

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B00138915

Building Address 11363 Fredrick Road
Ellicott City MD 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 16 Parcel 177 Grid 21
 Zoning _____ Map Coordinates 1024 Lot size _____

Property Owner's Name Wick Liparini
 Address 11363 Fredrick Road
 City Ellicott City State MD Zip Code 21042
 Home Phone 443-535-8980 Work Phone 410-977-0578
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use Single Family Dwelling
 Proposed Use Single Family Dwelling
 Estimated Construction Cost: \$128,000.00
 Description of Work Kitchen Renovation, moving
Exterior Door, And Additional 2
French Doors

Contractor Company TCR Home Improvements
 Contact Person Donald M Lowry
 Address 4413 Dorado Drive
 City Ellicott City State MD Zip Code 21043
 License No. 47396
 Phone 410-461-3231 Fax 410-461-3013

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"/> 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 Characteristics	Utilities
SF Dwelling <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 _____	Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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

Donald M Lowry
 Applicant's Signature
Salesman
 Title/Company

Donald M Lowry
 Print Name
10/17/02
 Date

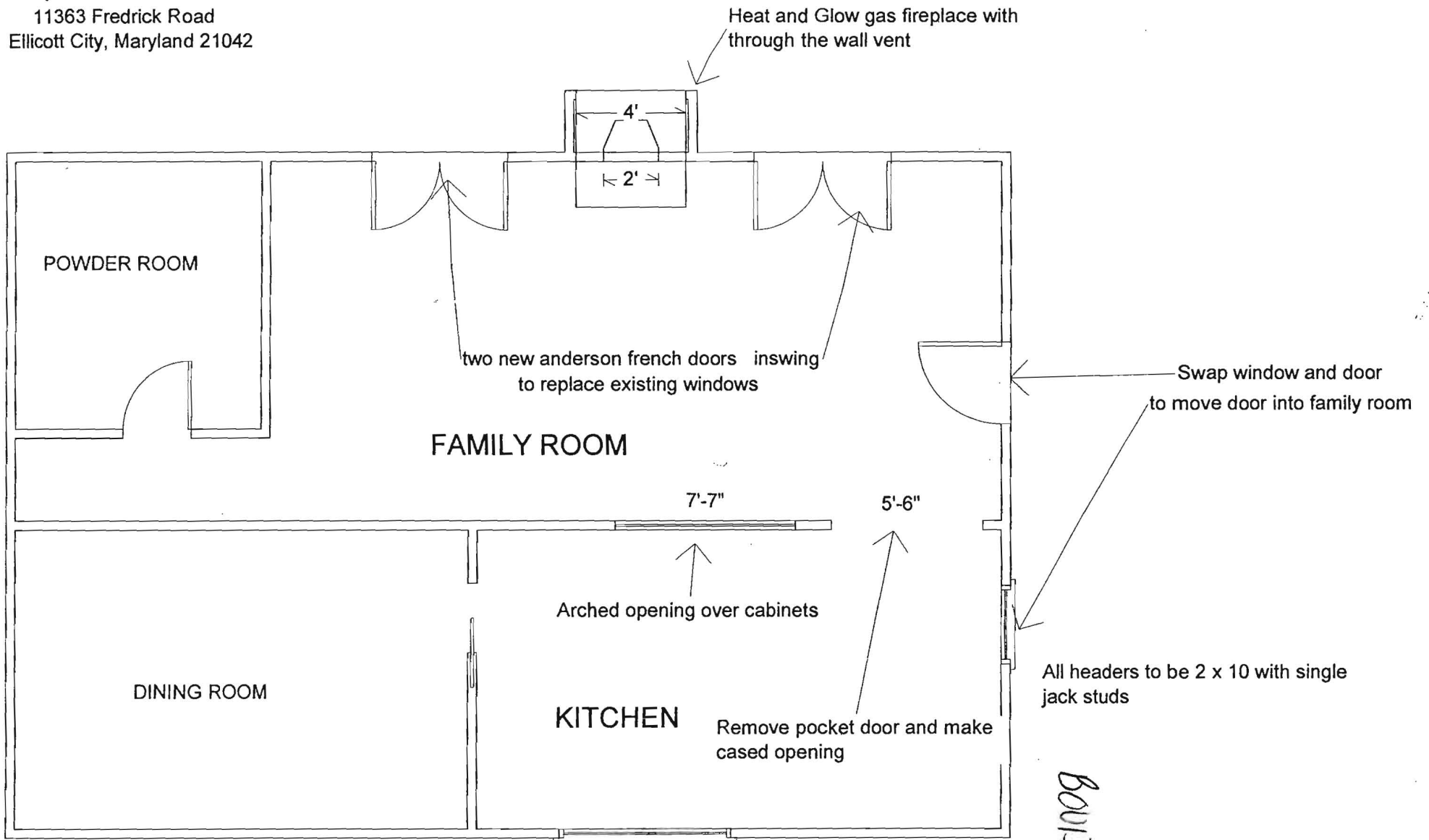
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official	<u>10/17/02</u>	<u>BW Defer</u>
City Engineering, DPZ		
Health		
Fire Protection		
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: _____	<u>54251</u>
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ <u>248.83</u>
Side St: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>1775.108.00</u>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>6881</u>
	Validation # <u>13472</u>
	Accepted by <u>[Signature]</u>

