

Building Address 16189 Old Frederick Rd.
Lisbon, MD 2179765

Suite/Apt. #: _____ SDP/WP/Petition # F-87-117

Census Tract 1004001 Subdivision YAY (AS) TRP.

Section TAXID 04-344650 Area _____ Lot 22

Tax Map 27 Parcel 31 Grid 35

Zoning R1E7 Map Coordinates 3E7 Lot size 7.706 ac.

Property Owner's Name Casimo & Kathleen Greco

Address 16189 Old Frederick Road

City Lisbon State MD Zip Code 21797

Home Phone 410 242-3839 Work Phone 410 365-0303

Applicant's Name & Mailing Address, (if other than stated hereon):
Casimo & Kathleen Greco
5528 Carville Avenue
Baltimore, MD 21227 } MAIL
 } SCOPLTR

Phone 410 242 3839 Fax _____

Existing Use raw land

Proposed Use SFD

Estimated Construction Cost \$ 100,000

Description of Work Construct 2 story residence
w/garage + full basement w/R1
4BR - 2 1/2 baths

Contractor Company Self build

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax 5528 Carville Ave

Occupant or Tenant owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company John L. Schneider

Contact Person Baltimore MD 21227

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____ Depth _____ Width _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/>
No. of Bedrooms <u>4</u>	<input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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: _____	
<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.

Kathleen H. Greco
 Applicant's Signature

owner
 Title/Company

Kathleen H. Greco
 Print Name

3-20-03
 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 ID#
Land Development, DPZ			Front: _____	57711
State Highways			Rear: _____	Building fee \$ _____
Building Official			Side: _____	Permit fee \$ _____
Dev Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health	<u>4/14/03</u>	<u>Brian Baker</u>	All minimum setbacks met?	Add'l per. fee \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Sub-total paid \$ _____
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Historic District?	Check <u>1152</u>
ONE-STOP SHOP <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation <u>21267</u>
			Lot Coverage for NewTown Zone _____	
			SDP/Red-line approval date _____	Accepted by _____

