

G0700073

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  
**B07000733**

Building Address 1700 Gales Rd.  
Chesapeake MD 21029

Suite/Apt. #: \_\_\_\_\_ SDPWP/Petition #: \_\_\_\_\_

Census Tract 609101 Subdivision Jumbury Grove

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot #1

Tax Map 34 Parcel 77 Grid 11

Zoning RR Map Coordinates \_\_\_\_\_ Lot size 111.71

Property Owner's Name Dan & Barbara

Address \_\_\_\_\_

City Columbia State MD Zip Code 21046

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_

Proposed Use \_\_\_\_\_

Estimated Construction Cost \$ 10,000.00

Description of Work \_\_\_\_\_

Contractor Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer/Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ 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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	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"/>	Water Supply: _____ Public _____ Private _____
1st floor: _____ 2nd floor: <u>11,000 ft<sup>2</sup></u> Basement: _____	Sewage Disposal: _____ Public _____ Private _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u>5</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Height: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
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 PERMITTED AND POSTING NOTICES.

Applicant's Signature: Dave Decker

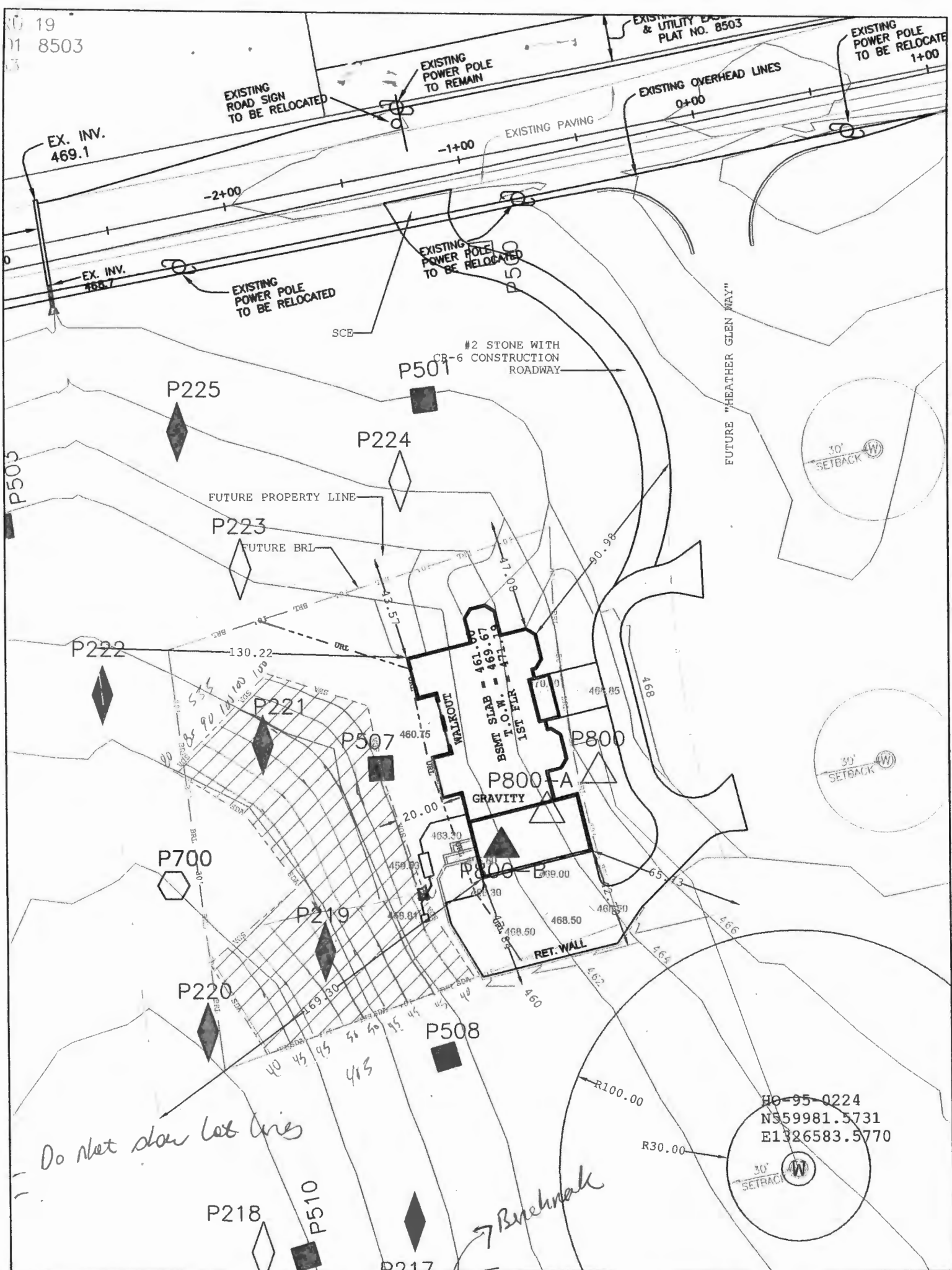
Title/Company: \_\_\_\_\_

Print Name: Ann Taylor

Date: 3/13/07

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: <u>75</u>	Filing fee \$ <u>1000.00</u>
State Highways			Rear: <u>60</u>	Permit fee \$ _____
Building Official			Side: <u>30</u>	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>4/24/07</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			Lot Coverage for NewTown Zone <u>N/A</u>	Check # <u>20767</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>				Accepted by <u>[Signature]</u>
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
T:\norma\PERMIT.FRM				Gold: SHA



