

Building Address 14033 Monticello Drive
Looksville, MD, 21723

Suite/Apt. #: _____ SDP/WP/Petition #: GP

Census Tract 6040 Subdivision North Manor

Section _____ Area _____ Lot 13

Tax Map 9 Parcel 9 Grid 19

Zoning RCDED Map Coordinates 4G12 Lot size 1.0 acre

Property Owner's Name Cornerstone Homes Inc
 Address 9001 Norfolk Avenue
Laurel, MD 20723

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone 712-2565

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

Phone _____ Fax (410) 712-2567

Existing Use Young Lot

Proposed Use New S.F.D.

Estimated Construction Cost \$ 110,800

Description of Work Eliminate - 2 story, full basement,
9R, 2FB, 1HB, 4BR, garage, FP

Contractor Company Same as

Contact Person Owner

Address _____

City _____ State _____ Zip Code _____

License No. _____ Phone _____ Fax _____

Occupant or Tenant Same as

Contact Name Owner

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company Fisher, Collins, Center

Contact Person Randy Peters

Address 10272 Baltimore National Pike

City Ellicott City State MD Zip Code 21043

Phone (410) 461-2855 Fax (410) 750-3774

BUILDING DESCRIPTION - COMMERCIAL

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 _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
_____ State Certified Modular	

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
1st floor: <u>3.5'</u> Depth <u>55'-7"</u> Width	Sewage Disposal: _____ Public _____ Private _____
2nd floor: <u>21'-8"</u> <u>36'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: <u>50'</u> <u>55'-7"</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
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: <u>Front - 8" concrete</u>	
Dimensions: Footings: <u>24" x 24"</u> Roof: <u>Asph/Flt</u>	
_____ 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 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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Brian D. Boy, President
 Applicant's Signature
President
 Title/Company

Brian D. Boy, President
 Print Name
2/9/01
 Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>2/2/01</u>	<u>Mark R. [Signature]</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION

Front: 0 FT
 Rear: 7.5 FT
 Side: 15 FT
 Side St.: N/A

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 _____ Accepted by [Signature]

PROPERTY ID#: 49592

Filing fee	\$ <u>25</u>
Permit fee	\$ <u>475</u>
Excise tax	\$ <u>3163</u>
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>3663</u>
Balance due	\$ <u>4738</u>
Check	# _____
Validation	# <u>36467</u>

Building Address 14033 MONTICELLO DR
Cooksville, MD 21223

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

Census Tract 124002 Subdivision Howell Manor

Section _____ Area _____ Lot 15

Tax Map 9 Parcel 314 Grid 19

Zoning PC-DP Map Coordinates _____ Lot size _____

Property Owner's Name Henry Mirano

Address 14033 Monticello Dr.

City Cooksville State MD Zip Code 21223

Home Phone 410 489 0477 Work Phone 202 20 3574

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

Phone _____ Fax _____

Existing Use Single Family Dwelling

Proposed Use Deck

Estimated Construction Cost \$ 31500

Description of Work Deck 18' x 16' w/ steps

Contractor Company OWNER

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____ Fax _____

Phone _____

Occupant or Tenant Henry Mirano

Contact Name Henry Mirano

Address 14033 Cooksville Monticello Dr

City Cooksville State MD Zip Code 21223

Phone 410 489 0477 Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

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Depth _____ Width _____	Public _____ Private <input checked="" type="checkbox"/>
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2nd floor: _____	Public _____ Private <input checked="" type="checkbox"/>
Basement: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____
No. of Bedrooms _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Multi-family dwellings: _____	Natural Gas <input type="checkbox"/>
No. of efficiency units: _____	Propane Gas <input checked="" type="checkbox"/>
No. of 1 BR units: _____	Sprinkler system: N/A <input checked="" type="checkbox"/>
No. of 2 BR units: _____	NFPA #13D _____
No. of 3 BR units: _____	NFPA #13R _____
Other Structure: _____	Other: _____
Dimensions: _____	
Footings: _____	
Roof: _____	
State Certified Modular _____	
Manufactured Home _____	

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Henry Mirano
 Applicant's Signature

