

Permits: 410-313-2455
 Inspections: 410-313-1810
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
 Department of Inspections, Licenses & Permits
 3430 Court House Drive
 Ellicott City, MD 21043

Permit Number:

B12000632

Building Address: 3203 Regents Row W. Friendship md 21794

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

Census Tract: _____ Subdivision: Kings Grant

Section: 1 Area: _____ Lot: 7

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: 3.34 A

Existing Use: SFD

Proposed Use: SFD w/ propane tank **BI-2844**

Estimated Construction Cost: \$ 6000

Description of Work: install 500 gal in ground propane tank

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Toll MD V Limited Part

Address: 7164 Columbia Crestway Dr

City: Columbia State: md Zip Code: 21016

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein):
Jeremy Clancy PO Box 1253
Eidersburg md 2181

Phone: 410-740-1229 Fax: _____

Email: Jeremy@AppliedAndApproved.com

Contractor Company: Valley National Cras

Contact Person: William Gerwig

Address: 7801 Montevideo Rd

City: Jessup State: md Zip Code: 20794

License No.: 67793

Phone: 410-799-1114 Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: contractor

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<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.

Applicant's Signature: Jeremy Clancy Print Name: Jeremy Clancy

Email Address: Jeremy@AppliedAndApproved.com Date: 3/2/12

Title/Company: permits

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		
Fire Protection		

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

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: _____

Filing Fee	\$
Permit Fee	\$ 100
Tech Fee	\$ 10
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

Permits: 410-313-2455
 Inspections: 410-313-1810
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
 Department of Inspections, Licenses & Permits
 3430 Court House Drive
 Ellicott City, MD 21043

Permit Number:

012000930

Building Address: 3203 Regents Row
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD
 Proposed Use: SFD w/ Propane Tank
 Estimated Construction Cost: \$ _____

Description of Work:
install 500 gallon inground propane tank

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Joel and Anne Shinn
 Address: 9805 Davidge Drive
 City: Columbia State: MD Zip Code: 21044
 Home Phone: _____ Work Phone: _____
 Applicant's Name & Mailing Address, (If other than stated herein):
Jeremy Clancy
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Valley Green
 Contact Person: William Gerwig
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<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.

Applicant's Signature _____

Print Name _____

Email Address _____

Date _____

Title/Company _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>3/8/12</u>	<u>Walter Scott</u>
Fire Protection		

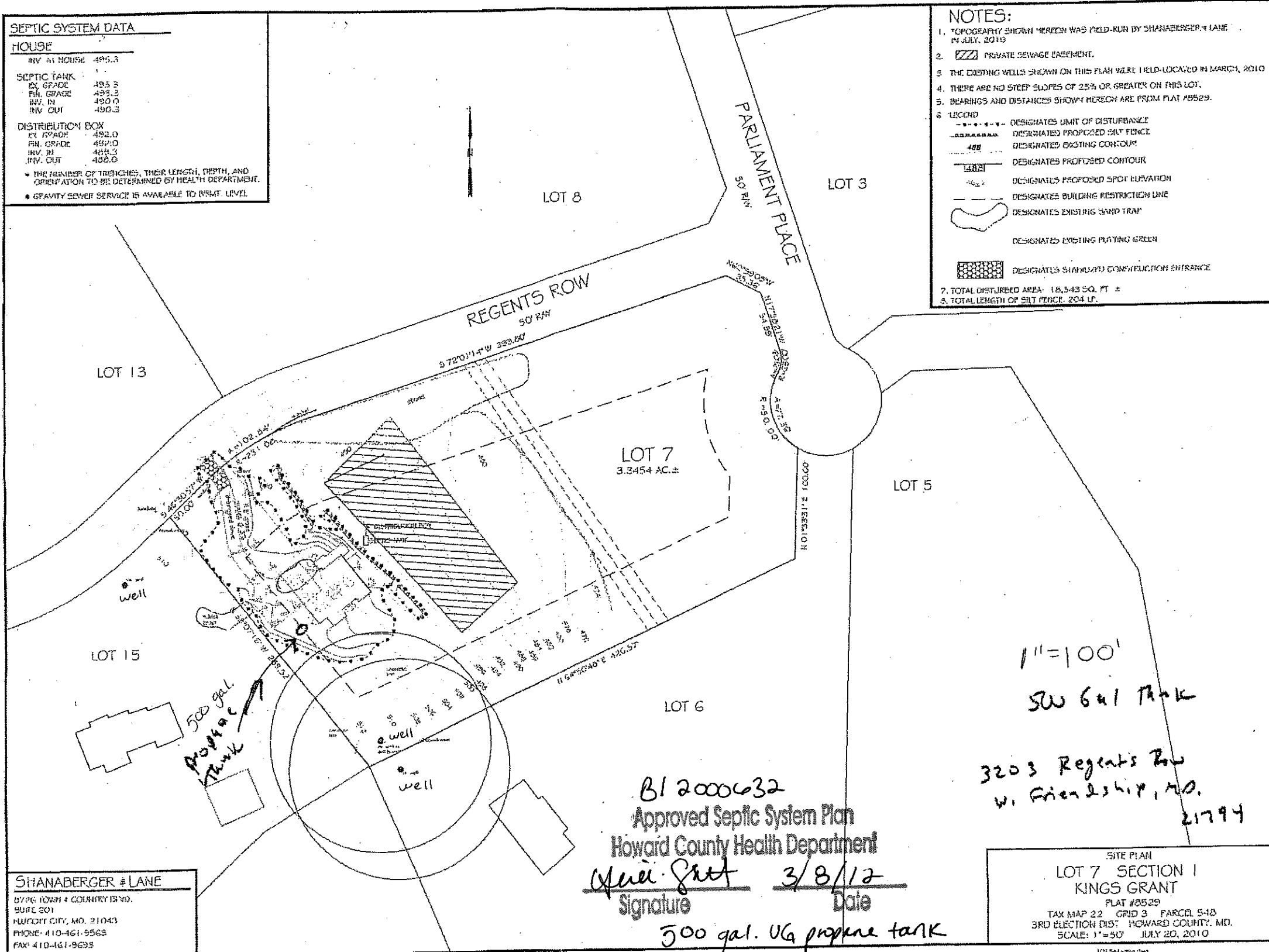
DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

