

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
20-7000960
 DECKER

Building Address 5332 ILEX WAY
DAYTON MD 21036
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision KALIA FIRMS
 Section 1 Area _____ Lot 19
 Tax Map 27 Parcel _____ Grid 17
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name KLITH J AND A GLENNER
 Address 5332 ILEX WAY
 City DAYTON State MD Zip Code 21036
 Home Phone 301 854 0564 Work Phone 301 585 4785
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone 301 831 6194 Fax 301 865 4003

Existing Use RESIDENCE
 Proposed Use RENOVATION
 Estimated Construction Cost \$ 160,000
 Description of Work BUILD A NEW DETACHED
GARAGE, AND ROOM WITH BATH
AND PORCH 39X24 AND 26X16

Contractor Company JOHN R. SALMONS, SR. C.C.
 Contact Person JOHN R. SALMONS, SR.
 Address 3516 MARLBORO DR
 City MONTGOMERY State MD Zip Code 20770
 License No. MHC 23127
 Phone 301 831 6194 Fax 301 865 4003

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

Engineer or Architect Company CLAUDE C. LAPP
 Contact Person CHRIS LAPP
 Address 11820 PARKLAWN DR SUITE 100
 City ROCKVILLE State MD Zip Code 20852
 Phone 301 881 6856 Fax 301 720 9163

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>26</u> <u>39</u> 2nd floor: <u>16</u> <u>24</u> Basement: <u>4/16</u> <u>936</u>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of Bedrooms _____ Height: <u>20'-6"</u> Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____ Manufactured Home _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

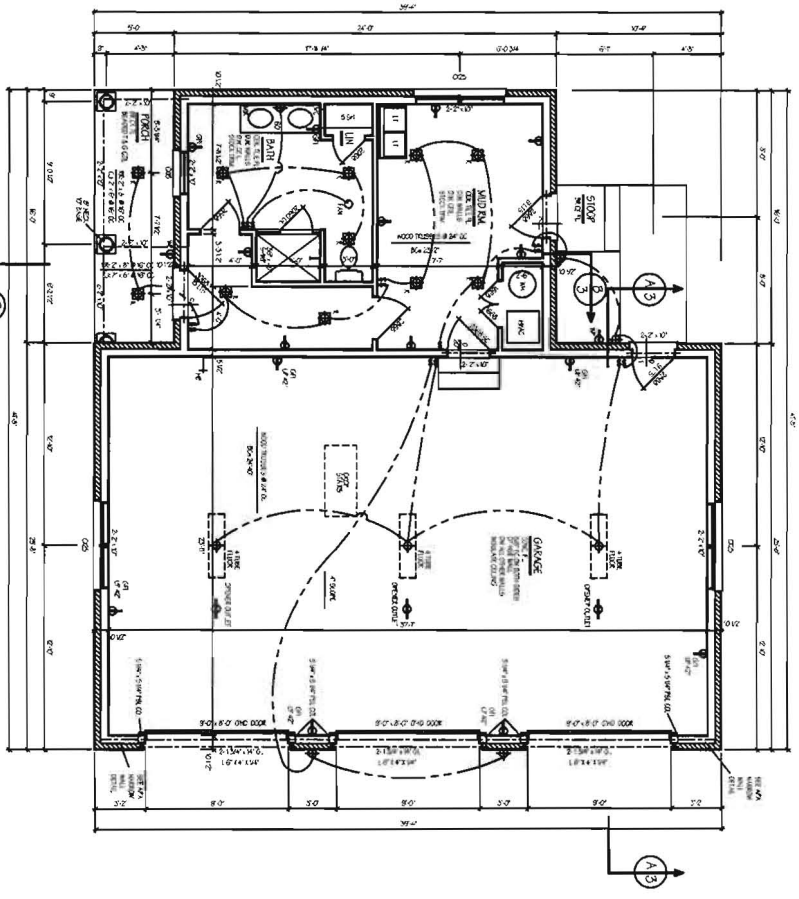
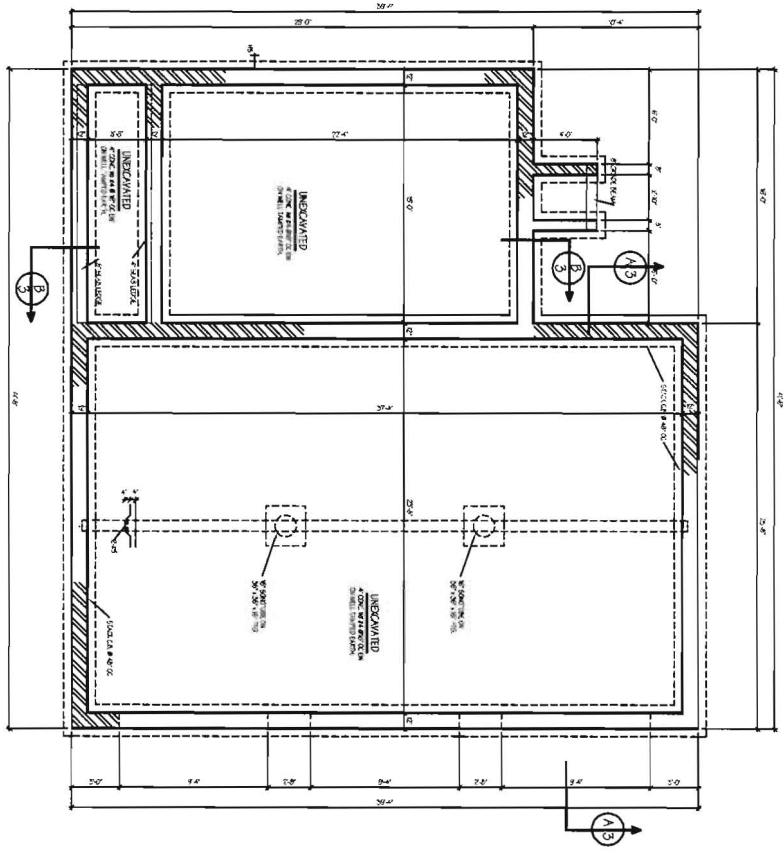
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

