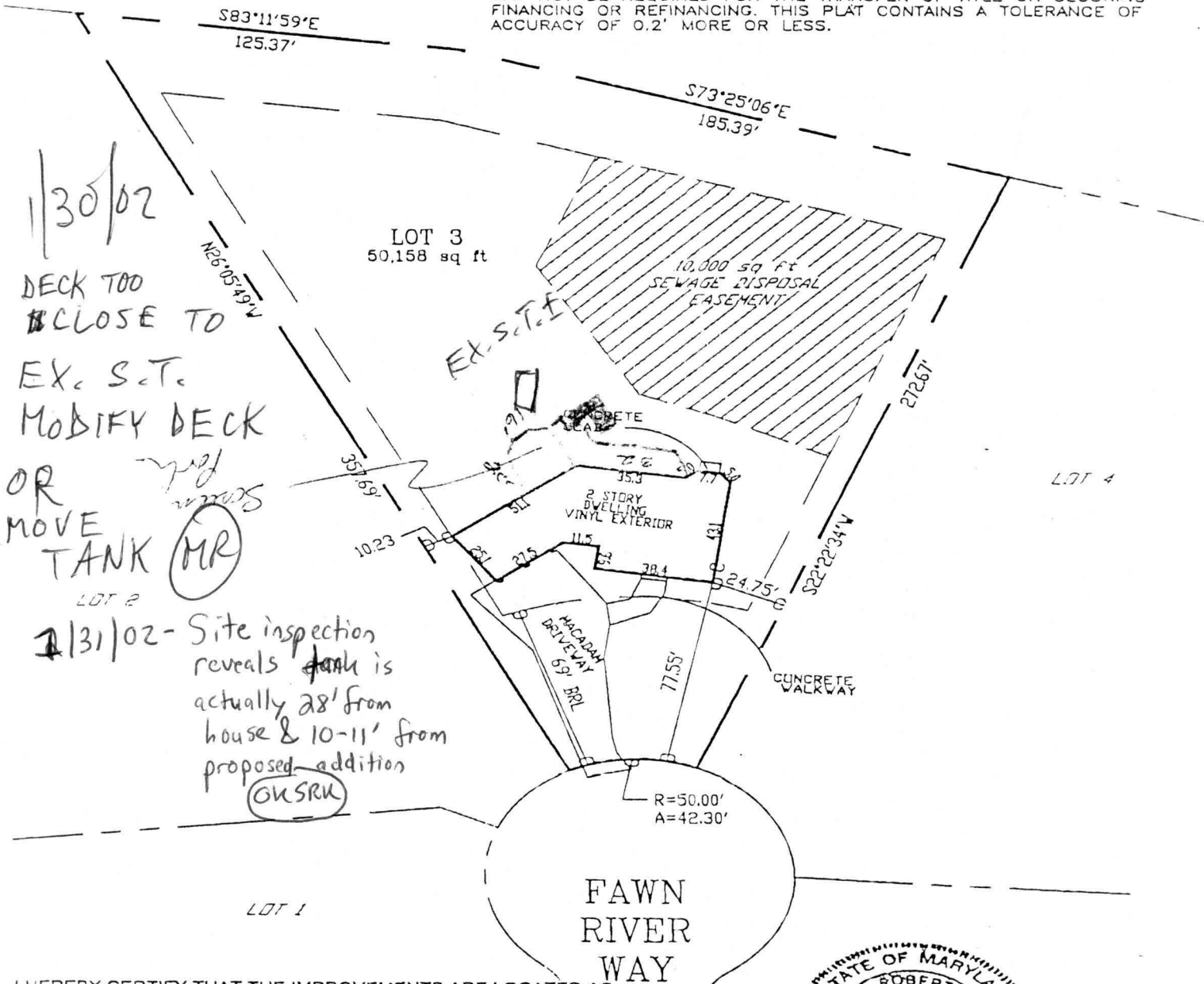


N/F  
 JOHN E. FISH  
 L.4520 / F.15

THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY THE LENDER OR TITLE INSURANCE COMPANY OR IT'S AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR FUTURE IMPROVEMENTS. THIS PLAT DOES NOT PROVIDE THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES. BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS PLAT CONTAINS A TOLERANCE OF ACCURACY OF 0.2' MORE OR LESS.



1/30/02  
 DECK TOO CLOSE TO EX. S.C. MODIFY DECK OR MOVE TANK MR

1/31/02 - Site inspection reveals tank is actually 28' from house & 10-11' from proposed addition  
 OKSRU

I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS, EXCEPT AS SHOWN.

