

Building Address 13908 RYON DR
Glenn 21737

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

Census Tract _____ Subdivision HOPKINS CHOICE

Section _____ Area _____ Lot 31

Tax Map 21 Parcel 111 Grid 12

Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name TOLL MD II Limited PARTNERSHIP
 Address 19775 BELMONT EXECUTIVE PLAZA
 City ASBURN State VA Zip Code 20147
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein):

Phone _____ Fax _____

Existing Use SINGLE FAMILY HOME
 Proposed Use ADD DECK
 Estimated Construction Cost \$ _____
 Description of Work _____

Occupant or Tenant _____

Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Contractor Company SBL ENTERPRISE INC
 Contact Person _____
 Address 14821 BUENTWOODS ROAD
 City GLENNWOOD State MD Zip Code 21738
 License No. _____
 Phone 410-608-7725 Fax 410-489-9127

Engineer or Architect Company _____

Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics | Utilities |
|--|---|
| SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____ | Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ | Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private |
| Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| _____ State Certified Modular _____ Manufactured Home | Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____ |

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]

Print Name JIM SU YU

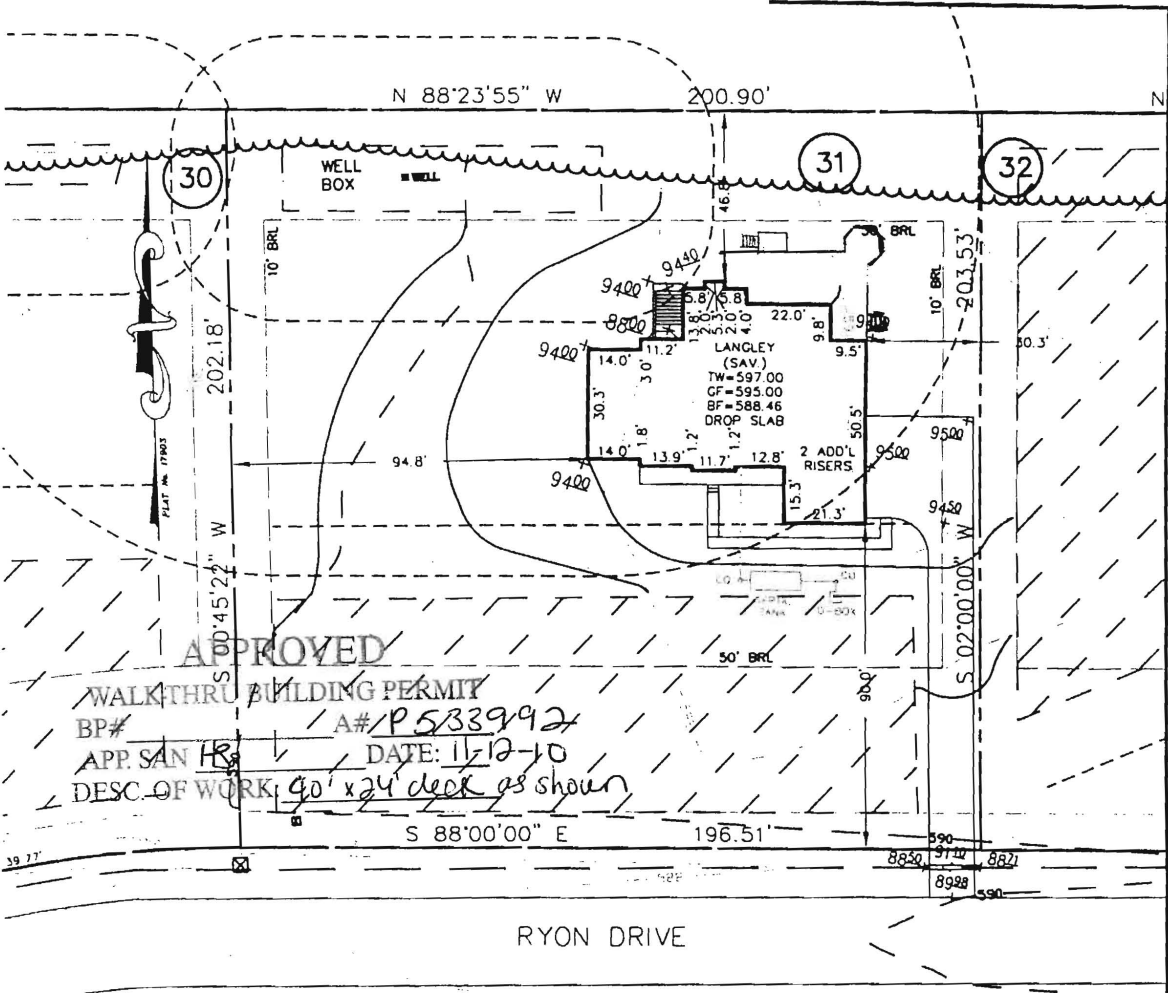
Email Address _____
 Title/Company VICE PRESIDENT SBL ENTERPRISE INC

