

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

Building Address 7039 Pindell School Rd.
Columbia, Md.
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision Anglemeyer Property
 Section _____ Area 6.558 Ac. Lot 1
 Tax Map 41 Parcel 147 Grid 3
 Zoning RR-DEOM Map Coordinates _____ Lot size 3.41 Ac.

Property Owner's Name Jim & Agnes Anglemeyer
 Address 13107 Claxton Drive
 City Laurel State Md. Zip Code 20708
 Home Phone (301) 953-1890 Work Phone (202) 889-3615
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ _____
 Description of Work Install Retaining Wall

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

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

Engineer or Architect Company G & C Consultants, Inc.
 Contact Person Wei M. Wu
 Address 5627 Allentown Rd. Suite 105
 City Camp Springs State Md. Zip Code 20746
 Phone (301) 899-0598 Fax (301) 899-3070

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 checked="" 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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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: _____	
<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.

Wei M. Wu, Pres.
 Applicant's Signature
G & C Consultants, Inc.
 Title/Company

WEI M. WU
 Print Name
April 7, 2005
 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	<u>4/7/05</u>	<u>[Signature]</u>
Health		
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
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#:
Filing fee \$ _____
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # _____
Validation # _____
Accepted by _____

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

V. Plan Exhibit

A. Number of Copies Required

The waiver petition application must be accompanied by copies of a detailed plot plan, subdivision plat or site development plan (**14 sets of the completed waiver application and plan exhibit if the subject property adjoins a County road; 18 sets for properties adjoining a State road**). In instances where the waiver request concerns an approval extension or if an associated plan is in active processing, only 2 sets of plans are required along with 14 or 18 copies of the application form. **Plans must be folded to a size no larger than 7-1/2" x 12"**. The pre-packaging of plans and supplemental reports by SRC agency will be permitted by DPZ provided that each package contains a cover letter which itemizes all plans, reports and documents included in the package.

Please be advised that all plan application submissions are ACCEPTED BY APPOINTMENT ONLY. All plan submission appointments must be scheduled with the Division of Land Development at (410) 313-2350.

B. Plan Requirement Checklist

The detailed waiver petition exhibit, plot plan, subdivision plan or site development plan must indicate the following required information relevant to the waiver request to ensure acceptance of the waiver petition application for processing.

Legend:	<input checked="" type="checkbox"/> NA	Information Provided Not Applicable	<input checked="" type="checkbox"/> X	Information Not Provided, Justification Attached
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- 1. Vicinity map scale 1" = 2,000' indicating and identifying the total boundary of the property, exact site location, vicinity roads and north arrow.
- 2. Bearings and distances of property boundary lines for the entire tract and size of tract area.
- 3. North arrow and scale of plan.
- 4. Location, extent, boundary lines and area of any proposed lots.
- 5. Any existing or proposed building(s), structures, points of access, driveways, topography, natural features and other objects and/or uses on the subject and adjacent properties which may be relevant to the petition; i.e. historic structures, cemeteries or environmentally sensitive areas.
- 6. Delineation of building setback lines.
- 7. Delineation of all existing public road and/or proposed street systems.
- 8. Identification and location of all easements.
- 9. Approximate delineation of floodplain, wetland and forested areas, if applicable.
- NA 10. Road profile to evaluate sight distance, if the application includes a request for direct access to a major collector or more restrictive roadway classification.
- NA 11. Any additional information to allow proper evaluation (e.g. for waivers to wetland buffers an alternative analysis and mitigation proposal are needed; for waivers to SDP requirements where there is no subdivision of land, an APFO Roads Test evaluation may be needed).
- NA 12. Photographs, perspective sketches or cross-sections as necessary to adequately portray the waiver request.
- 13. The exhibit plans should be highlighted to accurately illustrate the requested waiver(s) to allow proper evaluation (i.e. proposed grading, tree clearing or other disturbances within environmentally sensitive areas or buffers).
- NA 14. Submit 2 sets of photographs for all existing on-site structures.

15. **Route 1 Manual**

Compliance with the Route 1 Manual is required for new development and some alterations or enlargements located in the CE, TOD and CAC zoning districts and for other zoning districts located within the Route 1 corridor. All plan submissions, beginning with the initial subdivision or site development plan, shall show all applicable streetscape, site and building designs responding to the Route 1 Manual's requirements and recommendations. All plan submissions shall provide a written summary of how the proposed design achieves the objectives of the Route 1 Manual. Also, building design and schematic architectural elevation details must be included with the initial subdivision or site development plan submission.

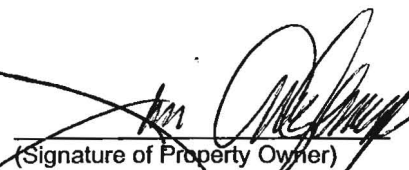

VI. **Fees**

The Waiver Petition application fee shall be in accordance with the adopted fee schedule. All checks shall be made payable to the *Director of Finance*. **The petition will not be accepted for processing until the fee has been paid. Incomplete, incorrect or missing information may result in the rejection of the application** and could cause additional time to be required to revise the petition for resubmittal and re-review. For more information or questions, contact DPZ at (410) 313-2350.