SEPTIC SYSTEM DATA	
HOUSE	
INV. AT HOUSE	495.3
SEPTIC TANK	
EX. GRADE	485.3
FIN. GRADE	495.3
INV. IN	490.0
INV. OUT	480.3
DISTRIBUTION BOX	
EX. GRADE	482.0
FIN. GRADE	492.0
INV. IN	487.3
INV. OUT	482.0
* THE NUMBER OF TRENCHES, THEIR LENGTH, DEPTH, AND ORIENTATION TO BE DETERMINED BY HEALTH DEPARTMENT.	
* GRAVITY SEWER SERVICE IS AVAILABLE TO RSMT LEVEL.	

- NOTES:**
1. TOPOGRAPHY SHOWN HEREON WAS FIELD-RUN BY SHANABERGER & LANE IN JULY, 2010.
 2. [Symbol] PRIVATE SEWAGE EASEMENT.
 3. THE EXISTING WELLS SHOWN ON THIS PLAN WERE FIELD-LOCATED IN MARCH, 2010.
 4. THERE ARE NO STEEP SLOPES OF 25% OR GREATER ON THIS LOT.
 5. BEARINGS AND DISTANCES SHOWN HEREON ARE FROM PLAT #8529.
 6. LEGEND
 - [Symbol] DESIGNATES LIMIT OF DISTURBANCE
 - [Symbol] DESIGNATES PROPOSED SILT FENCE
 - [Symbol] DESIGNATES EXISTING CONTOUR
 - [Symbol] DESIGNATES PROPOSED CONTOUR
 - [Symbol] DESIGNATES PROPOSED SPOT ELEVATION
 - [Symbol] DESIGNATES BUILDING RESTRICTION LINE
 - [Symbol] DESIGNATES EXISTING SAND TRAP
 - [Symbol] DESIGNATES EXISTING PLANTING GREEN
 - [Symbol] DESIGNATES STABILIZED CONVECTION ENTRANCE
 7. TOTAL DISTURBED AREA - 18,543 SQ. FT. ±
 8. TOTAL LENGTH OF SILT FENCE - 204 LF.



SHANABERGER & LANE
 8776 TOWN & COUNTRY BLVD.
 SUITE 201
 HUNTING CITY, MD. 21043
 PHONE: 410-461-9563
 FAX: 410-461-9693

B12000632
 Approved Septic System Plan
 Howard County Health Department
Genei Galt 3/8/12
 Signature Date
 500 gal. UG propane tank

1" = 100'
 SW 6x1 Tank
 3203 Regents Row
 W. Friendship, MD.
 21794

SITE PLAN
 LOT 7 SECTION 1
 KINGS GRANT
 PLAT #8529
 TAX MAP 22 GRID 3 PARCEL 543
 3RD ELECTION DIST. HOWARD COUNTY, MD.
 SCALE: 1" = 50' JULY 20, 2010

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B10002844

Building Address 3131 Lot 7 Regents Row
West Friendship MD 21794
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision Kingswood
 Section _____ Area _____ Lot 7
 Tax Map 22 Parcel 548 Grid 3
 Zoning R1 Map Coordinates _____ Lot Size 2.38

Property Owner's Name Joel & Anna Shinn
 Address 1005 Davidge Dr
 City Columbia State MD Zip Code 21044
 Home Phone 240 426 5296 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein): _____

