

Permits: 410-313-2455
 Inspections: 410-313-1810
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
 Department of Inspections, Licenses & Permits
 3430 Court House Drive
 Ellicott City, MD 21043

Permit Number:

B12002459

Building Address: 11335 FREDERICK ROAD
Ellicott City, MD 21042

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: RESIDENTIAL

Proposed Use: RESIDENTIAL

Estimated Construction Cost: \$ 27,500.00

Description of Work: Construct an addition around the West & South sides of the existing house as shown in the Plans a total of 1356 S.F.

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: JAMES CORONEOS

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: 11335 FREDERICK RD
MR & MRS JAMES CORONEOS

Address: _____

City: Ellicott City State: MD Zip Code: 21042

Home Phone: _____ Work Phone: 410-

Applicant's Name & Mailing Address, (If other than stated herein):
SAME AS ABOVE

Phone: _____ Fax: _____

Email: _____

Contractor Company: OWNER

Contact Person: George Perdikakis

Address: SAME AS ABOVE

City: _____ State: _____ Zip Code: _____

License No.: N/A

Phone: 443-610-9834 Fax: _____

Email: 3020707@aol.com

Engineer/Architect Company: Skorpa Design Studio APC

Responsible Design Prof.: Brian G. OLSEN

Address: 32 South Main Street

City: Belair State: MD Zip Code: 21014

Phone: 410-420-7264 Fax: 410-420-7267

Email: bolsen@skorpa.com

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input checked="" type="checkbox"/> Public
1 st floor:	<input type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private <u>SEPTIC</u>
<input type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u> <u>N/A</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<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

Email Address

Date

Title/Company

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		
Fire Protection		

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? Yes No

Is Entrance Permit Required? Yes No

Historic District? Yes No

Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

Filing Fee	\$ <u>2500</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

check 102

Permits: 410-313-2455
 Inspections: 410-313-1810
 Automated Line: 410-313-3800

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 Department of Inspections, Licenses & Permits
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Section: _____ Area: _____ Lot: _____

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Was tenant space previously occupied? Yes No

Contact Name: JAMES CORONEOS

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: 11335 FREDERICK RD
MR & MRS JAMES CORONEOS

Address: Ellicott City State: MD Zip Code: 21042

Home Phone: _____ Work Phone: 410-

Applicant's Name & Mailing Address, (If other than stated herein):
SAME AS ABOVE

Phone: _____ Fax: _____

Email: _____

Contractor Company: OWNER

Contact Person: George Perdikakis

Address: SAME AS ABOVE

City: _____ State: _____ Zip Code: _____

License No.: N/A

Phone: 443-616-4834 Fax: _____

Email: 302.0707@comcast.com

Engineer/Architect Company: Skorpa Design Studio PC

Responsible Design Prof.: Brian C. Olsen

Address: 32 South Main Street

City: Belair State: MD Zip Code: 21014

Phone: 410-420-7264 Fax: 410-420-7267

Email: bolsen@skorpa.com

413-610-9834

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height: _____	<u>Water Supply</u>
No. of stories: _____	<input type="checkbox"/> Public
Gross area, sq. ft./floor: _____	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.): _____	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group: _____	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit # _____	No. of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor: _____	<input type="checkbox"/> Private
2 nd floor: _____	<u>Sewage Disposal</u>
Basement: _____	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private <u>SEPTIC</u>
<input type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: _____	<input type="checkbox"/> Electric
<u>Multi-family Dwelling N/A</u>	<input checked="" type="checkbox"/> Oil
No. of efficiency units: _____	<input type="checkbox"/> Natural Gas
No. of 1 BR units: _____	<input type="checkbox"/> Propane Gas
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit # _____
<input type="checkbox"/> Manufactured Home	

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Applicant's Signature: [Signature] Print Name: JAMES CORONEOS

