

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

308000747

Building Address 14521 Edgewood Way
Glendy MD 21737

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 17

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Tom Beames

Address 7102 Columbia Gateway Dr #230

City Columbia State MD Zip Code 21046

Phone _____ Phone _____

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

Phone _____ Fax _____

Existing Use _____

Proposed Use SFD

Estimated Construction Cost \$ 500,000

Description of Work 4BR 4 1/2 BATH SID

Contractor Company Tom Beames

Contact Person Tom Beames

Address 14540 Edgewood Way

City Glendy State MD Zip Code 21737

License No. 95011

Phone _____ Fax _____

Occupant or Tenant TOM BEAMES

Contact Name Tom Beames

Address 14540 Edgewood Way

City Glendy State MD Zip Code 21737

Phone 410 489 2278 Fax 410 489 2278

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: 2300

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: 38 Depth 70 Width 70

2nd floor: 58

Basement: 38

Finished Basement Unfinished Basement

Crawl space Slab on Grade

No. of Bedrooms 4

Height: 30

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 Tom Beames

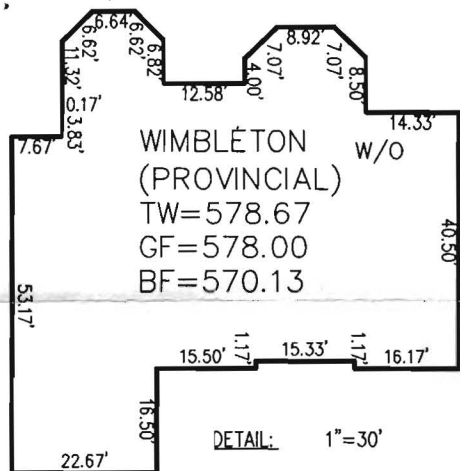
Title/Company Tom Beames

Print Name Thomas Beames

Date 3/26/08

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

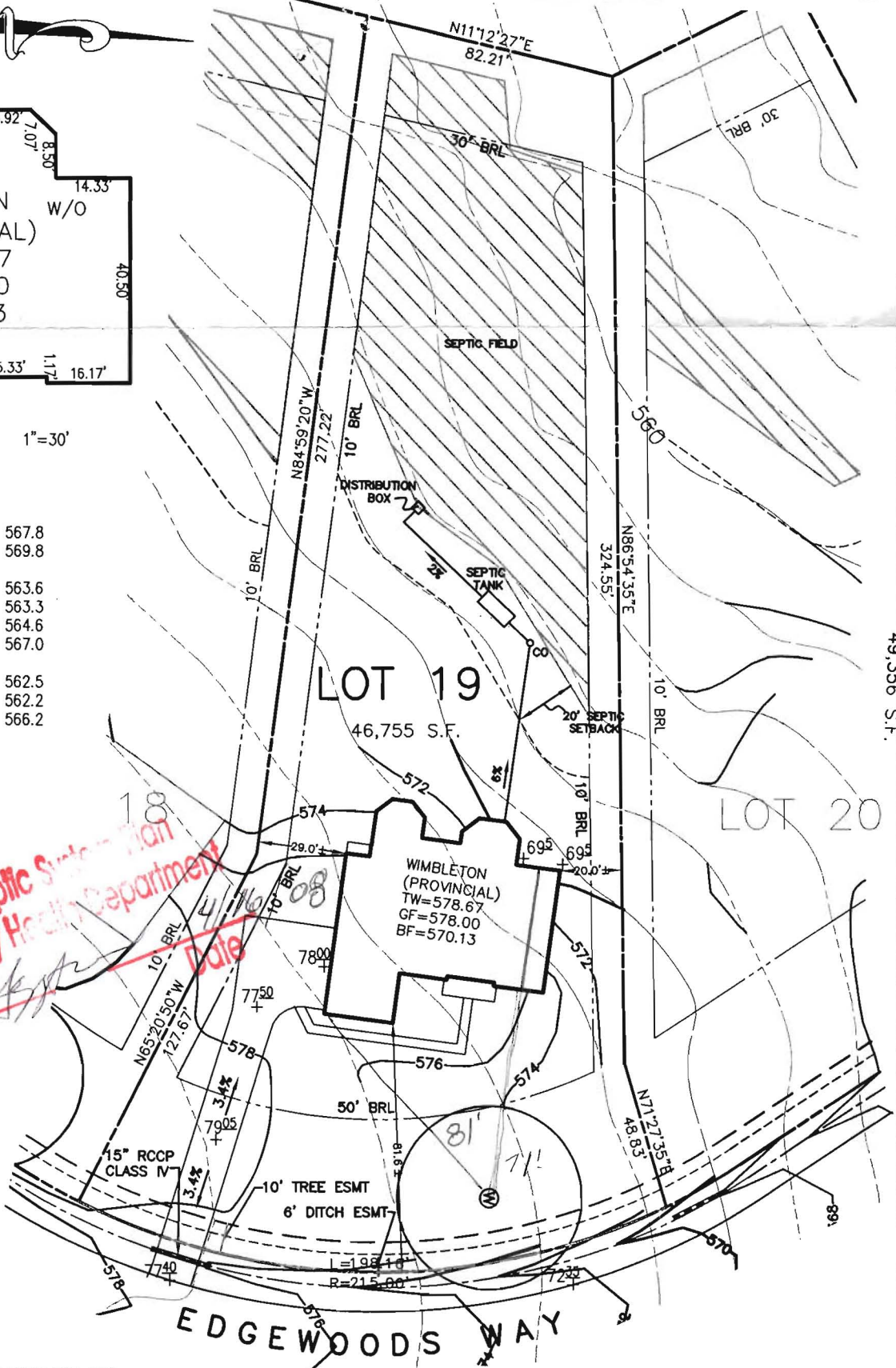
| AGENCY | DATE | SIGNATURE APPROVAL | DPZ SETBACK INFORMATION | PROPERTY ID# |
|--|----------------|--------------------|--|-------------------------|
| Land Development, DPZ | | | Front: _____ | Filing fee \$ _____ |
