

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
B00128764

Building Address 15801 Old Frederick Rd.
Woodbine MD 21199
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6040 Subdivision Hong Property
 Section _____ Area _____ Lot 1
 Tax Map 7 Parcel 517 Grid 6
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Altieri Enterprises
 Address 9011 Red Branch Rd, Suite 201
 City Columbia State MD Zip Code 21045
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone 410-415-4500 Fax 410-414-5507

Existing Use SFD
 Proposed Use Monument Sign
 Estimated Construction Cost \$ 400,000
 Description of Work 43 Driveway Entrance Stone
Monuments 30x30 / 4x4 High / Concrete
As B. H. Per. only

Contractor Company Brick Alternatives
 Contact Person Roy Metz
 Address 9611 Red Branch Rd.
 City Columbia State MD Zip Code 21045
 License No. _____
 Phone 410-415-4500 Fax 410-414-5507

Occupant or Tenant Altieri Enterprises
 Contact Name Diana B. Altieri
 Address 9011 Red Branch Rd, Suite 201
 City Columbia State MD Zip Code 21045
 Phone 410-415-4500 Fax 410-414-5507

Engineer or Architect Company Fisher, Collins & Carter
 Contact Person _____
 Address 10912 Baltimore N.W. Pk.
 City Ellicott City State MD Zip Code 21043
 Phone 410-411-3555 Fax _____

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 type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms _____	
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 THEREON; (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 THE PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Diana B. Altieri
 Title/Company Altieri Enterprises

Print Name Diana B. Altieri
 Date 2/2/07

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	<u>3/19/07</u>	<u>Mark R. Rife</u>
Health		
Fire Protection		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ <u>50.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # <u>23087</u>
SDP/Red-line approval date _____	Validation # <u>05700</u>
Accepted by _____	

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

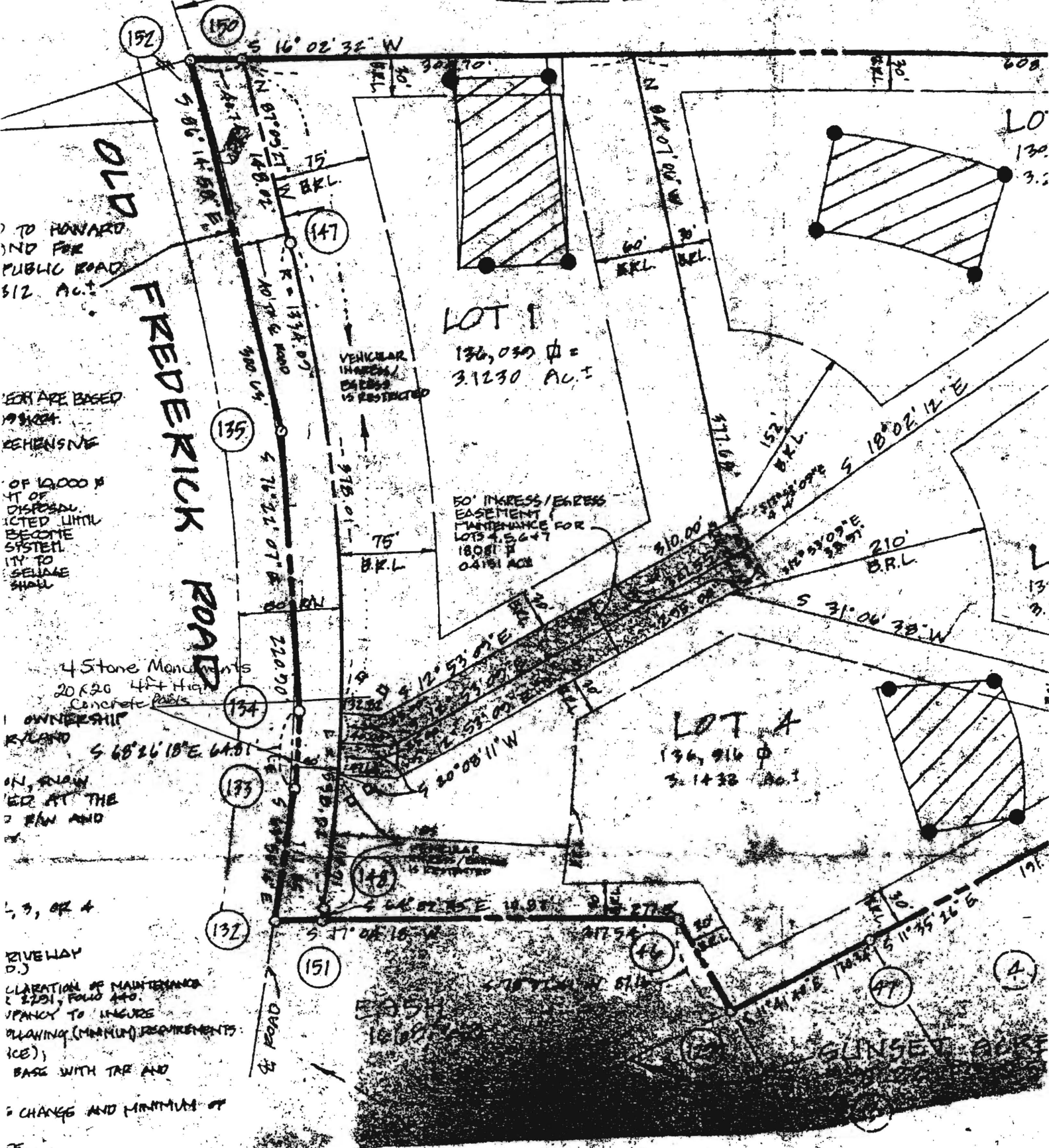
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

