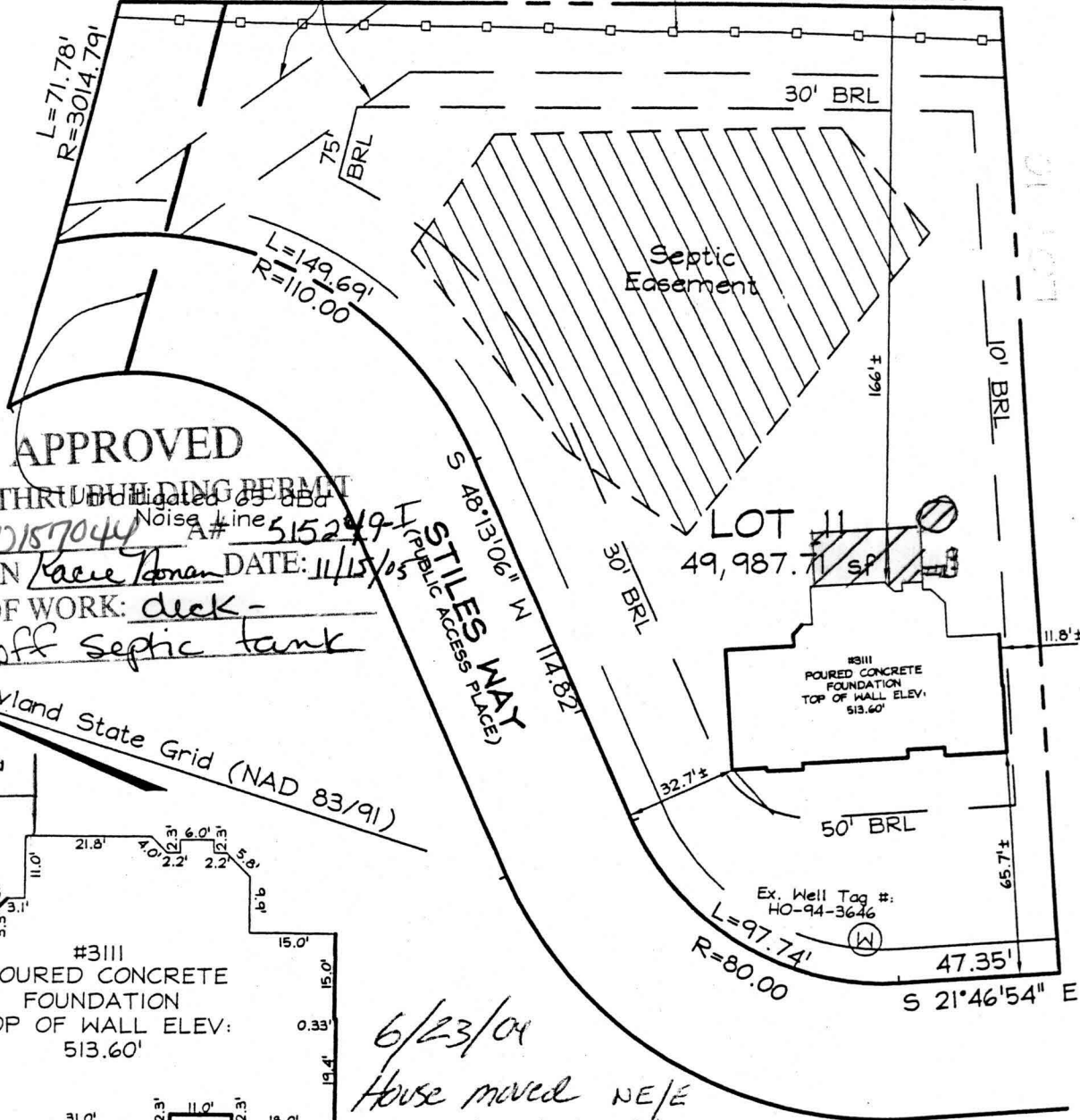


20' Public
Drainage and
Utility Easement

N17°32'07"W

258.22'

Wood Rail Fence
to be relocated



APPROVED

WALK-THROUGH BUILDING PERMIT

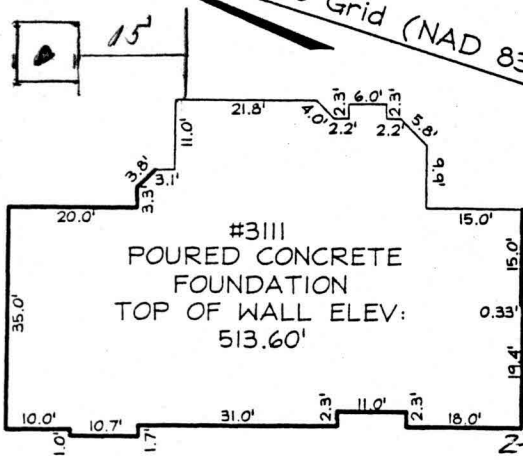
BP# BD0157044 Noise Line A# 515249-I

APP. SAN Race Roman DATE: 11/15/05

DESC. OF WORK: deck -

15' off septic tank

Maryland State Grid (NAD 83/91)



