

Building Address 11294 Frederick Road
Ellicott City, MD 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6030 Subdivision King's Gift-C
 Section _____ Area _____ Lot 4
 Tax Map 16 Parcel 321 Grid 14
 Zoning RC Map Coordinates 10N1 Lot size 4.99

Property Owner's Name Kris Choe
 Address 658 Willowby Run
 City Pacadena State MD Zip Code 21122
 Home Phone 410-294-4171 Work Phone 410-320-2299
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use VACANT LOT
 Proposed Use Single Family
 Estimated Construction Cost \$ 200,000
 Description of Work FBSMNT, 4 BR, 2 FB,
Garage, 1 Rough in for cement
Porch, Fire Place, Deck

Contractor Company Master Home USA, INC
 Contact Person MIKE SEO 410-
 Address 1010 RICE ROAD 796-2177
 City Ellicott City State MD Zip Code 21047
 License No. _____
 Phone 410-1317 Fax 410-317-8189

Occupant or Tenant Kris Choe
 Contact Name Kris
 Address 658 Willowby Run
 City Pacadena State MD Zip Code 21122
 Phone 410-294-2486 Fax 410-429-5320

Engineer or Architect Company LEAH SUNKOWSKI ASSOC.
 Contact Person LEAH
 Address 246 Plymouth Rd.
 City Catonsville State MD Zip Code 21229
 Phone 410-788-0281 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: <u>21 FT</u>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: <u>2</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>4000</u>	Electric Yes <input checked="" 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 checked="" type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame	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 _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: <u>59</u> Depth <u>19.8</u> Width <u>19.8</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>59</u> Depth <u>19.8</u> Width <u>19.8</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>59</u> Depth <u>19.8</u> Width <u>19.8</u>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" 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: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>4</u>	
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 THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Kris Choe
 Applicant's Signature

Kris Choe
 Print Name
4/19/01 4 20-01
 Date

Title/Company _____
 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			Front: _____	50-112
State Highways			Rear: _____	Filing fee \$ <u>25-00</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ	<u>5/24/01</u>	<u>Mark R. Shen</u>	Side St: _____	Excise tax \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
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 NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # _____
				Validation # _____
				Accepted by _____

Total linear feet of trench
required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 4 feet

