

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B 09003279

Building Address 3018 Kittleman Lane
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name Laura Kittleman Yeatts
 Address 3106 Fox Valley Drive
 City West Friendship State MD Zip Code 21174
 Home Phone 3017553897 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein):
Laura Kittleman Yeatts
3021 Kittleman Lane
West Friendship, MD 21174
 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ _____

Contractor Company Owner to Construct
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Description of Work Commercial
Custom

Engineer or Architect Company _____

Occupant or Tenant _____

Contact Person _____

Contact Name _____

Address _____

Address _____

City _____ State _____ Zip Code _____

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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Use group: _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood frame _____ State Certified Modular _____ | 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"/> Depth _____ Width _____ 1 st floor: <u>75'0" - 47'2"</u> 2 nd floor: <u>70'6" - 47'2"</u> Basement: <u>75'0" - 47'0"</u> | Water Supply: _____ Public _____ Private _____ |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> | Sewage Disposal: _____ Public _____ Private _____ |
| No. of Bedrooms _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ | Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____ |
| 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.

Applicant's Signature _____

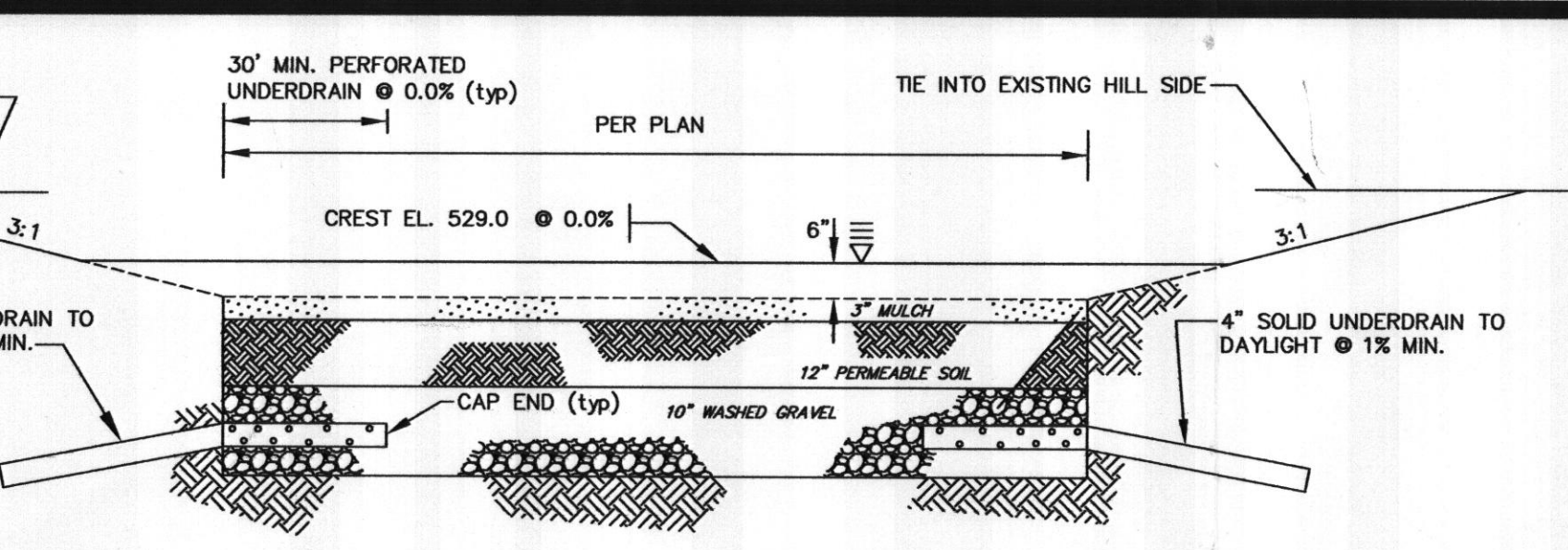
Print Name Laura Kittleman Yeatts

Title/Company _____

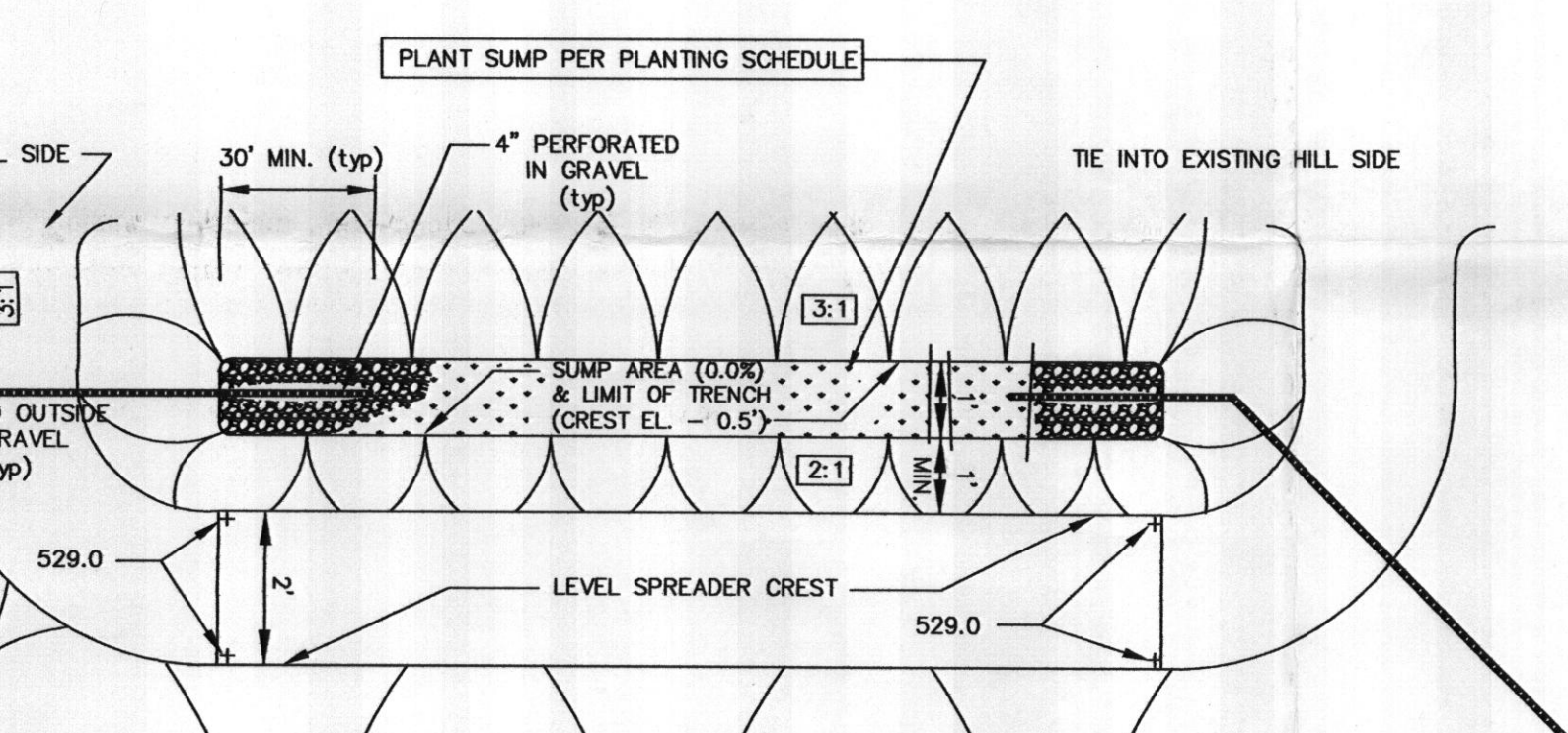
Date 12/03/09

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
****PLEASE WRITE NEATLY AND LEGIBLY.****