NO OBJ. TO
ENTRANCE
FEATURES

MR
3/19/07

AMOUNT
1654/347

ZONE D



TO HOWARD
AND FOR
PUBLIC ROAD
512 AC.

WORK ARE BASED
ON
COMPREHENSIVE

OF 12,000 FT
OF DISPOSAL
LIMIT
BECOME
SYSTEM
ITY TO
SEWAGE
SHALL

4 Stone Monuments
20x20 4ft High
Concrete Posts

OWNERSHIP
RYLAND
S 68° 26' 18" E 64.01

ON, SHOWN
ED AT THE
2 B.M. AND

3, 3, OR 4

DIVEWAY
D.)
CLARATION OF MAINTENANCE
(§ 2201, FORD 440.
SPANCY TO INCURE
PLAYING (MINIMUM REQUIREMENTS
ICE),
BASE WITH TRF AND

CHANGE AND MINIMUM OF

Building Address 15801 Old Frederick Road
Woodbine MD 21797

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

Census Tract 1111 Subdivision Wilton

Section _____ Area _____ Lot _____

Tax Map 87 Parcel 88 Grid 5

Zoning RC Map Coordinates _____ Lot size 312 sq ft

Property Owner's Name Altieri Homes

Address 9017 Red Branch Rd, Suite 201

City Columbia State MD Zip Code 21045

Home Phone _____ Work Phone _____

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

Phone 410-715-4500 Fax _____

Existing Use Vacant lot

Proposed Use New Single Family Dwelling

Estimated Construction Cost \$15,000

Description of Work Charles Williams (Mech)
2 Story Full bsmt 920, 2FB 1HB Fireplace
Garage (4BR)

Contractor Company Altieri Homes

Contact Person Daren B. Altieri

Address 9017 Red Branch Rd, Suite 201

City Columbia State MD Zip Code 21045

License No. _____ Phone 410-715-4500 Fax 410-441-5807

Occupant or Tenant Altieri Homes

Contact Name Daren B. Altieri

Address 9017 Red Branch Rd, Suite 201

City Columbia State MD Zip Code 21045

Phone 410-715-4500 Fax 410-441-5807

Engineer or Architect Company Fisher Collins + Carter

Contact Person _____

Address 10293 Baltimore Mill Rd

City Farmingdale State MD Zip Code 21042

Phone 410-461-2805 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"/>	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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input checked="" type="checkbox"/> No <input 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"/>	No. of Bedrooms <u>4</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NEPA #13D _____ NEPA #13R _____ Other: _____
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	

