

G-9615

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3400 COLFORD HOUSE DRIVE
ELLSWORTH CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1010
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00153858

Building Address 7024 Meandering Stream Way
Fulton, MD 20739
Suite/Apt. #: 05-434424 SDP/WP/Petition #: KAR #1492
Census Tract 605102 Subdivision Pirrell Woods
Section _____ Area _____ Lot 33
Tax Map 41 Parcel 274 Grid 8
Zoning R1-100 Map Coordinates 14513 Lot size 0.92

Property Owner's Name Dale Thompson Builders
Address 6300 Woodside Court, Suite A
City Columbia State MD Zip Code 21046
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone 410 995 6736 Fax 410 381 2747

Existing Use vacant lot
Proposed Use single family dwelling
Estimated Construction Cost \$ 600,000.00
Description of Work Custom SFD
4 BedRM, 4 1/2 Bath, 3-car GAR

Contractor Company Dale Thompson Builders
Contact Person Amy Ferrer
Address 6300 Woodside Court, Suite A
City Columbia State MD Zip Code 21046
License No. _____
Phone 410 995 6736 Fax 410 381 2747

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

Engineer or Architect Company _____
Contact Person _____
Address _____
City SAME AS ABOVE 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"/> 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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <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"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
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 type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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 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.

(Signature)
Applicant's Signature
Dale Thompson Builders
Title/Company

(Signature)
Print Name
Amy Ferrer
Date
5/13/06

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 Highway		
Building Official		
Dev. Engineering DPZ		
Health	<u>5/11/06</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: _____	Filing fee \$ <u>100</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: <u>N/A</u>	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check \$ <u>1706</u>
SDP/Red-line approval date _____	Validation # _____
	Accepted by <u>(Signature)</u>

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B07000819

Building Address 7024 MEANDERING STREAM Way
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision PINDELL WOODS
Section _____ Area _____ Lot _____
Tax Map 41 Parcel 274 Grid B
Zoning _____ Map Coordinates _____ Lot size 40,075 sq

Property Owner's Name JERRY + MARY KRILL
Address 7024 MEANDERING STREAM WAY FULTON, MARYLAND 20759
City _____ State _____ Zip Code _____
Home Phone 410-465-4866 Work Phone 443-778-5451
Applicant's Name & Mailing Address, (if other than stated hereon):
John Krawczyk / JOANN LATHAM
Phone 410-995-6600 Fax 301-621-3331

Existing Use SFD
Proposed Use SFD + Pool
Estimated Construction Cost \$ 25,000
Description of Work Inground concrete pool 15'6" x 38' in rear yard w/48' high Fence to code

Contractor Company Maryland Pools
Contact Person JOANN LATHAM
Address 9515 Gerwig LA
City Columbia State _____ Zip Code 21046
License No. 6694
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 _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: <u>3-8'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
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 _____ Height: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular _____ Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE 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.

J. Latham
Applicant's Signature
agent
Title/Company

J. Latham
Print Name
3/15/07
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>3/15/2007</u>	<u>J. Latham</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"/>	
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B07003204

Building Address 7024 Meandering Stream Way
Fulton, MD 21059

Property Owner's Name Jerry A. Krill
Address 7024 Meandering Stream Way

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

Census Tract 605102 Subdivision _____

City Fulton State MD Zip Code 21059

Section _____ Area _____ Lot 3.3

Home Phone (240) 786-5279 Work Phone _____

Tax Map 41 Parcel _____ Grid 41-2

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

Zoning RR-DE Map Coordinates _____ Lot size _____

Phone _____ Fax _____

Existing Use SFD

Contractor Company B Square Construction

Proposed Use Deck

Contact Person Nancy Boone

Estimated Construction Cost \$ 4,000.00

Address 2420 Alees Dr.

Description of Work 18'w x 8'd composite deck

City New Windsor State MD Zip Code 21776

with vinyl rails and steps to grade

License No. 86372

(2) sets

Phone (410) 635-6511 Fax (410) 635-6414

Occupant or Tenant _____

Engineer or Architect Company _____

Contact Name _____

Contact Person _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
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 type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
Height: _____	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: <u>Deck</u>	
Dimensions: <u>18 x 8 = 144 sf</u>	
Footings: _____	
Roof Height: <u>N/A</u>	
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.

