

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B0600 8934

Building Address 8522 BLOUNTS LANE
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Bechtel Park
Section _____ Area B Lot 53
Tax Map 45 Parcel _____ Grid 12
Zoning R20 Map Coordinates 1966 Lot size 1.54 Acre

Property Owner's Name Bruce + MaryAnn Bates
Address _____
City HIGHLAND State MD Zip Code 20777
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use VACANT
Proposed Use RESIDENTIAL
Estimated Construction Cost \$ 500,000
Description of Work New Single Family Home

Contractor Company EDENTON COURT LLC
Contact Person Bruce Bates
Address _____
City HIGHLAND State MD Zip Code 20777
License No. 2594
Phone 301 617 1164 Fax 240 206 3240

Occupant or Tenant Bruce + MaryAnn Bates
Contact Name Bruce Bates
Address 13066 WAINWRIGHT RD
City HIGHLAND State MD Zip Code 20777
Phone _____ Fax _____

Engineer or Architect Company EDENTON COURT LLC
Contact Person Bruce Bates
Address _____
City HIGHLAND State MD Zip Code 20777
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"/> 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: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular _____ Manufactured Home _____	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"/> 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"/> NFA #13D _____ NFA #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 Bruce Bates Print Name Bruce Bates
Title/Company _____ Date 12/10/06

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:	
Land Development DPZ			Front: _____	Filing fee \$ <u>1400.00</u>	
State Highways			Rear: _____	Permit fee \$ _____	
Building Official			Side: _____	Excise tax \$ _____	
Dev. Engineering DPZ			Side St.: _____	Add'l per. fee \$ _____	
Health	<u>7/20/02</u>	<u>Shaguel</u>	All 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"/>	Sub-total paid \$ _____	
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"/>			Lot Coverage for New Town Zone _____	Check # <u>1369</u>	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DEO, DPZ	Pink: Health	Gold: SHA
T: Normal PERMIT FRM					Accepted by <u>[Signature]</u>

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B07000445

Building Address 8520 Blounts Lane
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 45-30142 Subdivision Banister Park
 Section 2 Area 2 Lot _____
 Tax Map 45 Parcel 26 Grid 12
 Zoning R2000 Map Coordinates 136L Lot size _____

Property Owner's Name Blounts Lane
 Address 8520 Blounts Lane
 City _____ State MD Zip Code _____
 Home Phone 301 677 0119 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SID
 Proposed Use INSTALL (1) 1000 L.G. PROPANE TANK
 Estimated Construction Cost \$ 1000.00
 Description of Work INSTALL (1) 1000 L.G. PROPANE TANK

Contractor Company Michael Williams
 Contact Person Michael Williams
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant Blounts Lane
 Contact Name _____
 Address 8520 Blounts Lane
 City _____ State MD 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"/>
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 type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ 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: N/A <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 _____	

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 _____
 Title/Company _____

Print Name _____
 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.: _____	Add'l per. fee \$ _____
Health	<u>2/9/07</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>05214911</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHDP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies:			Lot Coverage for New/Town Zone _____	Accepted by _____
White: Building Official			SDP/Red-line approval (date) _____	
Green: LDD, DPZ				
Yellow: DED, IDPZ				
Pink: Health				
Gold: SHA				



March 16, 2007

Ms. Sarah Fegel
Well and Septic Program
Development Coordination Section
Howard County Health Department
7178 Columbia Gateway Drive
Columbia, Maryland 21046

Re: Beaufort Park Parcel 53
File Number B06008934
ccl Project #067701.01

Dear Ms. Fegel,

The following are responses to comments dated February 12, 2007 for the above referenced project.

1. Well location statement needed for Parcel 53's well.

Response: The well statement has been provided for Parcel 53's well.

2. Site plan needs to reflect approved percolation certification plan.

Response: The site plan has been revised to reflect the approved percolation plan. The bioretention pond has been positioned on the other side of the backyard and the well and septic reserve areas have been revised.