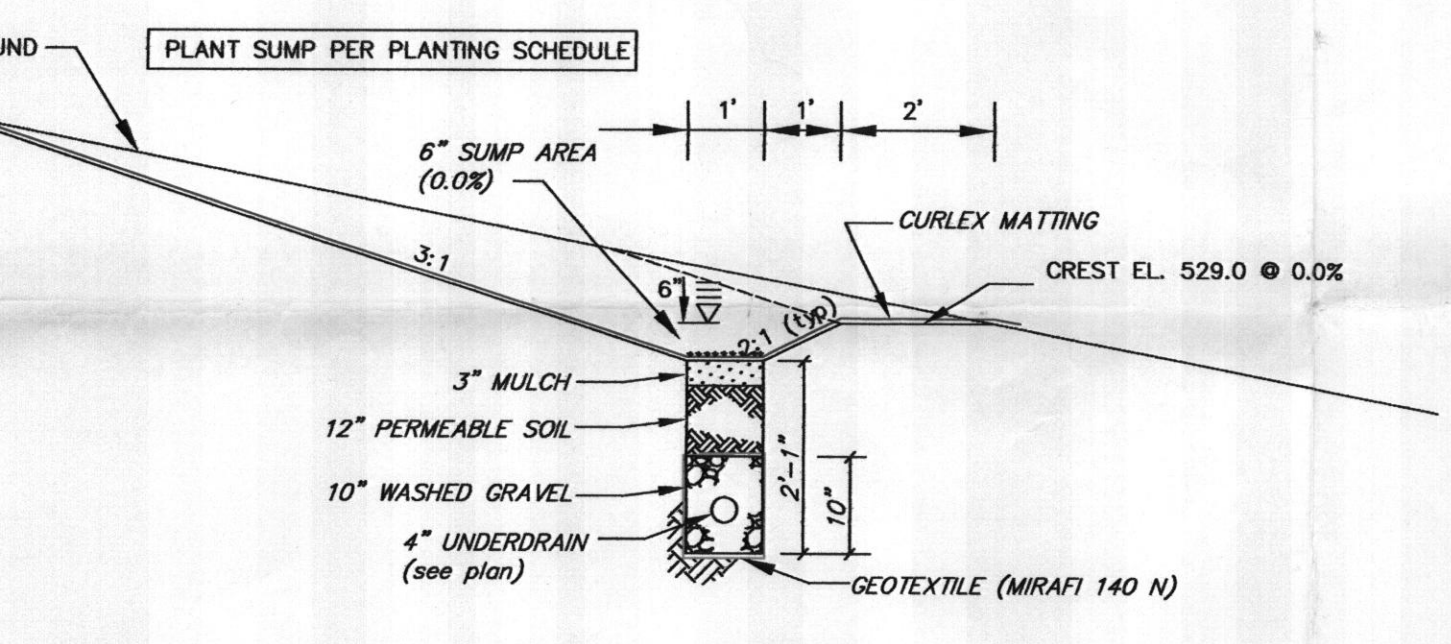
| AGENCY | DATE | SIGNATURE APPROVAL | DPZ SETBACK INFORMATION | Filing fee | PROPERTY ID # |
|--|------|--------------------|--|--------------------------------|---------------|
| Land Development, DPZ | | | Front: _____ | \$ <u>100.00</u> | |
| State Highways | | | Rear: _____ | Permit fee \$ _____ | |
| Building Officials | | | Side: _____ | Excise tax \$ _____ | |
| Dev. Engineering, DPZ | | | Side St.: _____ | Add'l per fee \$ _____ | |
| Health <u>12/18/2009</u> <u>R. Bicker</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? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/> | Balance due \$ _____ | |
| | | | Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | Check # <u>1237</u> | |
| | | | Lot Coverage for New Town Zone _____ | Validation # _____ | |
| | | | SDP/Red-line approval date _____ | Accepted by <u>[Signature]</u> | |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/> | | | | | |



TYPICAL PROFILE
nts



TYPICAL PLAN
nts



TYPICAL SECTION
nts

INSTALLATION NOTES
 1. A minimum of 4" perforated (slotted) underdrain pipe at 0.0% beneath the level spreader "depressed" on the plan. Use solid pipe outside of stone area sloped at 1.0% minimum to daylight to discharge. Slope on either side of the level spreader per plan. Add bends as needed. Cap upstream ends of the underdrain in the gravel.

2. The level spreader crest shall be 0.0% in all directions with no more than 0.1' difference in elevation between any locations.