Date 11/12/10

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 Officials | | |
| Dev. Engineering, DPZ | | |
| Health | <u>11-12-10</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 \$ _____ |
| 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 New Town Zone _____ | Check # _____ |
| SDP/Red-line approval date _____ | Validation # _____ |
| Accepted by _____ | |



APPROVED

WALKTHRU BUILDING PERMIT

BP# _____ A# P533992

APP SAN HS DATE: 11-12-10

DESC. OF WORK: 90' x 24' deck as shown

S 88°00'00" E 196.51'

RYON DRIVE

| | |
|-----------------------|-------|
| INV. AT HOUSE | 590.7 |
| GRD. AT INV. AT HOUSE | 596.5 |
| INV. IN TANK | 590.0 |
| INV. OUT TANK | 589.7 |
| TOP OF TANK | 590.7 |
| GROUND OVER TANK | 593.0 |
| INV. IN DIST. BOX | 589.4 |
| INV. OUT DIST. BOX | 589.1 |
| GROUND AT BOX | 593.4 |

BASEMENT DOES NOT SEWER BY GRAVITY

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER(HO-94-4115)) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC. - PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

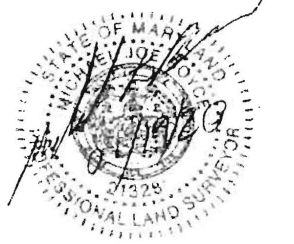
THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR HOPKINS CHOICE, PLAT No 17903. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

ADDRESS: 13908 RYON DRIVE
GLENELG, MD 21737

- TYPE: LANGLEY (SAVANNAH)-
 CONSERVATORY ELITE ADDITION
 DAYLIGHT BASEMENT
 SOLARIUM
 EXPANDED FAMILY ROOM
 ADD 1' HEIGHT TO BASEMENT WALLS
 FINISHED LOWER LEVEL
 THREE CAR SIDE ENTRY GARAGE
 WALK-OUT BAY WINDOW IN STUDY

- | | |
|------------|-----|
| OPTION No. | 039 |
| OPTION No. | 018 |
| OPTION No. | 501 |
| OPTION No. | 023 |
| OPTION No. | 070 |
| OPTION No. | 013 |
| OPTION No. | 001 |
| OPTION No. | 156 |

PERMIT PLOT PLAN
 LOT #31
HOPKINS CHOICE
 LIBER 07504, FOLIO 0437
 PLAT No. 17903
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND



ESE Consultants Inc.
 7164 Columbia Gateway Dr.
 Suite 203
 Columbia, MD 21046
 TEL: 410-872-9105
 FAX: 410-872-4870

