

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

00052856 KN

Building Address 4590 Centennial Lane
Ellicott City, MD 21042

TAX ID # 02-3838531
Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 602304 Subdivision _____

Section _____ Area _____ Lot 8A5A

Tax Map 30 Parcel 1 Grid _____

Zoning R-20 Map Coordinates 11F13 Lot size 52.39 AC

Existing Use SFD

Proposed Use SFD, tank

Estimated Construction Cost \$ 2625

Description of Work Install 1000 gallon
underground propane tank

Occupant or Tenant Owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name Bryan + Martha Gibbons

Address 11401 High Hay Dr.

City Columbia State MD Zip Code 21044

Home Phone _____ Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
Carol Hoffman / Tervis Oil
82 John Street
Westminster MD 21157

Phone 410-848-4433 Fax 410-848-8739

Contractor Company Tervis Oil

Contact Person Dave Honeycutt

Address 82 John St

City Westminster State MD Zip Code 21157

License No. 65862

Phone 410-848-4433 Fax 410-848-8739

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

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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Carol Hoffman
Tervis Oil

Title/Company _____

Print Name Carol Hoffman

Date 7/29/05

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			From: _____	62181
State Highways			Rear: _____	Filing fee \$ <u>110</u>
Business Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health	<u>7/19/05</u>	<u>Karen Adams</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	And 1 per dec. \$ _____
Fire Department			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>771</u>
				Validation # <u>567121</u>

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

D-155675 KOB

Address <u>4580 Centennial Lane</u> City <u>Howard</u> State <u>MD</u> Zip Code <u>21044</u> Apt. #: <u>101</u> SDP/WP/Petition #: <u>11096</u> Assessor's Tract <u>402301</u> Subdivision <u>10417</u> Section <u>1</u> Area <u>1</u> Lot <u>1</u> Map <u>302</u> Parcel <u>1</u> Grid <u>1</u> Planning Map Coordinates <u>4613</u> Lot size <u>152.71</u> Existing Use <u>Single Family</u> Proposed Use <u>Single Family</u> Estimated Construction Cost \$ <u>150,000</u> Description of Work <u>1.5" /</u>	Property Owner's Name <u>Same as the Seller</u> Address <u>10 P.O. Box 1550</u> City <u>Howard</u> State <u>MD</u> Zip Code <u>21044</u> Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>MARK KUSPZ</u> <u>10 P.O. Box 1550</u> <u>Howard, MD 21044</u> Phone <u>410-810-8800</u> Fax <u>410-810-7211</u>
Occupant or Tenant <u>Owner Mark Kuspz</u> Contact Name <u>Mark Kuspz</u> Address <u>10 P.O. Box 1550</u> City <u>Howard</u> State <u>MD</u> Zip Code <u>21044</u> Phone <u>410-810-8800</u> Fax <u>410-810-7211</u>	Contractor Company <u>GFC Group, LLC</u> Contact Person <u>Paul K...</u> Address <u>10 P.O. Box 1550</u> City <u>Howard</u> State <u>MD</u> Zip Code <u>21044</u> License No. <u>12570571</u> Phone <u>410-810-8800</u> Fax <u>410-810-7211</u> Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State <u>MD</u> Zip Code <u>21044</u> Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ 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	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: <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"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <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	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input checked="" 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: <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"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

I, THE SIGNER 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 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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____ Print Name _____
 Date 9/25/07

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

- FOR OFFICE USE ONLY -

CY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Development, DPZ			Front: _____	<u>62191</u>
Highways			Rear: _____	Filing fee \$ _____
Official			Side: _____	Permit fee \$ _____
Engineering, DPZ	<u>10/6/05</u>	<u>[Signature]</u>	Side St.: _____	Excise tax \$ _____
Section			All minimum setbacks met?	Add'l per. fee \$ _____
Contingency approval required prior to issuance?			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit required?	Sub-total paid \$ _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Check # <u>5387</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>7424</u>
			Lot Coverage for NewTown Zone _____	
			SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

G-8909

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2400 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
300142324 *MARK*

Building Address 4580 Centennial Lane
Ellicott City, MD 21044
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 602301 Subdivision _____
Section _____ Area _____ Lot Res B
Tax Map 30 Parcel X1 Grid 1
RCOEO
Zoning _____ Map Coordinates _____ Lot size 62971 AC

