

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**

**B09001956  
 PERMIT NUMBER**

Building Address 11235 INDEPENDENCE WAY  
ELLICOTT CITY MD. LOT #52  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot Size \_\_\_\_\_

Property Owner's Name YOUNG, LEE  
 Address 11235 INDEPENDENCE WAY  
 City ELLICOTT CITY State MD Zip Code \_\_\_\_\_  
 Phone 443.629.9529 Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated herein):  
TONY SEO  
DECS CORNERSTONE WAY  
WINDSOR MILL MD 21244  
 Phone 443.540.8800 Fax 410.489.9121

Existing Use \_\_\_\_\_  
 Proposed Use \_\_\_\_\_  
 Estimated Construction Cost \$ \$13,000.00  
 Description of Work BUILD A DECK 16 X 24 W/ STEPS  
 Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company SBL ENTERPRISE INC  
 Contact Person JOHN SO  
 Address 14821 BURNWOODS RD  
 City GREENWOOD State MD Zip Code 21038  
 License No. MHIC # 96638  
 Phone 301.346.9218 Fax 410.489.9121  
 Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

| Building Characteristics   | Utilities  |
|--|--|
| Height: _____  | Water Supply: _____<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private   |
| No. of stories: _____  | Sewage Disposal: _____<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private  |
| Gross area, sq. ft. per floor: _____   | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Use group: _____   | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/>  |
| Construction type: _____<br><input type="checkbox"/> Reinforced Concrete<br><input type="checkbox"/> Structural Steel<br><input type="checkbox"/> Masonry<br><input type="checkbox"/> Wood Frame<br><input type="checkbox"/> State Certified Modular | Sprinkler system: N/A <input type="checkbox"/><br><input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> Other Suppression<br><input type="checkbox"/> # of Heads _____ |

