

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B06008883

Building Address 17701 Huntmaster Ct
Woodbine Maryland

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

Census Tract _____ Subdivision Foxmoor

Section F0 Area _____ Lot 14

Tax Map _____ Parcel _____ Grid _____

Zoning PL Map Coordinates _____ Lot size _____

Property Owner's Name Eric and Karen Conn

Address 17701 HUNTMASCT

City WOODBINE State MD Zip Code 21797

Home Phone 410-442-5127 Work Phone 301-641-0903

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

Phone _____ Fax _____

Existing Use _____

Proposed Use _____

Estimated Construction Cost \$ _____

Description of Work IN-GROUND GUNITE POOL

Contractor Company Town and Country Pools, INC

Contact Person ANDY KAUPERT

Address 7540 Fullerton Ct

City Springfield State VA Zip Code 22153

License No. _____

Phone 703 451 6660 Fax 703 451-6696

Occupant or Tenant Eric and Karen Conn

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 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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input 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 type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFA #13D <input type="checkbox"/> NFA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms _____	
Height: _____	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
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.

Applicant's Signature _____

Print Name _____

Title/Company _____

Date _____

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St.: _____	Add'l per. fee \$ _____
Health <u>12/13/2006</u>		<u>[Signature]</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 -			Lot Coverage for NewTown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ			Yellow: DED, DPZ	Pink: Health
T:\forms\PERMIT.FRM			Pink: Health	Gold: SHA

7/8/94
4:00 PM

349989

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50102D

A 40871

DISTRICT 4th

DATE 4/21/94

DATE SYSTEM APPROVED 7/8/94

INSPECTOR H. Rifkin

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 313-2640

INDEXED

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5674

SUBDIVISION Foxmoor LOT 14 ROAD 17701 Huntmaster Court

PROPERTY OWNER Eric S. and Karen L. Conn

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

BLDG. PERMIT SIGNED
AND RETURNED 4/10/94
Suzanne Boyd 64945
Decl

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start the first trench 215 feet from the front lot line and 85 feet from the left lot line as seen when facing the lot from Foxmoor Drive. Run trenches on contour toward both directions. NOTE: Septic tank to be maximum 2 feet below original grade - otherwise top seam only tank required.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 6-15-94 JEN

PLANS APPROVED BY Sid Abel DATE 2/21/94

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

HD-260(8-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

BLDG. PERMIT SIGNED
AND RETURNED 7/6/00
Decl B00125322
12/14/06 B0600883 - ingored
pos 1

A 410871

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

2070002419

Building Address 17701 Huntmaster Ct
Woodbine MD 21797
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Eric Cond
Address 17701 Huntmaster Ct
City Woodbine State MD Zip Code 21797
Home Phone (410) 257-5257 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use 2 1/2 to 1 1/2 inch pipe
Proposed Use 2 1/2 to 1 1/2 inch pipe
Estimated Construction Cost \$ 270,000
Description of Work 2 CAN DETACHABLE
PARALLEL

Contractor Company Ford Construction
Contact Person Ford Johnson
Address 4500 Pennsylvania
City Wheaton State MD Zip Code 21791
License No. 1222997
Phone 410-257-2112 Fax _____

Occupant or Tenant Eric Cond
Contact Name Eric Cond
Address 17701 Huntmaster Ct
City Woodbine State MD Zip Code 21797
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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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 _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input 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"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms: _____	Propane Gas <input checked="" type="checkbox"/>
Height: _____	Sprinkler system: N/A <input checked="" type="checkbox"/>
Multi-family dwellings: _____	NFFA #13D _____
No. of efficiency units: _____	NFFA #13R _____
No. of 1 BR units: _____	Other: _____
No. of 2 BR units: _____	
No. of 3 BR units: _____	
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 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 [Signature]
Title/Company _____