DATE: 01/18/10 SCALE: 1"=40' FILE: 2975_LOT_31
 CHK'D: MJB JOB#: 2975 DRAWN: GVS

Nov. 19, 2010 - 10:56 am P:\Projects\3975 Hopkins Choice\3975\2975_Lot_31\Layout_Sn_20.dwg MJC:CF

| | | | |
|--|--|--|----------------------------------|
| DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800 | | HOWARD COUNTY PERMIT APPLICATION <i>Walk thru</i> | PERMIT NUMBER 31000315 |
| Building Address <u>13908 Ryan Dr</u> <u>Greenleaf md 21737</u> | | Property Owner's Name <u>Toll md Limited</u> Address <u>19775</u> City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated herein): <u>Jeremy Clancy 7051 Macbeth way</u> <u>Elderbury md 21844</u> | |
| Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>Hopkins Choice</u> Section _____ Area _____ Lot <u>31</u> Tax Map <u>21</u> Parcel <u>111</u> Grid <u>12</u> Zoning _____ Map Coordinates _____ Lot Size <u>40,304 sq</u> | | Phone <u>443-340-1229</u> Fax _____ Contractor Company <u>Valley National gases</u> Contact Person <u>William Newig</u> Address <u>7201 Montevideo Rd</u> City <u>Jessup</u> State <u>MD</u> Zip Code _____ License No. <u>440-799-1114</u> Phone _____ Fax _____ | |
| Existing Use <u>SFD</u> Proposed Use <u>SFD</u> Estimated Construction Cost \$ <u>7000</u> Description of Work <u>Install a 1000 gal propane tank</u> | | Engineer or Architect Company _____ Contact Person _____ Address <u>Same as</u> City _____ State _____ Zip Code _____ Phone _____ Fax _____ | |
| Occupant or Tenant _____ Contact Name _____ Address <u>owner</u> City _____ State _____ Zip Code _____ Phone _____ Fax _____ | | | |


BUILDING DESCRIPTION - COMMERCIAL

| | |
|---|---|
| Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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 | Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads |
|---|---|

BUILDING DESCRIPTION - RESIDENTIAL

| | |
|---|--|
| Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ 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 _____ 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 | Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: |
|---|--|

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 Applicant's Signature
Applied and Approved @ 4400.com
 Email Address
permits
 Title/Company

Jeremy Clancy
 Print Name
 Date 10/7/10

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 Officials | | | |
| Dev. Engineering, DPZ | | | |
| Health | <u>10-7-10</u> | <u>J. Bernard</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