 Phone 240 426 5296 Fax _____

Existing Use Residential
 Proposed Use SDP
 Estimated Construction Cost \$ 22,000
 Description of Work 4 Bedrooms 4 1/2 Baths 2 1/2
Garage Stone Kitchen Building
 Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Contractor Company Viking Development Corp
 Contact Person Cary Cumberland
 Address 815 Winderiver Dr
 City Silverville State MD Zip Code 21784
 License No. 1185
 Phone 410 777 2188 Fax _____
 Engineer or Architect Company TRC
 Contact Person Jonathan Rivera
 Address 1242 Morgan Station Rd
 City Woodbine State MD Zip Code 21797
 Phone 443-226-5745 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
 Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
 Water Supply: _____
 Public
 Private
 Sewage Disposal: _____
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads

Building Characteristics
 SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: 31 84
 2nd floor: 31 84
 Basement: 315
 Finished Basement Unfinished Basement Crawl
 space Slab on Grade
 No. of Bedrooms 4
 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

Utilities
 Water Supply: _____
 Public
 Private
 Sewage Disposal: _____
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 NFPA #13D
 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 [Signature]
 Email Address cary.cumberland@vikingdevelopment.com
 Title/Company President / Viking Development

Print Name Cary Cumberland
 Date 7-7-11

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

****PLEASE WRITE NEATLY AND LEGIBLY.****

- FOR OFFICE USE ONLY -

AGENCY Land Development, DPZ **DATE** 7-5-11 **SIGNATURE APPROVAL** [Signature]
State Highways _____
Building Officials _____
Dev. Engineering, DPZ _____
Health _____
Fire Protection _____
 Is Sediment Control approval required prior to issuance?
 YES NO
 CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DPZ SETBACK INFORMATION
 Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 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 # _____
Filing fee \$ 200.00
Permit fee \$ _____
Excise tax \$ _____
Add'l per fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # 2274
Validation # _____

SEPTIC SYSTEM DATA

HOUSE

INV. AT HOUSE 495.3

SEPTIC TANK

EX. GRADE 493.3

FIN. GRADE 493.3

INV. IN 492.0

INV. OUT 492.3

DISTRIBUTION BOX

EX. GRADE 492.0

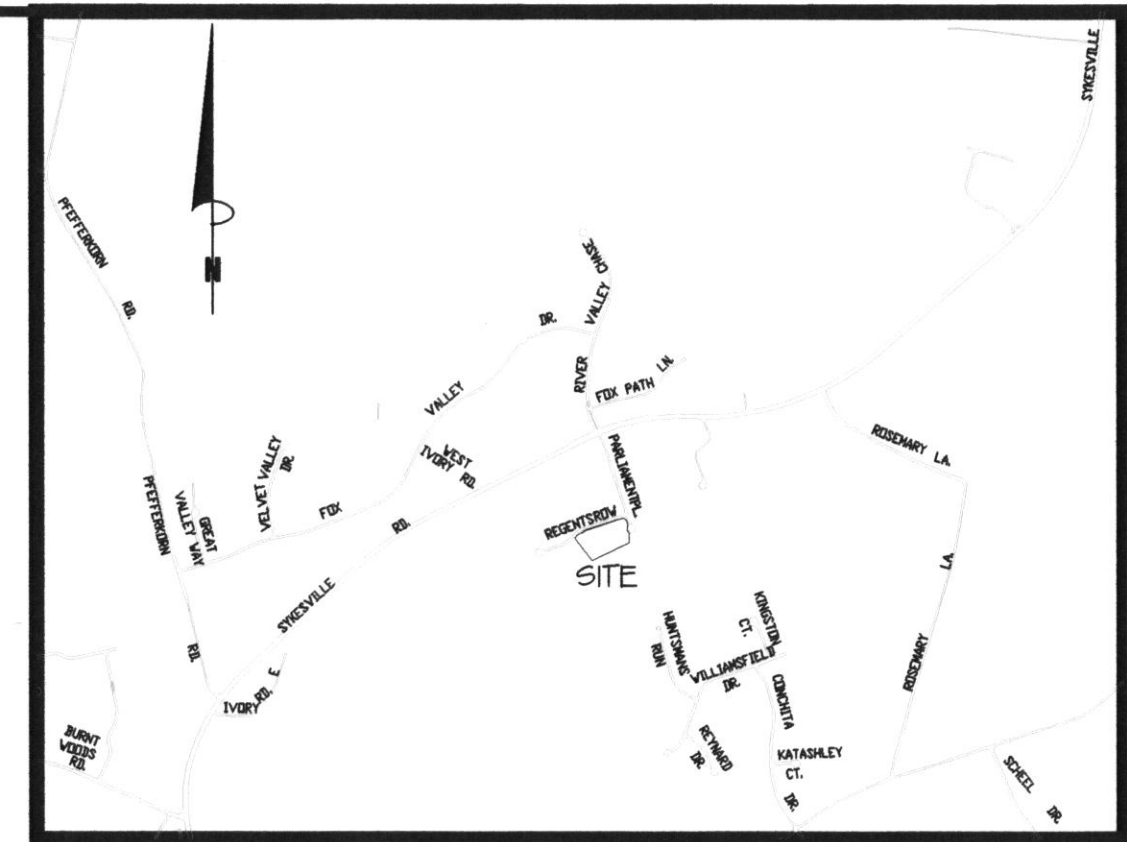
FIN. GRADE 492.0

INV. IN 488.3

INV. OUT 488.0

* THE NUMBER OF TRENCHES, THEIR LENGTH, DEPTH, AND ORIENTATION TO BE DETERMINED BY HEALTH DEPARTMENT.

