

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

300151919 KN

Building Address 12123 Mount Albert Rd
Ellicott City, MD 21042

Property Owner's Name John & Susan Skubel

Address 12123 Mount Albert Rd

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 60300 Subdivision Woodlawn

City Ellicott City State MD Zip Code 21042

Section 1 Area Block D Lot 6

Home Phone 410-531-2910 Work Phone 410-259-8216

Tax Map 22 Parcel 168 Grid 12

Applicant's Name & Mailing Address, (if other than stated hereon):

Zoning RPD Map Coordinates 1019 Lot size 307

Phone _____ Fax _____

Existing Use SFD

Contractor Company Conecarga Buildings

Proposed Use new garage for same

Contact Person Jim Dobosh

Estimated Construction Cost \$ 38,000

Description of Work new 30x40 garage with storage

Address 202 Orlan Rd

1200 ft

City New Holland State PA Zip Code 17557

License No. _____

Phone 1-800-544-9444 Fax _____

Occupant or Tenant Sue & John Skubel

Engineer or Architect Company Conecarga Buildings

Contact Name _____

Contact Person Jim Dobosh

Address 12123 Mount Albert Rd

Address 202 Orlan Rd

City Ellicott City State MD Zip Code 21042

City New Holland State PA Zip Code 17557

Phone 410-531-2910 Fax _____

Phone 1-800-544-9444 Fax _____

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: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>40</u> <u>30</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Craw space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Height: _____	
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: <u>Garage</u> Dimensions: <u>30x40</u> Footings: _____ Roof Height: <u>21'</u>	
State Certified Modular _____ 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 THERE TO; (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 SUBMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]
 Title/Company OWNER

Print Name Susan L. Skubel
 Date 1/14/05

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

AGENCY	DATE	SIGNATURE	APPROVAL	FEES/BACK INFORMATION	PROPERTY USE
Land Development DPZ				Front _____ Rear _____ Side _____ State St _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Height Max: <u>28</u> YES <input type="checkbox"/> NO <input type="checkbox"/> Use Change for New Town Zone _____ SDP/DPZ approval date _____	27389 Filing fee \$ <u>25</u> Permit fee \$ _____ Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ _____ Sub-suit paid \$ _____ Balance due \$ _____ Check # <u>4726</u> Validation # <u>35553</u>
PLANNING & CONSTRUCTION					
Public Health					
Gen. Serv. Div.					

Garage in closest
Approved soil, after-
wise repair area
across stream

Kaie forced to sign this!

not passed!

6/2/05

FAX # 2048 - Kacie Noonan

John & Sue Shebel
Application

May 25, 2005

RECEIVED

JUN 03 2005

**LICENSES & PERMITS
DIVISION**

John & Sue Shebel
12123 Mount Albert Rd
Ellicott City, MD 21042
(443) 259-8216
Permit #00151919

Dear Ms. Corbin,

We are writing to amend the application for building permit #00151919 which was applied for on January 14th of this year. The permit was for a 30x40 garage and was approved by all departments except the health department. The health department identified two issues with the permit; the proposed location for the garage was the only area that had been perked for future septic repair and the garage was too close to the existing dry well. Kacie Noonan is the health department officer handling the permit. She has done a site inspection and additional perk test to identify new future repair sites. It is my understanding that the only outstanding item holding up approval of the permit is the proximity of the garage to the dry well. To address this, we have decided to reduce the size of the garage as shown on the attached diagrams. Reducing the size of the garage will provide the 20' clearance required between the structure and the dry well. Please let us know if there is anything else we need to do in order to get this permit approved.

Thank you,

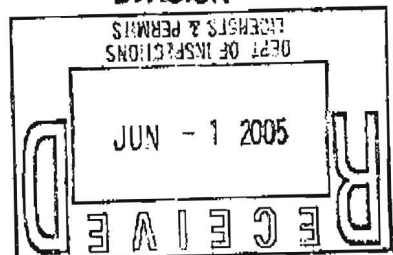
John Shebel
Sue Shebel

cc Health Dept
Plans Review

RECEIVED

JUN 03 2005

**LICENSES & PERMITS
DIVISION**



PROPERTY KNOWN AS: LOT 6 BLOCK D THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