Property Owner's Name Brian and Martha Gibbons
Address 11401 High Hay Drive
City Columbia State MD Zip Code 21044
Home Phone 410-284-3849 Work Phone 410-559-2578
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Vacant lot
Proposed Use Single Family Dwelling
Estimated Construction Cost \$ 800,000.00
Description of Work N/R 2 story Full Basement
Partially Finished Basement Attached 3 Car Garage
5 Bedroom, 6 Bathrooms, 2 Powder Rooms, 1 Rough in

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

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

Engineer or Architect Company Stan Ryder, Jr. Assoc
Contact Person Stan Ryder
Address 3000 Gables Road Suite 600
City Finksburg State MD Zip Code 21048
(410)
Phone 517-1478 Fax 410-517-1532

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

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

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

Martha Gibbons
Applicant's Signature
OWNER

Martha Gibbons
Print Name
5/24/04
Date

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

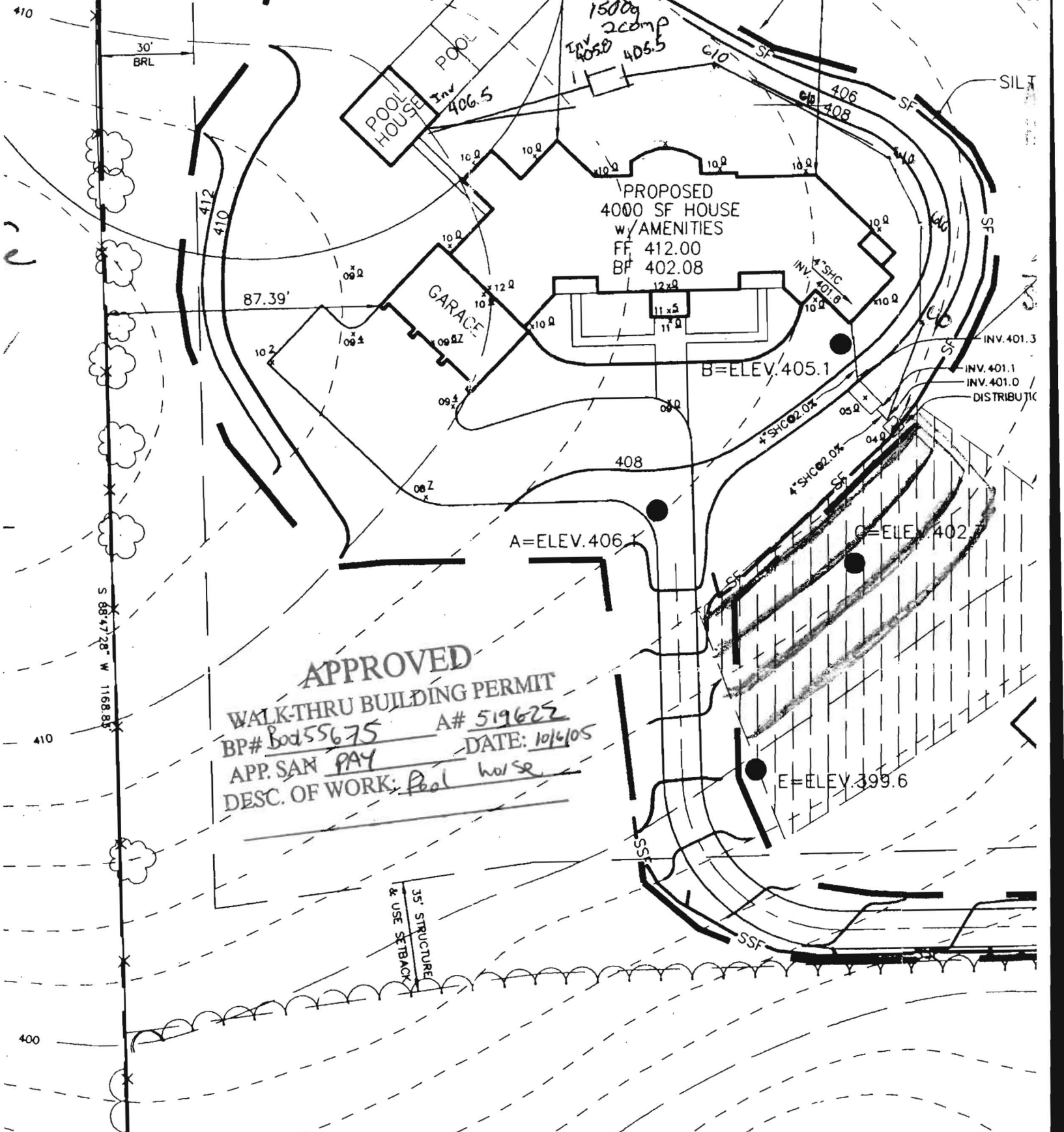
AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>5/29/04</u>	<u>[Signature]</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#	VALUE
<u>62181</u>	
Filing fee \$	<u>200.00</u>
Permit fee	\$ _____
Excise tax	\$ _____
Add'l per. fee	\$ _____
TOTAL FEES	\$ _____
Sub-total paid	\$ _____
Balance due	\$ _____
Check #	<u>13246</u>
Validation #	<u>47039</u>