Print Name [Signature]
Date _____

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

FOR OFFICE USE ONLY

AGENCY	DATE	STATUS	DEPARTMENT	PROCEEDING
<input checked="" type="checkbox"/> Land Development, DPZ				
<input type="checkbox"/> State Highway				
<input checked="" type="checkbox"/> Building Official				
<input checked="" type="checkbox"/> Dev. Engineering, DPZ				
Health	<u>7/16/2007</u>	<u>Sch. PA. cf</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"/>				
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
T:\forms\PERMIT.FRM				

FRONT	REAR	SIDE	SIDE ST.	ALL MINIMUM setbacks met?	IS ENTRANCE PERMIT required?	HISTORIC DISTRICT?	YES <input type="checkbox"/> NO <input type="checkbox"/>	SDP/Red-line approval date	ACCEPTED BY
_____	_____	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Filing fee	Permit fee	Excise tax	Add'l per. fee	TOTAL FEES	Sub-total paid	Balance due	Check	Validation	
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ <u>7627</u>	\$ _____	

Property known as: LOT 14

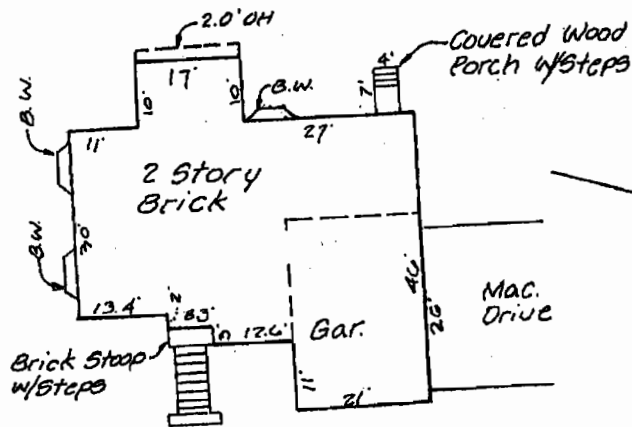
FOXMOOR

LOTS 1 THRU 20

"PARCEL 15 AND A PORTION OF THE KENNEY SUBDIVISION" (P.B. 7187 P. 5867) SHEET 5 of 5, PLAT # 9095 4TH ELECTION DISTRICT HOWARD COUNTY, MD

THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

- 1. Fence
- 2. Pool



DETAIL SCALE: 1" = 30'

