

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER
 B10001482

Building Address ~~1495 Patterson Farm Ct.~~
 13920 Ryan Drive *connection 8-9-10*
 Suite/Apt. #: _____ SDPWP/Petition #: _____
 Census Tract _____ Subdivision Gandy Estates
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ _____
 Description of Work _____

Contractor Company _____
 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 - 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"/> 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"/>
Construction type: _____ _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads

Building Characteristics	Utilities
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 _____ Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Water Supply: _____ _____ Public _____ Private Sewage Disposal: _____ _____ Public _____ Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ _____ State Certified Modular _____ Manufactured Home	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"/> _____ 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 _____

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	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: _____	Adm'l per. fee \$ _____
Health <u>8-24-10</u>		<u>DP Bernard</u>	Minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Substantial part \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lat Coverage for New Town Zone _____	Check # _____
CONT STOP START: <input type="checkbox"/>			SDP/Redline approval date _____	Validation # _____
Distribution of Copies: White: Building Official Green: JDL DPZ Yellow: DEC DPZ Pink: Health Gold: SHA			Accepted by _____	

GR-5

*pull permit
not issued*

slas -

Glenelg Estates
13920 Ryon Drive
Glenelg Maryland 21737

August 9, 2010

8/10/10

Ms. Avis L. Corbin-
Chief of Licenses and Permits Division
3430 Court House Drive
Ellicott City Maryland 21043

*all Heart Dept
301
JED
slas - Review*

Re: Address Correction
B10001482- Permit Number
Glenelg Estates Lot #28

Dear Ms. Corbin

Thank you for taking the time to review the attached documentation. The reason for the letter is that there was a mistake on the original site plan that I submitted with the permit package. The actual address of the home is 13920 Ryon Drive. On the original address labeled on the paperwork was 14095 Patterson Farm Court.

Please accept my apologies for the mistake. I have attached corrected site plans for the various departments for their review.

Please contact me with any questions or concerns of any kind at 410-320-0223 or mmartin3@tollbrothersinc.com.