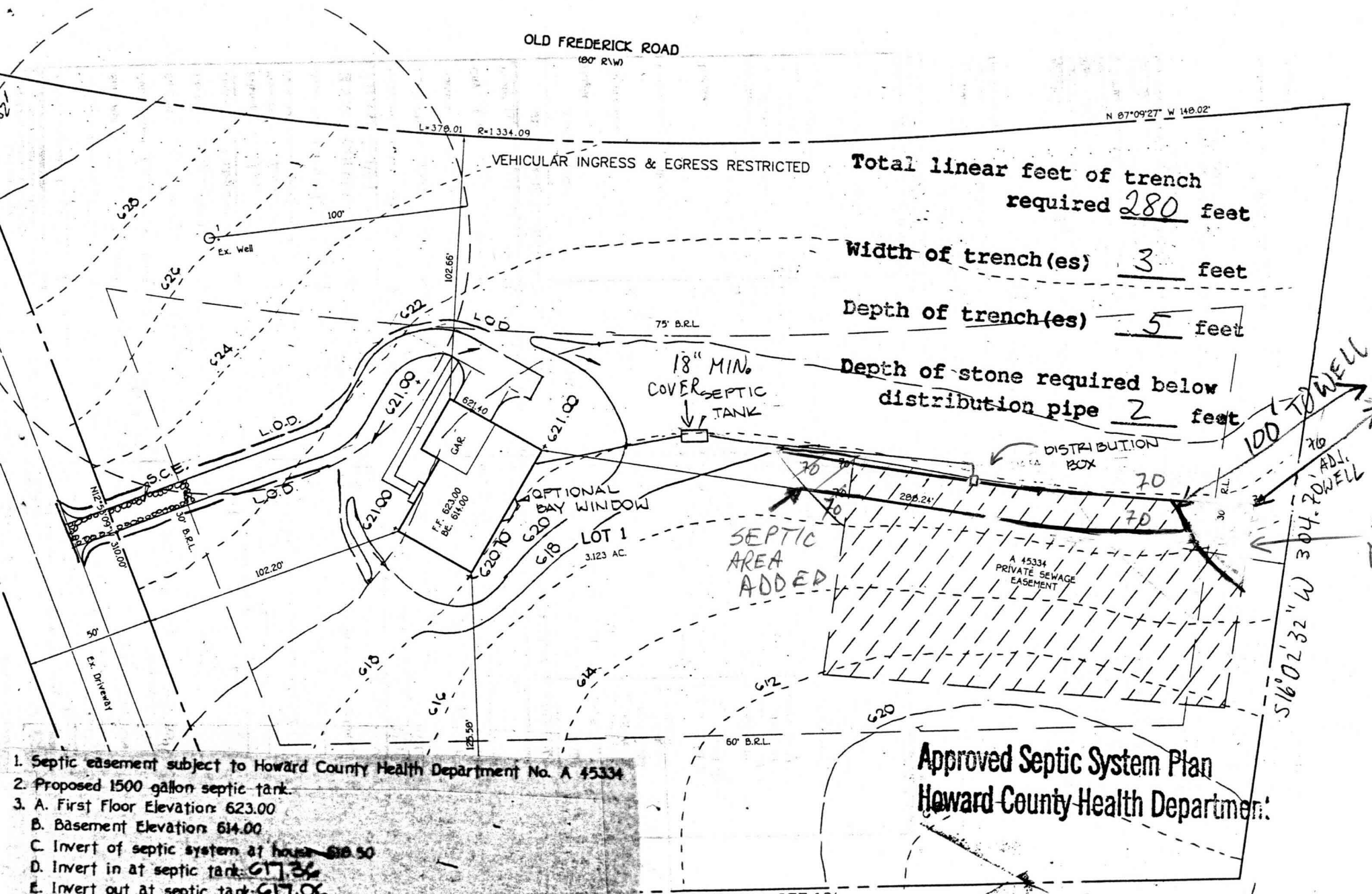
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____ Print Name Daren B. Altieri

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#
Land Development DPZ	9/19/10	[Signature]	Front: <u>17.5'</u>	45153
State Highways			Rear: <u>6.0'</u>	
Building Official			Side: <u>3.0'</u>	
Dev. Engineering DPZ	12/8/10	[Signature]	Side St.: <u>6.0'</u>	
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	
			Accepted by _____	



