

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**

1300156050

Building Address 1204 Fall, Owens Rd  
EC 81042  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 603000 Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map 22 Parcel 96 Grid 16  
RQ-DEO  
 Zoning \_\_\_\_\_ Map Coordinates 10B11 Lot size 2.00 acres

Property Owner's Name Alvin E. Grier  
 Address 8112 Pop Branch Rd N. Hwy 160  
 City Columbia State MO Zip Code 65207  
 Home Phone \_\_\_\_\_ Work Phone (417) 75 1400  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family  
 Proposed Use Single Family w/ Tank  
 Estimated Construction Cost \$ 200,000  
 Description of Work INSTALL 1000 G.P. TANK

Contractor Company Union Repair  
 Contact Person Pat  
 Address 104 W. Potosiville Blvd  
 City Mo. Ave State Mo Zip Code 65201  
 License No. 1-115  
 Phone (301) 88 2505 Fax (301) 20 5374

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: _____ 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 _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
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 _____	

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 Alvin E. Grier

Print Name Alvin E. Grier  
 Date 9-16-05

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
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>9/20/05</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID: #
Front: _____	64773
Rear: _____	Filing fee \$ <u>110</u>
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Validation # <u>98727</u>
	Accepted by <u>[Signature]</u>

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



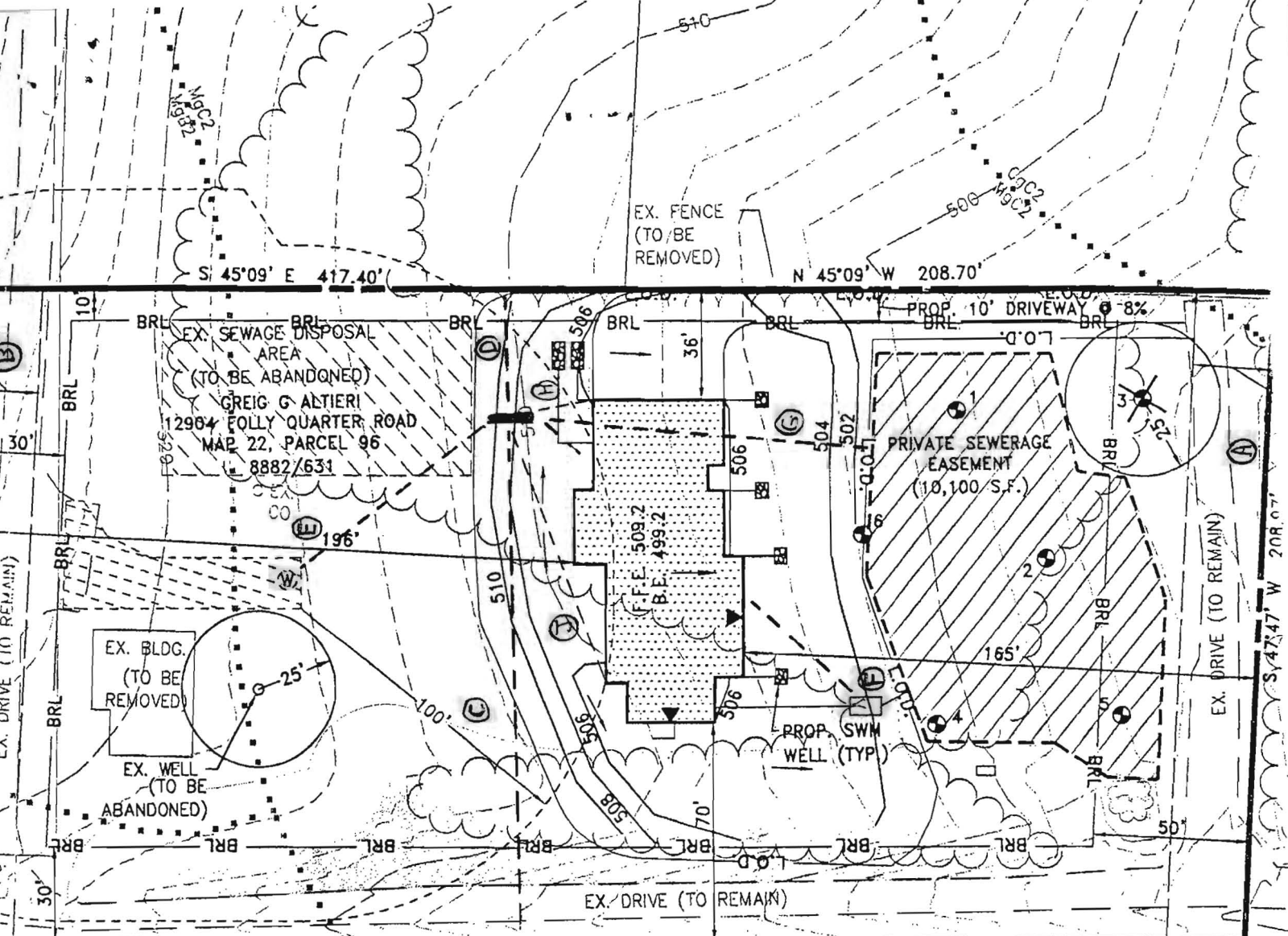
205 NAJOLES ROAD, PO BOX 243  
MILLERSVILLE, MD 21108-0243