Bridgette N. Shelton
Applicant's Signature
Agent
Title/Company

Bridgette N. Shelton
Print Name
7/26/07
Date

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

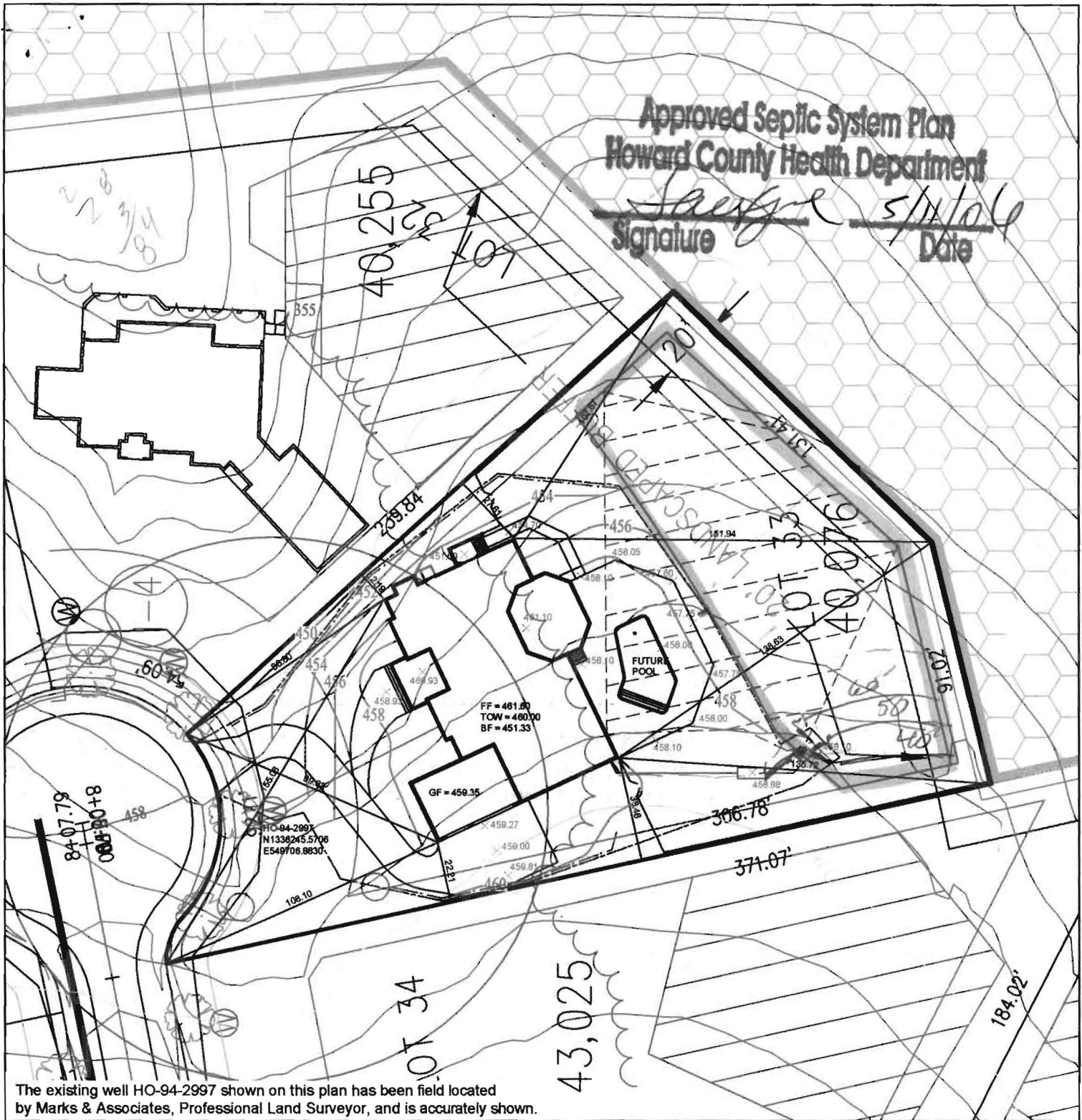
AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>7/26/07</u>	<u>Philip A. JC</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		
Distribution of Copies- White: Building Official Green: LDD, DPZ		

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

Approved Septic System Plan
Howard County Health Department

Laeger
Signature

5/11/06
Date



The existing well HO-94-2997 shown on this plan has been field located by Marks & Associates, Professional Land Surveyor, and is accurately shown.