VII. **Owner's/Petitioner's Certification**

I/WE the undersigned fee simple owner(s) hereby make application to the Howard County Department of Planning and Zoning to relax the minimum requirements of the Howard County Subdivision and Land Development Regulations. The undersigned hereby certifies the information supplied herewith is correct and complete, confirms that the regulations and policies as referred to in the attached are understood, and authorizes periodic on-site inspections by the Howard County Subdivision Review Committee agencies. ***If the applicant is the owner's agent, written documentation from owner granting that authority is required.**

Owner's authorization attached *

	<u>4/19/05</u>		<u>4/19/05</u>
(Signature of Property Owner) (Fee Simple Owner Only)	(Date)	(Signature of Petition Preparer) *	(Date)
<u>Jim Anglemyer</u>		<u>G&C Consultants, Inc.</u>	
(Name of Property Owner)		(Name of Petition Preparer, Surveyor/Engineer or Agent/Developer)	
<u>13107 Claxton Drive</u>		<u>5627 Allentown Rd., Suite 105</u>	
(Address)		(Address)	
<u>Laurel, Maryland 20708</u>		<u>Camp Springs, Maryland 20746</u>	
(City, State, Zip Code)		(City, State, Zip Code)	
(E-mail) <u>anglemyer@comcast.net</u>		(E-mail) <u>wmw3070@erols.com</u>	
<u>Cell 202/369-5164 H 301/953-1890</u>		<u>301/899-0598</u>	<u>301/899-3070</u>
(Telephone)	(Fax)	(Telephone)	(Fax)
Contact Person: <u>Jim Anglemyer</u>		Contact Person: <u>Wei M. Wu</u>	

Howard County Department of Planning and Zoning
Division of Land Development

**INITIAL SUBMISSION
WAIVER PETITION WORKSHEET
(For DPZ Use Only)**

Project Name _____ DPZ File No. _____
DPZ Plan Reviewer _____ Submission Date _____
Plan Consultant Representative _____ Time _____

- I. **Application Requirements** *Indicate Yes, No or N/A*
- a. Application is complete
 - b. Required number of plans and applications are provided
 - ___ Plans (14 sets on County Road or
 - ___ Applications 18 sets on State Road)
 - c. Supplemental Information is provided
 - d. Certification of pre-submission HDC advisory meeting for new projects in
Historic District or listed in Historic Sites Inventory
 - e. Photographs of existing structures (for Historic Preservation Review)
 - f. MAA Approval Letter (if applicable)

- II. **Fee Computation** **Fee**
- Number of waivers requested
 - * Base Fee for first two waiver sections (**\$450**)
 - Fee for each additional waiver section (___ additional waivers x **\$50** each)
 - * (Maximum fee of **\$350** for Agricultural Preservation parcels)
- TOTAL** _____

III. **Certification**

Cash Receipt No. _____ Account #011-005-4201 Amount _____

Check issued by _____

___ Waiver petition application is accepted for processing.

___ Scheduled SRC meeting date.

___ Waiver petition application is rejected.

Reason: _____

___ Resubmission is accepted. Date _____ Staff initials _____

Comments/Notes _____

WAIVER PETITION APPLICATION

Date Submitted/Accepted 4/20/05 DPZ File Number WP-05-116

I. Site Description

Subdivision Name/Property Identification: Anglemyer Property

Location of property: 7039 Pindell School Road
(Street Address and/or Road Name)

<u>Vacant</u> (Existing Use)		<u>Residence</u> (Proposed Use)	
<u>41</u> (Tax Map No.)	<u>3</u> (Grid/Block No.)	<u>147</u> (Parcel No.)	<u>05</u> (Election District)
<u>RR-DEO</u> (Zoning District)		<u>6.56 Ac.</u> (Total Site Area)	

Provide a brief site history including reference to all previously submitted or currently active plans on file with the County (subdivision plans, Board of Appeals petitions, waiver petitions, etc.)

WP 04-107, WP 05-97, F04-141

II. Waiver Request

In accordance with Section 16.104 of the Howard County Subdivision and Land Development Regulations, the Department of Planning and Zoning, in conjunction with the Subdivision Review Committee **may grant waivers or modifications to the minimum requirements stipulated within the Regulations if it is determined that extraordinary hardships or practical difficulties may result from strict compliance with the regulations, or if it is determined that the regulations may be served to a greater extent by an alternative proposal.**

In the area below, the petitioner shall enumerate the specific numerical section(s) from the Subdivision and Land Development Regulations for which a waiver is being requested and provide a brief summary of the regulation. Attach a separate sheet if additional information is appropriate.

<u>Section Reference No.</u>	<u>Summary of Regulation</u>
1. <u>16,120 (b)(4)(iii)b</u>	<u>For a lot or buildable preservation parcel of 10 acres or greater in size floodplains, wetlands, streams, their buffers, and forest conservation easements for afforestation, reforestation, or retention may be located on the lot or parcel if the building envelope is no closer than 35 feet from these environmental features. A deck may project 10 feet beyond the building envelope.</u>
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

WAIVER PETITION APPLICATION

Date Submitted/Accepted _____ DPZ File Number WP-05-097

I. Site Description

Subdivision Name/Property Identification: Jim Anglemyer Residence

Location of property: 7039 Pindell School Road
 (Street Address and/or Road Name)

<u>Vacant</u>		<u>Residence</u>	
(Existing Use)		(Proposed Use)	
<u>41</u>	<u>3</u>	<u>147</u>	<u>05</u>
(Tax Map No.)	(Grid/Block No.)	(Parcel No.)	(Election District)
<u>RR-DEO</u>		<u>6.56 Ac.</u>	
(Zoning District)		(Total Site Area)	

Provide a brief site history including reference to all previously submitted or currently active plans on file with the County (subdivision plans, Board of Appeals petitions, waiver petitions, etc.)