OLD FREDERICK ROAD
(80' R/W)

L=378.01 R=1334.09

N 87°09'27" W 148.02'

VEHICULAR INGRESS & EGRESS RESTRICTED

Total linear feet of trench
required 280 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below
distribution pipe 2 feet

18" MIN.
COVER
SEPTIC
TANK

DISTRIBUTION
BOX

100' TO WELL

ADD
WELL

SEPTIC AREA
DELETED

SEPTIC
AREA
ADDED

A 45334
PRIVATE SEWAGE
EASEMENT

LOT 1
3.123 AC.

Approved Septic System Plan
Howard County Health Department

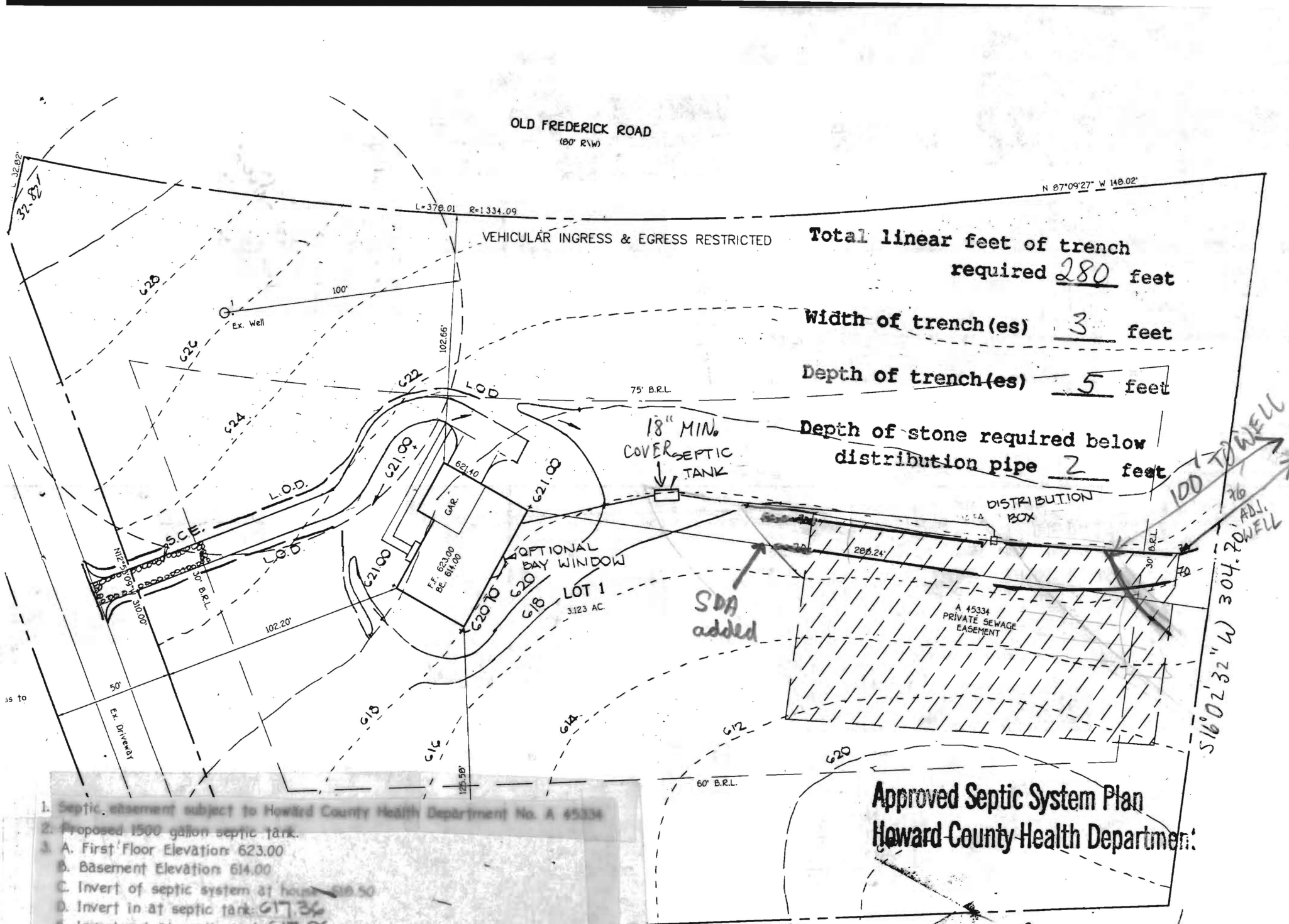
N84°07'06"W 377.68'

