

Building Address 3024 Seneca Lhief Trail
Columbia, MD 21042
6th St City

Property Owner's Name NV Homes
 Address 2200 Defense Hwy. Ste. 301
 City Crofton State MD Zip Code 21114

Suite/Apt. #: N/A SDP/WP/Petition #: 0700-160
 Census Tract 6030 Subdivision Brantwood
 Section 2/1 Area N/A Lot 24
 Tax Map 16 Parcel 54 Grid 22
 Zoning RCDEQ Map Coordinates 1145 Lot size "

Home Phone _____ Work Phone 410 721-4703
 Applicant's Name & Mailing Address, (if other than stated hereon):
Building Permit Services, Inc.
2602 Parallel Path
Abingdon, MD 21009
 Phone 410-315-1212 Fax 410-315-2212

Existing Use Vacant Lot
 Proposed Use SFD
 Estimated Construction Cost \$ 100,000.00
Construct Monticello w/ Horr.Rm.
 Description of Work
2 Sty. Full Bsm. 12R, 3FB, 1HB, FP, Garage.
(4BR) F.L.L. w/ Bath

Contractor Company Other
Pat Orla - Agent
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____ Phone _____ 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 - <i>COMMERCIAL</i>		BUILDING DESCRIPTION - <i>RESIDENTIAL</i>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	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>66'</u> <u>54'</u> 2nd floor: <u>66'</u> <u>60'</u> Basement: <u>66'</u> <u>54'</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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: <u>16' x 6'</u> Footings: _____ Roof: <u>Asph/Gable</u> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	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 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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature] Print Name Frank or Patricia A. Orla
 Building Permit Services, Inc. Date 08-25-00

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

AGENCY _____ DATE <u>9/6/00</u> SIGNATURE APPROVAL <u>Mark [Signature]</u> <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 <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <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 _____ Accepted by <u>[Signature]</u>	PROPERTY ID#: <u>47744</u> Filing fee \$ <u>25.00</u> Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # <u>459485</u> Validation # <u>35187</u>
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CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 4.5 feet

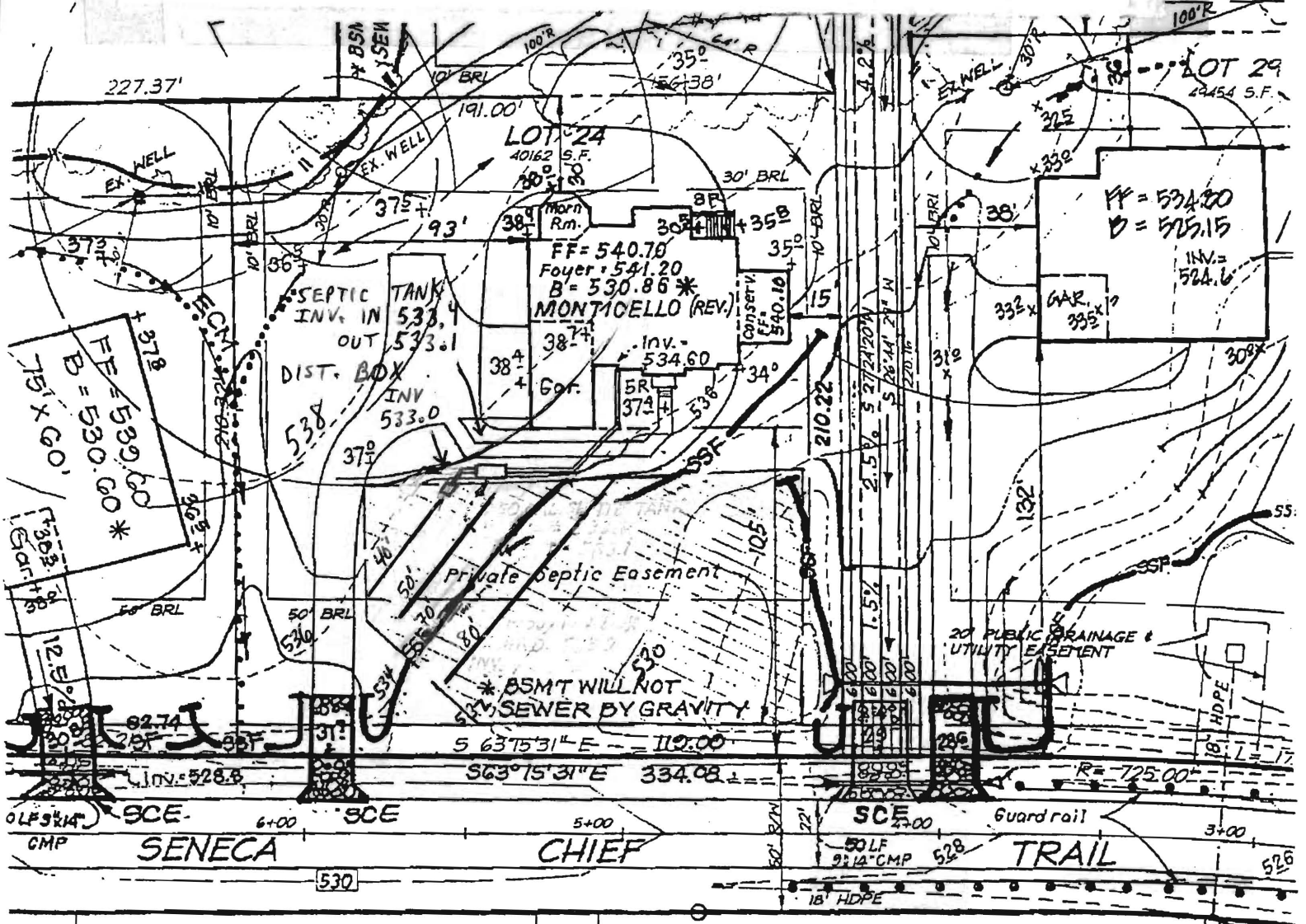
Depth of stone required below distribution pipe 2 feet