(410) 987-9000  
(800) 852-1013  
DIAL - PROPANE  
TELEFAX (410) 987-5906

Scale: 1" = 50'

Distance from LP tank to:

- A. Front Property Line: 231'
- B. Rear Property Line: 163'
- C. Left Property Line: 165'
- D. Right Property Line: 38'
- E. Well: 75'
- F. Septic Tank: 131'
- G. Septic Area: 106'
- H. Corner of House: 18'
- J. Corner of House: 84'



# OLD ROLLING ROAD

ELLEN & JANÉ L. BORKEY  
 FOLLY QUARTER ROAD  
 22, PARCEL 73, LOT 6  
 5346/115

WILLIAM B. & ROBIN B. LUKENS  
 13032 FOLLY QUARTER ROAD  
 MAP 22, PARCEL 73,  
 PRES. PARCEL A  
 4729/163

**APPROVED**  
**WALK-THRU BUILDING PERMIT**

BP# B0056050 A# 521579  
 APP. SAN PAY DATE 9/20/05

**OWNER:**

GREIG ALTIERI  
 6117 NIGHTROSE COURT  
 ELKRIDGE, MD 21075  
 Attn: GREG ALTIERI  
 Tele: (410) 715-4500

**DESC. OF WORK:**

LP junk install

**CONTRACTOR:**

ALTIERI HOMES  
 9017 RED BRANCH ROAD  
 SUITE 201  
 COLUMBIA, MD 21045  
 Attn: GREG ALTIERI  
 Tele: (410) 715-4500  
 Fax: (410) 740-5809

APPROVED  
 SYSTEMS

*Robert*  
 for HOWARD C.  
 (KN)

**HOWARD COUNTY  
PERMIT APPLICATION**

**PERMIT NUMBER**

B-0-152405 KP

Building Address 1994 Fully Quarter Rd  
Ellicott City, MD 21047  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 603000 Subdivision \_\_\_\_\_  
Section 22 Area 26 Lot \_\_\_\_\_  
Tax Map 22 Parcel 96 Grid 16  
Zoning RTO Map Coordinates 10011 Lot size 24

Property Owner's Name Gregg Atherton  
Address 6117 Nightrose Court  
City Elkridge State MD Zip Code 21045  
Home Phone \_\_\_\_\_ Work Phone 410-715-4500  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Vacant w/ E. Use to be done  
Proposed Use SFD  
Estimated Construction Cost \$ 410,000  
Description of Work Custom 2 story, 6 Rooms,  
4 Baths 1/2 Bath, RI bsmt, 5 Bedrooms,  
Woodburning FP, 4 car Garage

Contractor Company Atherton Home Enterprises  
Contact Person Gregg Atherton  
Address 9017 Red Branch Rd, Suite 201  
City Columbia State MD Zip Code 21045  
License No. 7  
Phone 410-715-4500 Fax 410-714-5807

Occupant or Tenant Gregg Atherton  
Contact Name \_\_\_\_\_  
Address 9017 Red Branch Rd, Suite 201  
City Columbia State MD Zip Code 21045  
Phone 410-715-4500 Fax 410-714-5807

Engineer or Architect Company KCN Engineering  
Contact Person Kim Greves  
Address 3106 Lord Baltimore Drive  
City Baltimore State MD Zip Code 21244  
Phone 410-931-0033 Fax 410-281-1065