1:50
PLAN BY FCC

Mark Ruffin
Signature

12/8/00
Date

1. Septic easement subject to Howard County Health Department No. A 45334
2. Proposed 1500 gallon septic tank.
3. A. First Floor Elevation: 623.00
B. Basement Elevation: 614.00
C. Invert of septic system at house: 618.50
D. Invert in at septic tank: 617.36
E. Invert out at septic tank: 617.06
F. Proposed grade over septic tank: 619.50
G. Invert at distribution box: 614.54
H. Existing ground over distribution box: 617.54
4. Length of trench to be determined at the time of construction.



OLD FREDERICK ROAD
(80' R/W)

N 87°09'27" W 148.02'

L=378.01 R=1334.09

VEHICULAR INGRESS & EGRESS RESTRICTED

Total linear feet of trench
required 280 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below
distribution pipe 2 feet

1. Septic easement subject to Howard County Health Department No. A 45334
2. Proposed 1500 gallon septic tank.
3. A. First Floor Elevation: 623.00
- B. Basement Elevation: 614.00
- C. Invert of septic system at house: 618.50
- D. Invert in at septic tank: 617.36
- E. Invert out at septic tank: 617.06
- F. Proposed grade over septic tank: 619.50
- G. Invert at distribution box: 614.54
- H. Existing ground over distribution box: 617.54
- I. Length of trench to be determined at the time of septic permit issuance.

Approved Septic System Plan
Howard County Health Department

N84°07'06"W 377.68'

1:50
PLAN BY FCC

Mark Riffin
Signature

12/8/00
Date

Building Address 15801 Old Frederick Rd
Woodbine, MD 21777

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

Census Tract 6040 Subdivision Long Prairie

Section _____ Area _____ Lot 1

Tax Map 7 Parcel 5 Grid 6

Zoning RCD60 Map Coordinates 368 Lot size _____

Property Owner's Name Arthur Home

Address 9017 Red Branch Rd

City Columbia State MD Zip Code 21043

Home Phone _____ Work Phone 703 4500

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use Same with tank

Estimated Construction Cost \$ 22000.00

Description of Work Installation of tank
undiscovered 10 tank, per NFPA 58

Contractor Company American

Contact Person Tom McLaughlin

Address 10097 Bridgeway Mill Pk

City Ellicott City State MD Zip Code 21042

License No. _____

Phone 410-463-4000 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	
<p>Building Characteristics</p> <p>Height: _____</p> <p>No. of stories: _____</p> <p>Gross area, sq. ft. per floor: _____</p> <p>Use group: _____</p> <p>Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular</p>	<p>Utilities</p> <p>Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____</p>	<p>Building Characteristics</p> <p>SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____</p> <p>1st floor: _____</p> <p>2nd floor: _____</p> <p>Basement: _____</p> <p>Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____</p> <p>Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____</p> <p>Other Structure: _____</p> <p>Dimensions: _____</p> <p>Footings: _____</p> <p>Roof: _____</p> <p>State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/></p>	<p>Utilities</p> <p>Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p> <p>Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____</p>

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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Thomas R. McLaughlin