<p>TITLE PERCOLATION PLAT PLOT PLAN</p>		<p>OWNER/ BUILDER: Dale Thompson Builders, Inc. 6300 Woodside Court Suite A Columbia, MD 21046</p>	<p><u>PROPOSED ELEVATIONS:</u></p> <table border="0"> <tr><td>BASEMENT SLAB:</td><td>451.33</td></tr> <tr><td>TOP OF WALL:</td><td>460.00</td></tr> <tr><td>FIRST SUBFLOOR:</td><td>461.60</td></tr> <tr><td colspan="2"> </td></tr> <tr><td>INVERT OUT OF HOUSE:</td><td>457.52</td></tr> <tr><td>INVERT INTO TANK:</td><td>456.50</td></tr> <tr><td>INVERT OUT OF TANK:</td><td>456.00</td></tr> <tr><td>INVERT INTO DISTRIBUTION BOX:</td><td>455.50</td></tr> <tr><td>INVERT INTO TRENCHES:</td><td>455.00</td></tr> <tr><td colspan="2"> </td></tr> <tr><td>GRADE AT SEPTIC TANK:</td><td>458.88</td></tr> <tr><td>GRADE AT DISTRIBUTION BOX:</td><td>458.10</td></tr> <tr><td>GRADE AT TRENCHES:</td><td>458.00</td></tr> </table> <p><u>PAVING SPECIFICATIONS:</u> 2" ASPHALT OVER 4" CR-6 OR 2.5" ASPHALT OVER 1.5" OVERLAY</p>	BASEMENT SLAB:	451.33	TOP OF WALL:	460.00	FIRST SUBFLOOR:	461.60			INVERT OUT OF HOUSE:	457.52	INVERT INTO TANK:	456.50	INVERT OUT OF TANK:	456.00	INVERT INTO DISTRIBUTION BOX:	455.50	INVERT INTO TRENCHES:	455.00			GRADE AT SEPTIC TANK:	458.88	GRADE AT DISTRIBUTION BOX:	458.10	GRADE AT TRENCHES:	458.00
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GRADE AT SEPTIC TANK:	458.88																												
GRADE AT DISTRIBUTION BOX:	458.10																												
GRADE AT TRENCHES:	458.00																												
<p>DATE: 3-31-06 SCALE: 1:50</p>	<p>APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEM, LOT 33, PINDELL WOODS, FULTON, HOWARD COUNTY, MD.</p> <p>_____ HOWARD COUNTY HEALTH OFFICER</p> <p>_____ DATE</p>																												

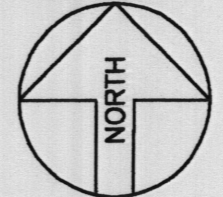
B00158859

SETBACKS:

REAR-PL.	10'
SIDE PL.	10'
HOUSE	0'
SEPTIC	20'
WELL	10'

APPROVED
WALK-THRU BUILDING PERMIT
 BP# B07000819 A# S25617-A
 APP. SAN Gac DATE: 3/15/07
 DESC. OF WORK: Pool as shown

PRIVATE WELL & SEPTIC



Maryland POOLS Inc.
 9515 GERWIG LANE SUITE 121 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: HAUL - 1 HOUR (IN CONTRACT)
- SPA: NONE
- RAISED BEAM: NONE
- TILE: NEP-1
- COPING: PA FULL RANGE FLAGSTONE - CUT
- PLASTER: WHITE MARBELITE
- FILTER SYS: C&C 420 SF CART. W/2HP PUMP
- CLEANING SYS: PCC 2000
- TREATMENT SYS: MINERAL SPRINGS
- CONTROL SYS: NONE
- HEATER: NONE
- LIGHTS: ONE WATTS: 500 VOLTS: 120
- LOVESEAT: (1) @ 6' W/STEP
- AQUA BENCH: (2) @ 5' W/(1) UMBRELLA SOCKET
- RAIL GOODS: NONE
- DECKING: TBD
- FENCE: BY OWNERS FENCE CONTRACTOR
- POOL COVER: NONE TYPE: N/A
- CHEMICALS: \$50 CHEMICAL ALLOWANCE
- OTHER ITEMS: EQUIPOTENTIAL BONDING GRID 6' DIVING BOARD & STAND

ELECTRIC: 200 FT.

