

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00155253 *KW*

Building Address 7020 Guilford Rd  
Clintonville, MD 21027

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 605102 Subdivision Clintonville Meadows

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 7

Tax Map 35 Parcel 276 Grid 21

Zoning RR200 Map Coordinates 14311 Lot size \_\_\_\_\_

Existing Use SFU

Proposed Use same with tank

Estimated Construction Cost \$ 28000

Description of Work INSTALL 115 GALLON FIBER U.S.  
LP TANK FOR NFPA 50

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Property Owner's Name Rosemary Stegeman

Address 7025 Best Time Park

City Clintonville State MD Zip Code 21027

Home Phone 410-334-3133 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company AMERICAN

Contact Person Tom McLaughlin

Address 10077 Baltimore National Pike

City Clintonville State MD Zip Code 21027

License No. \_\_\_\_\_

Phone 410-465-0800 Fax CAN/READ

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics

Utilities

Height: \_\_\_\_\_

No. of stories: \_\_\_\_\_

Gross area, sq. ft. per floor: \_\_\_\_\_

Use group: \_\_\_\_\_

Construction type:

Reinforced Concrete

Structural Steel

Masonry

Wood Frame

State Certified Modular

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

Utilities

SF Dwelling  SF Townhouse

Depth Width

1st floor: \_\_\_\_\_

2nd floor: \_\_\_\_\_

Basement: \_\_\_\_\_

Finished Basement  Unfinished Basement

Crawl space  Slab on Grade

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: \_\_\_\_\_

State Certified Modular

Manufactured Home

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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Thomas R. McLaughlin  
Applicant's Signature

ACCIDENT MANAGER  
Title/Company

Thomas R. McLaughlin  
Print Name

6-28-05  
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: _____	33696
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ <u>100.00</u>
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ <u>10.00</u>
Health	<u>7/10/05</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>110.00</u>
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"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>241283</u>
				Validation # <u>95072</u>

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

8/3/05 NOT Approvable LP TANK IN TRENCH New Plan

Demo B149709

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3000 COUNTY HOUSE DRIVE  
ELICOTT CITY, MD 21042  
PERMITS (410) 313-2655 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
**BO051074**

Building Address **7020 Guilford Road  
Clarksville, MD 21738**

Property Owner's Name **Steve & Lisa Rosenthal**  
Address **7025 BEST TIMES PATH**

TAXID # **05-346738**  
State Apt. # \_\_\_\_\_ SDP/W/P/Petition # \_\_\_\_\_

City **Columbia** State **MD** Zip Code **21044**

Census Tract **605102** Subdivision **Clarksville Meadow**  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot **7**

Home Phone **410-531-3853** Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):

Tax Map **35** Parcel **296** Grid **21**  
Zoning **RRDET** Map Coordinates **14J11** Lot size **1.81 Acre**

Phone \_\_\_\_\_ Fax \_\_\_\_\_  
**NOT THERE # - POST OFFICE #**

Existing Use **VACANT LOT**  
Proposed Use **New Single Family Dwelling**  
Estimated Construction Cost \$ **500,000**

Contractor Company **JAMES H. Sufferly, Inc Builders, INC**  
Contact Person **TIM RAGEN**

Description of Work **NEW CUSTOM SFD 2 story  
12 ROOM, 4 BR, 4 FB 2'HB  
1 F/P, 3 CAR GARAGE 3PCS R/L  
IN BASEMENT, UNIT WITH 3 DISCONNECT**

Address **14045 GARED DRIVE**  
City **Glenwood** State **MD** Zip Code **21730**  
License No. **HBL00729**  
Phone **410-531-8930** Fax **410-531-8939**

Occupant or Tenant \_\_\_\_\_  
Contact Name \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
Contact Person \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

#### Building Characteristics

#### Utilities

#### Building Characteristics

#### Utilities

Height: \_\_\_\_\_  
No. of stories: \_\_\_\_\_  
Gross area, sq. ft. per floor: \_\_\_\_\_  
Use group: \_\_\_\_\_  
Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

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 \_\_\_\_\_

SF Dwelling  SF Townhouse   
Depth Width  
1st floor: **30'** **78'**  
2nd floor: **38'** **78'**  
Basement: **28'** **78'**  
Finished Basement  Unfinished Basement   
Crawl space  Slab on Grade   
No. of Bedrooms **4**  
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: \_\_\_\_\_  
 State Certified Modular  
 Manufactured Home

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   
NFFA #13D \_\_\_\_\_  
NFFA #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 THEREIN; (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.