6/23/04
House moved NE/E
2-3' wall check OK
KJB

PLAN VIEW

SCALE: 1"=50'

FOUNDATION DETAIL

SCALE: 1"=30'

LEGEND

F/P	= FIREPLACE	O/H	OVERHANG
B/W	= BAY WINDOW	H/P	HEAT PUMP/AIR COND.
D/W	= DRIVEWAY	G/M	GAS METER
CONC	= CONCRETE	E/M	ELECTRIC METER
DIMENSIONS LABELED ± ARE WITHIN 0.1'			

ADDRESS No.: 3111 STILES WAY
TOP OF WALL ELEV. = 513.60' FIRST FLOOR ELEV. = N/A
THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY
INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE
COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED
TRANSFER, FINANCING OR REFINANCING;
THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ES-
TABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR
OTHER EXISTING OR FUTURE IMPROVEMENTS.

6787-046

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300145761

Mark

Building Address 3111 STILES WAY
WEST FRIENDSHIP MD 21794
Suite/Apt. #: _____ SDP/WP/Petition #: GP#04-47
Census Tract 6030 Subdivision Twin Pines
Section _____ Area _____ Lot 11
Tax Map 22 Parcel 17 Grid 8
Zoning RROCD Map Coordinates _____ Lot size _____

Property Owner's Name D. R. Horton, Inc.
Address 1370 Piccard Dr., St. 230
Rockville, MD 20850
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone 301 670-6144
Applicant's Name & Mailing Address, (if other than stated hereon):
Vicky Meyer, Agent (410)602-8779
Phone _____ Fax _____

Existing Use vacant lot
Proposed Use new single fam. dwelling
Estimated Construction Cost \$ 250,000
Description of Work SEMPASSET w/ RRM SURRM.
AND 2' FAM. RM. EXT., 2 STORY FULL BOUT
RR 3FB 1MB, FC SURRM? 3' - 4' - 5' - 6' - 7' - 8' - 9' - 10' - 11' - 12' - 13' - 14' - 15' - 16' - 17' - 18' - 19' - 20' - 21' - 22' - 23' - 24' - 25' - 26' - 27' - 28' - 29' - 30' - 31' - 32' - 33' - 34' - 35' - 36' - 37' - 38' - 39' - 40' - 41' - 42' - 43' - 44' - 45' - 46' - 47' - 48' - 49' - 50' - 51' - 52' - 53' - 54' - 55' - 56' - 57' - 58' - 59' - 60' - 61' - 62' - 63' - 64' - 65' - 66' - 67' - 68' - 69' - 70' - 71' - 72' - 73' - 74' - 75' - 76' - 77' - 78' - 79' - 80' - 81' - 82' - 83' - 84' - 85' - 86' - 87' - 88' - 89' - 90' - 91' - 92' - 93' - 94' - 95' - 96' - 97' - 98' - 99' - 100'

Contractor Company D. R. Horton, Inc.
Address 1370 Piccard Dr., St. 230
Rockville, MD 20850
Contact Person _____
City _____ State _____ Zip Code _____
License No. 535
Phone 301 670-6144 Fax _____

Occupant or Tenant see owner
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company FSH ASSOC
Contact Person PAUL SILL
Address 8218 FARMST ST
City ELLICOTT CITY State MD Zip Code 21043
Phone 410-750-2251 Fax 410-750-2250

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>80'</u> <u>52'</u> 2nd floor: <u>80'</u> <u>46'</u> Basement: <u>60'</u> <u>52'</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u>4</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" 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: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
State Certified Modular _____ 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.