Is Entrance Permit Required?
 YES NO

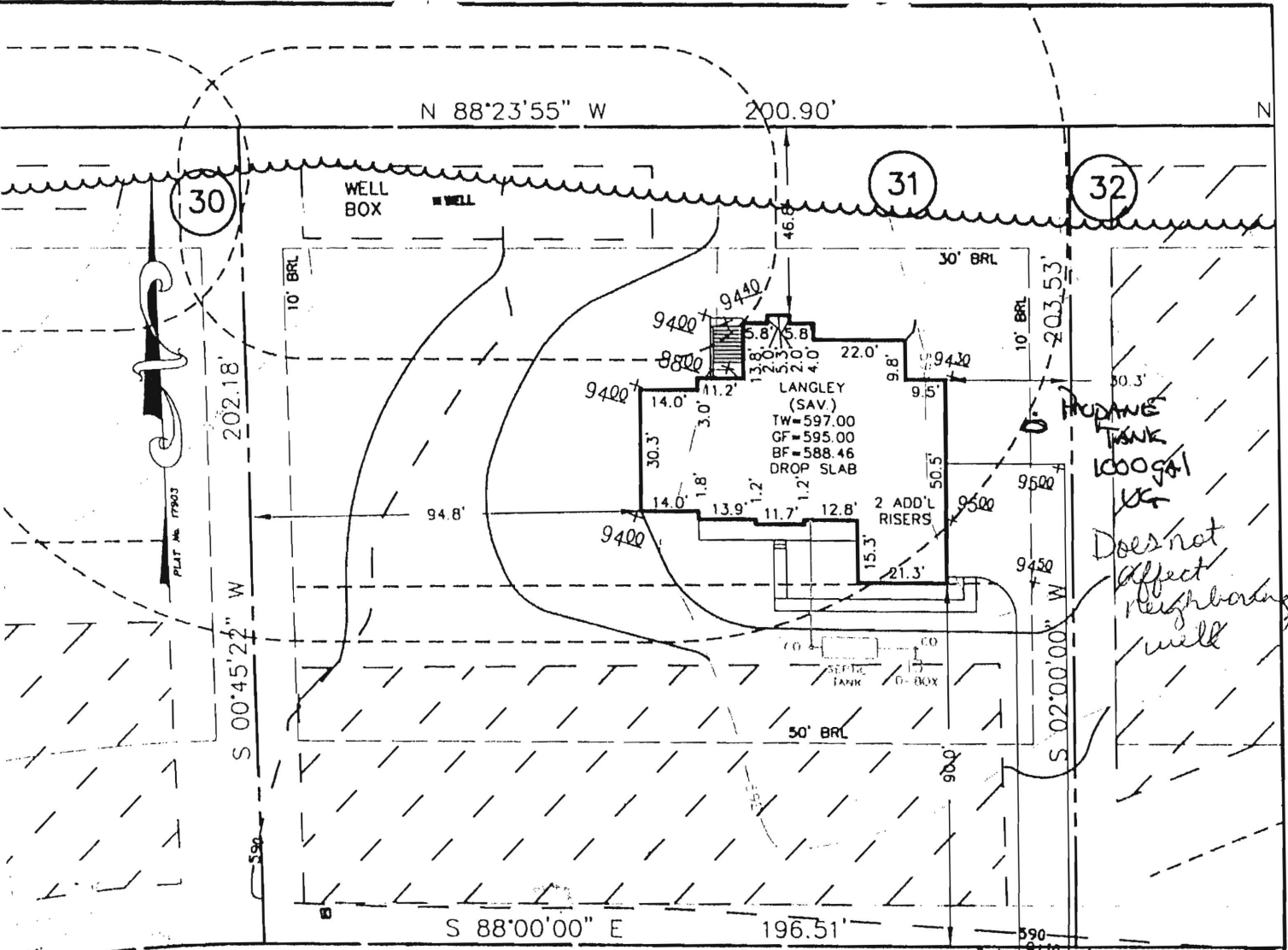
Historic District?
 YES NO

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 Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



*HOPKINS TANK
1000 gal
Does not affect
neighbor's well*

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____ RYON DRIVE

APP. SAN *Bernard* DATE: *10-17-10*

DESC. OF WORK: *Popane Tank*

| | |
|-----------------------|-------|
| INV. AT HOUSE | 590.7 |
| GRD. AT INV. AT-HOUSE | 596.5 |
| INV. IN TANK | 590.0 |
| INV. OUT TANK | 589.7 |
| TOP OF TANK | 590.7 |
| GROUND OVER TANK | 593.0 |
| INV. IN DIST. BOX | 589.4 |
| INV. OUT DIST. BOX | 589.1 |
| GROUND AT BOX | 593.4 |

*1000 gallons
Approved as
shown*

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER(HO-94-4115) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC. - PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPEMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR HOPKINS CHOICE, PLAT No 17903. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

BASEMENT DOES NOT SEWER BY GRAVITY

ADDRESS: 13908 RYON DRIVE
GLENELG, MD 21737

- TYPE: LANGLEY (SAVANNAH)-
- CONSERVATORY ELITE ADDITION
- DAYLIGHT BASEMENT
- SOLARIUM
- EXPANDED FAMILY ROOM
- ADD 1' HEIGHT TO BASEMENT WALLS
- FINISHED LOWER LEVEL
- THREE CAR SIDE ENTRY GARAGE
- WALK-OUT BAY WINDOW IN STUDY

- OPTION No. 039
- OPTION No. 018
- OPTION No. 501
- OPTION No. 023
- OPTION No. 070
- OPTION No. 013
- OPTION No. 001
- OPTION No. 156

PERMIT PLOT PLAN
LOT #31
HOPKINS CHOICE
LIBER 07504, FOLIO 0437
PLAT No. 17903
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND



ESE Land Planning
Engineering
Land Surveying

ESE Consultants Inc.
7164 Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-4870

DATE: 01/18/10 SCALE: 1"=40' FILE: 2975_LOT_31
CHK'D: MJB JOB#: 2975 DRAWN: GVS

10:56 am 8/10/2007 2975 Hopkins Choice Survey\A\Lot 31\17903\2975 Lot 31 Lander, Sur. Proj.dwg MECYCE

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 210220099

Building Address 13923 R. on Dr
Colony, Md 21737

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

Census Tract _____ Subdivision 1st Choice

Section _____ Area _____ Lot 31

Tax Map 21 Parcel _____ Grid 21-22

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Tillman, V. P.