WP-04-107 and F-04-141

II. Waiver Request

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<u>Section Reference No.</u>	<u>Summary of Regulation</u>
1. <u>16.120 (c) (2)</u>	<u>All lots, preservation parcels or bulk parcels for single-family detached dwellings shall have minimum lot frontages on approved streets within a public right-of-way which provides access to the property.</u>
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

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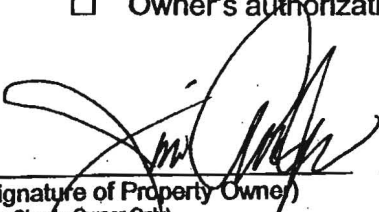
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Owner's authorization attached *



(Signature of Property Owner)
(Fee Simple Owner Only) 2/14/05

(Date)

Jim Anglemyer

(Name of Property Owner)

13107 Claxton Drive

(Address)

Laurel, Maryland 20708


(City, State, Zip Code)

(E-mail) Anglemyer@comcast.net

202/369-5164

(Telephone) (Cell) (Fax)

Contact Person: Jim Anglemyer



(Signature of Petition Preparer)* 2/14/05

(Date)

G&C Consultants, Inc.

(Name of Petition Preparer, Surveyor/Engineer or Agent/Developer)

5627 Allentown RD, Suite 105

(Address)

Camp Springs, Maryland 20746

(City, State, Zip Code)

(E-mail) wmw3070@erols.com

301/899-0598 301/899-3070

(Telephone) (Fax)

Contact Person: Wei M. Wu

G & C Consultants, Inc.

5627 Allentown Road, Suite 105, Camp Springs, Maryland 20746
Phone (301) 899-0598, Fax (301) 899-3070

January 26, 2005

Ms. Cindy Hamilton, Chief
Howard County Department of Planning and Zoning
Division of Land Development
3430 Courthouse Drive
Ellicott City, Maryland 21043

**Re.: Jim Anglemyer's Property
Pindell School Road, Howard County, Maryland**

Dear Ms. Hamilton:

Following Howard County's requirements for "Stem Lots" the referenced property was subdivided providing access to Lot 1 through a stem located south of the property due to small wetlands north of it, near the roadway.

However, once the clearing was done, we faced the reality that our driveway entrance was located very close to an existing "stem" entrance, south of our property, with an over-protective and sensitive neighbor/owner. We believe that such proximity creates reasonable safety and "good-neighborly" concerns.

Given the case that our entrance:

- will actually serve two lots;
- that Lot 2 has a wider frontage on Pindell School Road than the stem for Lot 1;
- that it has always been our intention to install a fully landscaped gated entrance;
- and that we would like to prevent any more frictions and misunderstandings with our neighbor south of the property,

we would therefore like to amend our Ingress/Egress Easement so that the entrance to both lots is moved north, away from the existing entrance to Parcel 375, thus allowing us better sight distance from the existing "hump" uphill, safer access to both properties, and a suitable, landscaped buffer from the next driveway entrance.

What would be the process to follow to change the use-in-common easement on the recently recorded plat? Our suggestion is shown on the attached plans.

We thank you for your attention to this matter.

Sincerely,

G&C Consultants, Inc.



Wei M. Wu
President

cc. Mr. Jim Anglemyer
Files

G & C Consultants, Inc.

5627 Allentown Road, Suite 105, Camp Springs, Maryland 20746
Phone (301) 899-0598, Fax (301) 899-3070

April 19, 2005

Ms. Cindy Hamilton, Chief
Howard County Department of Planning and Zoning
Division of Land Development
3430 Courthouse Drive
Ellicott City, Maryland 21043

**Re.: Jim Anglemyer's Property
Pindell School Road, Howard County, Maryland**

Dear Ms. Hamilton:

We would like to **Request a Waiver** from Section 16.120 (b) (4) (iii) b, for the "back retaining wall" at the above referenced project. We base our request on the following two reasons:

- There are two specimen trees very close to the "75 feet stream buffer," and we would prefer not to interfere with them at all.
- The current design calls for only about half of this retaining wall to be inside of the "35-foot environmental buffer," and then only 15% inside of it.

We feel that this design, by preserving the existing forest stand and minimizing the possible damage to the specimen trees, is more environmentally friendly than the approved old design, which called for two, three-foot high walls, the second of which was entirely inside of the previously mentioned 35-foot buffer.

As you are aware, we are constantly trying to improve on our design to both agree with our client, and to the directives established by Howard County.

We thank you for your attention to this matter.

Sincerely,

G&C Consultants, Inc.



Wei M. Wu
President

cc. Mr. Jim Anglemyer
Files

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

Building Address 7039 Pindell School Rd
Fulton Md 20957

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 1

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Jim Anglemeyer

Address 7039 Pindell School Rd

City Fulton State Md Zip Code 20957

Home Phone 301-953-1890 Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD/pool

Estimated Construction Cost \$ 25,000

Description of Work Inground pool 20x40 in
rear yard w/48" High Fence per code
Pool Filled by ~~water~~ IBCIC

Contractor Company Maryland Pools Inc

Contact Person Joanne Latham

Address 9515 Gerwig La

City Columbia State Md Zip Code 21046

License No. 66694

Phone 410-995-6600 Fax _____

Occupant or Tenant owner

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 <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <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"/> 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: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____ 2nd floor: <u>3-8'</u> Basement: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Height: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 Height: _____	
State Certified Modular <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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 THEREON; (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.

