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|---|---|
| Building Address <u>13517 Paternal Gift Drive</u> <u>Highland, MD 20777</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot <u>11</u> Tax Map _____ Parcel <u>A</u> Grid _____ Zoning _____ Map Coordinates _____ Lot size _____ | Property Owner's Name <u>Fatima + Jason Nascone</u> Address <u>13517 Paternal Gift Drive</u> City <u>Highland</u> State <u>MD</u> Zip Code <u>20777</u> Home Phone <u>703231 7000</u> Work Phone <u>2022775078</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>Rowan Landscape Co, Inc</u> <u>16643 Frederick Rd</u> <u>Mt Airy, MD 21771</u> Phone <u>4432774827</u> Fax _____ |
|---|---|

| | |
|---|--|
| Existing Use <u>SFD</u> Proposed Use <u>Residential Swimming Pool - Inground</u> Estimated Construction Cost \$ <u>30,000.</u> Description of Work <u>Inground pool 46ft. x 34ft.</u> <u>Irregular w/ spa, 3-8' deep, Fence per</u> <u>code, filled with a truck</u> | Contractor Company <u>Rowan Landscape Co Inc</u> Contact Person <u>Mary Rowan</u> Address <u>16643 Frederick Rd</u> City <u>Mt Airy</u> State <u>MD</u> Zip Code <u>21771</u> License No. <u>CTR03129</u> Phone <u>4104890707</u> 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 - <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 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 checked="" 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 type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home | 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"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 _____ Print Name _____

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 _____ Land Development, DPZ _____ State Highways _____ Building Official _____ Dev. Engineering, DPZ _____ Health <u>11/2/06 Anafazul RB</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 NewTown 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 _____ |
|---|--|--|

November 27, 2001

#25
B00127058
CK 10627
CR 42831

Howard County Permits + Inspections

Re: 13517 Paternal Gift Drive Permit # B00127058

To whom it may concern:

I hereby request to amend the above referenced building permit to include the as built finished basement consisting of:

Rec. Room/Bar Area
Media Room
DEN
EXERCISE ROOM
POWDER ROOM
EXERCISE BATH and
work room.

Thank you for your cooperation.

Very truly yours,

Mark A. Kosk

G/C Group, Ltd.

410-840-0800

HCHD

OK SRU

Amendment OK

11/27/01

Floorplans
reviewed

SCALE: 1" = 50'