**BUILDING DESCRIPTION - RESIDENTIAL**

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

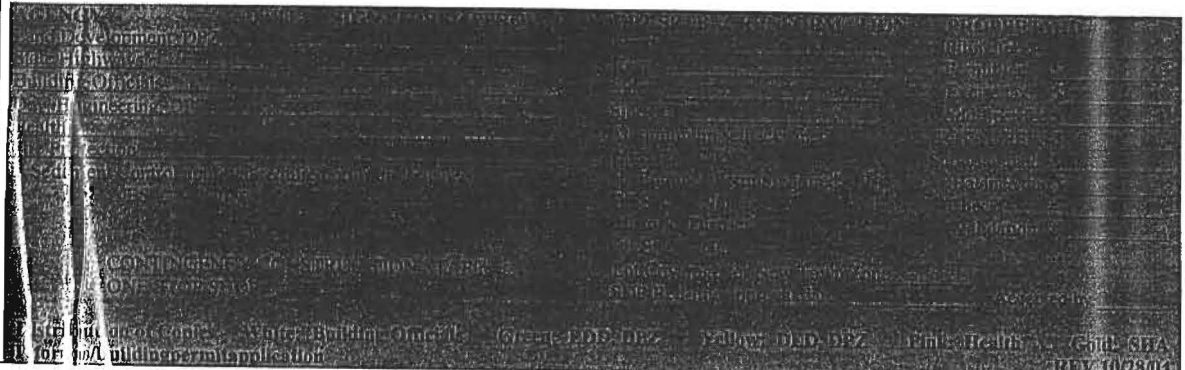
[Signature]  
 Applicant's Signature

TONY SEO  
 Print Name

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

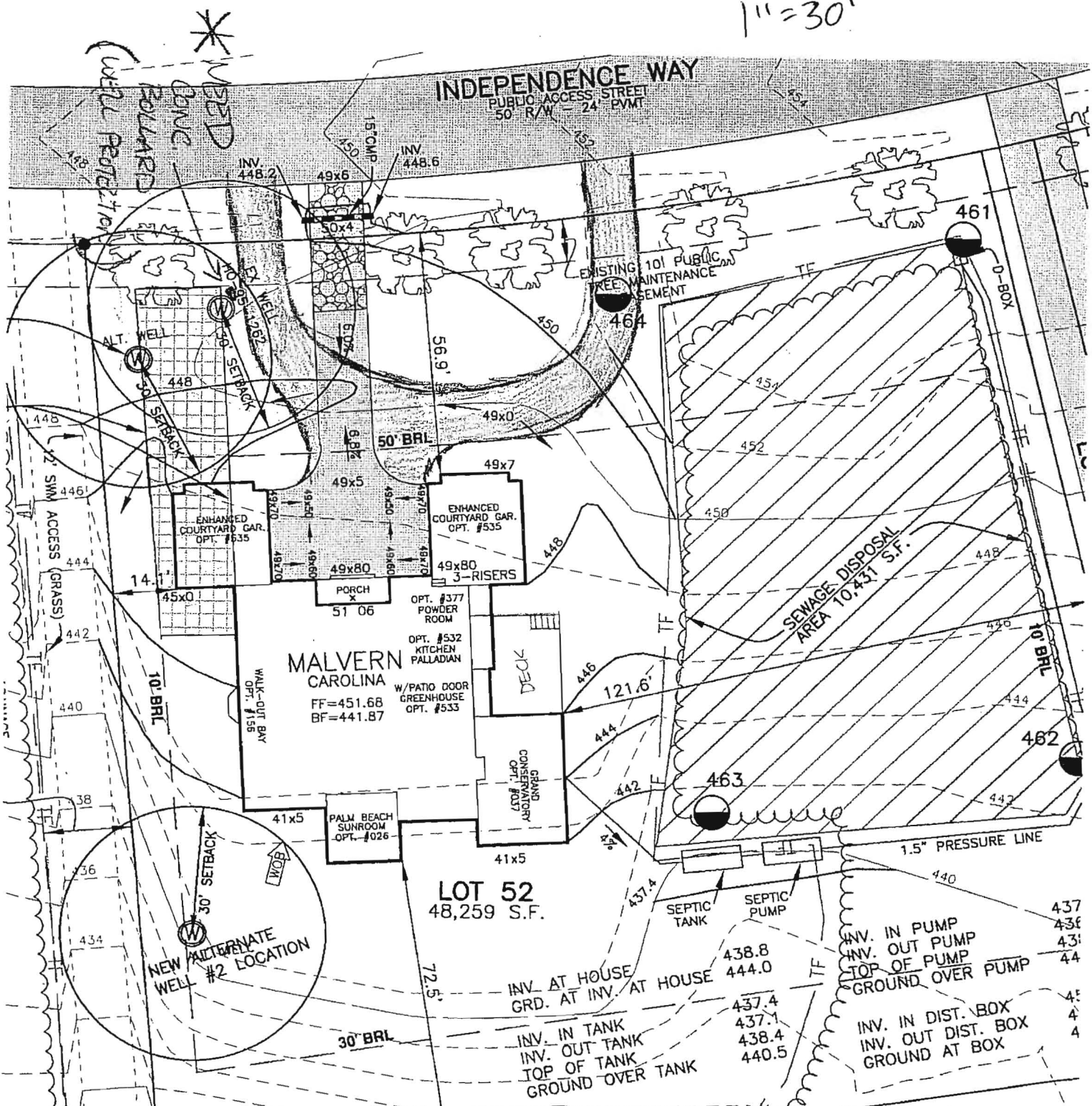
\_\_\_\_\_  
 Date

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



Hevin - 7-21-09 [Signature]

1" = 30'



**APPROVED**

**WALK-THRU BUILDING PERMIT**

**BP#**

**APP. SAN HS**

**DESC. OF WORK:**

**A# P530204**

**DATE: 7-29-09**

*deck as shown*

|                    |     |
|--------------------|-----|
| INV. IN PUMP       | 437 |
| INV. OUT PUMP      | 436 |
| TOP OF PUMP        | 44  |
| GROUND OVER PUMP   | 44  |
| INV. IN DIST. BOX  | 44  |
| INV. OUT DIST. BOX | 4   |
| GROUND AT BOX      | 4   |