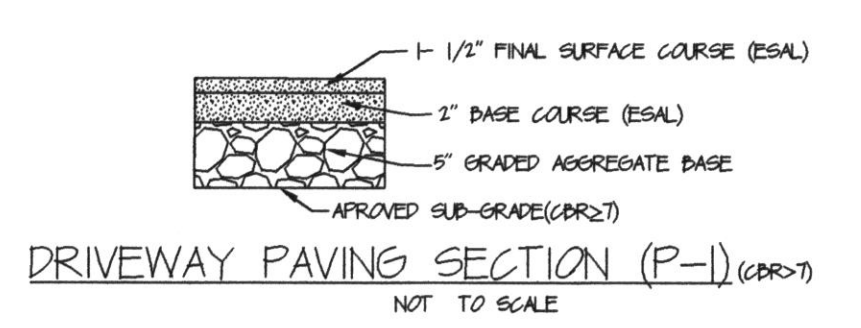
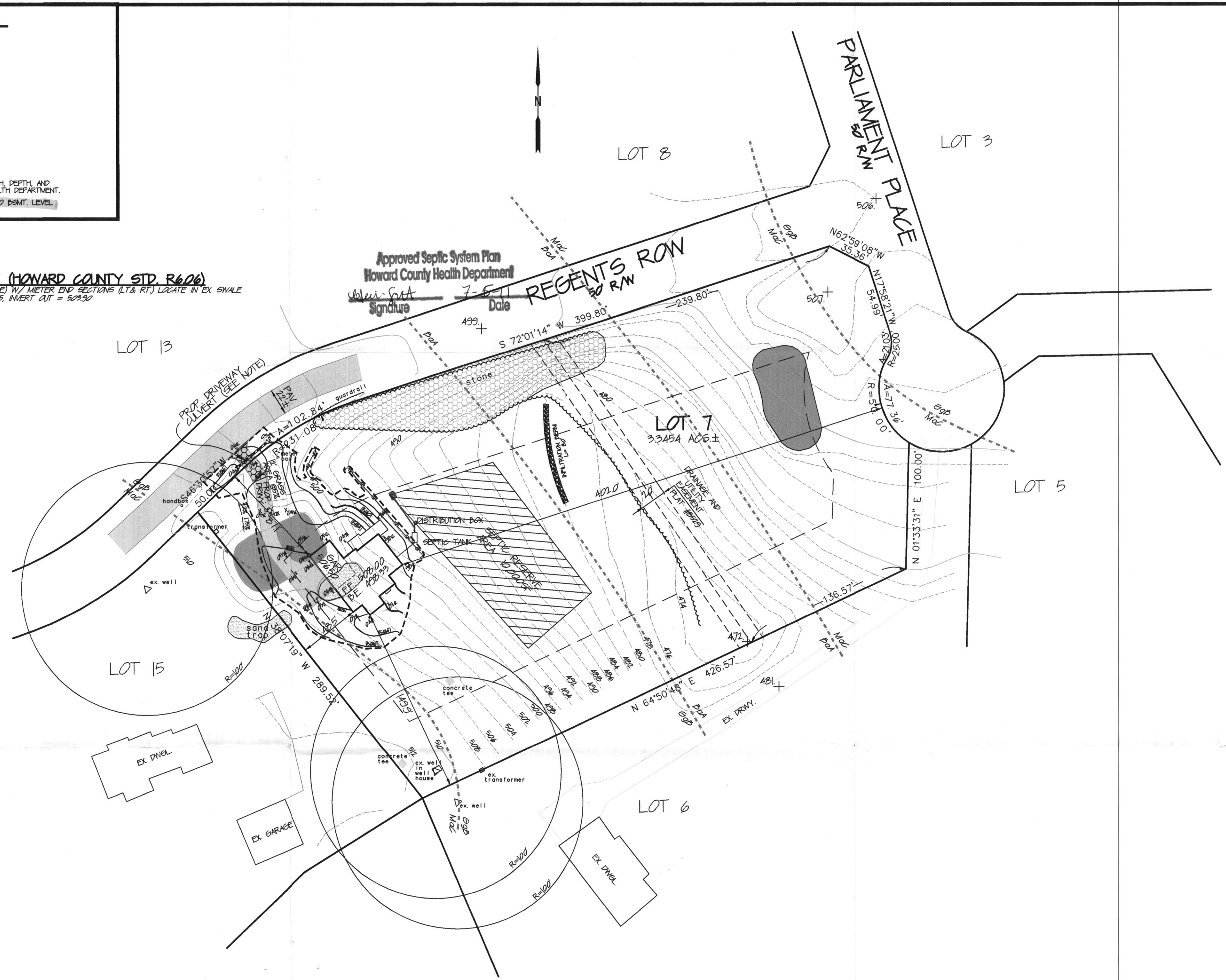
* GRAVITY SEWER SERVICE IS AVAILABLE TO DSMT. LEVEL.