3. The level spreader shall be installed after ALL upstream areas have been stabilized (i.e., paved or have established vegetation).

PLANTING SPECIFICATIONS
 1. The soil shall consist of well-mixed 30% sand, 65% topsoil and 5% leaf compost. The soil shall be free of rocks, roots, or other similar material greater than 2". No other material shall be mixed or dumped on the site. The soil shall be amended with a slow release fertilizer. The planting soil shall be free of Bermuda grass, Quackgrass, or other noxious weeds as specified under COMAR 15.08.01.05. The permeable soil shall loosely be applied in lifts and be flooded after placement. Any settlement shall be refilled to the design elevation, and the soil shall meet AASHTO M-6 or ASTM C-33, Size: 0.02" to 0.04". The sand must be clean; free of silt, clay, etc. See the bioretention soil standards as set for in the Maryland Department of the Environment's 2000 SWM Design Manual for all other applicable soil specifications.

2. The mulch shall be double-shredded hardwood aged 6 to 12 months. No woods chips or pine mulch.

3. The "gravel" shall be washed pea gravel (ASTM D44B) or uniformly-sized stone meeting AASHTO M-43 (No. 20) surrounded by geotextile Mirafi 140N or approved equal (alternative geotextiles are outlined in MDE's Appendix B, Class "C" criteria). Stone shall be carefully placed to prevent damage to geotextile. The underdrain shall be installed per the manufacturer's specifications with a 6" overlap. Stone aggregate must be free of fines.

4. The geotextile matting shall be stapled and installed per the manufacturer's specifications.

FILTERING LEVEL SPREADER DETAIL PER F-08-161

NO SCALE

LEVEL SPREADER PLANTING SCHEDULE PER F-08-161

| NAME | FORM | QUANTITY | SYMBOL |
|--------------------------|-------|----------|--------|
| <i>Carex vulpinoidea</i> | Grass | 36 Qts | + |
| <i>Panicum virgatum</i> | Grass | 36 Qts | + |