Email Address: Jcoroneos@gmail.com Date: _____

Title/Company: _____

Checks Payable

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		
Fire Protection		

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

PLANS TO FOLLOW - PER G. MARTIN

Fee	\$ <u>2500</u>
R Fee	\$
Fee	\$
s Tax	\$
	\$
anty Fund	\$
l per Fee	\$
l Fees	\$
Total Paid	\$
nce Due	\$

check 102



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 11335 Frederick Rd
City: ELlicott State: MD Zip Code: 21042
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: MILDRED A CORONEOS
Address: 11335 Frederick Rd
City: ELlicott State: MD Zip Code: 21042
Phone: 410 218 5010 Fax: 410 988 9575
Email: Jh.coroneos@gmail.com

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: MR & MRS James Coroneos
Address: 11335 Frederick Rd
City: ELlicott State: MD Zip Code: 21042
Phone: 410 218 5010 Fax: 410 988 9575
Email: Jh.coroneos@gmail.com

Contractor Company: PRECISION Concrete Const Co
Contact Person: MR BILL KLINE
Address: 11341 PHILADELPHIA RD
City: White Marsh State: MD Zip Code: 21162
License No.: _____
Phone: 410 256 2800 Fax: 410 529 7347
Email: _____

Existing Use: _____
Proposed Use: GARAGE
Estimated Construction Cost: \$ 20-25,000
Description of Work: Wood Frame
One Story Detached Garage

Occupant or Tenant: _____
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<u>Water Supply</u>	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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Applicant's Signature: Jh Coroneos
Email Address: Jh.coroneos@gmail.com
Title/Company: By Owner

Print Name: JAMES CORONEOS
Date: _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

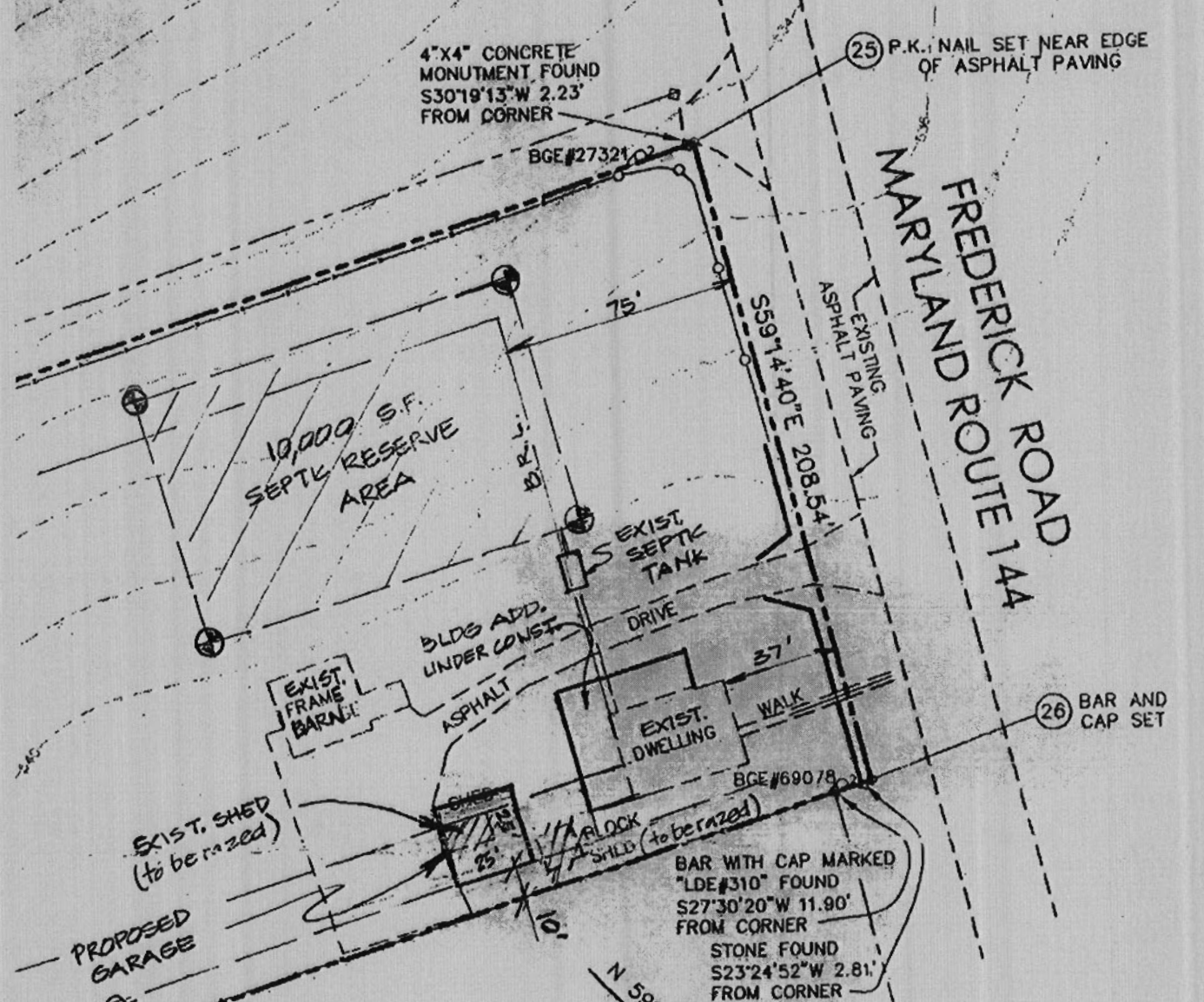
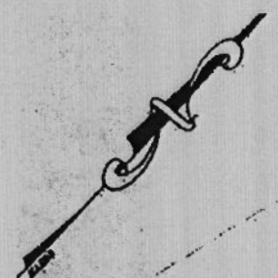
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>7/24/13</u>	<u>Kevin Scott</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