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics		Utilities	
Height:		Water Supply:	
No. of stories:		Public <input type="checkbox"/>	
Gross area, sq. ft. per floor:		Private <input type="checkbox"/>	
Use group:		Sewage Disposal:	
Construction type:		Public <input type="checkbox"/>	
<input type="checkbox"/> Reinforced Concrete		Private <input type="checkbox"/>	
<input type="checkbox"/> Structural Steel		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Masonry		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Wood Frame		Heating System:	
<input type="checkbox"/> State Certified Modular		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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>		Water Supply:	
Depth _____ Width _____		Public <input type="checkbox"/>	
1st floor: _____		Private <input checked="" type="checkbox"/>	
2nd floor: _____		Sewage Disposal:	
Basement: _____		Public <input type="checkbox"/>	
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
No. of Bedrooms _____		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Multi-family dwellings:		Heating System:	
No. of efficiency units: _____		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
No. of 1 BR units: _____		Natural Gas <input type="checkbox"/>	
No. of 2 BR units: _____		Propane Gas <input type="checkbox"/>	
No. of 3 BR units: <u>5</u>		Sprinkler system: N/A <input type="checkbox"/>	
Other Structure: _____		NFPA #13D _____	
Dimensions: _____		NFPA #13R _____	
Footings: _____		Other: _____	
Roof: _____			
<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 Gregg Atherton  
Title/Company Atherton Home

Print Name Gregg Atherton  
Date 2/2/05

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

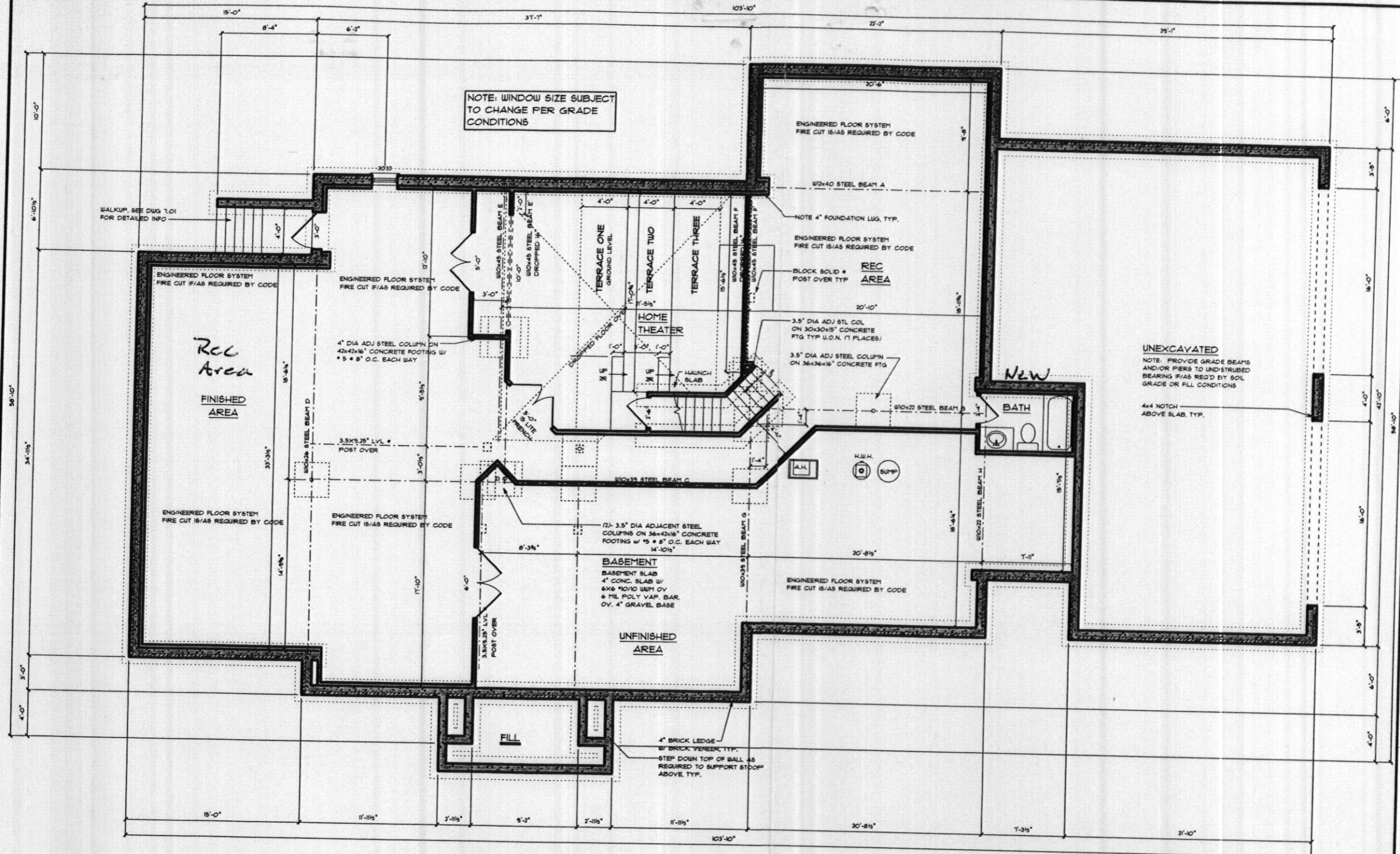
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	<u>64713</u>
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing fee \$ <u>100.00</u>
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health	<u>2-2-05</u>	<u>Kacie Noonan</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
<input type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input checked="" 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>8103</u>
				Validation # <u>P5527</u>
				Accepted by <u>[Signature]</u>