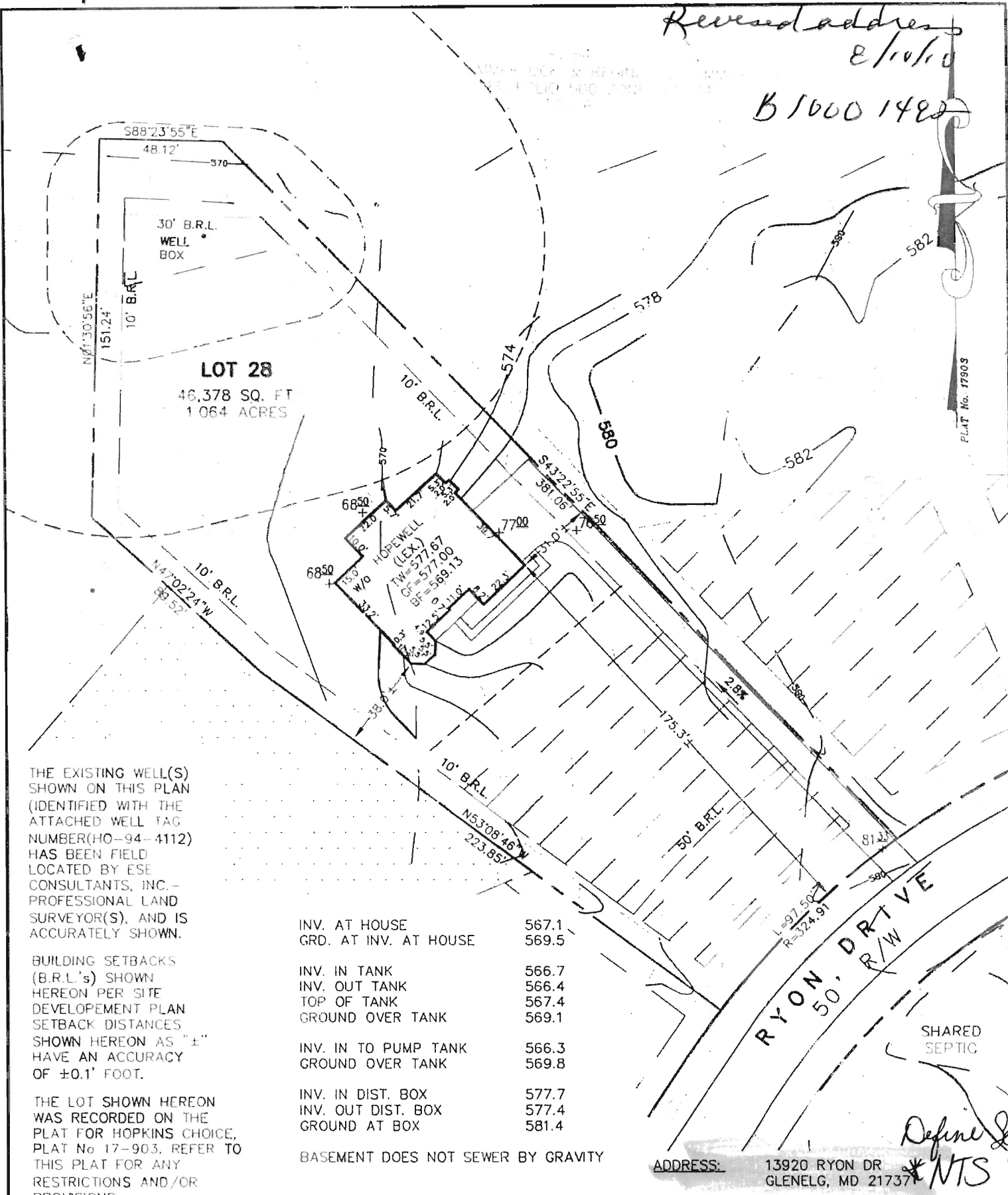
Mike

Sincerely,

TOLL BROTHERS, INC.
Project Manager

Revised address
8/10/10

B10001482



THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER(HO-94-4112) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC. - PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPEMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR HOPKINS CHOICE, PLAT No 17-903. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

INV. AT HOUSE	567.1
GRD. AT INV. AT HOUSE	569.5
INV. IN TANK	566.7
INV. OUT TANK	566.4
TOP OF TANK	567.4
GROUND OVER TANK	569.1
INV. IN TO PUMP TANK	566.3
GROUND OVER TANK	569.8
INV. IN DIST. BOX	577.7
INV. OUT DIST. BOX	577.4
GROUND AT BOX	581.4

BASEMENT DOES NOT SEWER BY GRAVITY

ADDRESS: 13920 RYON DR
GLENELG, MD 21737

Define Septic
*NTS

WELL No. HO-94-4112

- TYPE: HAMPTON (LEXINGTON) -
- WALKOUT BASEMENT
 - EXPANDED BASEMENT
 - ADD'L 1' TO HEIGHT OF BASEMENT
 - SOLARIUM ADDITION
 - BRICK FRONT STOOP
 - TRADITIONAL FIRE PLACE I.L.O. DES. FP

- OPTION No. 017
- OPTION No. 046
- OPTION No. 070
- OPTION No. 501
- OPTION No. 633
- OPTION No. 633

PLOT PLAN
 LOT #28
GLENELG ESTATES
 LIBER 07504, FOLIO 0437
 PLAT No. 17903
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND



ESE Land Planning
Engineering
Land Surveying

ESE Consultants Inc
7164 Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-4870

DATE: 6/28/10 SCALE: 1"=40' FILE: 2975 Lot 28 Hampton
 CHK'D: MJB JOB#: 2975 DRAWN: GVS/GRC

Scanned 5/28/10 dth

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2456 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B10001482