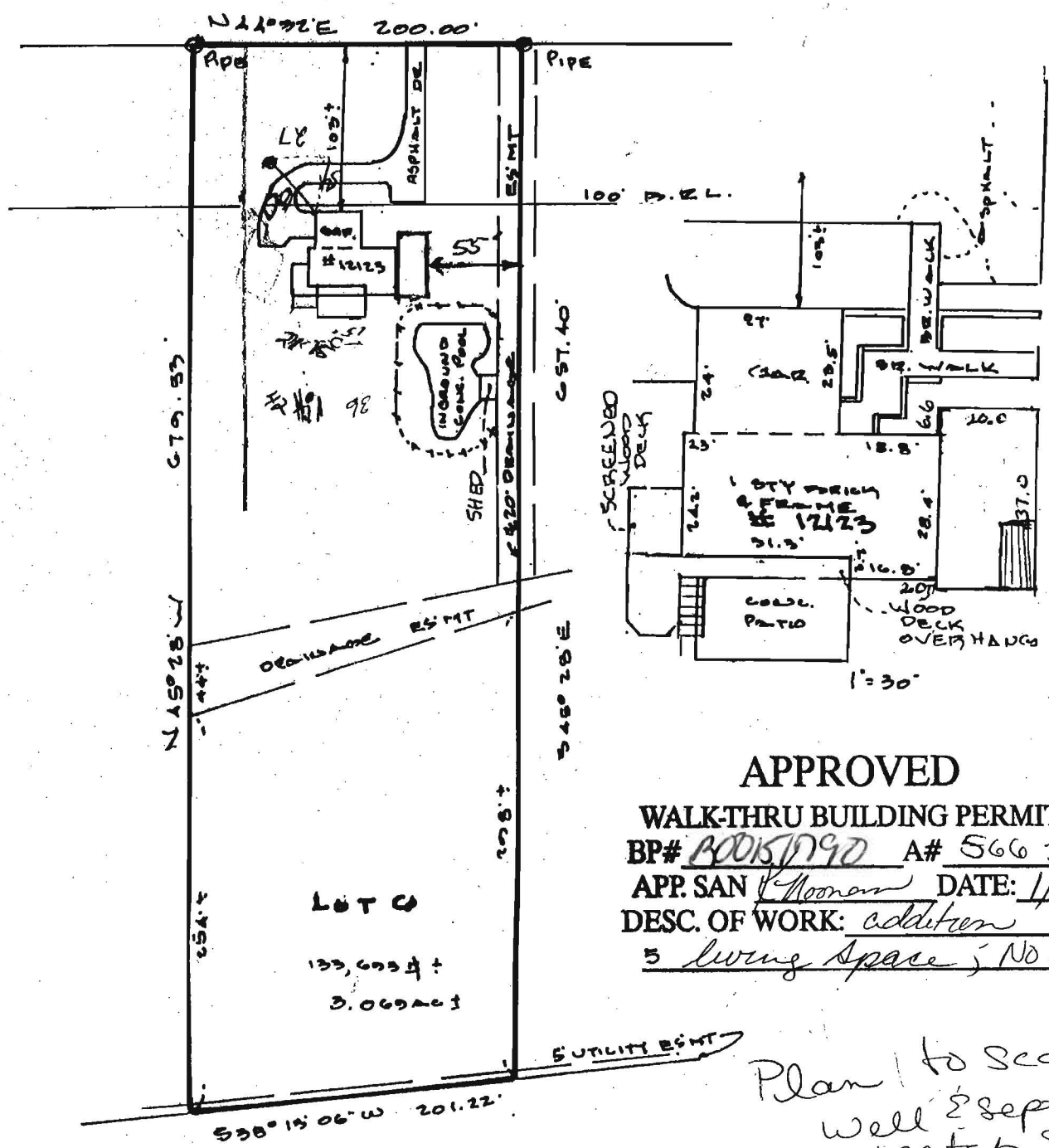
"WOODMARK"
 PLAT A SECTION ONE
 3RD ELECTION DISTRICT
 HOWARD COUNTY, MD

PLAT BOOK 13 F. 61

h
 31
 2

2 43-12-21

MOUNT ALBERT ROAD
 50' R/W




APPROVED

WALK-THRU BUILDING PERMIT
 BP# 0005090 A# 56635C
 APP. SAN Moonen DATE: 1/6/05
 DESC. OF WORK: addition
5 living space; No bedroom

Plan to scale.
 well & septic
 match San.
 notes. addition

LOCATION DRAWING

CERTIFICATION	SEAL	SCALE 1"=100'	DATE 5-07-04
<p>This is to certify that I have surveyed the property known as: <u>12123</u> <u>MOUNT ALBERT ROAD</u></p> <p>The information shown has been established by current acceptable survey procedures and from available record information. This drawing is to be used for Title Transfer Financing, or Refinancing Only and IS NOT to be used for the Establishment of Property Lines, Location for Fences, Garages, Buildings, or other Existing or Future Improvements.</p>	 <i>Walter Park</i>	<p>LDE Inc. 9250 Rumsey Road Suite 106 Columbia, Maryland 21045</p> <p>(410) 715-1070 (Balt.) (301) 596-3424 (Wash) (410) 715-9540 (Fax)</p>	



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

February 22, 2005

Mr. & Mrs. Shebel
12123~~4~~ Mount Albert Road
Ellicott City, MD 21042

Re: Site Inspection Proposed Garage
Permit # B00151919
Woodmark, Lot 6

Dear Mr. & Mrs. Shebel,

Our office has conducted a site inspection for your property today in support of your garage building permit. We are not able to grant approval of the above mentioned permit at this time. Our inspection today identified an effluent level of 3'10" below grade in the dry well with the designed inlet at 3'. This measurement tells us the surrounding soils may be saturated with effluent. Also, the location of the proposed garage is only 5' from the dry well cleanout rather than the required 20' setback from the dry well.

In order to continue with the process, our office requests a percolation test application to be applied to our office with a check of \$506.00 payable to the Director of Finance. Identify area on a scaled plan for testing of a future septic system and repair system 20 feet from the proposed garage, 20 feet from the water's edge of the existing pool, and 100' away from the stream. Septic system area must be identified large enough to handle the current effluent flow for your home identified as having four bedrooms.

Any questions or comments, contact our office at 410-313-1771. Thank you for your time in this important matter.

