

Bill 001353

Building Address: 14620 Corys Ct.
Glennelge, Md. 21737

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

Census Tract: _____ Subdivision: Edgewood Farm

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: New Home SFD

Proposed Use: SFD w/Deck

Estimated Construction Cost: \$ 33,000.00

Description of Work: NEW Deck
33x14

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: David Gates

Address: 5844 Woodville Rd

City: Mt. Airy State: Md Zip Code: 21771

Phone: 240-674-7305 Fax: _____

Email: d812@comcast.net

Property Owner's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

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

Phone: _____ Fax: _____

Email: _____

Contractor Company: DNG Construction Inc

Contact Person: David Gates

Address: 5844 Woodville Rd

City: Mt. Airy State: Md Zip Code: 21771

License No.: 123666

Phone: 240-674-7305 Fax: _____

Email: d812@comcast.net

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

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 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 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.

David Gates
 Applicant's Signature

d812@comcast.net
 Email Address

DNG Construction Inc
 Title/Company

David Gates
 Print Name

5-12-11
 Date

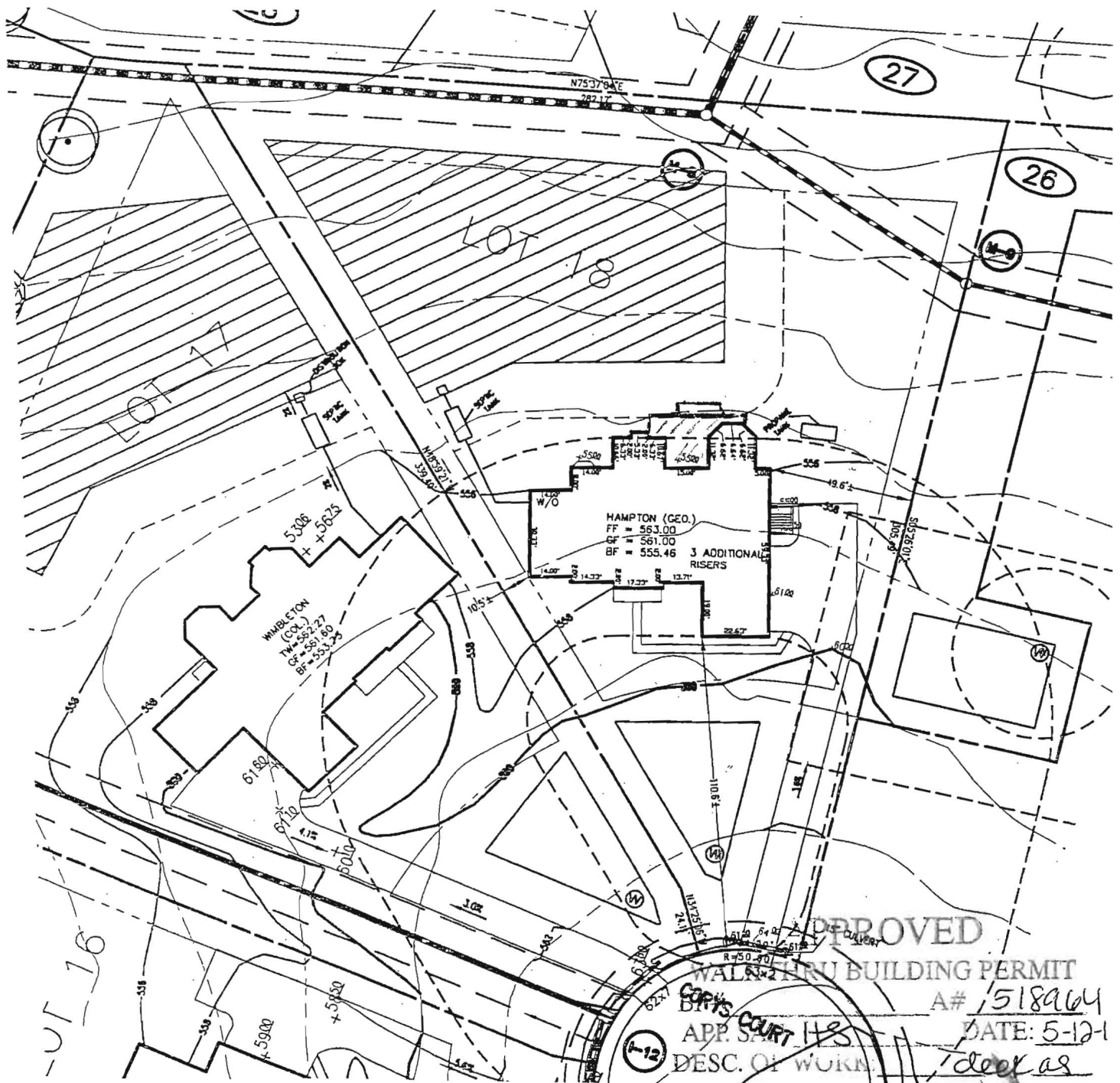
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>5-11-11</u>	<u>Usher Satt</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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> 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	\$



