

<small>DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 CLAYTON HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800</small>	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B08000725
Building Address <u>7094 Pindell School Rd</u> <u>Fulton Md 20759</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot <u>1</u> Tax Map <u>41</u> Parcel <u>204</u> Grid <u>3</u> Zoning _____ Map Coordinates <u>AK13</u> Lot size _____	Property Owner's Name <u>Rinnoni, Gregory</u> Address <u>10522 Twin Cedar Ct</u> City <u>Laurel</u> State <u>Md</u> Zip Code <u>20723</u> Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____	
Existing Use <u>SFD</u> Proposed Use <u>Same with tank</u> Estimated Construction Cost \$ <u>1000</u> Description of Work <u>Install 1-500 LIG</u> <u>propose tank and run line</u> <u>to house</u>	Contractor Company <u>Michel Welding & Mechanical</u> Contact Person <u>Robert J Michel Sr</u> Address <u>2518 Green Rd</u> City <u>Baltimore</u> State <u>Md</u> Zip Code <u>21013</u> License No. <u>73061</u> Phone <u>410-642-5410</u> Fax <u>443-927-9357</u>	
Occupant or Tenant <u>Owner</u> 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	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF 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: _____ 2nd floor: _____ Basement: _____	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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ Height: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" 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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	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"/>
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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: N/A <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.

Michel Welding & Mechanical Repair
Applicant's Signature
Tide/Company

Robert J Michel Sr
Print Name

3/14/08
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			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>3/20/08</u>	<u>[Signature]</u>	Side St: _____	Add'l per. fee \$ _____
Health			All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit required?	Check # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for NewTown Zone _____	
			SDP/Red-line approval date _____	Accepted by _____
Distribution of Copies- White: Building Official		Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
T:Norme/PERMIT.FRM				Gold: SHA

HOWARD COUNTY
PERMIT, APPLICATION

PERMIT NUMBER

B06005683

Building Address PINDOLL School Rd
LOT 1, (Hawks Perch) FULTON, MD 20739
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 10712 Subdivision Hawks Perch
Section _____ Area _____ Lot 1
Tax Map 41 Parcel 204 Grid 3
Zoning RR-047? Map Coordinates _____ Lot size 3.09

Property Owner's Name Greg Pannoni
Address 10522 TWIN CEDAR CT
City LAUREL State MD Zip Code 20723
Home Phone 410-792-8146 Work Phone 202-357-547
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use LOT
Proposed Use RESIDENTIAL
Estimated Construction Cost \$ 550,000
Description of Work SINGLE FAMILY DWELLING

Contractor Company SAMP AS OWNER
Contact Person _____
Address SAMP AS OWNER
City _____ State _____ Zip Code _____
License No. 205001265
Phone _____ Fax _____

Occupant or Tenant _____
Contact Name GREG PANNONI
Address 10522 TWIN CEDAR CT
City LAUREL State MD Zip Code 20723
Phone 410-792-8146 Fax _____

Engineer or Architect Company SURVEY'S INC
Contact Person GREG BERTIPL
Address 16031 JEROLD ROAD
City LAUREL State MD Zip Code 20707
Phone 301-776-0561 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: <u>2</u>	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: <u>2</u>	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Construction type: _____	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
<input type="checkbox"/> Reinforced Concrete	Natural Gas <input type="checkbox"/>
<input type="checkbox"/> Structural Steel	Propane Gas <input type="checkbox"/>
<input type="checkbox"/> Masonry	Sprinkler system: N/A <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Wood Frame	Full <input type="checkbox"/>
<input type="checkbox"/> State-Certified Modular	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"/>	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____ Depth _____ Width _____	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms <u>4</u>	Propane Gas <input type="checkbox"/>
Height: _____	Sprinkler system: N/A <input type="checkbox"/>
Multi-family dwellings: _____	NFPA #13D _____
No. of 1 BR units: _____	NFPA #13R _____
No. of 2 BR units: _____	Other: _____
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
<input type="checkbox"/> State Certified Modular	
<input type="checkbox"/> 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 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.

