



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 12/20/17
Permit No.: B17004178

Building Address: 3150 JENNINGS CHAPEL RD
 City: _____ State: _____ Zip Code: _____
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

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

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ _____
 Description of Work: _____

 Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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: _____
 Email Address: _____ Date: _____
 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>1/5/18</u>	<u>[Signature]</u>

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

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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#



Building Permit Application

Howard County Maryland
 Department of Inspections, Licenses and Permits
 3430 Court House Drive
 Permits: 410-313-2455
 www.howardcountymd.gov

Date Received: 1/16/16

Permit No.: B17001483

Building Address: 315 Terrace Chapel Rd
 City: Woodbury State: MD Zip Code: 21797
 Suite/Apt. #: _____ SDP/WP/BA #: 17-071
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 1
 Tax Map: 13 Parcel: 87 Grid: 02
 Zoning: R1-DEO Map Coordinates: _____ Lot Size: _____

Existing Use: lt
 Proposed Use: New Home
 Estimated Construction Cost: \$ 600,000
 Description of Work: Construction of 1.5 story detached single family home with finished basement

Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: <u>24</u>	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: <u>1.5</u>	Depth _____ Width _____
Gross area, sq. ft./floor: <u>1472</u>	1 st floor: <u>736</u>
Area of construction (sq. ft.): _____	2 nd floor: <u>736</u>
Use group: _____	Basement: _____
Construction type:	<input checked="" type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input checked="" type="checkbox"/> Wood Frame	No. of Bedrooms: <u>5</u>
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
<input checked="" type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	No. of 1 BR units: _____
Roadside Tree Project Permit # _____	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
	Footings: _____
	Roof: _____
	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
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Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

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

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas	<input checked="" type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Grading Permit Number: _____	
Building Shell Permit Number: _____	

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Checks Payable to: DIRECTOR 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>D. H. Bernard</u>

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

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Rear: _____
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Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ <u>1,000.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>2207</u>

COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:

Date:

5/23/17

Health

To:

ANNETTE MERSON, ZONING

(Person's Name and Division)

From:

STEPHANIE TUIE, FCC 461-2855

(Your Name, Company Name and Telephone Number)

Subject:

Project name

DUPLAN PROPERTY LOT 1

Project site address

3150 JENNINGS CHAPEL RD

Permit #

B 17001483

SDP #

N/A

GP# 17-071

Other information pertinent to this project

✓ Please check the attachments below that you are submitting with this transmittal:

Letter of response to address plan review comment letter

Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.

Letter Summarizing Changes

Energy conservation calculations

2 Copies of PLOT PLAN (be specific).

ADDITION OF
A DRY WELL

Health Department Request

X

DPZ/ DED Request

Applicant's Request

Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or #

Other

Contact Person Information: (Required)

Please Print Name

Telephone No:

E-Mail Address:

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by

[Signature]

cc: Plan Review
DED
Health Dept.

RECEIVED

MAY 23 2017

White-Plan Review / Yellow-Applicant / Pink-Permit Division
t:\forms\transmit.frm - Rev. 04/2014

LICENSES & PERMITS
DIVISION

TO: Jeff Vanstone (Applicant)
Via e-mail: JEFF@Lakestonehomes.com

CC: Glen Connor (Owner)
Via email: GLENNCONNOR@NETZERO.COM

FROM: Dana Bernard, R.E.H.S./L.E.H.S.
Well and Septic Program

RE: 3150 Jennings Chapel Road, Lot# 1
Building Plan

DATE: May 4th, 2017

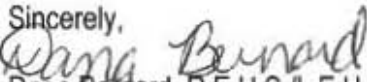
The following comments apply to the building permit application submitted by Jeff Van Stone of Lake Stone Homes. Applicant is advised to revise and resubmit.