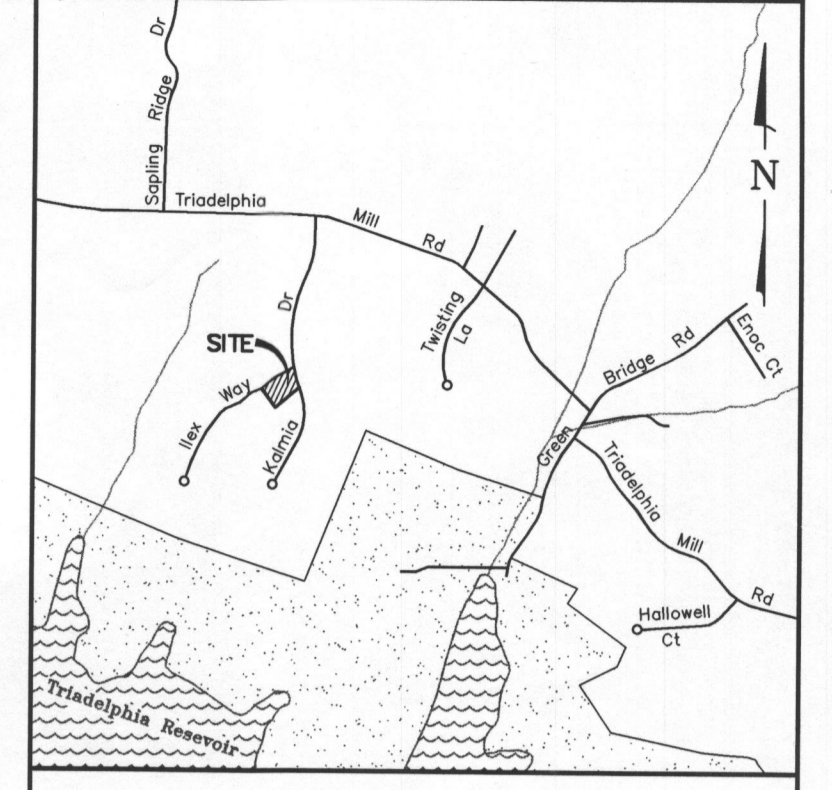
John R. Salmons, Sr.
 Applicant's Signature
Contractor
 Title/Company

