

Building Address: 11238 Kingsale Court
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: R. 1000000
 Section: _____ Area: _____ Lot: 38
 Tax Map: 29 Parcel: 20 Grid: 4
 Zoning: ED Map Coordinates: _____ Lot Size: 40349

Existing Use: Vacant
 Proposed Use: SFD
 Estimated Construction Cost: \$ 350,000
 Description of Work: Garage 2 x 10 ft
700 sq ft attached garage 4BR 2FA
1BR 1BA 1.5 bath 1st floor
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Carol Viers
 Address: 100 Rockledge Drive
 City: Ellicott City State: MD Zip Code: 21043
 Home Phone: _____ Work Phone: _____
 Applicant's Name & Mailing Address, (if other than stated herein):

 Phone: 277-1624 Fax: _____
 Email: Carol.Viers@verizon.net

Contractor Company: W. Wheeler Home
 Contact Person: Adam Campbell
 Address: 10000 Rockledge Drive
 City: _____ State: _____ Zip Code: _____
 License No.: 57
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: Architect
 Responsible Design Prof.: John Carey
 Address: 2480 Ball Lane
 City: Ellicott City State: MD Zip Code: 21043
 Phone: 410-261-6665 Fax: 410-261-6667
 Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor: <u>38</u> <u>36</u>	<input type="checkbox"/> Private
2 nd floor: <u>38</u> <u>36</u>	<u>Sewage Disposal</u>
Basement: <u>18</u> <u>36</u>	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space <u>Sq. Ft. 5576</u>	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>4</u>	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof: <u>Asph/Flt</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<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.

Applicant's Signature: _____ Print Name: Carol Viers
 Email Address: _____ Date: 5-27-12
 Title/Company: _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>3-13-12</u>	<u>Dana Burad</u>
Fire Protection		

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$ <u>147</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

Permits: 410-313-2455
 Inspections: 410-313-1810
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
 Department of Inspections, Licenses & Permits
 3430 Court House Drive
 Ellicott City, MD 21043

G00009390
 Permit Number:

B/2000592

Building Address: 11238 Kinsale Court
Ellicott City, Md. 21042

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

Census Tract: _____ Subdivision: Riverwood

Section: _____ Area: _____ Lot: 38

Tax Map: 29 Parcel: 20 Grid: 4

Zoning: RCDEO Map Coordinates: _____ Lot Size: 40,948
sq ft

Existing Use: Vacant

Proposed Use: SFD

Estimated Construction Cost: \$ 350,000

Description of Work: Garrett, 2 story
3 car side load garage, 4 BR, 3 FB
1 HB, finished bmt, FP

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Winchester Homes

Address: 6905 Rockledge Dr. #800

City: Bethesda State: Md Zip Code: 20817

Home Phone: _____ Work Phone: 803-4803

Applicant's Name & Mailing Address, (if other than stated herein):
Carol Viers
410
 Phone: 279-1624 Fax: _____
 Email: carolspermits@broadstripe.net

Contractor Company: Winchester Homes

Contact Person: Andrew Campbell

Address: Same As Above

City: _____ State: _____ Zip Code: _____

License No.: 57

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: Benchmark Engineer.

Responsible Design Prof.: John Carey

Address: 8480 Baltimore National Pike

City: Ellicott City State: MD Zip Code: 21043

Phone: 410 465-6105 Fax: 410 465-6644

Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
Area of construction (sq. ft.):	<u>Sewage Disposal</u>
	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<input type="checkbox"/> Roadside Tree Project Permit	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth Width	<input type="checkbox"/> Public
1 st floor: <u>58</u> <u>56</u>	<input checked="" type="checkbox"/> Private
2 nd floor: <u>58</u> <u>56</u>	<u>Sewage Disposal</u>
Basement: <u>58</u> <u>56</u>	<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>4</u>	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input checked="" type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	
Roof: <u>Asphalt</u>	
<input type="checkbox"/> State Certified Modular	
<input type="checkbox"/> Manufactured Home	