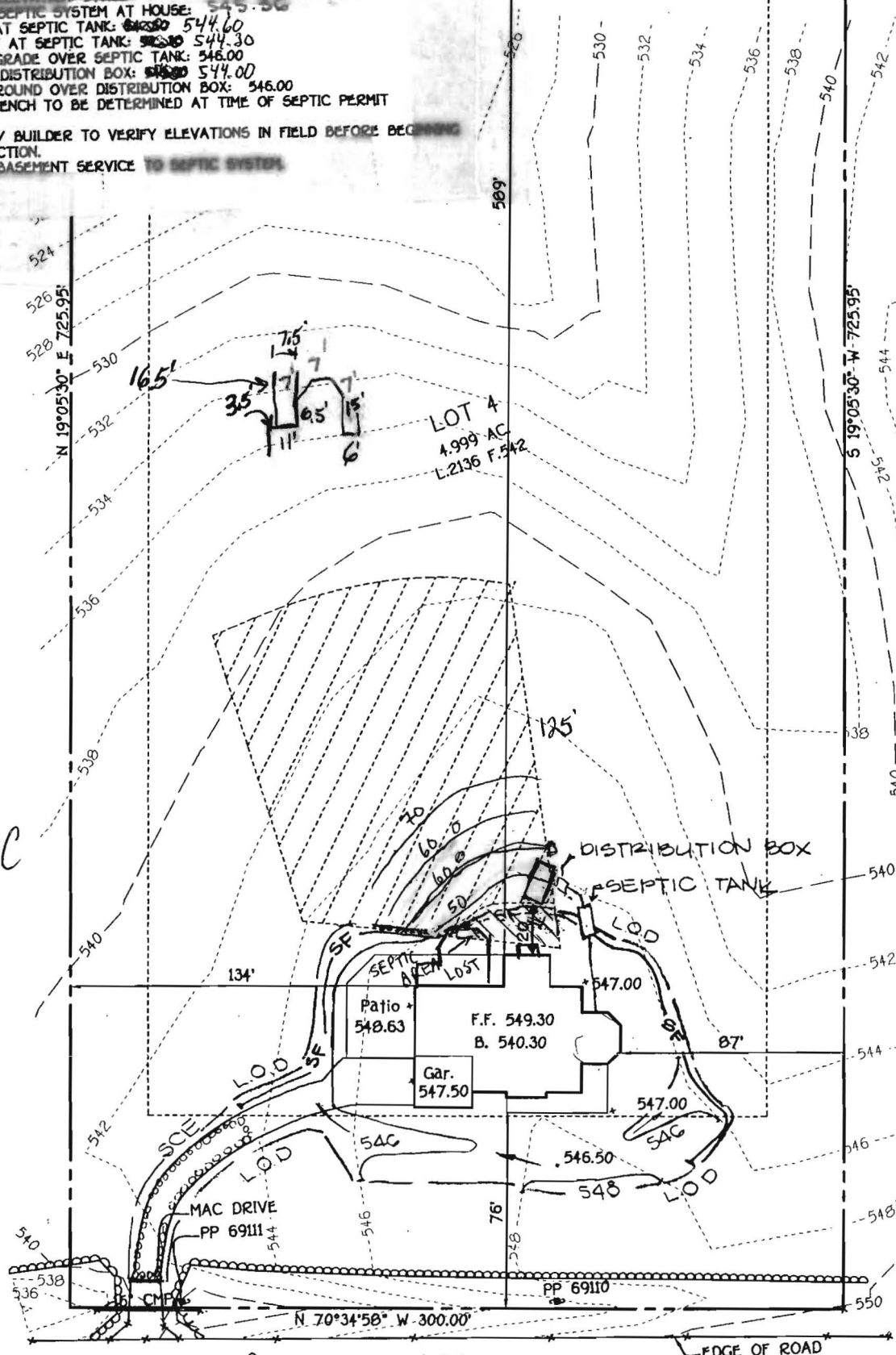
Depth of stone required below
distribution pipe 2 feet

Approved Septic System Plan
Howard County Health Department

Mark Refkin
Signature 5/24/01
Date

2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 549.30
- B. BASEMENT ELEVATION: 544.30
- C. INVERT OF SEPTIC SYSTEM AT HOUSE: 545.30
- D. INVERT IN AT SEPTIC TANK: ~~543.00~~ 544.60
- E. INVERT OUT AT SEPTIC TANK: ~~542.00~~ 544.30
- F. PROPOSED GRADE OVER SEPTIC TANK: 546.00
- G. INVERT AT DISTRIBUTION BOX: ~~545.00~~ 544.00
- H. EXISTING GROUND OVER DISTRIBUTION BOX: 546.00
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.

1-60
PLAN
BY FCC



RT. 144

PK
R

#30
CR 38501
CR 1085

Master Homes USA, Inc.

Main Office 6410 Race Road Elkridge, MD 21075 Tel: 410) 796-2477 Fax: 410)313-8118

May 11, 2001

Permit # B00129741

Address : 11794 Frederick Road (Lot 4)

Dear Mrs. Avis Corbin

RECEIVED

MAY 11 2001

LICENSES & PERMITS
DIVISION

I am writing to request for a revision of site plan.

During the process of site plan, the owner of this lot has changed to have option floor plan
(SUN ROOM, PORCH)

Sincerely,


Mike Seo

RASHID
re: Heat Dept

OK MR 6/12/01

"AMENDED" PLAN IDENTICAL TO ORIGINAL PLAN

BLDR REPORTS SUN ROOM = BUMP-OUT ON RIGHT
PORCH IS CANTILEVERED OFF REAR OF HOUSE
NO POSTS OR FOOTERS