

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

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

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

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

 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: _____

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 type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression
	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:	<input type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<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	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<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:	
Roof:	
<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: _____ 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	6/21/11	[Signature]
Fire Protection		

DPZ SETBACK INFORMATION

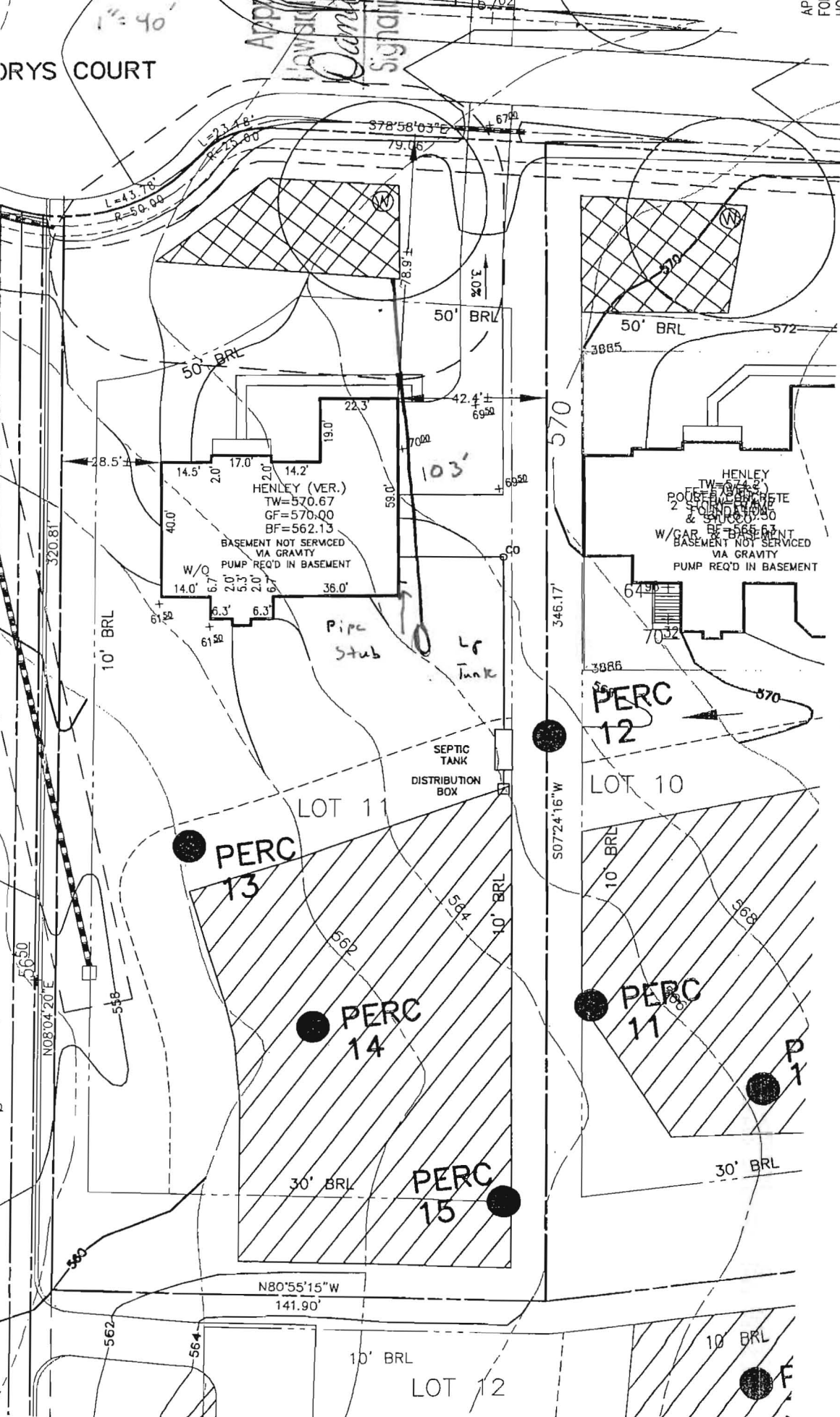
Front: _____
 Rear: _____
 Side: _____
 Side St.: _____

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	\$
Permit Fee	\$ 1000
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

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

DRYS COURT



PERMIT PLOT PLAN
LOT #11

EDGEWOOD FARM
LIBER 4174, FOLIO 0436
PLAT No. 19267
FOURTH ELECTION DISTRICT

The site plan for
the LP Tank Installation
is Approved as shown
by Michael L. Johnson
on 6/27/11 - (MS)

OPTION NO. 011
OPTION NO. 073
OPTION NO. 90039002

TYPE: HENLEY (VERSAILLES)-
DAYLIGHT BASEMENT
ADDL 1' TO HEIGHT OF BASEMENT
STONE FRONT STOOP



CORYS COURT
(40' R.O.W.)

THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE 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 SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN. RECORDATION OF A MODIFIED EASEMENT PLAT SHALL NOT BE NECESSARY.

THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR EDGEWOOD FARM, PLAT No. 19266. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR INDEMNITIES.

EXISTING 20' PRIVATE DRAINAGE & UTILITY EASEMENT PLAT No. 19256

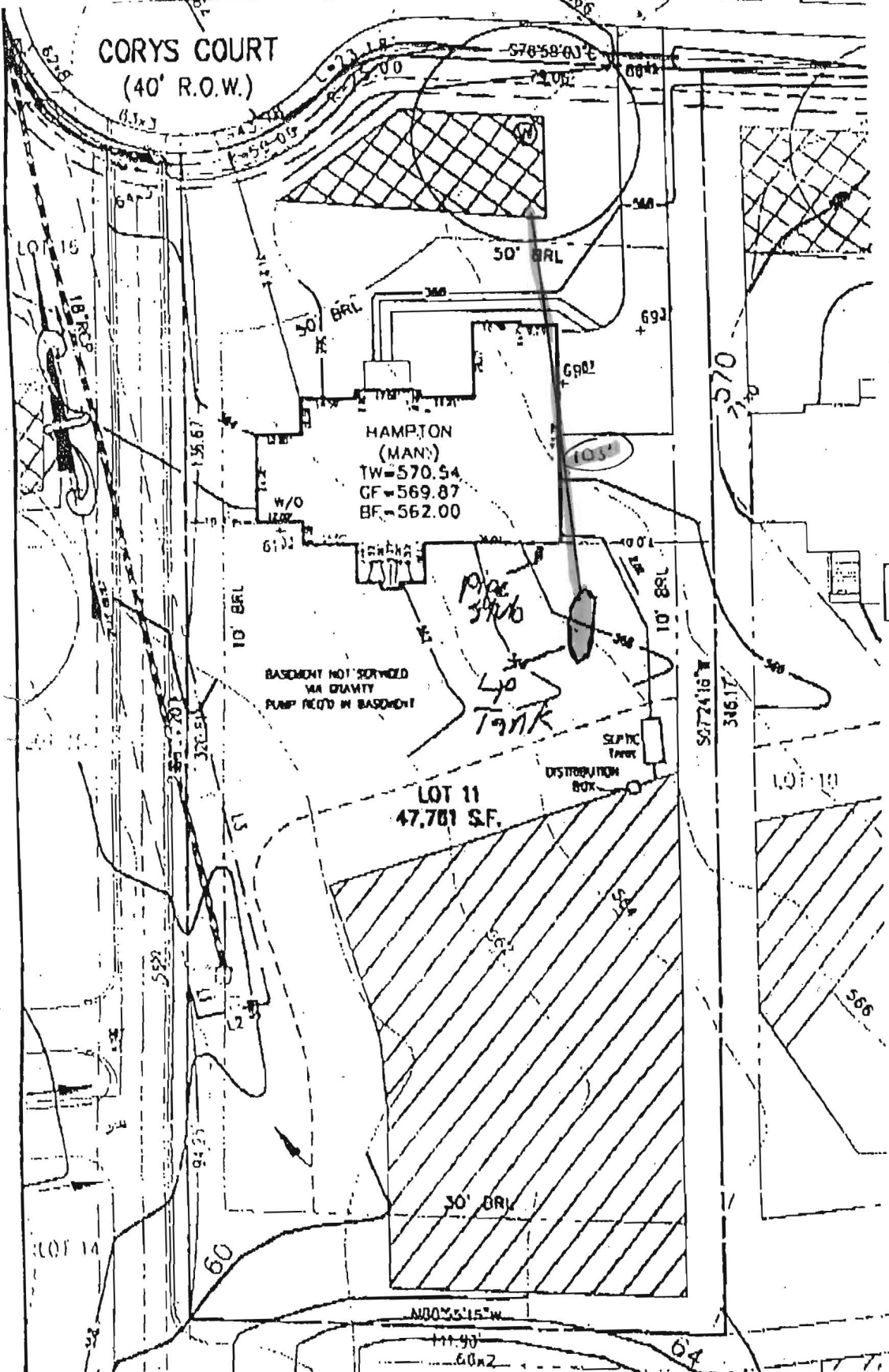
INV. DATA		
NO.	DESCRIPTION	INVERT
11	204.4705 E	11.41
12	203.7331 E	20.00
13	202.9702 E	28.21

INV. @ HOUSE	563.7
GROUND @ INV. @ HOUSE	567.2
INV. IN TANK	562.4
INV. OUT TANK	562.1
TOP OF TANK	563.4
GROUND OVER TANK	563.8
INV. IN DIST. BOX	561.9
INV. OUT DIST. BOX	561.6
GROUND @ BOX	562.4

BASEMENT NOT SERVICED VIA GRAVITY, PUMP REQUIRED IN BASEMENT
SWM FOR THIS LOT IS MANAGED PER PLAN 1 06-108
E & S CONTROLS PER PLAN 1 06-108
DRIVEWAY CULVERT EXISTS FOR THIS LOT

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-0768) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC. - PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

WELL No. HO-95-0768
ADDRESS: 14609 CORYS COURT
GLENELG, MD 21737



BUILDING SETBACKS (B.H.L.'s) SHOWN HEREON PER SITE DEVELOPMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT
 12' CONSERVATORY FULL ADDITION
 12' CONSERVATORY FULL ADDITION
 ADD. 1' TO HEIGHT OF PLACEMENT
 NAPLES CONDITION
 DOWN TO GRADE ON SIDES OF HOME
 (WHICH FRONT STUCK)
 BACK FRONT ELEVATION
 CUSTOM PORCH

- OPTION No. 001
- OPTION No. 017
- OPTION No. 023
- OPTION No. 283021
- OPTION No. 070
- OPTION No. 379
- OPTION No. 90011004
- OPTION No. 963
- OPTION No. 90011007
- OPTION No. 90011008

PERMIT PLOT PLAN
LOT #11
EDGEWOOD FARM
LIBER 10677, FOLIO 0461
PLAT No. 19266, et seq
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND



ESE Land Planning
Engineering
Land Surveying

ESE Consultants Inc.
716A Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-4870

DATE: 2/22/11 SCALE: 1"=40' FILE: Lot 11_Hampt-ManREV1
CHK'D: MJB JOB#: 1498 DRAWN: MJB

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

Date: 4/8/11
 To: Dan Swunder
 (Person's Name and Division)
 From: David Erat, Toll Brothers (301) 252-1609
 (Your Name, Company Name and Telephone Number)
 Subject: Project name Edgewood Farm
 Project site address 14609 Corys Ct Glenelg, md 21737
 Permit Number B11000181 SDP # _____
 Other information pertinent to this project _____

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

- Letter of response to Howard County plan review code letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Structural steel certification
- Energy conservation calculations
- Certification for _____ (be specific).
- Copies of Permit Plot Plan (be specific).
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

 (Person's name) (Telephone number)

NO

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 410-313-2456. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by *[Signature]*

white: Plan Review Division
 yellow: Applicant
 pink: Permit Division

t:\Updated forms\transmit.frm - Rev. 5/08

CC: DED - Change of elevations
 Health
 OK'd DB 4-10-11

Building Address: 14609 Corys Court
 Suite/Apt. # _____ SDP/WP/BA #: 71700150
 Census Tract: _____ Subdivision: Federal Farm
 Section: _____ Area: _____ Lot: 11
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: 4700

Existing Use: Vacant Lot
 Proposed Use: Single Family Dwelling
 Estimated Construction Cost: \$ 1425,000
 Description of Work: 1 1/2 stories, 3 bedrooms, 4 1/2 baths, 1 1/2 car garage, detached 2 car garage, driveway
 Occupant or Tenant: Tell MD V LP
 Was tenant space previously occupied? Yes No
 Contact Name: DAVID EMMETT
 Address: 41540 Edgewood Way
 City: _____ State: MD Zip Code: 21737
 Phone: 410 499 2275 Fax: 410 499 2278
 Email: tonal@tellmdv.com

Property Owner's Name: Tell MD V LP
 Address: 7164 Columbia Gateway Dr
 City: _____ State: MD Zip Code: 21046
 Home Phone: _____ Work Phone: 301 252 1109
 Applicant's Name & Mailing Address, (if other than stated herein): _____
 Phone: 410 499 2275 Fax: 410 499 2278
 Email: tonal@tellmdv.com

Contractor Company: Tell MD V LP
 Contact Person: David Emmett
 Address: 41540 Edgewood Way
 City: _____ State: MD Zip Code: 21737
 License No.: _____
 Phone: 410 499 2275 Fax: 410 499 2278
 Email: tonal@tellmdv.com

Engineer/Architect Company: ESE
 Responsible Design Prof.: Greg Stewart
 Address: 7164 Columbia Gateway Dr #120
 City: _____ State: MD Zip Code: 21046
 Phone: 410 391 3075 Fax: 410 972 4970
 Email: gse@esecorp.com

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height: <u>40'</u>	<u>Water Supply</u>
No. of stories: <u>3</u>	<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 type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression
	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>37</u> <u>62</u>	<input type="checkbox"/> Private
2 nd floor: <u>37</u> <u>62</u>	<u>Sewage Disposal</u>
Basement: _____	<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	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 checked="" type="checkbox"/> Propane Gas
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	

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]
 Email Address: tonal@tellmdv.com
 Title/Company: _____

Print Name: DAVID EMMETT
 Date: 12/22/10

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>1-26-11</u>	<u>[Signature]</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>150.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

OK 09053308

Scanned 08.18.08 AKH (07000150)

DEPARTMENT 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

PERMIT NUMBER
 B080-2442

Building Address 14409 Camp Ct
Glenn MD 21737

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 11

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name TOLL MD V LP

Address 711-2 Columbia Gateway Dr #230

City Columbia State MD Zip Code 21046

Phone 410 429 2272 Phone 410 429 2272

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use Various

Proposed Use SDP

Estimated Construction Cost \$ 325,000

Description of Work Building a garage (1) 1/2 bath

Contractor Company TOLL MD V LP

Contact Person Tom V...

Address 14340 E. ...

City Glenn State MD Zip Code 21737

License No. _____ Phone 410 429 2272 Fax 410 429 2272

Occupant or Tenant _____

Contact Name Tom V...

Address 14340 E. ...

City Glenn State MD Zip Code 21737

Phone _____ Fax _____

Engineer or Architect Company ESE

Contact Person Chris ...

Address 711-2 Columbia Gateway Dr

City Columbia State MD Zip Code 21046

Phone 410 272 9141 Fax 410 272 9141

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities

Water Supply:
 Public
 Private

Sewage Disposal:
 Public
 Private

Electric Yes No
 Gas Yes No

Heating System:
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads _____

Building Characteristics

SF Dwelling SF Townhouse

1st floor: 75 Depth 12 Width 12

2nd floor: 75 Depth 12 Width 12

Basement: 75 Depth 12 Width 12

Finished Basement Unfinished Basement

Crawl space Slab on Grade

No. of Bedrooms 4

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: _____

State Certified Modular
 Manufactured Home

Utilities

Water Supply:
 Public
 Private

Sewage Disposal:
 Public
 Private

Electric Yes No
 Gas Yes No

Heating System:
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A
 NFPA #13D
 NFPA #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.

Applicant's Signature _____

Title/Company _____

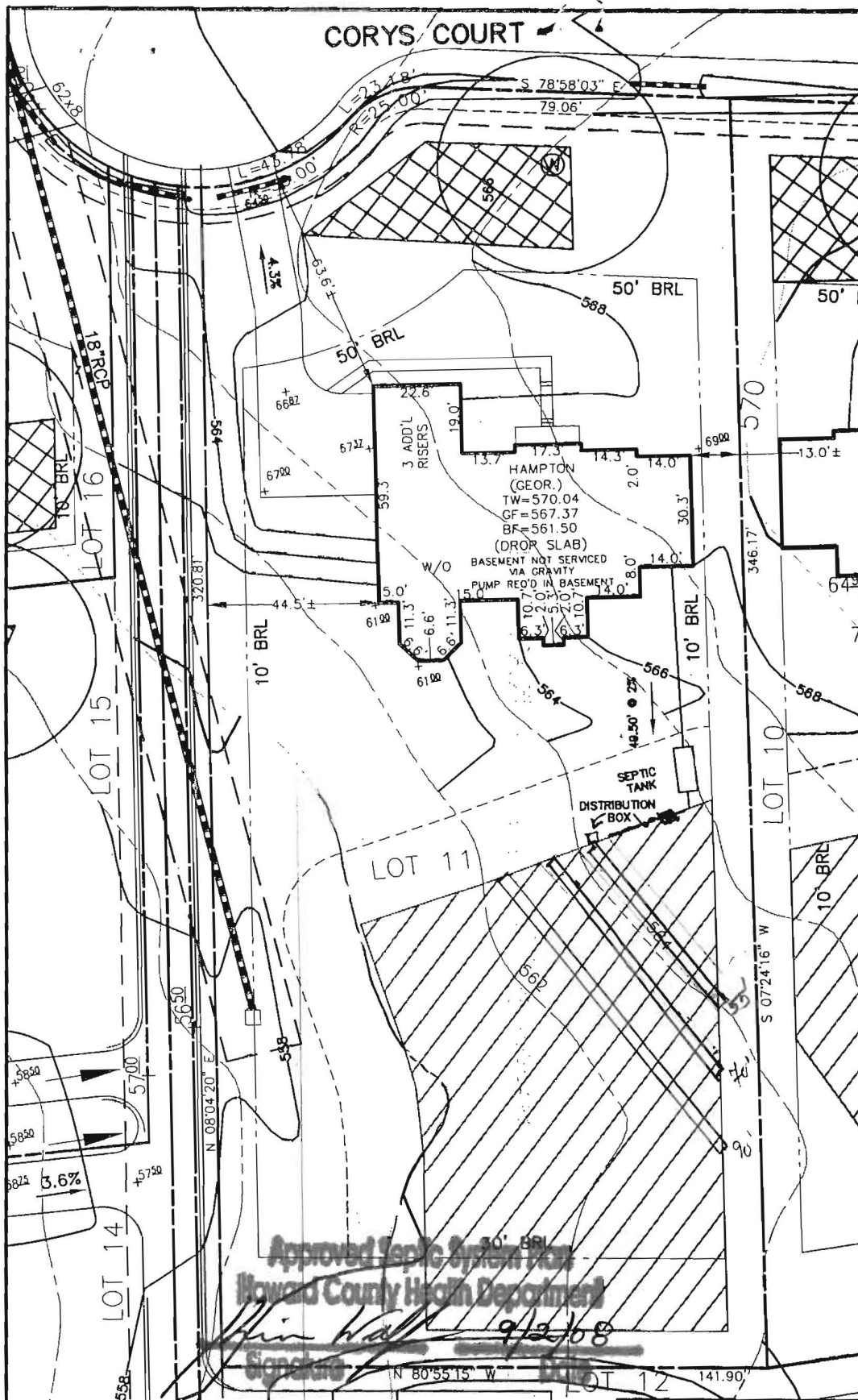
Print Name Tom V...

Date 8/18/08

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#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>9-2-08</u>	<u>[Signature]</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?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
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 Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for New Town Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	

CORYS COURT



INV. @ HOUSE	564.5
GROUND @ INV. @ HOUSE	567.5
INV. IN TANK	563.5
INV. OUT TANK	563.2
TOP OF TANK	564.5
GROUND OVER TANK	565.9
INV. IN DIST. BOX	563.0
INV. OUT DIST. BOX	562.7
GROUND @ BOX	565.4

BASEMENT NOT SERVICED VIA GRAVITY,
PUMP REQUIRED IN BASEMENT

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-0768) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC. - PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

WELL No. HO-95-0768 ✓

ADDRESS: 14609 CORYS COURT
GLENELG, MD 21737

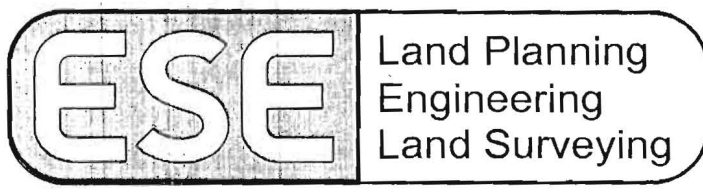
Approved Septic System Plan
Howard County Health Department
9/2/08

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPEMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

TYPE: HAMPTON (GEORGIAN)
WALKOUT BASEMENT
ADD'L 1' TO HEIGHT OF BASEMENT
EXPANDED FAMILY ROOM
CONSERVATORY ELITE ADDITION
NAPLES SUNROOM
BRICK TO GRADE ON SIDES OF HOME

- OPTION No. 017
- OPTION No. 070
- OPTION No. 023
- OPTION No. 039
- OPTION No. 529
- OPTION No. 90011001

PLOT PLAN
LOT #11
EDGEWOOD FARM
LIBER 10677, FOLIO 0461
PLAT No. 19266, et seq
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND



ESE Consultants Inc.
7164 Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-4870

DATE: 06/13/08 SCALE: 1"=40' FILE: LOT 11rev
CHK'D: GVS JOB#: 1498 DRAWN: GVS