Address 7201 Col. ...

City Colony State MD Zip Code 21044

Home Phone 410-489-2215 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
Secom, Corp. 25 ...

Phone 301-300-... Fax _____

Existing Use SU

Proposed Use ...

Estimated Construction Cost \$ _____

Description of Work
...

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 _____

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"/> |
| Use group: _____ | Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame | Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| <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 checked="" type="checkbox"/> Public <input type="checkbox"/> Private |
| 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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____ |
| No. of Bedrooms _____ | |
| 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 | |

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[Signature]
 Applicant's Signature

 Title/Company

[Print Name]
 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 |
|-----------------------|---------------|--------------------|
| Land Development, DPZ | | |
| State Highways | | |
| Building Official | | |
| Dev. Engineering, DPZ | | |
| Health | <u>7-3-10</u> | <u>[Signature]</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

Is Entrance Permit required?
 YES NO

Historic District?
 YES NO

Lot Coverage for NewTown Zone _____

SDP/Red-line approval date _____

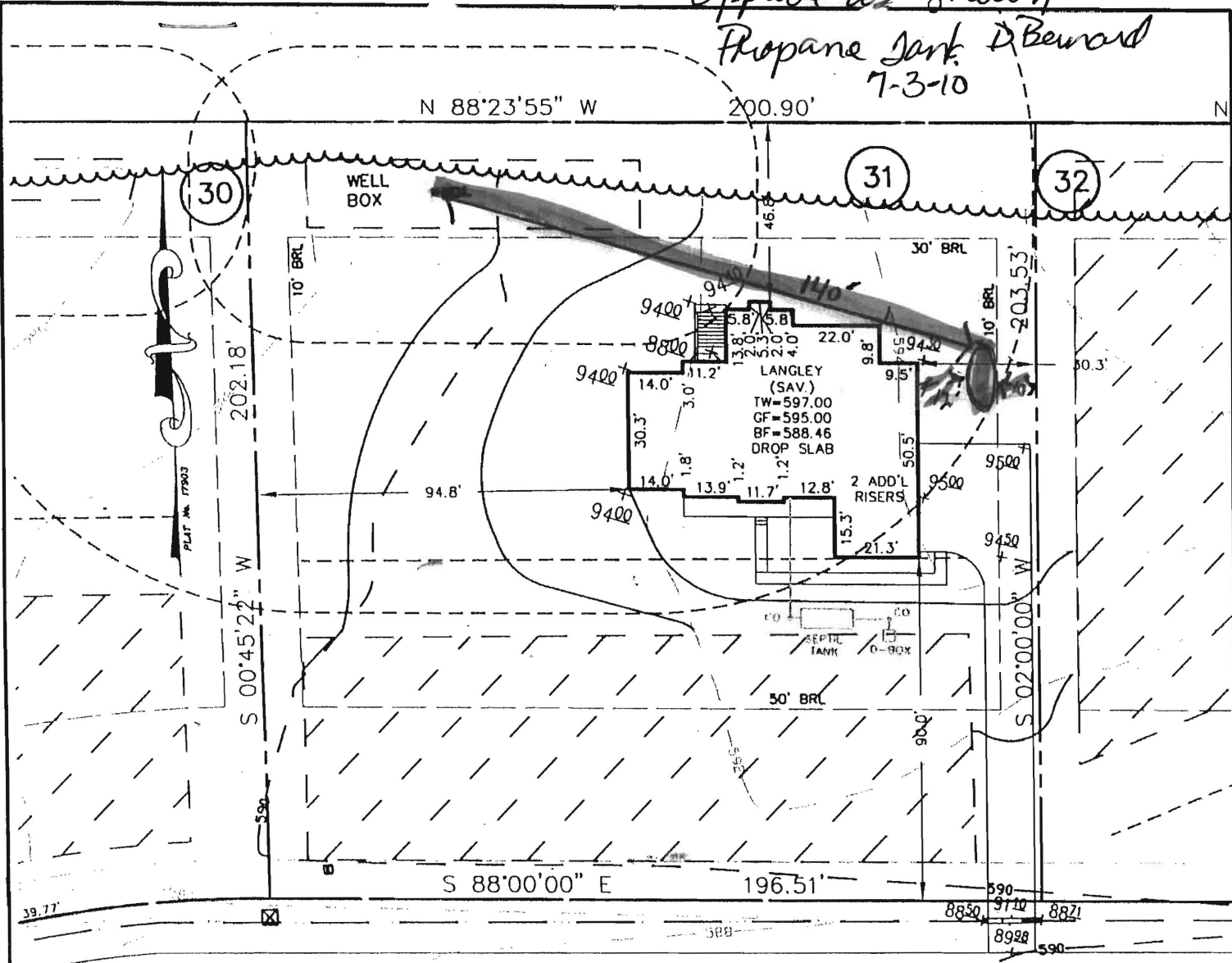
PROPERTY ID#: _____

| | |
|-------------------|-------------|
| Filing fee \$ | _____ |
| Permit fee \$ | _____ |
| Excise tax \$ | _____ |
| Add'l per. fee \$ | _____ |
| TOTAL FEES \$ | _____ |
| Sub-total paid \$ | _____ |
| Balance due \$ | _____ |
| Check # | <u>1976</u> |
| Validation # | _____ |

Accepted by _____

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

*-Approve as Shown
Propane Tank D Bernard
7-3-10*



RYON DRIVE

| | |
|-----------------------|-------|
| INV. AT HOUSE | 590.7 |
| GRD. AT INV. AT HOUSE | 596.5 |
| INV. IN TANK | 590.0 |
| INV. OUT TANK | 589.7 |
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 WALK-OUT BAY WINDOW IN STUDY

- | | |
|------------|-----|
| OPTION No. | 039 |