Sincerely,

Kacie Noonan, R. S.
Well and Septic Program

KN

Enclosures

Cc: file

PC0031071

Building Address 12123 Mt. Albert Rd.
ELLICOTT CITY, MD 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6030 Subdivision WOODMARK
 Section 1 Area _____ Lot 6
 Tax Map 72 Parcel 197 Grid 12
 Zoning RRDEO Map Coordinates 10F9 Lot size _____

Property Owner's Name WOODROW & JASCY CROOKIE
 Address 12123 Mt. Albert Rd
 City ELLICOTT CITY State MD Zip Code 21042
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
KYLE F. CLARK / CLASSIC CARPENTRY
1177 LINDSEY AVE.
ARSDOLA, MD 21012
 Phone (410) 531-9310 Fax (410) 531-9311

Existing Use RESIDENTIAL SFD
 Proposed Use SAME
 Estimated Construction Cost \$ 29,000
 Description of Work WALK IN CLOSET ADDITION
9'x8' ADA 17'-0" x 10' WALK

Contractor Company CLASSIC CARPENTRY
 Contact Person KYLE F. CLARK
 Address 1177 LINDSEY AVE
 City ARSDOLA State MD Zip Code 21012
 License No. MNIC# 24102
 Phone (410) 531-9310 Fax (410) 531-9311

Occupant or Tenant WOODROW & JASCY CROOKIE
 Contact Name _____
 Address 12123 Mt. Albert Rd.
 City ELLICOTT CITY State MD Zip Code 21042
 Phone (410) 531-5582 Fax _____

Engineer or Architect Company _____
 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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>25'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Basement: <u>4'</u>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
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>3</u>	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: <u>SCREENED PORCH</u>	
Dimensions: <u>14'x14' 8'x4'</u>	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular <input checked="" 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.

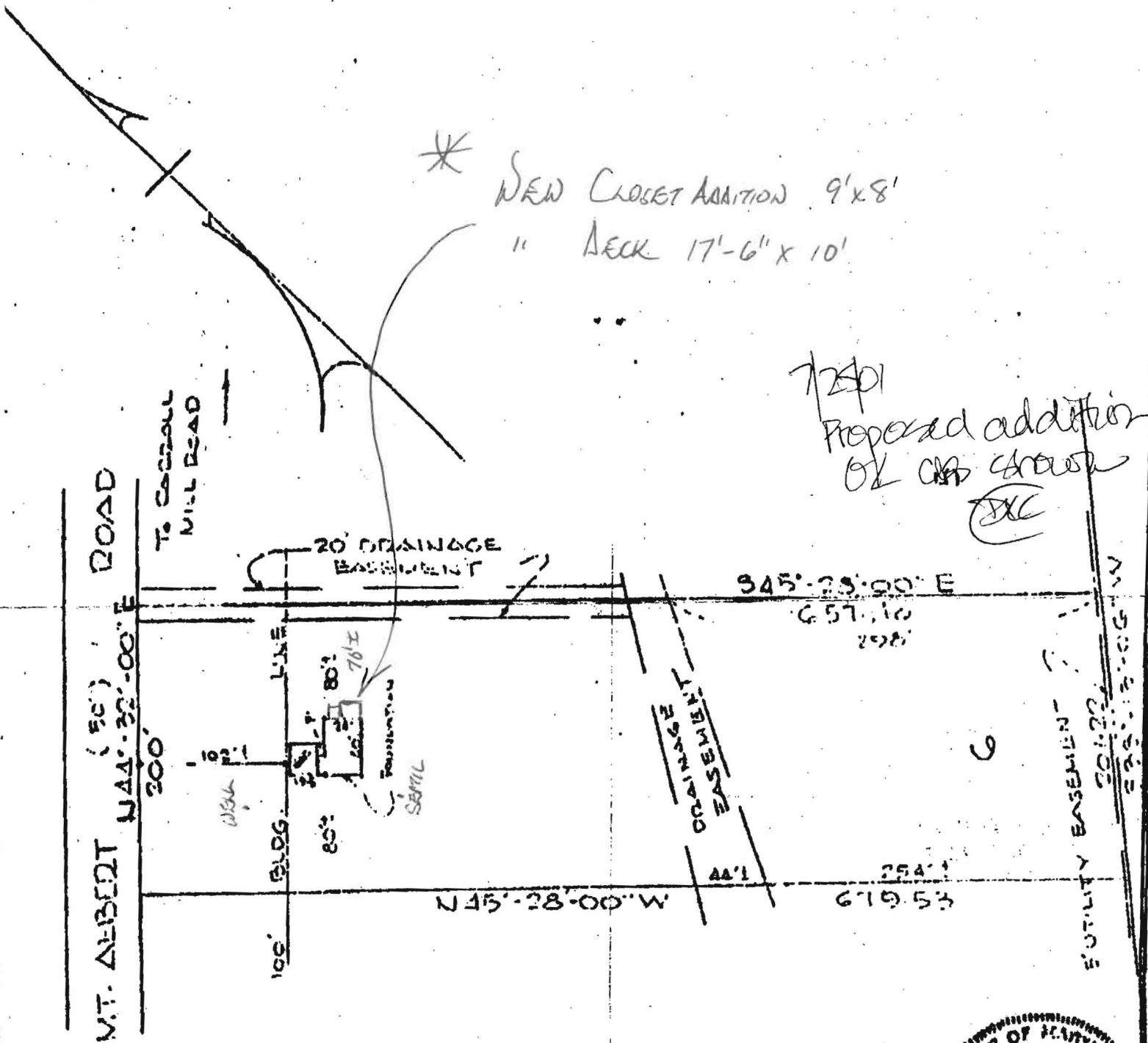
Applicant's Signature Kyle F. Clark
 Title/Company OWNER - CLASSIC CARPENTRY

Print Name KYLE F. CLARK
 Date 7/25/01

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

FOR OFFICE USE ONLY

This is to certify that I have surveyed the premises shown hereon for the purpose of locating the improvements and the improvements are located as hereon shown.

