

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER <u>310003017</u>
Building Address <u>11216 Independence way</u> <u>Ellicott city MD 21043</u>		Property Owner's Name <u>Marshall and Anne Gwynn</u> Address <u>11216 Independence way</u> <u>Ellicott city State MD Zip Code 21043</u> Home Phone <u>410 552 6948</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated herein): <u>Andy Warfield</u> <u>626 Joanne center dr</u> <u>Joppa town MD 21085</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>Hume woods</u> <u>crossing #2</u> Section _____ Area _____ Lot _____ Tax Map <u>29</u> Parcel <u>28</u> Grid <u>9</u>		Phone <u>410 746 2247</u> Fax <u>410 510 7095</u>	
Zoning _____ Map Coordinates _____ Lot Size _____ Existing Use _____ Proposed Use _____ Estimated Construction Cost \$ <u>10,000.00</u> Description of Work <u>22x10 deck with</u> <u>steps and landing</u>		Contractor Company <u>Chesapeake Home Remodeling & Design</u> Contact Person <u>Andy Warfield</u> Address <u>626 Joanne center dr</u> <u>Joppa town State MD Zip Code 21085</u> License No. <u>126955</u> Phone <u>410 946 2247</u> Fax <u>410 510 7095</u>	
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

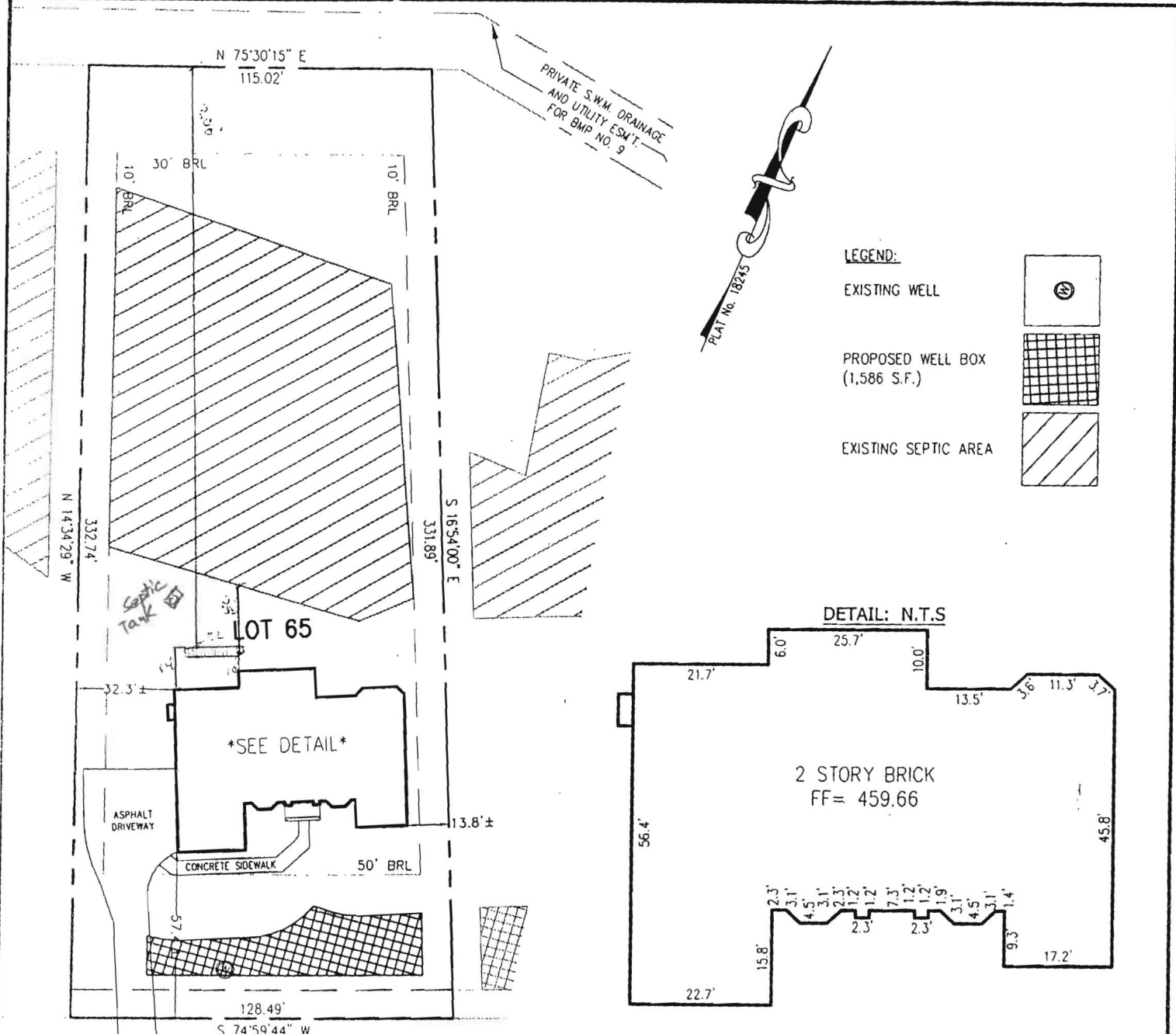

 Applicant's Signature _____ Print Name Andy Warfield

Email Address _____
 Date 11-18-2010

Title/Company _____ Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY AND LEGIBLY.
 - FOR OFFICE USE ONLY -

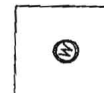
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	Filing fee	PROPERTY ID #
Land Development, DPZ			Front: _____	\$	5
State Highways			Rear: _____	Permit fee	\$
Building Officials			Side: _____	Excise tax	\$
Dev. Engineering, DPZ			Side St: _____	Add'l per fee	\$
Health	<u>11/18/2010</u>	<u>R. Bicker</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	#
			Historic District?	Validation	#
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
			Lot Coverage for New Town Zone	Accepted by	
			SDP/Red-line approval date: _____		

CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP:
 Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

