT FROM INLET INVERT TO OUTLET INVERT IS FOUR INCHES. INLET INVERT IS TWELVE INCHES BELOW TANK TOP.
3. ON DEEPER INSTALLATIONS, PRECAST AERATOR MOUNTING CASTING AND BIO-KINETIC® SYSTEM MOUNTING CASTING TO GRADE.
4. TANK REINFORCED PER ACI STD. 318-05.
5. REMOVABLE COVERS ON RISERS MINIMUM HEIGHT OF SEVENTY-FIVE POUNDS EACH TO PREVENT UNAUTHORIZED ACCESS.
6. CONTACT THE LOCAL LICENSED SINGULAR® DISTRIBUTOR FOR ELECTRICAL REQUIREMENTS.

PROJECT ENGINEER'S APPROVAL:
 I (WE) HEREBY CERTIFY THAT THIS DRAWING HAS BEEN CHECKED AND IS APPROVED FOR USE IN CONFORMITY WITH THE CONTRACT DOCUMENTS.
 DATE: _____
 NAME: _____

CONTRACTOR'S CERTIFICATION:
 I (WE) HEREBY CERTIFY THAT THIS DRAWING HAS BEEN CHECKED AND IS APPROVED FOR USE IN CONFORMITY WITH THE CONTRACT DOCUMENTS.
 DATE: _____
 NAME: _____

CRITICAL DIMENSIONS	
(A) 1'-0"	(I) 0'-3"
(B) 3'-0"	(J) 0'-6"
(C) 4'-0"	(K) 0'-4"
(D) 3'-7"	(L) 3'-8"
(E) 1'-0"	(M) 0'-0"
(F) 12'-2"	(N) 0'-0"
(G) 1'-0"	(O) 0'-0"
(H) 0'-3"	(P) 0'-0"
(I) 0'-3"	(Q) 0'-0"
(J) 0'-0"	(R) 0'-0"
(K) 0'-0"	(S) 0'-0"
(L) 0'-0"	(T) 0'-0"
(M) 0'-0"	(U) 0'-0"
(N) 0'-0"	(V) 0'-0"
(O) 0'-0"	(W) 0'-0"
(P) 0'-0"	(X) 0'-0"
(Q) 0'-0"	(Y) 0'-0"
(R) 0'-0"	(Z) 0'-0"

norweco Legend B
 TOTAL SYSTEM CAPACITY: 1,300 GALLONS
 RATED CAPACITY: 800 GALLONS PER DAY

Approved Septic System Plan
 Howard County Health Department
 Norweco TMTLP-500
 Br 4-Bedroom Floorplan
 Signature: R. Buehler
 Date: 12/10/2015
 B15005029

SITE ANALYSIS

TOTAL AREA SITE	3.0255 ACRES
AREA DISTURBED	29,376 SF
AREA TO BE ROOFED	2,110 SF
AREA TO BE PAVED	3816 SF
AREA TO BE VEGETATIVELY STABILIZED	23,450 SF
TOTAL VOLUME CUT	813 CY
TOTAL VOLUME FILL	515 CY

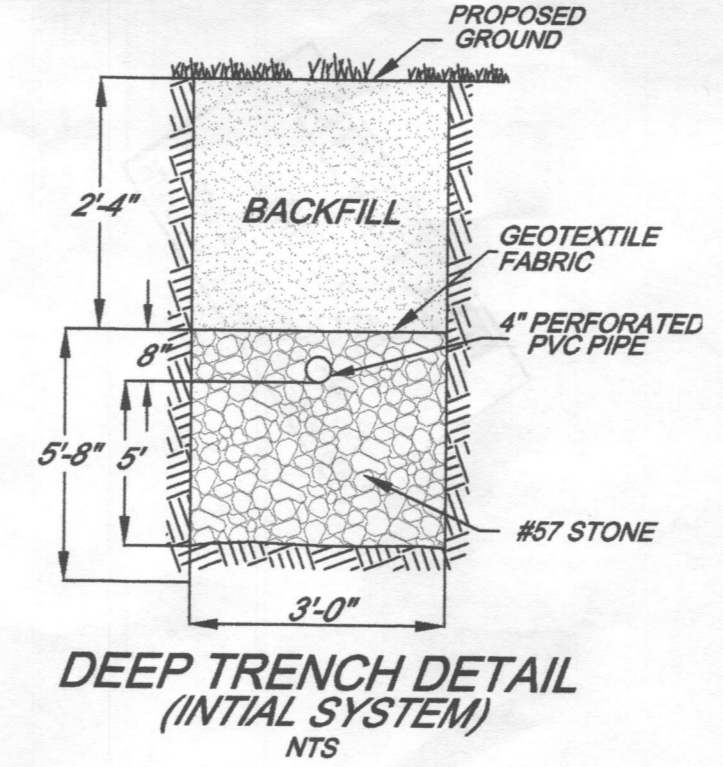
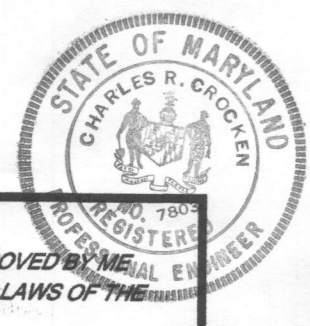
OWNER / DEVELOPER:
 VINCENT R. COLEMANNE
 815 WINDSOR DR.
 SYKESVILLE, MARYLAND 21784
 TEL. 410-984-8164

