

Walk - thru
**HOWARD COUNTY
PERMIT APPLICATION**

B09001586
PERMIT NUMBER

Building Address 11232 INDEPENDENCE WAY
ELLCOTT CITY, MD, 21042

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

Census Tract _____ Subdivision HOWARD CROSSING

Section _____ Area _____ Lot 63

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name MARZ/MARY STEINGESSER
Address 11232 INDEPENDENCE WAY
City ELLCOTT CITY State Md Zip Code 21042
Home Phone 410-992-4338 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated herein): _____

Existing Use SF
Proposed Use SF
Estimated Construction Cost \$ 40,000

Description of Work SCREENED PORUM/OPEN DECK
STEPS
PORUM 18x20 DECK 14x10

Occupant or Tenant MARZ/MARY STEINGESSER

Contact Name _____
Address 11232 INDEPENDENCE WAY
City ELLCOTT CITY State Md Zip Code 21042
Phone 410-992-4338

Contractor Company ADVANCED DECK DESIGN
Contact Person RON COLISON
Address 5317 BROOKVILLE ROAD
City CANTONVILLE State Md Zip Code 20887
License No. 94774
Phone 410-992-4338 Fax 301-947-5772

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: _____ 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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private _____
1 st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2 nd floor: _____	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"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: _____	
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.

R.L. Glin
Applicant's Signature
ADVANCED DECK DESIGN
Title/Company

R.L. COLISON
Print Name
7/1/09
Date

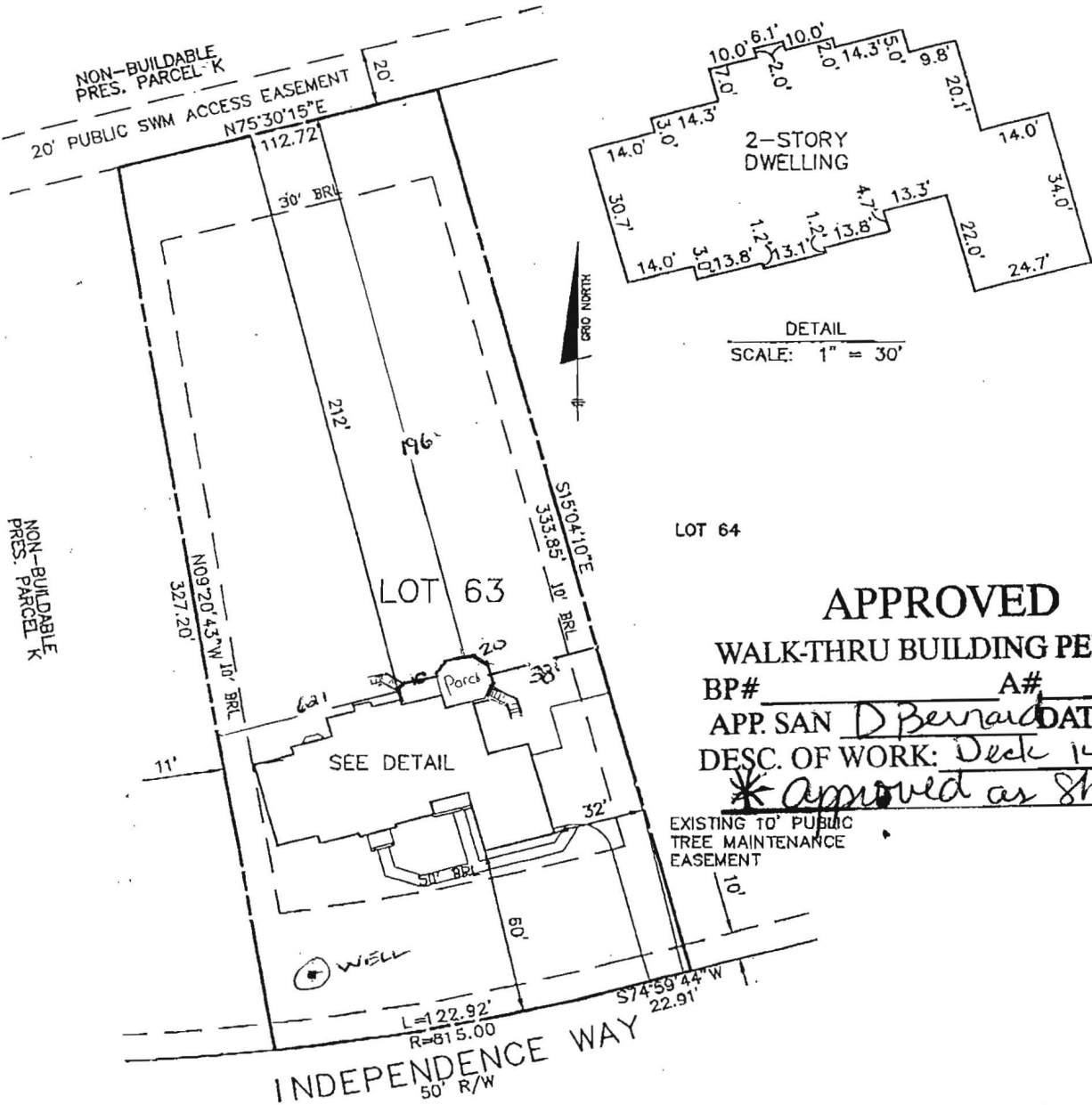
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
****PLEASE WRITE NEATLY AND LEGIBLY.****
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development, DPZ			
State Highways			
Building Officials			
Dev. Engineering, DPZ			
Health	<u>7-1-09</u>	<u>D Bernard</u>	
Fire Protection			