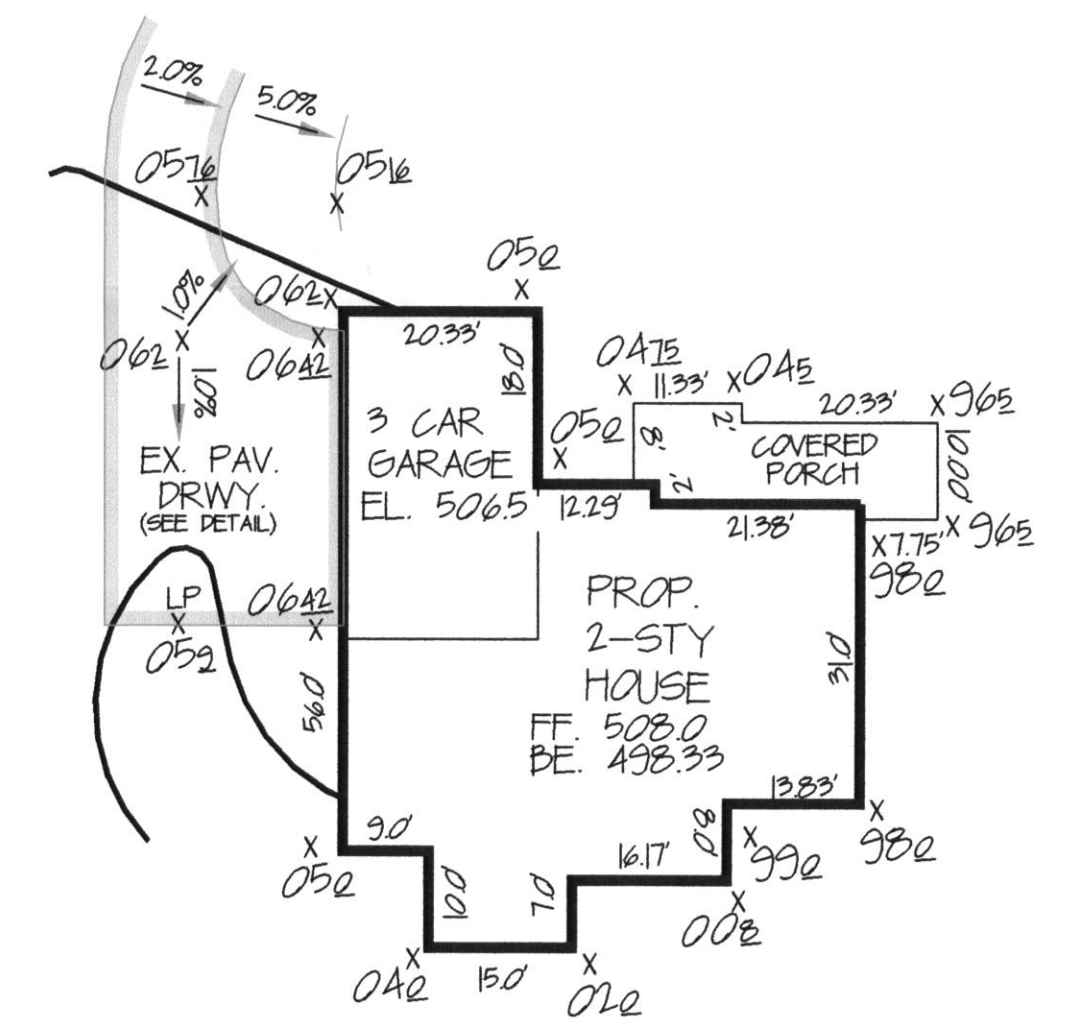
VICINITY MAP
SCALE: 1" = 1000'

DRIVEWAY CULVERT (HOWARD COUNTY STD. R606)
INSTALL 30 LF 12" CMP - (4 GAUGE) W/ METER END SECTIONS (LT & RT) LOCATE IN EX. SNALE
INVERT IN = 504.5, INVERT OUT = 509.30