MIN. 18" FINISHED COVER AT SEPTIC TANK

Approved Septic System Plan Howard County Health Department

Mark Rifkin 9/6/00
Signature Date

1:50
PLAN BY CFS



ADDED DOUBLE INVERTED EXIT 5/11/00

REAR PL.	10'
SIDE PL.	10'
HOUSE	N/A
SEPTIC	20'
WELL	30'

APPROVED
WALK-THRU BUILDING PERMIT
 BP# 000151115 A# 514944-E
 APP. SAN KSB DATE: 11/10/04
 DESC. OF WORK: 23 x 38 Inground Pool

Maryland POOLS Inc.
 9515 GERWIG LANE SUITE 119 COLUMBIA, MD 21046 410-995-6600
 11166 MAIN STREET SUITE 402 FAIRFAX, VA 22030 703-359-7192
 800-252-SWIM
 WWW.MARYLANDPOOLS.COM

EQUIPMENT LIST

DIRT/GRADING: ON SITE
 SPA: NONE
 RAISED BEAM: NONE
 TILE: STB-808
 COPING: 'SUIT SAVER' - WHITE
 PLASTER: WHITE MARBELITE
 FILTER SYS: C&C 420 SF CART. W/2 HP PUMP
 CLEANING SYS: PCC-2000
 TREATMENT SYS: MINERAL SPRINGS
 CONTROL SYS: NONE
 HEATER: AC-125 (HEAT PUMP)
 LIGHTS: ONE WATTS: 500 VOLTS: 120
 LOVESEAT: (1) @ 10' - INSIDE
 AQUA BENCH: (1) @ 10' W/(4) JETS
 RAIL GOODS: NONE
 DECKING: NONE
 FENCE: BY OWNER
 POOL COVER: NONE TYPE: N/A
 CHEMICALS: \$50 CHEMICAL ALLOWANCE
 OTHER ITEMS: PIPING FOR FUTURE WATERFALL LENS KIT

ELECTRIC: 0 FT.

POOL DATA

SIZE/SHAPE: 23' x 38' - CUSTOM
 POOL AREA: 652 SPA: OTHER:
 TOTAL AREA: 652
 PERIMETER: 108 SPA:
 GALLONAGE: 21,190 DEPTH: 3'-0" TO 6'-0"

DIRECTIONS TO SITE

RT. 32 N. (TO WEST FRIENDSHIP AREA ON RIGHT AT TWIN PINES) TO NEW ROAD. RIGHT ON STILES WAY TO SITE ON RIGHT. ACCESS IS TRICKY, SEE MORT.