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Carol Viers
 Applicant's Signature
carolspermits@broadstripe.net
 Email Address
Permit Runner
 Title/Company

Carol Viers
 Print Name
2-27-12
 Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
 FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		
Fire Protection		

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? Yes No

Is Entrance Permit Required? Yes No

Historic District? Yes No

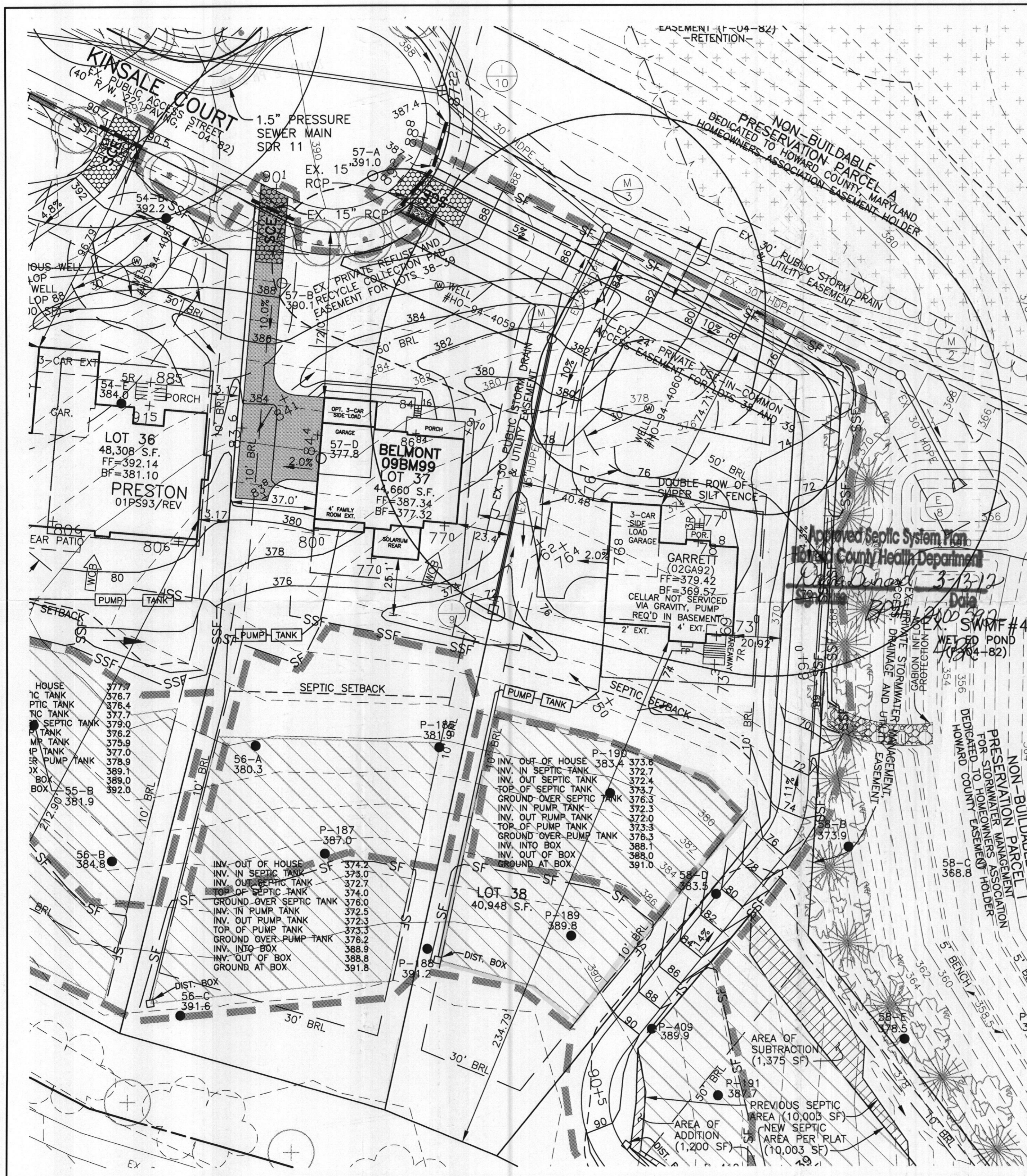
Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