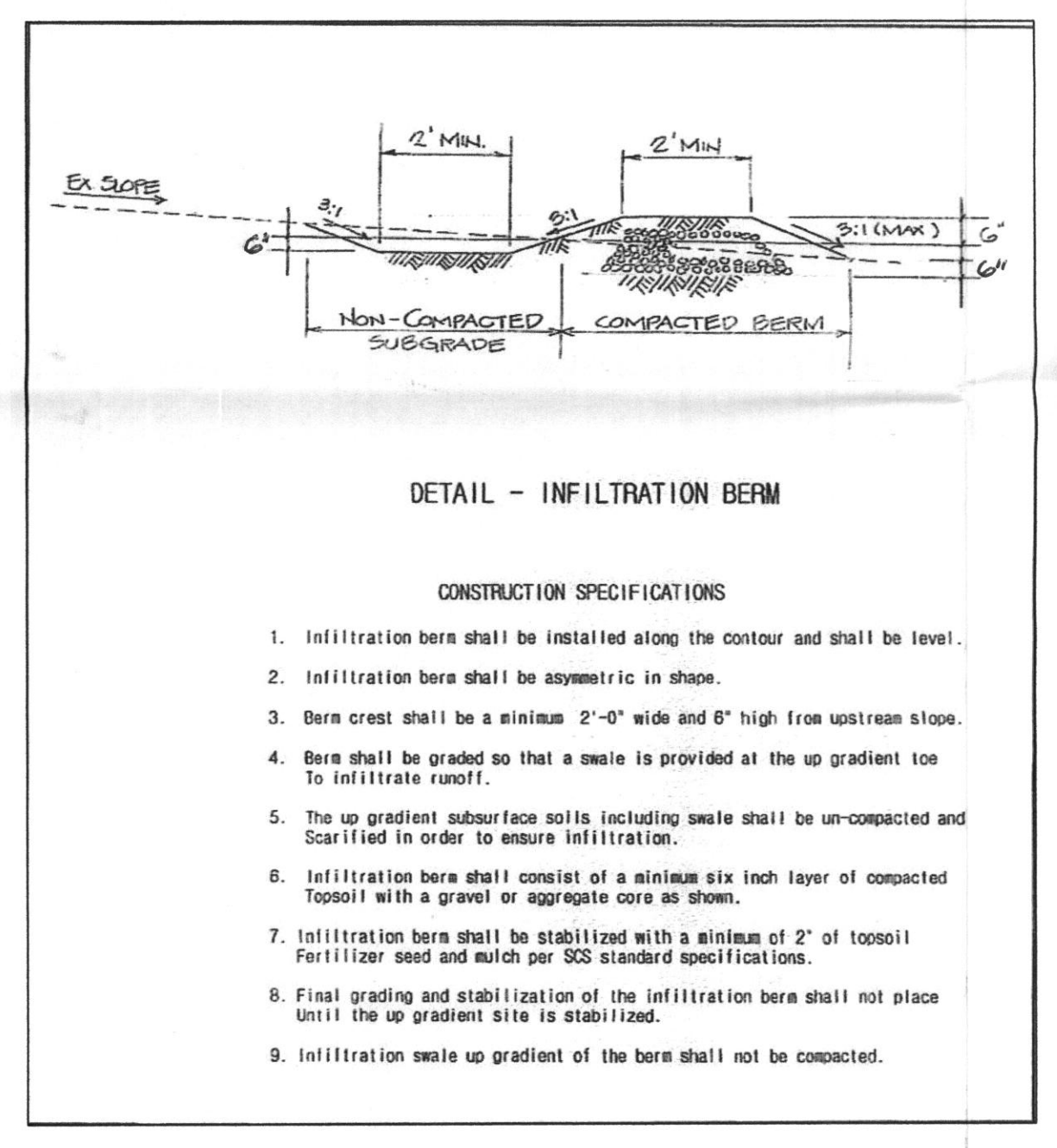
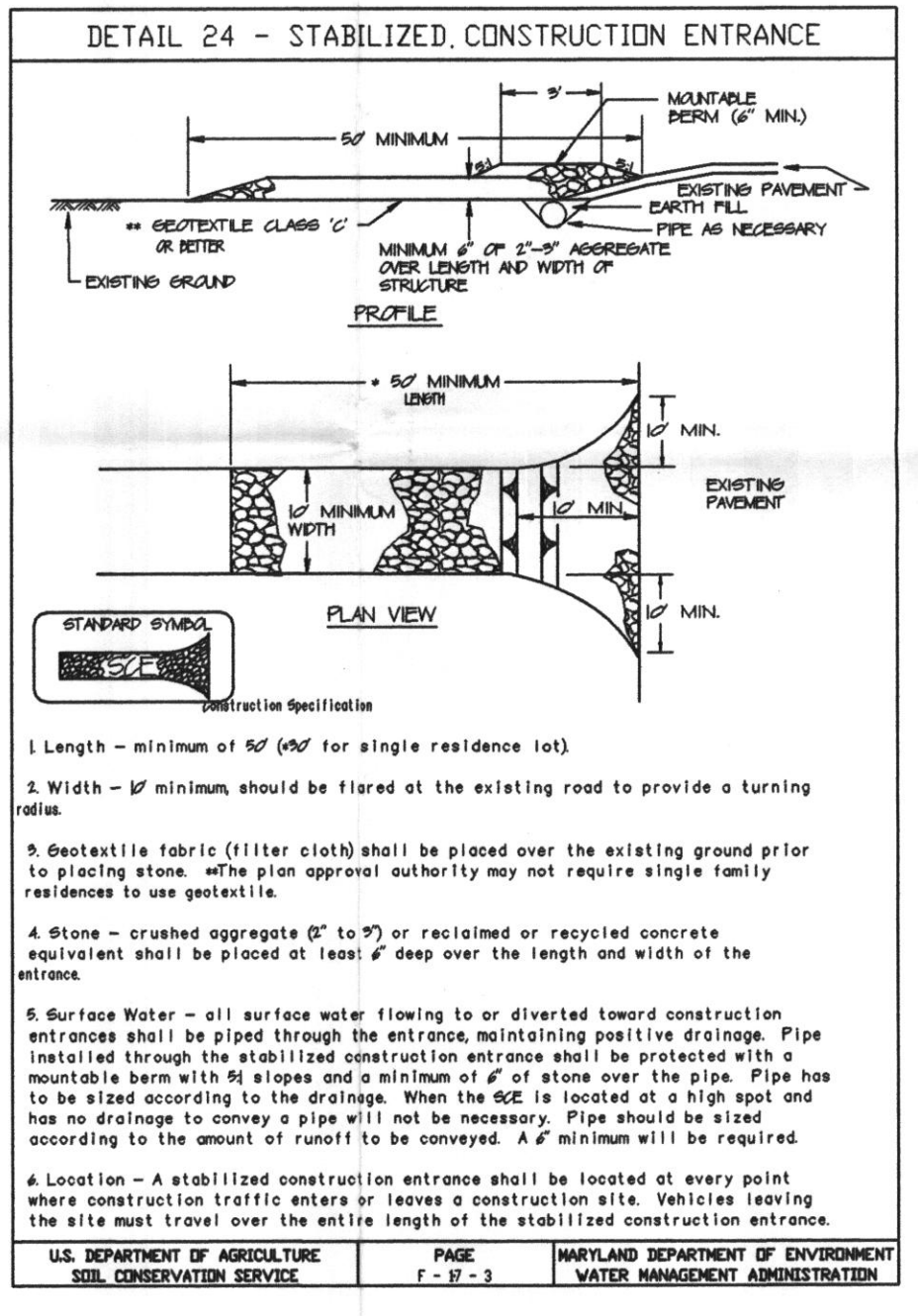
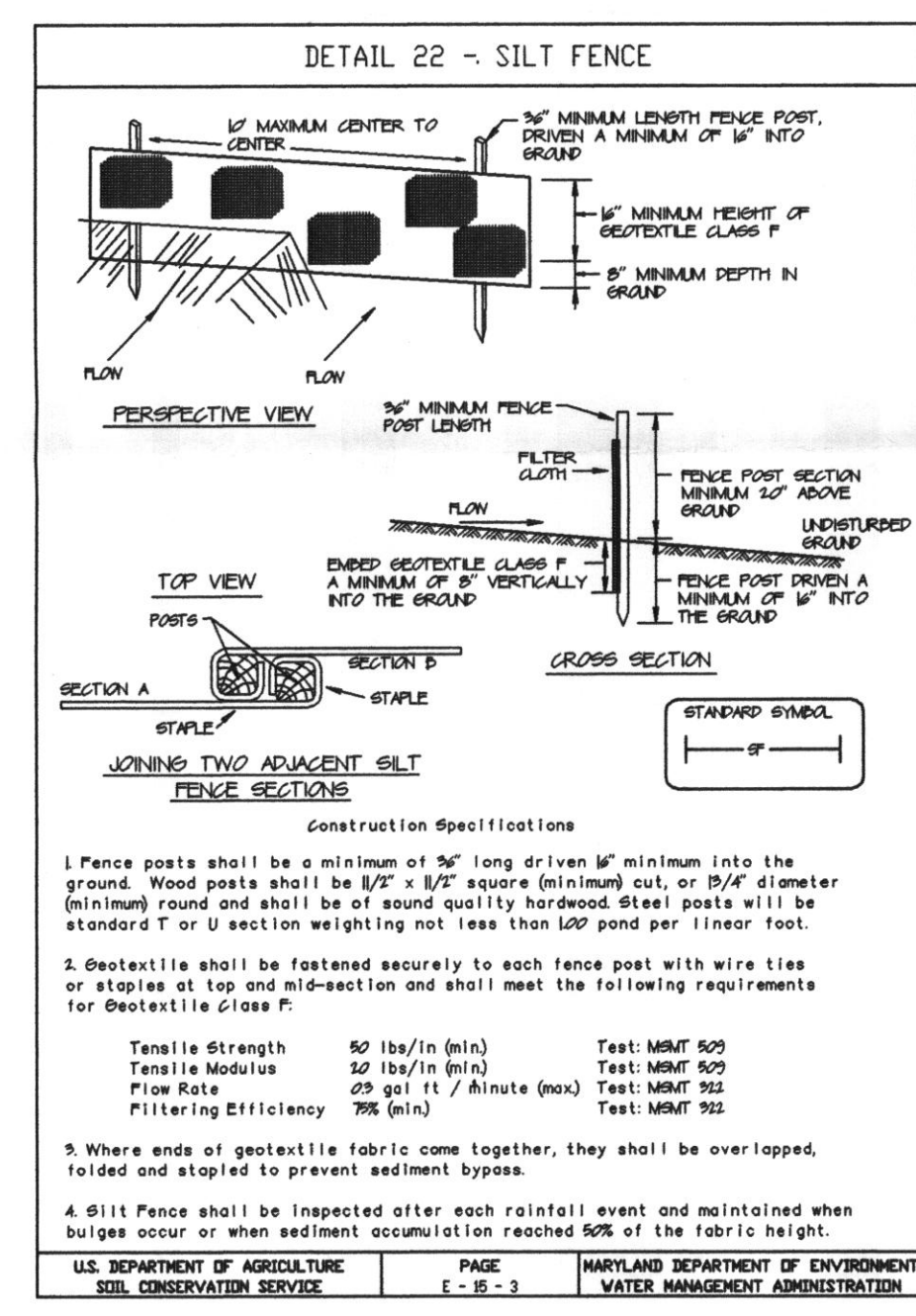
Approved Septic System Plan
Howard County Health Department
Date 7-5-11
Signature [Handwritten Signature]