The existing well(s) shown on this plan have been field located by a Professional Land Surveyor, and is (are) accurately shown. All drilled wells and SDA's within the boundaries of this property are shown.

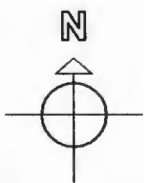
**TAGGED WELL DATA**  
TAG NUMBER: HO-95-0224  
NORTHING: 559981.5731  
EASTING: 1326583.5770

PERCOLATION TEST PASSED

PERCOLATION TEST FAILED

**TITLE**  
PERCOLATION PLAT  
INSET PLOT PLAN

DATE: 03-12-07  
SCALE: 1:50 SHT 2 OF 2



**OWNER/BUILDER:**  
Dale Thompson Builders, Inc.  
6300 Woodside Court  
Suite A  
Columbia, MD 21046

**PROPOSED ELEVATIONS:**

TOP OF BASEMENT SLAB:	461.00
TOP OF FOUNDATION WALL:	469.67
TOP OF FIRST SUBFLOOR:	471.19
INVERT OUT OF HOUSE:	455.25
INVERT INTO TANK:	454.50
INVERT OUT OF TANK:	454.00
INVERT INTO PUMP:	N/A
INVERT OUT OF PUMP:	N/A
INVERT @ SBC:	N/A
INVERT INTO DISTRIBUTION BOX:	453.50
INVERT INTO TRENCHES:	453.00
GRADE AT HOUSE INVERT:	461.80
GRADE AT SEPTIC TANK:	459.53
GRADE AT PUMP:	N/A
GRADE AT DISTRIBUTION BOX:	458.81
GRADE AT TRENCHES:	458.00

PAVING SPECIFICATIONS: 2" ASPHALT OVER 4" CR-6 OR 2.5" ASPHALT OVER 1.5" OVERLAY

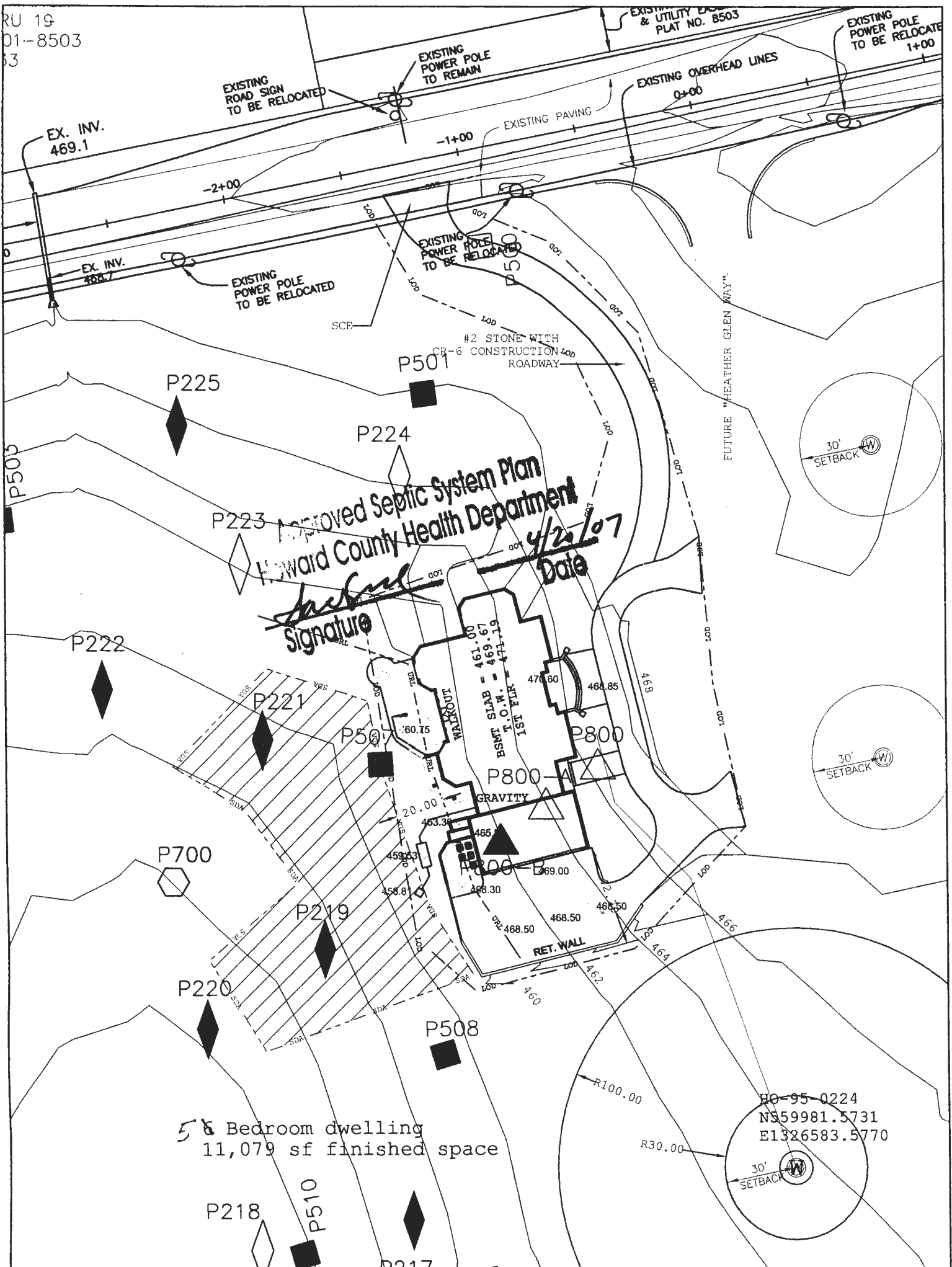
**PROJECT NAME:**  
SINGLE-FAMILY DWELLING  
  
