

**HOWARD COUNTY  
 PERMIT APPLICATION**

**B09001253  
 PERMIT NUMBER**

Building Address 3247 Eleanors Garden way  
Woodbine, MD 21797  
 Suite/Apt. #: 0 SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 36  
 Tax Map 20 Parcel 139 Grid 12  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot Size \_\_\_\_\_

Property Owner's Name HILB, YODIT  
 Address 3247 Eleanors Garden Way  
 City Woodbine State MD Zip Code 21797  
 Home Phone 301 526-4092 Work Phone 301 526 4092  
 Applicant's Name & Mailing Address, (if other than stated herein):  
Champion Fence and deck  
3440 Channeyville rd  
Owings MD 20136  
 Phone 410 257 9479 Fax 410 257 1350

Existing Use Single Family  
 Proposed Use Addition  
 Estimated Construction Cost \$ 18,990.00  
 Description of Work Deck  
2x10 w/ stairs

Contractor Company Champion Fence + Deck  
 Contact Person Colin Corkum  
 Address 3440 Channeyville rd  
 City Owings State MD Zip Code 20136  
 License No. CMC # 92582  
 Phone 410 257 9479 Fax 410 257 1350

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1 <sup>st</sup> floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2 <sup>nd</sup> floor: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms _____	Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: N/A <input checked="" type="checkbox"/>
No. of efficiency units: _____	_____ NFPA #13D
No. of 1 BR units: _____	_____ NFPA #13R
No. of 2 BR units: _____	_____ Other: _____
No. of 3 BR units: _____	
Other Structure: <u>Deck</u>	
Dimensions: <u>492 sq ft</u>	
Footings: <u>concrete</u>	
Roof: _____	
_____ 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.

[Signature]  
 Applicant's Signature  
Owner / Champion Fence + Deck  
 Title/Company

Colin Corkum  
 Print Name  
6-3-09  
 Date  
ck # 1576

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 Officials		
Dev. Engineering, DPZ		
Health	<u>6-3-09</u>	<u>DBernard</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"/>		

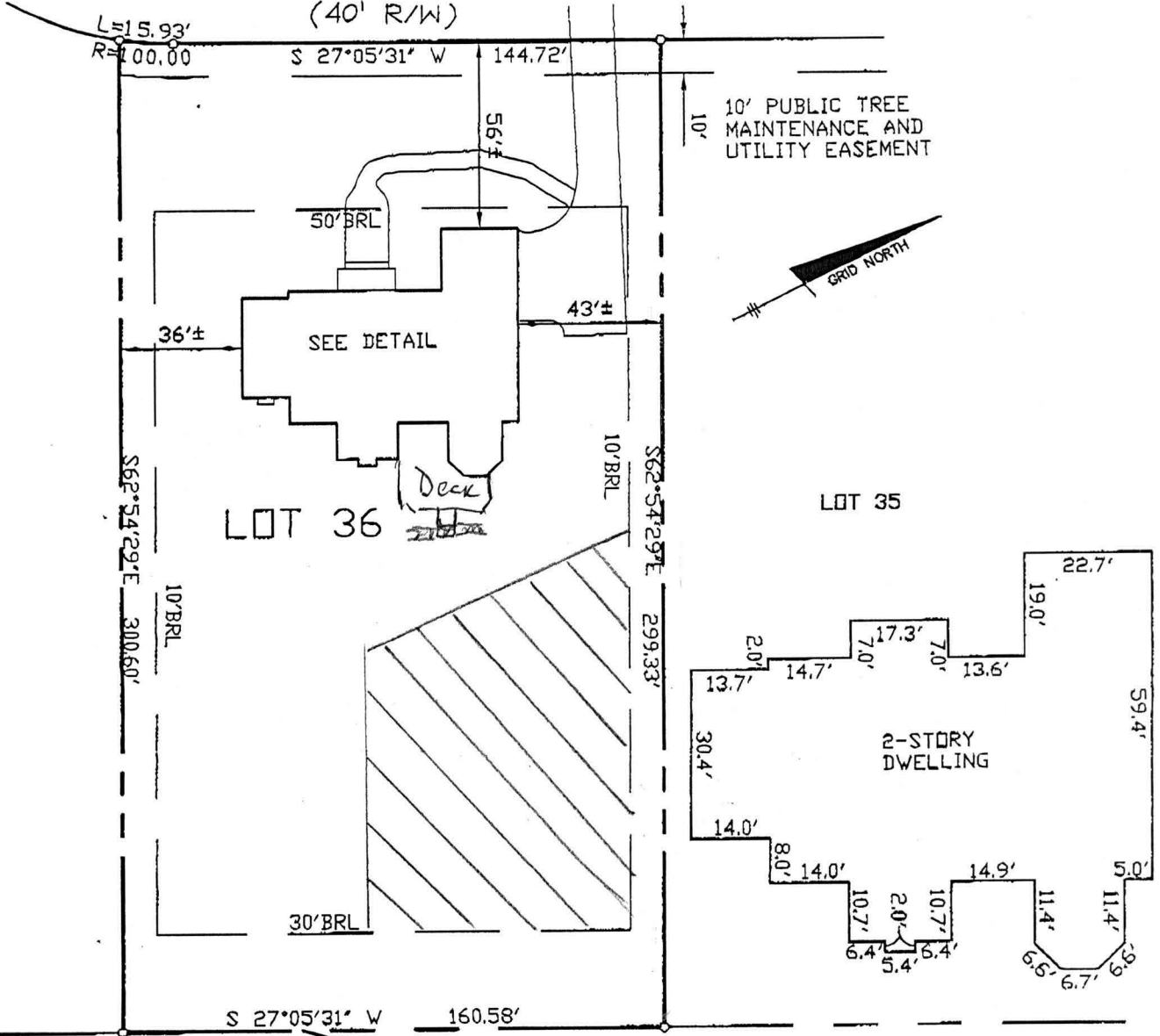
DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID #
Filing fee \$ _____
Permit fee \$ _____
Excise tax \$ _____
Add'l per fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # _____
Validation # _____
Accepted by _____

