

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B07004024

Building Address 12621 FAIRWAY RD CT.
ELLICOTT CITY MD. 21042
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name GEOFF DILLIS
Address 12621 FAIRWAY RD CT
City ELLICOTT CITY State MD Zip Code 21042
Home Phone 410-531-1552 Work Phone 410-531-1552
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use SFD
Proposed Use SAME WITH ADDITION
Estimated Construction Cost \$ 50,000
Description of Work 15x22 SUNROOM
BUILT ON EXISTING FOUNDATION

Contractor Company HORBEY CUSTOM BUILDERS INC
Contact Person JOHN HORBEY
Address 1709 FREELAND ROAD
City FREELAND State MD Zip Code 21053
License No. _____
Phone 410-343-2401 Fax 410-343-2402

Occupant or Tenant _____
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person HORBEY CUSTOM BUILDERS INC
Address SAME AS ABOVE
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: <u>15</u> <u>22</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms _____ Height: <u>78</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular _____ 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.

John J. Horbey
Applicant's Signature
Title/Company _____

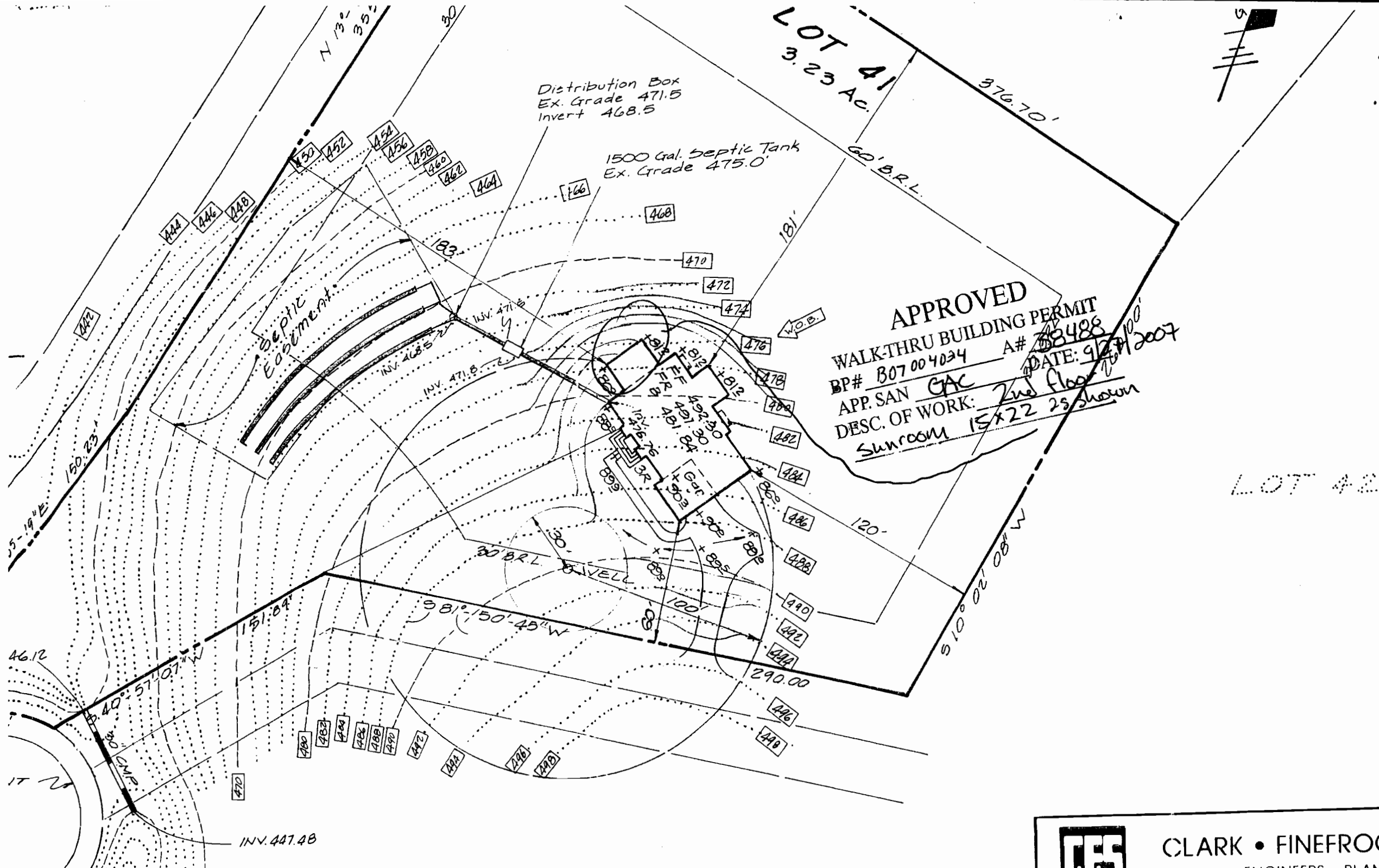
John J. Horbey
Print Name
9/27/07
Date

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 Official		
Dev. Engineering, DPZ		
Health	<u>9/27/2007</u>	<u>John J. Horbey</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

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

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



LOT 41
3.23 Ac.

Distribution Box
Ex. Grade 471.5
Invert 468.5

1500 Gal. Septic Tank