TOP OF FOUNDATION ELEV. = 648.62

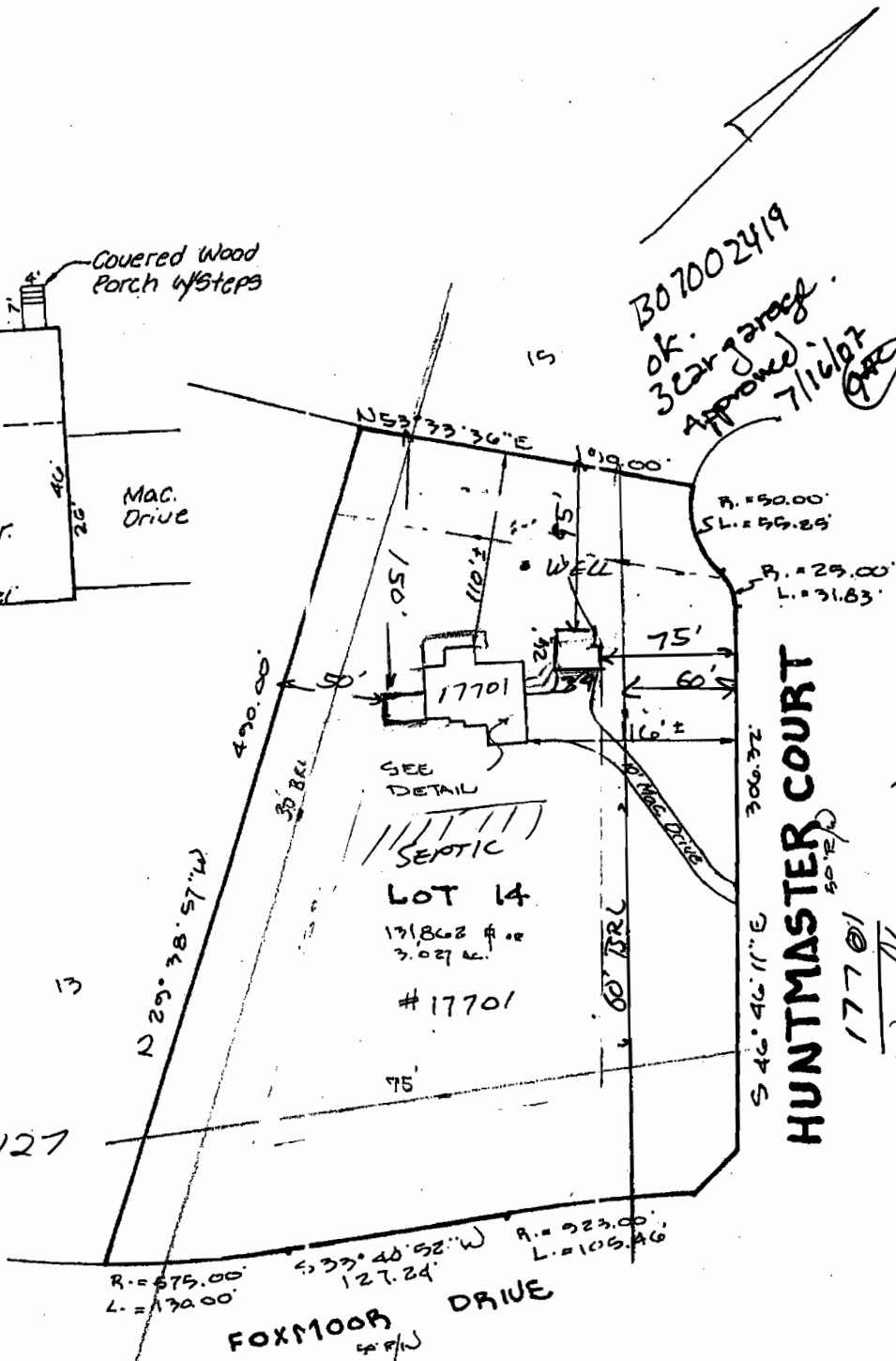
~~OWNER:~~

~~OWNER:~~

OWNER:

Eric A. Brew (S/W)

PL# (410) 442-5127



307002419
 ok.
 3 car garage
 Approved
 7/16/07
 (Signature)

HUNTMASTER COURT

17701

Woodbine, MD 21797

FOXMOOR DRIVE
 R. = 575.00
 L. = 132.00
 S. 37° 40' 52" W
 127.24
 R. = 223.00
 L. = 109.46

1/4" = 25.00
 1/8" = 12.50

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B07000366

Building Address 17701 Huntmaster Court
Woodbine, MD 21797
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Foxmoor
Section _____ Area _____ Lot 14
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size 3.027 ac

Property Owner's Name ERIC & Karen Conn
Address 17701 Huntmaster Ct
City Woodbine State MD Zip Code 21797
Home Phone 410-442-5127 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use Residential
Proposed Use Residential
Estimated Construction Cost \$ 50,000
Description of Work Sunroom Addition
20' x 16' w/ fireplace

Contractor Company Fred C. Dickson Co, Inc
Contact Person Fred Dickson
Address P.O. Box 715
City Mt Airy State MD Zip Code 21771
License No. 122347
Phone 410-875-2115 Fax 866-883-6301

Occupant or Tenant Eric & Karen Conn
Contact Name Eric or Karen Conn
Address 17701 Huntmaster Ct
City Woodbine State MD Zip Code 21797
Phone 410-442-5127 Fax _____

Engineer or Architect Company Fred C. Dickson, Co, Inc
Contact Person Fred Dickson
Address P.O. Box 715
City Mt. Airy State MD Zip Code 21771
Phone 410-875-2115 Fax 866-883-6301