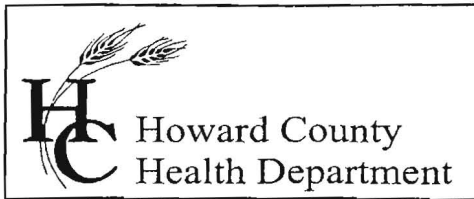


LOT 6 BLOCK "D" PART "A" SECTION No. 1
WOODMARK
PLAT BOOK 13/51

300 DISTRICT HOWARD COUNTY, MARYLAND
SCALE: - 1" = 100'
DATE: - 6-5-13



FRANK S. LEE
1277 NEIGHBORS AVE



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

June 13, 2005

Mr. & Mrs. Shebel
12123 Mount Albert Road
Ellicott City, MD 21042

Keep in file

Re: BP# 00151919 Revision
12123 Mount Albert Road

Dear Mr. & Mrs. Shebel,

Our office received your revision for the garage on June 8, 2004 from the Division of Licenses and Permits. Upon review of your changes, the distance from the current septic system to the garage meets COMAR regulations. However, prior to signing of the permit one issue must be addressed as mentioned in the previous letter submitted to you on April 12, 2005. Letter is attached for your convenience.

Percolation testing done on 4/08/05 identified passed and failed percolation test holes. Per COMAR 24.06.06 (d)2, any existing and future repair area must be identified. Upon receiving a plan showing all the test holes as passed or failed on a scaled site plan, septic system layout will be designed for future repairs sized for your current house. Attached are a copy of the test hole locations with measurements.

For your information, our office would like to bring to your attention that the existing septic system appears to be near the end of its usefulness. On 2/22/05, the effluent level in the dry well measured 3'10" and septic tank effluent level measured 3'2". The inlet for the system is 3'. Once these levels reach above 3', failure onto the yard or into the house may occur causing a health nuisance.

If you have any questions call our office at 410-313-1771. Thank you for your time in this important matter. We would like to expedite your process as quickly as possible.

Sincerely,

Kacie Noonan

Kacie Noonan, R. S.
Well & Septic Program

KN

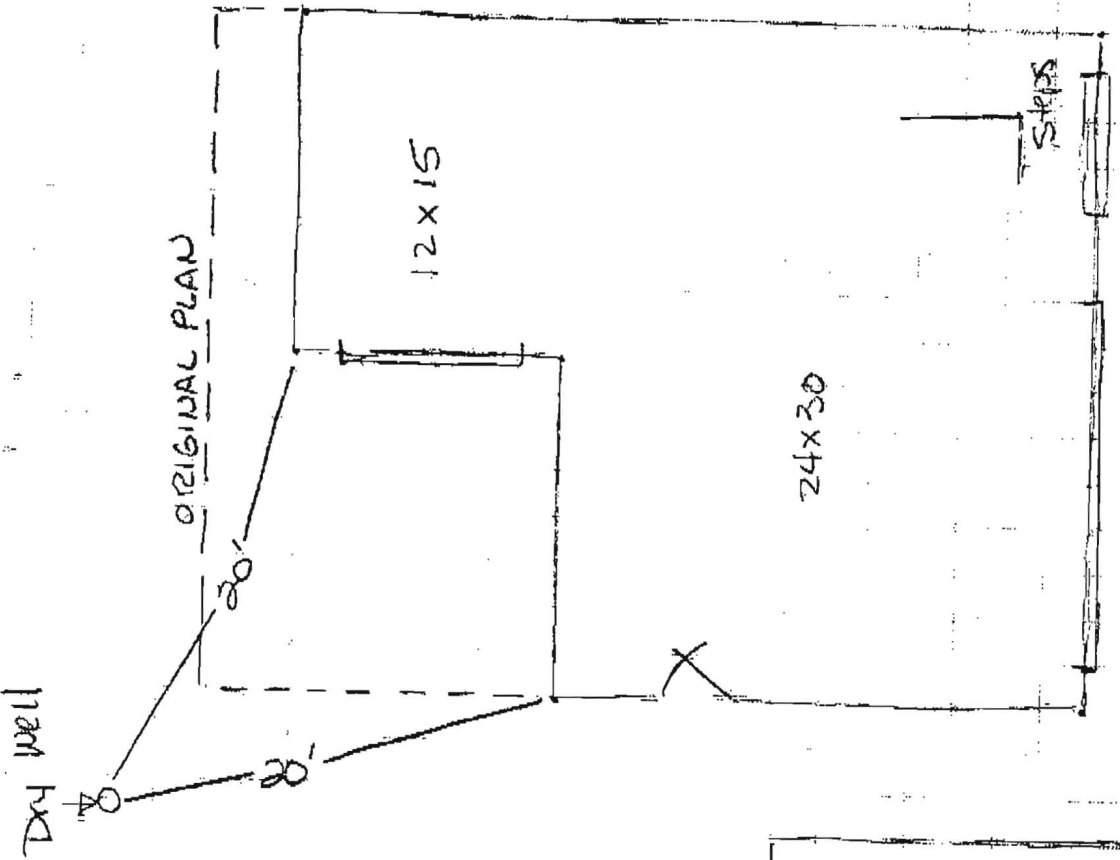
Cc: Bob Weber/ Director of Environmental Health
File