Ex. Grade 475.0

APPROVED
WALK-THRU BUILDING PERMIT
BP# B07004034 A# 33488
APP. SAN GAC
DESC. OF WORK: 2nd floor
Sunroom 15x22 2s shown
DATE: 9/27/2007

LOT 42

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

308000462

Building Address 12621 FAWN RUN CT.
ELLICOTT CITY MD 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision LOT 41
 Section _____ Area _____ Lot _____
 Tax Map 22 Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

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

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 15,000-
 Description of Work 5x5 covered Porch
BRICK WALKWAY

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ 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: <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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	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"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <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"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	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"/>
	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> 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

John J. Horbey
 Applicant's Signature
 (President) HORBey custom Bld.
 Title/Company

John J. Horbey
 Print Name
2-26-08
 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 Official		
Dev. Engineering, DPZ	<u>2-27-08</u>	<u>[Signature]</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

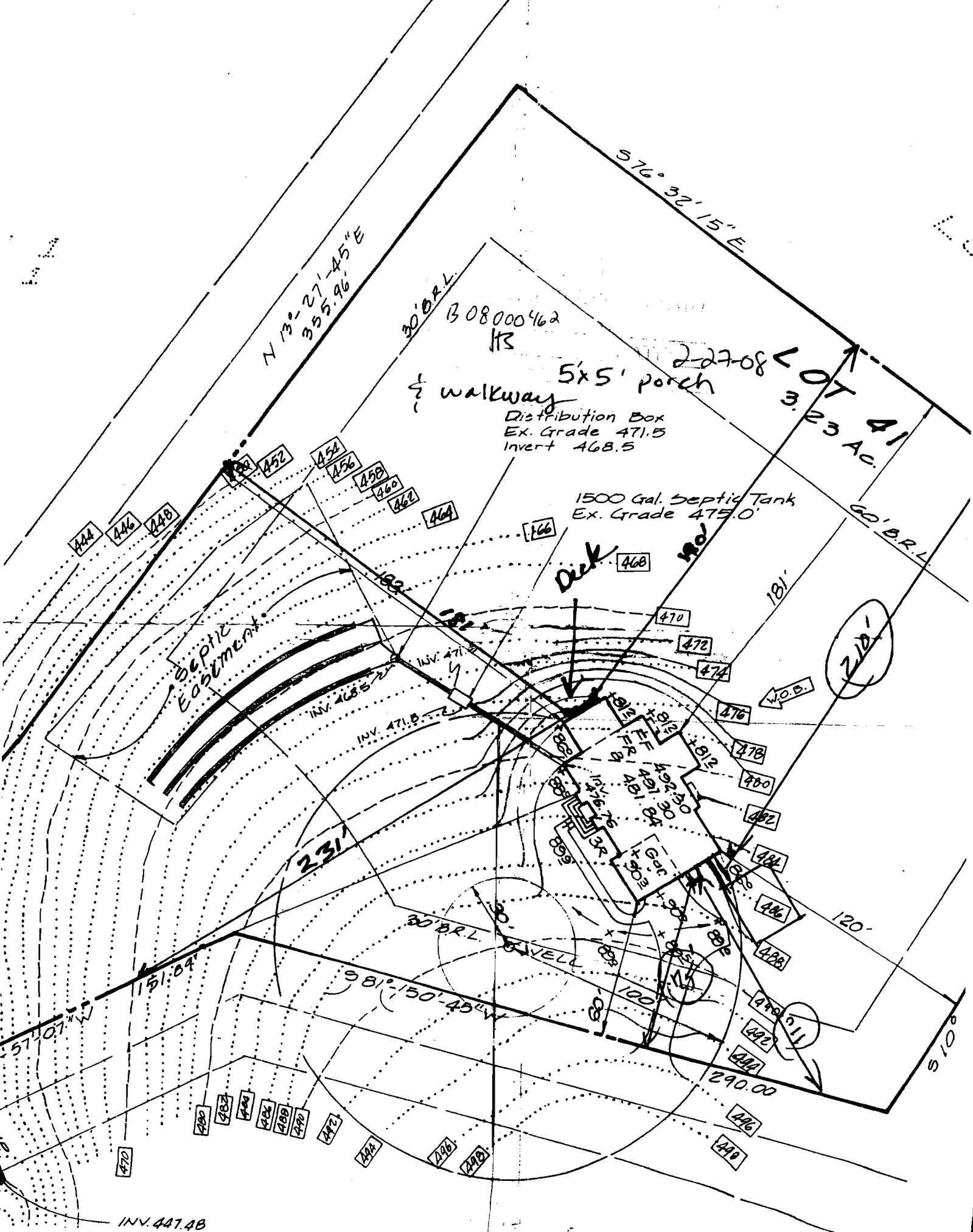
CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