- NOTE:
1. THIS DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
  2. THE DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
  3. THE DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES. BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
  4. ALL BUILDINGS, STRUCTURES AND OTHER IMPROVEMENTS SHOWN HEREON ARE IN APPROXIMATE RELATION TO THE APPARENT BOUNDARY LINES.
  5. DECLARATION IS MADE TO ORIGINAL PURCHASER OF THE DRAWING. IT IS NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS.
  6. DRAWING IS VALID ONLY WITH BLUE-INK SEAL AND SIGNATURE OF SURVEYOR.

### ELEANORS GARDEN WAY

(40' R/W)



LOT 37

LOT 36

LOT 35

2-STORY DWELLING

ENVIRONMENTAL NON-BUILDABLE PRESERVATION PARCEL 'G'

SWM NON-BUILDABLE PRESERVATION PARCEL 'F'

NATURAL CONSERVATION AREA CREDIT EASEMENT I

DETAIL SCALE 1"=30'

#### SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THE DWELLING(S) SHOWN ON THIS DRAWING LIES WITHIN THE LOT LINES SHOWN AS COMPILED FROM TITLE OR OTHER SOURCES. OTHER IMPROVEMENTS ARE FOR PICTORIAL PURPOSES ONLY. THIS DRAWING IS NOT A BOUNDARY SURVEY AND HAS BEEN PREPARED EXCLUSIVELY FOR TITLE PURPOSES ONLY. PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT.

*David Harris*  
 REG. No. 10978



RECORD PLAT No. 16167  
 FEMA FIRM No. 240044 0013 B  
 ZONE: C  
 DATED: 12/4/86

### APPROVED

#### WALK-THRU BUILDING PERMIT

BP# \_\_\_\_\_ A# \_\_\_\_\_  
 APP. SAN DB DATE: 6-3-09  
 DESC. OF WORK: Deck 26 x 16 w/ stairs