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"/>	
Height: _____		Heating System:	
Multi-family dwellings:		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: _____		Sprinkler system: N/A <input type="checkbox"/>	
Other Structure: _____		NFPA #13D _____	
Dimensions: _____		NFPA #13R _____	
Footings: _____		Other: _____	
Roof Height: _____			
<input type="checkbox"/> State Certified Modular			
<input type="checkbox"/> Manufactured Home			

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Debra L. Bensen
Applicant's Signature
Admin / Fred C. Dickson, Co. Inc
Title/Company

Debra L. Bensen
Print Name
2/1/07
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>2/1/07</u>	<u>Jahill J</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 _____	
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____

Property known as: LOT 14

FOXMOOR

LOTS 1 THRU 20

"PARCEL 15 AND A PORTION OF THE KENNEY SUBDIVISION" (P.B. 7187 R. 5867)

SHEET 5 of 5, PLAT # 9095

4TH ELECTION DISTRICT

HOWARD COUNTY, MD

THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

- 1. Fence
- 2. Pool

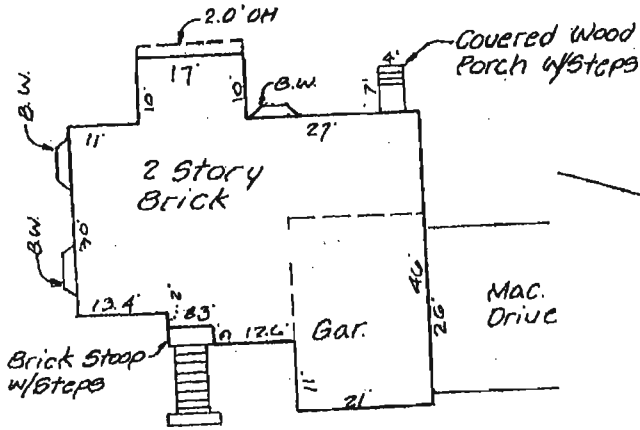
APPROVED

WALK-THRU BUILDING PERMIT

BP# B07000366 A# 40871 PSD102D

APP. SAN GAC DATE: 7/1/07

DESC. OF WORK: Sunroom w/ fireplace as shown



DETAIL SCALE: 1" = 30'