Joanne Latham
Applicant's Signature
agent
Title/Company

Joanne Latham
Print Name
Date

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

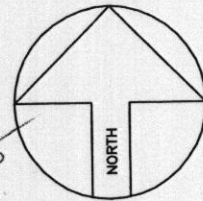
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>9/1/05</u>	<u>Kacie Popran</u>	Side St.: _____	Add'l per. fee \$ _____
Health			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"/>	
Distribution of Copies- White: Building Official			Lot Coverage for NewTown Zone _____	
Green: LDD, DPZ			SDP/Red-line approval date _____	Accepted by _____
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

SETBACKS:

REAR PL. 50'
 SIDE PL. 30'
 HOUSE 10'
 SEPTIC 20'
 WELL 30'

**PRIVATE WELL
& PRIVATE SEPTIC**

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# 51965-A
 APP. SAN *Lawrence* DATE: 9/1/05
 DESC. OF WORK: *ing. pool*



ZONE: ONE

*Previous site showed
plan pool layout - ok'd by Pgy*

SITE PLAN

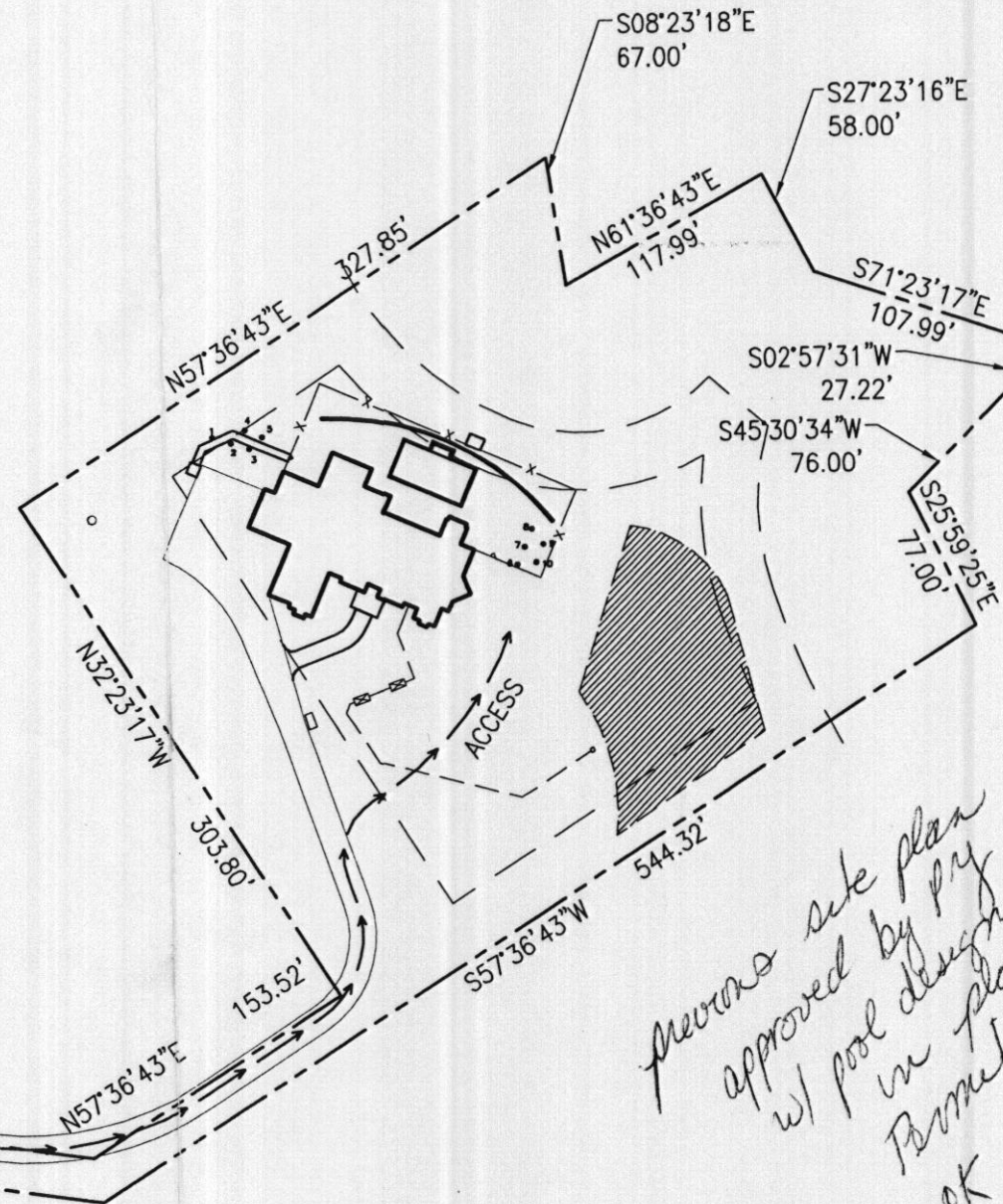
1"=100'

