

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

308001974

Building Address 4244 ~~DRAYTON~~ LINTHICUM RD
DRAYTON, MD. 21036
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision LINTHICUM OAKS
Section _____ Area _____ Lot 3
Tax Map 22 Parcel A Grid 19
Zoning _____ Map Coordinates _____ Lot size 2 ACRES

Property Owner's Name CAROL + LESLIE SOLOMON
Address CAROL & LESLIE SOLOMON
5450 AUTUMN FIELD CAT.
City ELICOTT CITY State MD Zip Code 21043
Phone 410 961 6944 Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use VACANT LOT
Proposed Use NEW SINGLE FAMILY
Estimated Construction Cost \$ 800,000
Description of Work CONSTRUCT 4 BEDROOM,
4 BATH, 2 HALF BATH HOME

Contractor Company THE GRIFONE GROUP LLC
Contact Person BILL DEMITICO
Address 13554 TRINDEPHIA RD
City ELICOTT CITY State MD Zip Code 21042
License No. 1307
Phone 410 277 3233 Fax 410 531-8070

Occupant or Tenant _____
Contact Name THE GRIFONE GROUP
Address 13554 TRINDEPHIA RD
City ELICOTT CITY State MD Zip Code 21042
Phone 410 531 8105 Fax 410 531 8070

Engineer or Architect Company MIDDLEBURG ASSO.
Contact Person ALLEN WINSTEAD
Address 9495-B SILVER KING CAT.
City FARMER State VA Zip Code 22031
Phone 763 934 2930 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <u>N/A</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>N/A</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>N/A</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
<input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>4</u>	
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: _____	
<input type="checkbox"/> State Certified Modular <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 [Signature] Print Name STEPHEN P. GRIFFAN
Title/Company PRINCIPAL / THE GRIFONE GROUP LLC Date 6/25/08

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#
<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			Side St.: _____ Add'l per. fee \$ _____	
<input checked="" type="checkbox"/> Health	<u>7/21/08</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
<input type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			Lot Coverage for NewTown Zone _____	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			Accepted by _____	
Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				

HEALTH

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	B08003343 PERMIT NUMBER
Building Address <u>4244 LINTHICUM RD, DAYTON, MD 21036</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>LINTHICUM OAKS</u> Section _____ Area <u>2</u> Lot <u>3</u> Tax Map <u>22</u> Parcel <u>50</u> Grid <u>19</u> Zoning _____ Map Coordinates _____ Lot Size <u>1,1435</u>	Property Owner's Name <u>CALL SOLOMON</u> Address <u>5420 AUTUMN FIELD CT.</u> City <u>ELLICOTT CITY</u> State <u>MD</u> Zip Code <u>21043</u> Phone <u>410.418.8234</u> Phone _____ Applicant's Name & Mailing Address, (if other than stated herein): _____ Phone <u>410.418.8234</u> Fax _____	
Existing Use <u>RES</u> Proposed Use <u>RES</u> Estimated Construction Cost \$ <u>3,000</u> Description of Work <u>INSTALL 1,000 UNDERGROUND PROPANE TANK</u>	Contractor Company <u>THOMPSON GAS</u> Contact Person <u>DOUG MACMASTER</u> Address <u>6708 OLD NATIONAL PIKE</u> City <u>BOWSBORO</u> State <u>MD</u> Zip Code <u>21733</u> License No. <u>GAS 09104</u> Phone <u>301.432.6611</u> Fax <u>301.432.7147</u>	
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 _____	

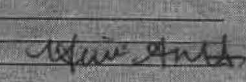
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> Gas Yes <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <u>LP</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

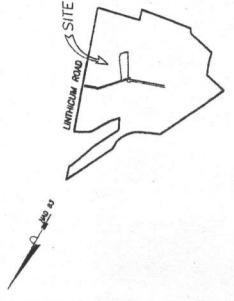
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 Applicant's Signature
CEO
 Title/Company

J. RANDALL THOMPSON
 Print Name
11/14/08
 Date

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

AGENCY Land Development DPZ State Highways Building Officials Dev. Engineering DPZ Health Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE <u>11/21/08</u> CONTINGENCY CONSTRUCTION START <input type="checkbox"/> ONE STOP SHOP <input type="checkbox"/>	SIGNATURE APPROVAL  DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____ Accepted by _____	PROPERTY ID # Filing fee \$ _____ Permit fee \$ <u>100</u> Excise tax \$ _____ Add'l per fee \$ <u>10</u> TOTAL FEES \$ <u>110</u> Sub-total paid \$ _____ Balance due \$ _____ Check # <u>100648</u> Validation # _____
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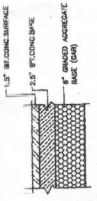
VICINITY MAP
1" = 1200'

TAX MAP: 22

PARC



HOUSE DETAIL
1" = 30'



PAVING SECTION
(N.T.S.)

SEPTIC ELEVATIONS

PROPOSED HOUSE:
 FIN. FLS. = 535.33
 BSMT. ELEV. = 525.50
 GARAGE ELEV. = 525.20
 INV. DIT = 523.40

PROPOSED SEPTIC TANK:
 FIN. FLS. = 535.33
 PROP. C.D. ELEV. = 525.00
 INV. N. = 533.40
 INV. DIT = 523.20

PROPOSED DISTRIBUTION BOX:
 FIN. FLS. = 535.33
 PROP. C.D. ELEV. = 525.20
 INV. N. = 533.00
 INV. DIT = 522.70

NOTES:

1. PROFESSIONAL FIELD RUN BY VANMAR ASSOC., INC.
2. ACTUAL LENGTH AND NUMBER OF TRENCHES FOR SEWERAGE ARE TO BE DETERMINED AT THE TIME OF SEPTIC SYSTEM PERMIT ISSUANCE.
3. PROPOSED HOUSE IS 4 BEDROOM.
4. LIMIT OF DISTURBANCE (LOD) 21,241 SQ. FT.
5. THE EXISTING WELL SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY VANMAR ASSOCIATES, INC. PROFESSIONAL LAND SURVEYORS AND ACCURATELY SHOWN.

STORM WATER MANAGEMENT NOTE:
 STORM WATER MANAGEMENT FOR LOT 3 WAS PREVIOUSLY APPROVED UNDER PERMIT NUMBER 100942. THE PROPOSED DEVELOPMENT IS TO BE CONFORMANT WITH THE REQUIREMENTS OF THE PERMIT TO BATTER CREDITS. CP-1 WAS SATISFIED BY USING THE ABOVE CREDITS TO REDUCE THE POST DEVELOPMENT ON TO BELOW THE PRE-DEVELOPMENT VALUE. QUANTITY OF CREDITS IS 100 YEAR FLOODPLAIN BECAUSE THE SITE DRAINS TO A RECORDED 100 YEAR FLOODPLAIN EASEMENT.

OWNER
 STREET & GAITHER
 TRACT B, GAITHER

LINTHICUM OAKS
 LUI 3
 SITUATED ON THE WEST SIDE OF LINTHICUM ROAD
 FIFTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 L.M. 22, GRID: 18, PARCELS 60
 SCALE: 1" = 30'
 JUNE, 2008



VANMAR ASSOCIATES, INC.
 10000 WOODBURN ROAD, SUITE 200
 GREENBELT, MARYLAND 21740
 (301) 538-3888 (cell) 301 (410) 241-2571



308003343
 LP tank OK
 11/2/08 LH

