

Building Address 5942 CLIFTON OAKS DR
Bel Air, MD 21037 AA-020

Suite/Apt. #: _____ SDP/WP/Petition #: P-88-215

Census Tract 65101 Subdivision WEST SIDE

Section _____ Area _____ Lot 10

Tax Map 311 Parcel 3 Grid 0

Zoning PRD1 Map Coordinates 14C6 Lot size _____

Property Owner's Name ELMER OROZCO, WF

Address 6724 GOSHEN HUNT RD

City ELKMDGE State MD Zip Code 21075

Home Phone 410 707 1726 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
MIKE JONES
1801 CALVARY RD
BEL AIR MD 21015

Phone 410 836 7065 Fax 410 836 2065

Existing Use VACANT LOT

Proposed Use SINGLE FAMILY HOME

Estimated Construction Cost \$ 400000 - AA 020

Description of Work NEW CUSTOM SINGLE FAMILY
HOME, UNFINISHED BASEMENT W/ RE
ATTACHED 2-2 CAR GARAGES, 4 BA, 3.5 BATH
2 FIRE PLACES, LEAK DECK

Contractor Company OWNER

Contact Person ELMER OROZCO

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant _____

Contact Name ELMER OROZCO

Address 6724 GOSHEN HUNT RD

City ELKMDGE State MD Zip Code 21075

Phone 410 707 1726 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"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
_____ State Certified Modular	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 type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" 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 checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: _____	
_____ 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.

[Signature]
 Applicant's Signature

 Title/Company

MIKE JONES
 Print Name

10/8/02
 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#:
<input checked="" type="checkbox"/> Land Development DPZ			Front: _____	Filing fee \$ _____
<input checked="" type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering DPZ			Side St.: _____	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
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"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
				Accepted by _____

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

5/5/04

BP EXPIRED

2/19/04

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH
2002 OCT -9 PM 3:40

410-808-5045

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
400 COUNTY HOUSE DRIVE
ELLSWORTH CITY, MD 21118
PERMITS (410) 313-2400 INSPECTIONS (410) 313-1100
AUTOMATED INFORMATION (410) 313-3000

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
BOVS274JKOB

Building Address 5942 CREST OAKS DR
Chesapeake Md. 21029
TAXED # 05-408822
Suite/Apt. #: _____ SDP/NP/Petition #: _____
Census Tract 62510 Subdivision WESTSIDE
Section _____ Area _____ Lot 10
Tax Map 34 Parcel 3 Grid 5
Zoning RA-DFD Map Coordinates 14C8 Lot size 4.63

Property Owner's Name ELMER OLOZCO JWF
Address 6724 CASHEN HUNT CIR
City ELK RIDGE State MD Zip Code 21075
Home Phone 410 707 1726 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
MIKE JONES 21 ROWELL AVE BELAIR
Phone 410 808-5045 Fax 410 399-9575

Existing Use vacant lot
Proposed Use 1 BR + 5 PHASE
Estimated Construction Cost \$ 500,000
Description of Work SINGLE FAMILY HOME
UNFINISHED W/ ROUGH IN
3 1/2 BATH 4 CAR GARAGE Attached

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

Occupant or Tenant ELMER OLOZCO
Contact Name ELMER OLOZCO
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company CNA
Contact Person STEVE NOLAN
Address Box 950
City BEL AIR State MD Zip Code 21014
Phone 410 879 7200 Fax 410 836 1811

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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"/> 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 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 checked="" 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 checked="" 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 <u>4</u> Height: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Other: _____
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 [Signature]
Title/Company OWNER'S AGENT

Print Name MIKE JONES
Date 3/28/05

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

AGENCY	DATE	SIGNATURE APPROVAL	DEPT SETBACK INFORMATION	PROPERTY ID#
Public Works			Rank: <u>60</u>	Permit fee: \$
Public Works			Size: <u>32</u>	Excess fee: \$
Public Works			Side: <u>75 ft</u>	AGBT per fee: \$
Public Works			All minimum setbacks met? <input type="checkbox"/>	TOTAL FEES: \$
Public Works			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid: \$
Public Works			Is Distance Permit required? <input type="checkbox"/>	Balance: \$
Public Works			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check: \$ <u>3592</u>
Public Works			Historic District? <input type="checkbox"/>	Validation: \$
Public Works			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Public Works			Lot Coverage for New Town Zone _____	
Public Works			SDP/Red-line approval date _____	Accepted by: _____
Public Works			White Building Official	Green LDD, DPZ
Public Works			Yellow BEO, DPZ	Pink Health
Public Works			Gold SHA	

Re-record moving 100' to 75' adj. to Rte 52

February 6, 1990

Howard County
Building Permits & Licences
Howard Building
Ellicott City, Maryland 21043
Attention: Diane or Cathy

Re: Building Permit # 28913
5942 Clifton Oaks Drive
Westside Lot-10

To Whom It May Concern:

This is to request that the Health Department be notified before or at the time of the footing inspection for the above mentioned property.

Thank you for your cooperation.