1300151919

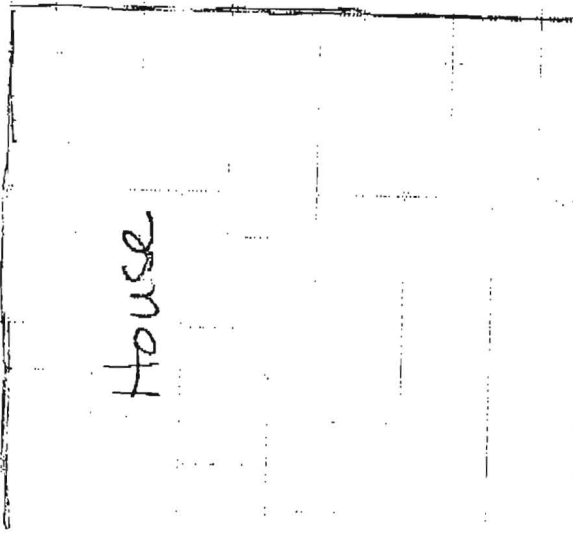
PR 2
CS

7115
5732

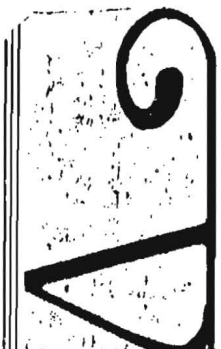
FRONT



REVISED
 Date: 6/3/05
 Comments: _____



HOUSE



PART

THIRD FLOOR

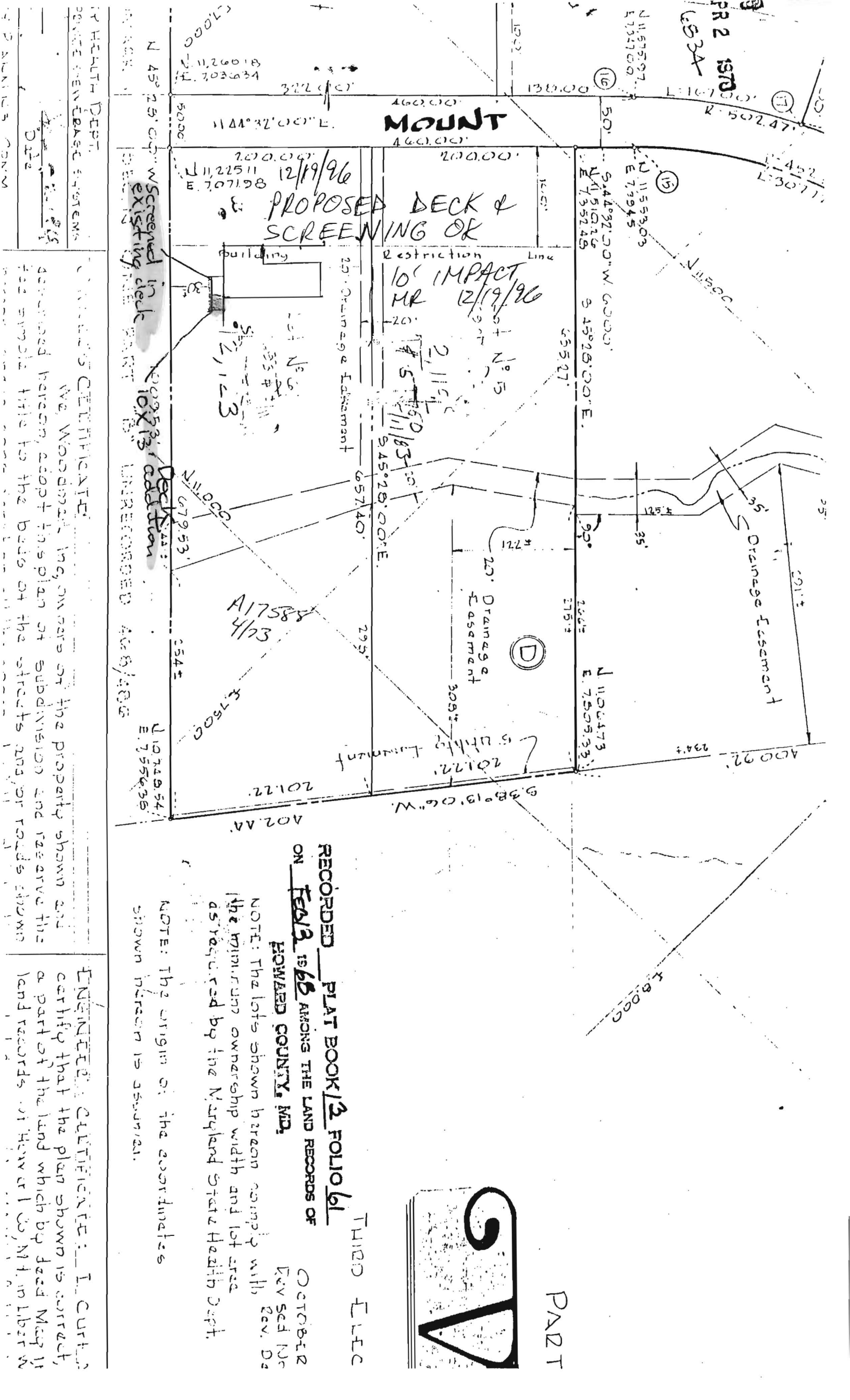
01061
RECORDS OF

OCTOBER
 REVISED NOV
 REV. DA
 ion sample with
 width and lot area
 and State Health Dept.

coordinates

21.