TOP OF FOUNDATION ELEV. = 648.62

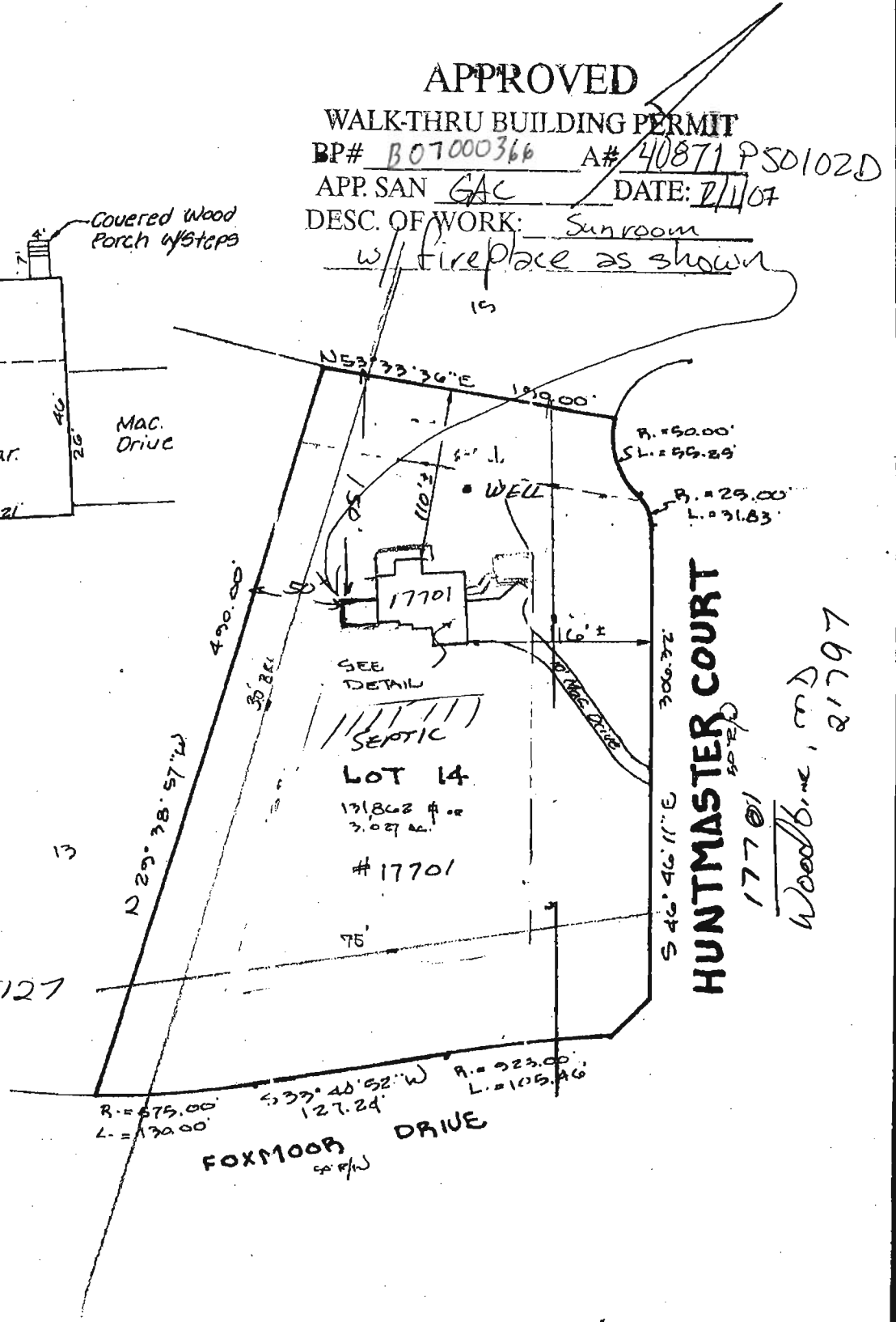
~~OWNER:~~

~~OWNER:~~

OWNER:

Eric & Karen (and)

PL# (410) 442-5127



HUNTMASTER COURT

17701
Woodbine, MD 21797

FOXMOOR DRIVE

12.50 11

7/8/94
4:00 PM

#349989 PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50102D

A 40871

DISTRICT 4th

DATE 4/21/94

DATE SYSTEM APPROVED 7/8/94

INSPECTOR H. Rifkin

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 313-2640

INDEXED

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ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5674

SUBDIVISION Foxmoor LOT 14 ROAD 17701 Huntmaster Court

PROPERTY OWNER Eric S. and Karen L. Conn

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

BLOG. PERMIT SIGNED
AND RETURNED 4/10/94
Suit # B00109945
Deck

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start the first trench 215 feet from the front lot line and 85 feet from the left lot line as seen when facing the lot from Foxmoor Drive. Run trenches on contour toward both directions. NOTE: Septic tank to be maximum 2 feet below original grade - otherwise top seam only tank required.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 6-15-94 JEN

PLANS APPROVED BY Sid Abel DATE 2/21/94

COVER NO WORK UNTIL INSPECTED AND APPROVED

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NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

BLOG. PERMIT SIGNED
AND RETURNED 7/6/00
Deck B00125322
2/1/07 - B07000366 - Sunroom

A
40871

9055

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2885 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

1300144819

Building Address 17701 Huntmaster Ct
Washington D 20747
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 604001 Subdivision Foxmoor
Section _____ Area _____ Lot 14
Tax Map 12 Parcel 16 Grid 12
Zoning RCEO Map Coordinates _____ Lot size _____

Property Owner's Name Maria + Eric Long
Address 17701 Huntmaster Ct
City Washington State MD Zip Code 20747
Home Phone 301-251-3327 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Brett D. Johnson
9734 Owen Brown Rd
Clinton MD 21045
Phone 410-251-1375 Fax 410-992-6915

Existing Use Unfinished Garage SF Home
Proposed Use Home
Estimated Construction Cost \$ 25,000
Description of Work Finishing of all work
down bathroom, Bonus Room, etc.