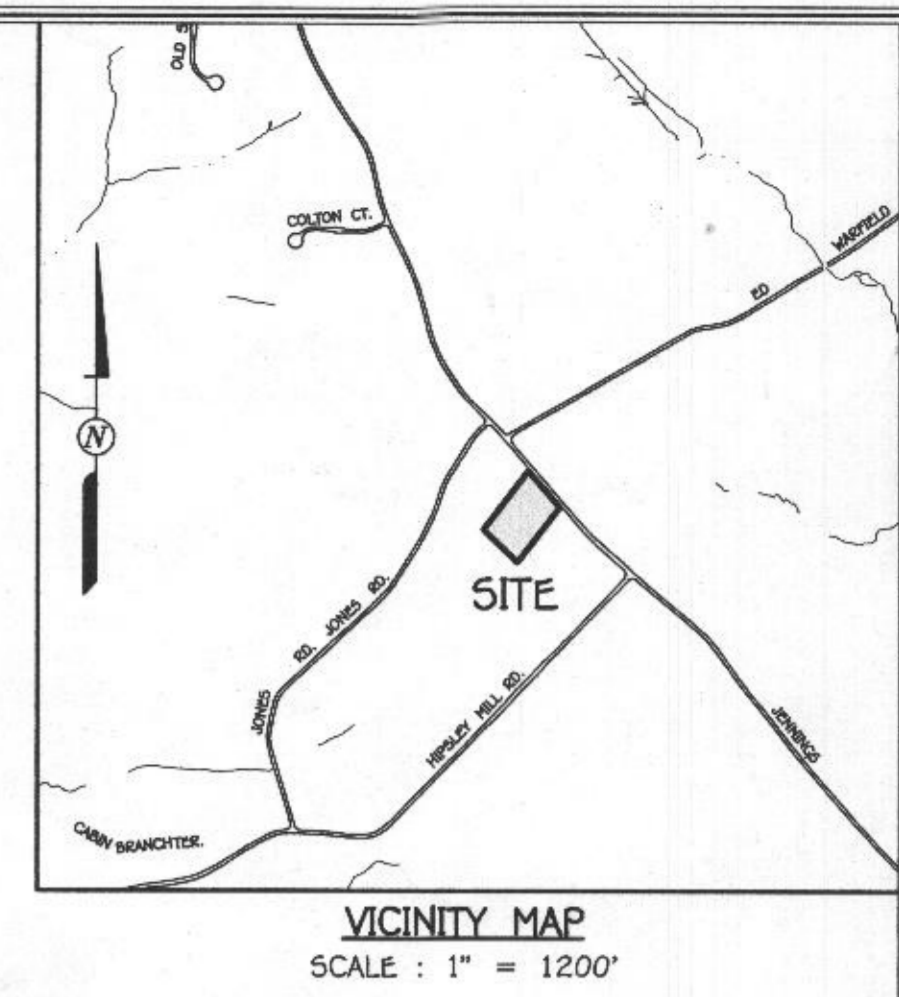