**ALTIERI HOMES**  
 9017 Red Branch Road - Suite 201  
 Columbia, Maryland 21045  
 tel: 410-715-4500 fax: 410-740-5809

REVISIONS	PRELIMINARY SET
12-28-04	

GREIG ALTIERI RESIDENCE		SIGNATURE	
SCALE: 1/8" = 1'-0"	APPROVED	BUYER 1	BUYER 2
DATE: July 27, 2005			
DRAWN BY: JRP/PS			

**FINISHED BASEMENT 2.01**



NOTE: WINDOW SIZE SUBJECT TO CHANGE PER GRADE CONDITIONS

NOTE: REFER TO TRUSS JOIST FRAMING PLAN FOR DETAILED FRAMING INFORMATION

**TYPICAL FOUNDATION WALL**  
 MIN. 8" REINFORCED CONCRETE FOUNDATION WALL THICKNESS & REINFORCING PER SOL & GRADE CONDITIONS & CODE/KEY TO MIN. 8"x16" CONTINUOUS FOOTING

- FOUNDATION NOTES**
- 1) 3000 PSF MIN SOIL BEARING CAPACITY ASSUMED
  - 2) BEAMS, JOISTS, HEADERS & RAFTERS TO BE SPF 11/12 OR EQ. TYP THROUGH U.N.O.
  - 3) BASEMENT WINDOW AND DOOR LOCATIONS TO BE DETERMINED AT PRECON.
  - 4) ALL LOCATIONS FOR MVAC, SUMP PUMPS, ROUGH-INS, H.A.H. & A.H. AND OTHER FEATURES ARE SUBJECT TO BUILDER DISCRETION ON SITE
  - 5) FOUNDATION WALL MIN. THICKNESS 8" or 10" WHERE STEM WALL AT BRICK LEDGE EXCEEDS 12" HIGH
  - 6) VERIFY SIZE AND LOCATION OF WINDOWS PER GRADE & BUILDER