Contractor Company Brett Johnson
Contact Person Brett Johnson
Address 9734 Owen Brown Rd
City Clinton State MD Zip Code 21045
License No. MJ100412
Phone 410-251-1375 Fax 410-992-6915

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
State Certified Modular _____	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>
	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"/>	Water Supply: _____ Public _____
1st floor: _____ 2nd floor: _____ Basement: _____	<input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sewage Disposal: _____ Public _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	<input checked="" type="checkbox"/> Private
No. of Bedrooms: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of efficiency units: _____	Heating System: _____ 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: _____	Sprinkler system: N/A <input type="checkbox"/>
Other Structure: _____	NFPA #13D _____
Dimensions: _____	NFPA #13R _____
Footings: _____	Other: _____
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 THEREIN; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]
Title/Company _____

Print Name Brett Johnson
Date 1/24/03

Please send floor plan to 10420
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Local Development, DPZ		
State Highways		
Building Official	<u>10/29/03</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>10/29/03</u>	<u>Steven R. King</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____
Rear: _____
Side: _____
Side St.: _____

All minimum setbacks met? YES NO

Entrance Permit required? YES NO

Historic District? YES NO

Lot Coverage for NewTown Zone _____

SDP/Red-line approval date _____

PROPERTY ID#: 10420

Filing fee \$ _____

Permit fee \$ 145

Excise tax \$ _____

Add'l per. fee \$ _____

TOTAL FEES \$ 145

Sub-total paid \$ _____

Balance due \$ _____

Check # 4559

Validation # 31871

Accepted by [Signature]