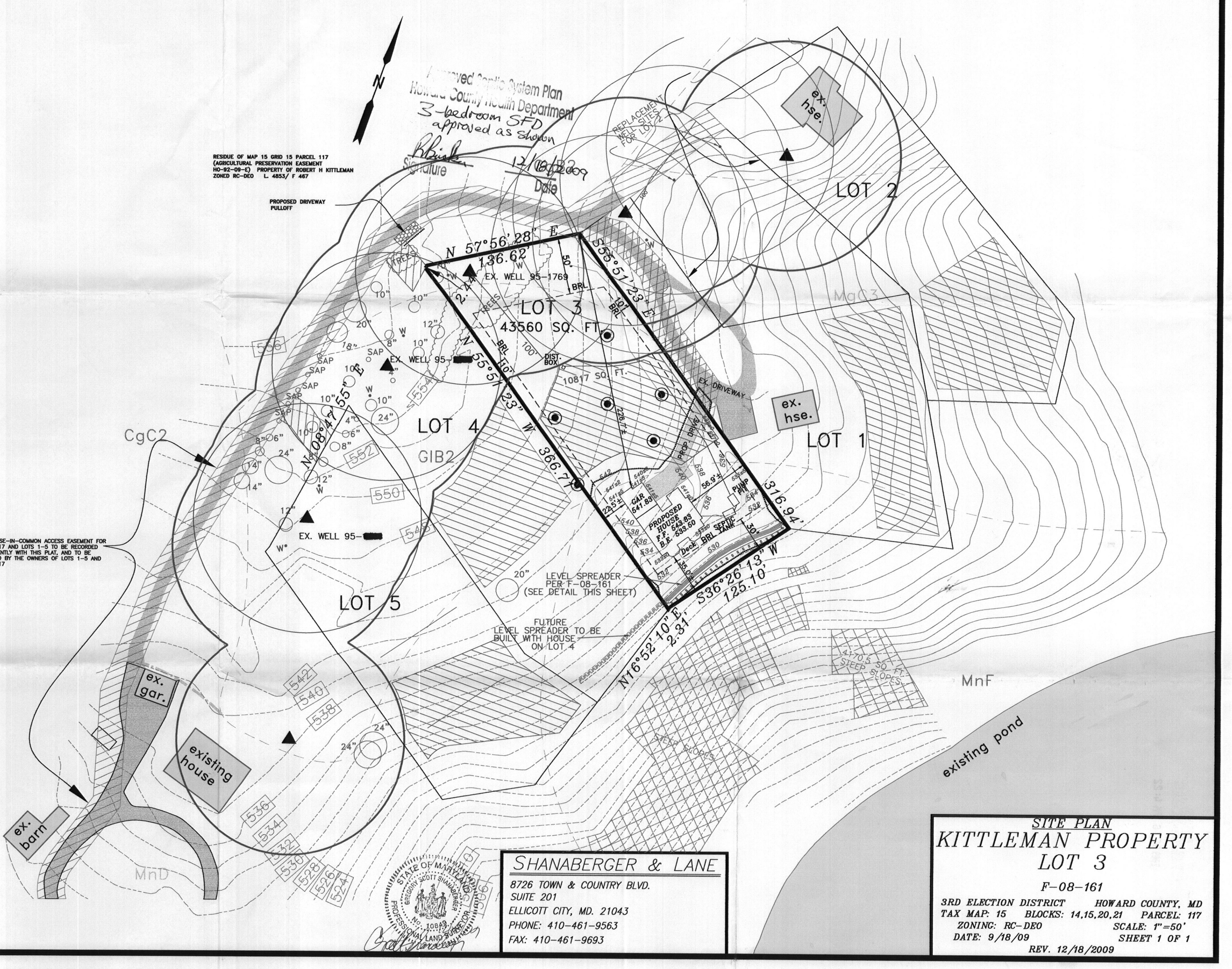
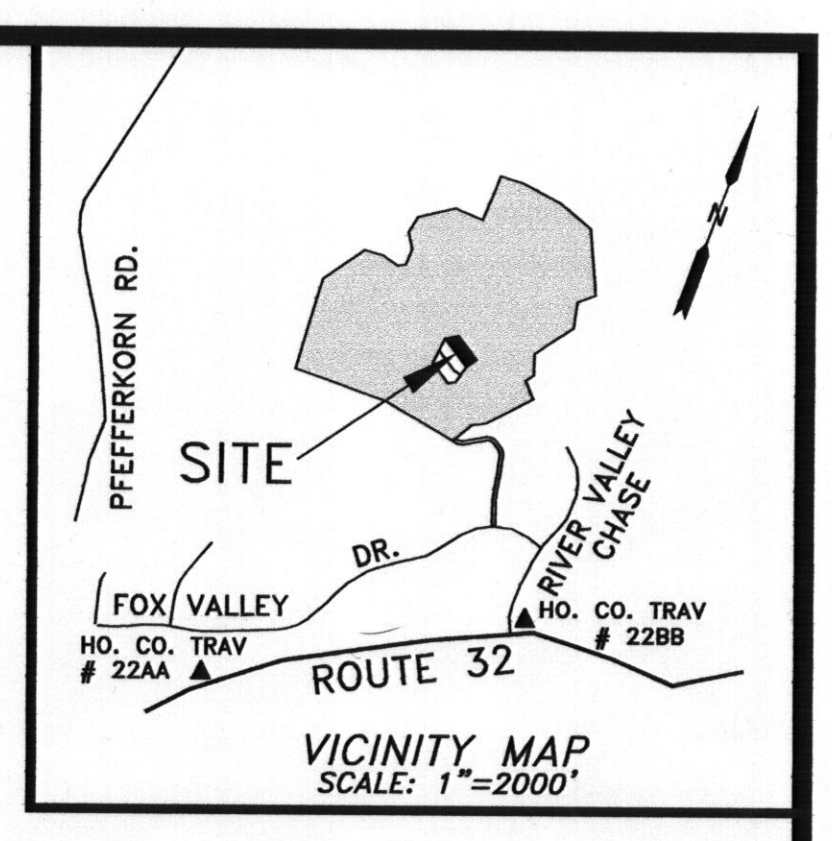
Plant sump in a linear fashion @ 20" c/c, alternating specie every 3-6 plantings.