666003971

|   |   |   |
|---|---|---|
| <small>DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS<br/>3430 COURT HOUSE DRIVE<br/>ELICOTT CITY, MD 21043<br/>PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810<br/>AUTOMATED INFORMATION (410) 313-3800</small> | <h2 style="margin:0;">HOWARD COUNTY<br/>PERMIT APPLICATION</h2>             | <h2 style="margin:0;">PERMIT NUMBER</h2> <p style="font-size: 2em; margin:0;">E08001173</p> |
| Building Address <u>1125 Independence Way</u><br><u>Ellicott City, MD 21042</u>   | Property Owner's Name <u>Tell MD III LP</u>                                 |   |
| Suite/Apt. #: _____ SDP/WP/Petition #: <u>1</u>   | Address <u>1125 Independence Way, #230</u>                                  |   |
| Census Tract _____ Subdivision <u>Howard Crossing</u>   | City <u>Columbia</u> State <u>MD</u> Zip Code <u>21042</u>                  |   |
| Section _____ Area _____ Lot <u>52</u>  | Home Phone <u>410 992 5579</u> Work Phone _____                             |   |
| Tax Map _____ Parcel _____ Grid _____   | Applicant's Name & Mailing Address, (if other than stated hereon):<br>_____ |   |
| Zoning _____ Map Coordinates _____ Lot size _____   | Phone _____ Fax _____   |   |
| Existing Use <u>Vacant lot</u>  | Contractor Company <u>Same as above</u>                                     |   |
| Proposed Use <u>Residential home</u>  | Contact Person <u>Walter Brackberg</u>                                      |   |
| Estimated Construction Cost \$ <u>450,000</u>   | Address <u>Same as above</u>  |   |
| Description of Work <u>2 story, 5 bedrooms,</u><br><u>4 1/2 baths, Screen, Pelletia hold,</u><br><u>Carhouse, gravel driveway.</u>  | City _____ State _____ Zip Code _____                                       |   |
| Occupant or Tenant <u>Same as above</u>   | License No. <u>50416</u>  |   |
| Contact Name _____  | Phone _____ Fax _____   |   |
| Address _____   | Engineer or Architect Company <u>Richmont Eng.</u>                          |   |
| City _____ State _____ Zip Code _____   | Contact Person <u>Dave Thompson</u>   |   |
| Phone _____ Fax _____   | Address <u>8480 Belt. Wall Pike #4118</u>                                   |   |
|   | City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u>             |   |
|   | Phone <u>410 465 6165</u> Fax _____   |   |

| BUILDING DESCRIPTION - <u>COMMERCIAL</u>  |   | BUILDING DESCRIPTION - <u>RESIDENTIAL</u>  |   |
|---|---|--|---|
| <b>Building Characteristics</b><br>Height: _____<br>No. of stories: _____<br>Gross area, sq. ft. per floor: _____<br>Use group: _____<br>Construction type:<br><input type="checkbox"/> Reinforced Concrete<br><input type="checkbox"/> Structural Steel<br><input type="checkbox"/> Masonry<br><input type="checkbox"/> Wood Frame<br><input type="checkbox"/> State Certified Modular | <b>Utilities</b><br>Water Supply:<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private<br>Sewage Disposal:<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private<br>Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/><br>Heating System:<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/><br>Sprinkler system: N/A <input type="checkbox"/><br><input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> Other Suppression<br><input type="checkbox"/> # of Heads | <b>Building Characteristics</b><br>SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/><br>Depth Width<br>1st floor: _____<br>2nd floor: _____<br>Basement: _____<br>Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/><br>Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/><br>No. of Bedrooms <u>5</u><br>Height: _____<br>Multi-family dwellings:<br>No. of efficiency units: _____<br>No. of 1 BR units: _____<br>No. of 2 BR units: _____<br>No. of 3 BR units: _____<br>Other Structure: _____<br>Dimensions: _____<br>Footings: _____<br>Roof Height: _____<br><input type="checkbox"/> State Certified Modular<br><input type="checkbox"/> Manufactured Home | <b>Utilities</b><br>Water Supply:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private<br>Sewage Disposal:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private<br>Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/><br>Heating System:<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input checked="" type="checkbox"/><br>Propane Gas <input type="checkbox"/><br>Sprinkler system: N/A <input type="checkbox"/><br><input type="checkbox"/> NFPA #13D<br><input type="checkbox"/> NFPA #13R<br><input type="checkbox"/> Other: |