3. Invert out of house needs to be a minimum of 18" below grade.

Response: The invert out is 386.5 or 19" below grade.

4. Show grade at house where invert is coming out.

Response: The spot shot is shown on the plan.

5. The Dbox need to be located at the top right corner of the SDA, see plan.

Response: The distribution box is located in the top right corner of the septic reserve area.

6. Spot elevations do not seem to fit as shown on the plan

Response: The spot elevations and grading contours are adjusted accordingly and now meet 3:1 side slope maximum requirements.


Ms. Sara Fegel
March 16, 2007
Page 2

7. Change distribution tank to distribution box.

Response: This has been changed on the plans.

Two sets of revised plans (MDC-541) have been enclosed for your review. I believe these responses adequately address your comments. Should you have any questions please do not hesitate to contact this office.

Sincerely,



Erica N. Jackson
Senior Engineer

ENJ/kms


Enclosures

Cc: Bruce Bates w/ enclosures

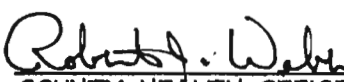
GENERAL NOTES:


1. SITE INFORMATION

- A. LIBER/ FOLIO: 10222/316
- B. TAX ACCOUNT NUMBER: 372712
- C. SITE AREA: 58,806 SQ. FT. (1.350AC)

- 2.  THIS 10,048.9 SQ. FT. AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT. AS REQUIRED BY THE APPROVED RECORD PLAT, IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
- 3. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
- 4. EXISTING WELLS AND/OR SEWERAGE EASEMENTS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN FROM THE BEST AVAILABLE INFORMATION.
- 5. ALL HOUSE SITES SHOWN COMPLY WITH MINIMUM BUILDING RESTRICTION REGULATIONS.
- 6. ALL WELLS SHALL BE DRILLED PRIOR TO FINAL PLAT RECORDATION. IT IS THE DEVELOPERS RESPONSIBILITY TO SCHEDULE THE WELL DRILLING PRIOR TO FINAL PLAT SUBMISSION. IT WILL NOT BE CONSIDERED "GOVERNMENT DELAY" IF THE WELL DRILLING HOLDS-UP THE HEALTH DEPARTMENT SIGNATURE OF THE RECORD PLAT.
- 7. THE CONTRACTOR SHALL NOTIFY THE DEPARTMENT OF PUBLIC WORKS / BUREAU OF ENGINEERING / CONSTRUCTION INSPECTION DIVISION AT 410.313.1880 AT LEAST FIVE (5) WORKING DAYS PRIOR TO THE START OF WORK.
- 8. THE CONTRACTOR SHALL NOTIFY "MISS UTILITY" AT 1.800.257.7777 AT LEAST 48 HOURS PRIOR TO ANY EXCAVATION WORK BEING DONE.
- 9. THE EXISTING TOPOGRAPHY IS TAKEN FROM A FIELD RUN SURVEY WITH 2-FOOT CONTOUR INTERVALS PREPARED BY christopher consultants, ltd. DATED JUNE 2006.
- 10. THIS LOT WILL BE SERVED BY WELL AND SEPTIC.
- 11. ANY DAMAGE TO THE COUNTY'S RIGHT-OF-WAY SHALL BE CORRECTED AT THE DEVELOPERS EXPENSE.
- 12. ZONING: RR-DEO
- 13. BUILDING SETBACKS:
FRONT: 75'
SIDE: 10'
REAR: 30'
- 14. IN ADDITION TO THIS NEW REQUIREMENT, ALL HOUSE LOCATION DRAWINGS (WALL CHECKS) SUBMITTED AFTER 7/14/03 ARE REQUIRED TO ALSO SHOW THE EXISTING FIELD LOCATED WELL(S) IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER ALONG WITH THE RECORDED SEPTIC EASEMENT OR APPROVED SEWAGE DISPOSAL AREA SHOWN.
- 15. ALL WORK WILL OCCUR ON LOT 53 AND IN THE ACCESS EASEMENT. THE LIMIT OF DISTURBANCE AND SUPER SILT FENCE HAVE BEEN SHOWN OUTSIDE BOUNDARY FOR CLARITY PURPOSES ONLY.
- 16. MAXIMUM NUMBER OF BEDROOMS NOT TO EXCEED FOUR(4).
- 17. LOT 3 PARCEL 26 WAS RECORDED IN THE HOWARD COUNTY LAND RECORDS IN PLAT BOOK 10 PAGE 8 ON 12-24-1964 AS PART OF BEAUFORT PARK PLAT ONE.
- 18. PROPOSED TRENCHES SHOWN IN THE SEPTIC RESERVE AREA MUST BE INSTALLED IN ACCORDANCE WITH THE HOWARD COUNTY HEALTH DEPARTMENT GUIDELINES