| OPTION No. | 018 |
| OPTION No. | 501 |
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 LOT #31
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DATE: 01/18/10 SCALE: 1"=40' FILE: 2975_LOT_31
 CHK'D: MJB JOB#: 2975 DRAWN: GVS

Jan 19, 2010 - 10:56 am P:\Projects\2975 Hopkins Choice\Surv\Draw\Lois\Lot_31\pp1\2975 Lot_31_Lanley_Sav_PP.dwg MBG\YCE

G 07000150 - Named 1/25/10

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B10000235

GMR

Building Address 13908 Ryon Drive
Glenelg, MD 21737
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6040.02 Subdivision Hopkins Choice
Section 2 Area _____ Lot 31
Tax Map 21 Parcel 111 Grid 12
Zoning RR Map Coordinates _____ Lot size 0.9Ac.

Property Owner's Name Toll MD II, LP
Address 7164 Columbia Gateway Dr #230
City Columbia State MD Zip Code 21046
Phone 410-489-2275 Phone 301-252-6546
Applicant's Name & Mailing Address, (if other than stated hereon):
SAME
Phone _____ Fax _____

Existing Use Vacant lot
Proposed Use Single Family Dwelling
Estimated Construction Cost \$ 400,000
Description of Work Langley Savannah 4 bed,
3 1/2 bath w/ Conservatory, Solarium
3 car Side Entry Garage, Exp. Family Rm

Contractor Company SAME AS ABOVE
Contact Person Fabian Murillo
Address SAME AS ABOVE
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant Toll MD II, LP
Contact Name Fabian Murillo
Address 14540 Edgewoods Way
City Glenelg State MD Zip Code 21737
Phone 410-489-2275 Fax 410-489-2278

Engineer or Architect Company ESE
Contact Person Greg Stewart
Address 7164 Columbia Gateway Dr. #230
City Columbia State MD Zip Code 21046
Phone 410-381-3075 Fax 410-872-4870

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 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"/> |
| Basement: _____ | Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> | Heating System: _____ Electric <input 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 <u>4</u> | Propane Gas <input checked="" type="checkbox"/> |
| Height: _____ | Sprinkler system: N/A <input checked="" type="checkbox"/> |
| Multi-family dwellings: _____ | NFPA #13D _____ |
| No. of efficiency units: _____ | NFPA #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.