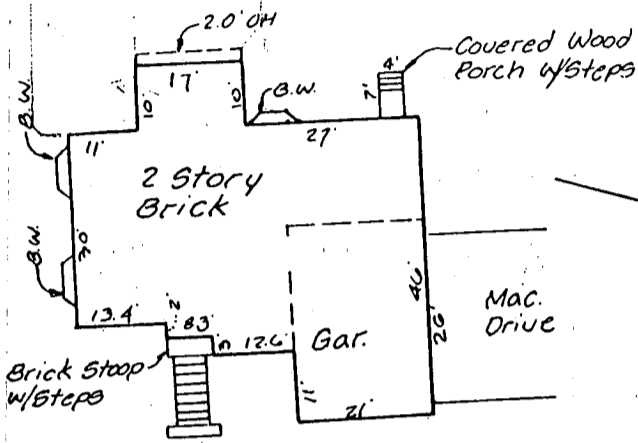
Property known as: LOT 14

THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

FOXMOOR

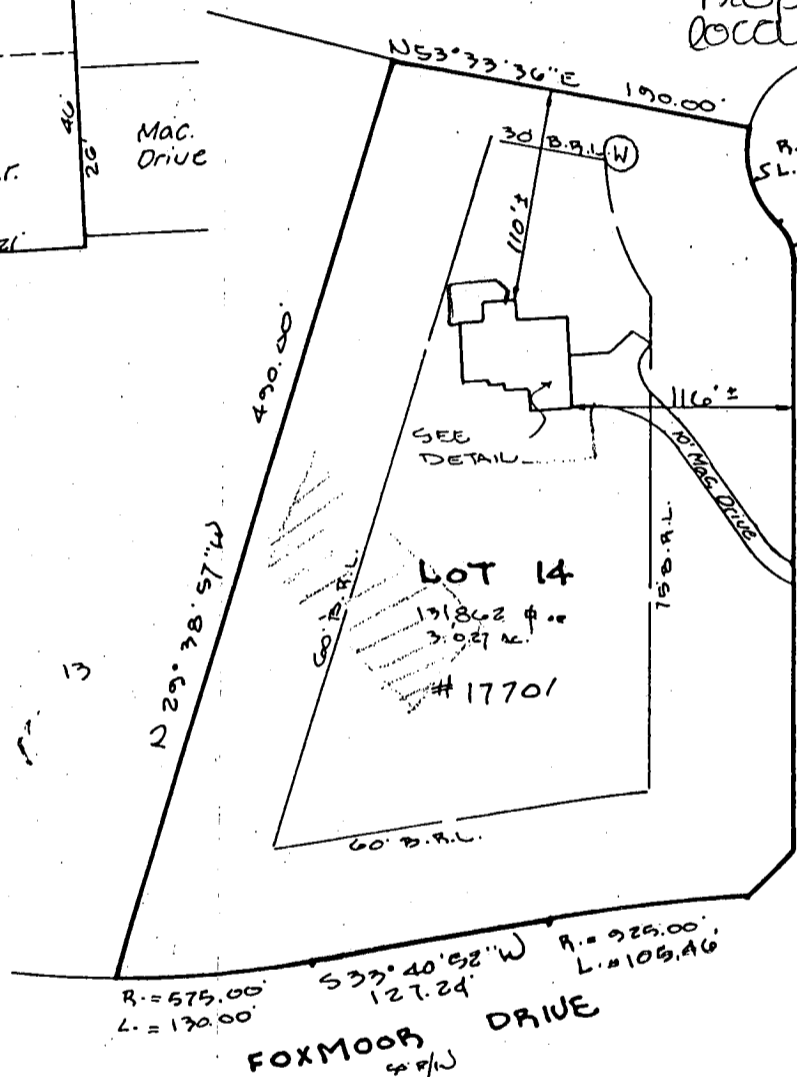
LOTS 1 THRU 20

PARCEL 15 AND A PORTION OF THE KENNEY SUBDIVISION (P.B. 7187 P. 5887) SHEET 5 of 5, PLAT # 9095 4TH ELECTION DISTRICT HOWARD COUNTY, MD



DETAIL SCALE: 1" = 30'

TOP OF FOUNDATION ELEV. = 648.62



LOCATION SURVEY PLAT

SUBJECT PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED

CERTIFICATION	SEAL	SCALE 1" = 100' DATE 6-21-1024
<p>This is to certify that I have surveyed the property known as: <u>17701</u> <u>HUNTMASTER COURT</u></p> <p>for the purpose of locating the improvements thereon, and the improvements are located as shown.</p>		<p>LAND DESIGN ENGINEERING, INC. 8835 Columbia 100 Parkway Unit N Columbia, MD 21045 (410) 715-1070 (301) 596-3424 (410) 715-0681 (Fax)</p>