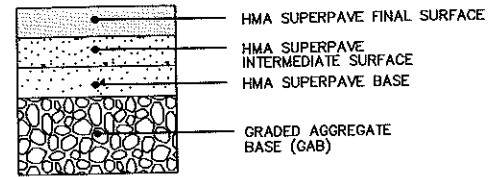
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Applicant's Signature Tell MD III LP      Print Name Walter Brackberg  
 Title/Company \_\_\_\_\_      Date 4/24/08

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>1000.00</u> |
| State Highways   |                |                    | Rear: _____  | Permit fee \$ _____          |
| Building Official  |                |                    | Side: _____  | Excise tax \$ _____          |
| Dev. Engineering, DPZ                                    |                |                    | Side St.: _____  | Add'l per. fee \$ _____      |
| Health   | <u>6/30/08</u> | <u>Steve Smith</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  |                |                    |  |                              |

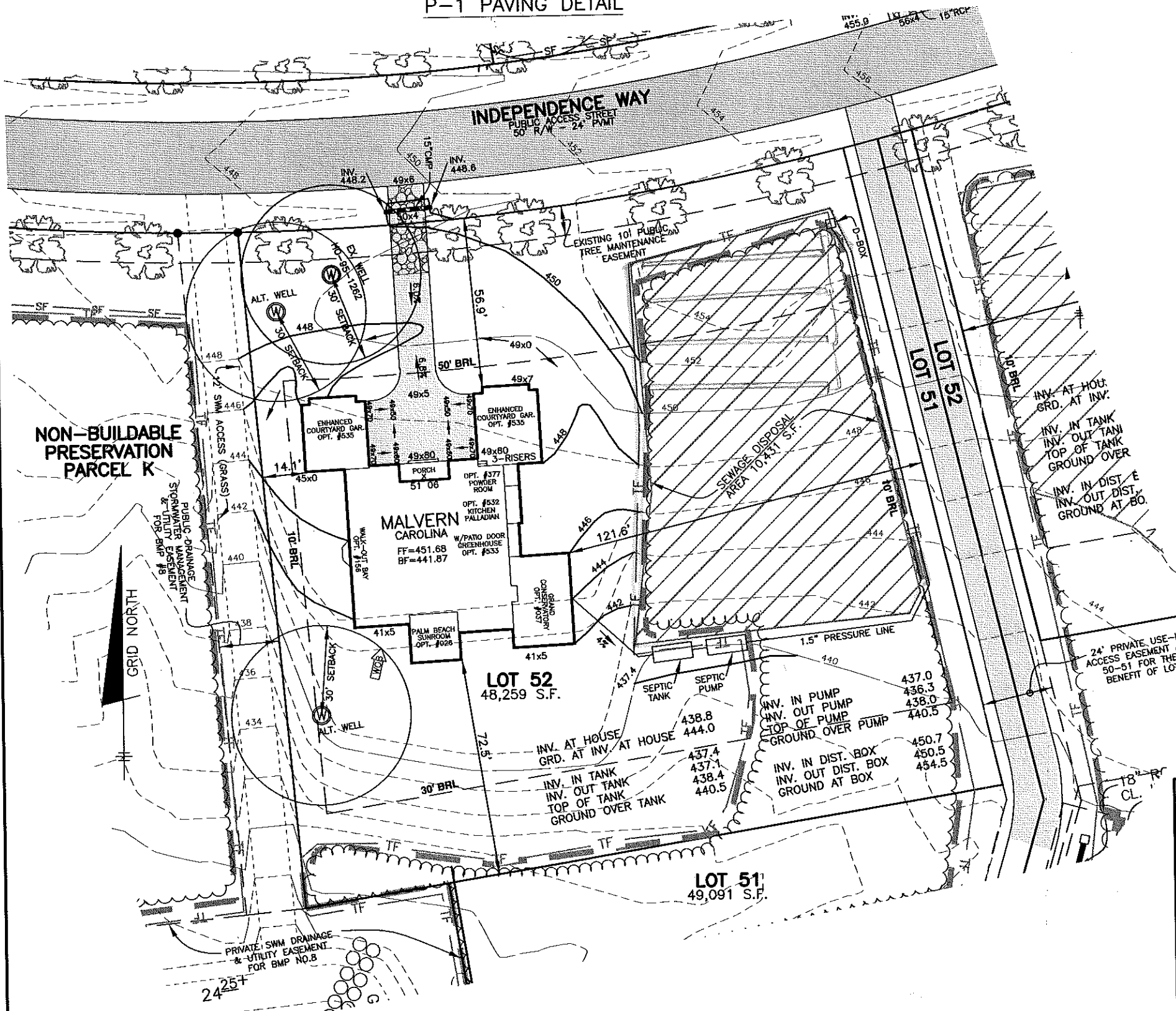
| SECTION NUMBER | ROAD AND STREET CLASSIFICATION  | CALIFORNIA BEARING RATIO (CBR)                                 |         |                  | CALIFORNIA BEARING RATIO (CBR) |         |                       |     |     |
|----------------|---|--|---------|------------------|--------------------------------|---------|-----------------------|-----|-----|
|                |   | 3 TO <5  | 5 TO <7 | ≥7               | 3 TO <5                        | 5 TO <7 | ≥7                    |     |     |
| P-1            | PARKING BAYS:<br>RESIDENTIAL AND NON-RESIDENTIAL<br>PARKING DRIVE AISLES:<br>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<br>9.5 MM PG 64-22, LEVEL 1 (ESAL) |         | 1.5              | 1.5                            | 1.5     | 1.5                   | 1.5 | 1.5 |