Fabian Murillo
Applicant's Signature
Construction Mgr / Toll Brothers
Title/Company

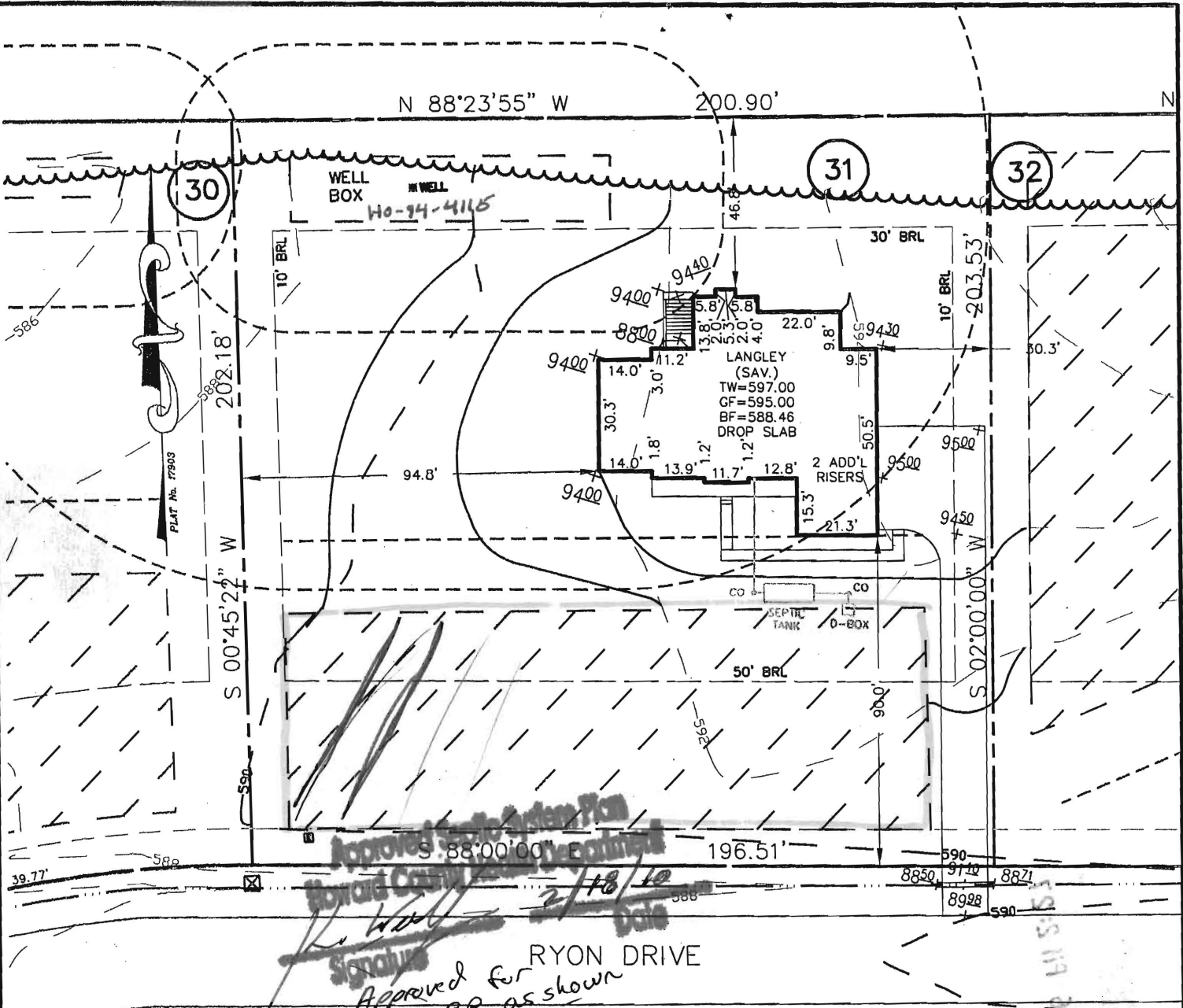
Fabian Murillo
Print Name
1/15/10
Date
1/25/10

