

600009390

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

**HOWARD COUNTY PERMIT APPLICATION**

**PERMIT NUMBER**  
 F0200-544

Building Address 11201 Riverwood Ct  
Ellicott City, Md. 21042

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 603000 Subdivision Riverwood

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 41

Tax Map 29 Parcel 20 Grid 4

Zoning R050 Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Winchester Homes

Address 6905 Rockledge Dr. #800

City Baltimore State MD Zip Code 21286

Phone \_\_\_\_\_ Phone 802-4906

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

Phone 410 277-1624 Fax \_\_\_\_\_

Existing Use Vacant

Proposed Use SFO

Estimated Construction Cost \$ 200,000

Description of Work Prohibit w/ 3 gar added  
garage 2 story, 7' finished roof  
4 BR 4 BA 1 HA

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 or Architect Company Buchanan

Contact Person John Carey

Address 2600 Bay ...

City Baltimore State MD Zip Code 21210

Phone 410 465-6105 Fax 410 465-6644

**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: 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

**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 \_\_\_\_\_

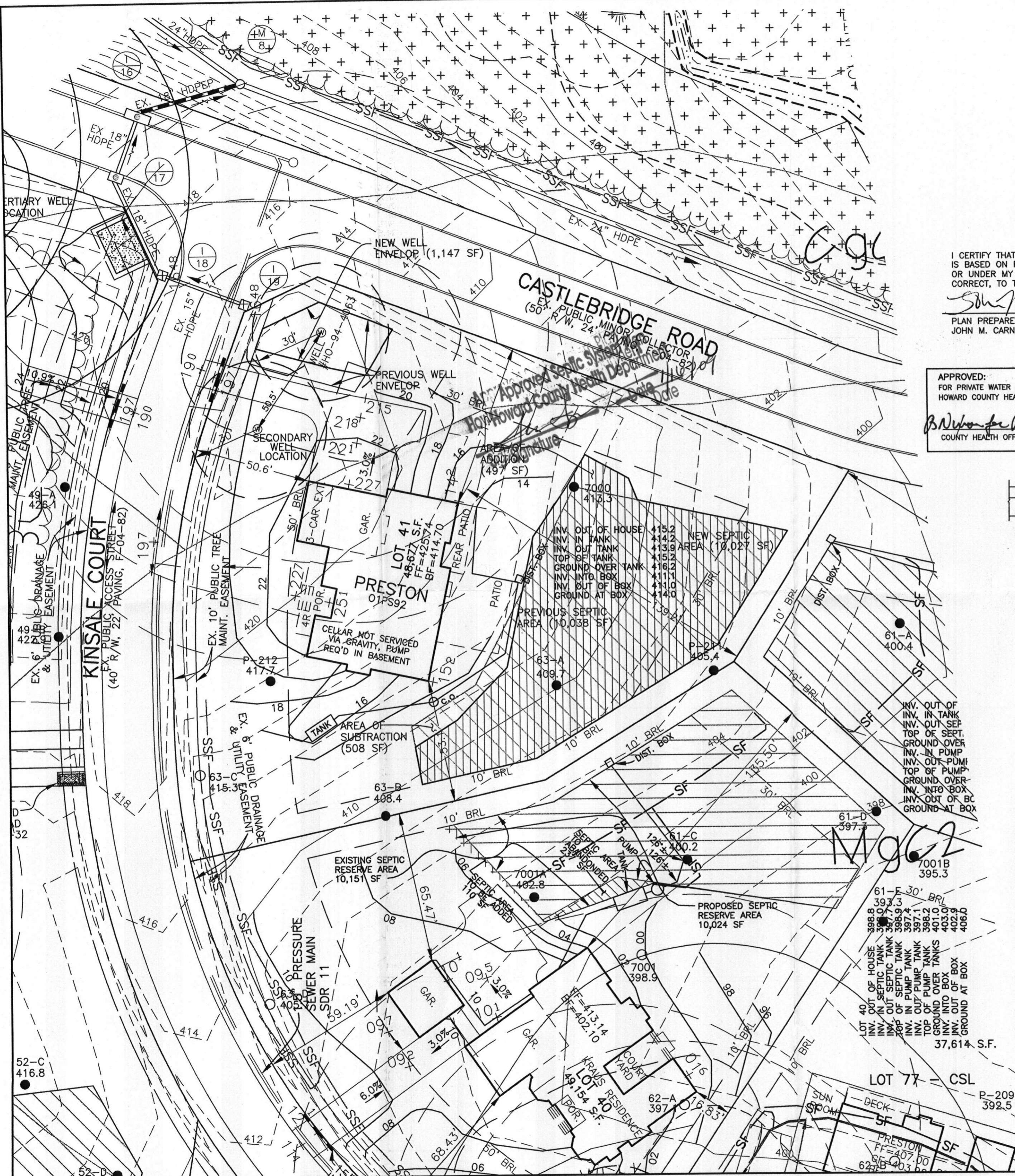
Title/Company \_\_\_\_\_

Print Name Carol U. ...

Date 12-10-09

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#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ _____
<input checked="" type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>1/16/09</u>	<u>[Signature]</u>	Side St.: _____	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Health			All minimum setbacks met?	TOTAL FEES \$ _____
<input checked="" type="checkbox"/> 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- White: Building Official			Lot Coverage for NewTown Zone _____	
Green: LDD, DPZ			SDP/Red-line approval date _____	Accepted by _____
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				



**NOTES:**

- THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR RIVERWOOD, PHASE 1, PLAT No. 18035. REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS AND ALL EASEMENTS.
