

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B07004829

Building Address 3214 Buchmeade Dr
Ellicott City, MD 21042
Suite/Apt. #: --- SDP/WP/Petition #: 11/11
Census Tract 602200 Subdivision Valley Made
Section 5 Area --- Lot 9
Tax Map 17 Parcel 493 Grid 21
Zoning R20 Map Coordinates --- Lot size .46A

Property Owner's Name George + Shirley Squires
Address - same as bldg -
City --- State --- Zip Code ---
Home Phone 4103030481 Work Phone 4104140111
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone 4103030481 Fax 4106140111 (614)

Existing Use SFD DETACHED
Proposed Use ADDITION SFD
Estimated Construction Cost \$ #120,000
Description of Work DEMOLISH GARAGE AND
CONSTRUCT A 2 STORY ADDITION
29-14 Hoo... / 14-14 ...

Contractor Company ITE Construction Services
Contact Person Guy Calazzo
Address 8333 Main St
City Ellicott City State MD Zip Code 21043
License No. ---
Phone 4104655973 Fax 4104655974

Occupant of Present George + Shirley Squires
Contact Name Guy Calazzo
Address 8333 Main St
City EC State MD Zip Code 21043
Phone 4104655973 Fax 4104655974

Engineer or Architect Company GAL Custom Home Design
Contact Person Ging Little
Address PO Box 237
City Finksburg State MD Zip Code 21048
Phone 4108338320 Fax ---

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	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 <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>
1st floor: _____	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 checked="" 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 checked="" type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFFA #13D _____ NFFA #13R _____ Other: _____
Height: <u>24'-6"</u>	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: <u>ADDITION</u>	
Dimensions: _____	
Footings: <u>CONCRETE</u>	
Roof Height: <u>24'-6"</u>	
State Certified Modular <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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.

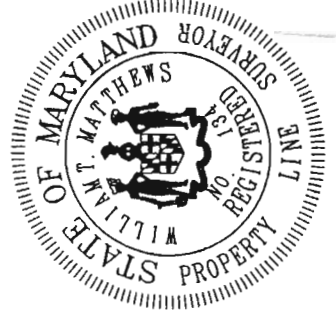
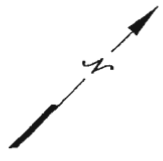
Applicant's Signature [Signature]
Title/Company President ITE Construction

Print Name Geoffrey A Calazzo
Date 6 Dec 07

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 \$ <u>25.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>3/4/08</u>	<u>[Signature]</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 # <u>4170</u>
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- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by <u>[Signature]</u>
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	



Location Drawing
Scale: 1" = 40'

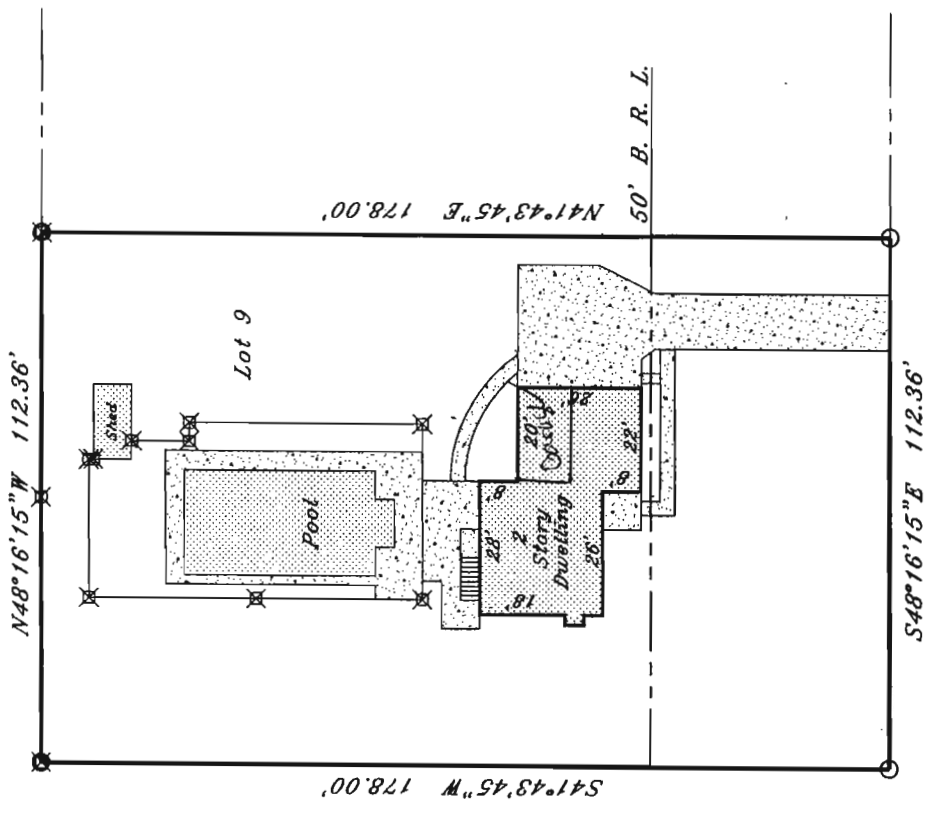
This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. This plat is not to be relied upon for the establishment or location of fences, garages, buildings, dwellings or other existing or future improvements nor does this plat purport to reflect setbacks or other distances with any specific level of accuracy. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing. The approximate location of the dwelling is shown in relation to the apparent property lines for the property known as