\* Approved as shown

LOCATION DRAWING  
 WATERFORD FARMS  
 LOTS 1 THRU 45  
 LOT No. 36

3247 ELEANORS GARDEN WAY  
 4TH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 50' DATE: 07/19/05

**BENCHMARK**  
 ENGINEERS & LAND SURVEYORS & PLANNERS  
**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE & SUITE 418  
 ELLICOTT CITY, MARYLAND 21043  
 phone: 410-485-8105 & fax: 410-485-6844  
 email: Benchmark@eagle.com

**HOWARD COUNTY  
PERMIT APPLICATION**

**PERMIT NUMBER**  
B00152077 *PAY*

Building Address 3247 Flemons Garden Way  
Woodbine MD 21797  
Suite/Apt. #: TAX ID # 04-368029 SDP/WF/Petition #: \_\_\_\_\_  
Census Tract 60400 Subdivision Woodford Farms  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 36  
Tax Map 20 Parcel 139 Grid 6  
Zoning RC-DEP Map Coordinates 3611 Lot size \_\_\_\_\_

Property Owner's Name Toll MD2 LP  
Address 7167 Columbia Gateway Dr #230  
City Columbia State MD Zip Code 21046  
Home Phone \_\_\_\_\_ Work Phone 410-750-6292  
Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Vacant lot  
Proposed Use Residential Home  
Estimated Construction Cost \$ 325,000  
Description of Work Henry Georgian w/ Naptis  
Sea Room, Elite Addition w/ Bedroom Suites

Contractor Company Toll MD2 LP  
Contact Person Nathan Beidle  
Address 7167 Columbia Gateway Dr #230  
City Columbia State MD Zip Code 21046  
License No. 678  
Phone 410-750-6292 Fax 410-629-6293

Occupant or Tenant Toll MD2 LP  
Contact Name Nathan Beidle  
Address 7167 Columbia Gateway Dr #230  
City Columbia State MD Zip Code 21046  
Phone 410-750-6292 Fax 410-629-6293

Engineer or Architect Company FSH Associates  
Contact Person Zach  
Address 8318 Forrest St  
City Elicott City State MD Zip Code 21043  
Phone 410-750-2251 Fax 410-750-7350

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	Depth _____ Width _____ Height _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	1st floor: <u>70</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: <u>72</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: <u>80</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
	Full _____ Partial _____ Other Suppression _____ # of Heads _____	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	NFPA #13D _____ NFPA #13R _____ Other: _____
		No. of Bedrooms <u>4</u>	
		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: _____	
		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.