POOL DATA

SIZE/SHAPE: 18'-6" x 38'-0" - CUSTOM ARUBAN
 POOL AREA: 550 SPA: OTHER: 12
 TOTAL AREA: 562
 PERIMETER: 106 SPA:
 GALLONAGE: 23,000 DEPTH: 3'-0" TO 8'-0"

DIRECTIONS TO SITE

RT-29 SOUTH TO EXIT ONTO JOHN HOPKINS ROAD - WEST. GO TO R/T ON PINDELL SCHOOL RD. GO TO L/T ON PINDELL WOODS DR. GO TO R/T ON MEANDERING STREAM WAY. SITE ON RIGHT @ 7024 - HOUSE UNDER CONSTRUCTION

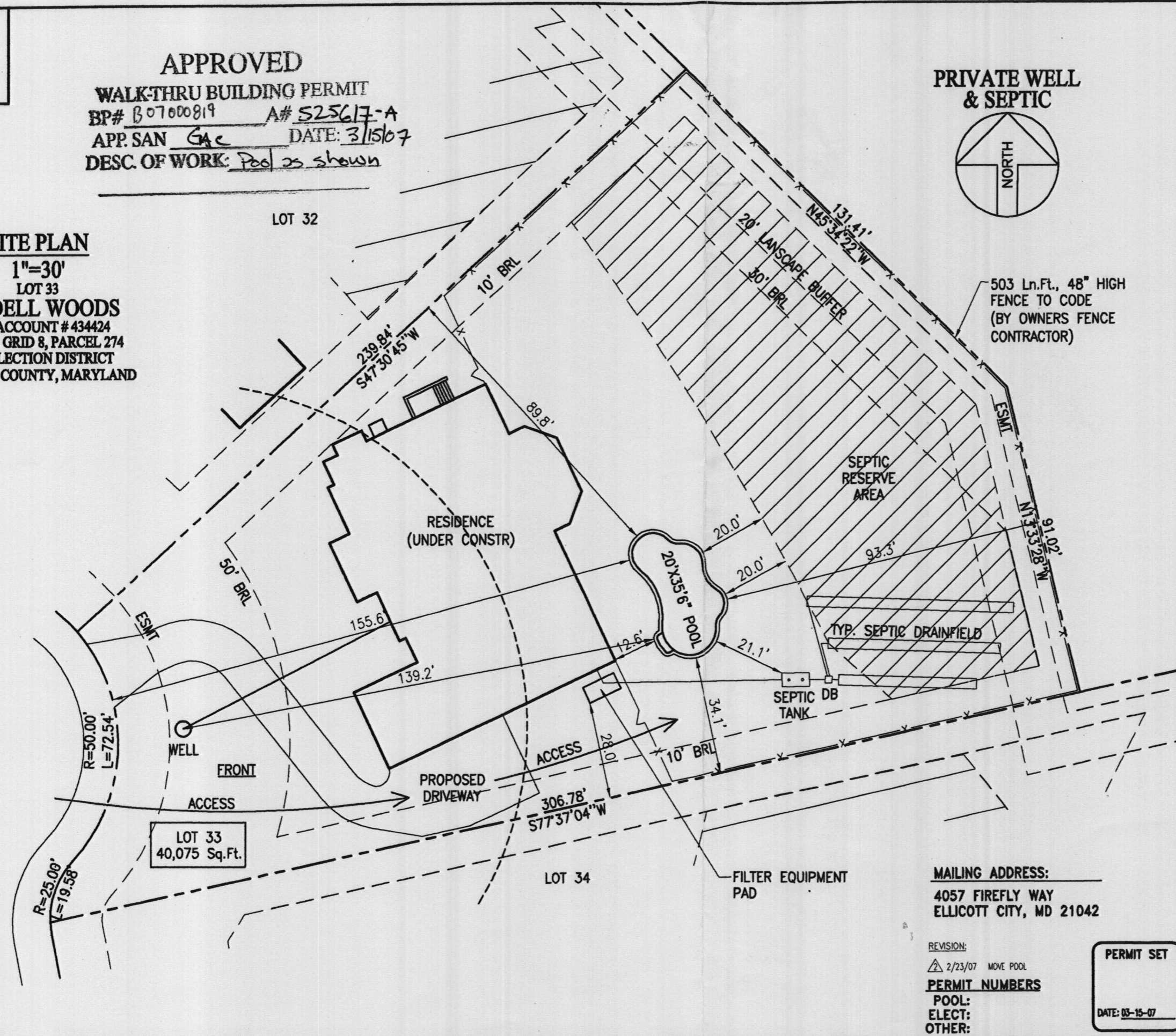
MAP #
14
GRID
J13

Jerry & Mary Krill
 7024 Meandering Stream Way
 Fulton, Maryland 20759
 Howard County

HOME PHONE: 410-465-4866
 CELL PHONE 1: 443-778-5451 (MR)
 CELL PHONE 2: 410-978-4536 (MRS)
 OFFICE PHONE:

LOT: 33	SUBDIVISION NAME: PINDELL WOODS	DISTRICT: 5	PIN #: 434424
SITE PLAN			ZONE: ONE
SCALE: 1"=30'	BY: JEK	DATE: 2/6/7	JOB NUMBER: JC07-8858 SHEET #: 1.0

SITE PLAN
 1"=30'
 LOT 33
PINDELL WOODS
 TAX ACCOUNT # 434424
 MAP 41, GRID 8, PARCEL 274
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND



MAILING ADDRESS:
 4057 FIREFLY WAY
 ELLICOTT CITY, MD 21042

REVISION:
 2/23/07 MOVE POOL
PERMIT NUMBERS
 POOL:
 ELECT:
 OTHER:

