

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B02000956	
Building Address <u>14022 TRIAD DR PHA</u> <u>MD 21043</u>			Property Owner's Name <u>KEVIN & SUZANNE CROWE</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address <u>14022 TRIAD DR PHA MD</u>		
Census Tract _____ Subdivision <u>TRIAD DR PHA</u>			City <u>DARTON</u> State <u>MD</u> Zip Code <u>21036</u>		
Section _____ Area _____ Lot <u>16</u>			Phone <u>301 374 7170</u> Phone _____		
Tax Map <u>27</u> Parcel <u>128</u> Grid <u>24</u>			Applicant's Name & Mailing Address, (if other than stated hereon): _____		
Zoning _____ Map Coordinates _____ Lot size _____			Phone _____ Fax _____		
Existing Use <u>RESIDENTIAL HOME</u>			Contractor Company <u>WINFIELD & LANG LLC</u>		
Proposed Use <u>CARP</u>			Contact Person <u>CHIP AITKEN</u>		
Estimated Construction Cost \$ <u>421,000</u>			Address <u>9206 DUBOIS RD</u>		
Description of Work <u>REMOVAL 1ST FLOOR</u> <u>& POOR 2ND FLOOR CARPET</u> <u>& GARAGE, REAR SWIMMING</u>			City <u>WINFIELD MD</u> State <u>MD</u> Zip Code <u>21244</u>		
Occupant or Tenant _____			License No. <u>85321</u> Phone <u>301-370-4379</u> Fax <u>410-521-2559</u>		
Contact Name _____			Engineer or Architect Company <u>CUSTOM DESIGNS</u>		
Address _____			Contact Person <u>BOB LANG</u>		
City _____ State _____ Zip Code _____			Address <u>231 CHATHAM LN</u>		
Phone _____ Fax _____			City <u>ANNEAPOLIS</u> State <u>MD</u> Zip Code <u>21403</u>		
Phone _____ Fax _____			Phone _____ Fax _____		

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics		Building Characteristics	
Height: _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Depth <u>46</u> Width <u>48</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	1st floor: <u>46</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: <u>37</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Construction type: _____	Heating System: <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>	Basement: <u>46</u>	Heating System: <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
_____ Reinforced Concrete	Natural Gas <input type="checkbox"/>	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
_____ Structural Steel	Propane Gas <input checked="" type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Propane Gas <input checked="" type="checkbox"/>
_____ Masonry	Sprinkler system: <u>N/A</u>	No. of Bedrooms <u>4</u>	Sprinkler system: <u>N/A</u>
_____ Wood Frame	_____ Full	Height: <u>46</u>	_____ NFPA #13D
_____ State Certified Modular	_____ Partial	Multi-family dwellings: _____	_____ NFPA #13R
	_____ Other Suppression	No. of efficiency units: _____	Other: _____
	_____ # of Heads	No. of 1 BR units: _____	
		No. of 2 BR units: _____	
		No. of 3 BR units: _____	
		Other Structure: <u>Garage</u>	
		Dimensions: <u>38x26</u>	
		Footings: <u>38x26</u>	
		Roof Height: <u>16</u>	
		_____ State Certified Modular	
		_____ Manufactured Home	

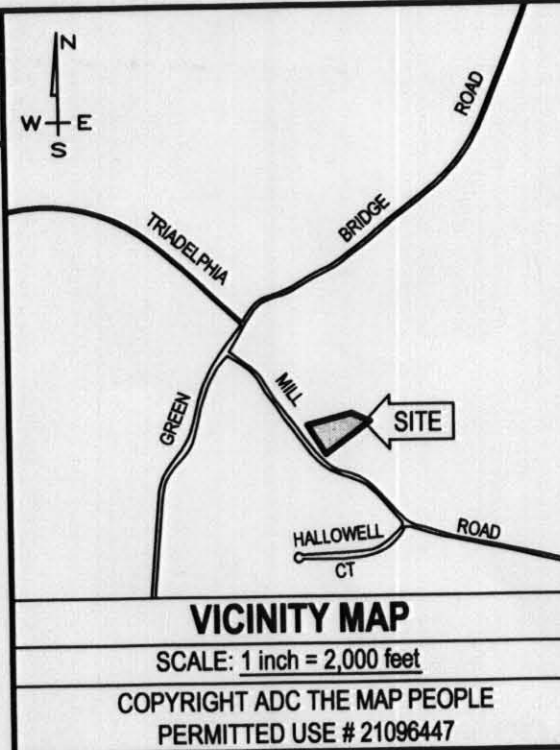
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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 <u>KEVIN CROWE</u>	Print Name <u>JOHN AITKEN</u>
Title/Company <u>WINFIELD & LANG LLC</u>	Date <u>4/21/08</u>

