

000135588

Building Address <u>13753 Old Power Rd.</u> <u>W Friendship MD 21794</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6242</u> Subdivision _____ Section _____ Area _____ Lot _____ Tax Map <u>15</u> Parcel <u>54</u> Grid <u>13</u> Zoning <u>RR-DED</u> Map Coordinates <u>965</u> Lot size _____	Property Owner's Name <u>Sheena Winkler</u> Address <u>13753 Old Power Rd</u> City <u>W Friendship</u> State <u>MD</u> Zip Code <u>21794</u> Home Phone <u>4104599456</u> Work Phone <u>N/A</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
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Existing Use <u>SFD w/ UNFINISHED ATTIC</u> Proposed Use <u>SAME w/ FINISHED ATTIC</u> Estimated Construction Cost \$ <u>1500</u> Description of Work <u>Finish attic space 1089 sq ft</u> <u>FOR FAMILY ROOM / BEDROOM / BATHROOM</u>	Contractor Company <u>HOMEOWNER</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____
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Occupant or Tenant <u>HOMEOWNER</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>N/A</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>5</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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> 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 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 <u>Sheena Winkler</u> <u>HOMEOWNER</u> Title/Company _____	Print Name <u>Sheena Winkler</u> Date <u>4/18/02</u>
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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: _____	48765
State Highways			Rear: _____	Filing fee \$ <u>30.25</u>
Building Official <u>4/18/02</u> <u>[Signature]</u>			Side: _____	Permit fee \$ <u>30</u>
Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
Health <u>4/18/02</u> <u>[Signature]</u>			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>55.00</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 NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>1297</u>
				Validation # <u>57366</u>
				Accepted by <u>[Signature]</u>

LOT 7
FLAT #3815

5 02° 30' 00" W

LOT 8
FLAT #3815

216.00'

NORTH

SEPTIC DATA

HOUSE FIN.FL. 586?
 " BSMT. 577?
 " SEWER INV. 580?
 SEPTIC INV. IN 579?
 TANK INV. OUT 579?
 " FIN.GR. 582?
 DISTR. INV. IN 578?
 BOX FIN.GR. 582?
 WATER EX.GR. 584?
 WELL FIN.GR. 584?

TRENCH LENGTH
 TO BE DETERMINED
 AT TIME OF SEPTIC
 PERMIT ISSUANCE.

NOTE: METES AND BOUNDS
 SHOWN HEREON INDICATE
 DEED DESCRIPTION. SEE
 SURVEY PLAT PREPARED BY
 LDE, INC. (4-9-99) FOR
 ANY STAKEOUT WORK.
 (L. 5116 F. 95)

1:50 TO SCALE
 scale

PARCEL 54

2.2083 AC.

WOODED

EX. WELL

Proposed DECK
 15' FROM
 Well
 OK

Ex. Well Location
 per Sanitarian
 Notes

ABOVE
 GROUND
 PUMP
 HOUSE

D.B.

APPROVED
 FIELD # A387

WALK-THRU BUILDING PERMIT
 BR# ~~800158832~~ A# P514986

APP. SAN *Krup* DATE: 3/30/06

DESC. OF WORK: *deck & drive*

ground pad

WOODED

PROPERTY OWNERS:

GARY & SHEENA WINKLER
 7608 GREEN DELL LANE
 HIGHTLAND, MD. 20777
 301-854-3219

DING STUDY

EL 54 T.M. 15

ETT PROPERTY

SECTION DISTRICT

SD COUNTY, MD.

DATE

11-7-00

PROPOSED GRAVEL DRIVE
 10' B. R. L.
 PARCEL 195

S 75° 00' 00" E
 586

N 22° 30' 00" E
 582

50' B. R. L.

10' B. R. L.

N 75° 00' 00" W

210.00'

427.50'
 588

501.75'
 588

586

584

582

580

578

576

LOT 6
 PLAT # 4141

580

578

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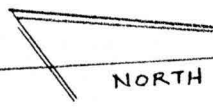
576

576

576

* Plan showing silt fence - 100ft if needed

LOT 9 PLAT #3815 S 02° 30' 00" W LOT 8 PLAT #3815 216.00'



SEPTIC DATA

- HOUSE FIN. FL. 586?
- " BSMT 577?
- " SEWER INV. 580?
- SEPTIC INV. IN 579?
- TANK INV. OUT 579?
- " FIN. GR. 582?
- DISTR. INV. IN 578?
- BOX FIN. GR. 582?
- WATER EX. GR. 584?
- WELL FIN. GR. 584?

TRENCH LENGTH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.