Applicant's Signature Nathan A Beidle Print Name Nathan A Beidle

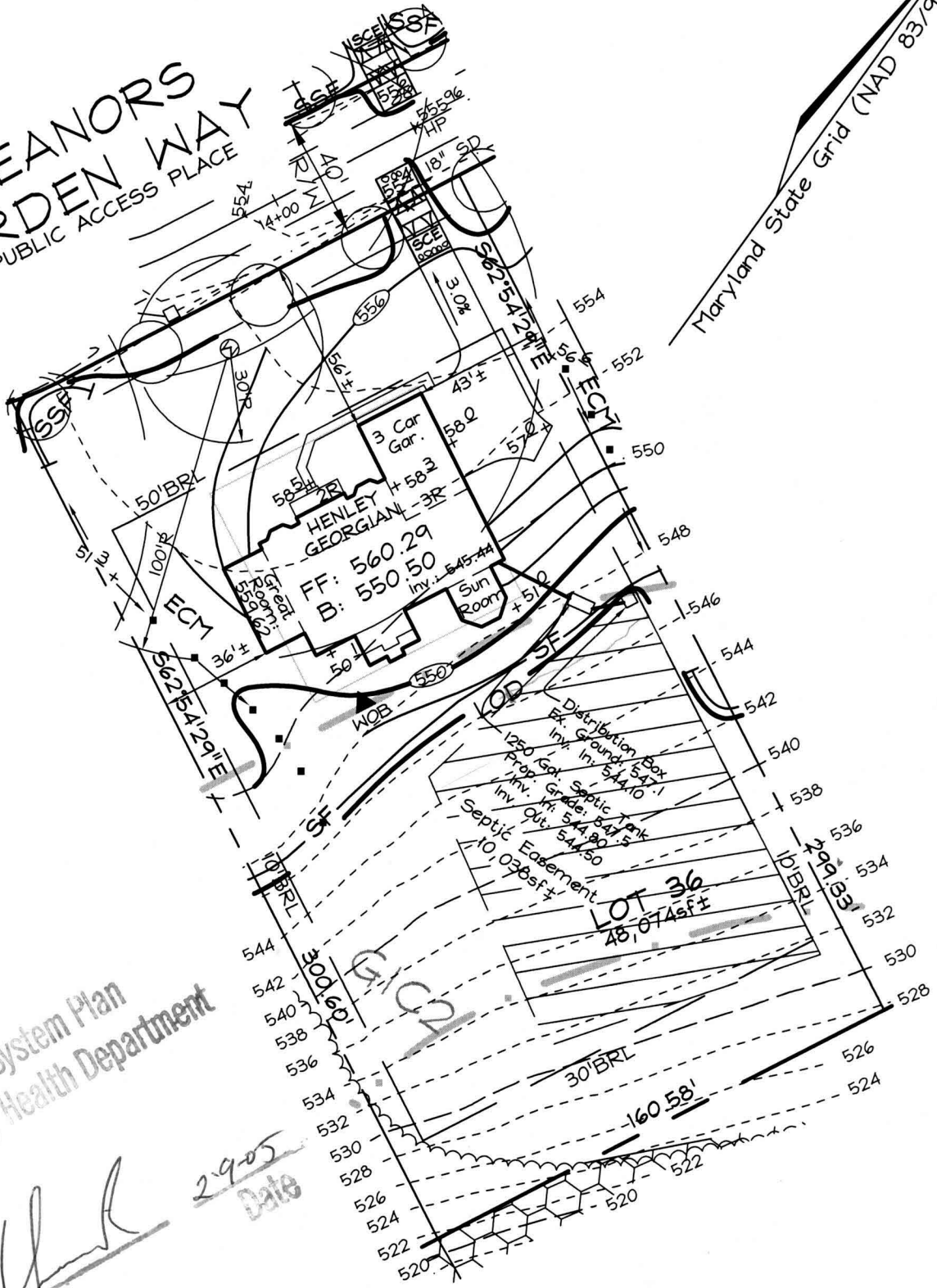
Title/Company \_\_\_\_\_ Date \_\_\_\_\_

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# <u>64576</u>
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ <u>100.00</u>
<input checked="" type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Health <u>2-9-05</u> <u>Paul J...</u>			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
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 checked="" type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # <u>8893547</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # <u>82857</u>
				Accepted by <u>[Signature]</u>

ELEANORS  
GARDEN WAY  
PUBLIC ACCESS PLACE

Maryland State Grid (NAD 83/91)



Approved Septic System Plan  
Howard County Health Department

*Neil York*  
Signature

2905  
Date

**OWNER/DEVELOPER**

Toll MD II, LP  
7164 Columbia Gateway Drive  
Suite 230  
Columbia, Maryland 21046  
410.872.9185

**FSH Associates**

Engineers Planners Surveyors  
8318 Forrest Street Ellicott City, MD 21043  
Tel: 410-750-2251 Fax: 410-750-7350  
E-mail: FSHAssociates@cs.com

Note: 1. See Approved Grading Plan GP-04-39 for Entire Site.  
2. The existing well shown on this plan (identified with the attached well tag number: HO-94-3572) has been field located by C. B. Miller professional surveyor and is accurately shown.

DESIGN BY: PS  
DRAWN BY: AY  
CHECKED BY: ZYF  
SCALE: 1"=50'  
DATE: Dec. 16, 2004  
W.O. No.: 3217  
SHEET No.: 1 OF 1