DRIVEWAY PAVING SECTION (P-1) (DR-1)
NOT TO SCALE



HOUSE DETAIL
SCALE: 1" = 20'



PROFESSIONAL CERTIFICATION
I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AND THAT I AM A FULLY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND. LICENSE NO. 7803

Charles R. Crocken 6/15/11
CHARLES R. CROCKEN, P.E. MD. LICENSE REG. NO. 7803 DATE

LEGEND

- TOPOGRAPHY SHOWN HEREON WAS FIELD-RUN BY SHANDRISBERG & LANE IN JULY, 2010.
- PRIVATE SEWAGE EASEMENT.
- THE EXISTING WELLS SHOWN ON THIS PLAN WERE FIELD-LOCATED IN MARCH, 2010.
- THERE ARE NO STEEP SLOPES OF 25% OR GREATER ON THIS LOT.
- BEARINGS AND DISTANCES SHOWN HEREON ARE FROM PLAT #8523.

LEGEND

- DESIGNATES LIMIT OF DISTURBANCE
- DESIGNATES PROPOSED SILT FENCE
- DESIGNATES EXISTING CONTOUR
- DESIGNATES PROPOSED CONTOUR
- DESIGNATES PROPOSED SPOT ELEVATION
- DESIGNATES BUILDING RESTRICTION LINE
- DESIGNATES EXISTING SAND TRAP
- DESIGNATES EXISTING PUTTING GREEN
- DESIGNATES STABILIZED CONSTRUCTION ENTRANCE

7. TOTAL DISTURBED AREA: 15,382 SQ. FT. ±
8. TOTAL LENGTH OF SILT FENCE: 193 LF.
9. TOTAL IMPERVIOUS AREA: 4,548 SF.

NO.	DATE	REVISION

PLOT PLAN
LOT 7 SECTION 1
KINGS GRANT

PLAT #8523
TAX MAP 22 GRID 3 PARCEL 54B
3RD ELECTION DIST. HOWARD COUNTY, MD.
SCALE: 1" = 50' OCT. 20, 2010

Prepared by: CHARLES R. CROCKEN AND ASSOCIATES, INC.
Civil Engineering - Land Planning
302 LEE AVE
SYKEVILLE, MD 21784
Tel. (410) 549-2708
Fax. (410) 549-3063

TAX MAP 22 PARCEL 54B PROJECT NO:
DESIGNED BY: CHC. DATE: OCT. 20, 2010
DRAWN BY: CHC. SCALE: 1" = 50'
DRAWING NO. ___ OF ___

6/15/11
DATE

STATE OF MARYLAND
CHARLES R. CROCKEN
PROFESSIONAL ENGINEER

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 6-15-11
 To: Permits
 (Person's Name and Division)
 From: V. King Development Corp 410-977-2188
 (Your Name, Company Name and Telephone Number)
 Subject: Project name Kings Grant LO
 Project site address 3203 Regents Row, West Friendship MD
 Permit Number B10002844 SDP # 21794
 Other information pertinent to this project _____

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to Howard County plan review code letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Structural steel certification Site Plans
- Energy conservation calculations
- Certification for _____ (be specific).
- Copies of Site Plan (7) (be specific).
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

Is there anyone else that should be contacted regarding this project if there are questions?
 If so, please list that person's name and telephone number below:
 _____ (Person's name) _____ (Telephone number)

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by S Logan 6/15/11

white: Plan Review Division
 yellow: Applicant
 pink: Permit Division

CC: health
 DET
 zoning