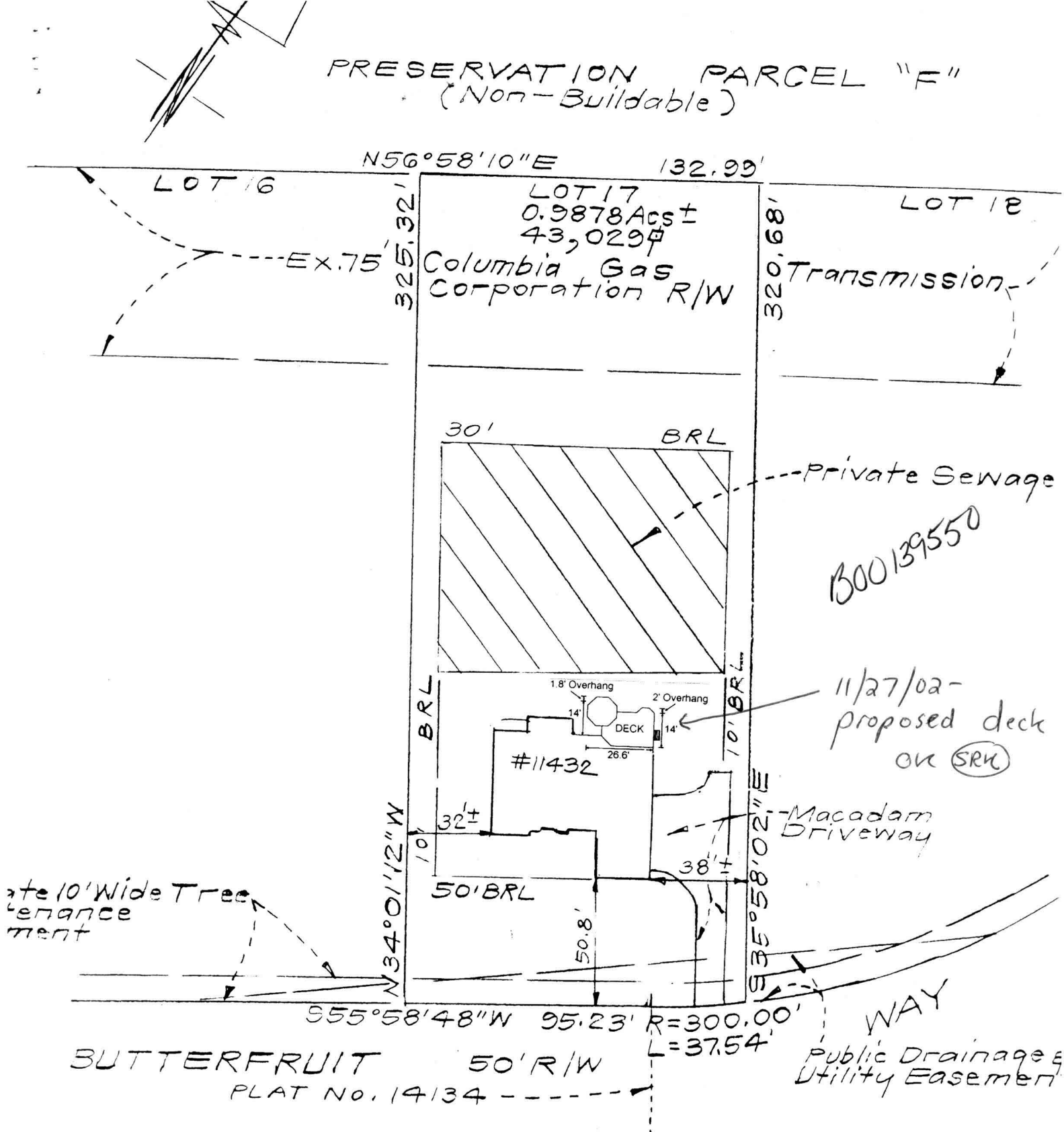


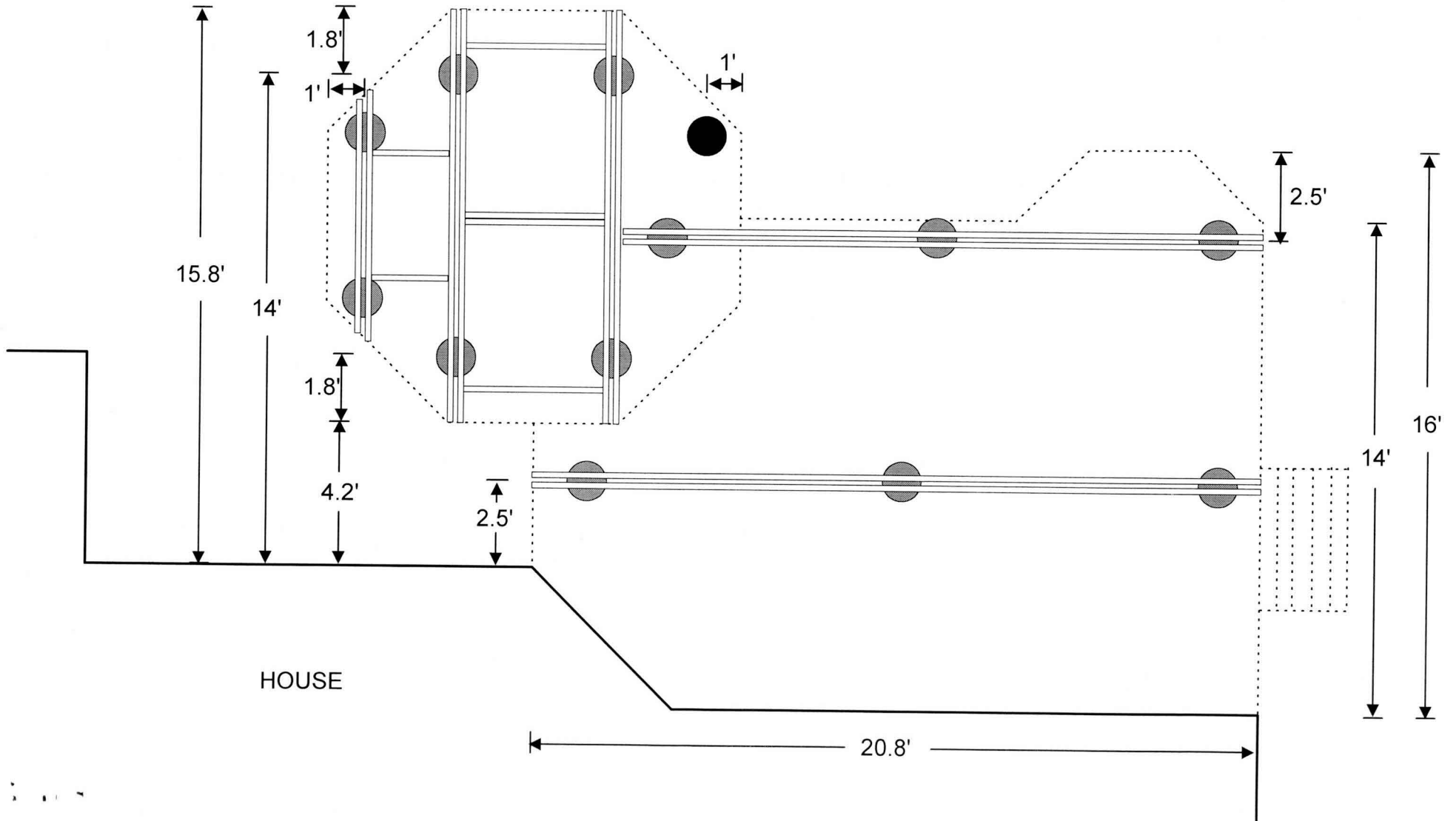
PRESERVATION PARCEL "F"
(Non-Buildable)



Property Location: 11432 Butterfruit Way, Ellicott City
Proposed Structure: Deck with gazebo

Notes:

- (1) Each of the four long beams uses two 2"x12"
- (2) The short beam uses two 2"x8"
- (3) Beams for Gazebo are tied with 2"x8"
- (4) Beams for Gazebo are 8" higher than beams for the deck
- (5) Posts are 6"x6"
- (6) The post on the footing shown in black will support two 2"x8" joists