3214 Birchmede Drive
Howard County, Maryland

William T. Matthews 5/15/03

Rurton Design Corporation
8422 Bellona Lane
Suite 300
Towson, Maryland 21204
410-823-5000
410-823-0115fax

rdc@rurtondesign.com www.rurtondesign.com 03-0847-04-59



BIRCHMEDE DRIVE

Dwelling lies in Flood Zone C

*OK 3/4/08 JS
connected to public sewer*



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

January 3, 2008

George and Shirley Sgouros
3214 Birchmeade Dr.
Ellicott City, MD 21042

RE: B07004829
3214 Birchmeade Dr.

Dear Mr. and Mrs. Sgouros,

The building permit application #B07004829 for the referenced property has been reviewed by our office and has been placed "On Hold." New regulations under Subtitle 8 On-site Sewage Disposal Systems, of the Howard County Code came into effect on January 2, 2007. Within this subtitle, Section 3.802 requires any property with access to public utilities to connect. The Health Department will not approve this application revision until sewer connection has been completed. Records indicate you are connected to public water. Documentation of the connection to public sewer and abandonment of the existing septic system must be provided to our office. If a hardship prevents connection to public sewer utilities, a letter from the homeowner explaining such hardship must be submitted and reviewed by our office.

If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-4261. Information is available online at:

http://www.howardcountymd.gov/Health/HealthMain/EnvironmentalHealth/EnvironmentalHealth_WaterSewerage.htm

Sincerely,

A handwritten signature in cursive script, appearing to read 'Sara Sappington'.

Sara Sappington, R.S.
Well and Septic Program
Development Coordination Section

Cc.
Guy Caiazzo, ITI Construction Services (sent via facsimile)

INSPECTIONS, LICENSES AND PERMITS - SUMMARY FOR REVENUE ACCOUNTS

DATE 2/20/08 INITIAL LA

NO 110410

ELECTRICAL LICENSE 011-012-2340

ON-SITE UTILITY CONTRACTOR LICENSE 011-012-2357

RENTAL HOUSING LICENSE 011-012-4208

BUILDING/FIRE PERMITS AND EXCISE TAX 011-012-2320

ELECTRICAL PERMITS 011-012-2341

FIRE PROTECTION PERMITS 011-012-2326

GRADING PERMITS 011-012-2323

HVAC/MECHANICAL PERMITS 011-012-2355

PLUMBING PERMITS 011-012-2350

SIGN PERMITS 011-012-2370

BUILDING REINSPECTION 011-012-2321

ELECTRICAL REINSPECTION 011-012-2344

FIRE PROTECTION REINSPECTION 011-012-2364

HVAC REINSPECTION 011-012-2356

PLUMBING REINSPECTION 011-012-2354

OTHER

sewer only
241 Broadway Dr

CORNERSTONE TOTAL

NON-CORNERSTONE ACCOUNTS

DOG LICENSE 011-012-2310

CAT LICENSE 011-012-2312

MULTI PET LICENSE 011-012-2313

EXPRESS PLUMBING PERMITS 011-012-2353

RETURNED CHECK FEES 011-003-3192

MISCELLANEOUS 011-012-6390

OTHER

NON-CORNERSTONE TOTAL

State sources
204 Broadway Dr
Ellicott City, MD 21043

Howard County, Maryland
Department of Finance
3430 Court House Drive
Ellicott City, MD 21043

2/20/2008 10:52 AM Cashier 0020
T/Ref 0005036880 Reg 0005 Tran No 2682
Cash Report: 080220-01 for 2/20/2008

01 - Main Location
W/S Connection 500-5019
500-5019
CONTRACT # 130-s
Validation Number: 297451 \$4,500.00
Sewer-In-Aid (500-009-7120)
500-009-7120
Contract Number 130-s
Validation Number: 297452 \$600.00

Total \$5,100.00
Check (\$5,100.00)
Check No. 455

Thank You!