LOT 32
 "PLAT OF CORRECTION
 BRANTWOOD - SECTION ONE"
 PLAT M.D.R. 14494

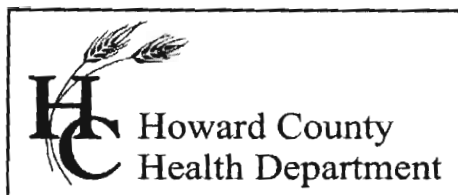
APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# N/A
 APP. SAN HS DATE: 7/24/13
 DESC. OF WORK: detached garage
 as shown

SECTION
 ON ONE"
 194

DEO



Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

7/27/2012

TO: Mr. James Coroneos, Owner
c/o George Perdikakis, Applicant/Contact (zoe0707@aol.com)

FROM: Robert Bricker, REHS/R.S., Environmental Sanitarian II
Well and Septic Program

RE: Building Permit Application B12002459, Percolation Certification Plan required for 11335
Frederick Road (Tax Map 16, Parcel 206)

The referenced building permit application cannot be approved by the Health Department at this time. The Annotated Code of Maryland [COMAR, 26.04.02.02.D(4)] requires the Approving Authority, i.e. the Health Department, to certify existing on-site sewage disposal and water supply systems prior to issuance of a construction permit by the county. Furthermore, Howard County Code [3.805(A)(2)(X)] requires that each lot created prior to March 1972 have a septic easement (re: septic reserve area) having "adequate area for an initial septic system and two 2 repairs". This septic reserve area is to be undisturbed and no permanent structure is to be built within its defined boundaries.

As I indicated at our meeting at the Bureau of Environmental Health on June 12, 2012, the Howard County Health Department requires that you develop a Percolation Certification Plan to define the septic reserve area on your property. The content of this plan [Howard County Code 3.805] and the supporting data serve as Health Department's justification for approving the current building permit application (B12002459) and any subsequent building permit applications.