B.A.T. SYSTEM SITE PLAN
 17415 FREDERICK ROAD
 LOT 2
 "COLEMANNE PROPERTY"
 SINGLE FAMILY DETACHED
 PLAT C.M.P. # 2214
 ZONED RC-DEO
 FOURTH ELECTION DISTRICT TAX MAP #7, GRID 01, PARCEL 349
 HOWARD COUNTY, MARYLAND

Prepared by:
CHARLES R. CROCKEN AND ASSOCIATES, INC.
 902 LEE AVE.
 SYKESVILLE, MARYLAND 21157
 Tel. (410) 549-2708

PROFESSIONAL CERTIFICATION
 I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AS AN ENGINEER AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND. LICENSE NO. 7803 EXPIRATION DATE 4-22-2017

Signature: Charles R. Crocken
 DATE: 12-1-15
 CHARLES R. CROCKEN, P.E. MD. LICENSE REG. NO. 7803



DEEP TRENCH DETAIL (INITIAL SYSTEM)
 NTS



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: B15005029

Building Address: 17415 Frederick Rd
City: MT Airy State: MD Zip Code: 21771
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Edicaine Property
Section: _____ Area: _____ Lot: 2
Tax Map: 7 Parcel: 349 Grid: _____
Zoning: RC-DEO Map Coordinates: _____ Lot Size: 3000 sq ft

Existing Use: vacant land
Proposed Use: res
Estimated Construction Cost: \$ 215,000
Description of Work: 4 BR 2.5 Bath 1/1.5 car garage

Occupant or Tenant: _____
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: Matt & Lisa Martin
Address: 1031 Reardon St
City: MT Airy State: MD Zip Code: 21771
Phone: 301-261-2583 Fax: _____
Email: matt.lisa.martin@gmail.com

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: Viking Development Corp
Contact Person: Cary Cumberland
Address: 815 Windrivers Dr
City: Sykesville State: MD Zip Code: 21784
License No.: 1185
Phone: 410-977-2186 Fax: 410-442-2085
Email: cary@vikingcustomhomes.com

Engineer/Architect Company: SRA
Responsible Design Prof.: _____
Address: Morgan Station Rd
City: W/11/11/11 State: MD Zip Code: 21787
Phone: 443-545-338 Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor: <u>24</u>	<u>47</u>
Area of construction (sq. ft.):	2 nd floor: <u>34</u>	<u>47</u>
Use group:	Basement: <u>34</u>	<u>47</u>
Construction type:	<input type="checkbox"/> Finished Basement	
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Wood Frame	No. of Bedrooms: <u>4</u>	
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of 1 BR units:	
Roadside Tree Project Permit #	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	

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Heating System	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>615000365</u>	
Building Shell Permit Number:	

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: Cary Cumberland
Email Address: cary@vikingcustomhomes.com
Title/Company: President/Viking Dev Corp

Print Name: Cary Cumberland
Date: 11/10/15

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>12/15</u>	<u>R. Bucher</u>

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

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$ <u>100.00</u>
Permit Fee	\$
Tech Fee	\$ <u>50.00</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>11-111</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA