

B11001398

Building Address: 14900 MICHELE DR
GLENELG, MD 21029

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: WM. HENDERSON
 Address: 14900 MICHELE DR
 City: GLENELG State: MD Zip Code: 21029
 Home Phone: 410-489-5764 Work Phone: _____

Existing Use: S/F RESIDENCE
 Proposed Use: _____

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

Estimated Construction Cost: \$ 17000

Phone: _____ Fax: _____
 Email: _____

Description of Work: WOOD DECK 12X20
W/ STEPS TO GRADE

Contractor Company: RECREATION CONST & LANDSC, LLC
 Contact Person: BOB ZMIJEWSKI
 Address: 3034 HICKORYMEDE DR
 City: ELLCOTT CITY State: MD Zip Code: 21042
 License No.: 121014
 Phone: 410-450-4709 Fax: 410-750-0604
 Email: _____

Occupant or Tenant: _____

Engineer/Architect Company: _____

Was tenant space previously occupied? Yes No

Responsible Design Prof.: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Email: _____

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 checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth Width	<input type="checkbox"/> Public
1 st floor:	<input checked="" type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" 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:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<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: Re: CREATION CONST & LANDSC, LLC
 Title/Company: OWNER

Print Name: ROBERT ZMIJEWSKI
 Date: 5/12/11

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>5-16-11</u>	<u>Dana Bernard</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? 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	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

APPROVED

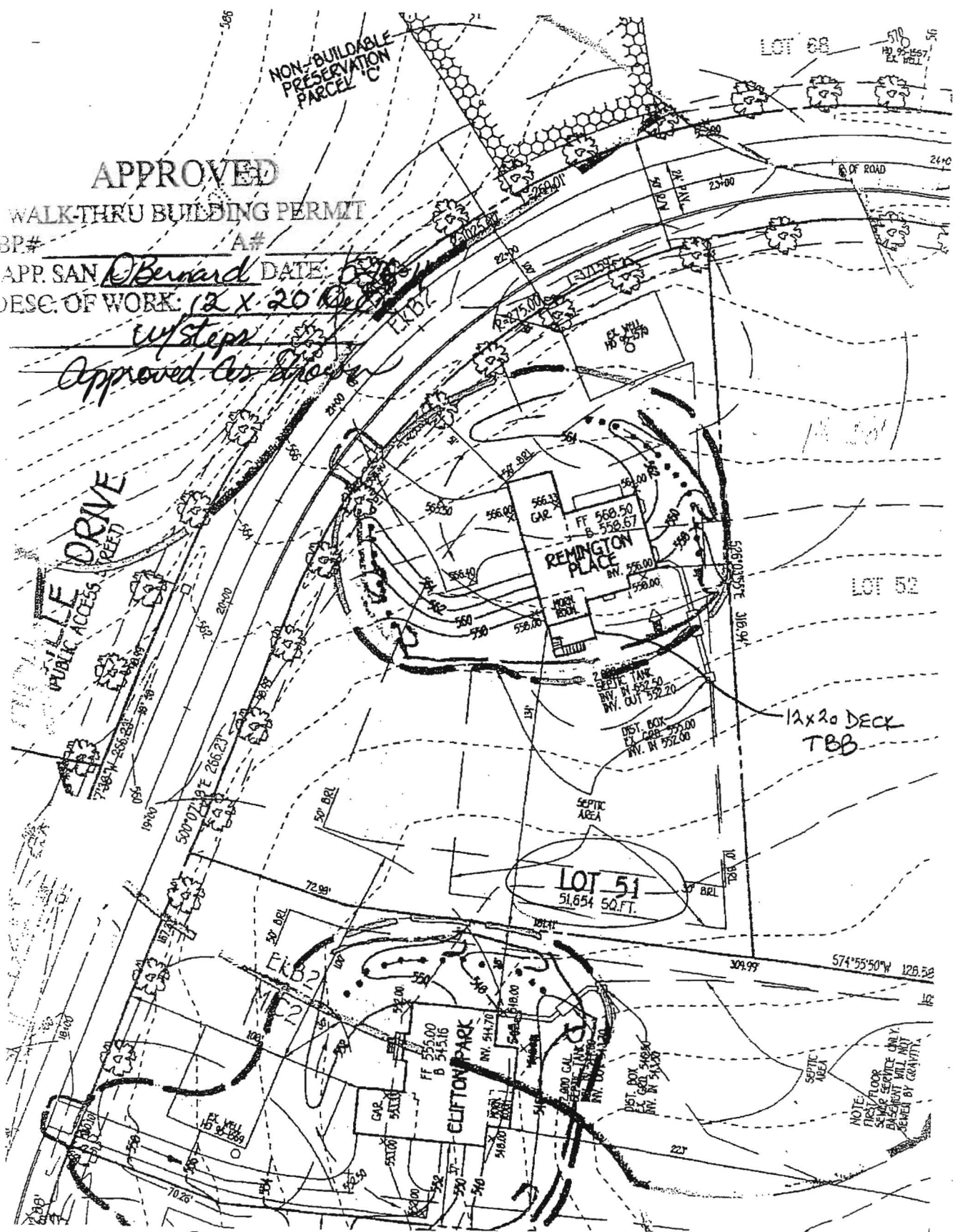
WALK-THRU BUILDING PERMIT

BP# _____ A# _____

APP. SAN *Bernard* DATE: *5/1/01*

DESC. OF WORK: *(2 X 20 Deck)*

W/Steps
Approved As Shown



Scale (1-60)

NOTE:
FIRST FLOOR
SEWER SERVICE ONLY
ENLARGEMENT WILL NOT
BE MADE BY GRAVITY.

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

1010008812

Building Address 14900 Michele Dr
Calverley Md 21777

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

Census Tract _____ Subdivision Warfields II

Section _____ Area _____ Lot _____

Tax Map 27 Parcel 114 Grid 5

Zoning _____ Map Coordinates _____ Lot size 1.18 a

Property Owner's Name NVR inc

Address 6085 MARSHALVE DR

City Elkridge State md Zip Code 21075

Home Phone _____ Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
Jeremy Clancy 7051 Macbeth Way

Phone (443) 340-1221 Fax Eldersburg md 21724

Existing Use SFD

Proposed Use SFD

Estimated Construction Cost \$ 8000

Description of Work _____
install 1000 gal propane tank
(in ground)

Contractor Company Valley National gases

Contact Person William Greening

Address 7201 Montevideo Rd

City Jessup State md Zip Code 20794

License No. 67792

Phone 410-729-1114 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:	
No. of stories:		<input type="checkbox"/> Public	
Gross area, sq. ft. per floor:		<input type="checkbox"/> Private	
Use group:		Sewage Disposal:	
Construction type:		<input type="checkbox"/> Public	
<input type="checkbox"/> Reinforced Concrete		<input type="checkbox"/> Private	
<input type="checkbox"/> Structural Steel		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Masonry		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Wood Frame		Heating System:	
<input type="checkbox"/> State Certified Modular		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
		Natural Gas <input type="checkbox"/>	
		Propane Gas <input 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		Utilities	
SF Dwelling <input type="checkbox"/>	SF Townhouse <input type="checkbox"/>	Water Supply:	
Depth _____	Width _____	<input checked="" type="checkbox"/> Public	
1st floor:		<input checked="" type="checkbox"/> Private	
2nd floor:		Sewage Disposal:	
Basement:		<input checked="" type="checkbox"/> Public	
Finished Basement <input type="checkbox"/>	Unfinished Basement <input type="checkbox"/>	<input checked="" type="checkbox"/> Private	
Crawl space <input type="checkbox"/>	Slab on Grade <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
No. of Bedrooms _____		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Height: _____		Heating System:	
Multi-family dwellings:		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
No. of efficiency units: _____		Natural Gas <input type="checkbox"/>	
No. of 1 BR units: _____		Propane Gas <input type="checkbox"/>	
No. of 2 BR units: _____		Sprinkler system: N/A <input type="checkbox"/>	
No. of 3 BR units: _____		<input type="checkbox"/> NFPA #13D	
Other Structure: _____		<input type="checkbox"/> NFPA #13R	
Dimensions: _____		<input type="checkbox"/> Other:	
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 _____

Print Name Jeremy Clancy

Title/Company _____

Date 9/3/10

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 \$ <u>100.00</u>
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ <u>10.00</u>
Health	<u>10/7/2010</u>	<u>Brian Baber</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 # <u>2010</u>
			Historic District?	Validation # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for NewTown Zone _____	
			SDP/Red-line approval date _____	Accepted by _____

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Distribution of Copies-
T:\forms\PERMIT.FRM

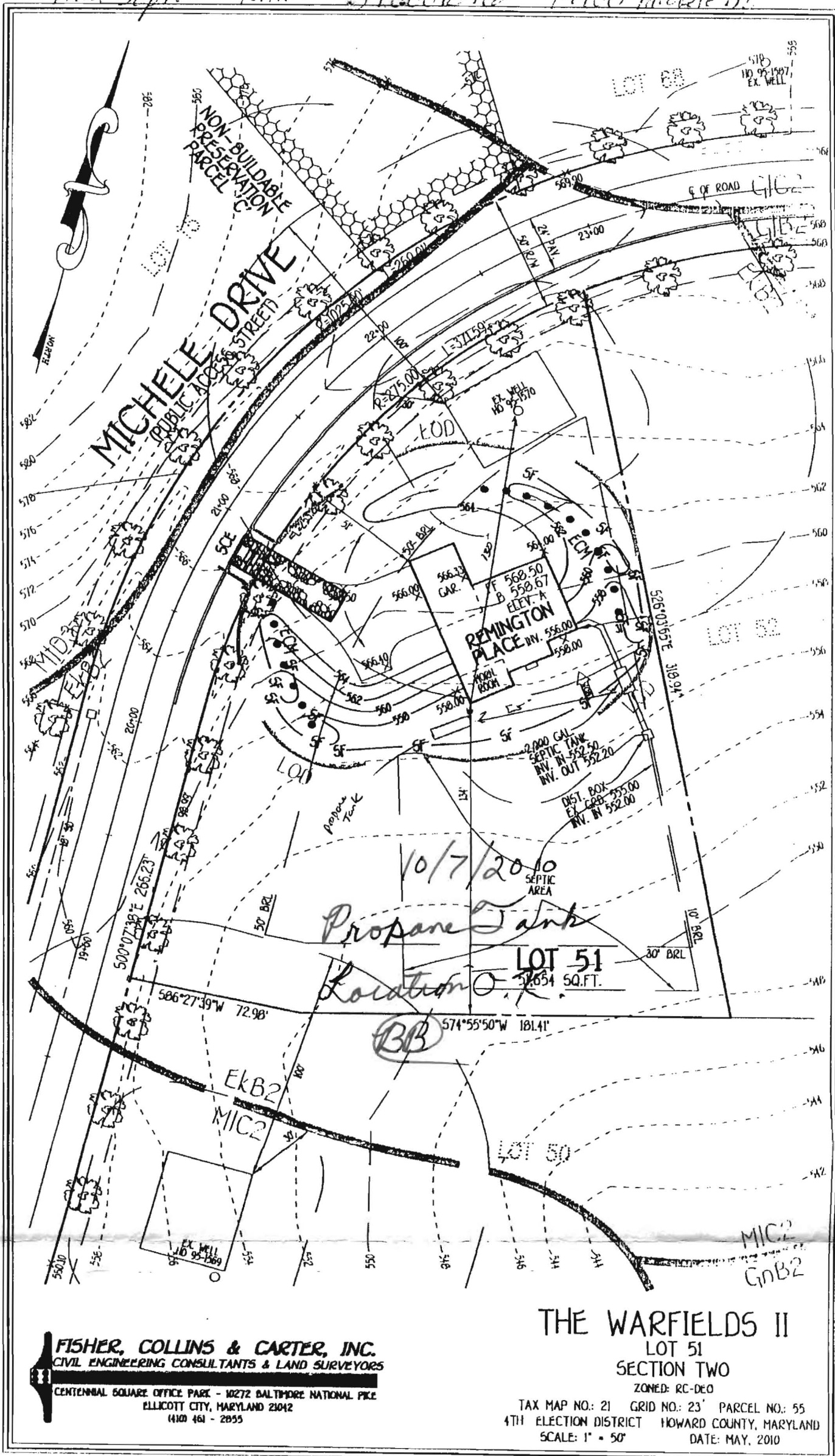
White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA



FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

THE WARFIELDS II
 LOT 51
 SECTION TWO
 ZONED: RC-DEO

TAX MAP NO.: 21 GRID NO.: 23' PARCEL NO.: 55
 4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: MAY, 2010

7/6 6/14/10

APPROVED FOR CONSTRUCTION

B1000 1876

Building Address 14900 Michele Dr.
Glenn MD 21737

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

Census Tract _____ Subdivision Warfields

Section _____ Area _____ Lot 51

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot Size _____

Existing Use Vacant lot
Proposed Use Single family Home
Estimated Construction Cost \$ 250,000
Description of Work New 2 story Remington
place with 3 car garage, madding
room full basement

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name NVL, Inc.
Address 1085 Marshalee Dr

City Elkridge State MD Zip Code 21075

Home Phone _____ Work Phone _____

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

Jim Kerwin
P.O. Box 552
Woodbine MD 21797

Phone _____ Fax _____

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

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

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1 st floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2 nd floor: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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 <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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 _____

Title/Company _____

Date _____

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

- FOR OFFICE USE ONLY -

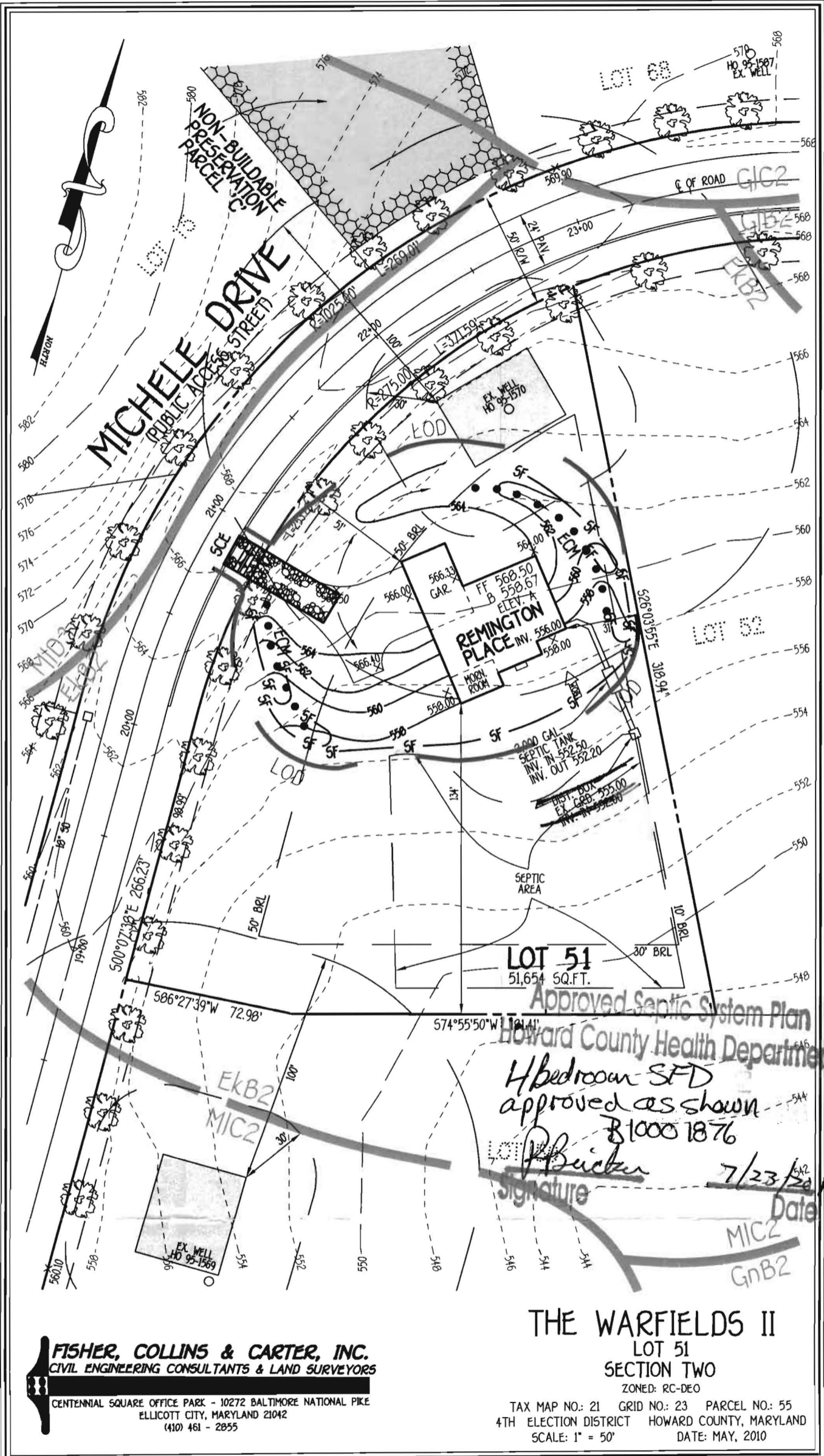
AGENCY	DATE	SIGNATURE	APPROVAL
Land Development, DPZ			
State Highways			
Building Officials			
Dev. Engineering, DPZ			
Health	<u>7/23/2010</u>	<u>R. Buckner</u>	
Fire Protection			

Is Sediment Control approval required prior to issuance?
YES NO

DPZ SETBACK INFORMATION	Filing fee	PROPERTY ID #
Front: _____	\$ _____	
Rear: _____	Permit fee \$ _____	
Side: _____	Excise tax \$ _____	
Side St.: _____	Add'l per fee \$ _____	
All minimum setbacks met?	TOTAL FEES \$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____	
Is Entrance Permit Required?	Balance due \$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____	
Historic District?	Validation # _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>		
Lot Coverage for New Town Zone _____		
SDP/Red-line approval date _____	Accepted by _____	

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

K:\Drawings 3\30310 Warfield Homestead\FINALS\30310 Permit Plan Lot 51.dwg, 7/23/2010 1:46:34 PM, tony, 1:50



Approved Septic System Plan
 Howard County Health Department
H bedroom SFD approved as shown
 81000 1876
P. Bucker
 Signature
 7/23/2010
 Date
 MIC2
 GNB2

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

THE WARFIELDS II
 LOT 51
 SECTION TWO
 ZONED: RC-DEO
 TAX MAP NO.: 21 GRID NO.: 23 PARCEL NO.: 55
 4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: MAY, 2010

well note on Perc Cent