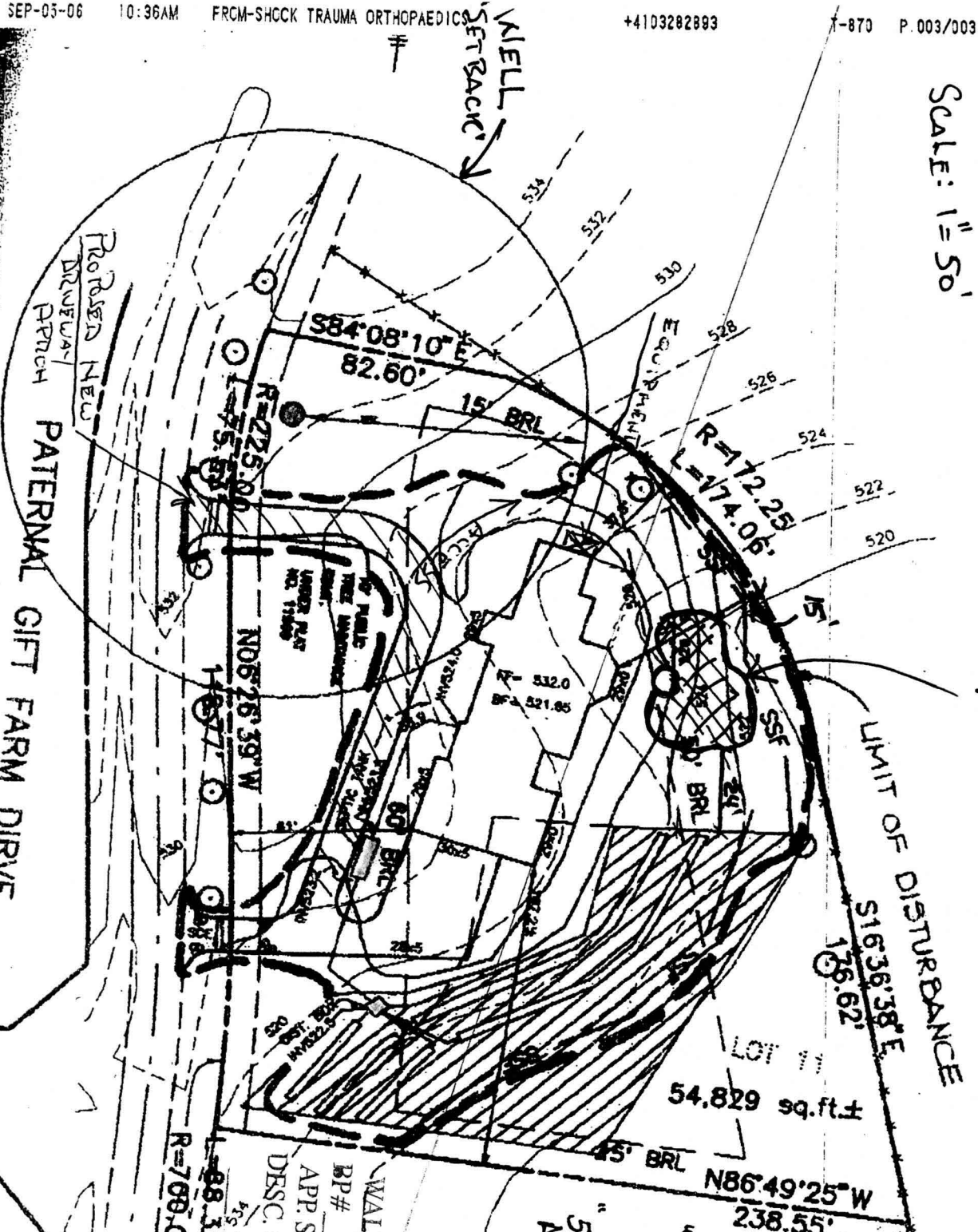
LOT 11

PATERMAL GIFT FARM

13517 PATERMAL GIFT DR.
HIGHLAND MD 20777

ROSEND POOL & SPA

PROPOSED NEW DRIVEWAY
PATERMAL GIFT FARM DRIVE
(50' R/W)



Pool SPECIFICATIONS:

- 24' FROM SEPTIC FIELD
- 15' FROM BACK LINE
- 140' FROM FRONT LINE
- "EQUIPMENT UTILITY" BUILDING RESTRICTION LINE:
- 5' FENCE TO INCLUDE POOL AREA"

APPROVED

WALKTHRU BUILDING PERMIT
 BP# _____
 APP. SAN TB SC DATE: 11/2/06
 DISC. OF WORK: In-ground pool
 46' x 34'

Building Address 13517 Paternal Gift Farm Drive
Highland, MD 20777

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

Census Tract 105102 Subdivision Paternal Gift

Section Area Lot 11

Tax Map 40 Parcel 90 Grid 10

Zoning RP-12D Map/Coordinates 14B13 Lot size 1.26 Acres

Property Owner's Name MARK and Stephanie Norwicz

Address 7308 WOODRUSH COURT

City Elkridge State MD Zip Code 21075

Home Phone Work Phone 410-840-0800

Applicant's Name & Mailing Address, (if other than stated hereon):
SAME AS CONTRACTOR
Manning 977-3593

Phone 410 Fax

Existing Use Vacant LOT

Proposed Use Single Family DWELLING

Estimated Construction Cost \$ 600,000.00

Description of Work 2 story, Unfinished Basement w/R.I.
3 Car Garage Attached, 4 Bedrooms, 4 FB, 2 HB
4 masonry porches, with deck

Contractor Company GVC Group, Ltd.

Contact Person MARK KOSKI

Address P.O. Box 1550

City Westminster State MD Zip Code 21158

License No. CTR01959

Phone 410-840-0800 Fax 410-840-9211

Occupant or Tenant N/A

Contact Name

Address

City State Zip Code

Phone Fax

Engineer or Architect Company DR Brasher

Contact Person Brendan Glass or Row Brasher

Address 5560 Sterrett Place Suite 300

City Columbia State MD Zip Code 21044

Phone 410-995-0800/0015 Fax 410-995-0350

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics | Utilities |
|--|--|
| Height: | Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private |
| No. of stories: | Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: <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"/> |
| 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 | 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 | Utilities |
|--|--|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width | Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private |
| 1st floor: | Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private |
| 2nd floor: | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 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>4</u> | 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"/> |
| Multi-family dwellings: No. of efficiency units: <u> </u> No. of 1 BR units: <u> </u> No. of 2 BR units: <u> </u> No. of 3 BR units: <u> </u> | Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: |
| Other Structure: <u> </u> Dimensions: <u> </u> Footings: <u> </u> Roof: <u> </u> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home | |

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Mark A. Koski
 Applicant's Signature
V.P. / GVC Group, Ltd.
 Title/Company