TYPE: HAMPTON (VERSAILLES)-
 NAPLES SUNROOM
 ADD'L 1' TO HEIGHT OF BASEMENT
 WALKOUT BASEMENT
 BRICK TO GRADE ON SIDES
 BRICK FRONT STOOP
 EXPANDED FAMILY ROOM
 CONSERVATORY ELITE ADDITION
 WALKOUT BAY ILO STD WINDOW IN STUDY
 PLAY ROOM ABOVE ELITE ADDITION
 DOUBLE WIDE DRIVEWAY TAIL
 DAYLIGHT BASEMENT AREA WAY ON SIDE

- OPTION No. 529
- OPTION No. 070
- OPTION No. 018
- OPTION No. 90018003
- OPTION No. 663
- OPTION No. 023
- OPTION No. 039
- OPTION No. 156
- OPTION No. 520
- OPTION No. 851
- OPION No. 90018008

APPROVED
 WALKOUT BUILDING PERMIT
 A# 1518264
 DATE: 5-12-1
 DESC. OF WORK
 APR. COURT H.S.
 deck as shown

ED
 LIBE
 FOUR
 HOWAI

Building Address: 14620 Conroy Ct. Coleridge md 21757
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Edgewood Farm
 Section: _____ Area: _____ Lot: 18
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: 1 acre

Existing Use: SFD
 Proposed Use: SFD

Estimated Construction Cost: \$ _____
 Description of Work: install 1000 gal in ground propane tank

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: owner
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: JDI and Limited partnership
 Address: 7164 Columbia Cr. Annapolis
 City: Columbia State: md Zip Code: 21046

Home Phone: _____ Work Phone: _____
 Applicant's Name & Mailing Address, (If other than stated herein):
Jeremy Clancy 7051 Macbeth Way
Ellicott City md 21784
 Phone: 410-340-1229 Fax: _____
 Email: Applied And Approved @ yahoo.com

Contractor Company: Valley National Grases
 Contact Person: William Grewig
 Address: 7201 Montevideo Rd
 City: Jessup State: md Zip Code: 20794
 License No.: 67793
 Phone: 410-799-1114 Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: contractor
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 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>
<u>Depth</u> <u>Width</u>	<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 checked="" 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	Roadside Tree Project Permit #
<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: _____
 Email Address: Applied And Approved @ yahoo.com
 Title/Company: permits

Print Name: Jeremy Clancy
 Date: 4/25/11

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>5/2/11</u>	<u>[Signature]</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 New Town Zone: _____
 SDP/Red-line approval date: _____

Filing Fee	\$
Permit Fee	\$ <u>100.00</u>
Tech Fee	\$ <u>10.00</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B1000 3336

Building Address 14620 Corys Court
Glenarden, MD 21037
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 605601 Subdivision Edgewood Farm
Section _____ Area _____ Lot 18
Tax Map 21 Parcel _____ Grid 21-22
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Summa's Tenant
Address Toll MD III LP
City _____ State _____ Zip Code _____
Phone _____ Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Vacant
Proposed Use Commercial
Estimated Construction Cost \$ 500,000
Description of Work 16 Versailles

Contractor Company Summa's Tenant
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant Toll MD III LP
Contact Name David L. Frost
Address 14570 Edgewood Farm
City _____ State MD Zip Code 21016
Phone _____ Fax _____