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

Accepted by _____

Distribution of Copies - White: Building Official Green: LDD, DPZ
 T:\norma\PERMIT.FRM

Yellow: DED, DPZ Pink: Health Gold: SHA



N 13° 27' 45" E
355.96'

576° 32' 15" E

30' B.R.L.
308000462
HS

1/2 walkway
5'x5' porch
Distribution Box
Ex. Grade 471.5
Invert 468.5

227-08
LOT 41
3.23 AC.

1500 Gal. Septic Tank
Ex. Grade 475.0

Septic Easement

Deck

W.O.B.

227-08

571° 07' W
151.84'

231'

20' B.R.L.

581° 15' 45" W

120'

510'

INV. 447.48

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B07004469

Building Address 12621 FALLS RUN CT.
ELLSWORTH CITY MD. 21042
Suite/Apt. #: _____ SDPWP/Petition #: _____
Census Tract _____ Subdivision 417 NO. 41
Section _____ Area _____ Lot _____
Tax Map 22 Parcel _____ Grid 22-5
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name WILLIS WARREN C
Address 12621 FALLS RUN CT.
City ELLSWORTH CITY State MD Zip Code 21042
Home Phone 410-331-1556 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use SFD
Proposed Use GARAGE / STORAGE UNIT
Estimated Construction Cost \$ 100,000
Description of Work 26x32 GARAGE
WITH ATTACHED STORAGE UNIT
CONCRETE FOUNDATION 4x10' (HATED)

Contractor Company HURLEY CUSTOM BUILDERS
Contact Person JOHN HURLEY
Address 1709 FREEMAN ROAD
City FREEMAN State MD Zip Code 21033
License No. 47623
Phone 410-343-2400 Fax 410-343-2147

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:		Public <input type="checkbox"/>	
Gross area, sq. ft. per floor:		Private <input type="checkbox"/>	
Use group:		Sewage Disposal:	
Construction type:		Public <input type="checkbox"/>	
Reinforced Concrete <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	
Structural Steel <input type="checkbox"/>		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
Masonry <input type="checkbox"/>		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Wood Frame <input type="checkbox"/>		Heating System:	
State Certified Modular <input type="checkbox"/>		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 checked="" type="checkbox"/>	SF Townhouse <input type="checkbox"/>	Water Supply:	
Depth _____	Width _____	Public <input type="checkbox"/>	
1st floor:		Private <input checked="" type="checkbox"/>	
2nd floor:		Sewage Disposal:	
Basement:		Public <input type="checkbox"/>	
Finished Basement <input type="checkbox"/>	Unfinished Basement <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	
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: _____		NFPA #13D <input type="checkbox"/>	
Other Structure: _____		NFPA #13R <input type="checkbox"/>	
Dimensions: _____		Other: _____	
Footings: _____			
Roof Height: _____			
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 _____
Title/Company _____