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS


 COUNTY HEALTH OFFICER
 HOWARD COUNTY HEALTH DEPARTMENT

2/8/07
 DATE


HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B06001068

Building Address 8520 Blount Lane
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot 3
 Tax Map _____ Parcel 26 Grid 12
 Zoning _____ Map Coordinates _____ Lot size _____

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

 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 650,000
 Description of Work Single Family Dwelling

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. 2594
 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:	
No. of stories:		Public <input type="checkbox"/>	Private <input type="checkbox"/>
Gross area, sq. ft. per floor:		Sewage Disposal:	
Use group:		Public <input type="checkbox"/>	Private <input type="checkbox"/>
Construction type:		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Reinforced Concrete		Heating System:	
<input type="checkbox"/> Structural Steel		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
<input type="checkbox"/> Masonry		Natural Gas <input type="checkbox"/>	
<input type="checkbox"/> Wood Frame		Propane Gas <input type="checkbox"/>	
<input type="checkbox"/> State Certified Modular		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"/>		Water Supply:	
Depth _____ Width _____		Public <input type="checkbox"/>	Private <input type="checkbox"/>
1st floor: _____		Sewage Disposal:	
2nd floor: _____		Public <input type="checkbox"/>	Private <input type="checkbox"/>
Basement: _____		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>		Heating System:	
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
No. of Bedrooms _____		Natural Gas <input type="checkbox"/>	
Height: _____		Propane Gas <input type="checkbox"/>	
Multi-family dwellings:		Sprinkler system: N/A <input type="checkbox"/>	
No. of efficiency units: _____		NFPA #13D _____	
No. of 1 BR units: _____		NFPA #13R _____	
No. of 2 BR units: _____		Other: _____	
No. of 3 BR units: _____			
Other Structure: _____			
Dimensions: _____			
Footings: _____			
Roof Height: _____			
<input type="checkbox"/> State Certified Modular			
<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.

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.: _____	Add'l per. fee \$ _____
Health	<u>10/24/04</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>1324</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for NewTown Zone _____	
			SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Application - Summary

Application #: B06001068

Submit

Application Type: Building / Residential / New / SFD

Address: 8520 BLOUNTS LN, FULTON, MD 20759

Tracking #:

Parcel No.: 839785

File Date: 07/05/2006

Application Detail: [Detail](#)

Application Comments: [Comments](#)

Organization Name: EDENTON COURT, LLC

Contact Name: BRUCE E BATES

Contact Address: 13060 Wainwright Rd, Highland, MD 20777

Primary Licensed Prof: EDENTON COURT, LLC

Description of Work: 15ROOM, 4FULL BATHS, 2HALF BATHS, 1FIREPLACE, 2-2CAR GARAGES, 4 BEDROOM