Very truly yours,

Jane E. Nadeau

Jane E. Nadeau
Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland
21043

10:15
6/26/90
B.P.
#28913
No activities
at all. Note
Hwy 8 signs
& weeds
in [9.01.52.07]

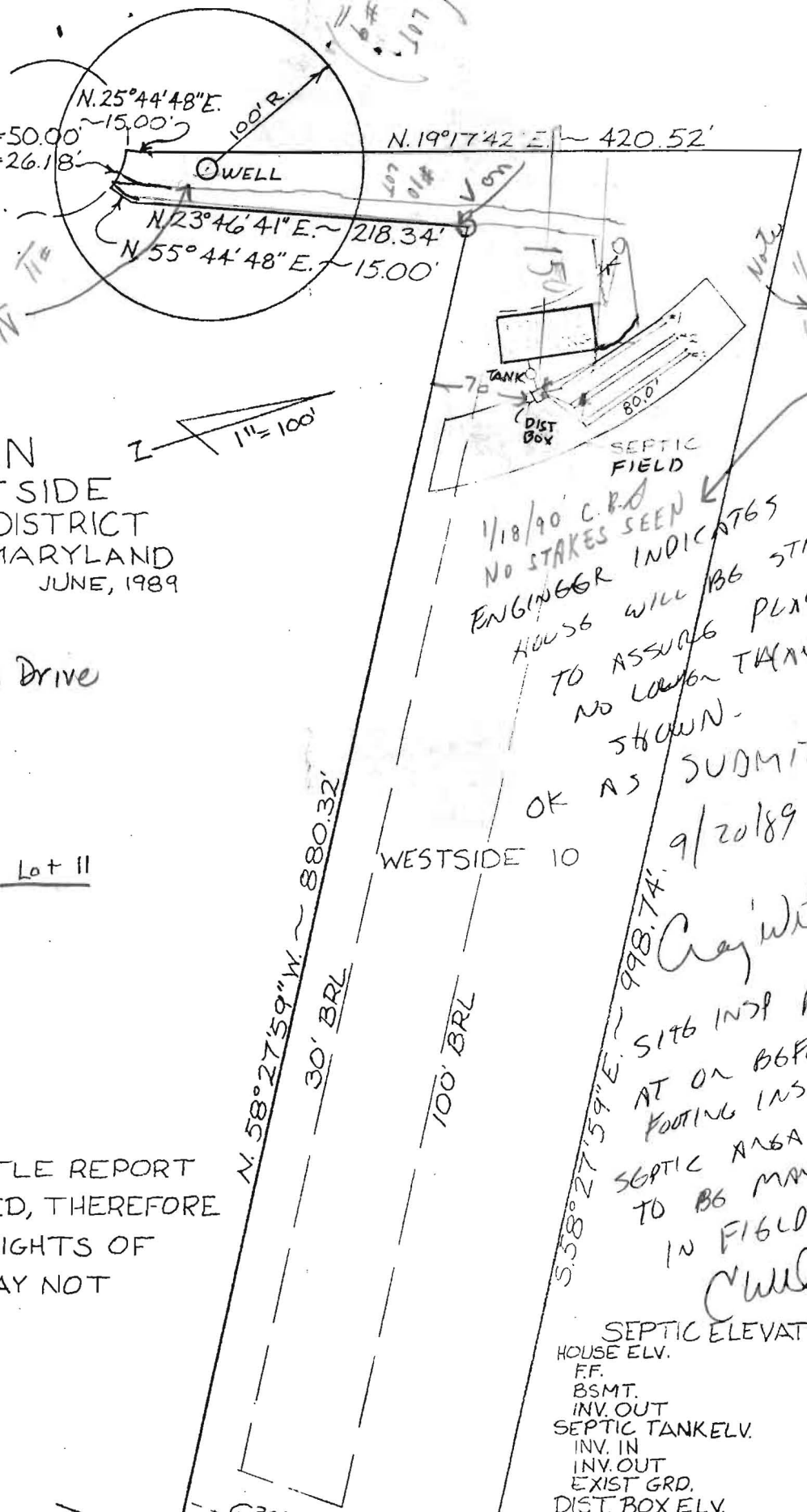
SITE PLAN
 Lot 10, WEST SIDE
 CLARKSVILLE (5th) DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1"=100' JUNE, 1989

BP # 28913
 5942 Clifton Oaks Drive

AN UP TO DATE TITLE REPORT
 WAS NOT FURNISHED, THEREFORE
 EASEMENTS AND RIGHTS OF
 WAY OF RECORD MAY NOT
 BE SHOWN.

I CERTIFY TO MY BEST KNOWLEDGE
 AND BELIEF THAT THE PLAN
 SHOWN HEREON IS CORRECT.

W. Allen Brown 6/29/89
 W. ALLEN BROWN MD. #299



SEPTIC ELEVATIONS

HOUSE ELV.	
FF.	468.3
BSMT.	459.3
INV. OUT	457.8
SEPTIC TANK ELV.	
INV. IN	457.7
INV. OUT	457.5
EXIST. GRD.	463.1
DIST. BOX ELV.	
INV. IN	457.4
INV. OUT	457.2
EXIST. GRD.	460.4
TRENCH ELV.	
#1 INV. IN	457.0
EXIST. GRD.	460.0
#2 INV. IN	453.4
EXIST. GRD.	456.4
#3 INV. IN	451.5
EXIST. GRD.	454.5

NOTE: TRENCHES 3' WIDE & 10' APART.



Al Brown Surveys Inc.

7306 MINK HOLLOW ROAD
 HIGHLAND, MARYLAND 20777
 RES. 301-854-0913

88005

11/18/90
 Check of home
 High plane
 C. Brown

1/18/90 C.B.O.
 NO STAKES SEEN
 ENGINEER INDICATES
 HOUSE WILL BE STAFFED
 TO ASSURE PLACEMENT
 NO LOWER THAN
 SHOWN.
 OK AS SUBMITTED
 9/20/89

9/20/89
 Craig Willey
 SITE INSP REQUIRED
 AT OR BEFORE
 FOOTING INSP STAGE.
 SEPTIC AREA
 TO BE MARKED
 IN FIELD.
 Willey

