

PLAT 1294
ZONED RR-D

S87°49'21"W

745.92'

715.24'

NO2°11'07"W

Ex. 16' Driveway

30' BRL

474.57'

12.00'

12.00'

12.00'

59°37'17"E

81.40'

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Prop. Well

Ex. Under-ground Elec.

11'2" M

474.57'

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**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B00148486 *MR*

Building Address 6543 PAPER PLACE
HIGHLAND RD 20777
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 605101 Subdivision ~~WILCOX~~
VIA T.H.H. PROP.
 Section _____ Area _____ Lot 1
 Tax Map 34 Parcel 393 Grid 17
 Zoning RR Map Coordinates 14C10 Lot size 5.95Ac

Property Owner's Name STEVEN LOZINSKY
 Address 10309 PIMLICO PLACE
 City LAUREL State MD Zip Code 20823
20723
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone 301-598-0670 Fax _____

Existing Use UNIMPROVED LOT
 Proposed Use NEW HOME
 Estimated Construction Cost \$ 300,000.00
 Description of Work 2 STORY BRICK + STONE 3 CAR
GARAGE W/ FINISHED BASEMENT
+ BEDROOMS 6 BATHS 3 FIP GAS
RAISED PATIO

Contractor Company GREENFIELD HOMES INC.
 Contact Person RIK MINOR
 Address 6656 LUSTER DR.
 City HIGHLAND State MD Zip Code 20777
 License No. HBL 361
 Phone 410 781-6784 Fax 443-525 0551

Occupant or Tenant N/A
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company MARK SANDY
 Contact Person MARK
 Address _____
 City _____ State _____ Zip Code _____
 Phone 410 750-2262 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 <u>N/A</u>	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 _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	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"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>64</u> <u>104</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>64</u> <u>104</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>64</u> <u>104</u>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>4</u>	
Multi-family dwellings: _____	
No. of efficiency units: <u>N/A</u>	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Wayne Greenfield
 Applicant's Signature
PRESIDENT GREENFIELD HOMES INC.
 Title/Company
MR 6/29/04

WAYNE GREENFIELD
 Print Name
5/27/04
 Date

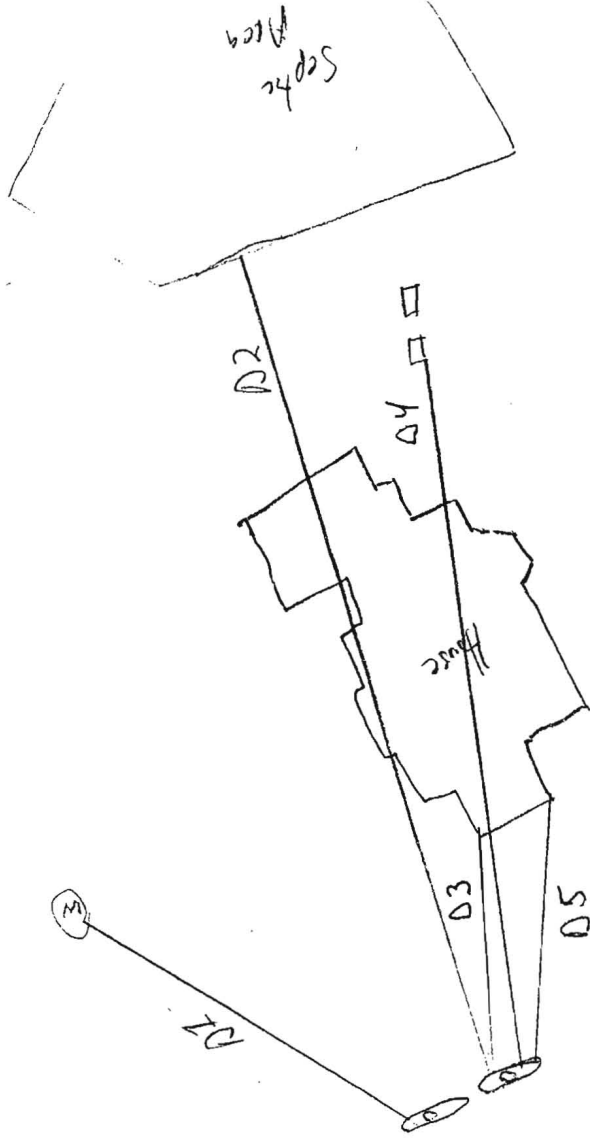
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

Scale 1" = 50'