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>25.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health <u>5/14/08</u>		<u>R. B. B. B.</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? 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"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lol Coverage for NewTown Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
PERMIT.FRM				Gold: SHA

CURVE TABLE						
CURVE	LENGTH	RADIUS	DELTA	TANGENT	CHORD BRG	CHORD DIST
C1	149.85	3370.00	2°33'55"	75.46	S21°59'36"E	150.88



- ## GENERAL NOTES
1. Current Title Reference
Owner - Kevin Patrick & Suzanne Magnolia Crowth
Deed reference - Liber 7575 Folio 0218
Date - August 28, 2003
Grantor - Lory Hammer & Max Hammer
 2. The outline shown hereon is based on Plat information.
 3. The topography shown hereon is based on a field survey by BPR, Inc.
 4. The nearest potable water supply is
 5. There are no other wells or septic systems within 100 feet of the property boundary unless otherwise shown hereon.
 6. "If gravity flow to sewage disposal area cannot be ensured, a pumped sewage disposal system will be required."
 7. "For construction of dwellings (or other facilities), exceeding a three bedroom house size (450 gpd), it must be demonstrated that there is adequate area for an initial and two replacement septic systems in accordance with COMAR 26.04.02.04f (effective 11-18-85)." In some cases, it will be necessary to demonstrate that the sewage disposal area will accommodate an original and two replacement septic systems for a three bedroom house.
 8. The Soil map Units From The Most Recent NRCS Survey Available Online At <http://soildatamanager.nrcs.usda.gov/>.
 9. This area shown hereon as  designates a private sewage easement of at least 10,000 Sq.ft. as required by the Maryland Department of 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 sewage system. The County Health Officer shall have authority to grant adjustments to the private sewage easement. Recordation of a revised sewage easement shall not be necessary.
 10. Any changes to a private sewage easement shall require a revised Percolation Certification Plan.
 11. THE REPLACEMENT WELL MUST BE DRILLED AND APPROVED BY THE HEALTH DEPARTMENT PRIOR TO DEMOLITION APPROVAL.
 12. THE EXISTING WELL MUST BE PROPERLY ABANDONED AND SEALED PRIOR TO DEMOLITION APPROVAL.
 13. INSTALLATION OF THE NEW SEPTIC SYSTEM MUST BE APPROVED BY THE HEALTH DEPARTMENT INSPECTOR PRIOR TO ISSUANCE IF THE COP.
 14. THE EXISTING SEPTIC TANK AND DRY WELL MUST BE PROPERLY ABANDONED PRIOR TO BUILDING PERMIT APPROVAL.
 15. THE LOT(S) SHOWN HEREON COMPLIES/COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT.
 16. Basement sewer does not discharge by gravity flow

[illegible]

DATA BLOCK

1. Zoning district: RR-DEO
2. Soil class map No.22
3. Number of lots proposed: none
4. Total area of Lot : 3.037 Ac

LOD SEPTIC=2467 SQ.FT
LOD CAR PORT=1019 SQ.FT.
LOD PROPOSED ADDITION BACK=760 SQ.FT
LOD PROPOSED ADDITION FRONT=489 SQ.FT
TOTAL LOD = 4735 SQ.FT.

**PERCOLATION CERTIFICATION PLAN
FOR
LOT #16 AS SHOWN ON PLAT OF
SECTION ONE , AREA ONE , SHEET 1 OF 2
TRIADELPHIA MILL FARMS**

PLAT 44 / 37
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
TAX MAP -27 GRID -24 PARCEL -128

 Denotes private sewerage easement

OWNER / DEVELOPER

Kevin P. & Suzanne M. Crowell
14022 Triadelphia Mill Road
Dayton, MD 21036 -1238

DATE	REVISIONS	BY
3/25/08	add parc results	DKK&A ID
3/31/08	Per Howard County Health Department	DKK&A ID
Surveyed By BPR Compiled By BPR Drawn by R.T.S. AUD Checked By D.K.K. Drawing No. 08-030-000		

BPR INC
SURVEYORS - LAND PLANNERS
150 Airport Drive
Suite 4
Westminster, Maryland 21157
Phone: (410)-857-9030
or (410)-876-0333
Fax: (410)-876-1532
www.bprsurveying.com

Date: March 19, 2008 Scale: 1 inch = 40 feet

Howard County File No.

A licensed Maryland Surveyor either personally prepared the Survey as shown hereon, or was in responsible charge over its preparation and the surveying work reflected in it, in compliance with chapter 09.13.06.12 of the Maryland Minimum Standards of Practice for Land Surveyors.