THIRTEEN: I. CURTIS
 plan shown is correct,
 of which by Jedd May 11
 over at 100, N.H. in Libe W



HEALTH DEPT.
 SEWER/EASEMENT SYSTEMS
 DATE

CELTIFICANTE
 The Woodman, Inc, owners of the property shown and
 approved herein, accept this plan of subdivision and reserve the
 fee simple title to the beds of the streets and or roads shown

CELTIFICANTE: I, CURTIS
 certify that the plan shown is correct,
 a part of the land which by deed May 11
 land records of Howard Co, Md, in Libriv

Screened in
 existing deck
 10' x 13'

Deck Addition
 10' x 13'

UNRECORDED 468/488

12/19/96
 11,225.11
 7,071.98

A17584
 4/73

PROPOSED DECK &
 SCREENING OR

Restriction
 10' IMPACT
 MR 12/19/96

RECORDED PLAT BOOK 13 FOLIO 61
 ON Feb 13 1968 AMONG THE LAND RECORDS OF
 HOWARD COUNTY, MD.

NOTE: The lots shown herein comply with
 the minimum ownership width and lot area
 as required by the Maryland State Health Dept.

NOTE: The origin of the coordinates
 shown herein is assumed.

THIRD FILED

OCTOBER
 Rev Sed for
 Rev. De



PART

PR 2 1570
 653A

N 11575.07
 E 7327.00

N 11553.03
 E 7394.5

S 44°32'00"W 6000'
 N 1510.26
 E 7352.48

N 11004.73
 E 7509.33

200.00
 11,225.11
 7,071.98

20' Drainage & Easement
 20' Utility Easement
 35' Orange Easement

UNRECORDED 468/488

A17584
 4/73

RECORDED PLAT BOOK 13 FOLIO 61
 ON Feb 13 1968 AMONG THE LAND RECORDS OF
 HOWARD COUNTY, MD.

NOTE: The lots shown herein comply with
 the minimum ownership width and lot area
 as required by the Maryland State Health Dept.

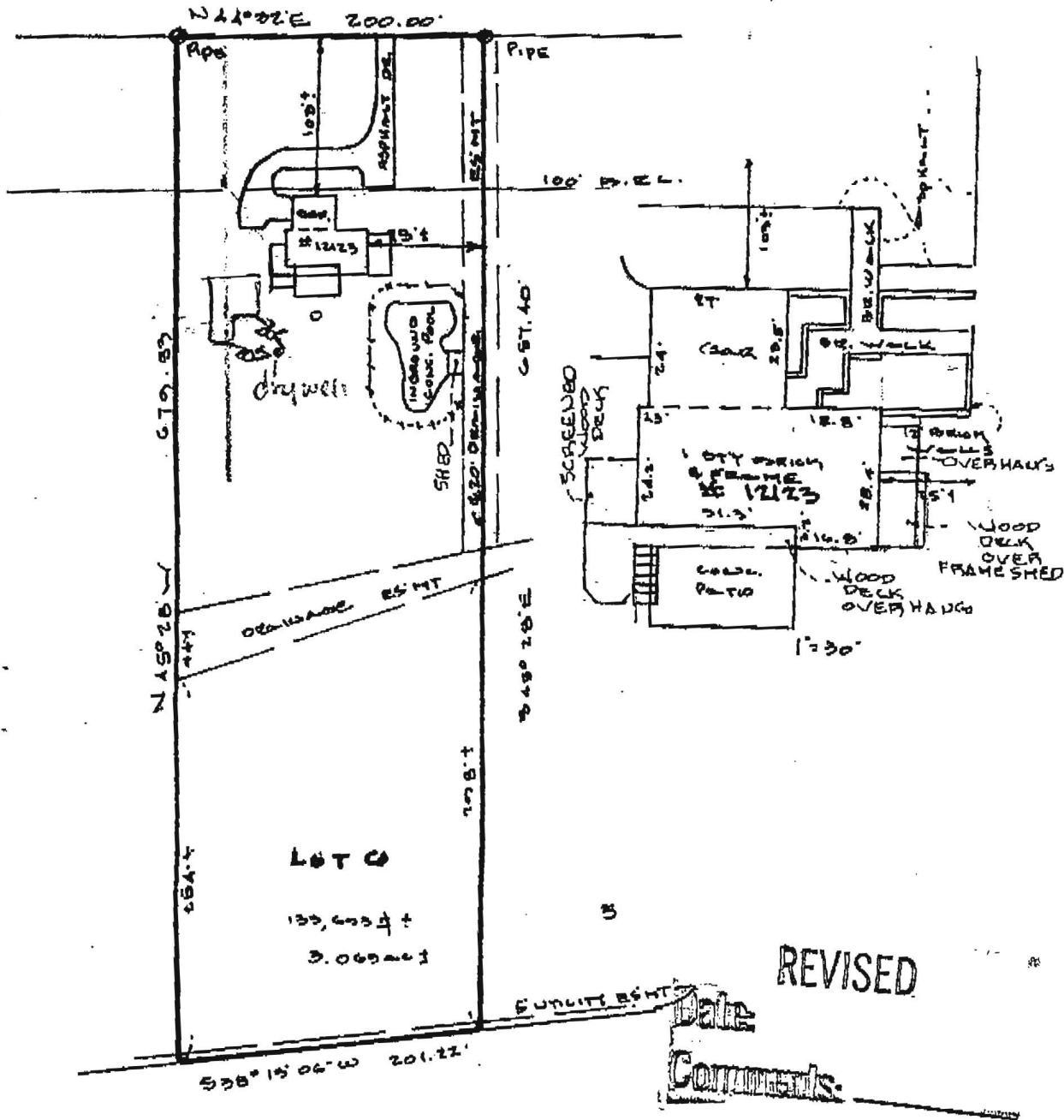
NOTE: The origin of the coordinates
 shown herein is assumed.