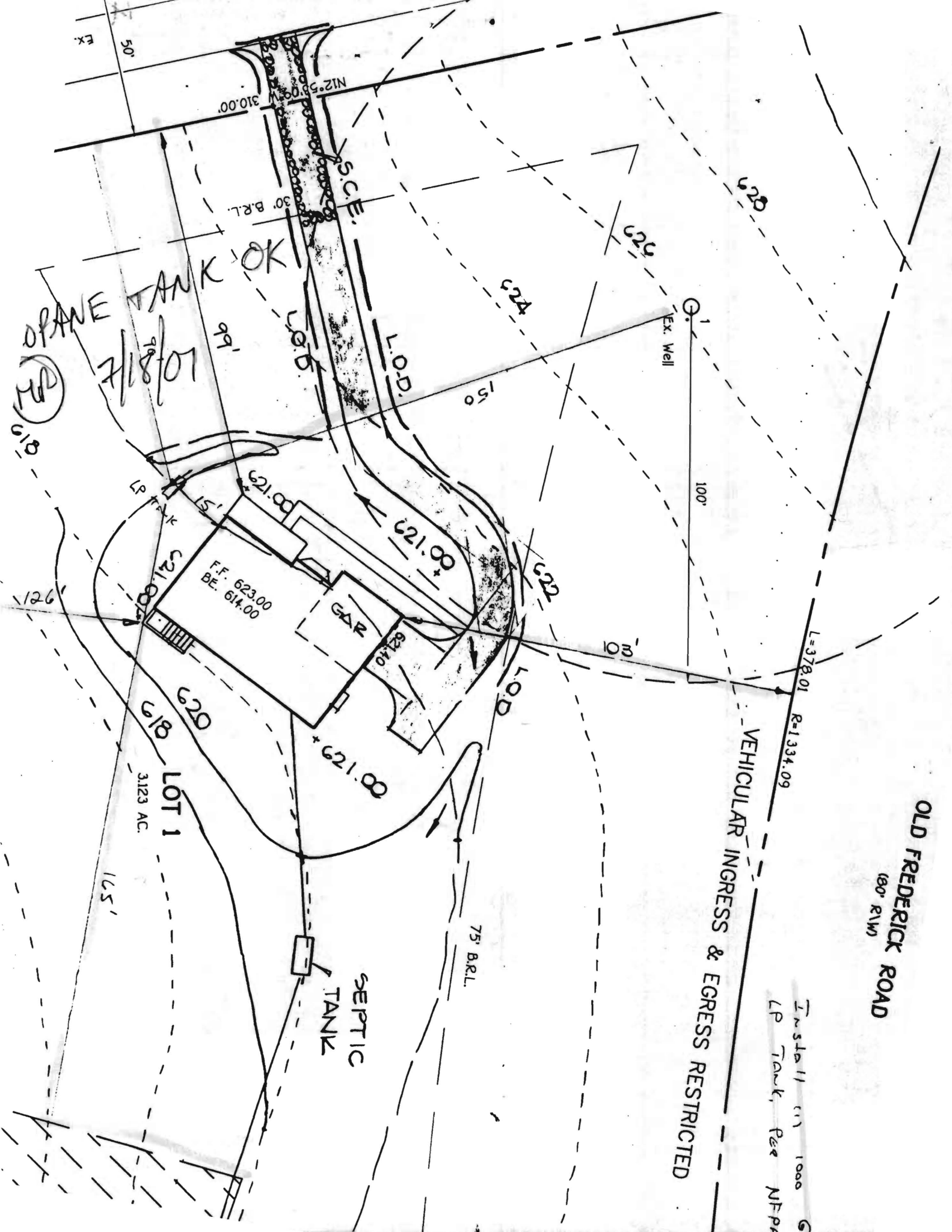
Title/Company _____

Print Name Thomas R. McLaughlin

Date July 11, 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#
Land Development, DPZ			Front: _____	4-3157
State Highways			Rear: _____	Filing fee \$ <u>100</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ	<u>7/18/01</u>	<u>Mark Ruff</u>	Side St: _____	Excise tax \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>100</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check \$ <u>4200</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by _____	Validation \$ <u>7100</u>



DRANE TANK OK
7/18/01
MD

VEHICULAR INGRESS & EGRESS RESTRICTED

OLD FEDERICK ROAD
(60' R/W)

Install (1) 1000 G
LP Tank, Per NFPD

LOT 1
3.123 AC.

SEPTIC
TANK

GAR

FF: 623.00
BE: 614.00

S.C.E.
30' B.R.L.

EX. Well

165'

126'

150'

150'

103'

100'

150'

50'

75' B.R.L.

L.O.D.

L.O.D.

L.O.D.

L.O.D.

L.O.D.

L.O.D.

L.O.D.

L.O.D.