*Tim Ragen*  
Applicant's Signature  
VP of Production  
Title/Company

**TIM RAGEN**  
Print Name  
**11/8/04**  
Date

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	<b>11-16-04</b>	<b>Rachel Norton</b>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <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#:	33076
Filing fee \$	<b>100</b>
Permit fee	\$ _____
Excise tax	\$ _____
Add'l per. fee	\$ _____
TOTAL FEES	\$ _____
Sub-total paid	\$ _____
Balance due	\$ _____
Check #	<b>20772</b>
Validation #	<b>50911</b>
Accepted by	_____

EXISTING DRIVEWAY

B00155253  
LPTANK  
70C. OF



APPROXIMEMENT LOCATION OF EX. WELL

(W)

DAVID LAUBACH  
CHRISTINE LAUBACH T/E  
TAX MAP 35 PARCEL 463  
LIBER 437 FOLIO 566  
ZONED RR

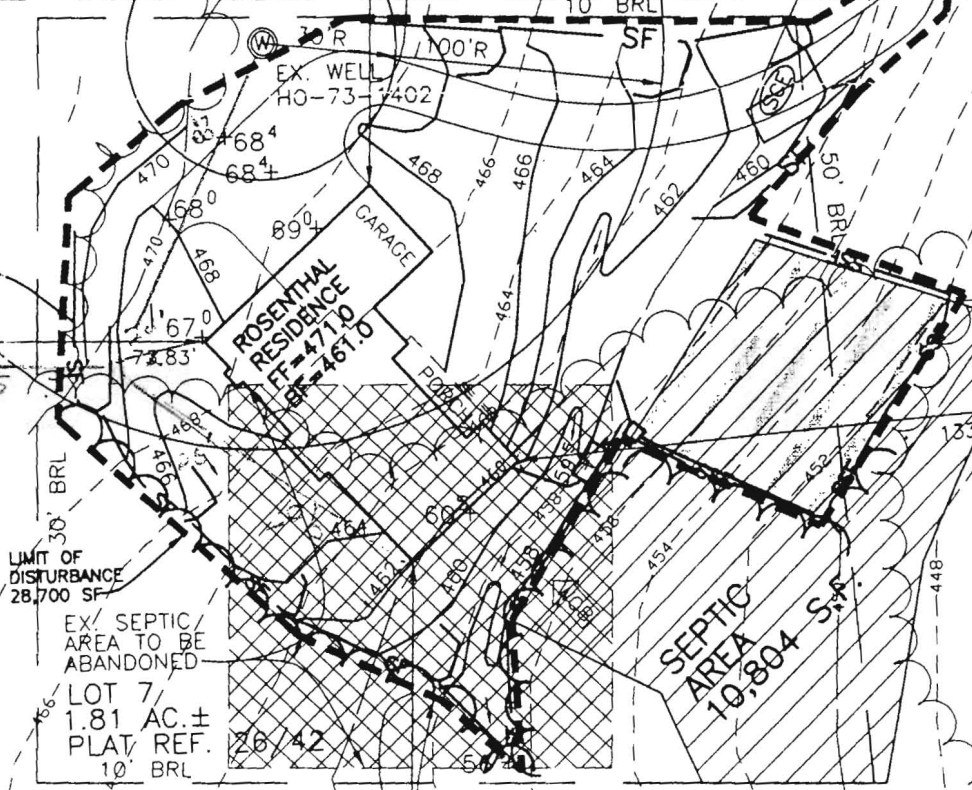
EX. E

S88°41'50"E 243.64'  
5' UTILITY EASEMENT  
176.67'

MARTIN  
LOV 6  
CLARKS  
FLAT RE  
TAX MAP  
LIBER 7  
ZONED

220.00'

N01°14'14"E



LIMIT OF DISTURBANCE 28,700 SF  
EX. SEPTIC AREA TO BE ABANDONED  
LOT 7  
1.81 AC. ±  
PLAT REF. 26/42  
10' BRL

725.16'  
EX. GRADE/AT DISTRIBUTION BOX  
INV. DISTR. BOX  
INV. OUT TANK  
INV. IN TANK =  
INV. HOUSE =

N88°39'02"W 299.73'

RP # 00151074

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

30800076

Building Address 7020 Guilford Rd  
Clarksville, MD 21029

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 7

Tax Map 35 Parcel 463 Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Steve & Lisa Rosenthal

Address 7020 Guilford Rd.