6543 Paper Place

Highland, Md. 20777



POD152357
2/25/05

Propose LP tank location OK

1553

- D1 From tanks to well - 100'
- D2 " " " Septic Area - 220'
- D3 " " " Corner of House - 60'
- D4 " " " Septic tank - 185'
- D5 " " " Corner of house - 67'

Building Address <u>6543 Paper Place</u> <u>Highland, Maryland 20777</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____	Property Owner's Name <u>Steven & Lisa Lozinsky</u> Address <u>6543 Paper Place</u> City <u>Highland</u> State <u>MD</u> Zip Code <u>20777</u> Home Phone <u>301-598-0670</u> Work Ph <u>301-209-7000</u> Applicant's Name & Mailing Address, (if other than stated hereon): CUSTOM HOME REMODELERS, INC. 12142 Mount Albert Road Ellicott City, MD 21042 Phone <u>410-988-8005</u> Fax <u>410-988-8005</u>
---	--

Existing Use _____ Proposed Use <u>Residential In-Ground Swimming</u> Estimated Construction Cost \$ <u>60,000⁰⁰ Pool</u> Description of Work <u>In-Ground Swimming Pool</u> <u>3-8' Deep 43'x22' w/ 8' spa</u> <u>Propane Heater, DE Filter, Diving Board</u>	Contractor Company <u>CUSTOM HOME REMODELERS, INC.</u> Contact Person <u>JOSEPH BEAVAN</u> Address <u>12142 Mount Albert Road</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u> License No. <u>18678</u> Phone <u>410-988-8005</u> Fax <u>410-988-8005</u>
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Occupant or Tenant <u>Steven & Lisa Lozinsky</u> Contact Name <u>Steven and/or Lisa Lozinsky</u> Address <u>6543 Paper Place</u> City <u>Highland</u> State <u>MD</u> Zip Code <u>20777</u> Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
---	--

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
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 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 _____ 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> 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.

Joseph Beavan
 Applicant's Signature Print Name
President/Custom Home Remodelers, Inc.
 Title/Company Date