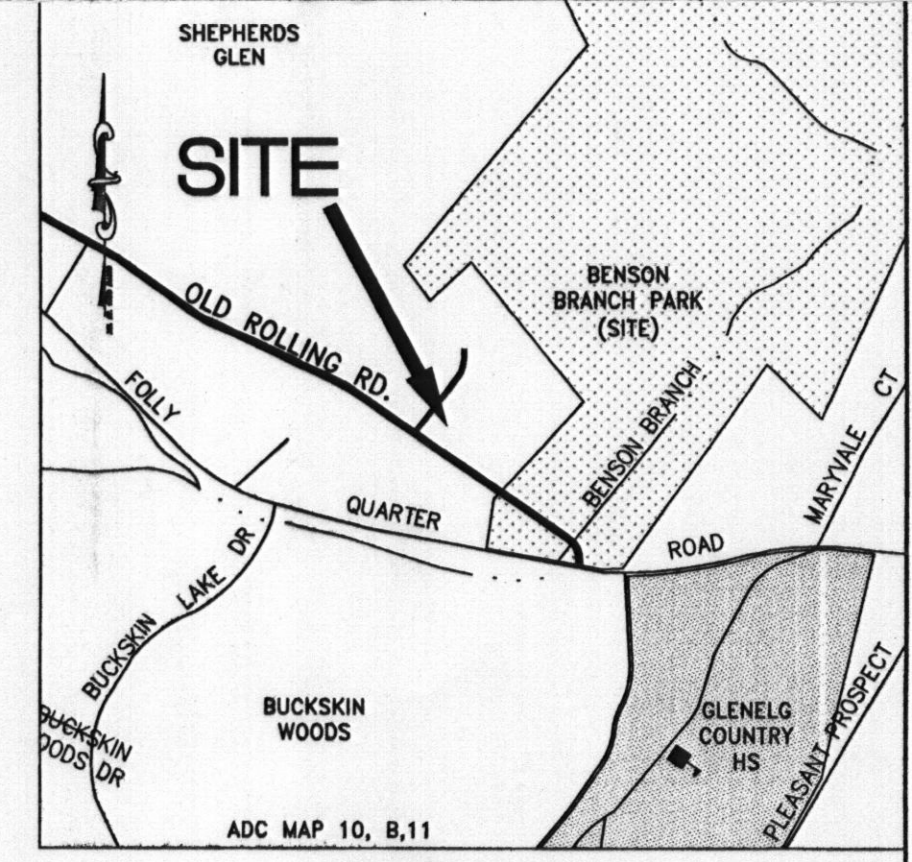
**APPROVED**

WALK-THRU BUILDING PERMIT  
 BP# 600155178 A# 521579  
 APP. SAN KJB DATE: 7/27/05  
 DESC. OF WORK: Finish Basement  
 NO new Orders

STEEL MEMBER	LENGTH
BEAM A	
BEAM B	
BEAM C	
BEAM D	
BEAM E	

**LIMIT OF DISTURBANCE**  
24,500 S.F. = 0.56± AC

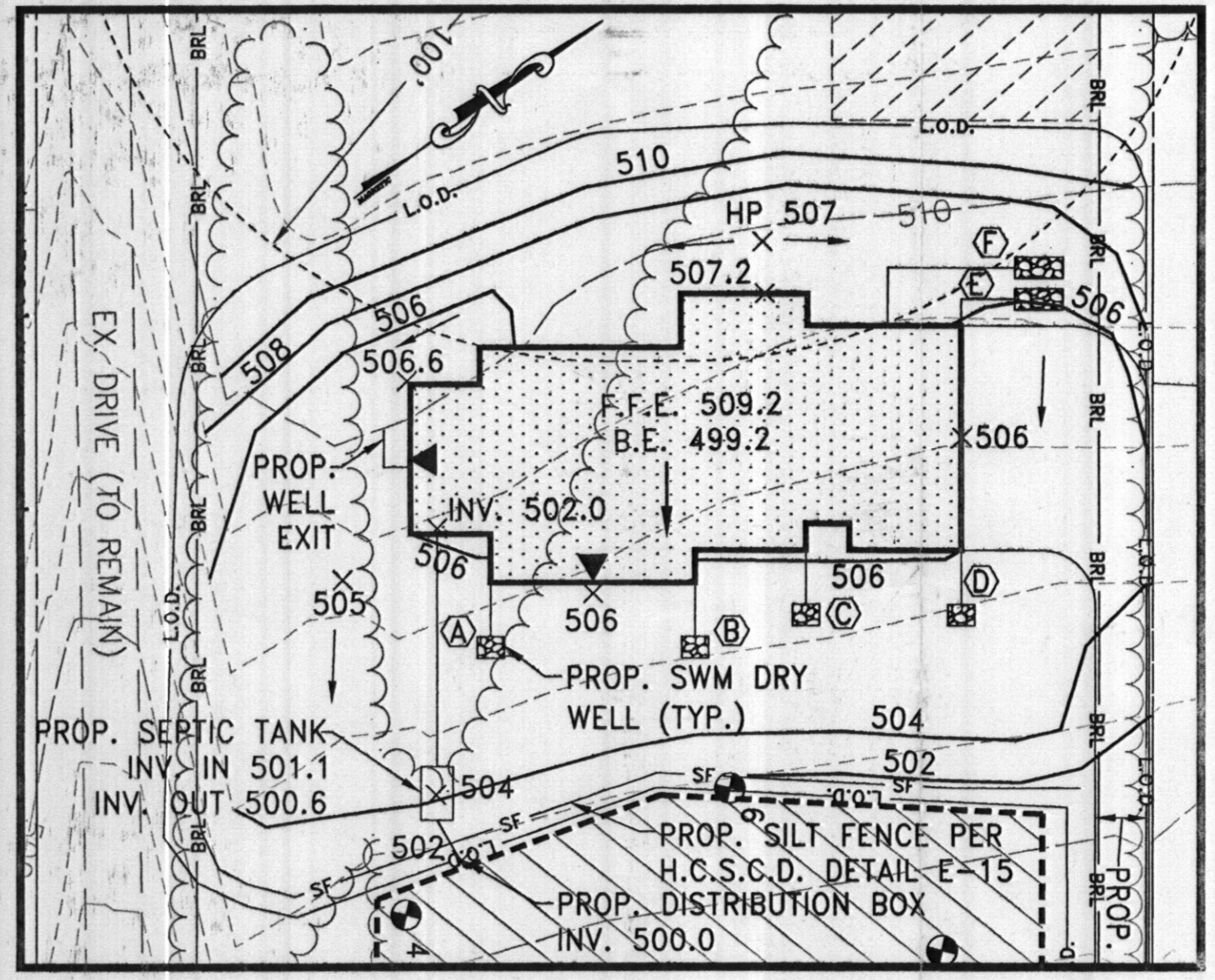
PERCOLATION HOLE NO.	EXISTING GROUND ELEVATION
1	498.5
2	495.8
3	493.3
4	501.0
5	496.0
6	501.8