LOT 1

ANGLEMYER PROPERTY

ACCOUNT # 346754
 MAP 41, GRID 3, PARCEL 147
 ELECTION DISTRICT NO. 05
 HOWARD COUNTY, MARYLAND

PINDELL SCHOOL ROAD



*Previous site plan
approved by Pgy
w/ pool designed
in plan
Bmif#
OK*

CALL SITE SUPER FOR
 SCHEDULING - TIM CARLON
 240-508-1939

PERMIT NUMBERS

POOL:
 ELECT:
 OTHER:

PERMIT SET

DATE: 09-01-05

REVISIONS:

9/1/05 - GEO. WELL LOCATIONS

**Maryland
POOLS**
Inc.

9515 GERWIG LANE SUITE 119 COLUMBIA, MD 21046 410-995-6600
 11166 MAIN STREET SUITE 402 FAIRFAX, VA 22030 703-359-7192

800-252-SWIM
 WWW.MARYLANDPOOLS.COM

EQUIPMENT LIST

DIRT/GRADING: ON SITE
 SPA: NONE
 RAISED BEAM: NONE
 TILE: RM-06
 COPING: PA FULL RANGE FLAGSTONE - CUT
 PLASTER: WHITE MARBELITE
 FILTER SYS: C&C 420 SF CART. W/1.5 HP PUMP
 CLEANING SYS: PCC-2000
 TREATMENT SYS: MINERAL SPRINGS
 CONTROL SYS: NONE
 HEATER: AC-125 - HEAT PUMP
 LIGHTS: ONE WATTS: 500 VOLTS: 120
 LOVESEAT: (2) @ 4' - INSIDE
 AQUA BENCH: NONE
 RAIL GOODS: NONE
 DECKING: BY OWNER
 FENCE: BY OWNER
 POOL COVER: NONE TYPE: N/A
 CHEMICALS: \$50 CHEMICAL ALLOWANCE
 OTHER ITEMS: FULL WATERFALL PREP.
 COLOR LENS KIT

ELECTRIC: 0 FT.

POOL DATA

SIZE/SHAPE: 20' x 40' - RECTANGLE
 POOL AREA: 800 SPA: OTHER: 60
 TOTAL AREA: 860
 PERIMETER: 132 SPA:
 GALLONAGE: 24,000 DEPTH: 3'-0" TO 5'-0"

DIRECTIONS TO SITE

32 WEST EXIT @ CEDAR LANE GO LEFT, FOLLOW SIGNS TO
 PINDELL SCHOOL ROAD, LEFT ONTO PINDELL SCHOOL ROAD
 SITE ON LEFT SEE BOX FOR 7039 PROCEED TO CONSTRUCTION
 TRAILER SEE SUPER TIM CARLON 240-508-1939 FOR ACCESS

MAP #

K-13

GRID

14

Jim Anglemyer
 7039 Pindell School Road
 Fulton, Maryland 20957
 Howard County

HOME PHONE: 301-953-1890
 OFFICE PHONE 1: 202-889-3615
 CELLULAR PHONE 2: 202-369-5164

SITE PLAN

ZONE:

ONE

LOT: 1	SUBDIVISION NAME: ANGLEMYER PROPERTY	DISTRICT: 05	PIN # 346754
SCALE: 1"=50'	BY: DLC	DATE: 07/11/05	JOB NUMBER: JK05-8253
			SHEET #: S-2

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER
 B00051894

Building Address 7039 Pændell School Rd. Fulham Md 20759
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 605102 Subdivision Anglemeyer Property
 Section _____ Area _____ Lot 1
 Tax Map 41 Parcel 147 Grid 3
 Zoning RRDEC Map Coordinates 14R13 lot size _____

Property Owner's Name Jim Anglemeyer
 Address 7039 Pændell School Rd.
 City Fulham State MD Zip Code _____
 Home Phone 301-952-1890 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use Shed SFD
 Estimated Construction Cost \$ 2,500.00
 Description of Work Skid Shed,
No Footings, NO Elect
NO Plumb. 14' X 24'

Contractor Company Owner
 Contact Person Jim Anglemeyer
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant Owner
 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: _____ <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 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 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"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #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 Height: _____	
<input type="checkbox"/> State Certified Modular <input checked="" type="checkbox"/> Manufactured Home <u>33' x 4'</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 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 JIM ANGLEMEYER
 Date 1/13/05

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	<u>1-13-05</u>	<u>[Signature]</u>
State Highways		
Building Official	<u>1/13/05</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>1/13/05</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: <u>75</u>	Filing fee \$ _____
Rear: <u>35</u>	Permit fee \$ <u>50</u>
Side: <u>30</u>	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ <u>5</u>
All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>55</u>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>[Signature]</u>
SDP/Red-line approval date _____	Validation # <u>54535</u>

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3431 COURT HOUSE DRIVE
ELLSWORTH CITY, MD 21043
PERMITS (410) 513-2466 INSPECTIONS (410) 513-1910
AUTOMATED INFORMATION (410) 513-3600