THIRD FILED

OCTOBER
 Rev Sed for
 Rev. De



PART



LOCATION DRAWING

CERTIFICATION

SEAL

SCALE 1" = 100'

DATE 5-07-04

This is to certify that I have surveyed the property known as: 12123 MOUNT ALBERT ROAD



LDE Inc.

9250 Rumsey Road Suite 106
Columbia, Maryland 21045

(410) 715-1070 (Balt.)
(301) 596-3424 (Wash)
(410) 715-9540 (Fax)

Walter Park

REVISED

Date
Comments

Building Address 12123 Mt. Albert Rd
ELLICOTT CITY MD 21042

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 6

Tax Map 22 Parcel 168 Grid _____

Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name Schebel
 Address 12123 Mt. Albert Rd
 City Ellicot city State MD Zip Code 21042
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone _____ Fax _____

Existing Use SF
 Proposed Use SIF
 Estimated Construction Cost \$ 4500

Description of Work Deck Framing

Occupant or Tenant schebel

Contact Name _____
 Address 12123 Mt. Albert Rd
 City Ellicot city State MD Zip Code 21042
 Phone 410 442 2445 Fax _____

Contractor Company Advanced Deck Design
 Contact Person Tyler Zentz
 Address 5317 Brookeville Road
 City Gaithersburg State MD Zip Code 20878
 License No. 125046 Phone 410 442 2445 Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

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

Applicant's Signature [Signature]
 Title/Company Advanced Deck Design

Print Name Tyler Zentz
 Date 7-1-09

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
****PLEASE WRITE NEATLY AND LEGIBLY****
- FOR OFFICE USE ONLY -

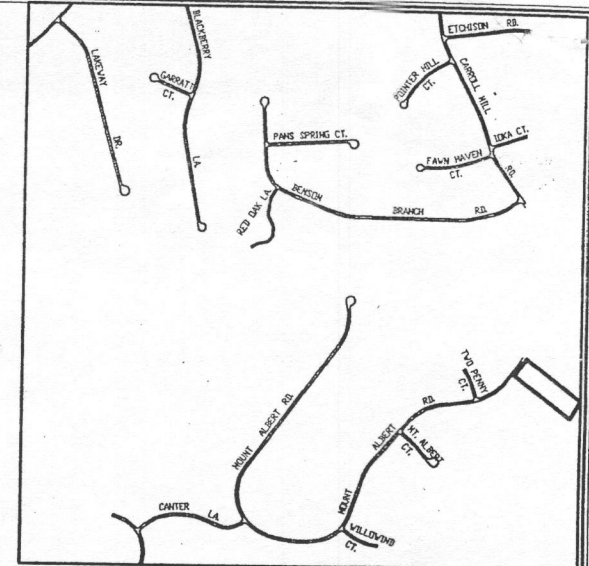
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #
Land Development, DPZ			Front: <u>144'</u>	Filing fee \$ _____
State Highways			Rear: <u>500'</u>	Permit fee \$ _____
Building Officials			Side: <u>50'</u>	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per fee \$ _____
Health <u>7-1-09 DBernard</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 type="checkbox"/>			Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
			Lot Coverage for New Town Zone _____	Validation # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by _____
ONE STOP SHOP: <input type="checkbox"/>				