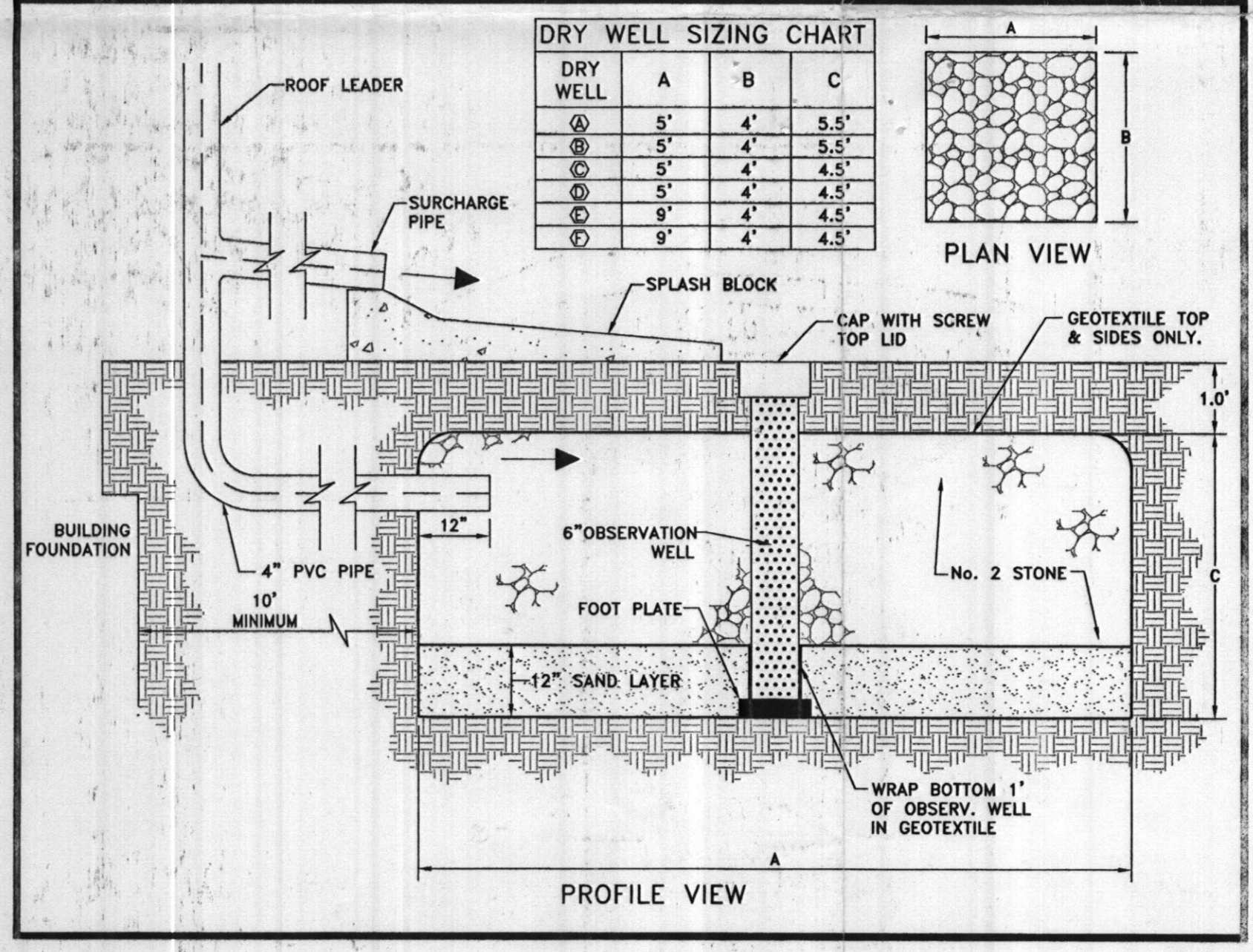