Building Address ~~14015 Patterson Farm Ct~~
13920 Regor Dr
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot 28
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Toll MA II LP
Address 14540 Edgewoods Way
City Glenely State MA Zip Code 21737
Phone 410-320-0223
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Vacant lot
Proposed Use Single Family Dwelling
Estimated Construction Cost \$ 325,000
Description of Work Home w/ Expanded
Bsmt, Solarium, Rear flp

Contractor Company Toll MA II LP
Contact Person Mike Martini
Address 14540 Edgewoods Way
City Glenely State MA Zip Code 21737
License No. _____
Phone 410-320-0223 Fax 410-489-2278

Occupant or Tenant Toll MA II LP
Contact Name Mike Martini
Address 14540 Edgewoods Way
City Glenely State MA Zip Code 21737
Phone _____ Fax _____

Engineer or Architect Company ESE
Contact Person Greg Stewart
Address 7164 Columbia Gateway Drive
City Columbia State MA Zip Code 21046
Phone 410-381-3075 Fax 410-872-4870

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
1st floor: Depth 50' Width 58'-8"
2nd floor: 45' 58'-8"
Basement: 50' 58'-8"
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms 4
Height: 35'
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 Height: _____
____ 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 ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature
Manager / Tol Boethin
Title/Company

Print Name
Mike Martini
Date
5/28/10

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

Selection 6569.82

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development, DPZ			
State Highways			
Planning Official			
City Engineering, DPZ			
Health			
Fire Protection			

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

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

DPZ SETBACK INFORMATION		PROPERTY ID#
Front: _____	Filing fee	\$ 150.00
Rear: _____	Permit fee	\$ 1037.34
Side: _____	Excise tax	\$ 5474.85
Side St.: _____	Add'l per. fee	\$ 103.73
All minimum setbacks met?	TOTAL FEES	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$ _____
Is Entrance Permit required?	Balance due	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check #	09207325
Historic District?	Validation #	_____
YES <input type="checkbox"/> NO <input type="checkbox"/>		
Lot Coverage for NewTown Zone		
SDP/Red line approval date	Accepted by	

217162

Building Address: 13920 Ryan Dr
Glen Eig

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

Census Tract: _____ Subdivision: _____

Section: 7 Area: _____ Lot: 28

Tax Map: 21 Parcel: 111 Grid: 12

Zoning: _____ Map Coordinates: _____ Lot Size: 1.06

Property Owner's Name: Edward + Deborah Kelly
 Address: 13920 Ryan Rd
 City: Glen Eig State: M Zip Code: 21137

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein):
Karen Rowley
293 Southland Ct Dunkirk MD 20754

Phone: 410 507 7705 Fax: _____

Email: khkpermits05@yahoo.com

Existing Use: SFD

Proposed Use: Inground pool

Estimated Construction Cost: \$ 30,000.00

Description of Work: 24' x 46' inground concrete pool, depth 3' to 8'; fence to code, filled by truck

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: Sunrise Pro Pats '15
 Contact Person: Karen Rowley
 Address: _____
 City: Anna State: MD Zip Code: _____

License No.: 45494

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input checked="" 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 checked="" 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.

Karen Rowley Applicant's Signature Karen Rowley Print Name
5/2/2013 Date

 Email Address

 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>5/2/13</u>	<u>Heider Scott</u>
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