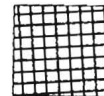


LEGEND:

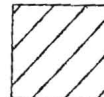
EXISTING WELL



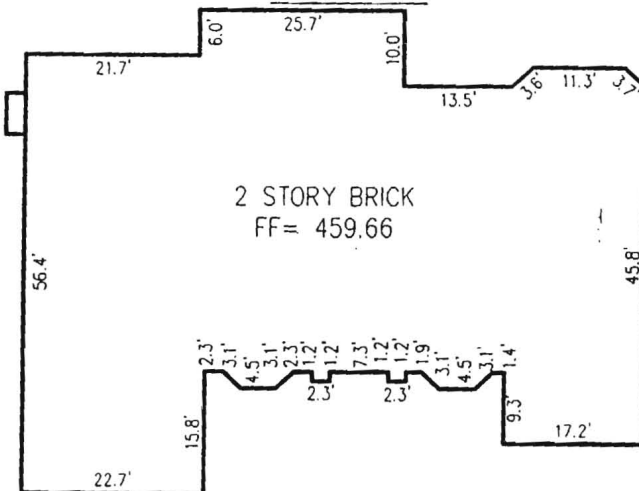
PROPOSED WELL BOX
(1,586 S.F.)



EXISTING SEPTIC AREA



DETAIL: N.T.S



INDEPENDENCE WAY
(50' R/W)

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____
 APP. SAN RA DATE: 11/18/2010
 DESC. OF WORK. 22' x 10' Deck w/ steps
approved as shown

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER
 SITE DEVELOPEMENT PLAN SETBACK DISTANCES SHOWN
 HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

ADDRESS: 11216 INDEPENDENCE WAY
 ELLICOTT CITY, MD 21043

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE POSITION OF THE EXISTING IMPROVEMENTS SHOWN HEREON HAVE BEEN CAREFULLY ESTABLISHED BY ACCEPTED LAND SURVEYING PRACTICES AND THAT, UNLESS SHOWN, THERE ARE NO VISIBLE ENCROACHMENTS EITHER WAY ACROSS THE PROPERTY LINES. THE PLANS IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR REFINANCING. THE PLAN IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS. THE PLAN DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS DRAWING WAS PREPARED W/O THE BENEFIT OF A TITLE REPORT.

SIGNATURE: Michael Joe Boyce 21328 MD. LIC NO. 21328 DATE 4/16/10

LOCATION DRAWING
 LOT #65
HOMWOOD CROSSING
 D.B. 9808, PG. 204
 PLAT No. 18245
 THIRD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND



ESE Land Planning
 Engineering
 Land Surveying

ESE Consultants Inc.
 7164 Columbia Gateway Dr.
 Suite 203
 Columbia, MD 21046
 TEL: 410-872-9105
 FAX: 410-872-4870

DATE: 4/16/10
 CHK'D: MJB

SCALE: 1"=50'
 JOB#: 1214

FILE: FS-65
 DRAWN: CRC

600005771

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

B 09 00 1672

11216

Building Address 11216 Independence Way
Ellicott City MD 21042

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

Census Tract _____ Subdivision Homewood Crossing

Section _____ Area _____ Lot 65

Tax Map 29 Parcel 28 Grid 9

Zoning _____ Map Coordinates _____ Lot size 40494

Existing Use Vacant lot

Proposed Use Residential home

Estimated Construction Cost \$ 450,000

Description of Work 2 story, 4 BR den, 3.5 baths
sewerian, expanded basement.