Print Name John J. Hurley
Date 11/11/2

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

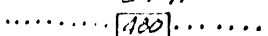
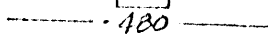
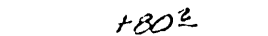
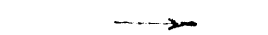


FOR OFFICE USE ONLY

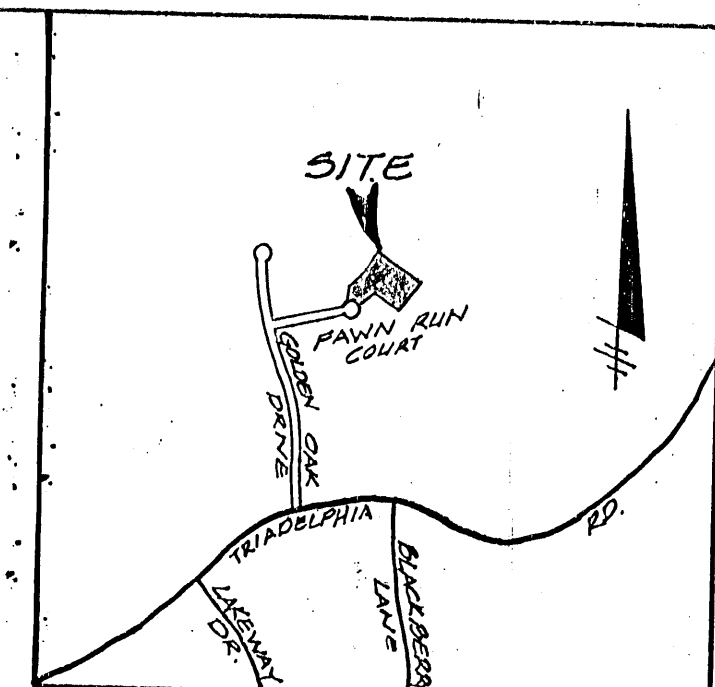
AGENCY	DATE	SIGNATURE/ APPROVAL	DPZ SETBACK INFORMATION	PROPERTY FEE
Land Development DPZ			Front: _____	Filing fee \$ <u>250</u>
State Health			Rear: _____	Permit fee \$ _____
Planning Office			Side: _____	Escrow fee \$ _____
DPZ Enforcement DPZ			Side St: _____	Add'l per. fee \$ _____
Public	<u>11/12/07</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Eng Division			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit 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?	Valuation \$ _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Lot Coverage for New Town Zone _____	
Yellow: DED, DPZ	Pink: Health	Gold: SHA	SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