|                |   | HMA SUPERPAVE INTERMEDIATE SURFACE (NA)                        |         | NA               | NA                             | NA      | NA                    | NA  | NA  |
|                |   | HMA SUPERPAVE BASE<br>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 |



**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 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 TO 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-95-1262) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. ON 4-18-2008 AND IS ACCURATELY SHOWN.
8. DRIVEWAY CULVERT COMPUTATIONS HAVE BEEN PROVIDED WITH THIS BUILDING PERMIT PLOT PLAN. THE CULVERT SHALL BE 15" CMP OR ELLIPTICAL EQUIVALENT.

**P-1 PAVING DETAIL**



Approved Septic System Plan  
 Howard County Health Department  
*Shawn Hart 6/30/08*  
 Signature Ddie

**LEGEND**

- EXISTING CONTOURS ESTABLISHED UNDER F-05-069
- FIELD SURVEYED WELL LOCATION
- 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
- SILT FENCE INSTALLED UNDER GP-07-067
- LIMIT OF DISTURBANCE UNDER F-05-069

**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

**HOMEWOOD CROSSING**  
**LOT 52**  
 11235 INDEPENDENCE WAY  
 TAX MAP 29, GRID 9 - PARCEL 28  
 3rd ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

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

|                                   |                  |
|-----------------------------------|------------------|
| <b>MALVERN CAROLINA ELEVATION</b> |                  |
| DATE: JUNE 18, 2008               | PROJECT NO. 1913 |
| SCALE: 1" = 40'                   | DRAWING 1 OF 1   |