Is Sediment Control approval required prior to issuance?
YES NO

DPZ SETBACK INFORMATION	PROPERTY ID #
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit Required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>1964</u>
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for New Town Zone _____	
SDP/Red-line approval date _____	Accepted by _____

OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING. THIS DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, OR OTHER EXISTING OR FUTURE IMPROVEMENTS. THIS DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES. BUT NO SURVEY OR LOCATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. BUILDINGS, STRUCTURES AND OTHER IMPROVEMENTS SHOWN HEREON ARE IN APPROXIMATE RELATION TO THE BOUNDARY LINES. NO WARRANTY IS MADE TO ORIGINAL PURCHASER OF THE DRAWING. IT IS NOT TRANSFERABLE TO ADDITIONAL PARTIES OR SUBSEQUENT OWNERS.



LOT 64

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____
 APP. SAN D Berrand DATE: 1-1-09
 DESC. OF WORK: Deck 14x10
 * Approved as shown

EXISTING 10' PUBLIC TREE MAINTENANCE EASEMENT

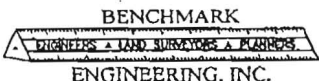
SURVEYOR'S CERTIFICATE

THIS DRAWING WAS MADE UNDER MY SUPERVISION

Donald A. Mason
 DONALD A. MASON
 PROFESSIONAL LAND SURVEYOR
 MARYLAND REG. No. 21320
 FEMA FIRM No. 240044 0027 B
 ZONE: C
 DATED: 12/4/86



LOCATION DRAWING
 HOMEWOOD CROSSING
 PHASE 2
 PLAT No. 18245
 LOT No. 63



206005 71

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLSWORTH CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B08001172

Building Address 11232 Tuckermans Way
Filbert City MD 21042

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

Census Tract _____ Subdivision Millwood Crossing

Section _____ Area _____ Lot 03

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Tell MD III LP

Address 7104 Columbia Gateway Dr. #201

City Columbia State MD Zip Code 21042

Home Phone 410 992 5978 Work Phone _____

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

Phone _____ Fax _____

Existing Use Vacant Lot

Proposed Use Manufactured Home

Estimated Construction Cost \$ 450,000

Description of Work 2 - 5' x 11' 4' Pedestal
4 1/2' Balby, Concrete
1 Pedestal holding Pedestal Sides.

Contractor Company Tell MD III LP

Contact Person Nathan P. ...

Address 7104 Columbia Gateway Dr. #201

City Columbia State MD Zip Code 21042

License No. 5898

Phone 410 992 5978 Fax _____

Occupant or Tenant Same as Owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company Paichard Eng.

Contact Person Doug Thompson

Address 8480 Balt. Natl. Pk # 418

City Filbert City State MD Zip Code 21043

Phone 410 465 6105 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <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"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms <u>4</u>	
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 <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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.