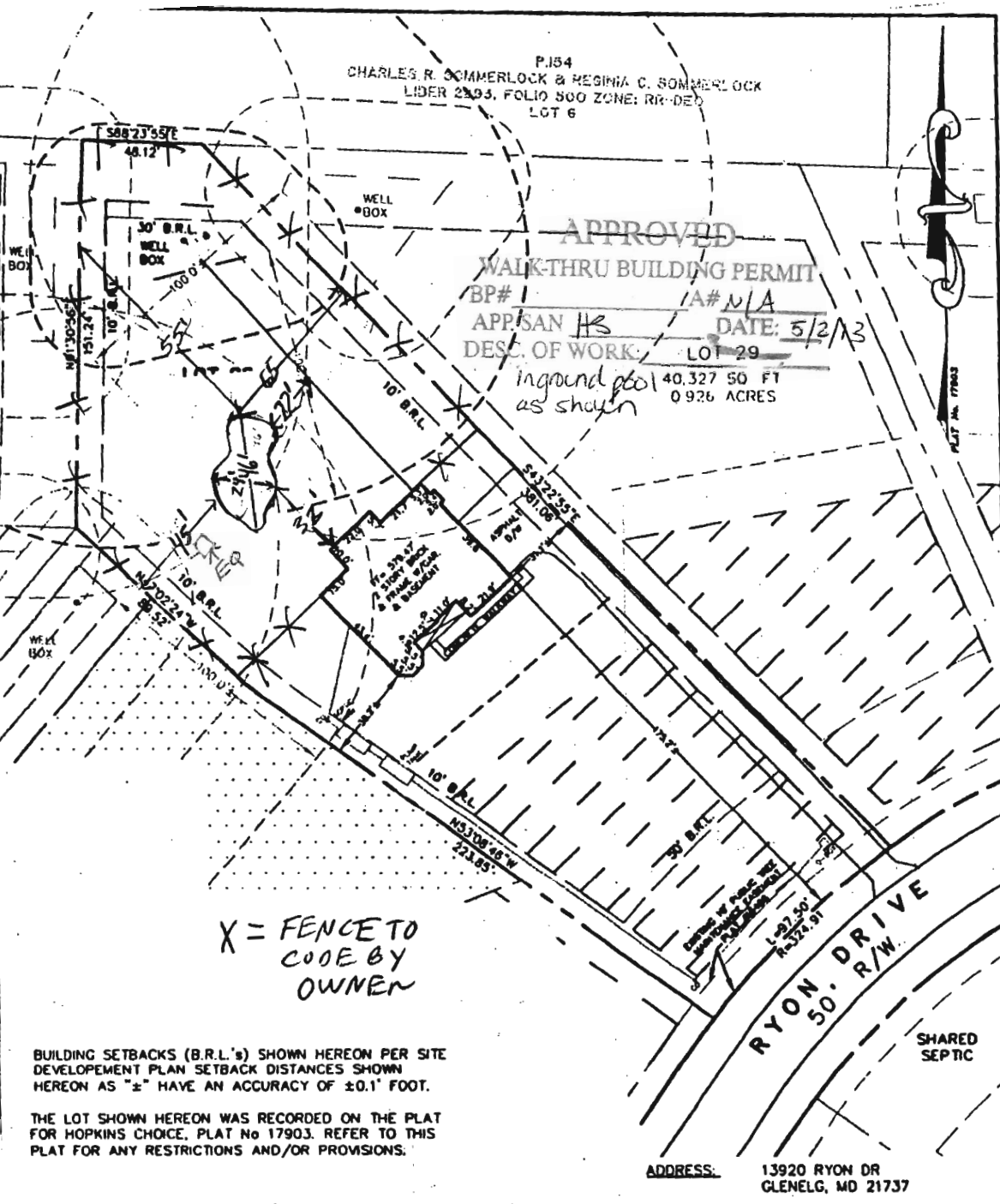
Historic District? Yes No

Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

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

P.154
 CHARLES R. SOMMERLOCK & REGINA C. SOMMERLOCK
 LIDER 2903, FOLIO 500 ZONE: RR-DEE
 LOT 6



APPROVED
WALK-THRU BUILDING PERMIT
 BP# _____ IA# N/A
 APPLICANT: HS DATE: 5/2/13
 DESC. OF WORK: LOT 29
inground pool 40,327 SQ FT
as shown 0.926 ACRES

X = FENCE TO
 CODE BY
 OWNER

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPEMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR HOPKINS CHOICE, PLAT No 17903. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

ADDRESS: 13920 RYON DR
 GLENELG, MD 21737

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE POSITION OF THE EXISTING IMPROVEMENTS SHOWN HEREON HAVE BEEN CAREFULLY ESTABLISHED BY ACCEPTED LAND SURVEYING PRACTICES AND THAT, UNLESS SHOWN, THERE ARE NO VISIBLE ENCROACHMENTS EITHER WAY ACROSS THE PROPERTY LINES. THE PLANS IS OF BENEFIT TO A 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 PLAN IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS. THE PLAN DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURED FINANCING OR REFINANCING. THIS DRAWING WAS PREPARED W/O THE BENEFIT OF A TITLE REPORT.