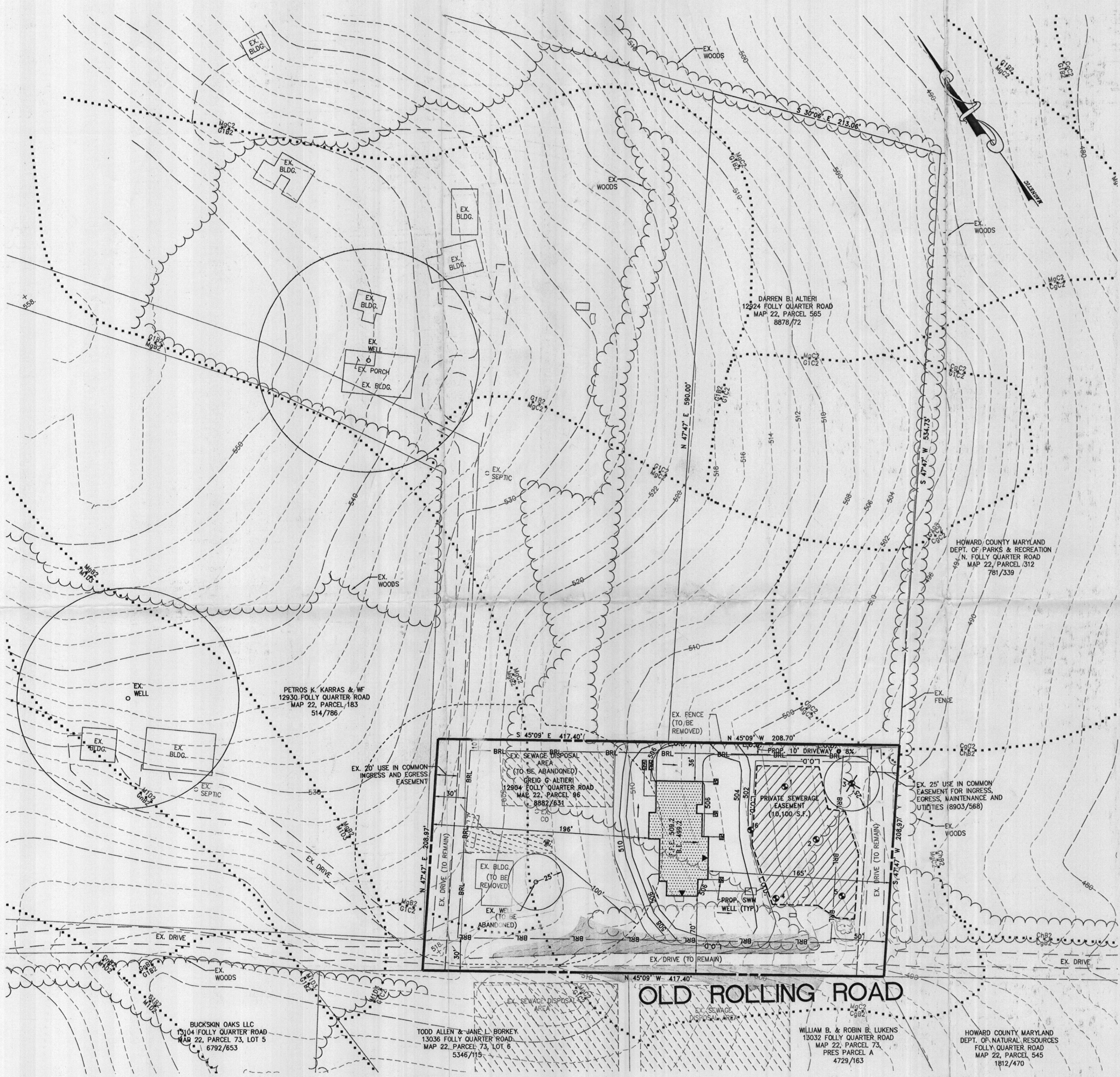
**VICINITY MAP**  
SCALE 1"=100'