PERMIT SET
 DATE: 03-15-07

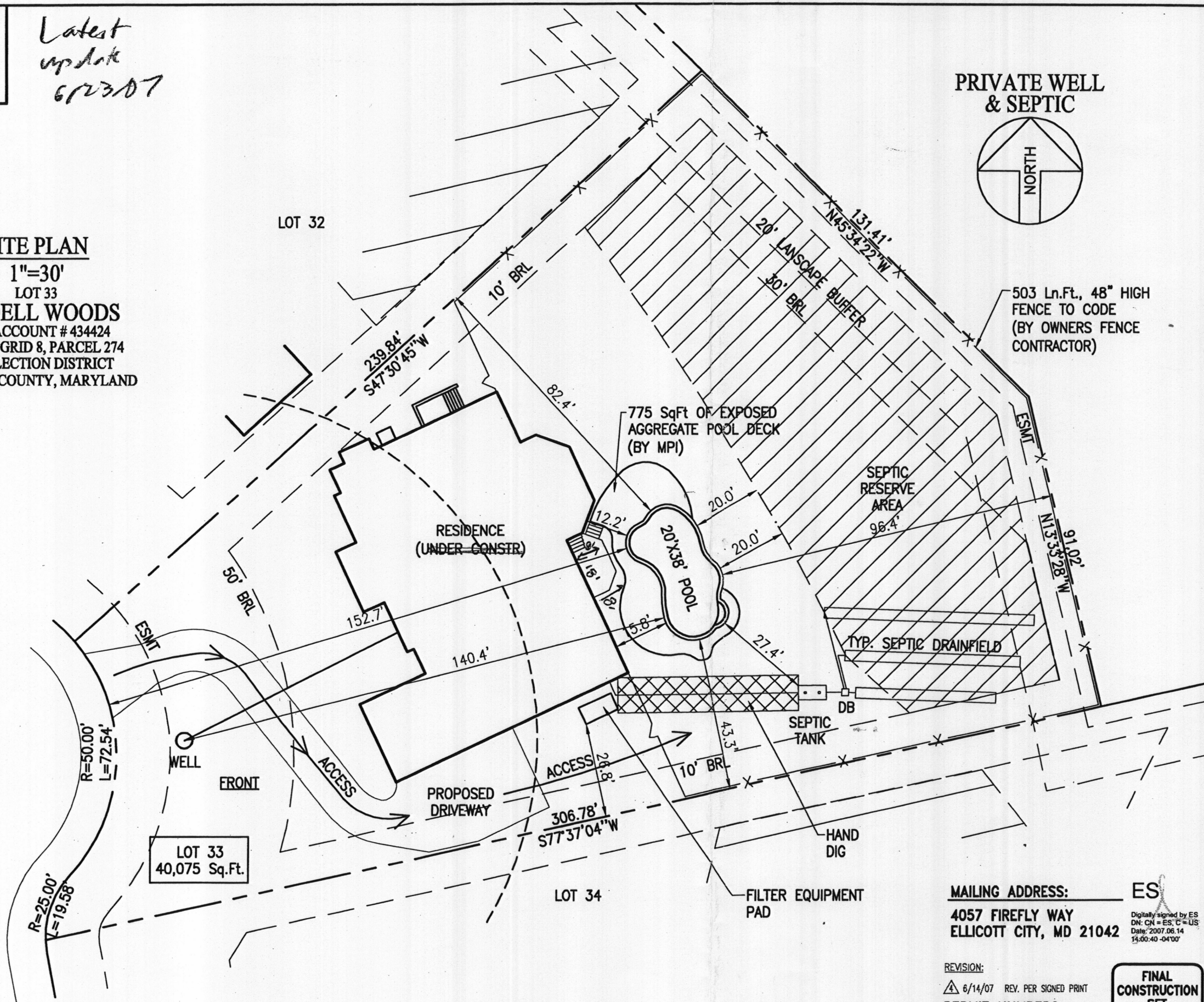
MEANDERING STREAM WAY

REAR PL.	10'
SIDE PL.	10'
HOUSE	0'
SEPTIC WELL	20'
WELL	10'

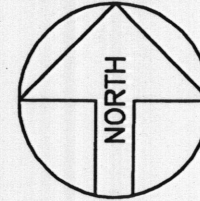
Latest update
6/23/07

SITE PLAN
1"=30'
LOT 33
PINDELL WOODS
TAX ACCOUNT # 434424
MAP 41, GRID 8, PARCEL 274
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

MEANDERING STREAM WAY



PRIVATE WELL & SEPTIC



503 Ln.Ft., 48" HIGH FENCE TO CODE (BY OWNERS FENCE CONTRACTOR)

Contractor:
B Square Const., Inc.
2420 Alees Dr.
New Windsor, MD 21776
(410) 635-6511

APPROVED
WALK-THRU BUILDING PERMIT
BP# B07003204 A# 525617-A
APP. SAN GAC DATE: 7/26
DESC. OF WORK: DECK AS SHOWN

DIRECTIONS TO SITE