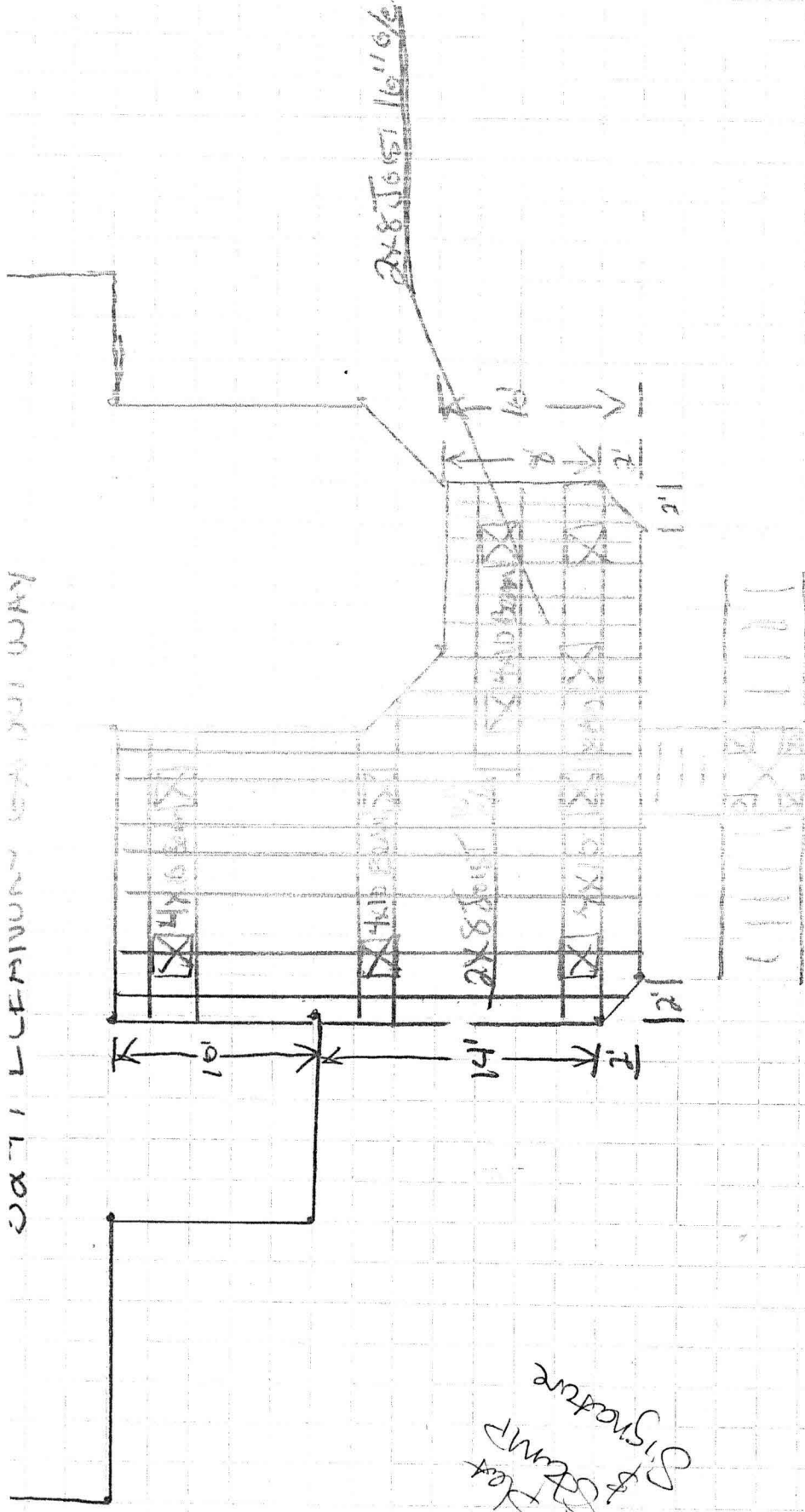
**LOT RESITE  
LOT 36  
CATTAIL TRACE**

TAX MAPS 13, 14, 20 & 21  
GRIDS 7, 12, 19 & 24  
4TH ELECTION DISTRICT

PARCELS 20, 67 & 312  
HOWARD COUNTY, MARYLAND

GP-04-39

2x8 / LUMINUM STAIRWAY



Red Hat  
& Stamp  
Signature

□ = 2'S9FT

⊠ = 6x6 POST IN FOOTING

|| = STAIRS

□ = 4x4 POST IN FOOTING

⊠ = 4x4 LANDING

— = 2x10 Doubled Beam (4x10 Beam)