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

- FOR OFFICE USE ONLY -

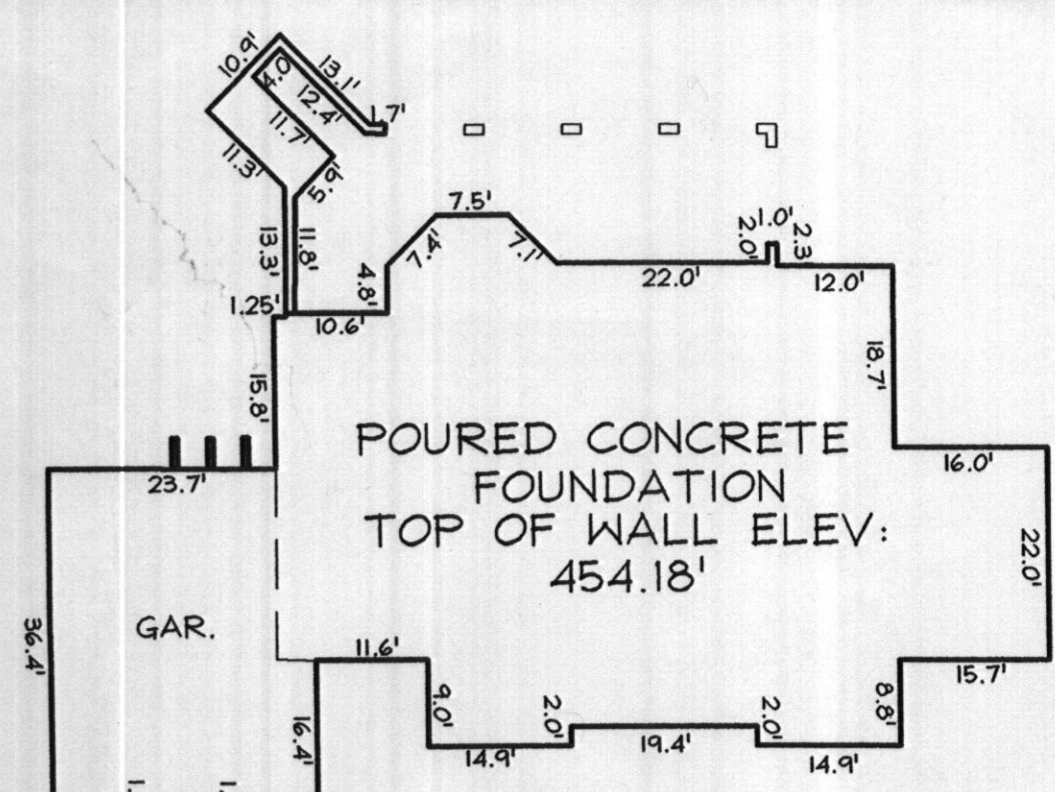
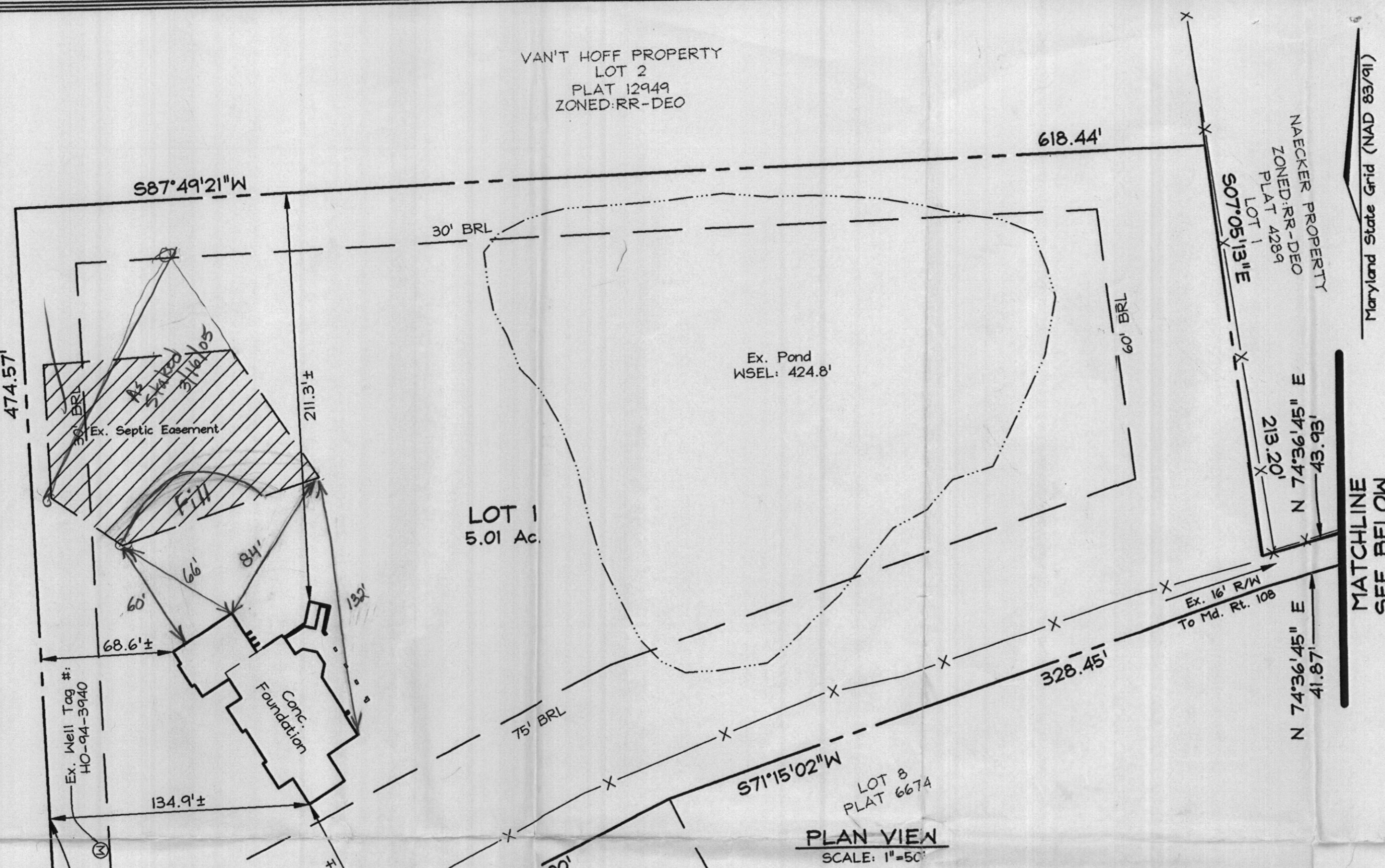
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>11/11/04</u>	<u>John A. [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 # _____
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 _____