- LEGEND**
- - - - - EXISTING 2' CONTOURS
 - - - - - EXISTING 10' CONTOURS
 - ~~~~~ EXISTING TREE LINE
 - GLB2 SOIL LINES AND TYPES
 - MLC2
 - ⊙ DENOTES PROPOSED WELL
 - 423.44 \circ DENOTES FAILED PERC
 - 423.44 \oplus DENOTES PASSED PERC
 - ⊠ DENOTES PROPOSED HOUSE
 - ▨ DENOTES 25% AND GREATER SLOPE

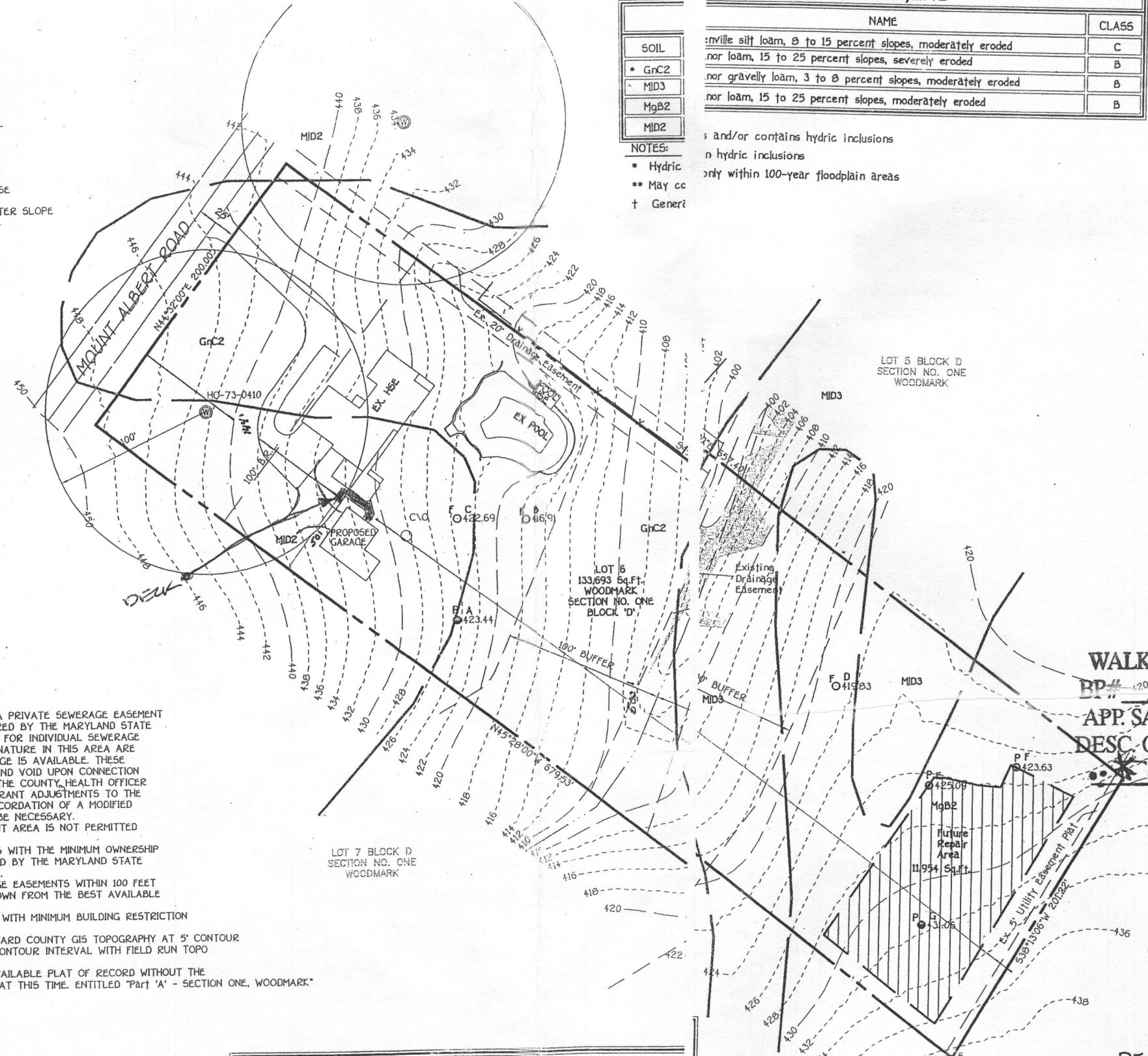
- SOIL**
- GrC2
 - MID3
 - MgB2
 - MID2
- NOTES:**
- * Hydric
 - ** May cc
 - † Generi

SOILS LEGEND		
NAME	CLASS	
ville silt loam, 0 to 15 percent slopes, moderately eroded	C	
lor loam, 15 to 25 percent slopes, severely eroded	B	
nor gravelly loam, 3 to 8 percent slopes, moderately eroded	B	
nor loam, 15 to 25 percent slopes, moderately eroded	B	

and/or contains hydric inclusions
 n hydric inclusions
 only within 100-year floodplain areas



VICINITY MAP
 SCALE : 1" = 1200'



GENERAL NOTES:

1. ▨ THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS 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 SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
2. ADJUSTMENTS TO SEPTIC EASEMENT AREA IS NOT PERMITTED WITHOUT ADDITIONAL TESTING.
3. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
4. EXISTING WELLS AND/OR SEWERAGE EASEMENTS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN FROM THE BEST AVAILABLE INFORMATION.
5. ALL HOUSE SITES SHOWN COMPLY WITH MINIMUM BUILDING RESTRICTION REGULATIONS.
6. TOPOGRAPHY SHOWN IS FROM HOWARD COUNTY G15 TOPOGRAPHY AT 5' CONTOUR INTERVAL INTERPOLATED FOR 2' CONTOUR INTERVAL WITH FIELD RUN TOPO BLENDED IN.
7. BOUNDARY OUTLINE BASED ON AVAILABLE PLAT OF RECORD WITHOUT THE THE BENEFIT OF A FIELD SURVEY AT THIS TIME. ENTITLED "Part 'A' - SECTION ONE, WOODMARK"

APPROVED WALK-THRU BUILDING PERMIT

BP# 120
 APP. SAN *D. Bernas* DATE: 7-10-09
 DESC. OF WORK: *Deck Garage*
Approved as shown

PROPERTY OF MARYLAND
 UNIVERSITY MARYLAND EXPERIMENTAL FARM
 DEED REF. LIBER 224, FOLIO 440

PERC CERTIFICATION PLAT
 LOT 6 BLOCK 'D'
 SECTION NO. ONE
WOODMARK
 (*12123 MT. ALBERT ROAD)

PERC CERTIFICATION

I certify that the locations shown hereon are based on field locations done under my supervision and are correct to the best of my professional knowledge and belief.

Terrell A. Fisher
 Signature of Professional Land Surveyor
 Terrell A. Fisher, Professional Land Surveyor No. 10692

8/23/05
 Date

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS,
 HOWARD COUNTY HEALTH DEPARTMENT.

Robert D. Wolke
 8/25/05