NOTE: METES AND BOUNDS SHOWN HEREON INDICATE DEED DESCRIPTION. SEE SURVEY PLAT PREPARED BY L. DE. INC. (4-9-99) FOR ANY STAKEOUT WORK. (L. 5116 F. 95)

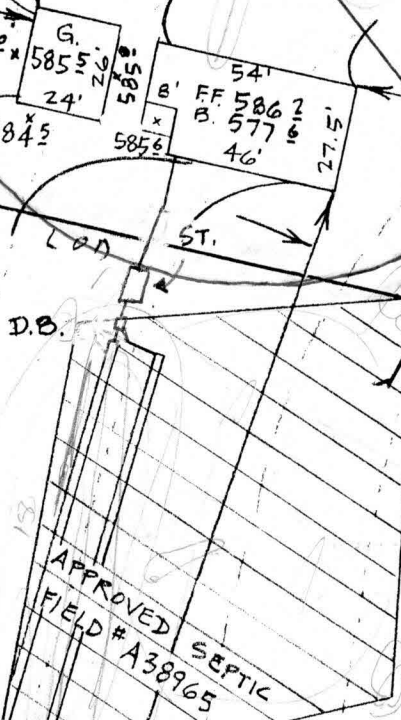
Approved Septic System Plan
Howard County Health Department

PARCEL 54

2.2083 Ac. mark R. R. 12/27/00
Signature Date

WOODED

EX. WELL



PARCEL 195

PROPOSED GRAVEL DRIVE

PROPERTY OWNERS
GARY & SHEENA WINKLER
7608 GREEN DELL LANE
HIGHLAND, MD. 20777
301-854-3219

GRADING STUDY

PARCEL 54 T.M. 15
"HACKETT" PROPERTY
4th ELECTION DISTRICT
HOWARD COUNTY, MD.
SCALE: 1"=50' 11-7-00
DATE

Total linear feet of trench required 240 feet

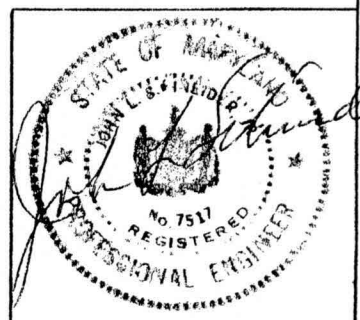
Width of trench(es) 2 feet
Depth of trench(es) 8 feet

Depth of stone required below distribution pipe 4 feet

"PARCEL 57" AN EXISTING 24' WIDE PRIVATE ACCESS EASEMENT FOR INGRESS AND EGRESS

EX. PAVING 576
OLD ROVER ROAD 574

ENG. JOHN L. SCHNEIDER
100 N. ROLLING RD.
CATONSVILLE, MD. 21227
410-744-1945



Building Address 13753 Old River Rd
West Friendship, MD 21794

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

Census Tract 6046 Subdivision -

Section - Area - Lot _____

Tax Map 15 Parcel 51 Grid 13

Zoning RPDPO Map Coordinates _____ Lot size _____

Property Owner's Name Gary and Sherie Winkler
 Address 7608 Greenfield Ln.
 City Hyland State MD Zip Code 20777
 Home Phone 301 851 3219 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use vacant lot, separate permit app for
 Proposed Use SFD in process, detached garage
 Estimated Construction Cost \$ 20,000.00
 Description of Work new detached garage.

Contractor Company _____
 Contact Person same as above
 Address _____
 City _____ State _____ Zip Code _____

Building Address 13753 Old River Rd
West Friendship, MD 21794

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

Census Tract 6046 Subdivision -

Section - Area - Lot _____

Tax Map 15 Parcel 54 Grid 13

Zoning RP-D77 Map Coordinates _____ Lot size _____

Property Owner's Name Gary and Sherie Winkler
 Address 7608 Greenfield Ln.
 City Hyland State MD Zip Code 20777
 Home Phone 301 851 3219 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use vacant lot
 Proposed Use detached - new SFD
 Estimated Construction Cost \$ 150,000.00
 Description of Work new custom single family home
4 BR 2 1/2 BA - unfinished
above and below, unfinished attic area

Contractor Company Man Brothers
 Contact Person Tim May
 Address 11555 Tilden Ln
 City West Friendship State MD Zip Code 21794
 License No. _____
 Phone 410-958-4702 Fax _____

Occupant or Tenant _____
 Contact Name Sherie Winkler
 Address 7608 Greenfield Ln
 City Hyland State MD Zip Code 20777
 Phone 301 851 3219 Fax _____

Engineer or Architect Company Professional Bldg System
 Contact Person [Signature]
 Address 72 East Millers St.
 City Hyland State MD Zip Code 20777
 Phone 301-837-1424 Fax 301-837-1422

BOTH PERMITS SIGNED
 BY M. Ripkin 12/22/00

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> Sr townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: <u>27'6"</u> <u>46'10"</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: <u>27'6"</u> <u>46'10"</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: <u>27'6"</u> <u>46'10"</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Heating System: <input checked="" 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"/>
State Certified Modular <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> 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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
		<input checked="" type="checkbox"/> State Certified Modular Manufactured Home	