

13864

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2465 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300/48419 *MEK*

Building Address 4401 JENNINGS CHAPEL RD.
BRIDGEVILLE MD 20733
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 604002 Subdivision Speech Property
Section _____ Area _____ Lot # 1
Tax Map 21 Parcel 14 Grid X 19
Zoning R-2C Map Coordinates _____ Lot size 1.00 ACRE

Property Owner's Name E. RANDOLPH MARRINER
Address 3700 CAPITAL GREENS CT.
City GLENNEED State MD Zip Code 21738
Home Phone 410-442-5544 Work Phone 410-715-1500
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use RESIDENTIAL - SFD
Proposed Use RESIDENTIAL - SFD
Estimated Construction Cost \$ 1,350,000
Description of Work CONSTRUCTION OF NEW
SINGLE FAMILY DWELLING IN EXISTING
LOT 4 BR UNFINISH BASEMENT W/RT

Contractor Company OWNER
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant OWNER 4 FULL 2 1/2 BATH
Contact Name 3 CAL GRANGE
Address 5100 WOODLAWN
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company TERRI REITER
Contact Person TERRI REITER
Address 3929 PLTELEK RD.
City MT AIRY State MD Zip Code 21771
Phone 301-824-4635 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: <u>N/A</u> <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 _____ 1st floor: <u>4002 SF</u> 2nd floor: <u>2800 SF</u> Basement: <u>4086 SF</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> 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: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFFA #13D _____ NFFA #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.

[Signature]
Applicant's Signature
OWNER

E. RANDOLPH MARRINER
Print Name
5-26-04
Date

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>6/25/04</u>	<u>Mark Rfk</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO
CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: 50
Rear: 30
Side: 10
Side St.: _____
All minimum setbacks met? YES NO
Is Entrance Permit required? YES NO
Historic District? YES NO
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#: 44012

Filing fee \$	<u>100</u>
Permit fee	\$ _____
Excise tax	\$ _____
Add'l per. fee	\$ _____
TOTAL FEES	\$ _____
Sub-total paid	\$ _____
Balance due	\$ _____
Check #	<u>40501</u>
Validation #	<u>47654</u>

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
Accepted by: GEM

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B00155717

Building Address 4401 JENNINGS CHAPEL RD
BROOKVILLE, MD 20833
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 64002 Subdivision SPECTRUM PROPERTY
 Section _____ Area _____ Lot _____
 Tax Map 51 Parcel 14 Grid 19
 Zoning R2000 Map Coordinates _____ Lot size 1.00 ACRES

Property Owner's Name E. RANDOLPH MARSHALL
 Address 3700 CATTAIL BLVD CT
 City CLANWOOD State MD Zip Code 21735
 Home Phone 410-442-5504 Work Phone 410-715-1500
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone 410-315-4001 Fax _____

Existing Use RESIDENTIAL - SF
 Proposed Use STORE
 Estimated Construction Cost \$ 35,000
 Description of Work CONSTRUCTION OF SEWING
POOL IN NEW SFD CONJUNCTION
B-00148-119 20X40 2-10'
6-8916 4x4x4 (20x40)

Contractor Company CANON
 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 _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: <u>POOL</u> Dimensions: <u>20 x 40</u> Footings: _____ Roof Height: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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[Signature]
 Applicant's Signature