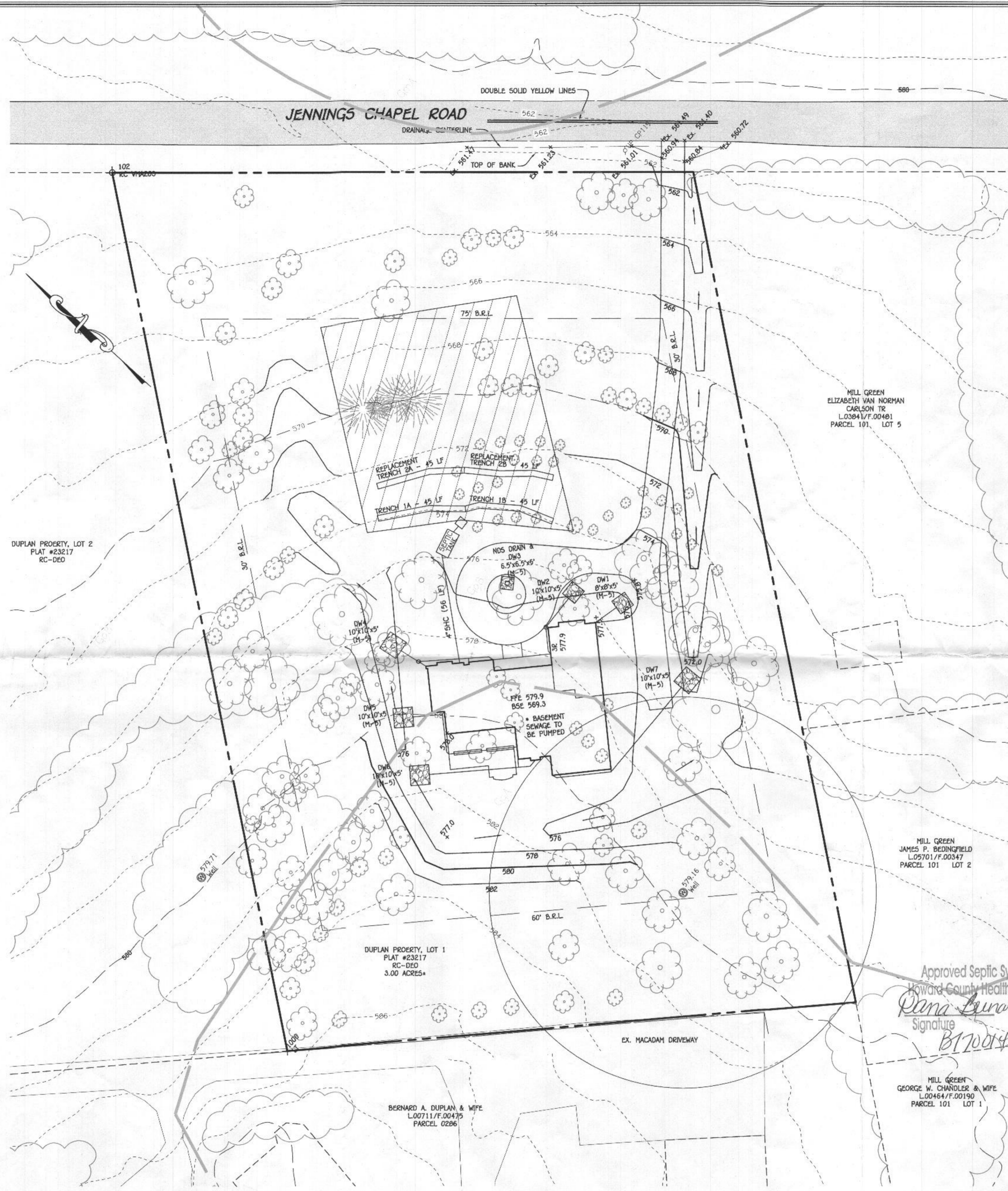
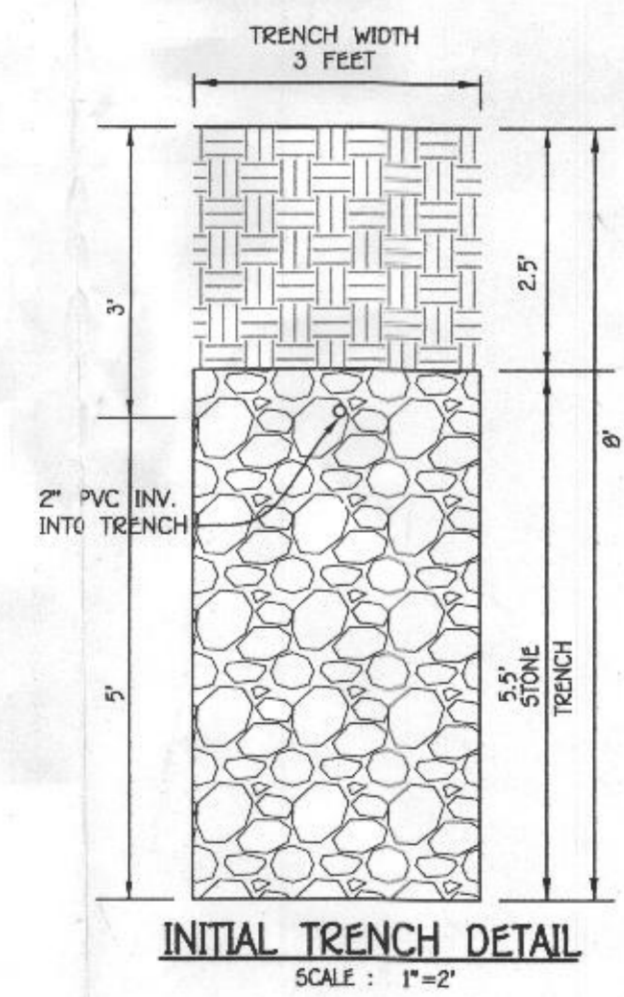