RT-29 SOUTH TO EXIT ONTO JOHN HOPKINS ROAD - WEST. GO TO R/T ON PINDELL SCHOOL RD. GO TO L/T ON PINDELL WOODS DR. GO TO R/T ON MEANDERING STREAM WAY. SITE ON RIGHT @ 7024 - HOUSE UNDER CONSTRUCTION

MAP # 14
GRID J13

Jerry & Mary Krill
7024 Meandering Stream Way
Fulton, Maryland 20759
Howard County

HOME PHONE: 410-465-4866
CELL PHONE 1: 443-778-5451 (MR)
CELL PHONE 2: 410-978-4536 (MRS)
OFFICE PHONE:

LOT: 33	SUBDIVISION NAME: PINDELL WOODS	DISTRICT: 5	PIN # 434424
SITE PLAN			ZONE: ONE
SCALE: 1"=30'	BY: JEK	DATE: 2/6/7	JOB NUMBER: JC07-8858
			SHEET #: 1.0

MAILING ADDRESS: ES
4057 FIREFLY WAY
ELLCOTT CITY, MD 21042

ES
Digitally signed by ES
DN: CN=ES, C=US
Date: 2007.06.14
14:00:40 -0400

REVISION:
6/14/07 REV. PER SIGNED PRINT
PERMIT NUMBERS
POOL: B07000819
ELECT: E07001026
OTHER:

FINAL CONSTRUCTION SET
DATE: 06-14-07