E. Randolph Marshall
 Print Name

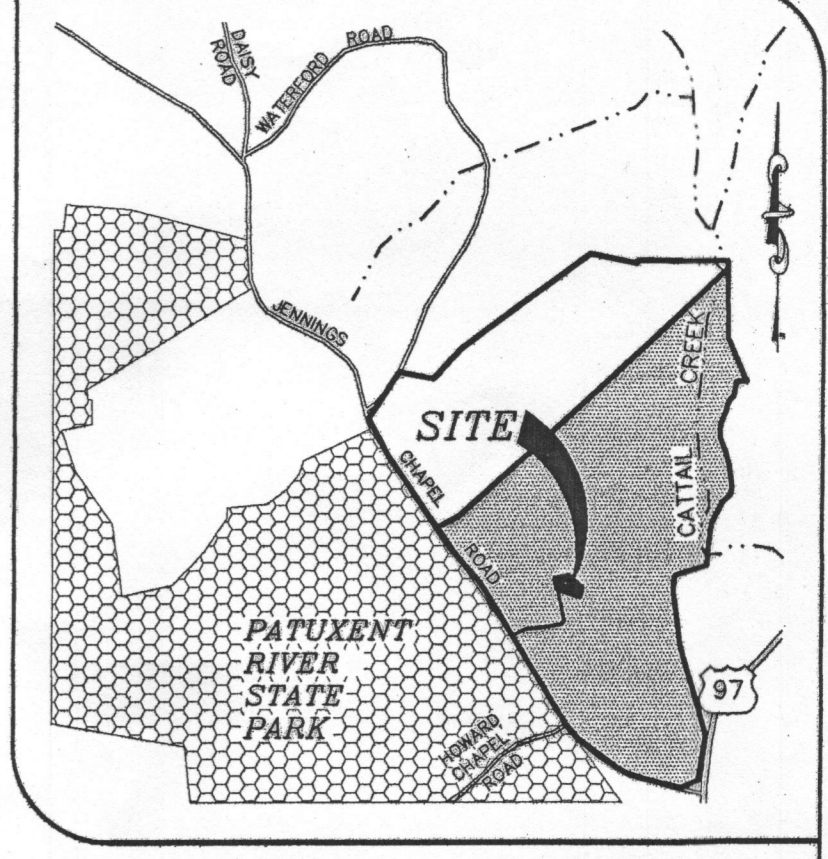
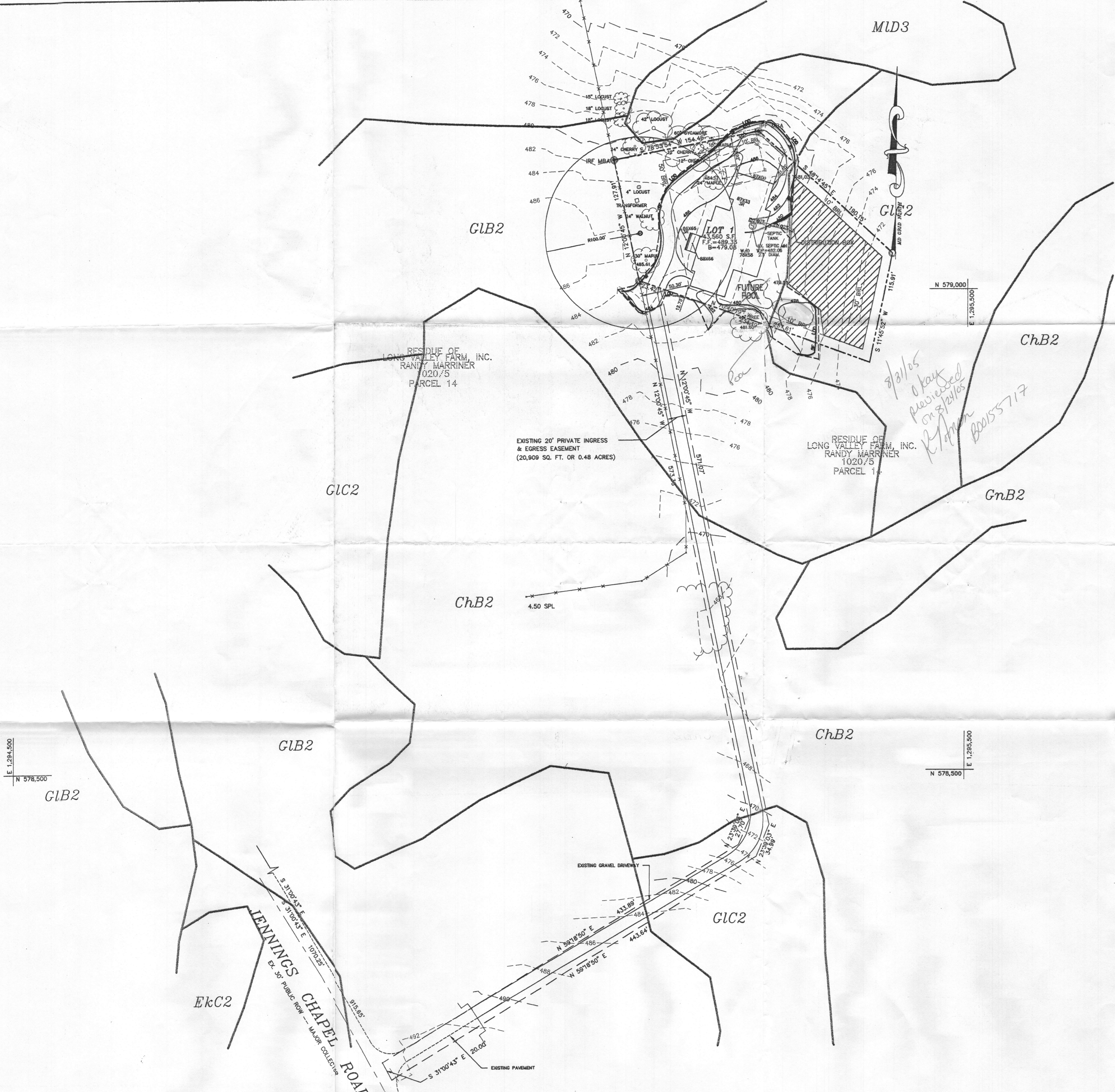
 Title/Company