40871

Property known as: Lot 14

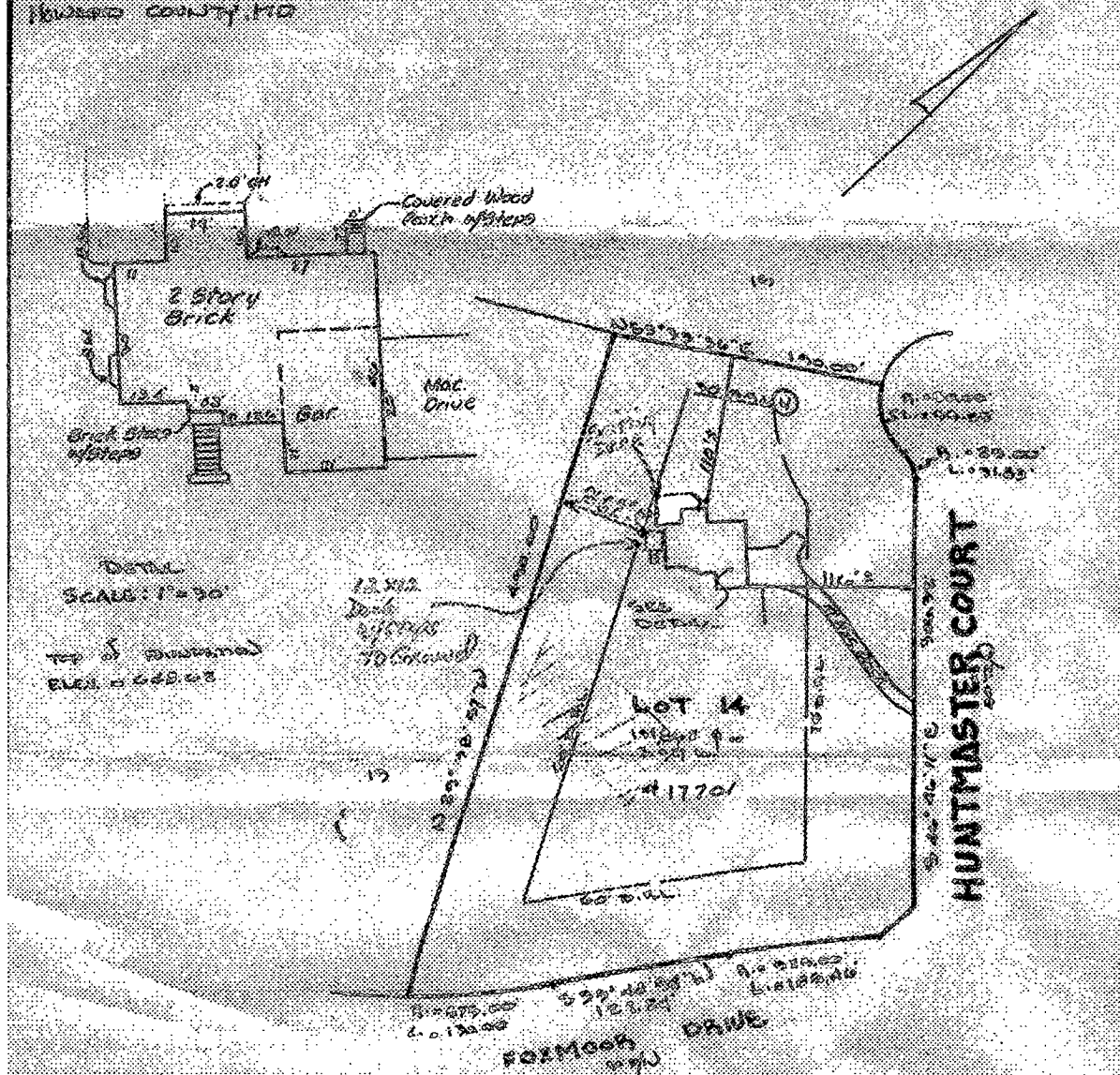
THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

FOXMOON

LOTS 1 THRU 20

PARCEL 14 AND A PORTION OF THE KENNEY SUBDIVISION (P.B. 7187 p. 227) SHEET 5 & 6 PLAT 6000 4TH ELECTION DISTRICT HUNTERD COUNTY, MD

000125322



DETAILED SCALE: 1"=30'

Top of sustained ELEV = 668.08

LOCATION SURVEY PLAT

SUBJECT PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED

CERTIFICATION	SEAL	SCALE 1"=100' DATE 6-21-1992
<p>This is to certify that I have surveyed the property known as: <u>17701</u> <u>HUNTMASTER COURT</u></p> <p>for the purpose of locating the improvements thereon, and the improvements are located as shown.</p>		<p>LAND DESIGN ENGINEERING, INC. 8835 Columbia 100 Parkway Unit N Columbia, MD 21045 (410) 715-1070 (301) 596-3424 (410) 715-0681 (Fax)</p>