2510.00
2510.00
455

OFFICE USE ONLY

CONTROL NO.: 21042
 PERMIT NO.: _____
 INSPECTED BY: _____
 DATE INSPECTED: _____

SEWER CONNECTION APPLICATION
HOWARD COUNTY
 DEPARTMENT OF PUBLIC WORKS

3430 COURT HOUSE DR. ELLICOTT CITY, MD. 21043

Account No. _____

APPLICATION NO.: _____
 CONTRACT NO.: 13003
 REBATE CONTRACT NO.: _____
 SEWER ZONE: _____
 CONNECTION WORKSHEET Y ___ N ___

FILL OUT APPLICATION COMPLETELY AND SIGN BELOW. IF LOCATION INFORMATION UNKNOWN, CONTACT THE OFFICE OF PLANNING AND ZONING FOR HOUSE NUMBERS, STREET NAME, ETC. NOTE: COMMERCIAL AND INDUSTRIAL FACILITIES MAY BE SUBJECT TO REQUIREMENTS OF THE COUNTY CODE FOR SEWER SURCHARGES, INDUSTRIAL COST RECOVERY CHARGES, AND PRETREATMENT.

Application is herewith made for a sewer connection to the property described below.

DATE OF APPLICATION 2/20/08

SUBDIVISION Valley Mode SECTION 5 AREA 1 LOT 1 BLOCK N/A
 HOUSE NO. 3214 STREET Berkshire Drive TAX MAP 11 GRID 01 PARCEL 493
 POST OFFICE Ellicott City ZIP CODE 21042 PHONE NO. 410 261-1111

NEW OR EXISTING BUILDING? Existing USE (SEE PROPERTY CLASSIFICATIONS ON REVERSE SIDE)

ITEMS CHECK	CONN. DIA.	DESCRIPTION	FEE	AMOUNT PAID	FUND	AGENCY	REV. ACCT B/S ACCT
<input type="checkbox"/>	4"	INSTALLATION	\$		500		5019
<input checked="" type="checkbox"/>	6"	INSTALLATION	\$ <u>4,300</u>	<u>4,300</u>	500		5019
<input type="checkbox"/>	8"	ADVANCE DEPOSIT*	\$		500		5020
<input checked="" type="checkbox"/>		IN AID OF CONSTRUCTION CHARGE SINGLE FAMILY HOUSE (ALL TYPES) OR TRAILER	\$ <u>600</u>	<u>600</u>	500	009	7120
		APARTMENTS (ALL TYPES)	\$ X NO. OF DWELLING UNITS				
		MOTEL	\$ X NO. OF MOTEL UNITS				
<input type="checkbox"/>	4	PUBLIC COMMERCIAL INDUSTRIAL BUILDINGS REFER TO ENGINEERING FOR CHARGES EST GPD	\$		380	009	7130
		MIDDLE PATUXENT SUBDISTRICT SUPPLEMENTAL IN-AID OF CONSTRUCTION CHARGE SINGLE, FAMILY HOUSE (ALL TYPES) OR TRAILER	\$				
<input type="checkbox"/>		APARTMENTS (ALL TYPES) MOTELS	\$ X NO. OF UNITS				
		PUBLIC COMMERCIAL INDUSTRIAL BUILDINGS REFER TO ENGINEERING FOR CHARGES EST GPD	\$				
<input type="checkbox"/>	5	INSPECTION FEE AND PERMIT FEE			710	009	8211

*Refer to DPZ for estimate of Advance Deposit.
 For installations requiring an Advance Deposit, the owner must enter into a cost agreement with Howard County prior to the commencement of any installation work.

TOTAL AMOUNT PAID

5,100

CR# 090220
 CR# _____
 CR# _____

THE TERMS AND CONDITIONS OF THIS APPLICATION, INCLUDING ANYTHING ON THE REVERSE SIDE HEREOF ARE BINDING UPON THE UNDERSIGNED OWNER AND ALL SUCCEEDING OWNERS.

FULL FEE MUST ACCOMPANY THIS APPLICATION. MAKE CHECKS PAYABLE TO: DIRECTOR OF FINANCE, HOWARD COUNTY. CREDIT CARDS NOT ACCEPTED.

Welfield Equipment
PO Box 510 Chesapeake Junction, MD 20701
 COMPANY NAME
 COMPANY ADDRESS
 OWNER SIGNATURE
 OWNER NAME (PRINT)
 OWNER ADDRESS

TAX _____ FOR _____
 D/A _____ LEVY _____
 TAB _____ CONTROL _____
 TAX INDEX NO. _____

CUSTOMER