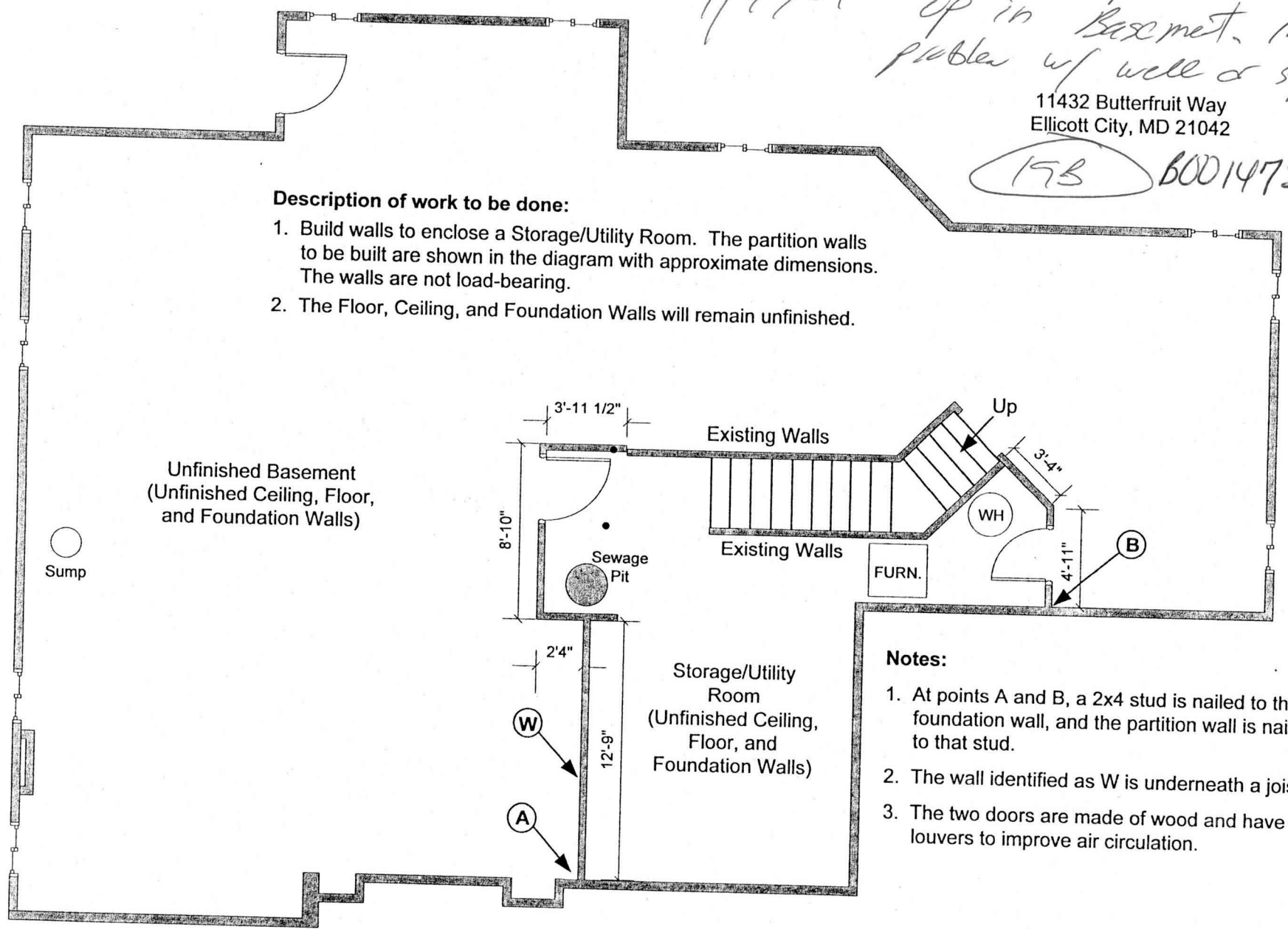
4/7/04 OK to put walls up in Basement. NO problem w/ well or septic.