Engineer or Architect Company ESC
Contact Person M Le Boyce
Address 7146 Belton Gateway, Dr - 230
City _____ State MD Zip Code 21016
Phone 410-257-105 Fax 410-972-4070

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

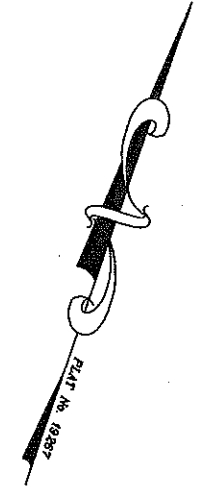
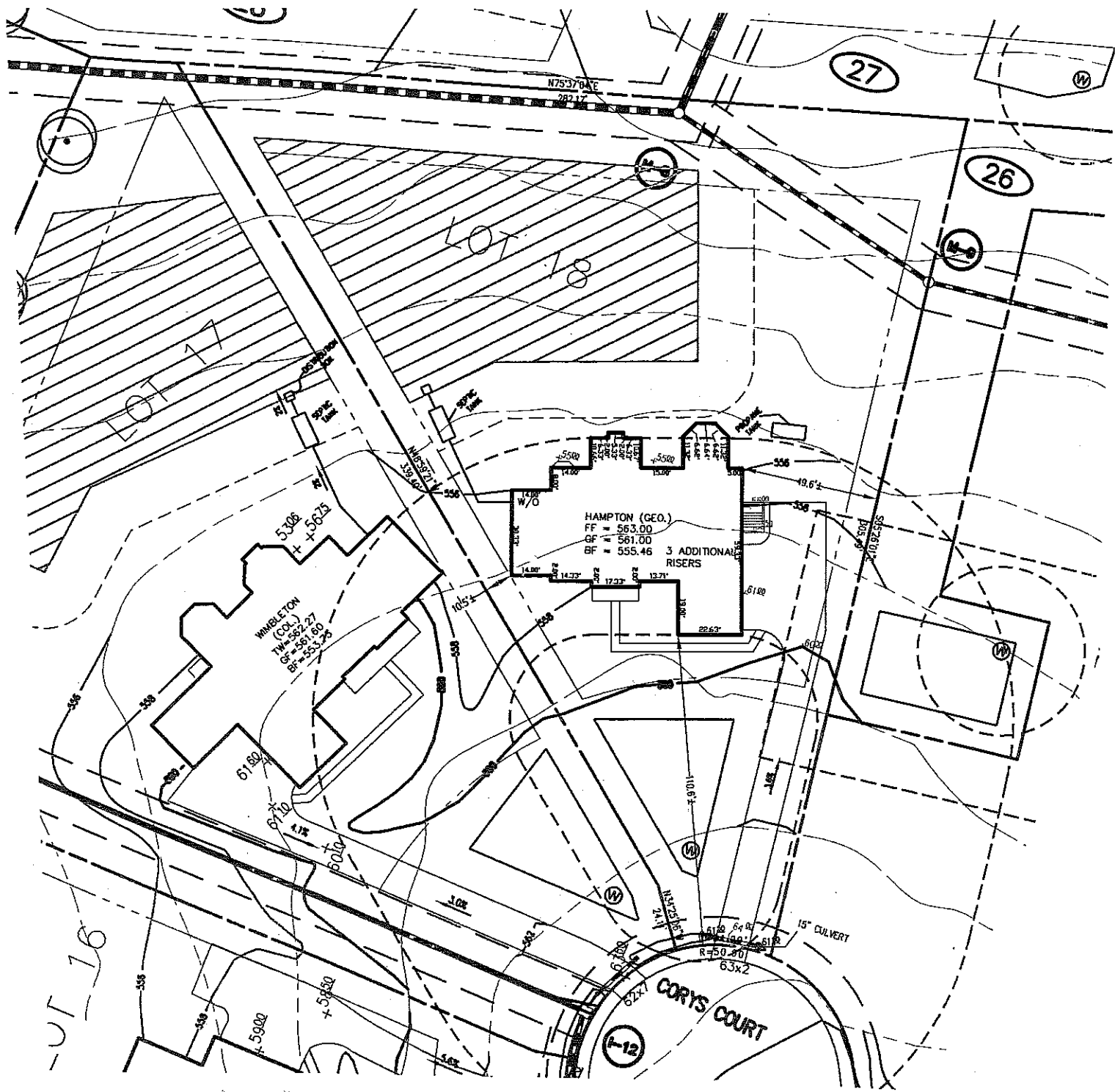
Building Characteristics		Utilities		Building Characteristics		Utilities		
Height:		Water Supply:	Public <input type="checkbox"/> Private <input type="checkbox"/>	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Depth	Width	Water Supply:	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories:		Sewage Disposal:	Public <input type="checkbox"/> Private <input type="checkbox"/>	1st floor:			Sewage Disposal:	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor:		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd 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"/>	Basement:			Heating System:	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Construction type:		Natural Gas <input type="checkbox"/>	Propane Gas <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>			Natural Gas <input type="checkbox"/>	Propane Gas <input type="checkbox"/>
Reinforced Concrete <input type="checkbox"/>		Sprinkler system:	Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>			Sprinkler system:	N/A <input checked="" type="checkbox"/>
Structural Steel <input type="checkbox"/>		# of Heads _____		No. of Bedrooms <u>4</u>			NFPA #13D <input type="checkbox"/>	NFPA #13R <input type="checkbox"/>
Masonry <input type="checkbox"/>				Height: _____			Other: _____	
Wood Frame <input type="checkbox"/>				Multi-family dwellings:				
State Certified Modular <input type="checkbox"/>				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 <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 David L. Frost
Title/Company _____ Date 11/10/10