- NOTES:**
- TOPOGRAPHY SHOWN HEREON WAS FIELD-RUN BY SHANABERGER & LANE IN 2005 AND 2006.
 - EXISTING WELLS SHOWN ON THIS PLAN WERE FIELD-LOCATED.
 - LEGEND
 - DESIGNATES TREES OR TREELINE
 - DESIGNATES LIMIT OF DISTURBANCE
 - DESIGNATES PROPOSED SILT FENCE
 - DESIGNATES EXISTING CONTOUR
 - DESIGNATES PROPOSED SPOT ELEVATION
 - DESIGNATES PROPOSED SPOT ELEVATION
 - DESIGNATES BUILDING RESTRICTION LINE
 - DESIGNATES SLOPES > 25%
 - DESIGNATES PROPOSED DRIVEWAY
 - DESIGNATES EXISTING DRIVEWAY
 - DESIGNATES EXISTING USE-IN-COMMON EASEMENT
 - DESIGNATES APPROVED PRIVATE SEWAGE EASEMENT
 - DESIGNATES EXISTING APPROVED PERC TEST
 - DESIGNATES EXISTING WELL LOCATION
 - DESIGNATES PROPOSED WELL LOCATION
 - DESIGNATES TREE OR TREE LINE
 - DESIGNATES PROPOSED DRIVEWAY PULLOFF
 - THE LEVEL SPREADER IS TO BE GRADED AND STABILIZED AFTER ALL UPSTREAM AREAS HAVE BEEN STABILIZED.
 - THE LEVEL SPREADER WILL BE PRIVATELY OWNED AND MAINTAINED.

SEPTIC SYSTEM DATA

| | |
|--------------------|--------|
| HOUSE | |
| INV. AT HOUSE | 531.00 |
| SEPTIC TANK | |
| EX. GRADE | 534.0 |
| FIN. GRADE | 534.0 |
| INV. IN | 530.60 |
| INV. OUT | 530.30 |
| PUMP PIT | |
| EX. GRADE | 534.5 |
| FIN. GRADE | 534.5 |
| INV. IN | 530.20 |
| INV. OUT | 530.00 |

DIST. BOX & TRENCH INVERTS, NUMBER & LENGTH OF TRENCHES, TO BE DETERMINED BY BUREAU OF ENVIRONMENTAL HEALTH



SHANABERGER & LANE
 8726 TOWN & COUNTRY BLVD.
 SUITE 201
 ELLICOTT CITY, MD. 21043
 PHONE: 410-461-9563
 FAX: 410-461-9693

SITE PLAN
KITTLEMAN PROPERTY
LOT 3
 F-08-161
 3RD ELECTION DISTRICT HOWARD COUNTY, MD
 TAX MAP: 15 BLOCKS: 14,15,20,21 PARCEL: 117
 ZONING: RC-DEO SCALE: 1"=50'
 DATE: 9/18/09 SHEET 1 OF 1
 REV. 12/18/2009

| | | |
|--|---|--|
| DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS 230 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1850 | HOWARD COUNTY RESIDENTIAL HEATING-VENTILATION-AIR CONDITIONING AND REFRIGERATION PERMIT APPLICATION | HVACR PERMIT # <u>M10000996</u> BUILDING PERMIT # <u>B09003279</u> |
|--|---|--|

| | |
|---|---|
| BUILDING ADDRESS: SUITE/APT: <u>3018 KITTLEMAN LANE</u> SUBDIVISION: CENSUS TRACT: SECTION: AREA: LOT: <u>3</u> TAX MAP: PARCEL: <u>271</u> BLOCK: ZONE: PROPERTY ID: MAP COORDINATES: <u>15-15-271</u> TYPE OF IMPROVEMENTS: <u>NEW</u> USE: <u>RES</u> | OWNERS NAME: <u>LAURA KITTLEMAN YEATTS</u> ADDRESS: <u>3018 KITTLEMAN LANE</u> CITY: <u>WEST FRIENDSHIP</u> STATE: <u>MD</u> ZIP CODE: <u>21794</u> HOME PHONE: <u>301-785-5889</u> WORK PHONE: |
|---|---|