GENERAL NOTES

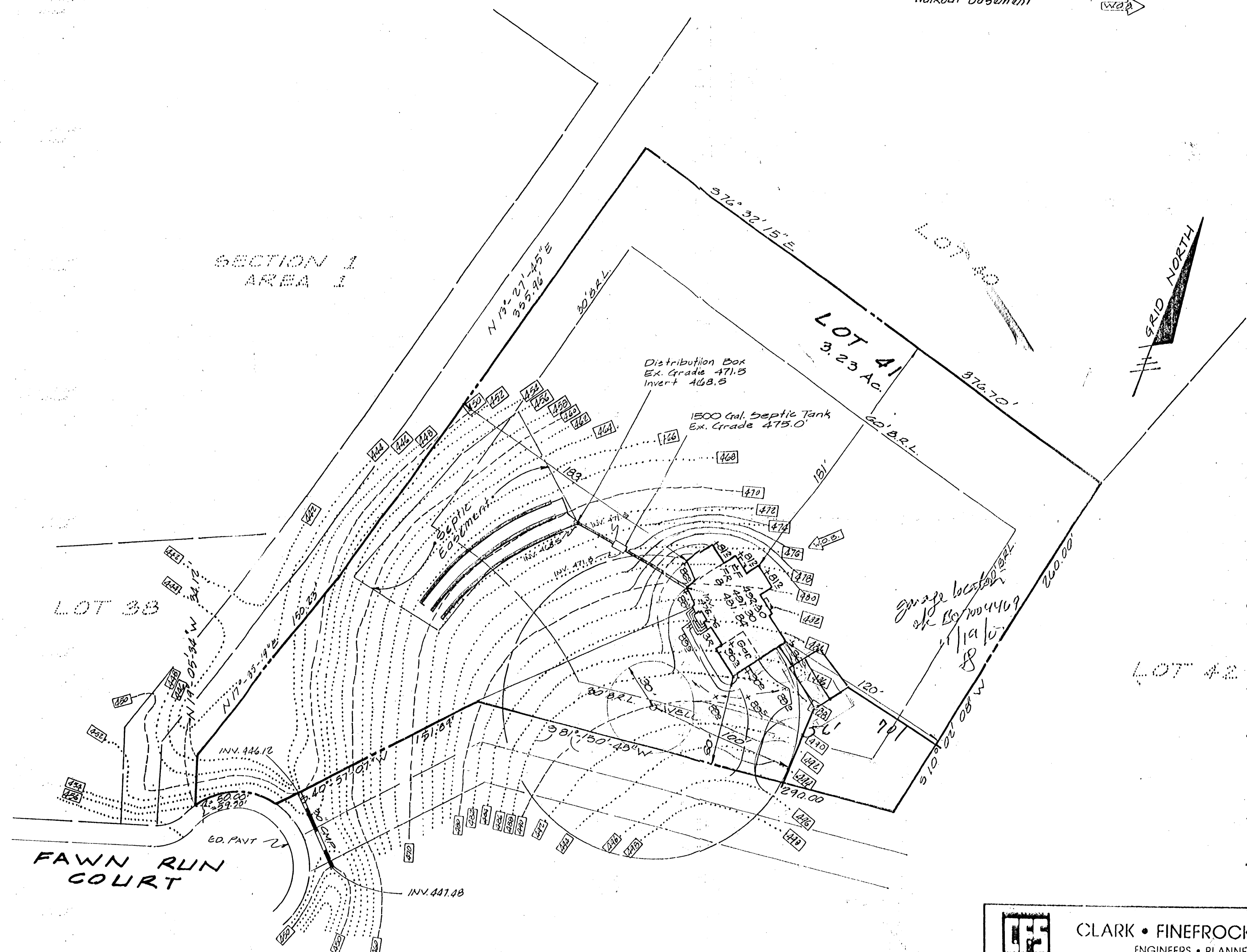
1. Topography taken from plans prepared by Boender Associates Sept. 1987
2. Reference record plat number 77411
3. Length of trenches to be determined at time of permit issuance.

LEGEND

- Contour Interval 2 FT.
- Existing Contour  2 FT.
- Proposed Contour  2 FT.
- Spot Elevation  2 FT.
- Direction of Drainage  2 FT.
- Existing Trees to be Saved  2 FT.
- Walkout Basement  2 FT.



VICINITY MAP
Scale: 1"=1200'



SECTION 1
AREA 1


LOT 38

LOT 41
3.23 Ac.

LOT 42

FAWN RUN COURT

Garage location
of 60' x 40' x 10'
11/19/07
S

 CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 831-7500 BALTO • (301) 621-1100 - WASH.		SCALE: 1"=50'
		DRAWING 1 OF 1
DESIGNED J.M.E.	SITE DEVELOPMENT PLAN LOT 41 TRIADELPHIA WOODS SECTION 1 AREA 2 382 ELECTION DISTRICT HOWARD COUNTY MARYLAND	
DRAWN C.A.F.		
CHECKED J.M.E.	FOR: WILLIAMSBURG BUILDERS P.O. Box 1018 Columbia, Md 21044	JOB NO. 93-108
DATE Oct 10 2003		FILE NO. 93-198X

1	Revise grade shift house	11-16-93
N2	REVISIONS	Date

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B07004679

Building Address 12621 FAUN RUN CT.
ELLICOTT CITY, MD, 21042

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 41

Tax Map 22 Parcel 5265 Grid 6

Zoning _____ Map Coordinates _____ Lot size .25 Ac.

Property Owner's Name THOMAS JAMES WILSON

Address 12621 FAUN RUN CT.

City ELLICOTT CITY State MD Zip Code 21112

Home Phone _____ Work Phone 410-365-9477

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

Phone _____ Fax _____

Existing Use CFT

Proposed Use SDP

Estimated Construction Cost \$ _____

Description of Work REPLACE EXISTING TRUCK

Contractor Company THOMAS JAMES WILSON

Contact Person _____

Address _____

City _____ State MD Zip Code _____

License No. 7603 Fax _____

Occupant or Tenant NA

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company NA

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <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"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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: _____	
<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.