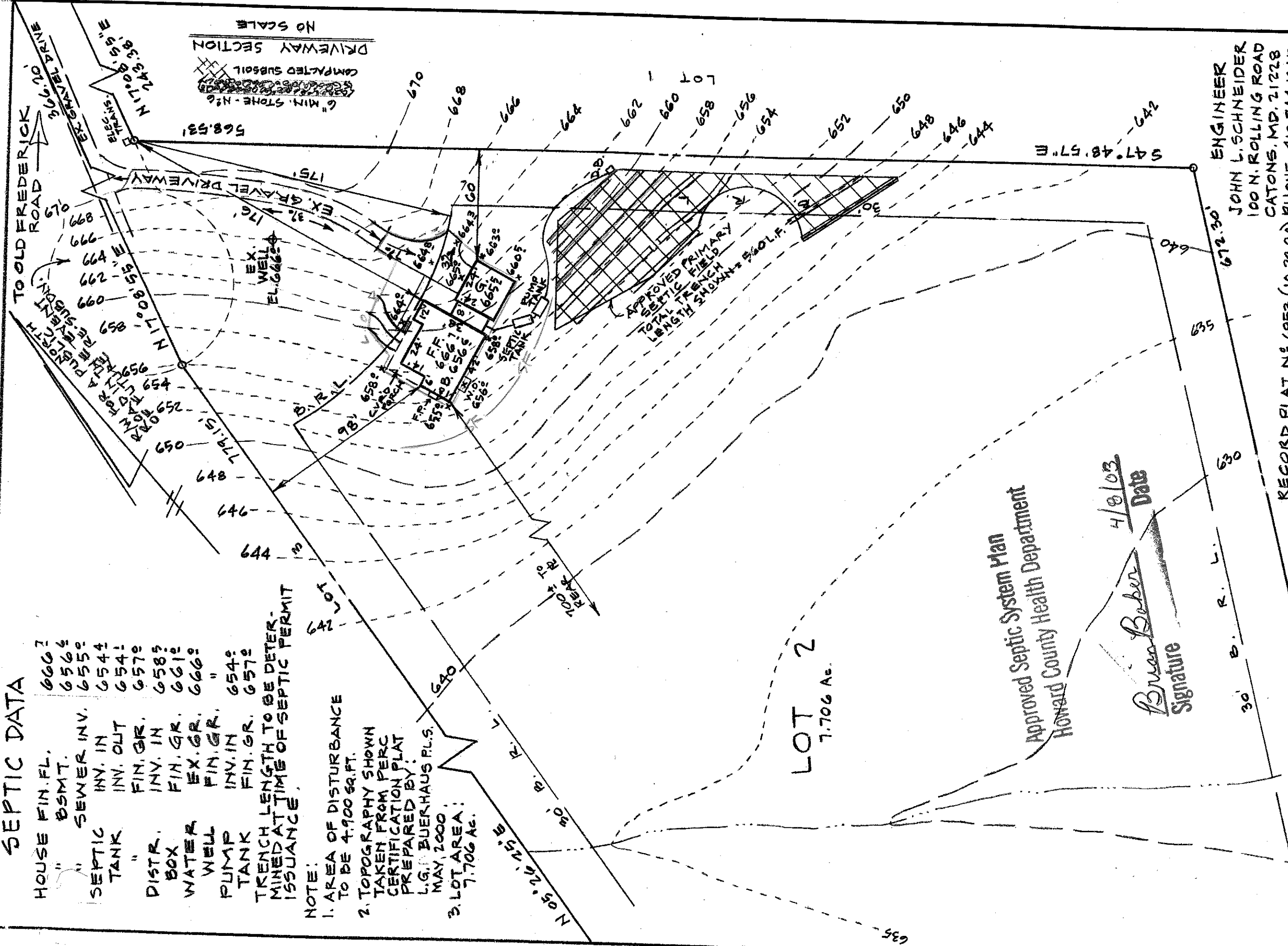
SEPTIC DATA

HOUSE FIN. FL. 666?
 " BSMT. 6566
 SEPTIC INV. IN. 6555
 TANK INV. OUT 6544
 " FIN. GR. 6541
 DISTR. INV. IN 6578
 BOX FIN. GR. 6585
 WATER EX. GR. 6612
 WELL FIN. GR. 6669
 " " 6549
 PUMP INV. IN 6572
 TANK FIN. GR. 6572

TRENCH LENGTH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.

NOTE:

1. AREA OF DISTURBANCE TO BE 4,900 SQ. FT.
2. TOPOGRAPHY SHOWN TAKEN FROM PERC CERTIFICATION PLAT PREPARED BY: L.G. BUERHAUS P.L.S. MAY, 2000.
3. LOT AREA: 7,706 AC.



LOT 2
7,706 AC.