City Clarksville State MD Zip Code 21029

Home Phone 410-531-3856 Work Phone 410-531-8930

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_

Proposed Use \_\_\_\_\_

Estimated Construction Cost \$ \_\_\_\_\_

Description of Work Rear Deck

Contractor Company self

Contact Person Lisa Rosenthal

Address 7020 Guilford Rd

City Clarksville State MD Zip Code 21029

License No. R253-522-730-608

Phone 410-531-3856 Fax \_\_\_\_\_

Occupant or Tenant Steve & Lisa Rosenthal

Contact Name Lisa Rosenthal

Address 7020 Guilford Rd

City Clarksville State MD Zip Code 21029

Phone (410)531-3856 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: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: <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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" 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: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
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>1-10-08</u>	<u>[Signature]</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?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>				Accepted by _____

- NOTE:
1. THIS DRAWING 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.
  2. THE DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
  3. THE 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.
  4. ALL BUILDINGS, STRUCTURES AND OTHER IMPROVEMENTS SHOWN HEREON ARE IN APPROXIMATE RELATION TO THE APPARENT BOUNDARY LINES.
  5. DECLARATION IS MADE TO ORIGINAL PURCHASER OF THE DRAWING. IT IS NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS.
  6. DRAWING IS VALID ONLY WITH BLUE-INK SEAL AND SIGNATURE OF SURVEYOR.

GUILFORD ROAD  
(40' R/W)

C&M LAND LLC  
TAX MAP 35 PARCEL 72  
LIBER 7676 FOLIO 485

DAVID LAUBACH  
CHRISTINE LAUBACH T/E  
TAX MAP 35 PARCEL 463  
LIBER 4572 FOLIO 566

5' UTILITY EASEMENT

S88°41'50"E 243.64'

N88°39'02"W

ROBERT K. HIRZEL AND WIFE  
TAX MAP 35 PARCEL 313  
LIBER 693 FOLIO 32

*Revised  
9/14/05  
B00151074*

CHARLES H. SHAW  
RYDA C. SHAW  
TAX MAP 35 PARCEL 73  
LIBER 377 FOLIO 155



APPROVED

WALK-THRU BUILDING PERMIT  
BP# B08000076 A# 520802  
APP. SAN HS DATE: 1-10-08  
DESC. OF WORK: rear deck

MARTIN E. BEACH & WIFE  
LOT 6  
CLARKSVILLE MEADOW  
PLAT REF. # 26/42  
TAX MAP 35 PARCEL 296  
LIBER 729 FOLIO 113

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THE DWELLING(S) SHOWN ON THIS DRAWING LIES WITHIN THE LOT LINES SHOWN AS COMPILED FROM TITLE OR OTHER SOURCES. OTHER IMPROVEMENTS ARE FOR PICTORIAL PURPOSES ONLY. THIS DRAWING IS NOT A BOUNDARY SURVEY AND HAS BEEN PREPARED EXCLUSIVELY FOR TITLE PURPOSES ONLY. PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT.

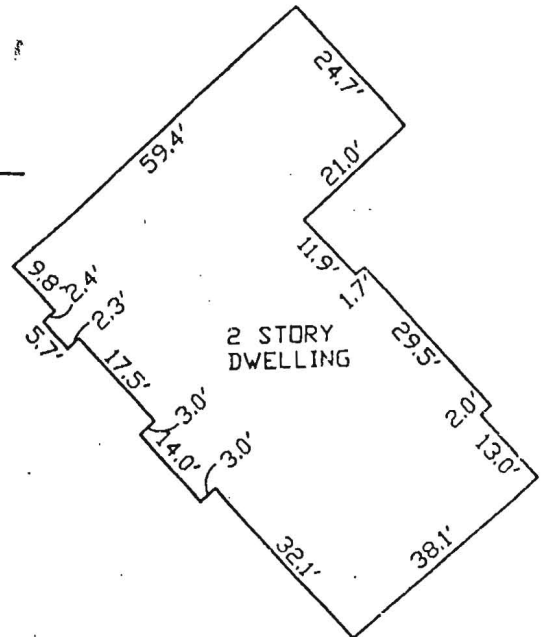
*David J. Harris*  
REG. No. 10978

RECORD PLATBOOK 26 PAGE 42  
FEMA FIRM No. 240044 0039 B  
ZONE: C  
DATED: 12/4/86



**BENCHMARK**  
ENGINEERS & LAND SURVEYORS & PLANNERS  
**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE A SUITE 418  
ELICOTT CITY, MARYLAND 21043  
phone: 410-486-8106 A fax: 410-403-8844  
email: Benchmark@state.com



DETAIL  
SCALE: 1" = 30'

LOCATION DRAWING  
CLARKSVILLE MEADOWS  
SECTION ONE— AREA ONE  
LOT No. 7

7020 GUILFORD ROAD  
5TH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
SCALE: 1" = 120' DATE: 09/13/05