11432 Butterfruit Way
Ellicott City, MD 21042

153 600147278

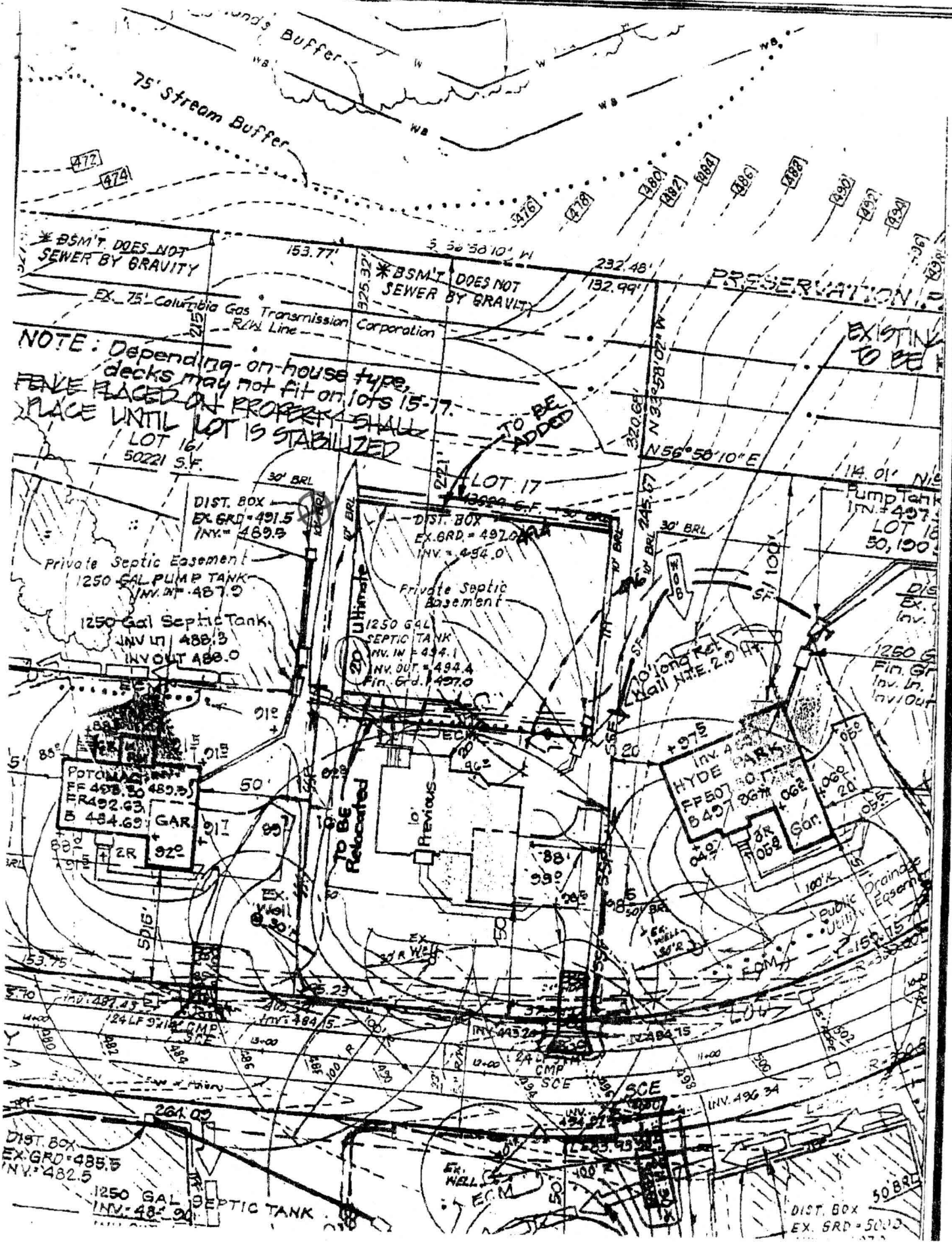
Description of work to be done:

1. Build walls to enclose a Storage/Utility Room. The partition walls to be built are shown in the diagram with approximate dimensions. The walls are not load-bearing.
2. The Floor, Ceiling, and Foundation Walls will remain unfinished.



Notes:

1. At points A and B, a 2x4 stud is nailed to the foundation wall, and the partition wall is nailed to that stud.
2. The wall identified as W is underneath a joist.
3. The two doors are made of wood and have louvers to improve air circulation.



300126721

Building Address 11432 Butter Fruit Way
Ellicott City, Md 21043
Suite/Apt. #: N/A SDP/WP/Petition #: GR00905
Census Tract 6030 Subdivision Brantwood
Section 1 Area N/A Lot 17
Tax Map 116 Parcel 54 Grid 22
Zoning ACD0 Map Coordinates 11A6 Lot size

Property Owner's Name NV HOMES
Address 2200 Defense Hwy Ste 301
City Crofton State MD Zip Code 21114
Home Phone _____ Work Phone 410 721-4703
Applicant's Name & Mailing Address, (if other than stated hereon):
BPS, Inc - Pat O'Leary
2602 Pennington Park
Abingdon, MD 21009
Phone 410 515-1717 Fax 410 515-2213