21328 *ajf/ajf*
 SIGNATURE: MICHAEL JOE BOYCE REG. LIC. NO. DATE

LOCATION DRAWING
 LOT #28
HOPKINS CHOICE
 LIBER 07504, FOLIO 0437
 PLAT No. 17903
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND



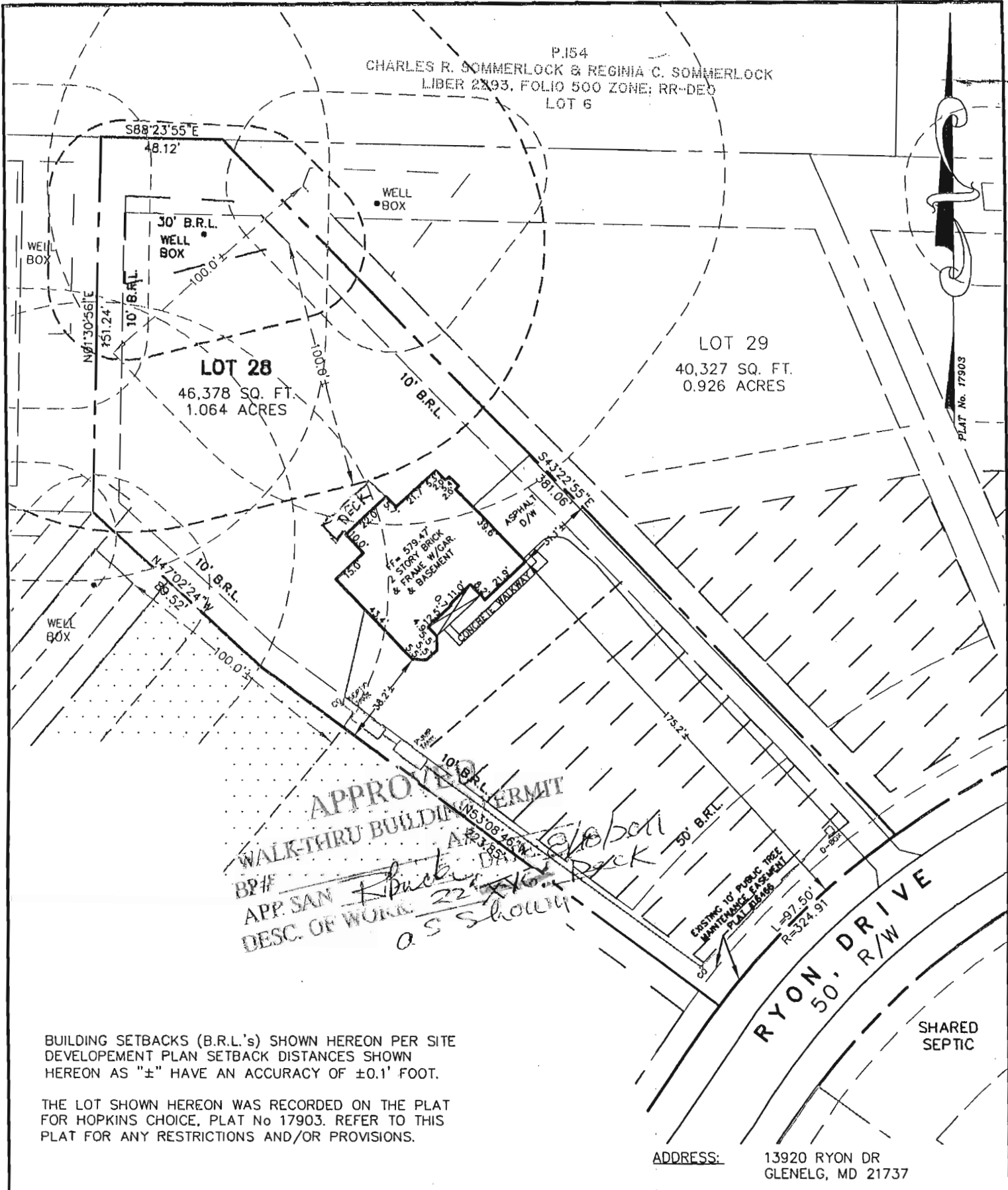
ESE Land Planning
 Engineering
 Land Surveying