Percolation tests are required in order to establish a septic reserve area. Also, the existing septic system will need to be certified. As you recently replaced your septic tank, certification of your septic system involves only exposing, and documenting the conditions of the trenches. If the distribution trenches appear suitable for continued use, a soil profile observation is dug nearby to describe and prove that an adequate soil buffer extends 4 feet deeper [COMAR 26.04.02.04.C(1)] than the bottom of the trenches. An Environmental Sanitarian records data of these evaluations.

The percolation test locations and the observed septic system locations are compiled in a technical drawing by a Licensed Land Surveyor or Professional Engineer, and submitted to the Health Department for approval. The Health Department maintains lists of excavation contractors and engineers or surveyors who are known to offer their services in Howard County.

You may contact me at the Bureau of Environmental Health, 410-313-1771 if you have questions about these contents.

RB
Copy: file

Maryland Department of Assessments and Taxation
 Real Property Data Search (vw3.1A)
 HOWARD COUNTY

[Go Back](#)
[View Map](#)
[New Search](#)
[GroundRent](#)
[Redemption](#)
[GroundRent](#)
[Registration](#)

Account Identifier: District - 03 Account Number - 295842

Owner Information

Owner Name: CORONEOS MILDRED AGNES TR **Use:** RESIDENTIAL
Mailing Address: 11335 FREDERICK RD **Principal Residence:** YES
 ELLICOTT CITY MD 21042-2011 **Deed Reference:** 1) /11842/ 00493
 2)

Location & Structure Information

Premises Address 11335 FREDERICK RD
 ELLICOTT CITY 21042-0000 **Legal Description** 4 ACRES
 11335 FREDERICK RD

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Assessment Area	Plat No:
0016	0022	0206		0000				1	Plat Ref:

Special Tax Areas **Town** NONE
Ad Valorem 105
Tax Class

Primary Structure Built 1924 **Enclosed Area** 2,082 SF **Property Land Area** 4.0000 AC **County Use**

Stories 2.000000 **Basement** YES **Type** STANDARD UNIT ASBESTOS SHINGLE **Exterior**

Value Information

	Base Value	Value	Phase-in Assessments	
			As Of	As Of
Land	325,000	237,500	01/01/2010	07/01/2011
Improvements:	158,450	62,500		
Total:	483,450	300,000	300,000	300,000
Preferential Land:	0			0

Transfer Information

Seller: CORONEOS MILDRED AGNES TR **Date:** 06/23/2009 **Price:** \$0
Type: NON-ARMS LENGTH OTHER **Deed1:** /11842/ 00493 **Deed2:**
Seller: SHEMA RUDOLPH ET AL **Date:** 07/02/2007 **Price:** \$0
Type: NON-ARMS LENGTH OTHER **Deed1:** /10770/ 00584 **Deed2:**
Seller: **Date:** **Price:**
Type: **Deed1:** **Deed2:**