[Signature]
 Applicant's Signature
THOMAS JAMES WILSON
 Title/Company

THOMAS JAMES WILSON
 Print Name
11/21/07
 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: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ <u>160.00</u>
Building Official			Side: _____	Excise tax \$ <u>10.00</u>
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>12/12/07</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>170.00</u>
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New/Town Zone _____	Check \$ <u>793</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation \$ _____
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Accepted by <u>[Signature]</u>	

376° 33' 15" E

376.70'

LOT 41
3.23 Ac.

50' B.R.L.

30' B.R.L.

Distribution Box
Ex. Grade +71.5
Invert +68.5

1500 Gal. Septic Tank
Ex. Grade +75.0

N 10° 01' 34" E
355.96'

30' B.R.L.

260.00'

N 80° 20' 01" S
260.00'

250'

120'

PROPOSED
1000 UG
TANK

75'

Septic
Easement

WELL

381° 150' - 25" W

CP tank location
ok 12/12/07
Bo 700'4679
SP

448

434

436

438

440

442

444

466

468

470

472

474

476

478

480

482

484

486

488

490

492

494

496

498

500

N 40° 57' 07" W
30' CMP

446

448

450

452

454

456

458

460

462

464

466

468

470

472

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Scanned MS W 27/07

HORBAY CUSTOM BUILDERS, INC.

1709 Freeland Road
Freeland, MD 21053
410-343-2401 office
410-343-2402 fax
MHIC #49023

CK #	4052
CR #	137795
DATE #	11/21/07
	25.00

P: Avis L. Corbin

Sir:

Enclosed find engineering for cantilevered deck. It is 68 square feet. The estimated cost is \$2,600.00 the engineered drawings are enclosed. It goes on the back of the new Sunroom. They also want a direct vent fireplace in an existing sitting room. It will be propane powered. The cost of this is \$3300.00 It will vent out the side. Tevis oil is doing the propane work and will get the gas permit work.

30700 4024

Thank you
John Horbey
Horbey Custom Builders, Inc.
410-343-2401 office
410-977-5821 cell

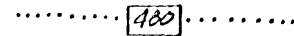
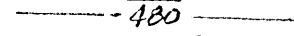