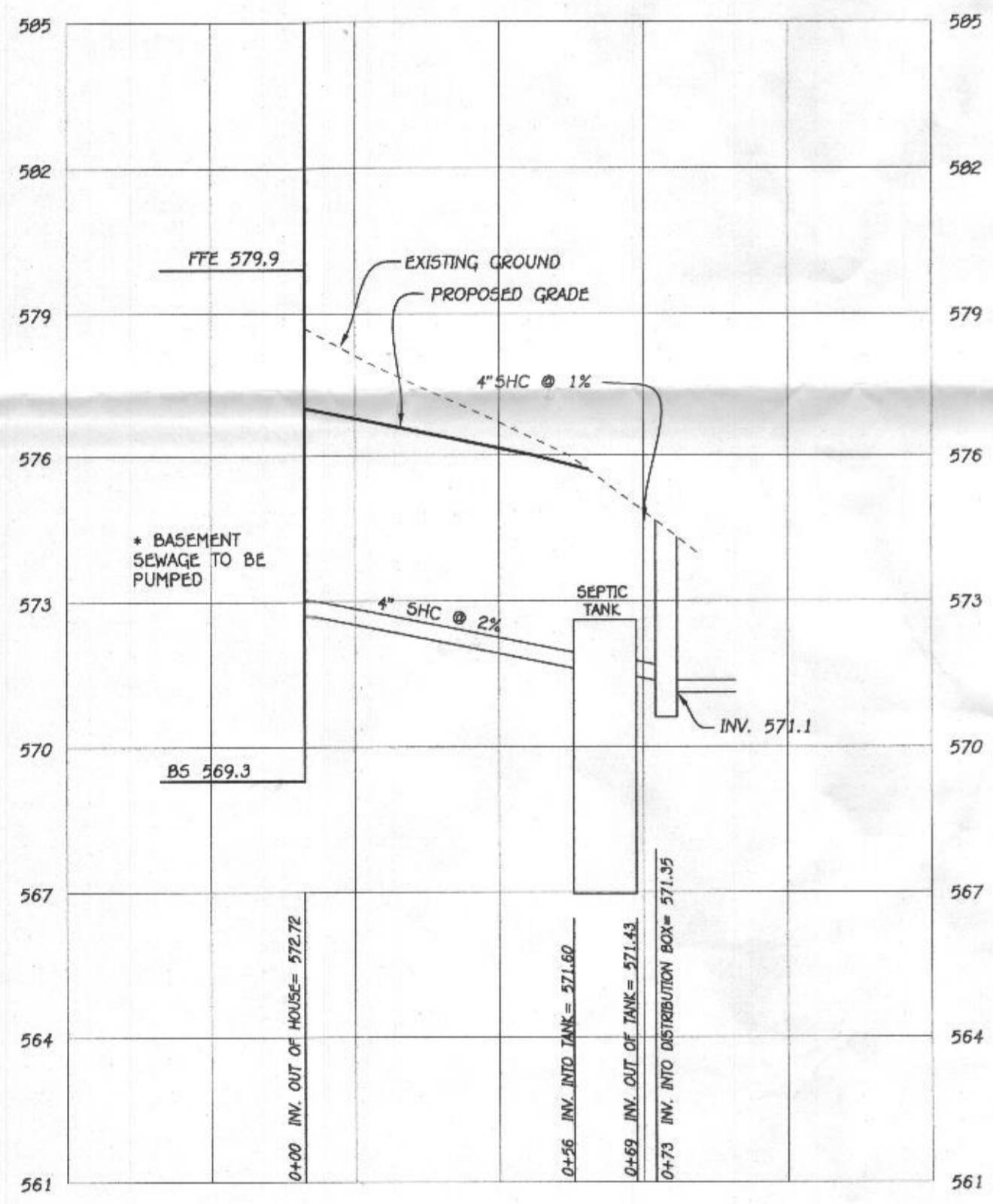