JOHN R. SALMONS, SR.
 Print Name
12/14/06
 Date

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

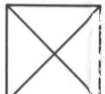

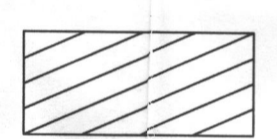
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>4/26/07</u>	<u>Chad Taylor</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?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation \$ _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies -	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	
T: Normal PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____
			Yellow: DED, DPZ	Pink: Health
				Gold: SHA





VICINITY MAP
SCALE 1" = 2,000'

New
Septic Area
Added
2,293 sq

-  This symbols indicates test holes previously dug and their approximate location from Howard County, Health Department records.
-  This symbols indicates test holes dug on 12/27/06 and their approximate location from Howard County, Health Department records.
-  This area designates a private sewage easement of at least 10,000 square feet as required by the Maryland State Department of the Environment for individual Sewage disposal. Improvements of any nature in this area are restricted. This easement 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 easement. Recordation of a revised sewage easement shall not be necessary.


Notes

1. All existing wells and sewerage easements within 100' of the property lines of have been shown from the best available information.
2. Topography from surveys by this office dated February, 2007.
2 foot contour interval.
3. "Any changes to a private sewage easement shall require a revised percolation certification plan."
4. The lot shown hereon complies with the minimum ownership width and lot area as required by the Maryland Department of the Environment.
5. Invert elevations shown hereon for the construction of the new bath house facilities were field verified by the contractor.

Prepared For
Mr. John R. Salmons, Sr.
3516 Marigold Drive
Monrovia, Md. 21770
Phone: 301 831-6194
Fax: 301 865-4003