Filing Fee	\$ <u>150.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

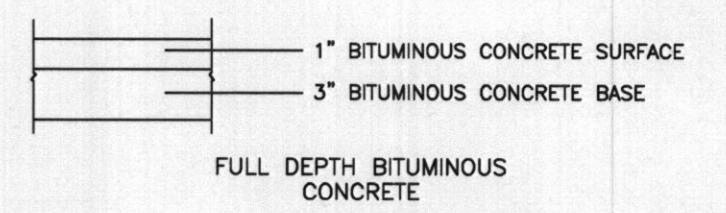
Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA
 T:\Operations\Updated Forms\New building app 11.10.2010.docx

23216
27023



NOTES:

1. THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR RIVERWOOD, PLAT No. 18033. REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS AND ALL EASEMENTS.
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. 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.
3. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER A GRADING PLAN AND MODIFIED FOR THIS SPECIFIC HOUSE.
4. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS AND HAS BEEN FIELD VERIFIED BY J.A. RICE, INC., ON OR ABOUT SEPTEMBER 2002.
5. EXACT LENGTH OF SEPTIC TRENCHES ARE BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF TRENCH LAYOUT AND INSPECTION.
6. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
7. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
8. ALL DRAINAGE AND STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS.
9. SEPTIC TANK FOR THIS LOT TO BE 2,000 GALLONS.
10. THE EXISTING WELL SHOWN ON THIS PLAN, HO-94-4060, HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.
11. THERE ARE NO EXISTING WELLS OR SEPTIC SYSTEMS WITHIN 100' OF THIS PROJECT'S BOUNDARY EXCEPT AS NOTED.
12. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
13. STORMWATER MANAGEMENT FOR THE REAR HALF OF THE HOUSE IS PROVIDED BY FACILITY #4 CONSTRUCTED UNDER PHASE 1 (F-04-082) BY USE OF A WET EXTENDED DETENTION FACILITY.
14. THE CULVERT AT THE CUL-DE-SAC WAS DESIGNED UNDER ANOTHER PLAN AND IS EXISTING.



LEGEND

- - - - - EXISTING CONTOURS ESTABLISHED UNDER F-04-082
- ⊙ FIELD SURVEYED WELL LOCATION
- PASSED PERCOLATION TEST PER TEST NOTES
- FAILED PERCOLATION TEST PER TEST NOTES
- ▨ EXISTING APPROVED SEPTIC RESERVE AREA

PAVING SECTION
NOT TO SCALE

GRID NORTH

BENCHMARK ENGINEERING, INC.
ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418
ELLCOTT CITY, MARYLAND 21042
PHONE: 410-465-6105 ▲ FAX: 410-465-6644
BEI@BEI-CIVILENGINEERING.COM

OWNER/BUILDER:
CAMBERLEY HOMES, INC.
6905 ROCKLEDGE DRIVE
SUITE 800
BETHESDA, MD 20817
PHONE: 301-803-4800
FAX: 301-803-4929

PROJECT:
RIVERWOOD LOT 38

LOCATION:
11238 KINSALE COURT
ELLCOTT CITY, MD 21042
TAX MAP No. 29 - BLOCK Nos. 3, 4, 9 & 10 - PARCEL No. 20
3rd ELECTION DISTRICT, HOWARD COUNTY, MARYLAND

TITLE:
BUILDING PERMIT PLAN

HOUSE TYPE:
GARRETT

DATE: JANUARY 18, 2012 PROJECT NO. 1950

DESIGN: JMC DRAFT: JMC SCALE: 1" = 30' DRAWING 1 OF 1