8/26/05
 Date

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 INFO
Land Development DPZ			Front: _____	Filing fee \$ <u>125</u>
State Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ	<u>8/31/05</u>	<u>[Signature]</u>	Side St: _____	Add'l per. fee \$ _____
Health			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>2,350</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: _____	White: Building Official	Green: LDD, DPZ	Lot Coverage for New Town Zone _____	
Yellow: DED, DPZ	Pink: Health	Gold: SHA	SDP/Red-line approval date _____	Accepted by _____

F:\990066\990066-PLOT PLAN.DWG



GENERAL NOTES:

1. SITE DATA:
 TAX MAP 21 - P/O PARCEL 14 - BLOCK 13 & 19 - LOT 1
 DEED REFERENCE : 1020/5
 GROSS AREA 1.00 ACRE ±
 ZONE RC-DEO (ZONING MAP DATED OCTOBER 18, 1993)
 AREA OF STEEP SLOPES 0 ACRES
 AREA OF WETLANDS 0 ACRES
 AREA IN ROW AND ROAD 0 ACRES
 NET AREA OF SITE 1.00 ACRE ±
2. BOUNDARY AND TOPOGRAPHY SHOWN HEREON IS BASED ON FIELD RUN SURVEY PERFORMED BY MILDENBERG, BOENDER & ASSOCIATES, ON OR ABOUT OCTOBER 1999.
3. NO GRAVE SITES EXIST ON OR WITHIN 200 FEET OF THE LOT.
4. NO WETLANDS OR STREAMS EXIST ON-SITE.
5. NO FLOODPLAIN EXISTS ON-SITE.
6. PRIVATE WATER AND PRIVATE SEWERAGE WILL BE UTILIZED.
7. TO THE BEST OF OUR KNOWLEDGE, NO WELLS OR SEPTIC AREAS EXIST WITHIN 100 FEET OF THE LOT.
8. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE 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 VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWERAGE EASEMENT, RECORDATION OF A MODIFIED EASEMENT SHALL NOT BE NECESSARY.
9. A WAIVER TO SECTION 16.120(c)(2)(i) WILL BE REQUESTED TO ALLOW THE PROPOSED LOT TO HAVE FRONTAGE ONTO AN PRIVATE INGRESS/EGRESS EASEMENT WITHOUT FEE-SIMPLE FRONTAGE ONTO A PUBLIC ROAD.
10. PARCEL 14 IS ENCUMBERED BY AN AGRICULTURAL PRESERVATION EASEMENT AGREEMENT, WHICH ALLOWS FOR THE CREATION OF THIS LOT.
11. THE SITE QUALIFIES FOR USE OF THE HSCD STANDARD SEDIMENT CONTROL PLAN FOR SINGLE FAMILY RESIDENTIAL LOTS. TOTAL AREA OF DISTURBANCE IS 27,430 S.F.

FIRST FLOOR EL.	=	489.33
INV.OUT OF HOUSE	=	476.58
INV.IN SEPTIC TANK	=	476.18
INV.OUT OF SEPTIC TANK	=	475.93
EXIST. EL. AT SEPTIC TANK	=	481.00
PROP. EL. AT SEPTIC TANK	=	480.00
EXIST EL. AT DIST. BOX	=	479.00
INV.IN DIST. BOX	=	475.53

[Signature]
 PROFESSIONAL SURVEYOR
 MILDENBERG, BOENDER & ASSOCIATES, INC.

OWNER
 E. RANDOLPH MARRINER
 3700 CATTAL GREENS COURT
 GLENWOOD, MARYLAND 21738

project	990066	date	MAY 2004
illustration	HSP	engineering	HSP
scale	1" = 50'	approval	HSP

no.		description	revisions	date

SPECHT PROPERTY
 LOT 1
 TAX MAP 21 - PARCEL 14 - BLOCKS 13 & 19
 HOWARD COUNTY, MARYLAND
 FOURTH ELECTION DISTRICT
 PLOT PLAN

MILDENBERG, BOENDER & ASSOC., INC.
 Engineers Planners Surveyors
 5072 Dorsey Hall Drive, Suite 202, Ellicott City, Maryland 21042
 (410) 997-0296 Ext. (301) 621-5521 Wash. (410) 997-0298 Fax