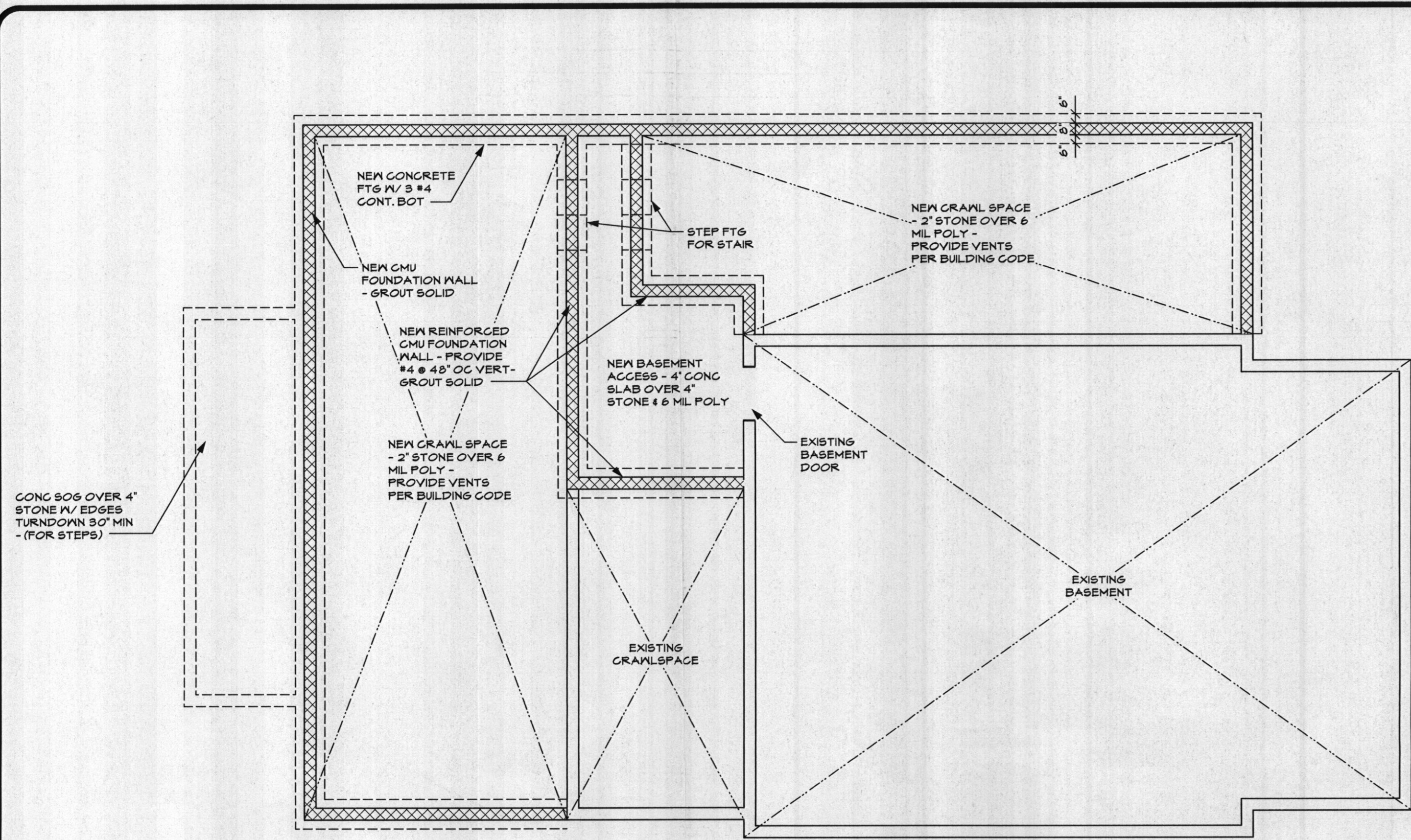
Exemption Information

Partial Exempt Assessments	Class	07/01/2011	07/01/2012
County	000	0.00	
State	000	0.00	
Municipal	000	0.00	0.00