Job Value: \$650,000.00

Total Fee Assessed: \$18,211.91

Total Fee Invoiced: \$18,211.91

Balance: \$0.00

Application Status: Issued

Workflow Status: **Task**

Task	Status	Status Date	Action B
Application Acceptance	Accepted	07/05/2006	JOEY WILL
Sediment Control	Approved	08/31/2006	CHRIS WA
Building Review	Approved	08/24/2006	DAN SWIN
Zoning	Approved	07/10/2006	TAMARA F
Dev Engineering	Approved	07/17/2006	DIANA NA
Health Dept	Approved	10/20/2006	SARA FEG
State Highway	Approved	08/22/2006	DAN SWIN
Building Permit Issuance	Issued	10/23/2006	VALERIE F
Final Building			
Collect Driveway Apron Surety			
Temporary Final			
Final Grading	Approved	10/12/2007	Bill Knight
Collect Seasonal Grading Surety	Approved	10/12/2007	Bill Knight
Seasonal Grading Inspection	Approved	10/12/2007	Bill Knight
Final Grading Surety	Approved	10/12/2007	Bill Knight
Release Seasonal Grading Surety	Approved	10/12/2007	Bill Knight

[Click here for a plain text ADA compliant screen.](#)

	Maryland Department of Assessments and Taxation HOWARD COUNTY Real Property Data Search	Go Back View Map New Search Ground Rent
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Account Identifier: District - 05 Account Number - 366143

Owner Information

Owner Name:	WINSTON EDWARD B	Use:	RESIDENTIAL
		Principal Residence:	NO
Mailing Address:	8640 GUILFORD RD STE 200 COLUMBIA MD 21046-3163	Deed Reference:	1) / 3168/ 223 2)

Location & Structure Information

Premises Address BLOUNTS LN FULTON 20759	Legal Description LOT 3 BL G S 1 BLOUNTS LN BEAUFORT PARK
---	---

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Assessment Area	Plat No:
45	12	26					3	2	
									Plat Ref:

Special Tax Areas	Town Ad Valorem Tax Class	NO A/V, NO M/P, RURAL FIRE TAX
--------------------------	----------------------------------	--------------------------------

Primary Structure Built	Enclosed Area	Property Land Area	County Use
0000		40,554.00 SF	
Stories	Basement	Type	Exterior

Value Information

	Base Value	Phase-in Assessments		
		Value As Of	As Of	As Of
		01/01/2005	07/01/2005	07/01/2006
Land:	120,600	296,950		
Improvements:	0	0		
Total:	120,600	296,950	179,383	238,166
Preferential Land:	0	0	0	0

Transfer Information

Seller: EDWARD B WINSTON TRUST NO IV	Date: 02/23/1994	Price: \$0
Type: NOT ARMS-LENGTH	Deed1: / 3168/ 223	Deed2:
Seller: WINSTON VICTOR H	Date: 07/29/1988	Price: \$0
Type: NOT ARMS-LENGTH	Deed1: / 1860/ 281	Deed2: / 1860/ 283
Seller: RESEARCH SERV ASSOC INC	Date: 07/29/1988	Price: \$0
Type: NOT ARMS-LENGTH	Deed1:	Deed2:

Exemption Information

Partial Exempt Assessments	Class	07/01/2005	07/01/2006
County	000	0	0
State	000	0	0
Municipal	000	0	0

Tax Exempt: NO	Special Tax Recapture:
Exempt Class:	* NONE *

..... STREAM (WATERS OF THE U.S.)