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B005455 PAY

Building Address 7039 Pindell School Rd. Fulton, Md. 20759
 Property Owner's Name Jim Anglemeyer
 Address 13107 Claxton Dr. Landel, MD 20708
 City Landel State MD Zip Code 20708
 Suite/Apt. #: TAXED 05346754 SDP/WP/Petition #: F 04-107
 Home Phone 301-953-159 Work Phone 202-889-3615
 Applicant's Name & Mailing Address, (if other than stated hereon):
Cell # 202-369-5164
 Census Tract 605402 Subdivision Anglemeyer Property 192
 Existing Use N/A Contractor Company Same as Above
 Section _____ Area _____ Lot 1 Contact Person _____
 Tax Map 41 Parcel 147 Grid 3 Address _____
 Zoning RR-DEU Map Coordinates 14R13 Lot size 3.41 AC City _____ State _____ Zip Code _____
 Phone _____ Fax _____
 Existing Use N/A Proposed Use Residential Home
 Estimated Construction Cost \$ 60000 Description of Work New Construction of House of another family with finished basement 5 1/2 HB
 Occupant or Tenant Same as Above Engineer or Architect Company G+C CONSULTANTS
 Contact Name 2 CAR GARAGE Contact Person Jim Anglemeyer
 Address DECK Address _____
 City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____
 Phone _____ Fax _____ Phone 301-899-0598 Fax 301-899-3070

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: <u>1 with BASEMENT</u>	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>	1st floor: Depth <u>62'</u> Width <u>123'</u>	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: <u>5000</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: <u>62'</u> <u>123'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: <u>RR-DEU</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: <u>62'</u> <u>123'</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Construction type: Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input checked="" type="checkbox"/> State Certified Modular <input type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" 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 checked="" type="checkbox"/>
	Sprinkler system: Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/>
		No. of Bedrooms: <u>3</u>	Other: _____
		Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Other: _____
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>

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 Jim Anglemeyer
 Title/Company Owner Date 12/7/04

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

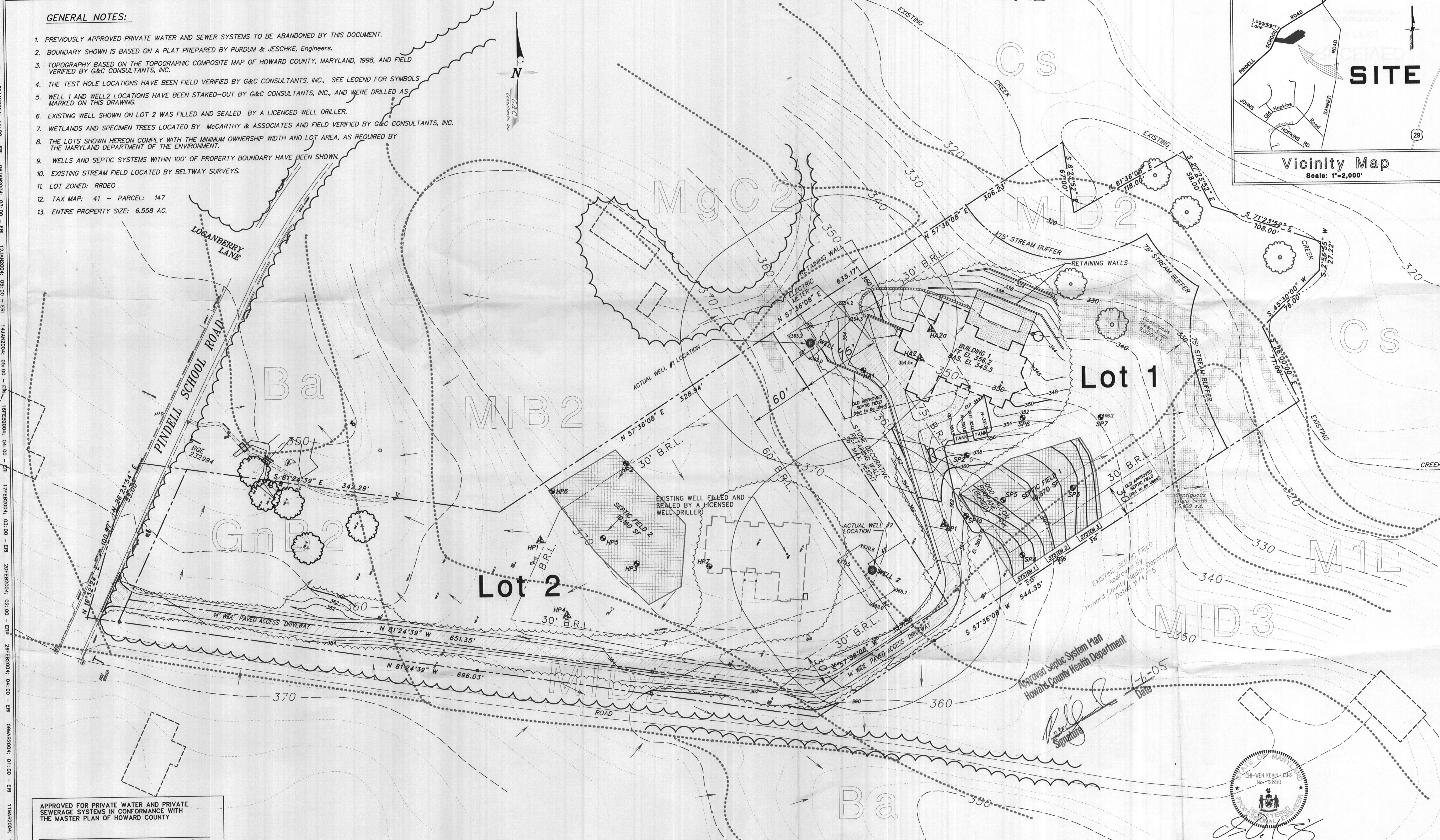
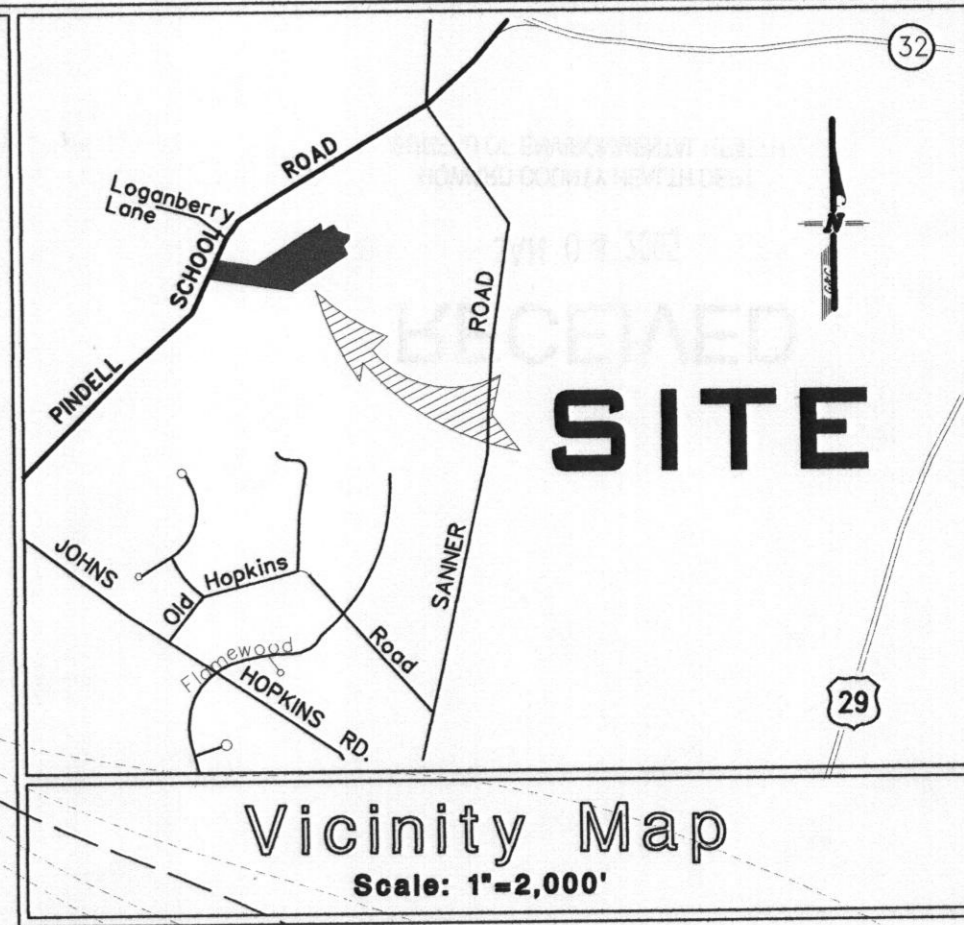
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	63133
State Highways			Rear: _____	Filing fee \$ <u>110</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Enforcement DPZ			Side St. _____	Excise tax \$ _____
Health <u>11-6-05</u>		<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
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 checked="" 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 New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>301A</u>
				Validation # <u>5275</u>
				Accepted by <u>[Signature]</u>