MAP #
10
GRID
9-A

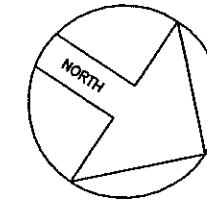
Linda M. & H. Lester Patrick
 3136 Stiles Way
 West Friendship, Maryland 21794
 Howard County

HOME PHONE: 410-489-2669
 OFFICE PHONE: 301-277-6102 (Her)
 OTHER PHONE: 410-277-2977 (His)

SITE PLAN ZONE: ONE

LOT: 5	SUBDIVISION NAME: TWIN PINES	DISTRICT: 03	PIN #: 340325
SCALE: 1"=40'	BY: J.L.R.	DATE: 10/28/04	JOB NUMBER: MS04-7765
			SHEET #: S-1

PRIVATE WELL & PRIVATE SEPTIC

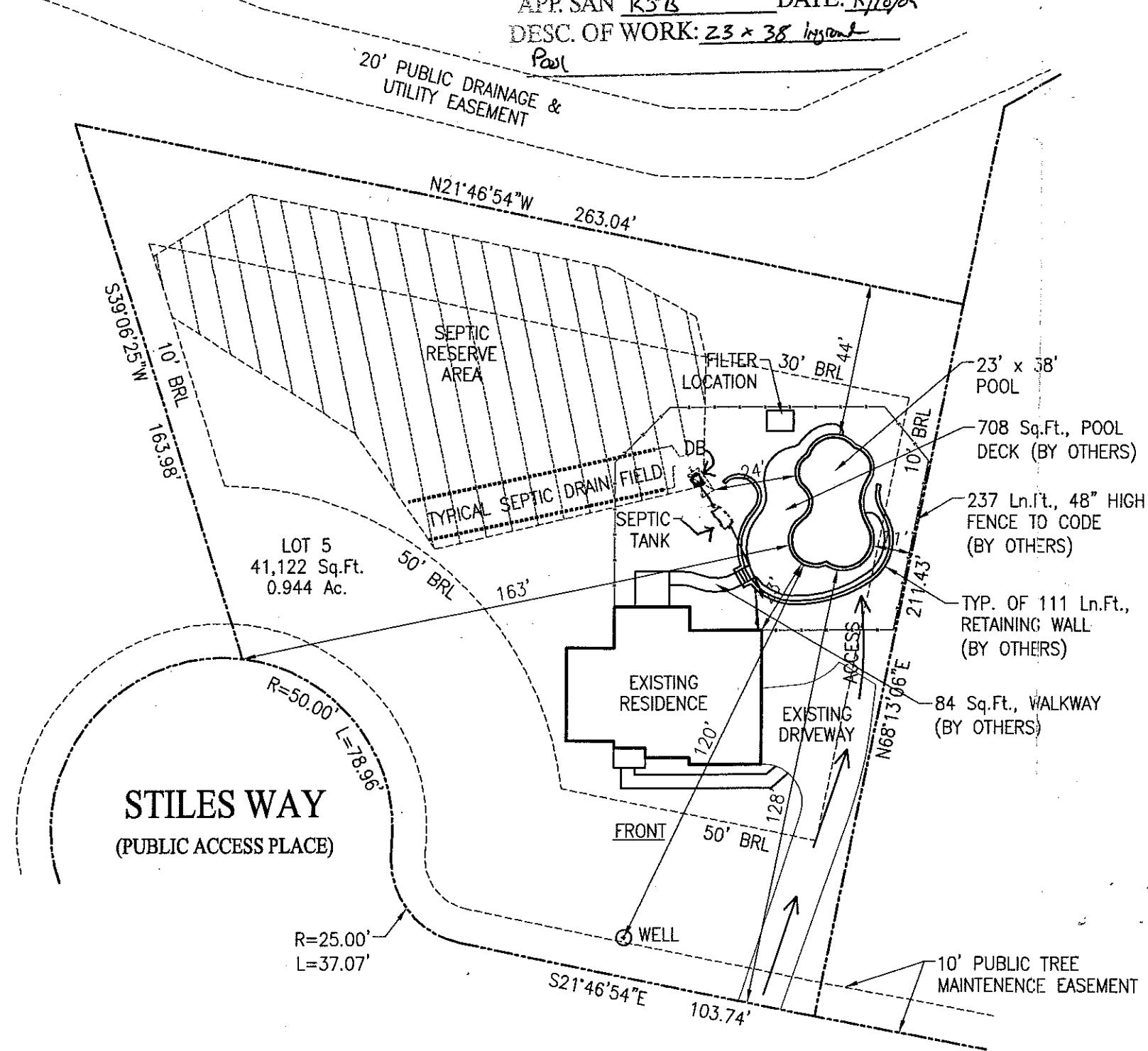


ZONE: ONE

SITE PLAN

1"=40'

LOT 5
TWIN PINES
 ACCOUNT #340325
 MAP 22, GRID 8, PARCEL 17
 ELECTION DISTRICT NO.03
 HOWARD COUNTY, MARYLAND



REVISIONS:
00/00/00