Gregory A. Pannoni
Applicant's Signature
OWNER
Title/Company

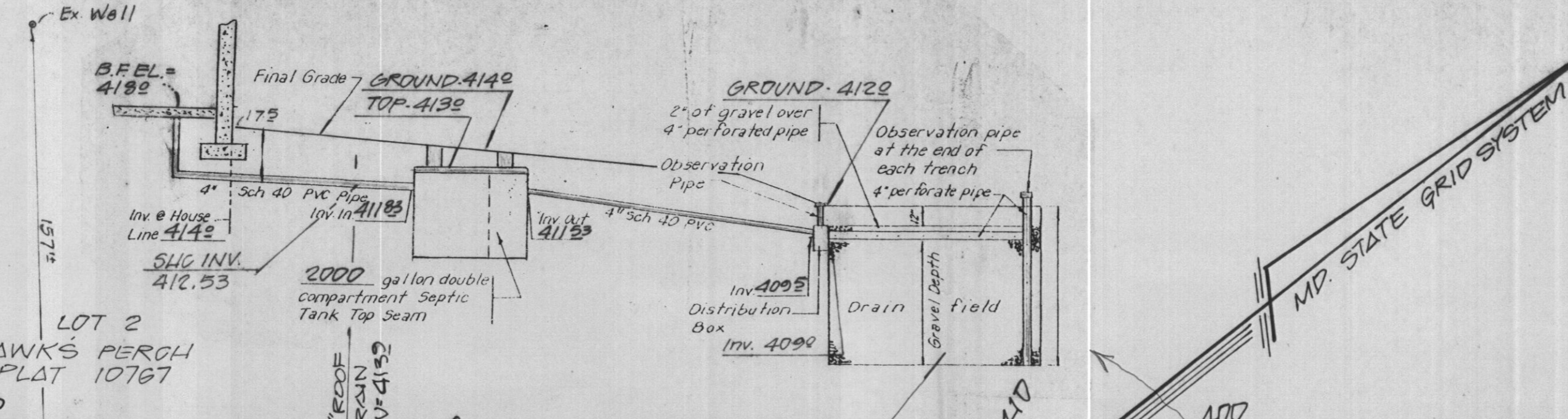
GREGORY A. PANNONI
Print Name
10/6/2006
Date