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

VAN'T HOFF PROPERTY
LOT 2
PLAT 12949
ZONED:RR-DEO

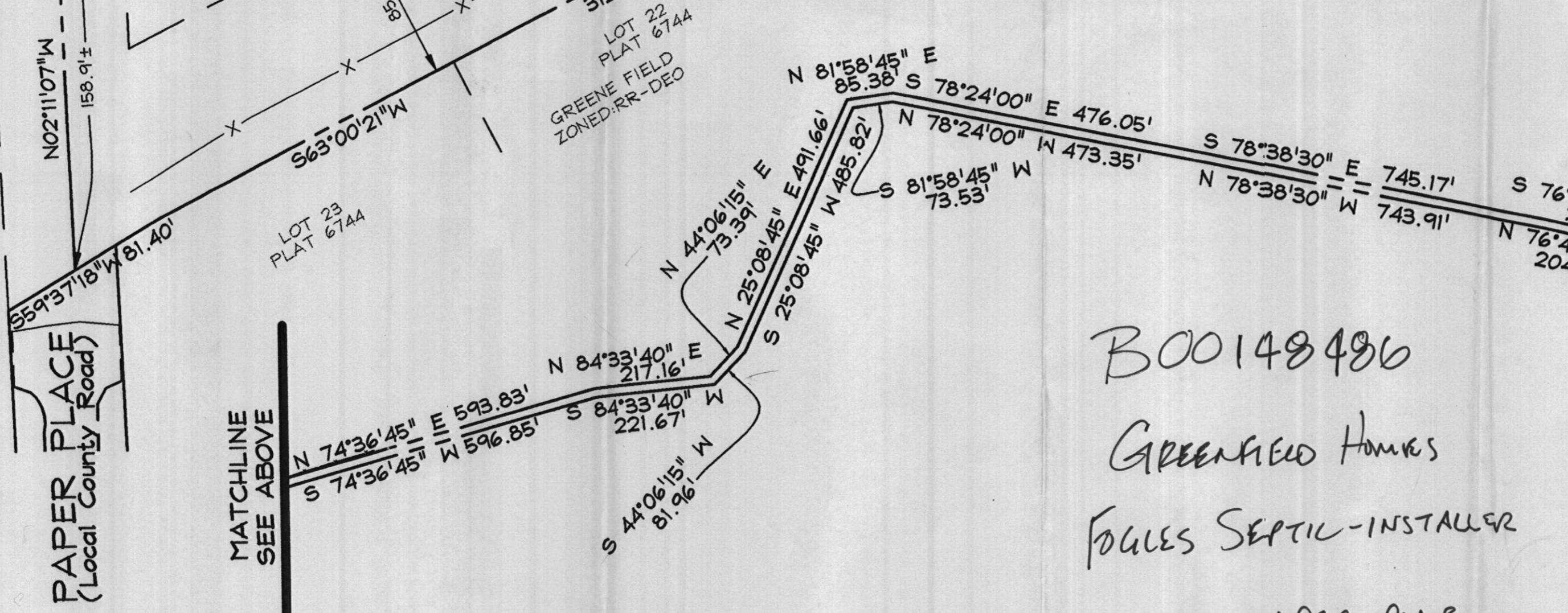
NAECKER PROPERTY
ZONED:RR-DEO
PLAT 4289
LOT 1
S07°05'13"E

G.M. & MARIA MILES
LOT 1
L.1302 F.490
ZONED:RR-DEO



well +
was
check
OK
Redfield (2-30-04)

PLAN VIEW
SCALE: 1"=50'



PLAN VIEW (REDUCED SCALE)
SCALE: 1"=200'

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 FROM FOUNDATION WALL TO PROPERTY LINE ARE ±0.1'

ADDRESS No. 6543 N PAPER PLACE
TOP OF WALL ELEV. = 454.18' 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;
AND THE LOCATION DRAWING 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.

MD RTE 108
CLARKSVILLE
PIKE


B00148486
GREENFIELD HOMES
FOGUES SEPTIC-INSTALLER

6543 PAPER PLACE
HIGHLAND MD 20777

RICK MINAR
C-410-365-3702

**LOT 1
VAN'T HOFF**

PLAT #12949
TAX MAP 34 GRID 17
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND



FSH Associates
Engineers Planners Surveyors
8318 Forrest Street Ellicott City, MD 21043
Tel: 410-750-2251 Fax: 410-750-7350
E-mail: info@fsha.biz

WALL CHECK	
FOUNDATION	Date: 09/03/04
FINAL	Date:
DRAWN BY:	BB
SCALE:	As Shown
H.O. No.:	3199