*Thomas R. Stark* 10/15/01  
 THOMAS R. STARK, PROFESSIONAL LAND SURVEYOR # 7230



BOOK #57 PAGE #144

PLAT No. 14331	DATE 10/08/01
DR. BY SCH	CH. BY TAS
SCALE: 1"=50'	JOB NO. 2017072



**FREDERICK WARD ASSOCIATES, INC.**

ENGINEERS  
 ARCHITECTS  
 SURVEYORS

7125 Riverwood Drive Columbia, Maryland 21046-2354  
 Phone: 410-290-9550 Fax: 410-720-6226  
 Bel Air, Maryland Warrenton, Virginia

FINAL LOCATION SURVEY  
 LOT 3  
 EAGLE RIDGE  
 3RD ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

1-10-01

Building Address 12319 Fawn River Way  
Ellicott City MD 21042  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 10230 Subdivision Eagle Ridge  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 3  
 Tax Map 29/23 Parcel 653 Grid 6  
 Zoning R200 Map Coordinates 116 Lot size 1.024

Property Owner's Name James H. Selfridge Alder  
 Address 14045 Grand Drive  
 City Glenwood State MD Zip Code 21738  
 Home Phone 410-531-8930 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
# 729

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use VAC. LOT  
 Proposed Use SFD Dwelling  
 Estimated Construction Cost \$ 350,000

Description of Work to construct a SFD dwelling with a covered front porch, screened deck attached to garage, 2 bedrooms 2 1/2 baths 1 PP finished basement w/ large and rough in bath

Contractor Company James H. Selfridge Alder  
 Contact Person Tina Rayan  
 Address 14045 Grand Drive  
 City Glenwood State MD Zip Code 21738  
 License No. 729 Phone 410-531-8930 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	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____ 2nd floor: _____ Basement: _____	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"/>	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>3</u>	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"/>	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 type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A <input type="checkbox"/> 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 THERE TO; (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 ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Cindy DeLorenzo Print Name Cindy DeLorenzo  
 Title/Company Agent Selfridge Alder Date March 16, 2001

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#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	47772
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing fee \$ <u>25</u>
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health	<u>4/10/01</u>	<u>Mark Rife</u>	All minimum setbacks met?	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
<input checked="" type="checkbox"/> Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Check # <u>17171</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>325</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for New Town Zone _____	Accepted by <u>[Signature]</u>
			SDP/Red-line approval date _____	

Approved Septic System Plan  
Howard County Health Department

1:50 PLAN BY  
VOGEL/FRED  
WARD ASSOC.

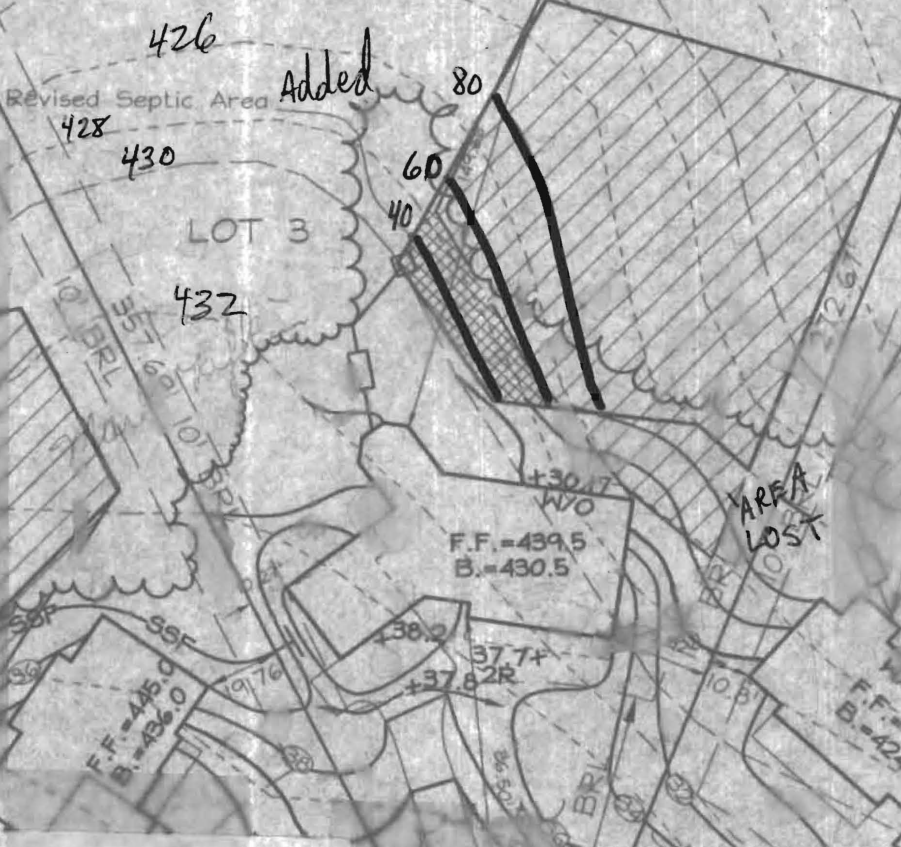
*Mark R. Klein*  
Signature

4/17/07  
Date

583°11'59"E

218.95'  
428.95'

WELL  
O



LOT NO.	DISTRIBUTION BOX		SEPTIC TANK		HOUSE INV. GUT
	EX. GRADE	INV. GUT	EX. GRADE	INV. GUT	
1	454.2	451.2	455.0	451.9	452.3
2	443.9	440.2	443.8	441.4	442.0*
3	430.0	426.5	430.8	427.7	428.0
4	422.0	419.0	424.2	419.8	420.0
5	420.0	417.0	421.8	417.7	417.9
RESERVATION PARCEL A	415.0	415.0	416.0	417.9	416.3

\* BASEMENT WILL NOT SEWER BY GRAVITY

Total linear feet of trench required 180 feet  
 Width of trench(es) 3 feet  
 Depth of trench(es) 5 feet  
 Depth of stone required below distribution pipe 3 feet

SP  
FAWN  
RIVER  
WAY