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

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>11-10-10</u>		<u>D. Bernad</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 -			Lot Coverage for New Town Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ			Yellow: DED, DPZ	Pink: Health
T:\forms\PERMIT.FRM				Gold: SHA



THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWER DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWER SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN. RECORDATION OF A MODIFIED EASEMENT PLAT SHALL NOT BE NECESSARY.

THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR EDGEWOOD FARM, PLAT No. 19266. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

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-95-1058) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC.- PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

SWM FOR THIS LOT IS MANAGED PER PLAN 106-108

Approved Septic System Plan
Howard County Health Department

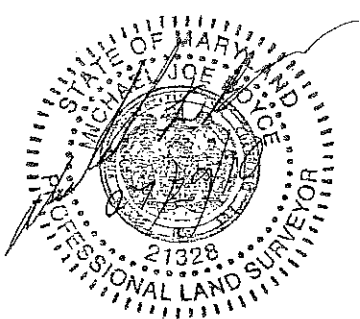
Dana Burund 11-10-10
Signature Date

Approved for 4 bedroom only!

INV. @ HOUSE	553.4
GROUND @ INV. @ HOUSE	556.0
INV. IN TANK	552.7
INV. OUT TANK	552.4
TOP OF TANK	553.4
GROUND OVER TANK	555.0
INV. IN DIST. BOX	553.3
INV. OUT DIST. BOX	553.0
GROUND @ BOX	554.8

APPROVED:
FOR PRIVATE WATER & PRIVATE SEWERAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

COUNTY HEALTH OFFICER _____ DATE _____ ADDRESS: 14620 CORYS COURT GLENELG, MD 21737



- TYPE: HAMPTON (VERSAILLES)-
NAPLES SUNROOM
ADD'L 1' TO HEIGHT OF BASEMENT
WALKOUT BASEMENT
BRICK TO GRADE ON SIDES
BRICK FRONT STOOP
EXPANDED FAMILY ROOM
CONSERVATORY ELITE ADDITION
WALKOUT BAY ILO STD WINDOW IN STUDY
PLAY ROOM ABOVE ELITE ADDITION
DOUBLE WIDE DRIVEWAY TAIL
DAYLIGHT BASEMENT AREA WAY ON SIDE
- OPTION No. 529
 - OPTION No. 070
 - OPTION No. 018
 - OPTION No. 90018003
 - OPTION No. 663
 - OPTION No. 023
 - OPTION No. 039
 - OPTION No. 156
 - OPTION No. 520
 - OPTION No. 851
 - OPTION No. 90018008

PERMIT PLOT PLAN
LOT #18
EDGEWOOD FARM
LIBER 4174, FOLIO 0436
PLAT No. 19267
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

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

DATE: 7/29/10 SCALE: 1"=50' FILE: LOT_18_PP
CHK'D: MJB JOB#: 1498 DRAWN: MJB