- 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. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
- SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER GP-05-31 AND MODIFIED FOR THIS SPECIFIC HOUSE.
- TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS.
- EXACT LENGTH OF SEPTIC TRENCHES ARE TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF TRENCH LAYOUT AND INSPECTION.
- SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
- ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
- ALL DRAINAGE AND STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS.
- SEPTIC TANK FOR THIS LOT TO BE 2,000 GALLONS.
- THE EXISTING WELL SHOWN ON THIS PLAN, HO-94-4063, HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.

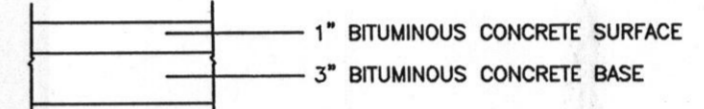
I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION, AND IS CORRECT, TO THE BEST OF KNOWLEDGE AND BELIEF.

*John M. Carney* 1/12/09  
 PLAN PREPARER  
 JOHN M. CARNEY FOR BENCHMARK ENGINEERING, INC.

**LEGEND**

- EXISTING CONTOURS ESTABLISHED UNDER F-04-082
- FIELD SURVEYED WELL LOCATION
- 7001A 402.8 PASSED PERCOLATION TEST PER TEST NOTES
- 62-A 397.1 FAILED PERCOLATION TEST PER TEST NOTES
- EXISTING APPROVED SEPTIC RESERVE AREA
- PROPOSED RESERVED SEPTIC RESERVE AREA

APPROVED:  
 FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS  
 HOWARD COUNTY HEALTH DEPARTMENT  
*Peter Beilensen* 1/16/2009  
 COUNTY HEALTH OFFICER DATE



**PAVING SECTION**  
 NOT TO SCALE



NO.	DATE	REVISION

**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  
 EMAIL: [benchmark@cais.com](mailto:benchmark@cais.com)

OWNER/BUILDER:  CAMBERLEY HOMES, INC. 6905 ROCKLEDGE DRIVE SUITE 800 BETHESDA, MD 20817 PHONE: 301-803-4800 FAX: 301-803-4929		PROJECT:  <b>RIVERWOOD LOT 41</b>	
LOCATION: 11201 KINSALE COURT ELLICOTT CITY, MD 21042 TAX MAP No. 29 - BLOCK Nos. 3, 4, 9 & 10 - PARCEL No. 20 3rd ELECTION DISTRICT, HOWARD COUNTY, MARYLAND		TITLE: <b>REVISED PERCOLATION CERTIFICATION PLAN</b>	
HOUSE TYPE: <b>PRESTON</b>		DATE: DECEMBER, 2008 JANUARY, 2009	
DESIGN: JMC		PROJECT NO. 1950	
DRAFT: JMC		DRAWING 1 OF 1	
SCALE: 1" = 30'			