

CORRECTED ADDRESS 3115 OLD OAK DRIVE call cont SRR

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-1800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00178979
Building Address <u>3097 Emerald Valley Rd. ELLICOTT CITY, MD 21043</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6030</u> Subdivision <u>HAWKSFIELD</u> Section _____ Area _____ Lot <u>17</u> Tax Map <u>16</u> Parcel <u>40</u> Grid <u>20</u> Zoning <u>RC</u> Map Coordinates <u>10H6</u> Lot size _____	Property Owner's Name <u>GEORGE + LARA MAMO</u> Address <u>5109 MORNING SIDE LANE</u> City <u>ELLICOTT CITY</u> State <u>MD</u> Zip Code <u>21043</u> Home Phone <u>(410) 418-9543</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____	
Existing Use <u>VACANT LOT</u> Proposed Use <u>NEW HOME</u> Estimated Construction Cost \$ <u>800,000</u> Description of Work <u>2 story placement stone + brick 3 1/2" garage w/ opening patio, 3 FP, 5 BRN 2 1/2 BATHS finished basement. APPROVAL WITHIN APPROV. USE ALLOW.</u>	Contractor Company <u>GREENFIELD HOMES INC.</u> Contact Person <u>RICK</u> Address <u>6656 LUTYER DR</u> City <u>HIGHLAND</u> State <u>MD</u> Zip Code <u>20777</u> License No. <u>H06361</u> Phone _____ Fax _____	
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>MARK BANDY</u> Contact Person <u>MARK</u> Address _____ City _____ State _____ Zip Code _____ Phone <u>410 750-2262</u> Fax _____	

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL									
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Depth</td> <td style="text-align: center;">Width</td> </tr> <tr> <td>1st floor: <u>70</u></td> <td><u>76</u></td> </tr> <tr> <td>2nd floor: <u>70</u></td> <td><u>76</u></td> </tr> <tr> <td>Basement: <u>70</u></td> <td><u>76</u></td> </tr> </table> 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> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: <u>N/A</u> No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Depth	Width	1st floor: <u>70</u>	<u>76</u>	2nd floor: <u>70</u>	<u>76</u>	Basement: <u>70</u>	<u>76</u>	Utilities Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Depth	Width										
1st floor: <u>70</u>	<u>76</u>										
2nd floor: <u>70</u>	<u>76</u>										
Basement: <u>70</u>	<u>76</u>										

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 THERE TO; (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: GREENFIELD
 Title/Company: _____ Date: 10/22/02

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

AGENCY DATE SIGNATURE APPROVAL <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 New Town Zone _____ SDP/Red-line approval date _____	PROPERTY ID#: <u>56507</u> Filing fee \$ <u>100</u> Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # <u>14942</u> Validation # <u>14406</u> Accepted by: <u>[Signature]</u>
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PA
6/6/04

KN

B00138979-A

HAWKSFIELD, LOT 17
3115 OLD OAK DRIVE

To whom it may concern:

I writing to inform you of house plan revisions for permit #B00138979. Changes include the addition of one bedroom, 2 bathrooms, a screened-in porch, and an additional family room. Also, the house location has been altered. Revised floor and site plans will accompany this letter. Thank you.

Sincerely,

Laura Mamo, Owner

Laura Mamo 5/28/04

RECEIVED

MAY 28 2004

LICENSES & PERMITS
DIVISION

CK 6907

CL 70035

50.0

RA SAP - 6/10/04
cc: DPZ
Health Dept

6/4/04 House location OK. Inverts on site
plan OK. B00138979-A OK

Kacee
Hoover