ESE Consultants Inc.
 7164 Columbia Gateway Dr.
 Suite 203
 Columbia, MD 21046
 TEL: 410-872-9105
 FAX: 410-872-4870

DATE: 1/27/11 SCALE: 1"=50' FILE: 2975 Lot 28 Final
 CHK'D: MJB JOB#: 2975 DRAWN: CRC

28, 2011 - 8.24 am P:\Projects\2975 Hopkins Choice_Survey\Lot 28\Draw\2975 Lot 28 Tracing.ccdraw

P.154
 CHARLES R. SOMMERLOCK & REGINA C. SOMMERLOCK
 LIBER 2893, FOLIO 500 ZONE; RR-DEO
 LOT 6



BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPEMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR HOPKINS CHOICE. PLAT No 17903. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

ADDRESS: 13920 RYON DR
 GLENELG, MD 21737

SURVEYOR'S CERTIFICATE

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SIGNATURE: MICHAEL JOE BOYCE
 MD. LIC NO. 21328
 DATE 2/28/11

LOCATION DRAWING
 LOT #28
HOPKINS CHOICE
 LIBER 07504, FOLIO 0437
 PLAT No. 17903
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND



ESE Consultants Inc.
 7164 Columbia Gateway Dr.
 Suite 203
 Columbia, MD 21046
 TEL: 410-872-9105
 FAX: 410-872-4870

DATE: 1/27/11 SCALE: 1"=50' FILE: 2975 Lot 28 Final
 CHK'D: MJB JOB#: 2975 DRAWN: CRC

G:\Projects\2975_Hopkins Choice\Lot 28\Final\2975 Lot 28 Final.dwg CCONWAY

B11002492

Building Address: 13920 Ryan Dr
Glenely MD 21737

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Edward J Kelly

Address: 13920 Ryan Dr

City: Glenely State: MD Zip Code: 21737

Home Phone: 7036976712 Work Phone: 7036976712

Applicant's Name & Mailing Address, (If other than stated herein): _____

Existing Use: Single Family Home

Proposed Use: Deck

Estimated Construction Cost: \$ 10,000

Description of Work: 22' x 16' Deck
attached to house off
SW Room

Phone: _____ Fax: _____

Email: Edward.Kelly@OSD.MIL

Contractor Company: _____

Contact Person: Self

Address: _____

City: _____ State: _____ Zip Code: _____

License No.: _____

Phone: _____ Fax: _____

Email: _____

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: Self

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 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: <u>36</u> <u>60</u>	<input checked="" type="checkbox"/> Private
2 nd floor: <u>36</u> <u>60</u>	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>4</u>	<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 checked="" 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.