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

8233.00
130.00

| AGENCY | DATE | SIGNATURE APPROVAL |
|--|--------------------------|--------------------|
| Development, DPZ | | |
| State Highways | | |
| Building Official | | |
| Dev. Engineering, DPZ | | |
| Health | <u>2/10/10</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"/> | | |
| Distribution of Copies - | White: Building Official | Green: LDD, DPZ |
| Yellow: DED, DPZ | Pink: Health | Gold: SHA |

| DPZ SETBACK INFORMATION | PROPERTY ID# |
|---|--------------------------------|
| Front: _____ | Filing fee \$ <u>100.00</u> |
| Rear: _____ | Permit fee \$ <u>1299.96</u> |
| Side: _____ | Excise tax \$ <u>6860.90</u> |
| Side St.: _____ | Add'l per. fee \$ <u>50.00</u> |
| 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 \$ <u>8994.48</u> |
| Lot Coverage for New Town Zone _____ | Check # _____ |
| SDP/Red-line approval date _____ | Validation # _____ |
| Accepted by _____ | |



Approved for RYON DRIVE
2/18/10
43R as shown

| | |
|-----------------------|-----------------|
| INV. AT HOUSE | 590.7 <i>OK</i> |
| GRD. AT INV. AT HOUSE | 596.5 <i>OK</i> |
| INV. IN TANK | 590.0 |
| INV. OUT TANK | 589.7 <i>OK</i> |
| TOP OF TANK | 590.7 <i>OK</i> |
| GROUND OVER TANK | 593.0 <i>OK</i> |
| INV. IN DIST. BOX | 589.4 |
| INV. OUT DIST. BOX | 589.1 |
| GROUND AT BOX | 593.4 |

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER(HO-94-4115)) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC. - PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPEMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR HOPKINS CHOICE, PLAT No 17903. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

BASEMENT DOES NOT SEWER BY GRAVITY

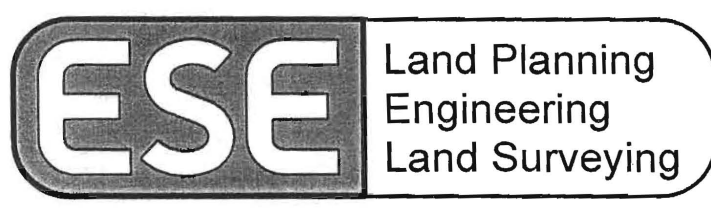
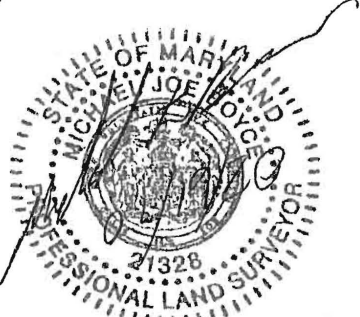
ADDRESS: 13908 RYON DRIVE
 GLENELG, MD 21737

B10000235
13908 Ryon Drive

- TYPE: LANGLEY (SAVANNAH)-
- CONSERVATORY ELITE ADDITION
- DAYLIGHT BASEMENT
- SOLARIUM
- EXPANDED FAMILY ROOM
- ADD 1' HEIGHT TO BASEMENT WALLS
- FINISHED LOWER LEVEL
- THREE CAR SIDE ENTRY GARAGE
- WALK-OUT BAY WINDOW IN STUDY

- OPTION No. 039
- OPTION No. 018
- OPTION No. 501
- OPTION No. 023
- OPTION No. 070
- OPTION No. 013
- OPTION No. 001
- OPTION No. 156

PERMIT PLOT PLAN
 LOT #31
HOPKINS CHOICE
 LIBER 07504, FOLIO 0437
 PLAT No. 17903
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND



ESE Consultants Inc.
 7164 Columbia Gateway Dr.
 Suite 203
 Columbia, MD 21046
 TEL: 410-872-9105
 FAX: 410-872-4870

DATE: 01/18/10 SCALE: 1"=40' FILE: 2975_LOT_31
 CHK'D: MJB JOB#: 2975 DRAWN: GVS