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

- FOR OFFICE USE ONLY -

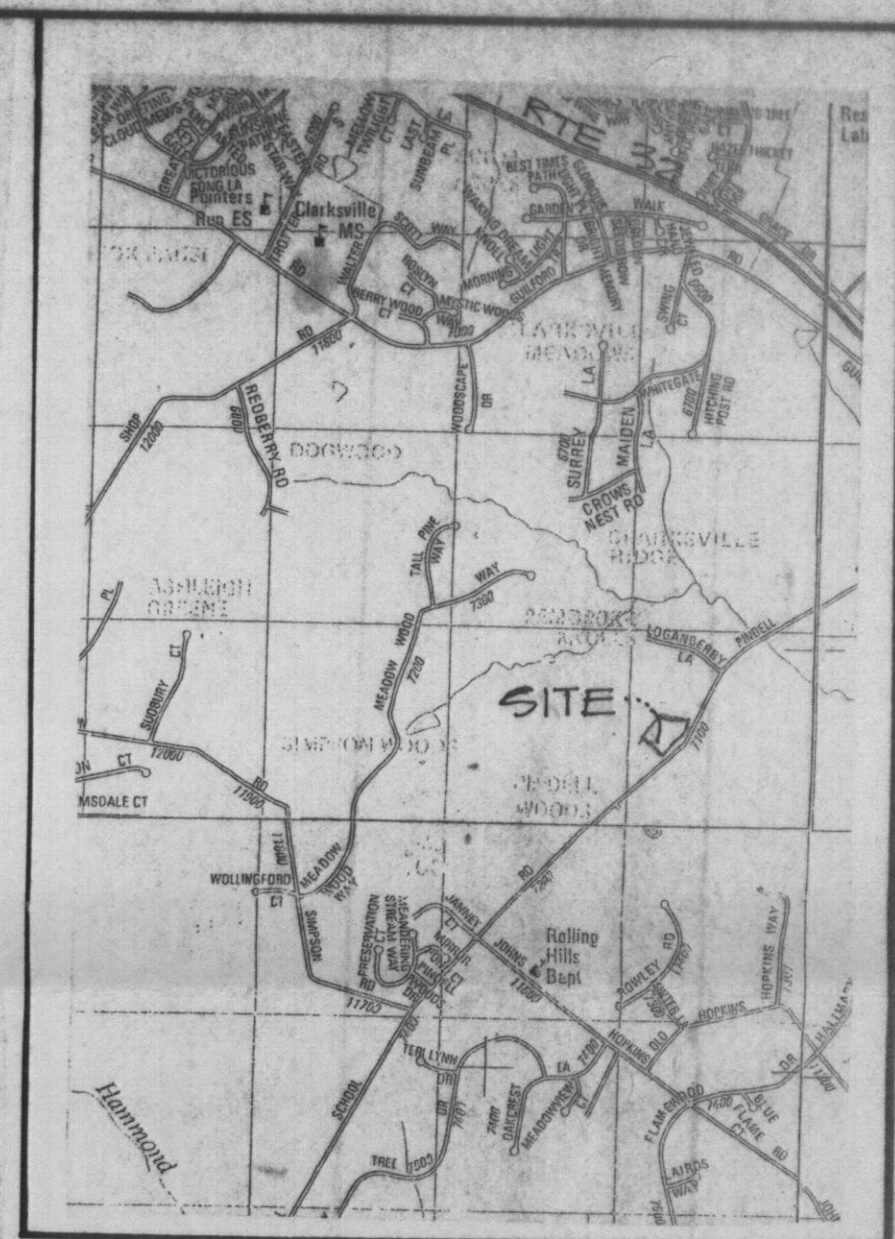
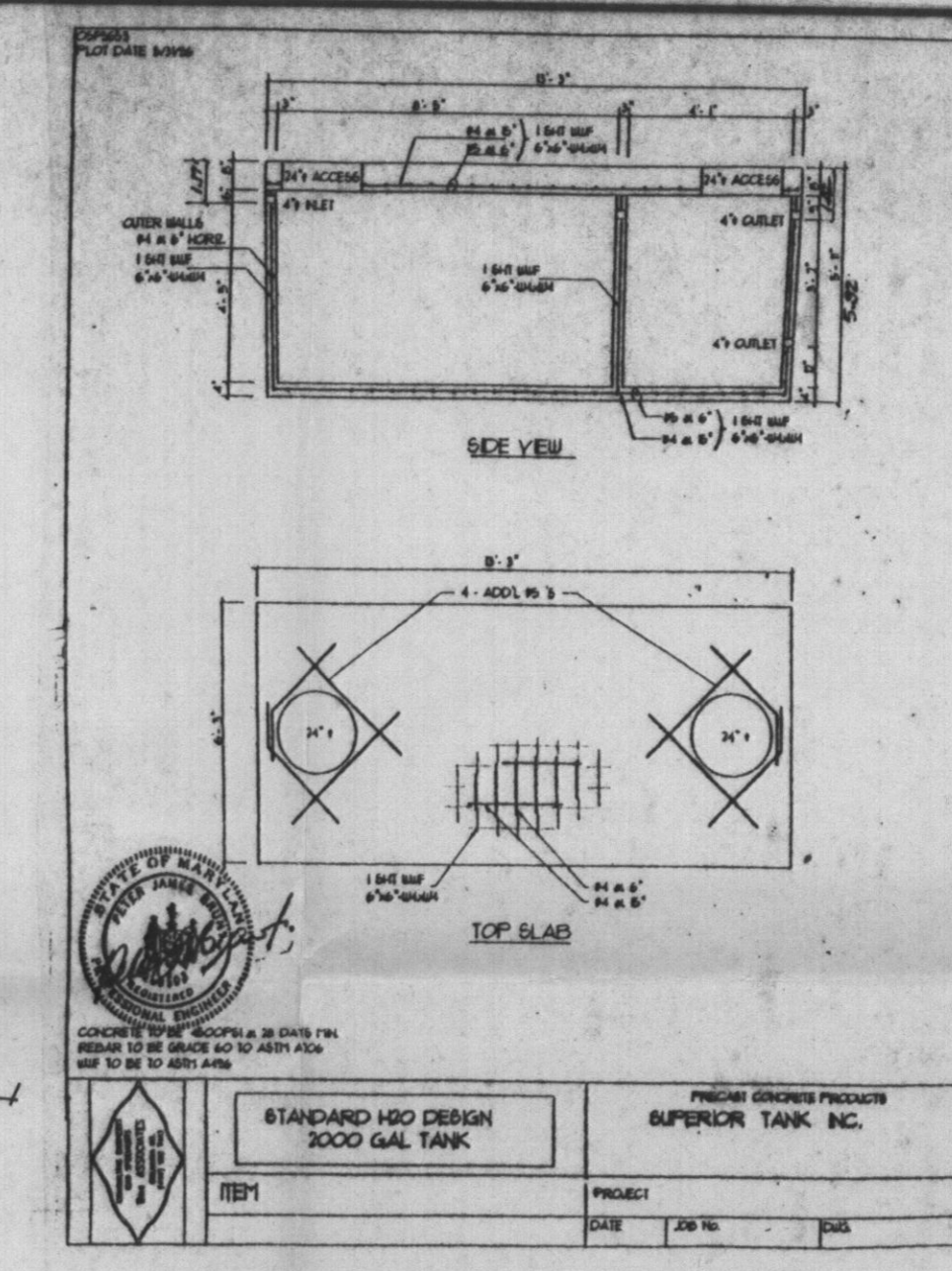
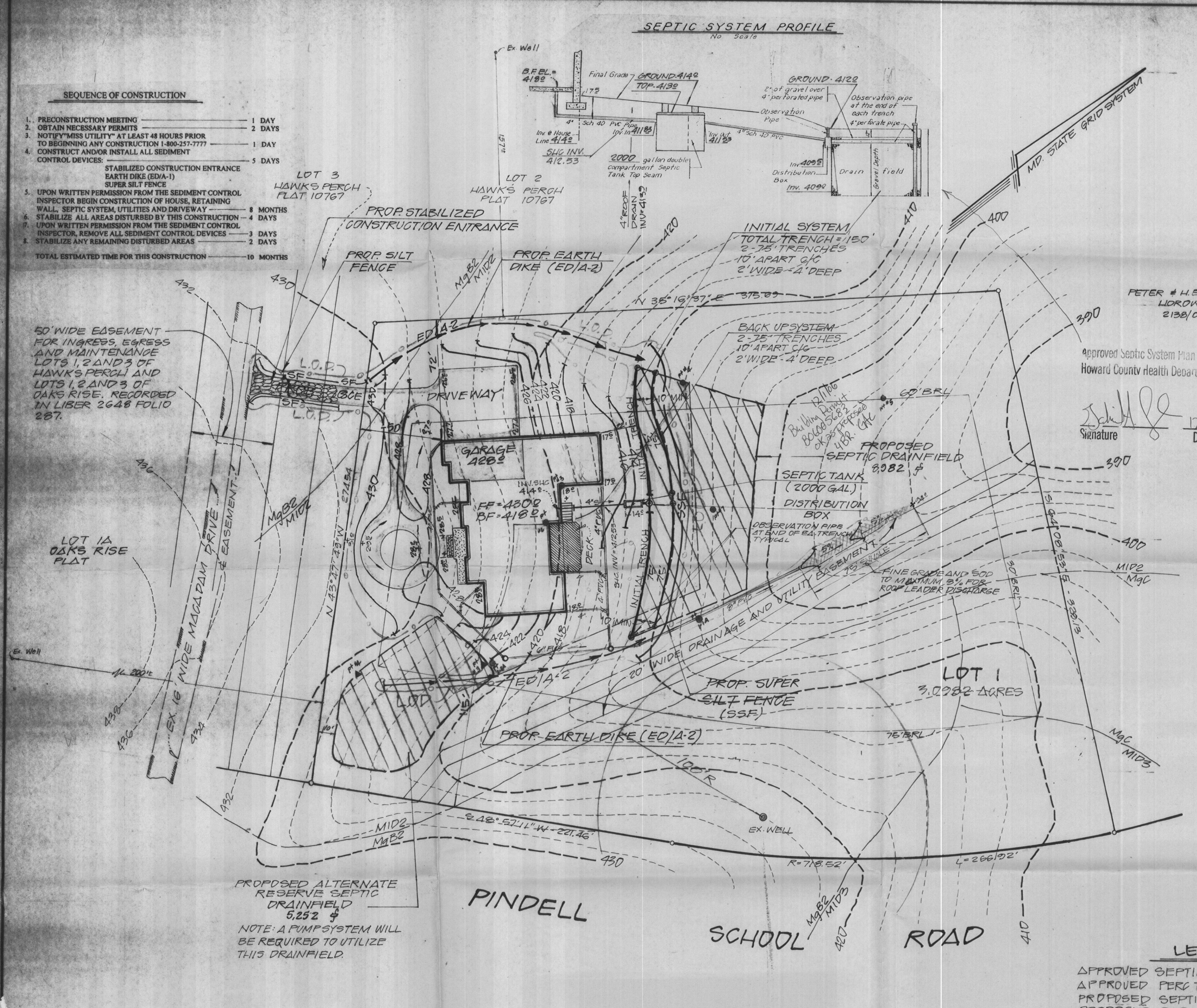
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health <u>12/1/06</u>		<u>Jahmil A. G.</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies			Lot Coverage for NewTown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ			Yellow: DED, DPZ	Pink: Health
T:\forms\PERMIT.FRM			Pink: Health	Gold: SHA