Existing Use Vacant Lot
Proposed Use SFD
Estimated Construction Cost \$ 150,000
Description of Work Const SFD - Leasing 1/10/14
+ 3000 Sq. 2 Sty. Full Basement, 118, 3FB, 1HB FPA
Acc. L-4BR) Fin. L/L 1/10/14

Contractor Company Acuna
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: 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 | 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 |
| <input type="checkbox"/> State Certified Modular | |

| Building Characteristics | Utilities |
|--|--|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>57'</u> <u>78'</u> 2nd floor: <u>44'</u> <u>78'</u> Basement: <u>50'</u> <u>56'</u> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> | Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ | Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Other Structure: Dimensions: _____ Footings: <u>16" x 3'</u> Roof: <u>medium foam Asph/Gable</u> | Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: |
| <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]
Title/Company Agent

Print Name BPS, Inc - Pat O'Leary
Date 9-27-00 10:200

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>10/3/00</u> | <u>M. Kiffin</u> |
| 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 NewTown Zone _____
SDP/Red-line approval date _____ Accepted by [Signature]

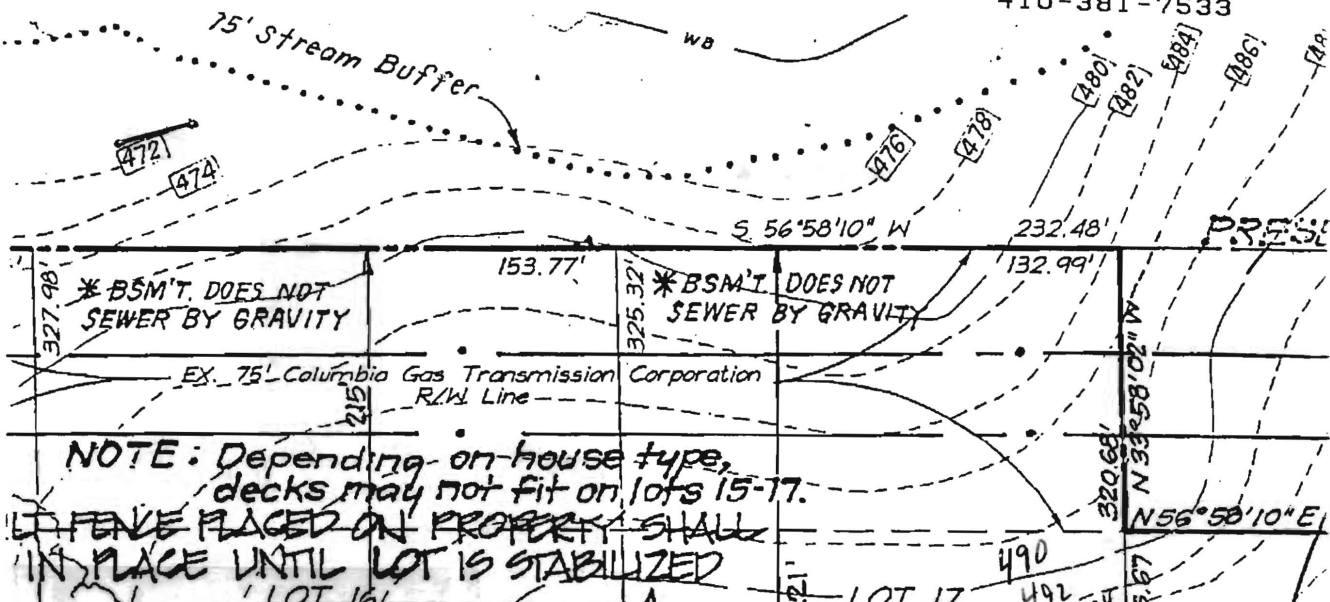
PROPERTY ID#: 48171

| | |
|------------------|--------------------|
| Filing fee | \$ <u>25-</u> |
| Permit fee | \$ _____ |
| Excise tax | \$ _____ |
| Sub-total paid | \$ _____ |
| Add'l permit fee | \$ _____ |
| TOTAL FEES | \$ _____ |
| Balance due | \$ _____ |
| Check | # <u>late 3609</u> |
| Validation | # <u>3145</u> |

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

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

Rec'd - HCHD 10/3/00



Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 4.0 feet

Depth of stone required below distribution pipe 2 feet

MINIMUM 18" COVER AT SEPTIC TANK

Approved Septic System Plan
Howard County Health Department

Mark Riffin 10/17/00
Signature Date

1:50 PLAN BY CFS