| | <u>CHECK ONE</u> | <u>HOW MANY</u> | |
|--|-------------------------------------|-----------------|---|
| SINGLE FAMILY DWELLING | <input checked="" type="checkbox"/> | <u>3</u> ZONES | COMPANY NAME: Ground Loop Heating & Air Cond., Inc. |
| SINGLE FAMILY TOWNHOUSE | <input type="checkbox"/> | ___ ZONES | LICENSEE NAME: Michael E. Cullum |
| MULTI-FAMILY / HOTEL/MOTEL | <input type="checkbox"/> | ___ ROOMS | ADDRESS: 1701 Whiteford Road |
| ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) | <input type="checkbox"/> | ___ ROOMS | CITY: Darlington STATE: MD ZIP CODE: 21034 PHONE: 410-836-1706 HVACR LICENSE NO: 6539 |

11/11/2010

Approved

(RB)

| | |
|--|---|
| New <input checked="" type="checkbox"/> Heating and Air Conditioning <input checked="" type="checkbox"/> Geo Thermal System Replacement <input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Heating and Air Conditioning | <input type="checkbox"/> Heating System Only <input type="checkbox"/> Ductless Mini Splits <input type="checkbox"/> Other Work (Describe): <input type="checkbox"/> Thru The Wall Systems Additions and Alterations <input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Heating and Air Conditioning |
|--|---|

****Replacement Geo Thermal Systems are not required; However, if a tax credit is being sought a permit is required****

| | |
|--|--|
| Zones Permit Fee = # of Zones x \$40 = <u>120.00</u> Technology Fee (10% of Permit Fee) = <u>12.00</u> Plus Application Fee <u>\$50.00</u> Total Fees Due = <u>\$182.00</u> | Rooms Permit Fee = # of Rooms x \$80 = _____ Technology Fee (10% of Permit Fee) = _____ Plus Application Fee \$50 <u>\$50.00</u> Total Fees Due = _____ |
|--|--|

I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AND KNOW IT IS TRUE AND CORRECT. THE WORK DESCRIBED HEREIN WILL BE PERFORMED BY A STATE HVACR LICENSED PERSON(S), AND ALL WORK WILL BE PERFORMED IN COMPLIANCE WITH APPLICABLE CODES AND STANDARDS OF HOWARD COUNTY THE STATE OF MARYLAND.

[Signature] 8-16-10
 SIGNATURE OF LICENSEE DATE

MICHAEL E. CULLUM
 PRINT NAME OF LICENSEE

linda @ ground loop . com
 Email Address

| |
|-------------------------------|
| Validation |
| Check Number: <u>14954</u> |
| Cash: _____ |
| Receipt Number: <u>220291</u> |

Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

Word doc: T:\Updated Forms\hvac application
 Rev:10.2009

WELL & SEPTIC [GROUND LOOP]

NOTES:

1. TOPOGRAPHY SHOWN HEREON WAS FIELD-RUN BY SHANABERGER & LANE IN 2005 AND 2006.
2. EXISTING WELLS SHOWN ON THIS PLAN WERE FIELD-LOCATED.
3. LEGEND

- DESIGNATES TREES OR TREELINE
- DESIGNATES LIMIT OF DISTURBANCE
- DESIGNATES PROPOSED SILT FENCE
- DESIGNATES EXISTING CONTOUR
- DESIGNATES PROPOSED SPOT ELEVATION 488
- DESIGNATES PROPOSED SPOT ELEVATION 489x3
- DESIGNATES BUILDING RESTRICTION LINE
- DESIGNATES SLOPES > 25%
- DESIGNATES PROPOSED DRIVEWAY
- DESIGNATES EXISTING DRIVEWAY
- DESIGNATES EXISTING USE-IN-COMMON EASEMENT
- DESIGNATES APPROVED PRIVATE SEWAGE EASEMENT
- DESIGNATES EXISTING APPROVED PERC TEST
- DESIGNATES EXISTING WELL LOCATION
- DESIGNATES PROPOSED WELL LOCATION
- DESIGNATES TREE OR TREE LINE
- DESIGNATES PROPOSED DRIVEWAY PULLOFF