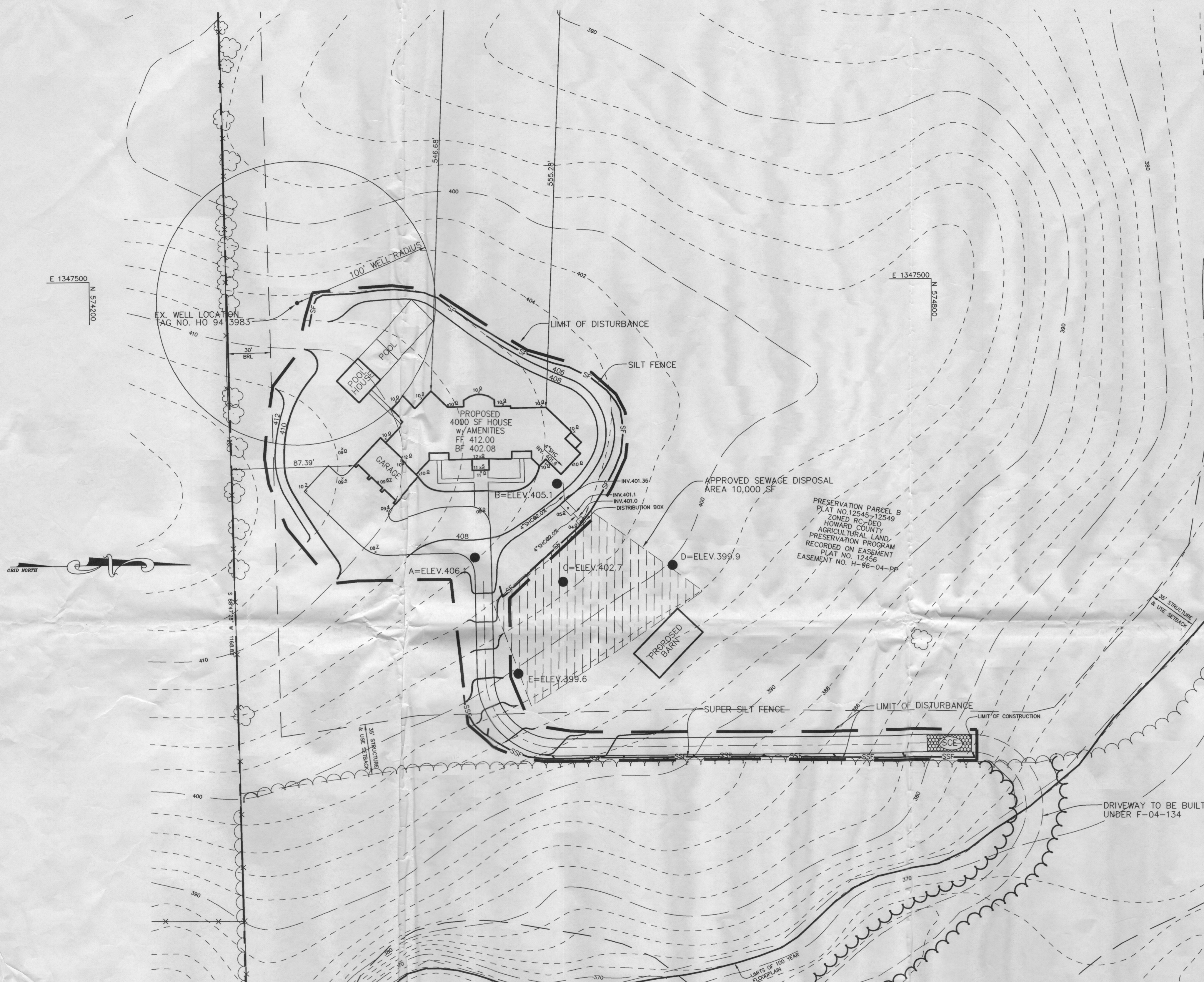
Accepted by [Signature]