[Signature]
Applicant's Signature

Title/Company

Fabian Murolo
Print Name

[Signature]
Date

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>6/9/08</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

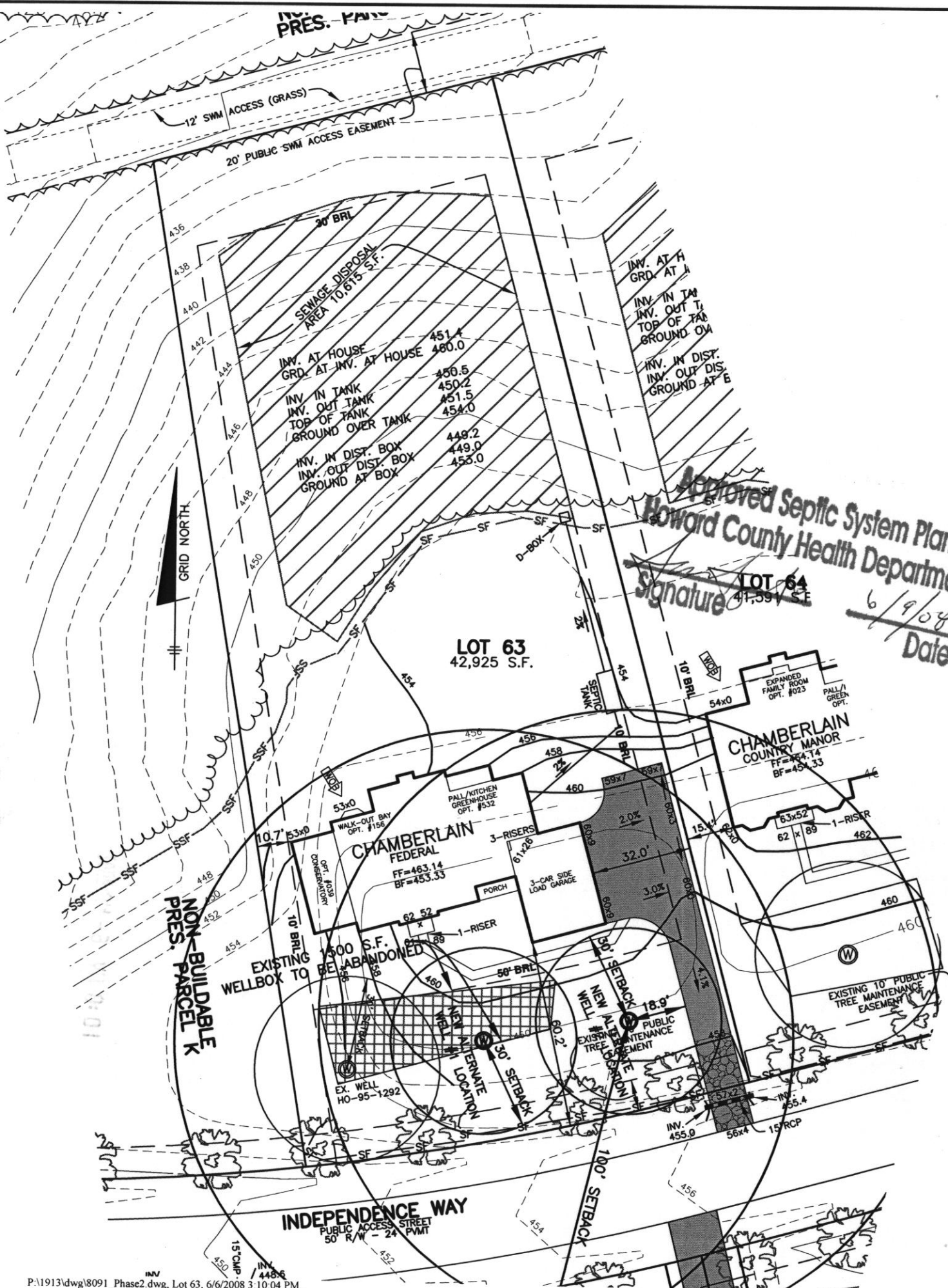
CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Distribution of Copies - White: Building Official Green: LDD, DPZ
Yellow: DED, DPZ Pink: Health Gold: SHA