MARK A KOSKI
 Print Name
10-19-00
 Date

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

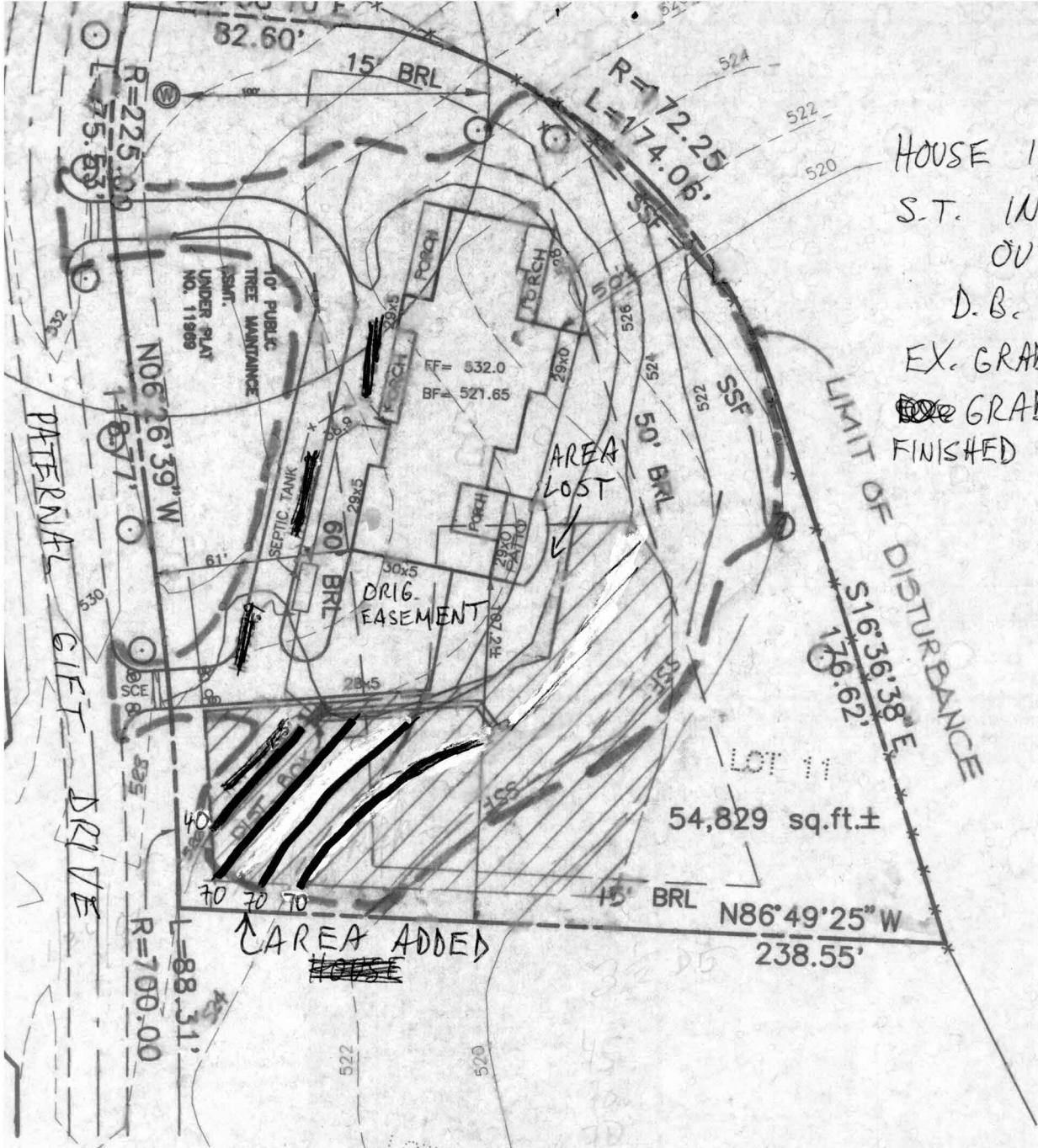
| AGENCY | DATE | SIGNATURE APPROVAL |
|---|----------------|--------------------|
| <input checked="" type="checkbox"/> Land Development, DPZ | | |
| <input checked="" type="checkbox"/> State Highways | | |
| <input checked="" type="checkbox"/> Building Official | | |
| <input checked="" type="checkbox"/> Dev. Engineering, DPZ | <u>1/24/01</u> | <u>Mark Koski</u> |
| <input checked="" type="checkbox"/> Health | | |
| <input checked="" type="checkbox"/> Fire Protection | | |

| DPZ SETBACK INFORMATION |
|--|
| Front: <u> </u> |
| Rear: <u> </u> |
| Side: <u> </u> |
| Side St.: <u> </u> |
| 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 <u> </u> |
| SDP/Red-line approval date <u> </u> Accepted by <u> </u> |

| PROPERTY ID#: | 45427 |
|------------------|----------------|
| Filing fee | \$ <u>25</u> |
| Permit fee | \$ <u> </u> |
| Excise tax | \$ <u> </u> |
| Sub-total paid | \$ <u> </u> |
| Add'l permit fee | \$ <u> </u> |
| TOTAL FEES | \$ <u> </u> |
| Balance due | \$ <u> </u> |
| Check | # <u>9416</u> |
| Validation | # <u>39738</u> |

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

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



HOUSE INVERT 524.8
 S.T. IN 523.7
 OUT 523.4
 D.B. INV 523.0
 EX. GRADE @ DB 526.0
~~EX.~~ GRADE @ ST 528.0±
 FINISHED

Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 6 feet

Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan
 Howard County Health Department

Mark Kiffin 1/24/01
 Signature Date

PLAN BY BENCHMARK

PLAN VIEW
 SCALE: 1" = 50'