**GENERAL NOTES**

- OWNERS: GREIG G. ALTIERI  
12904 FOLLY QUARTER ROAD  
ELLCOTT CITY, MD 21042
- PROPERTY LOCATION: 12904 FOLLY QUARTER ROAD  
ELLCOTT CITY, MD 21042
- TAX ACCOUNT NO. 294021  
ELECTION DISTRICT: 03  
DEED: 8882/631  
TAX MAP: 22, Grid 16, Parcel 96  
TOTAL SITE AREA: 87,120 sf = 2.0 ac.
- THE SUBJECT PROPERTY IS ZONED RR-DEO.
- THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
- EXISTING WELLS AND/OR SEWERAGE EASEMENTS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN FROM THE BEST AVAILABLE INFORMATION.
- ALL HOUSE SITES SHOWN COMPLY WITH MINIMUM BUILDING RESTRICTION INFORMATION.
- ALL WELLS SHALL BE DRILLED PRIOR TO FINAL PLAT RECORDATION. IT IS THE DEVELOPER'S 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.
- THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED TAG NUMBER HO##-###) HAS BEEN FIELD LOCATED BY KCW ENGINEERING TECHNOLOGIES, INC. AND IS ACCURATELY SHOWN.
- PAVING SPECIFICATIONS  
3" BIT CONC.  
6" CR-6
- TOPOGRAPHY SHOWN PROVIDED BY HOWARD COUNTY.
- I.C.O.P. WILL BE HELD UNTIL NEW WELL IS DRILLED, EXISTING WELLS ARE ABANDONED AND SEPTIC INSTALLATION IS APPROVED.



**HOUSE INSERT**  
SCALE 1"=30'



**DRY WELL**  
NOT TO SCALE

**LEGEND**

- EX. WOODS
- EX. TREE
- 10' CONTOUR
- 2' CONTOUR
- SOILS
- STREAM
- 15% OR GREATER SLOPES
- EX. FENCE
- LIMITS OF CLEARING
- BUILDING RESTRICTION LINE
- LIMIT OF DISTURBANCE
- SILT FENCE
- PROPOSED PRIVATE SEWERAGE EASEMENT
- PROPOSED WELL ENVELOPE
- PROPOSED PERC TEST LOCATION
- EXISTING SEWER DISPOSAL AREA (SDA)
- STORMWATER MANAGEMENT DRY WELL

**NOTE:** THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THE EASEMENT 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 REVISED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.

THE PROPERTY HAS BEEN FIELD OBSERVED AND THE DEPICTED TOPOGRAPHY REFLECTS FIELD MATCHED INFORMATION.  
BY: [Signature] DATE: 1/25/05  
KIMBERLY J. POWERS  
REGISTERED PROFESSIONAL ENGINEER

**KCW**  
ENGINEERING TECHNOLOGIES

KCW Engineering Technologies, Inc.  
3106 Lord Baltimore Drive, Suite 110  
Baltimore, MD 21244  
(410) 281-0033  
Fax (410) 281-1065  
www.KCW-ET.com

**OWNER:**  
GREIG ALTIERI  
6117 NIGHTROSE COURT  
ELKRIDGE, MD 21075  
Attn: GREG ALTIERI  
Tele: (410) 715-4500

**CONTRACTOR:**  
ALTIERI HOMES  
9017 RED BRANCH ROAD  
SUITE 201  
COLUMBIA, MD 21045  
Attn: GREG ALTIERI  
Tele: (410) 715-4500  
Fax: (410) 740-5809

APPROVED FOR PRIVATE WATER AND PRIVATE SEWER SYSTEMS

[Signature]  
HOWARD COUNTY HEALTH OFFICER  
1/27/05  
DATE

ADDRESS CHART			
Parcel # 96	Street Address 12904 FOLLY QUARTER ROAD ELLCOTT CITY, MD 21042		
PERMIT INFORMATION CHART			
Subdivision Name	Section/Area	Parcel # 96	Genus Tract
L/F 8882/631	Grid # 16	Zoning RR-DEO	Tax Map 22 Election District 3rd
Water Code:		Sewer Code:	

KCW J.O.: 2040444  
SCALE 1" = 50'  
DRAWN: MS  
DESIGNED: KMG  
CHECKED: KMG  
DATE: JANUARY 25, 2005  
DRAWING NO.

**BUILDING PERMIT PERCOLATION PLAN**

**ABRAMSON PROPERTY**  
12904 FOLLY QUARTER ROAD

HOWARD COUNTY, MARYLAND ELECTION DISTRICT - 3