SEPTIC SYSTEM PROFILE
No. 3019



- SEQUENCE OF CONSTRUCTION**
1. PRECONSTRUCTION MEETING — 1 DAY
 2. OBTAIN NECESSARY PERMITS — 2 DAYS
 3. NOTIFY "MISS UTILITY" AT LEAST 48 HOURS PRIOR TO BEGINNING ANY CONSTRUCTION 1-800-257-7777 — 1 DAY
 4. CONSTRUCT AND/OR INSTALL ALL SEDIMENT CONTROL DEVICES: — 5 DAYS
 5. STABILIZED CONSTRUCTION ENTRANCE EARTH DIKE (ED/A-1) SUPER SILT FENCE
 6. UPON WRITTEN PERMISSION FROM THE SEDIMENT CONTROL INSPECTOR BEGIN CONSTRUCTION OF HOUSE, RETAINING WALL, SEPTIC SYSTEM, UTILITIES AND DRIVEWAY — 8 MONTHS
 7. STABILIZE ALL AREAS DISTURBED BY THIS CONSTRUCTION — 4 DAYS
 8. UPON WRITTEN PERMISSION FROM THE SEDIMENT CONTROL INSPECTOR, REMOVE ALL SEDIMENT CONTROL DEVICES — 3 DAYS
 9. STABILIZE ANY REMAINING DISTURBED AREAS — 2 DAYS
 10. TOTAL ESTIMATED TIME FOR THIS CONSTRUCTION — 10 MONTHS

50' WIDE EASEMENT FOR INGRESS, EGRESS AND MAINTENANCE LOTS 1, 2 AND 3 OF HAWK'S PERCH AND LOTS 1, 2 AND 3 OF OAKS RISE, RECORDED IN LIBER 2648 FOLIO 287.