V. Meyer
Applicant's Signature
agent, MD BLDG. PERMITS INC.
Title/Company

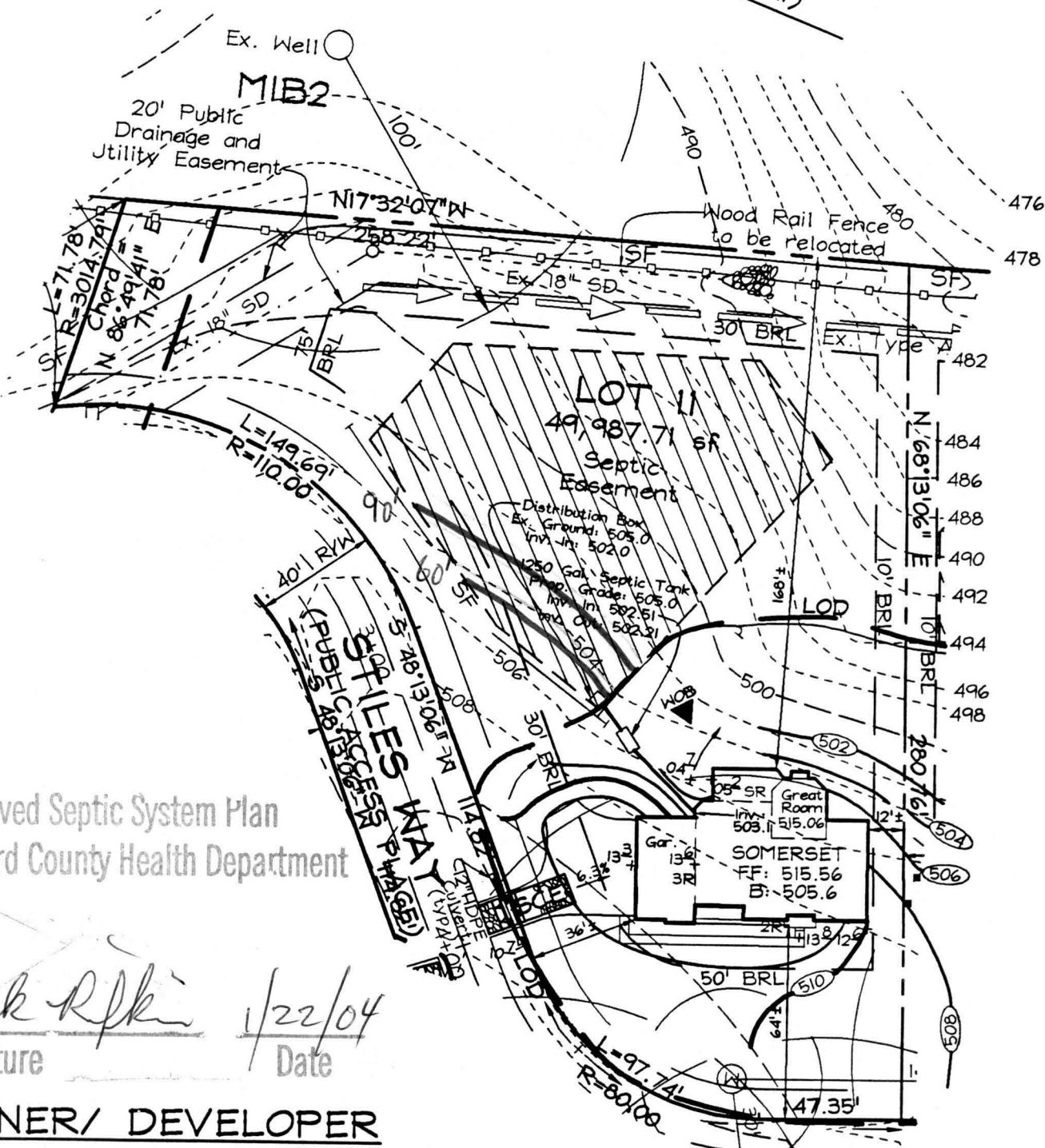
Vicky Meyer, Agent (410)602-8779
Print Name
1/9/04
Date

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: _____	6787-046
State Highways			Rear: _____	Filing fee \$ <u>100</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ	<u>1/22/04</u>	<u>Mark Reffkin</u>	Side St: _____	Excise tax \$ _____
Health			All minimum setbacks met?	Add'l per. fee \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Sub-total paid \$ _____
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Check # <u>402406</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>33830</u>
			Lot Coverage for New Town Zone _____	Accepted by _____
			SDP/Red-line approval date _____	

Maryland State Grid (NAD 83/91)



Approved Septic System Plan
Howard County Health Department

Mark R. Fink 1/22/04
Signature Date

OWNER/ DEVELOPER

D.R. Horton
1370 Piccard Drive, Suite 230
Rockville, Maryland 20850
Tel: (301)-670-6144

FSH Associates

Engineers Planners Surveyors
8318 Forrest Street Ellicott City, MD 21043
Tel: 410-750-2251 Fax: 410-750-7350
E-mail: FSHAssociates@cs.com

Notes:
1. See Approved Grading Plan GP-04-47 for Entire Site.
2. The existing well shown on this plan (identified with the attached well tag number: HO-94-3646) has been field located by C. B. Miller professional surveyor and is accurately shown.

DESIGN BY: PS
DRAWN BY: KSZ
CHECKED BY: ZYF
SCALE: 1"=50'
DATE: Jan. 08, 2004
W.O. No.: 3211
SHEET No.: 1 OF 1

**LOT RESITE
LOT II
TWIN PINES**

TAX MAP 22, GRID 8
3RD ELECTION DISTRICT

PARCEL 17
HOWARD COUNTY, MARYLAND