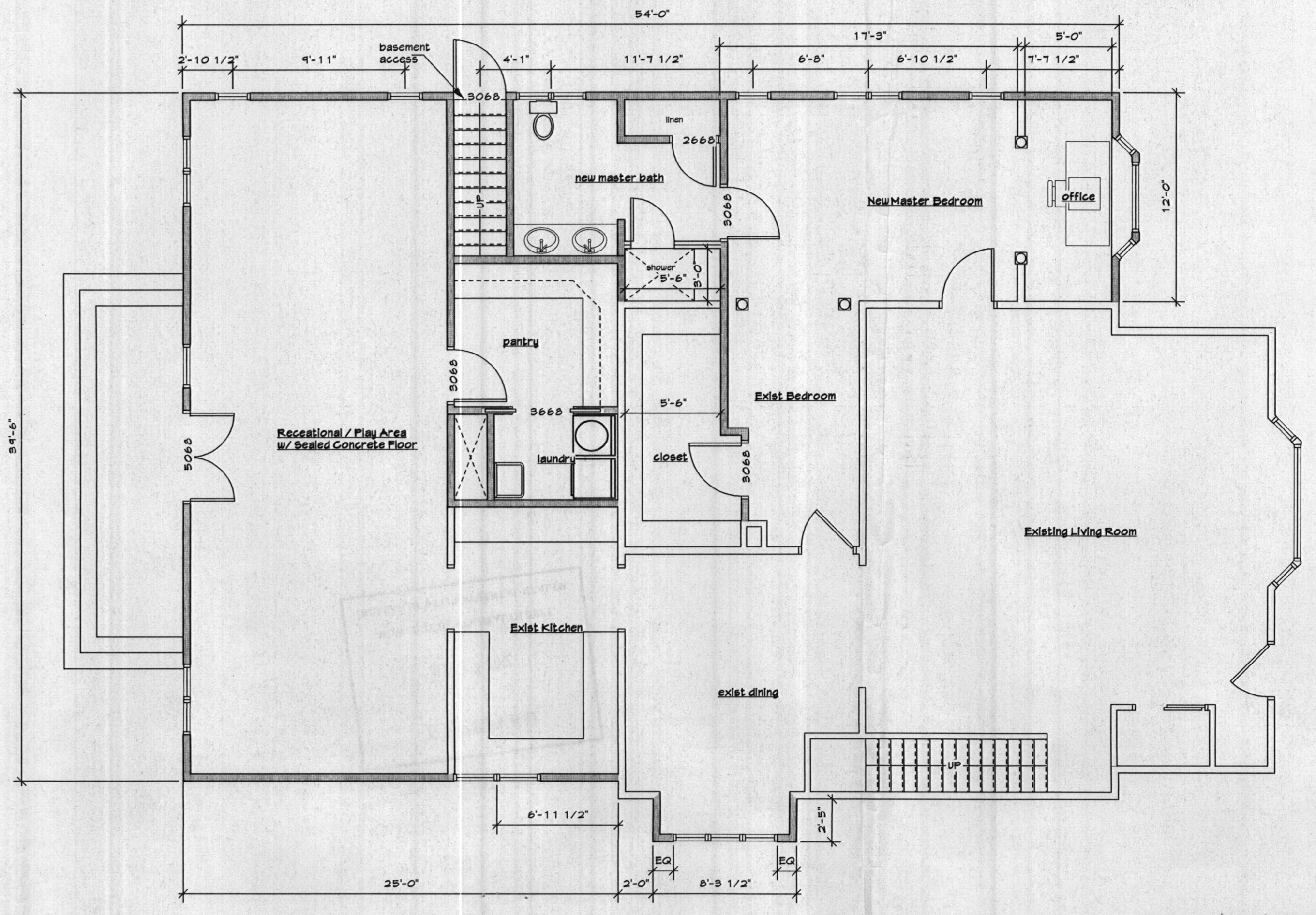
Tax Exempt: **Special Tax Recapture:**
Exempt Class: NONE