Occupant or Tenant Toll MD III LP

Contact Name Mathias Prochulsky

Address 7164 Columbia Gateway Dr #220

City Columbia State MD Zip Code 21046

Phone 410,992,5978 Fax 410,992,3234

Property Owner's Name Toll MD III LP

Address 7164 Columbia Gateway Dr #220

City Columbia State MD Zip Code 21046

Home Phone _____ Work Phone _____

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

Phone 410,992,5978 Fax _____

Contractor Company Toll MD III LP

Contact Person Mathias Prochulsky

Address 7164 Columbia Gateway Dr #220

City Columbia State MD Zip Code 21046

License No. _____ Fax _____

Engineer or Architect Company ESE

Contact Person Mike Boyce

Address 4101 Ritchie Mallory Rd

City Upper Marlboro State MD Zip Code 20772

Phone 301627 8504 Fax 301627 8500

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 Full
 Partial
 Other Suppression
of Heads _____

Building Characteristics

Utilities

SF Dwelling SF Townhouse
Depth _____ Width _____
1st floor: _____
2nd floor: _____
Basement: _____
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms 4
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: _____
Dimensions: _____
Footings: _____
Roof Height: _____
 State Certified Modular
 Manufactured Home

Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 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.

Applicant's Signature

Title/Company

Print Name

Date

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

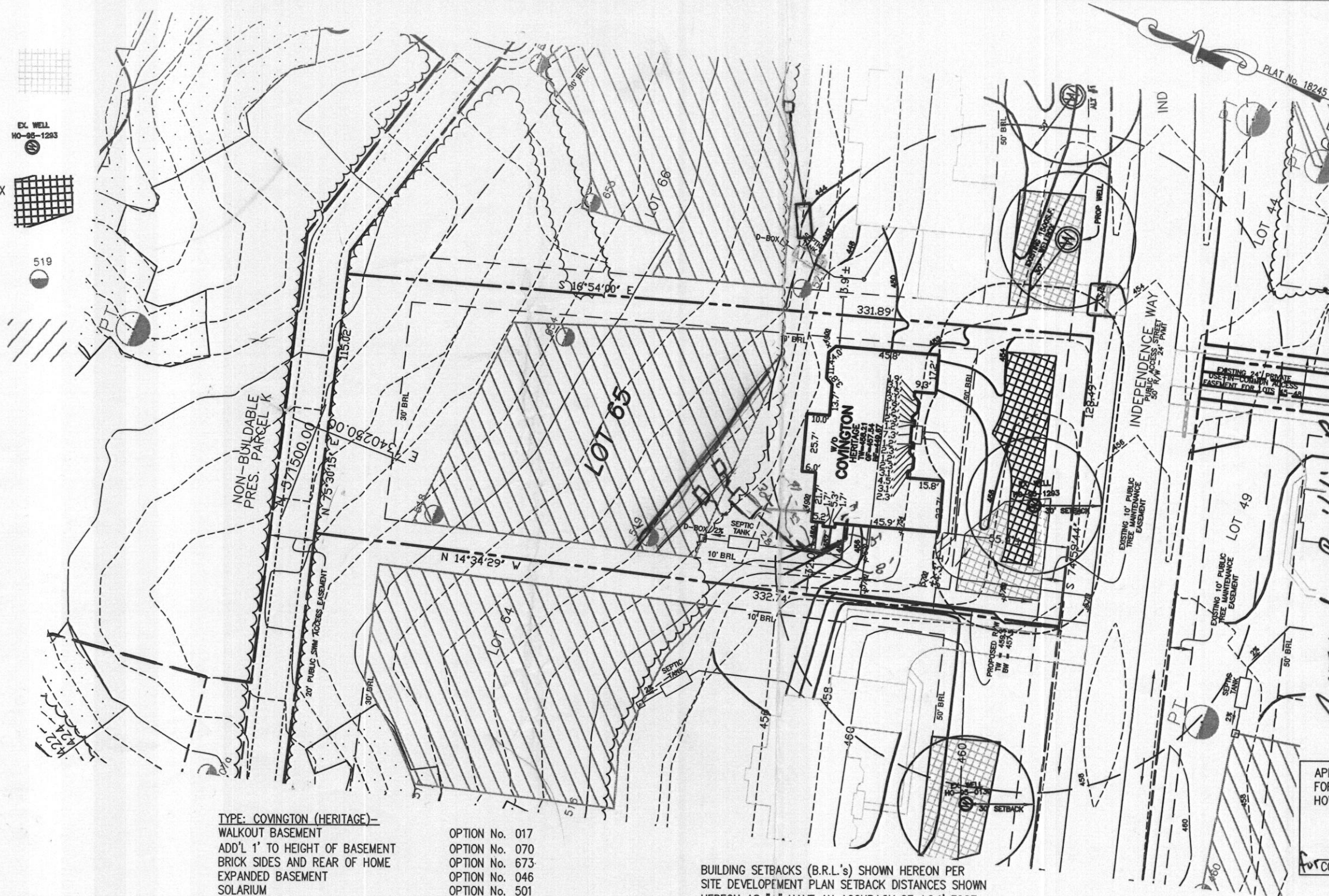
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>10/27/2009</u>	<u>R. Bisher</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			Lot Coverage for NewTown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