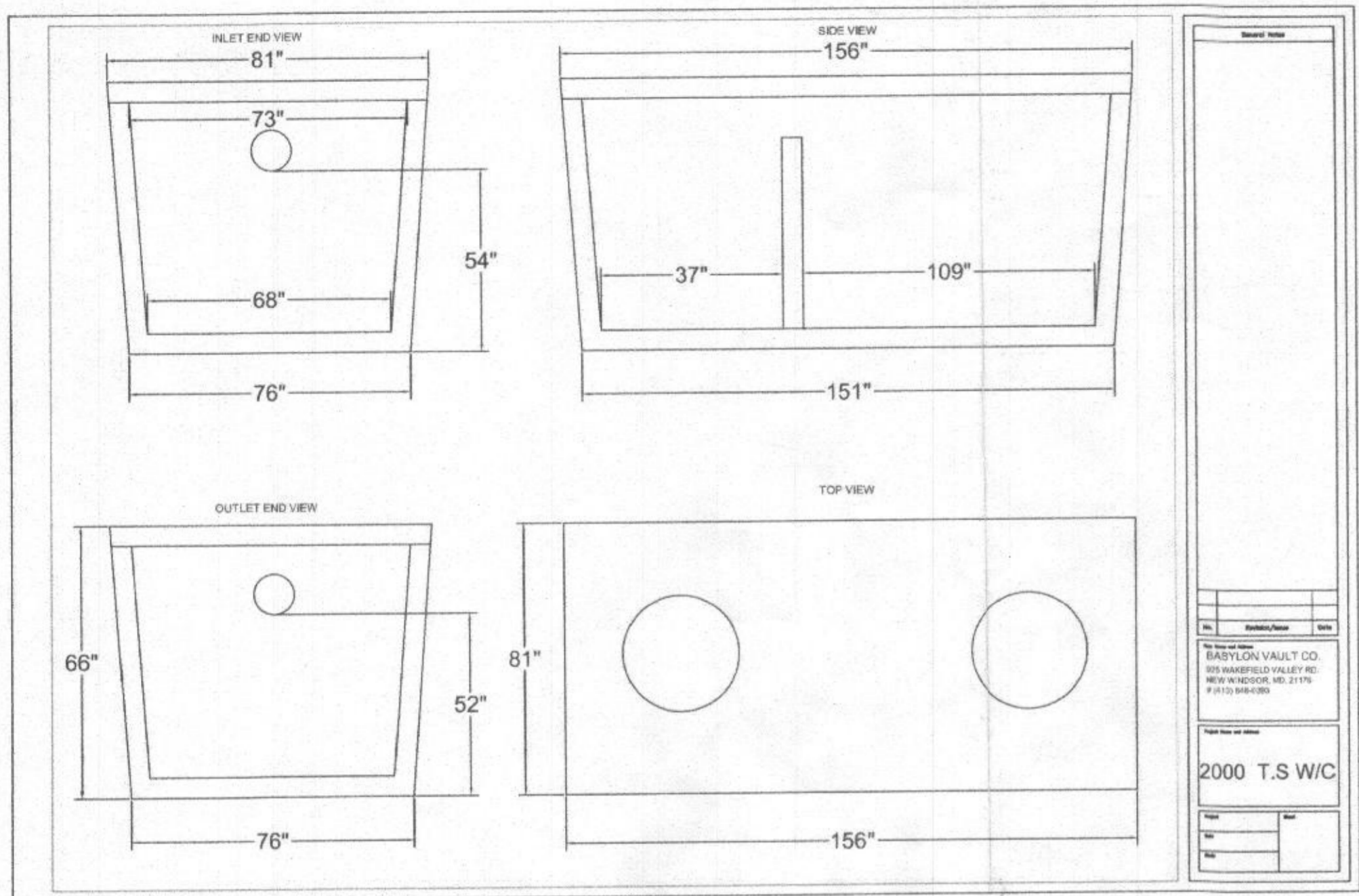
Building Application