Homestead Application Information

Homestead Application Status: No Application

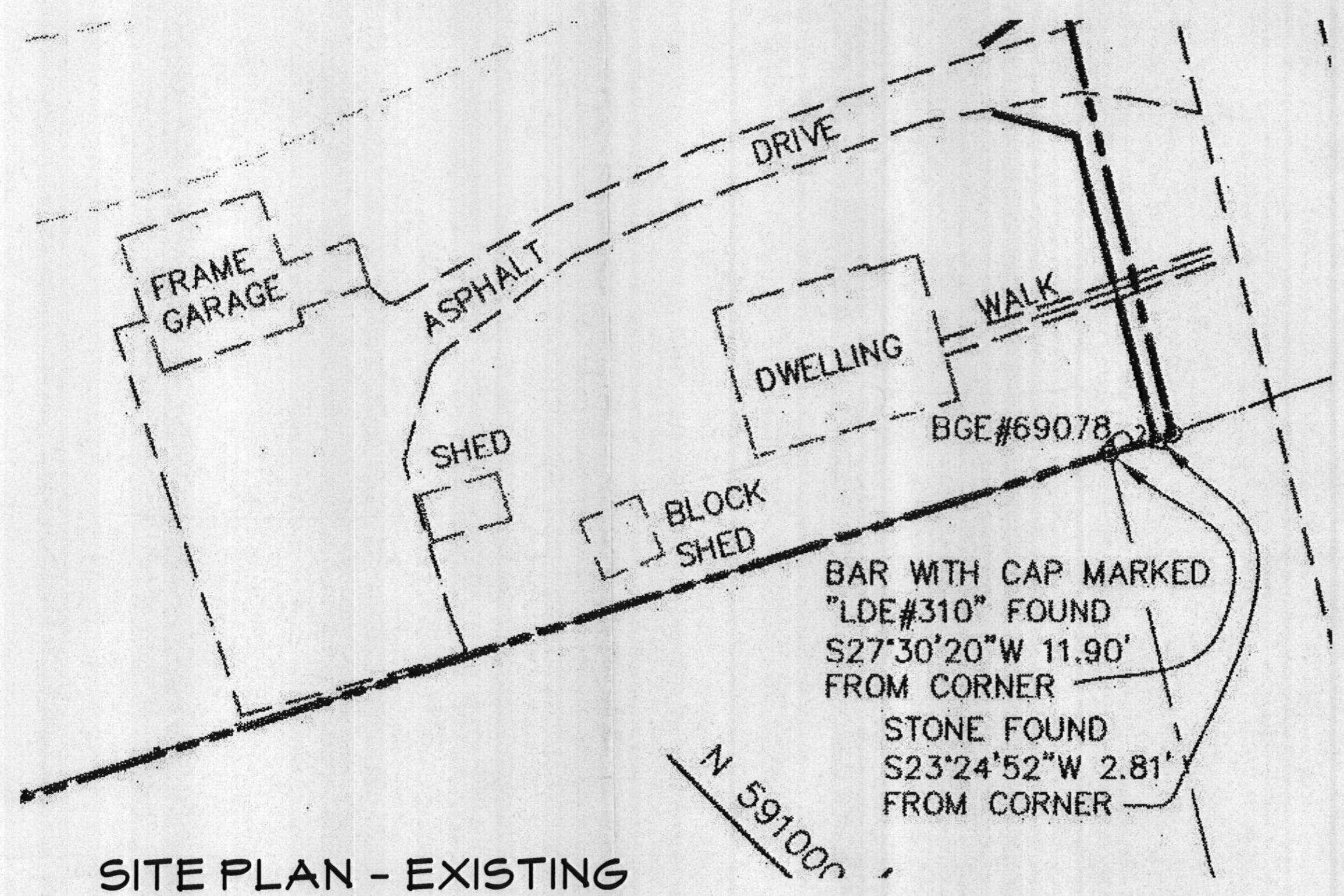


2 FOUNDATION PLAN
Scale: 3/16" = 1'-0"

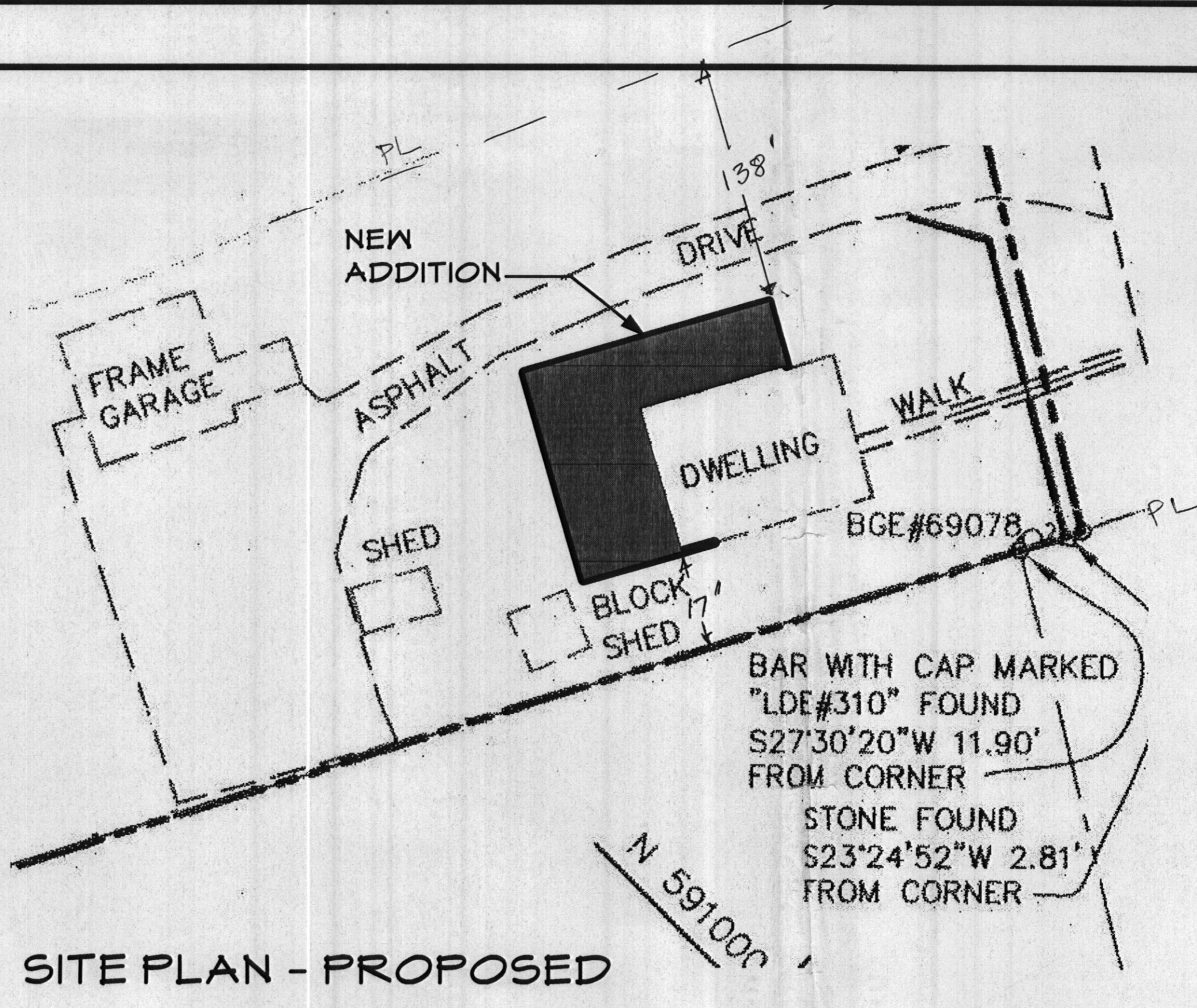


1 FLOOR PLAN
Scale: 3/16" = 1'-0"

SITE PLAN - EXISTING & PROPOSED



SITE PLAN - EXISTING



SITE PLAN - PROPOSED

REV	DATE	DESCRIPTION

SKORPA
DESIGN STUDIO
ARCHITECTS
32 SOUTH MAIN STREET
P.O. BOX 72664
FALLS CHURCH, VA 22044
WWW.SKORPA.COM

PROPOSED PLAN
ADDITION & RENOVATION FOR:
MR. & MRS. CORONEOS
11995 FREDERICK ROAD, ELLICOTT CITY, MD 21042

DRAWING NO. **A1**
DATE 07/04/12