Approved Septic System Plan
 Howard County Health Department

Bryan Baber
 Signature
 4/8/03
 Date

ENGINEER
 JOHN L. SCHNEIDER
 100 N. ROLLING ROAD
 CATONS, MD. 21228
 PHONE 410 744 1945

OWNER/BUILDER
 COSIMO GRECO
 KATHLEEN
 5528 CARVILLE AVE.
 BALTO. MD. 21227
 PHONE 410 242 3839

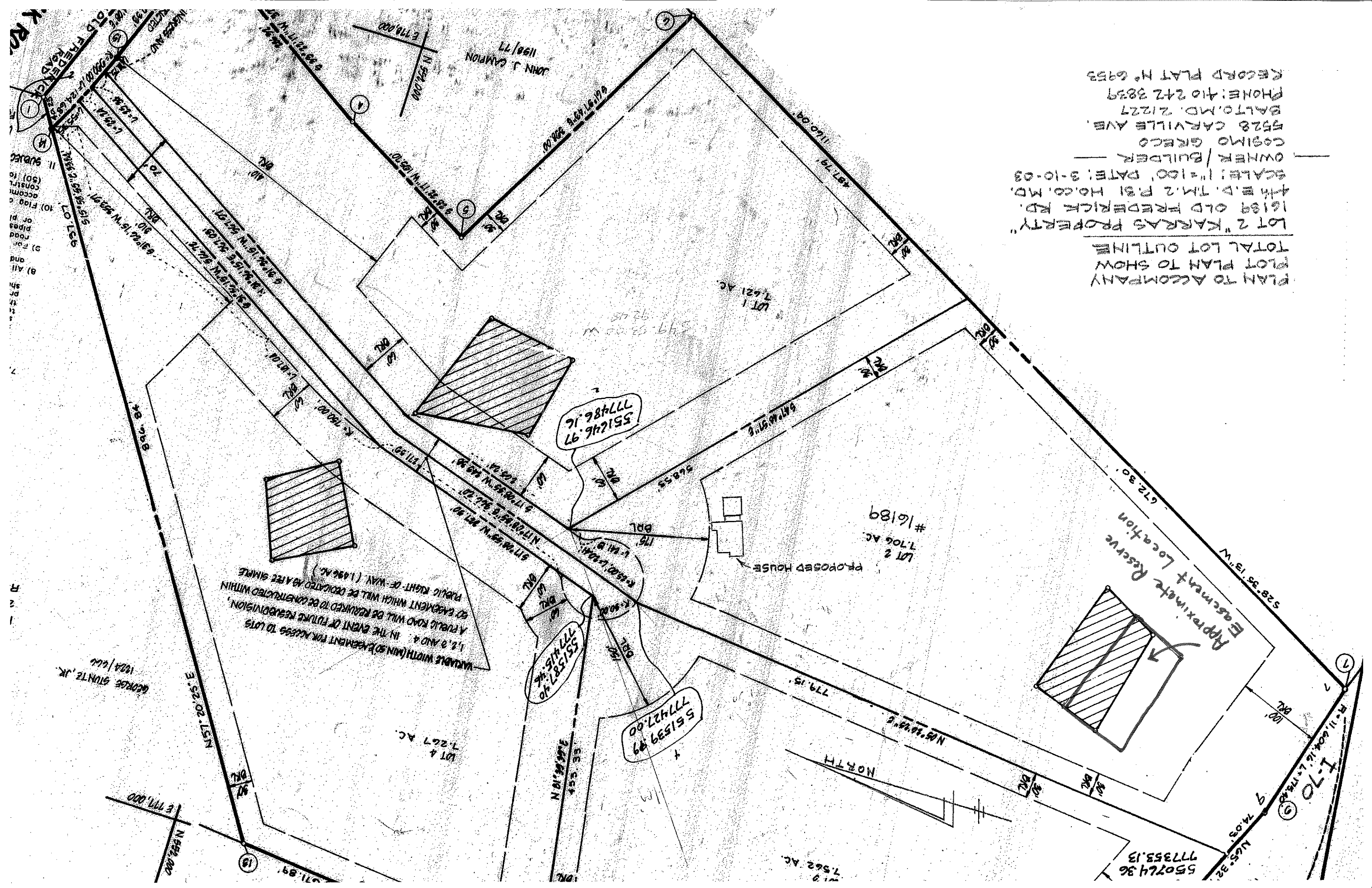
HOUSE TYPE:
 2 STORY FRAME
 WITH FULL BSMT

PLOT PLAN

TO ACCOMPANY BUILDING PERMIT APPLICATION

SCALE: 1" = 50'	APPROVED BY:
DATE: 3-10-03	DRAWN BY T&H
REVISED	
LOT 2 "KARRAS PROPERTY" (AMENDED PLAT) 16189 OLD FREDERICK RD., LISBON, MD. 21765	
TAX MAP N: 2	PARCEL N: 31
DRAWING NUMBER 303	

PLAN TO ACCOMPANY
 PLOT PLAN TO SHOW
 TOTAL LOT OUTLINE
 LOT 2 "KARRAS PROPERTY"
 16189 OLD FREDERICK RD.
 4TH E.D. T.M.2 P.S1 HO.CO. MD.
 SCALE: 1"=100' DATE: 3-10-03
 OWNER/BUILDER
 COSIMO GRECO
 5528 CARVILLE AVE.
 BALTO. MD. 21227
 PHONE: 410 242 3839
 RECORD PLAT N° 6953



VARIABLE WIDTH (MIN 50' MAX 100') EASEMENT FOR ACCESS TO LOTS 1, 2, 3 AND 4. IN THE EVENT OF FUTURE REVISION, A PUBLIC ROAD WILL BE REQUIRED TO BE CONSTRUCTED WITHIN 50' EASEMENT WHICH WILL BE DEDICATED AS A RT 5 SHARE PUBLIC RIGHT-OF-WAY (1.436 AC.)

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777486.16

551587.40
777415.46

551539.09
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777353.13

GEORGE STUNTS, JR.
1024/600

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