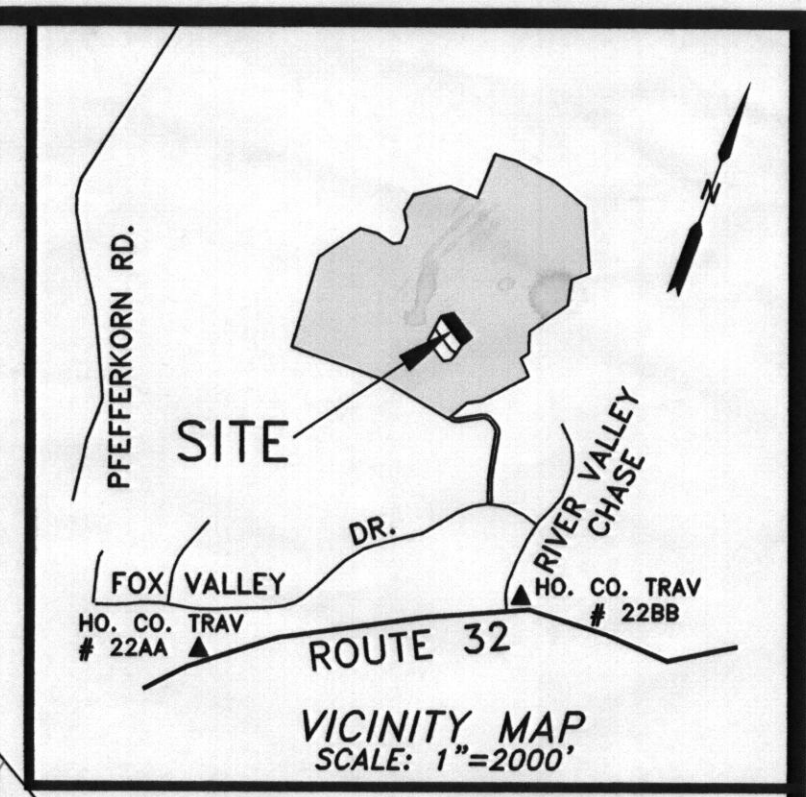
SEPTIC SYSTEM DATA

| | |
|--------------------|--------|
| HOUSE | |
| INV. AT HOUSE | 531.00 |
| SEPTIC TANK | |
| EX. GRADE | 534.0 |
| FIN. GRADE | 534.0 |
| INV. IN | 530.60 |
| INV. OUT | 530.30 |
| PUMP PIT | |
| EX. GRADE | 534.5 |
| FIN. GRADE | 534.5 |
| INV. IN | 530.20 |
| INV. OUT | 530.00 |

DIST. BOX & TRENCH INVERTS, NUMBER & LENGTH OF TRENCHES, TO BE DETERMINED BY BUREAU OF ENVIRONMENTAL HEALTH

PRIVATE USE-IN-COMMON ACCESS EASEMENT FOR PARCEL 117 AND LOTS 1-5 TO BE RECORDED CONCURRENTLY WITH THIS PLAN, AND TO BE MAINTAINED BY THE OWNERS OF LOTS 1-5 AND PARCEL 117

RESIDUE OF MAP 15 GRID 15 PARCEL 117 (AGRICULTURAL PRESERVATION EASEMENT NO-22-08-3) PROPERTY OF ROBERT H KITTLEMAN ZONED RC-DEO L. 4853/ F. 487



SHANABERGER & LANE
 8726 TOWN & COUNTRY BLVD.
 SUITE 201
 ELLICOTT CITY, MD. 21043
 PHONE: 410-461-9563
 FAX: 410-461-9693

SITE PLAN
KITTLEMAN PROPERTY
LOT 3
 F-08-161
 3RD ELECTION DISTRICT HOWARD COUNTY, MD
 TAX MAP: 15 BLOCKS: 14,15,20,21 PARCEL: 117
 ZONING: RC-DEO SCALE: 1"=100'
 DATE: 9/18/09 SHEET 1 OF 1