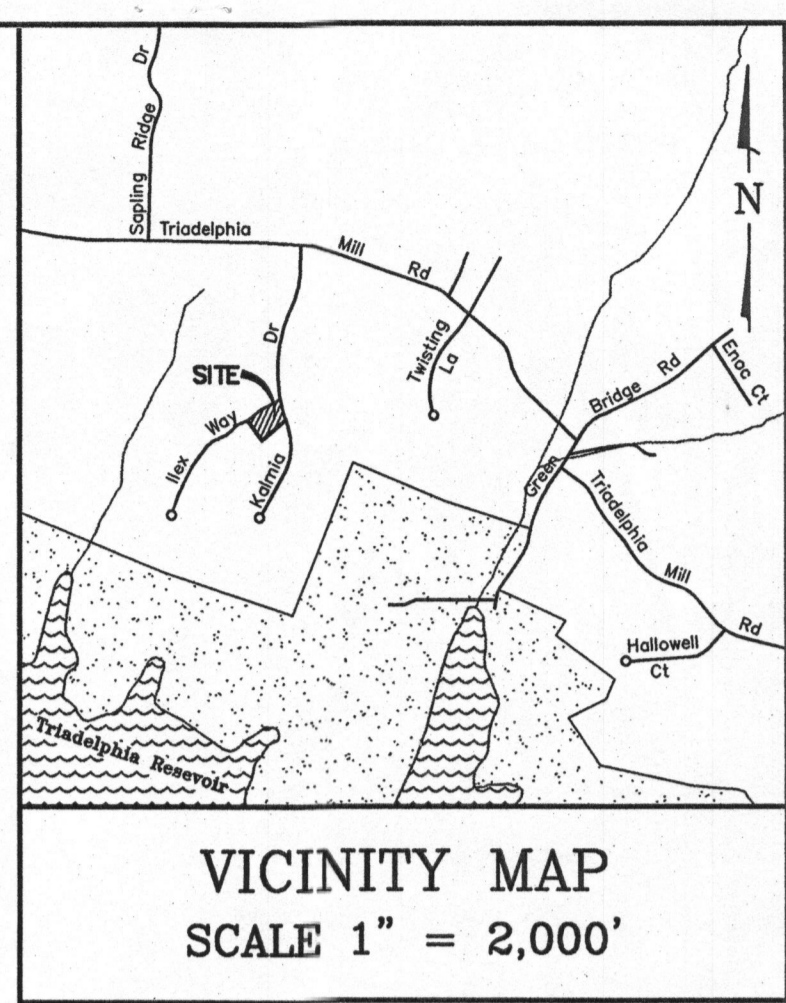
TAX MAP 27



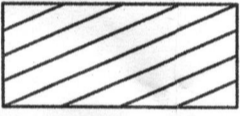
PLOT PLAN
SECTION 1 LOT 19
KALMIA FARMS
PLAT 4172
FIFTH ELECTION DISTRICT - HOWARD COUNTY - MARYLAND

	Macris, Hendricks & Glascock, P.A. Engineers ■ Planners Landscape Architects ■ Surveyors	Proj. Mgr. JCG	Designer Dac
		Date 04-24-07	Scale 1"=10'
9220 Wightman Road, Suite 120 Montgomery Village, Maryland 20886-1279		Phone 301.670.0840 Fax 301.948.0693 www.mhga.com	Project No. 07-111
			Sheet 1 of 1

NO.	DATE	DESCRIPTION	BY

1/07/11/10/MSA, 10_02.dwg, 24/08/2007 8:45:00 AM, COPY RIGHT ©2007 MACRIS, HENDRICKS & GLASCOCK, P.A.

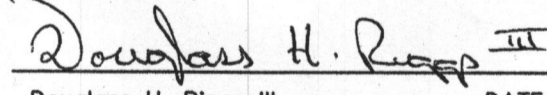


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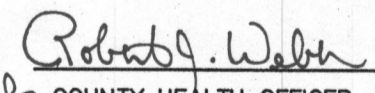
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2. Topography from surveys by this office dated February, 2007. 2 foot contour interval.
3. "Any changes to a private sewage easement shall require a revised percolation certification plan."
4. The lot shown hereon complies with the minimum ownership width and lot area as required by the Maryland Department of the Environment.

"I certify that the information shown hereon is based on field work performed by me or under my direct supervision, and is correct to the best of my knowledge and belief."

 3/13/07
 Douglas H. Riggs III DATE
 Professional Land Surveyor
 Md. Reg. No. 10712



APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS.
HOWARD COUNTY HEALTH DEPT.

 3/26/07
 In COUNTY HEALTH OFFICER DATE

Prepared For
Mr. John R. Salmons, Sr.
3516 Marigold Drive
Monrovia, Md. 21770
Phone: 301 831-6194
Fax: 301 865-4003

TAX MAP 27

Revised Percolation Certification Plan
 SECTION 1 LOT 19
KALMIA FARMS
 PLAT 4172
 FIFTH ELECTION DISTRICT - HOWARD COUNTY - MARYLAND

 Macris, Hendricks & Glascock, P.A. Engineers • Planners Landscape Architects • Surveyors 9220 Wightman Road, Suite 120 Montgomery Village, Maryland 20886-1279	Proj. Mgr. JCG	Designer MK
	Date 03-13-07	Scale 1"=40'
Phone 301.670.0840 Fax 301.948.0693 www.mhgpa.com	Project No. 07-111	Sheet 1 of 1

NO.	DATE	DESCRIPTION	BY