SB 50' STREAM BUFFER

--- PROPOSED SETBACKS

⊕ PASSED PERC. LOCATIONS TESTED 4/21/06

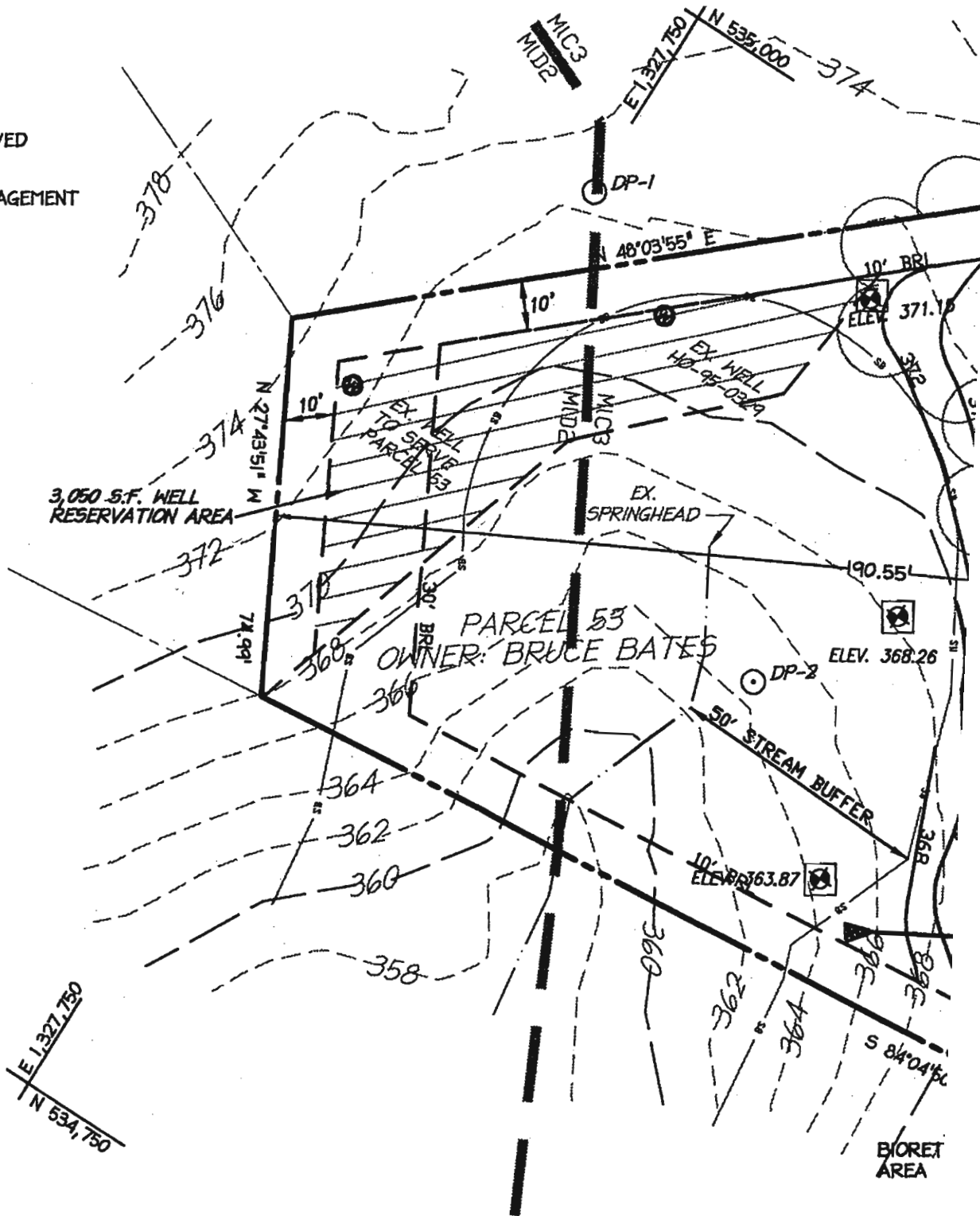
⊕ PASSED PERC. LOCATIONS PER APPROVED HOCO HEALTH DEPT. ON 9/22/97

⊕ SOIL BORINGS FOR STORM WATER MANAGEMENT

● FAILED PERC TEST

▨ PROPOSED SEPTIC AREA

▨ WELL RESERVATION AREA



CO 97 ARE BASED ON THE APPROVED LOCATIONS TESTED ON 9/22/97.

CO 06 ARE BASED ON THE PERC LOCATIONS TESTED ON 4/21/06.

GENERAL NOTES:

SITE INFORMATION