Edward J Kelly
 Applicant's Signature

Edward.Kelly@OSD.MIL
 Email Address

 Title/Company

Edward J Kelly
 Print Name

8/11/11
 Date

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>9/18/11</u>	<u>R. Bucken</u>
Fire Protection		

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

Walk - thru

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

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B10003576

Building Address 13920 Ryan Dr Glenelg
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Hopkins Choice
Section _____ Area _____ Lot 28
Tax Map 21 Parcel 111 Grid 12
Zoning _____ Map Coordinates _____ Lot size 1.06 A

Property Owner's Name Toll MD II Limited Partnership
Address 19775 Belmont Executive Plz

City Asuburn State VA Zip Code 20147

Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Jeremy Clancy 7051 Macbethway
Eldersburg MD 21784
Phone 4433401329 Fax _____

Existing Use SFD
Proposed Use SFD +
Estimated Construction Cost \$ 6,000
Description of Work To install a 1000 gal
PROPANE TANK inground

Contractor Company Valley National Gas
Contact Person William Gerwig
Jeremy Clancy

Address 7201 Montendo Rd
City Jessup State MD Zip Code 20794
License No. 67793 4107991114
Phone 4433401329 Fax _____

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

Engineer or Architect Company Contractor
Contact Person Contractor

Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

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: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input checked="" type="checkbox"/> Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms _____	
Height: _____	
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 Height: _____	
State Certified Modular _____	
Manufactured Home _____	

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Applicant's Signature [Signature]
Title/Company _____