PETER & H. ELIZABETH LIOROWITZ
2138/075

Approved Septic System Plan
Howard County Health Department

Signature: *[Signature]* Date: 12/1/2006

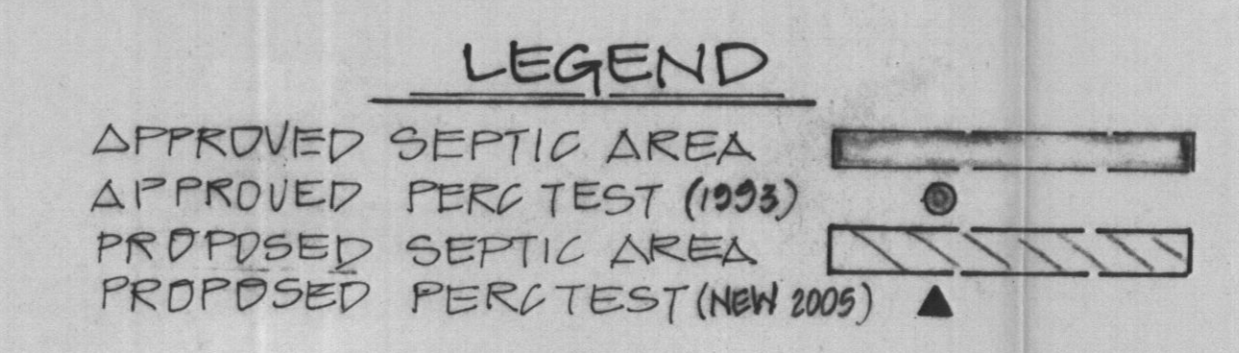
GENERAL NOTES

1. PROPERTY ZONED: R-R
2. LEGAL DESCRIPTION: HAWK'S PERCH LOT 1, FLAT NO 10767
3. TOPOGRAPHY FROM APPROVED PRELIMINARY PLAN N°
4. OWNER/APPLICANT: GREGORY PANNONI 10522 TWINGEDAR COURT LAUREL, MD 20723
5. NO WELLS (EXISTING) WITHIN 100' OF THIS SITE.

GENERAL NOTES:

1. This area designates a private sewerage easement of at least 10,000 square feet as required by the Maryland State Department of the Environment for Individual Sewerage Disposal. Improvements of any nature in this area are restricted until public sewerage is available. These easements shall become null and void upon connection to a public sewerage system. The County Health Officer shall have the authority to grant variances for adjustments to the private sewerage easement. Recordation of a modified sewerage easement shall not be necessary.
2. The lot shown hereon complies with the minimum ownership width and lot area as required by the Maryland State Department of the Environment.
3. All wells and septic systems within 100 feet of the property have been shown.
4. ADJUSTMENTS OF PREVIOUSLY RECORDED FINAL RECORD FLAT WAS APPROVED BY APPROVING AUTHORITY ON 9/7/2005.

PROPOSED ALTERNATE RESERVE SEPTIC DRAINFIELD 5,252 sq ft
NOTE: A PUMP SYSTEM WILL BE REQUIRED TO UTILIZE THIS DRAINFIELD.



PERCOLATION CERTIFICATION

I certify that the locations shown hereon are based on field locations done under my direct supervision, and are correct to the best of my professional knowledge and belief.

Gregory C. Benefield
Registered Professional Land Surveyor, Md. 20707
Date: 5-26-06

Approved for private water and private sewerage system, Howard County Health Department.

County Health Officer: _____ SRU Date: _____

RECEIVED

OCT 06 2006
LICENSES & PERMITS DIVISION

PLAN
SCALE: 1" = 30'

SURVEYS, INC.
SURVEYORS • ENGINEERS • LAND PLANNERS
PERMIT SERVICES
350 MAIN STREET
LAUREL, MARYLAND, 20701
PHONE 301-716-0641 FAX 301-716-0642

DATE	REVISION
4/4/06	H.D. Comments
6/19/06	Add Perc Test
7/3/06	H.D. Comments

SITE GRADING AND SEDIMENT CONTROL PLAN
TAX MAP 41 LOT 1
HAWK'S PERCH
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
ZONED R-R FEB. 20, 2006

SCALE	DESIGNER	CHECKED BY
1" = 30'	GB/BA	
DATE	DRAFTER	FIELD BOOK
08/30/06	BA	
JOB NUMBER	SHEET NUMBER	FILE NUMBER
06-06	10F2	L-262