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



APPROVED
WALK-THRU BUILDING PERMIT
 BP# Boo 55675 A# 519622
 APP. SAN PAY DATE: 10/6/05
 DESC. OF WORK: Pool house

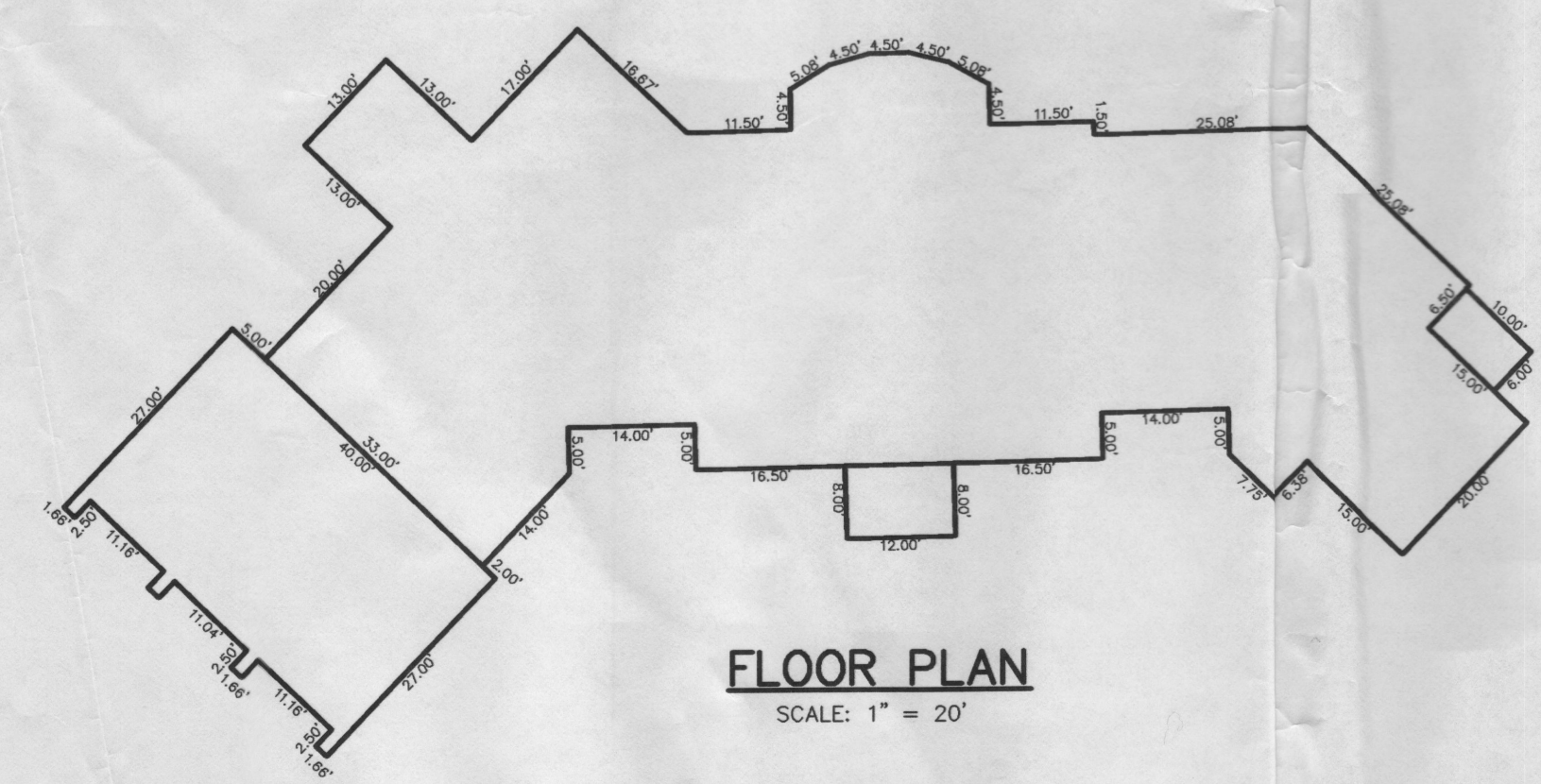
35' STRUCTURE
 & USE SETBACK



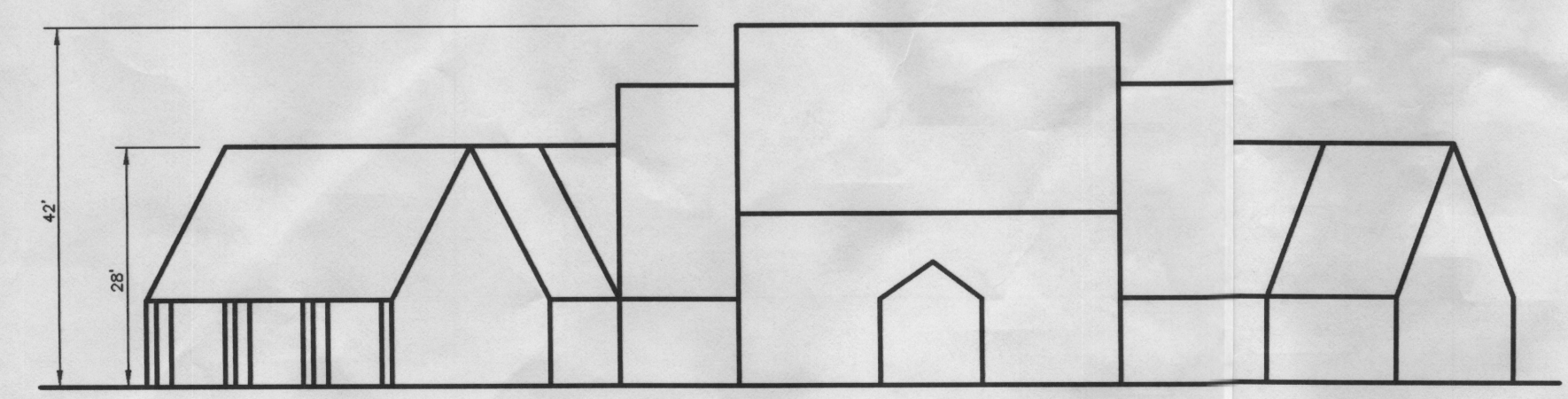
PLAN
SCALE: 1" = 300'

NOTES

1. WELL LOCATION WAS SURVEYED BY PATTON HARRIS RUST & ASSOCIATES DATED SEPTEMBER 15, 2004.
2. WELL WAS DRILLED BY JOSEPH MAYNE AND TAGGED HO 94 3983.



FLOOR PLAN
SCALE: 1" = 20'



HOUSE ELEVATION
SCALE: 1" = 20'

BITUMINOUS CONCRETE SURFACE	1"
BITUMINOUS CONCRETE BASE	2"
5" CRUSHER RUN BASE COURSE	
4" DENSE GRADED STABILIZED AGGREGATE BASE COURSE	

(ALTERNATE)

BITUMINOUS CONCRETE SURFACE	1"
BITUMINOUS CONCRETE BASE	4"