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

GENERAL NOTES:

- PREVIOUSLY APPROVED PRIVATE WATER AND SEWER SYSTEMS TO BE ABANDONED BY THIS DOCUMENT.
- BOUNDARY SHOWN IS BASED ON A PLAT PREPARED BY PURDUM & JESCHKE, Engineers.
- TOPOGRAPHY BASED ON THE TOPOGRAPHIC COMPOSITE MAP OF HOWARD COUNTY, MARYLAND, 1998, AND FIELD VERIFIED BY G&C CONSULTANTS, INC.
- THE TEST HOLE LOCATIONS HAVE BEEN FIELD VERIFIED BY G&C CONSULTANTS, INC., SEE LEGEND FOR SYMBOLS
- WELL 1 AND WELL 2 LOCATIONS HAVE BEEN STAKED-OUT BY G&C CONSULTANTS, INC., AND WERE DRILLED AS MARKED ON THIS DRAWING.
- EXISTING WELL SHOWN ON LOT 2 WAS FILLED AND SEALED BY A LICENSED WELL DRILLER.
- WETLANDS AND SPECIMEN TREES LOCATED BY McCARTHY & ASSOCIATES AND FIELD VERIFIED BY G&C CONSULTANTS, INC.
- THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA, AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT.
- WELLS AND SEPTIC SYSTEMS WITHIN 100' OF PROPERTY BOUNDARY HAVE BEEN SHOWN.
- EXISTING STREAM FIELD LOCATED BY BELTWAY SURVEYS.
- LOT ZONED: RDEO
- TAX MAP: 41 - PARCEL: 147
- ENTIRE PROPERTY SIZE: 6.558 AC.



APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS IN CONFORMANCE WITH THE MASTER PLAN OF HOWARD COUNTY

Howard County Health Officer _____ Date _____

THIS AREA DESIGNATES A PRIVATE SEWAGE 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.

THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICE SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENTS. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

LEGEND

APPROVED TEST PIT (Passed)	● SP5
REJECTED TEST PIT (Failed)	▲ SP1
>25% SLOPES	[Hatched Box]

TOTAL DISTURBED AREA : 2.08 AC.