- ↓ Your building application does not reflect same number of bedrooms you are showing on your paper application is different from what is reflected in Accela. You can give DPZ a call to have this information changed in their system. The number of bedrooms you are proposing is five (5) on your application and in Accela it states six (6).
- ↓ An Onsite Sewage Disposal System Plan must be submitted for lot #1 before application approval.
- ↓ Floor Plans for the second floor must be submitted. We have received all floors except the 2nd floor.
- ↓ Please enclose the sewage disposal area with a silt fence to ensure protection during construction.

If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Sincerely,


Dana Bernard, R.E.H.S./L.E.H.S.
Well and Septic Program
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov



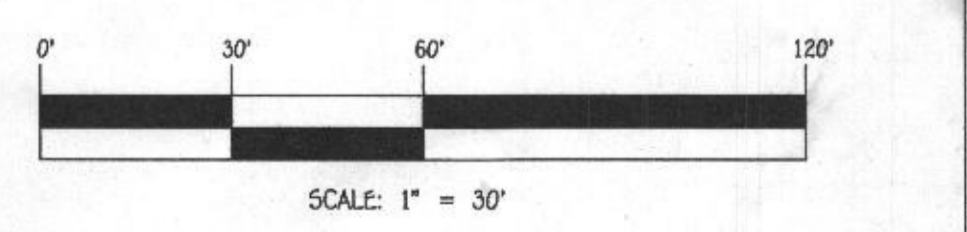
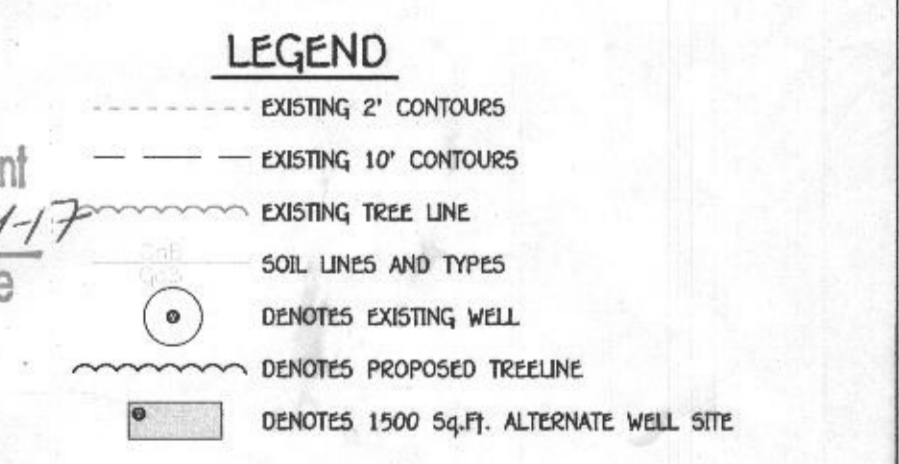
- GENERAL NOTES:**
- THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA AND RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS 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. RECONSTRUCTION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
 - ADJUSTMENTS TO SEWERAGE EASEMENT AREA IS NOT PERMITTED WITHOUT ADDITIONAL TESTING.
 - THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
 - EXISTING WELLS AND/OR SEWERAGE EASEMENTS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN FROM THE BEST AVAILABLE INFORMATION.
 - TOPOGRAPHY SHOWN IN THE AREA OF THE LOT BEING DISTURBED IS BASED ON A TOPOGRAPHIC SURVEY BY FISHER, COLLINS & CARTER, INC. IN FEBRUARY, 2017 AND SUPPLEMENTED WITH HOWARD COUNTY GIS TOPOGRAPHY AT 2' CONTOUR INTERVAL.
 - BOUNDARY OF LOT BASED ON FIELD SURVEY PERFORMED BY FISHER, COLLINS & CARTER, INC. DATED OCTOBER, 2016.
 - ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERC CERTIFICATION PLAN.
 - DEED REFERENCE: LIBER 17401 FOLIO 67.
 - LIMIT OF DISTURBANCE: 44,356 SQ.FT. OR 1.02 ACRES.
 - SUBJECT PROPERTY ZONED: RC-DEO
 - TOTAL AREA OF PROPERTY: 3.00 AC.
 - SOILS SHOWN HEREON ARE BASED ON NRCS WEB SOIL SURVEY AND HOWARD COUNTY SOILS MAP.
 - THIS PLAN COMPLIES WITH THE REQUIREMENTS OF SECTION 16.1200 OF THE HOWARD COUNTY CODE FOR FOREST CONSERVATION BY FILING A DECLARATION OF INTENT FOR CLEARING LESS THAN 20,000 SQ.FT. OF FOREST.
 - THE WELL HO-95-2699 HAS BEEN FIELD LOCATED BY FISHER, COLLINS & CARTER, INC.