T:\norma\PERMIT.FRM

Rev. 11/4/04

LEGEND:

- EXISTING WELL BOX
(TO BE ABANDONED BY
THIS PERCOLATION
CERTIFICATION PLAN)
- EXISTING WELL
- PROPOSED NEW WELL BOX
(1,586 S.F.)
- EXISTING PASSED PERC.
- EXISTING SEPTIC AREA



NOTES:

THE LOT SHOWN HEREON WAS RECORDED ON MAY 2, 2006 AS PLAT NUMBER 18245. REFER TO THIS PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.

THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL AREA 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 SEWAGE DISPOSAL AREA SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE 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.

ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.

ALL WELLS AND SEPTIC SYSTEMS LOCATED WITHIN 100' OF THE PROPERTY BOUNDARIES AND 200' DOWN GRADIENT OF ANY WELLS AND/OR SEPTIC SYSTEMS HAVE BEEN SHOWN.

EXISTING TOPOGRAPHY IS TAKEN FROM AERIAL SURVEY WITH 2 - FOOT CONTOUR INTERVALS PREPARED BY 3DI, L.L.C. DATED APRIL 14, 2001 AND SUPPLEMENTED BY FIELD RUN TOPOGRAPHY PREPARED BY FISHER, COLLINS & CARTER, INC.

THE PURPOSE OF THIS PERCOLATION CERTIFICATION PLAN IS TO ADJUST THE WELL BOX LOCATIONS IN SUPPORT OF A BUILDING PERMIT APPLICATION FOR NEW CONSTRUCTION AT 11216 INDEPENDENCE WAY, ELLICOTT CITY, MARYLAND 21043.

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-1293) HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.

WELL No.	HO-95-1293		
INV. @ HOUSE		447.7	
GROUND @ INV. @ HOUSE		455.0	
INV. IN TANK		446.6	
INV. OUT TANK		446.3	
TOP OF TANK		447.3	
GROUND OVER TANK		448.7	
INV. IN DIST. BOX		446.1	
INV. OUT DIST. BOX		445.8	
GROUND @ BOX		448.0	

APPROVED:
FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

Michael J. Davis
COUNTY HEALTH OFFICER

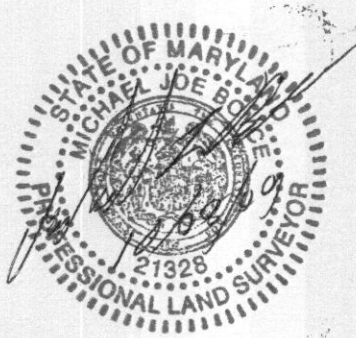
10/26/09
DATE

ADDRESS: 11216 INDEPENDENCE WAY
ELLICOTT CITY, MD 21043

- TYPE: COVINGTON (HERITAGE)-
- WALKOUT BASEMENT
 - ADD'L 1' TO HEIGHT OF BASEMENT
 - BRICK SIDES AND REAR OF HOME
 - EXPANDED BASEMENT
 - SOLARIUM

- OPTION No. 017
- OPTION No. 070
- OPTION No. 673
- OPTION No. 046
- OPTION No. 501

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.



Approved Septic System Plan
Howard County Health Department
4-Bedroom SFD
approved as shown
(B09001672)
B. Davis
Signature
10/27/2009
Date

PERMIT PLOT PLAN & PERCOLATION CERTIFICATION PLAN
LOT #65
HOMWOOD CROSSING
D.B. 9808, PG. 204
PLAT No. 18245
THIRD ELECTION DISTRICT
HOWARD COUNTY

ESE

Land Planning
Engineering
Land Surveying

ESE Consultants Inc.
1764 Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-4870

DATE: 10/07/09
CHK'D: MJB

SCALE: 1"=50'
JOB#: 1214

FILE: LOT 65 Covington Heritage
DRAWN: GVS