CLARKSVILLE,  
HOWARD COUNTY  
MARYLAND

APPROVED FOR PRIVATE WATER AND PRIVATE PUBLIC SEWERAGE SYSTEMS IN CONFORMANCE WITH THE MASTER PLAN OF HOWARD COUNTY.

Peter Bellenson, M.D., M.P.H., HOWARD COUNTY HEALTH OFFICER

DATE

RU 19  
01-8503  
3



**Approved Septic System Plan**  
**Howard County Health Department**  
*Signature*  
**Date 4/22/07**

5 Bedroom dwelling  
 11,079 sf finished space

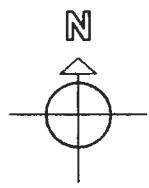
HO-95-0224  
 NS59981.5731  
 E1326583.5770

The existing well(s) shown on this plan have been field located by a Benchmark Engineering, and is (are) accurately shown. All drilled wells and SDA's within the boundaries of this property are shown.

**TAGGED WELL DATA**  
 TAG NUMBER: HO-95-0224  
 NORTHING: 550981.5731  
 EASTING: 1326583.5770

**PERCOLATION TEST PASSED** (Symbol: Diamond)  
**PERCOLATION TEST FAILED** (Symbol: Circle)

**TITLE:**  
**PERCOLATION PLAT**  
**INSET PLOT PLAN**



**OWNER/ BUILDER:**  
**Dale Thompson Builders, Inc.**  
 6300 Woodside Court  
 Suite A  
 Columbia, MD 21046

**PROPOSED ELEVATIONS:**

TOP OF BASEMENT SLAB:	461.00
TOP OF FOUNDATION WALL:	469.67
TOP OF FIRST SUBFLOOR:	471.19
INVERT OUT OF HOUSE:	457.30
INVERT INTO TANK:	456.67
INVERT OUT OF TANK:	456.17
INVERT INTO PUMP:	N/A
INVERT OUT OF PUMP:	N/A
INVERT @ SHC:	N/A
INVERT INTO DISTRIBUTION BOX:	455.80
INVERT INTO TRENCHES:	455.00
GRADE AT HOUSE INVERT:	461.80
GRADE AT SEPTIC TANK:	459.53
GRADE AT PUMP:	N/A
GRADE AT DISTRIBUTION BOX:	458.81
GRADE AT TRENCHES:	458.00

**DATE:** 03-12-07 **REV:** 4.19.07  
**SCALE:** 1:50 **SHT 2 OF 2**

**PROJECT NAME:**  
 SINGLE-FAMILY DWELLING  
**STRATFORD 2**  
 CLARKSVILLE, HOWARD COUNTY  
 MARYLAND

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS IN CONFORMANCE WITH THE MASTER PLAN OF HOWARD COUNTY.  
 Peter Bellenson, M.D., M.P.H., HOWARD COUNTY HEALTH OFFICER  
 DATE \_\_\_\_\_

**PAVING SPECIFICATIONS:** 2" ASPHALT OVER 4" CR-6 OR 2.5" ASPHALT OVER 1.5" OVERLAY