

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: November 7th 2013
 To: Plan Review
 (Person's Name and Division)
 From: Paul Arnold, ARDO Contracting Inc (410) 419-3273
 (Your Name, Company Name and Telephone Number)
 Subject: Project name Arnold Residence
 Project site address 5026 D/chester Road Ellicott City MD 21043
 Permit Number B13002835 SDP # _____
 Other information pertinent to this project _____

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to Howard County plan review code letter
- Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- Structural steel certification
- Energy conservation calculations
- Certification for _____ (be specific).
- Copies of _____ (be specific).
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

RECEIVED
 NOV 07 2013
 LICENSES & PERMITS
 DIVISION

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

 (Person's name) (Telephone number)

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by che

CC: DPZ Health
 DED
 Cash \$5000
 Invoice # 339634

white: Plan Review Division
 yellow: Applicant
 pink: Permit Division

* Heidi
made a visit
on 12-5-13
No evidence
of a well.



SEWER CONNECTION APPLICATION HOWARD COUNTY

DEPARTMENT OF PUBLIC WORKS
3430 COURT HOUSE DR. ELLICOTT CITY, MD. 21043

APPLICATION NO.: _____
 CONTRACT NO.: 13-1214
 REBATE CONTRACT NO.: _____
 SEWER ZONE: _____
 CONNECTION WORKSHEET Y. ___ N. ___

PERMIT NO.: _____
 INSPECTED BY: _____
 DATE INSPECTED: _____

Account No. _____

FILL OUT APPLICATION COMPLETELY AND SIGN BELOW. IF LOCATION INFORMATION UNKNOWN, CONTACT THE OFFICE OF PLANNING AND ZONING FOR HOUSE NUMBERS, STREET NAME, ETC. NOTE: COMMERCIAL AND INDUSTRIAL FACILITIES MAY BE SUBJECT TO REQUIREMENTS OF THE COUNTY CODE FOR SEWER SURCHARGES, INDUSTRIAL COST RECOVERY CHARGES, AND PRETREATMENT.

Application is herewith made for a sewer connection to the property described below. DATE OF APPLICATION _____

SUBDIVISION _____ SECTION _____ AREA _____ LOT _____ BLOCK _____

HOUSE NO. 5526 STREET Ilchester Road TAX MAP 31 GRID. 16 PARCEL 155

POST OFFICE Ellicott City ZIP CODE 21043 PHONE NO. _____

NEW OR EXISTING BUILDING? Existing USE (SEE PROPERTY CLASSIFICATIONS ON REVERSE SIDE) A1

ITEMS CHECK	CONN. DIA.	CHARGES			AMOUNT PAID	FUND	AGENCY	REV. ACCT B/S ACCT	
		DESCRIPTION	FEE						
<input checked="" type="checkbox"/>	4"	INSTALLATION	\$		4500.00	500		5019	
<input checked="" type="checkbox"/>	6"	INSTALLATION	\$			500		5019	
<input type="checkbox"/>	8"	ADVANCE DEPOSIT*	\$			500		5020	
<input checked="" type="checkbox"/>		<u>IN AID OF CONSTRUCTION CHARGE</u>			600.00	500	009	7120	
		SINGLE FAMILY HOUSE (ALL TYPES) OR TRAILER							
		APARTMENTS (ALL TYPES)	\$	X					NO. OF DWELLING UNITS
		MOTEL	\$	X					NO. OF MOTEL UNITS
<input type="checkbox"/>		PUBLIC COMMERCIAL REFER TO ENGINEERING FOR CHARGES \$							
		INDUSTRIAL BUILDINGS EST GPD							
<input type="checkbox"/>		<u>MIDDLE PATUXENT SUBDISTRICT SUPPLEMENTAL IN-AID OF CONSTRUCTION CHARGE</u>				380	009	7130	
		SINGLE, FAMILY HOUSE (ALL TYPES) OR TRAILER							
		APARTMENTS (ALL TYPES) MOTELS	\$	X					NO. OF UNITS
<input type="checkbox"/>		PUBLIC COMMERCIAL REFER TO ENGINEERING FOR CHARGES \$							
		INDUSTRIAL BUILDINGS EST GPD							
<input type="checkbox"/>		INSPECTION FEE AND PERMIT FEE				710	009	8211	

*Refer to DPZ for estimate of Advance Deposit.
 For installations requiring an Advance Deposit, the owner must enter into a cost agreement with Howard County prior to the commencement of any installation work.

TOTAL AMOUNT PAID \$ 5100.00

CR#	<u>20221071</u>
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THE TERMS AND CONDITIONS OF THIS APPLICATION, INCLUDING ANYTHING ON THE REVERSE SIDE HEREOF ARE BINDING UPON THE UNDERSIGNED OWNER AND ALL SUCCEEDING OWNERS.

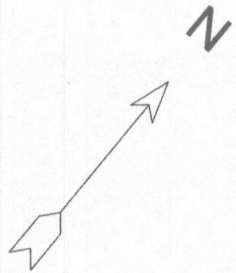
FULL FEE MUST ACCOMPANY THIS APPLICATION. MAKE CHECKS PAYABLE TO: DIRECTOR OF FINANCE, HOWARD COUNTY. CREDIT CARDS NOT ACCEPTED.

6

A. J. D. ...
9673

COMPANY NAME _____
 COMPANY ADDRESS _____
 OWNER SIGNATURE _____
 OWNER NAME (PRINT) _____
 OWNER ADDRESS _____

TAX _____ FOR _____
 D/A _____ LEVY _____
 TAB _____ CONTROL _____
 TAX INDEX NO. _____



Ilchester

Road

Scale 1" = 30'

REVISED
Date: 11-7-13
Comments: size change

<p>P</p>	<p>Printed: 11/6/2013</p>	<p>Plot Plan</p>	<p>Ilchester Renovation 5026 Ilchester Road Ellicott City, MD 21043</p>	<p>ARDO CONTRACTING, INC. 410-290-9899</p>
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