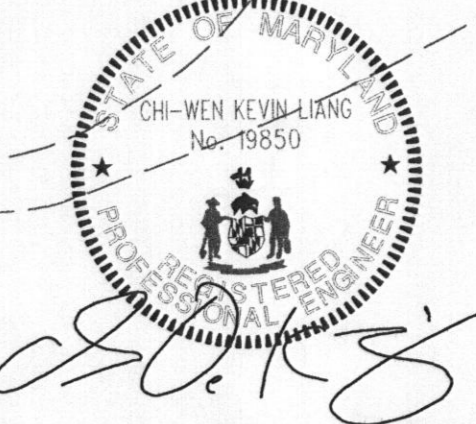
OWNER / BUILDER James Anglemyer		DESIGN E.R.I.		SCALE 1"=40'	
WCS Construction, LLC 3303 Stanton Road, SE Washington, DC 20020 Voice: 202-889-3615 - Fax: 202-889-8875		DRAWN [Signature]	CHECKED W.M.W.	NO. 1	FILE [Path]
		DATE DEC2003	JOB	1 OF	

G & C Consultants, Inc.
Civil Engineering and Construction Management

5627 Allentown Road, Suite 105
Camp Springs, Maryland 20746
Phone: (301) 899-0598 FAX: (301) 899-3070
e-Mail: WWM3070@erole.com

Anglemyer Property
7039 Pindell School Road
Howard County, Maryland
Location of Septic Fields & Water Wells

Building Permit PLAN



APPROVED SEPTIC SYSTEM PLAN
Howard County Health Department
[Signature]
Date 4-05

2003DEC2003: 04:30 - ERI 05JAN2004: 11:00 - ERI 12JAN2004: 05:00 - ERI 14JAN2004: 05:00 - ERI 16FEB2004: 04:00 - ERI 17FEB2004: 03:00 - ERI 20FEB2004: 02:00 - ERI 28FEB2004: 04:00 - ERI 09MAR2004: 01:00 - ERI 11MAR2004: 11:00 - ERI 17MAR2004: 03:00 - ERI 23MAR2004: 04:00 - ERI 29MAR2004: 04:00 - ERI 05APR2004: 04:00 - ERI 12APR2004: 04:00 - ERI 19APR2004: 04:00 - ERI 26APR2004: 04:00 - ERI 03MAY2004: 04:00 - ERI 10MAY2004: 04:00 - ERI 17MAY2004: 04:00 - ERI 24MAY2004: 04:00 - ERI 31MAY2004: 04:00 - ERI 07JUN2004: 04:00 - ERI 14JUN2004: 04:00 - ERI 21JUN2004: 04:00 - ERI 28JUN2004: 04:00 - ERI 05JUL2004: 04:00 - ERI 12JUL2004: 04:00 - ERI 19JUL2004: 04:00 - ERI 26JUL2004: 04:00 - ERI 02AUG2004: 04:00 - ERI 09AUG2004: 04:00 - ERI 16AUG2004: 04:00 - ERI 23AUG2004: 04:00 - ERI 30AUG2004: 04:00 - ERI 06SEP2004: 04:00 - ERI 13SEP2004: 04:00 - ERI 20SEP2004: 04:00 - ERI 27SEP2004: 04:00 - ERI 04OCT2004: 04:00 - ERI 11OCT2004: 04:00 - ERI 18OCT2004: 04:00 - ERI 25OCT2004: 04:00 - ERI 01NOV2004: 04:00 - ERI 08NOV2004: 04:00 - ERI 15NOV2004: 04:00 - ERI 22NOV2004: 04:00 - ERI 29NOV2004: 04:00 - ERI 06DEC2004: 04:00 - ERI 13DEC2004: 04:00 - ERI 20DEC2004: 04:00 - ERI 27DEC2004: 04:00 - ERI 03JAN2005: 04:00 - ERI 10JAN2005: 04:00 - ERI 17JAN2005: 04:00 - ERI 24JAN2005: 04:00 - ERI 31JAN2005: 04:00 - ERI 07FEB2005: 04:00 - ERI 14FEB2005: 04:00 - ERI 21FEB2005: 04:00 - ERI 28FEB2005: 04:00 - ERI 06MARCH2005: 04:00 - ERI 13MARCH2005: 04:00 - ERI 20MARCH2005: 04:00 - ERI 27MARCH2005: 04:00 - ERI 03APRIL2005: 04:00 - ERI 10APRIL2005: 04:00 - ERI 17APRIL2005: 04:00 - ERI 24APRIL2005: 04:00 - ERI 01MAY2005: 04:00 - ERI 08MAY2005: 04:00 - ERI 15MAY2005: 04:00 - ERI 22MAY2005: 04:00 - ERI 29MAY2005: 04:00 - ERI 05JUN2005: 04:00 - ERI 12JUN2005: 04:00 - ERI 19JUN2005: 04:00 - ERI 26JUN2005: 04:00 - ERI 03JUL2005: 04:00 - ERI 10JUL2005: 04:00 - ERI 17JUL2005: 04:00 - ERI 24JUL2005: 04:00 - ERI 31JUL2005: 04:00 - ERI 07AUG2005: 04:00 - ERI 14AUG2005: 04:00 - ERI 21AUG2005: 04:00 - ERI 28AUG2005: 04:00 - 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