

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B08001764

Building Address 11111 Ellicott City, MD 21043
 Suite/Apt. #: _____ SDP/WP/Petition #: 11204
 Census Tract _____ Subdivision Howard County
 Section _____ Area E Lot 54
 Tax Map 7 Parcel _____ Grid 7
 Zoning IC Map Coordinates _____ Lot size 110

Property Owner's Name _____
 Address 7100 Lee St, Ellicott City, MD 21043
 City _____ State _____ Zip Code _____
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone 410-392-5970 Fax _____

Existing Use _____
 Proposed Use Commercial
 Estimated Construction Cost \$ 520,000
 Description of Work Building Addition
to existing building
for office space

Contractor Company T&H MD III LP
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant T&H MD III LP
 Contact Name _____
 Address 11111 Ellicott City, MD 21043
 City Ellicott City State MD Zip Code 21043
 Phone _____ Fax _____

Engineer or Architect Company John H. Hays
 Contact Person _____
 Address 5150 Pat. Mill. Rd. #418
 City Ellicott City State MD Zip Code 21043
 Phone 410-412-1115 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Utilities
 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
 SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: _____
 2nd floor: _____
 Basement: _____
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 No. of Bedrooms _____
 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

Utilities
 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.

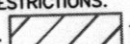
Applicant's Signature _____
 Title/Company _____

Print Name Matthew Bruchmann
 Date 6/16/08

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>100.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>7/6/08</u>	<u>[Signature]</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 # <u>08077770</u>
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 _____	Accepted by _____
While: Building Official			SDP/Red-line approval date _____	
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

NOTES:

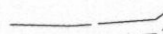




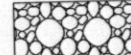
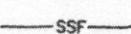
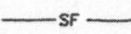

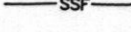
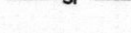

1. THE LOT SHOWN HEREON WAS RECORDED ON MAY 2, 2006 AS PLAT NUMBER 18244. REFER TO THIS PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
2.  THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL 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-95-1234) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. ON 8-22-2008 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.

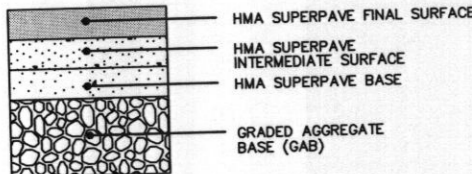
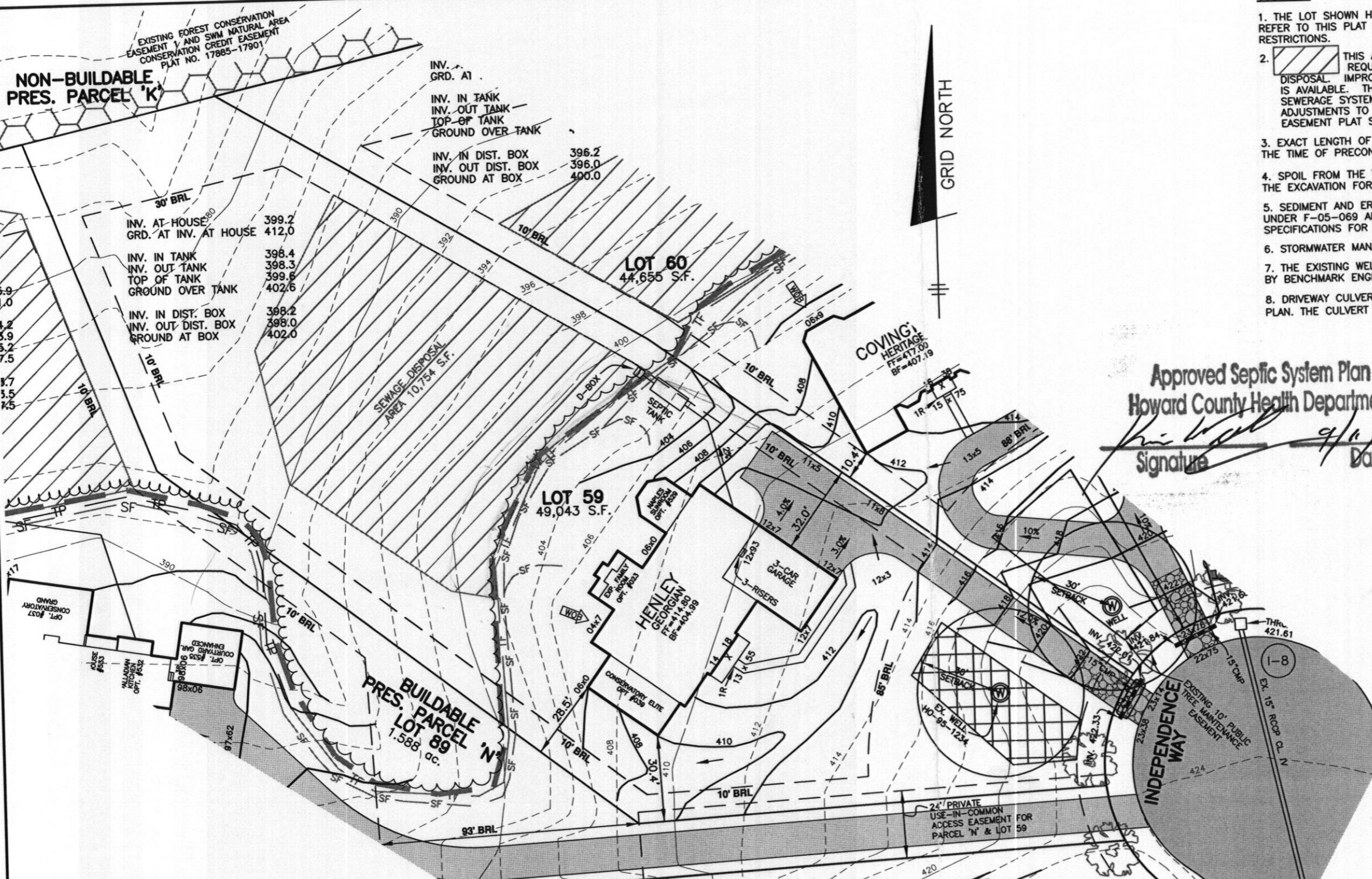
Approved Septic System Plan
Howard County Health Department

Signature

Date

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



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

HOMWOOD CROSSING
LOT 59
PERMIT PLAN

11275 INDEPENDENCE WAY
TAX MAP 29, GRID 9 - PARCEL 28
3rd ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

HENLEY
GEORGIAN ELEVATION

DATE:	AUGUST 15, 2008	PROJECT NO.	1913
SCALE:	1" = 40'	DRAWING	1 OF 1