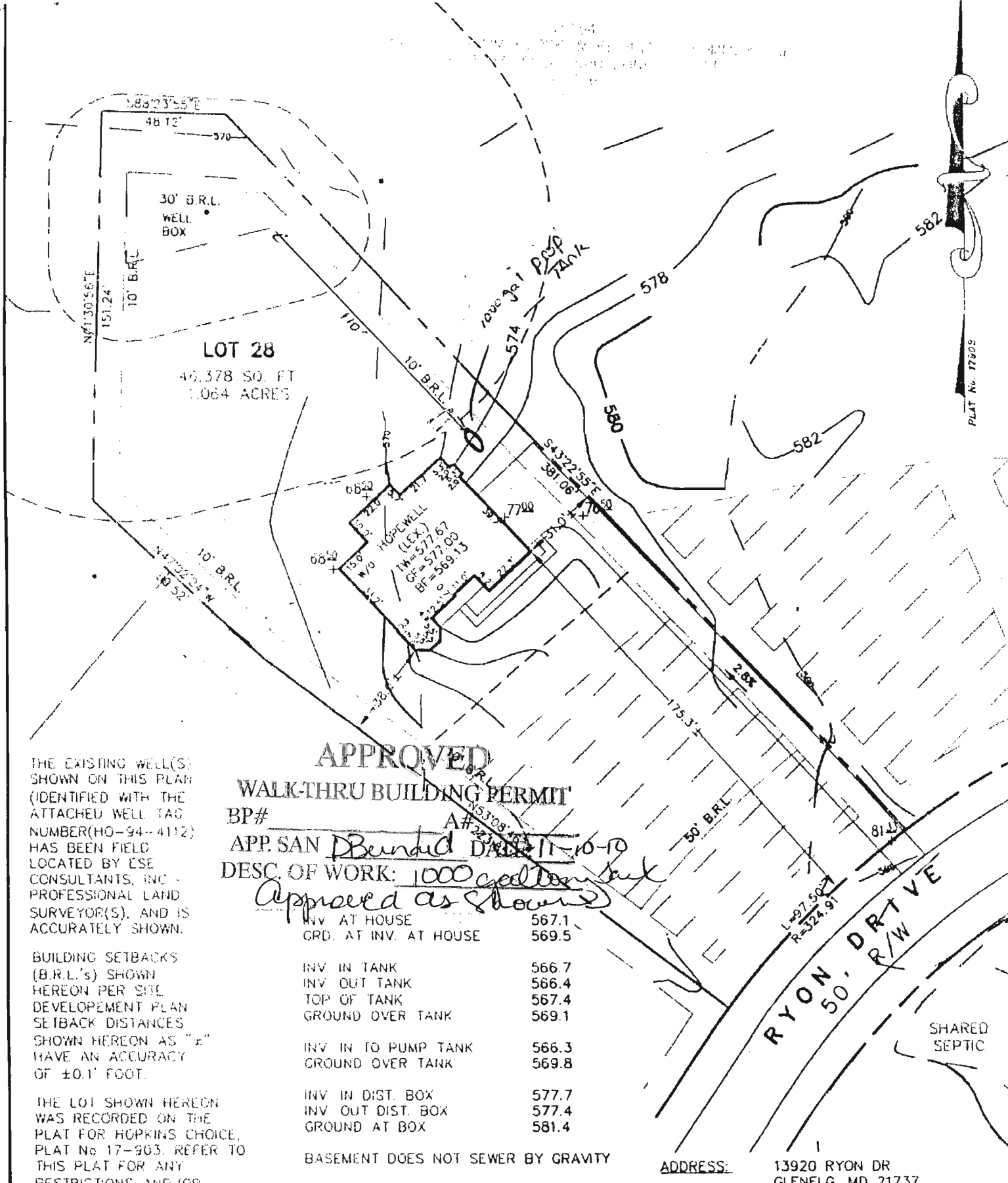
Print Name Jeremy Clancy
Date 11/10/10

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>11-10-10</u>	<u>[Signature]</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		PROPERTY ID#:
Front: _____	Filing fee	\$ _____
Rear: _____	Permit fee	\$ _____
Side: _____	Excise tax	\$ _____
Side St.: _____	Add'l per. fee	\$ _____
All minimum setbacks met?	TOTAL FEES	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$ _____
Is Entrance Permit required?	Balance due	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check	# _____
Historic District?	Validation	# _____
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 Gold: SHA
T:\forms\PERMIT.FRM



APPROVED
WALK-THRU BUILDING PERMIT
 BP# _____ A# 29308
 APP. SAN *Beulah Darr* DATE *11-10-10*
 DESC. OF WORK: *1000 gallon tank*
Approved as shown

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER(HO-94-4112) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC. PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "x" HAVE AN ACCURACY OF ±0.1' FOOT.

THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR HOPKINS CHOICE, PLAT No 17-903. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS

INV. AT HOUSE	567.1
GRD. AT INV. AT HOUSE	569.5
INV IN TANK	566.7
INV OUT TANK	566.4
TOP OF TANK	567.4
GROUND OVER TANK	569.1
INV IN TO PUMP TANK	566.3
GROUND OVER TANK	569.8
INV IN DIST. BOX	577.7
INV OUT DIST. BOX	577.4
GROUND AT BOX	581.4

BASEMENT DOES NOT SEWER BY GRAVITY

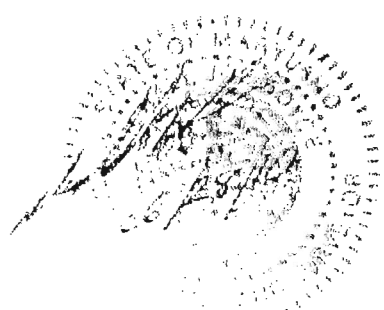
ADDRESS: 13920 RYON DR
 GLENELG, MD 21737

WELL No. HO-94-4112

- TYPE: HAMPTON (EXHAUSTION)-
- WALKOUT BASEMENT
 - EXPANDED BASEMENT
 - ADD'L 1' TO HEIGHT OF BASEMENT
 - SOLARIUM ADDITION
 - BRICK FRONT STOOP
 - TRADITIONAL FIRE PLACE I.L.O. DES. FP

- OPTION No. 017
- OPTION No. 046
- OPTION No. 070
- OPTION No. 501
- OPTION No. 633
- OPTION No. 633

PLOT PLAN
 LOT #28
GLENELG ESTATES
 LIBER 07504, FOLIO 0437
 PLAT No. 17903
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND



ESE Land Planning
 Engineering
 Land Surveying

ESE Consultants Inc.
 7164 Columbia Gateway Dr.
 Suite 203
 Columbia, MD 21046
 TEL: 410-872-9105
 FAX: 410-872-4870

DATE: 6/28/10 SCALE: 1"=50'
 CHK'D: MJB JOB#: 2975 FILE: 29 5 Lot 28 Hampton
 DRAWN: GVS/GRC