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____

Accepted by _____



LEGEND

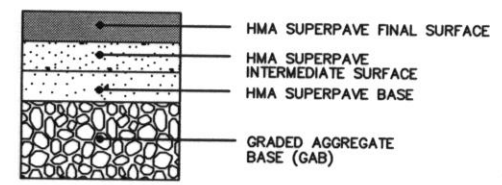
- EXISTING CONTOURS ESTABLISHED UNDER F-05-069
- FIELD SURVEYED WELL LOCATION
- 1500 S.F. WELL BOX
- STREET TREES INSTALLED UNDER F-05-069
- INDICATES WALK-OUT BASEMENT LOCATION
- STABILIZED CONSTRUCTION ENTRANCE INSTALLED UNDER GP-07-067
- SUPER SILT FENCE INSTALLED UNDER F-05-069
- SILT FENCE INSTALLED UNDER F-05-069
- TREE FENCE INSTALLED UNDER F-05-069
- SUPER SILT FENCE INSTALLED UNDER GP-07-067
- SILT FENCE INSTALLED UNDER GP-07-067
- LIMIT OF DISTURBANCE UNDER F-05-069

NOTES:

1. 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.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT 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 PLAT SHALL NOT BE NECESSARY.
3. EXACT LENGTH OF SEPTIC TRENCHES ARE BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PRECONSTRUCTION INSPECTION.
4. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
5. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER F-05-069 AND GP-07-067 AND SHALL COMPLY WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
6. STORMWATER MANAGEMENT FOR THIS LOT WAS PROVIDED UNDER F-05-069.
7. THE EXISTING WELL (TAG NO. HO-95-_____) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. ON _____ AND IS ACCURATELY SHOWN.
8. DRIVEWAY CULVERT COMPUTATIONS HAVE BEEN PROVIDED WITH THIS BUILDING PERMIT PLOT PLAN. THE CULVERT SHALL BE 15" RCP OR ELLIPTICAL EQUIVALENT.

Approved Septic System Plan
Howard County Health Department
 Signature _____
 Date 6/9/08

see record plat



SECTION NUMBER	ROAD AND STREET CLASSIFICATION	CALIFORNIA BEARING RATIO (CBR)							
		3 TO <5	5 TO <7	≥7	3 TO <5	5 TO <7	≥7		
P-1	PARKING BAYS: RESIDENTIAL AND NON-RESIDENTIAL PARKING DRIVE AISLES: RESIDENTIAL AND NON-RESIDENTIAL WITH NO MORE THAN 2 HEAVY TRUCKS PER DAY	PAVEMENT MATERIAL (INCHES)		MIN HMA WITH GAB		HMA WITH CONSTANT GAB			
		HMA SUPERPAVE FINAL SURFACE 9.5 MM PG 64-22, LEVEL 1 (ESAL)		1.5	1.5	1.5	1.5	1.5	
		HMA SUPERPAVE INTERMEDIATE SURFACE (NA)		NA	NA	NA	NA	NA	
		HMA SUPERPAVE BASE 19.0 MM PG 64-22, LEVEL 1 (ESAL)		2.0	2.0	2.0	3.5	3.0	2.5
		GRADED AGGREGATE BASE		8.5	7.0	5.0	4.0	4.0	4.0

P-1 PAVING DETAIL

BENCHMARK
 ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418
 ELLICOTT CITY, MARYLAND 21043
 PHONE: 410-465-6105 FAX: 410-465-6644
 www.bei-civilengineering.com

BUILDER: TOLL MD III LIMITED PARTNERSHIP
 7164 COLUMBIA GATEWAY DRIVE
 SUITE 230
 COLUMBIA, MARYLAND 21046
 410-872-9105

HOMEWOOD CROSSING
LOT 63

INDEPENDENCE WAY
 TAX MAP 29, GRID 9 - PARCEL 28
 3rd ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

CHAMBERLAIN
FEDERAL ELEVATION

DATE: FEBRUARY 28, 2008	PROJECT NO. 1913
SCALE: 1" = 40'	DRAWING 1 OF 1