SEWERAGE DISPOSAL SYSTEM DATA

6 BEDROOMS
LOADING RATE = 6 BEDROOMS X 150 GPD/BEDROOM = 900 GPD
APPLICATION RATE = 1.2
INITIAL EFFECTIVE SOILWATER BEGINS AT 3 FEET
TRENCH DEPTH = 3 FEET
TRENCH WIDTH (W) = 3 FEET
EFFECTIVE DEPTH (D) = 5 FEET
SF OF SOILWATER = 900 GPD / 1.2 = 750 SF
COEFFICIENT OF REDUCTION OF TRENCH LENGTH = (W+2)/(W+1+2D) = (3+2)/(3+1+(2*5)) = 0.357
TRENCH LENGTH = 750 SF x 0.357 / 3 = 89.3 FEET (USE 90 FEET)
TRENCH SPACING = 2D+W = (2*5) + 3 = 13 USE 13'

SEPTIC SYSTEM ELEVATIONS

FFE = 579.9
BS = 569.3
INV. OUT OF HOUSE = 572.72
EX. GROUND AT TANK = 575.5
TOP OF TANK = 572.60
COVER OVER TANK = 2.9
INV. INTO TANK = 571.60
INV. OUT OF TANK = 571.43
EX. GROUND AT DISTRIBUTION BOX = 574.5
INV. INTO DISTRIBUTION BOX = 571.35
INV. OUT OF DISTRIBUTION BOX = 571.10



SEPTIC PLAN
DUPLAN PROPERTY, LOT 1
3150 JENNINGS CHAPEL ROAD
ZONING: RC-DEO
TAX MAP No. 13 GRID No. 22 PARCEL No. 87
FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1"=30' DATE: MAY, 2017
SHEET 1 OF 1

TRENCH DESIGN

TRENCH	GROUND ELEV.	TOP OF STONE ELEV.	PIPE INVERT ELEV.	DEPTH FROM GROUND TO STONE (FT)	DEPTH OF STONE (FT)	BOTTOM OF TRENCH ELEV.	EFFECTIVE DEPTH STARTS AT	EFFECTIVE DEPTH (D)	WIDTH OF TRENCHES (W)	TRENCH SPACING
1A	574.0	571.5	571.0	2.5'	5.5'	566.0	3.0'	5.0'	3.0'	13'
1B	574.0	571.5	571.0	2.5'	5.5'	566.0	3.0'	5.0'	3.0'	13'

SOILS LEGEND

SOIL	NAME	CLASS	K FACTOR
GgA	Glenelg loam, 0 to 3 percent slopes	B	.37
GgB	Glenelg loam, 3 to 8 percent slopes	B	.37
GmA	Glenville silt loam, 0 to 3 percent slopes	C	.43

PROFESSIONAL CERTIFICATION
I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 38386, EXPIRATION DATE: 01/12/2018.

Stephan Jute 5/18/17
Signature of Professional Engineer DATE



FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELIJAH CITY, MARYLAND 21041
(410) 461 - 2855

Owner
GLENN L. CONNOR
ELIZABETH S. CONNOR
8241 ROSSELING BRANCH RD.
LAUREL, MARYLAND 20723

13021717003 Engineering\Drawings\17003-6001 Septic Plan\Sheet 1 of 1\17003-6001 Septic Plan Sheet 1 of 1\17003-6001 Septic Plan Sheet 1 of 1\17003-6001 Septic Plan Sheet 1 of 1