| State Highways | | | Rear: _____ | Permit fee \$ _____ |
| Building Official | | | Side: _____ | Excise tax \$ _____ |
| Dev. Engineering, DPZ | | | Side St.: _____ | Add'l per. fee \$ _____ |
| Health | <u>4/16/08</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 NewTown Zone _____ | |
| T:\forms\PERMIT_FRM | | | SDP/Red-line approval date _____ | Accepted by _____ |



| | |
|-----------------------|-------|
| INV. @ HOUSE | 567.8 |
| GROUND @ INV. @ HOUSE | 569.8 |
| INV. IN TANK | 563.6 |
| INV. OUT TANK | 563.3 |
| TOP OF TANK | 564.6 |
| GROUND OVER TANK | 567.0 |
| INV. IN DIST. BOX | 562.5 |
| INV. OUT DIST. BOX | 562.2 |
| GROUND @ BOX | 566.2 |

WELL No. HO-95-0776

Approved Septic System Plan
Howard County Health Department
Signature



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

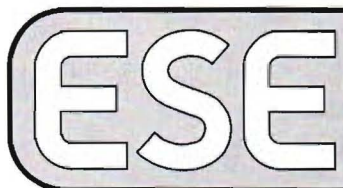
THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-0776) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC.- PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

TYPE: WIMBLETON (PROVINCIAL)-
EXPANDED FAMILY ROOM
NAPLES SUNROOM
STONE WATER TABLE ON FRONT AND SIDES OF HOME
ADD'L 1' TO HEIGHT OF BASEMENT

OPTION No. 023
OPTION No. 529
OPTION No. 90019009
OPTION No. 070

ADDRESS: 14521 EDGWOODS WAY
GLENELG, MD 21737

PLOT PLAN
LOT #19
EDGEWOOD FARM
LIBER 4174, FOLIO 0436
PLAT No. 19266, et seq
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND



Land Planning
Engineering
Land Surveying

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

DATE: 03/10/08

SCALE: 1"=50'

FILE: LOT_19

CHK'D: GVS

JOB#: 1498

DRAWN: GVS/CRC