HOWARD COUNTY DESIGN MANUAL VOLUME IV - STANDARD SPECIFICATIONS AND DETAILS FOR CONSTRUCTION (DRAWING R-2.01)

P-1 PAVING
NO SCALE

APPROVED : FOR PUBLIC WATER AND PUBLIC SEWERAGE SYSTEMS FOR PARCEL A; AND FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS FOR PARCEL B

COUNTY HEALTH OFFICER
HOWARD COUNTY HEALTH DEPARTMENT

DATE NO. REVISION

OWNER: SOCCER ASSOCIATION OF COLUMBIA, INC.
DEVELOPER: BRIAN GIBBONS

PROJECT GIBBONS RESIDENCE AT 4560 CENTENNIAL LANE

AREA TAX MAP 30 BLOCK 1 ZONED RC-DEO
PARCEL A AND PRESERVATION PARCEL B PLATS 15652-15657
2nd ELECTION DISTRICT HOWARD COUNTY, MARYLAND

TITLE PLOT PLAN

Patton Harris Rust & Associates, pc
Engineers, Surveyors, Planners, Landscape Architects.

9.28.04
DATE
DESIGNED BY : C.J.R.
DRAWN BY: DAM
PROJECT NO : 00287/2.0PLN
DATE : SEPTEMBER 28, 2004
SCALE : 1" = 40'
DRAWING NO. 1 OF 1