Henry Mirano
 Print Name

7/11/01
 Date

Title/Company _____

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

FOR OFFICE USE ONLY

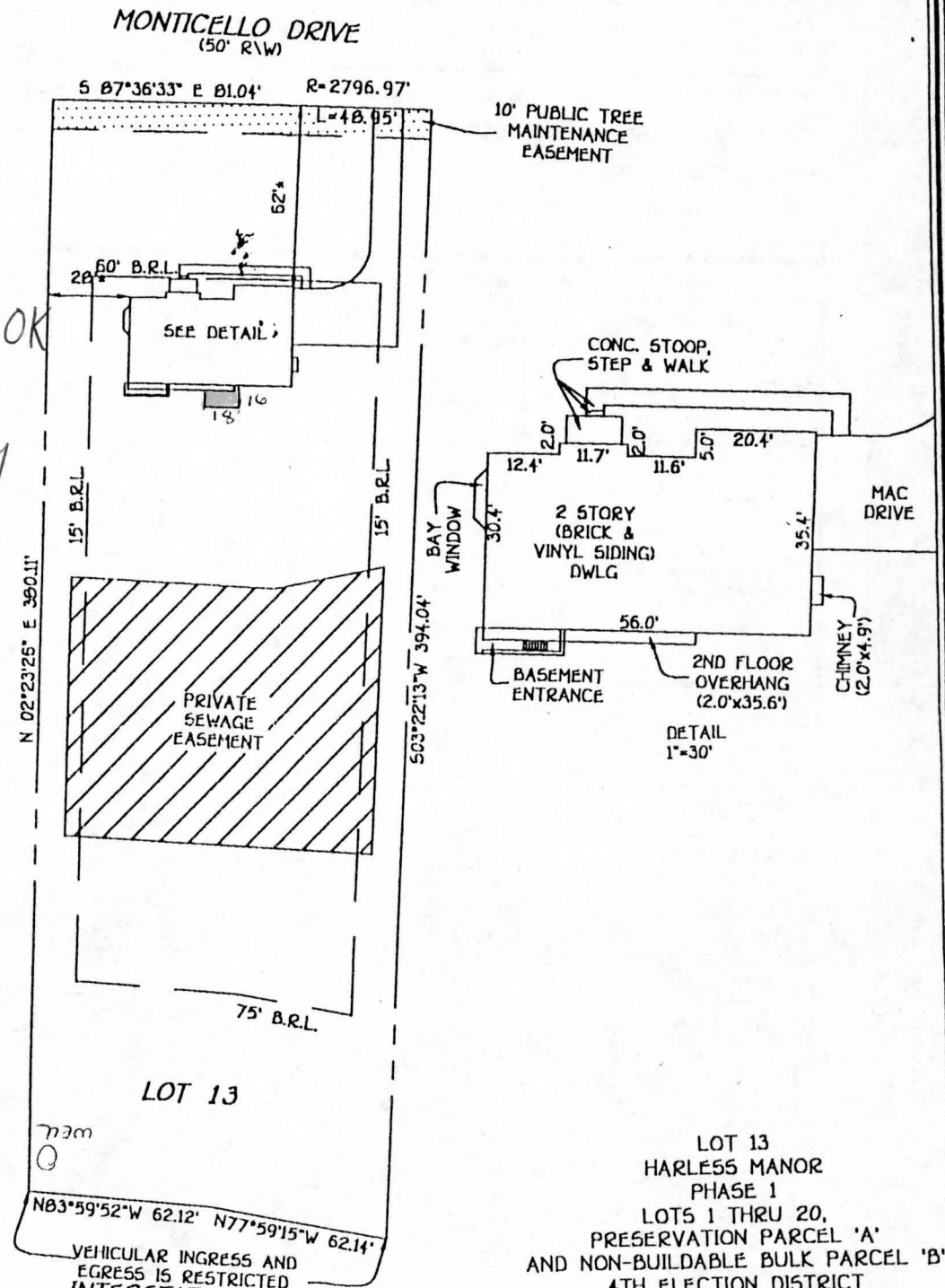
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ	7/10/01	[Signature]	Front: <u>100ft</u>	19592
State Highways			Rear: <u>75ft</u>	Filing fee \$ <u>500.00</u>
Building Official			Side: <u>15ft</u>	Permit fee \$ _____
Dev. Engineering, DPZ	7/19/01	Mark [Signature]	Side St. <u>NA</u>	Excise tax \$ _____
Health			All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone <u>NA</u>	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date <u>NA</u>	Check # <u>51188</u>
				Validation # <u>43614</u>
				Accepted by <u>CC</u>

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

Forms PERMIT.FRM Rev. 5/17/00

GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240044 000B B, EFFECTIVE DATE: DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (+).
- 4) NO TITLE REPORT FURNISHED, SUBJECT TO ALL EASEMENTS AND CONDITIONS OF RECORD.



DECK OK
MR
7/19/01

LOT 13
HARLESS MANOR
PHASE 1
LOTS 1 THRU 20,
PRESERVATION PARCEL 'A'
AND NON-BUILDABLE BULK PARCEL 'B'
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 12025

B.R.L.=BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. 584.5'