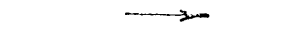

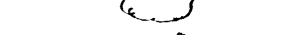
cc: Health

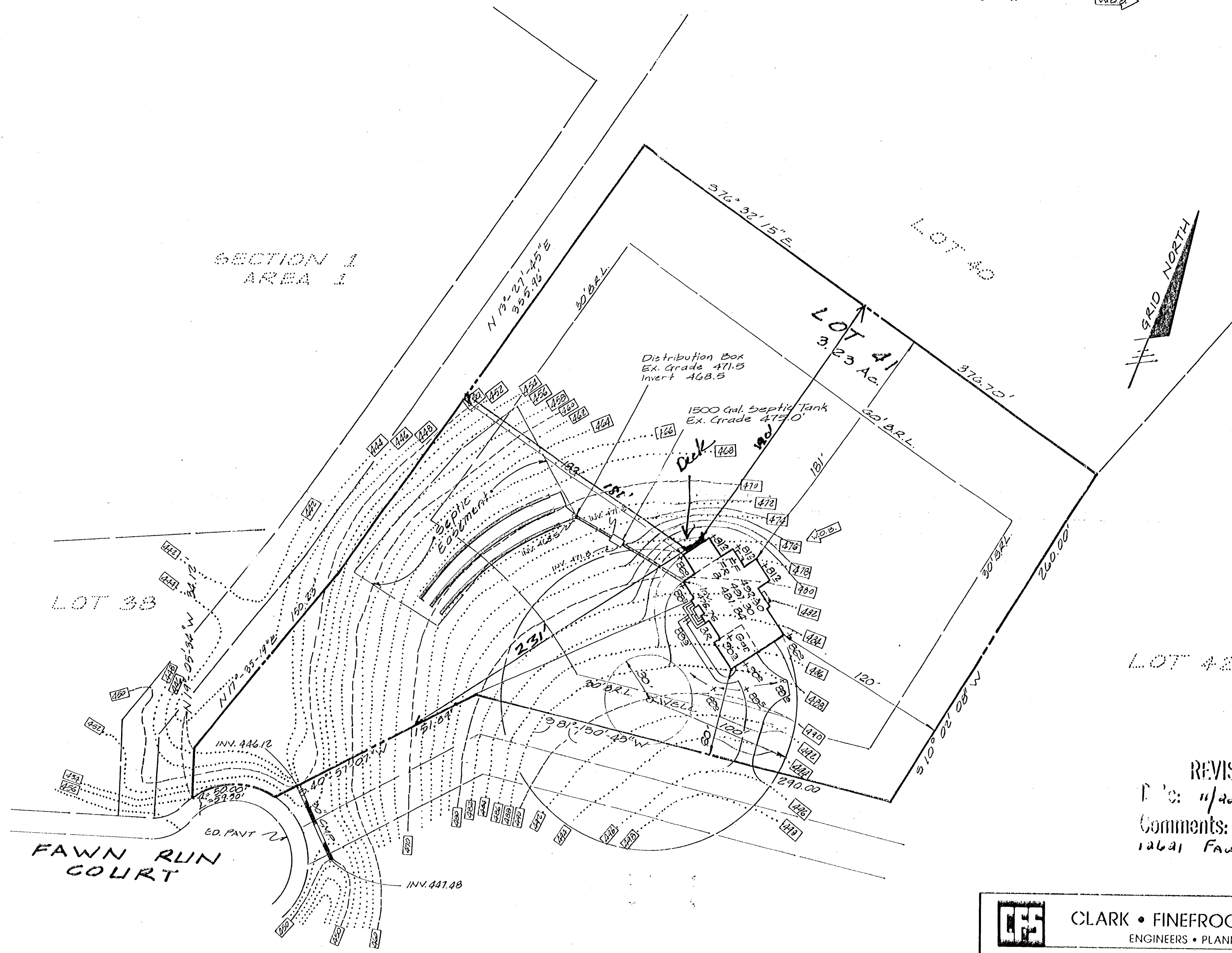
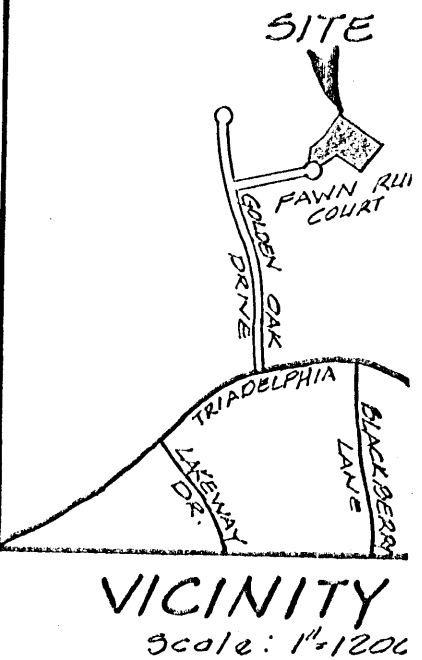
Send for 12/12/07

GENERAL NOTES


1. Topography taken from plans prepared by Boender Associates Sept. 1987
2. Reference record plat number 77.4
3. Length of trenches to be determined at time of permit issuance.

LEGEND

- Contour Interval 2 FT.
- Existing Contour  100'
- Proposed Contour  100'
- Spot Elevation  +20.2'
- Direction of Drainage 
- Existing Trees to be Saved 
- Walkout Basement 



REVISED
Date: 11/20/07
Comments: Per 700 40.24
12621 Fawn Run Ct

 CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 331-7500 BALTO • (301) 6	
DESIGNED J.M.E.	SITE DEVELOPMENT PLAN LOT 41 TRIADELPHIA WOODS SECTION 1 AREA 2 3 RD ELECTION DISTRICT HOWARD COUNTY MARYLAND FOR: WILLIAMSBURG BUILDERS P.O. Box 1018 Columbia, Md 21044
DRAWN C.A.F.	
CHECKED J.M.E.	
DATE Oct 10 2003	

NO	REVISIONS	Date
1	Revise grade shift house	11-16-93