Liparini Residence

11363 Fredrick Road
Ellicott City, Maryland 21042



BOU138915

HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING
Division of Land Development

DATE: 2/13/06

DPZ File No. F-06-156

Department of Planning and Zoning

- 1 Transportation Planning
- 1 Historic Preservation
- Public Service and Zoning Administration
- 1 Research
- 1 Address Coordinator

- 1 Environmental and Community Planning (Ag Pres/Route 1)
- 4 Development Engineering Division
- Other
- 2 File

Agencies

- 1 Soil Conservation District
- 1 Department of Inspections, Licenses & Permits
- 1 Department of Fire and Rescue Services
- 1 State Highway Administration
- 1 ~~Health~~ Department
- 1 Public School System
- 1 Recreation and Parks
- WSSC
- MD Aviation Administration

- 1 Tax Assessment
- 2 Verizon
- 2 BGE
- Cable TV
- Police
- MTA
- Finance
- DPW, Real Estate Services
- DPW, Construction and Inspection
- DPW, Bureau of Utilities

RE: BRANTWOOD, SECTION 3, AREA 1

ENCLOSED FOR YOUR → Signature Approval Review & Comments Files
 THE ENCLOSED → Original Pre-Packaged Plan Set

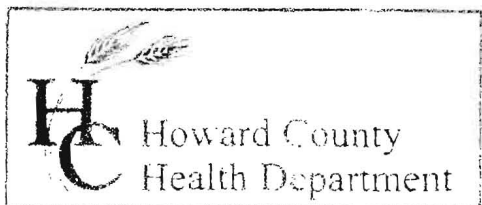
Plans	# of Sheets	Supplemental Documents
<u> </u> Sketch Plan	<u> </u>	<u> </u> Wetlands Report
<u> </u> Prel Equiv Sketch Plan	<u> </u>	<u> </u> Soils/Topo Map/Drain Area Map
<u> </u> Preliminary Plan	<u> </u>	<u> </u> FSD/FCP/Worksheet and Application
<u>22</u> Final Plat/Plat of Easement/RE Plat	<u>3</u>	<u> </u> Declaration of Intent (Forest Cons)
<u> </u> Final Constr Plans (RDS)	<u> </u>	<u> </u> Drainage and/or Computation/Pond Safety Comps
<u> </u> Final Development Plan	<u> </u>	<u> </u> Preliminary Road Profiles
<u> </u> Site Development Plan	<u> </u>	<u> </u> APFO Roads Test/Mitigation Plan/Traffic Study
<u> </u> Landscape Plan/Supplemental Plan	<u> </u>	<u> </u> Noise Study
<u> </u> Grading Plan	<u> </u>	<u> </u> Sight Distance Analysis/Speed Flow Study
<u> </u> House Type Revision/Walk-Thru Red-Line	<u> </u>	<u> </u> Floodplain Study
<u> </u> Water and Sewer Plan	<u> </u>	<u> </u> Stormwater Management Comps/Geo-Tech Report
<u> </u> Applications		<u> </u> Industrial Waste Survey (DPW)
<u> </u> Waiver Petition Applic/Exhibit	<u> </u>	<u> </u> Road Poster Form Letter
<u> </u> Planning Board Application	<u> </u>	<u> </u> Response Letter
<u> </u> ASDP/CSDP Application	<u> </u>	<u> </u> Perc Plat
<u> </u> DED Application/Checklist	<u> </u>	<u> </u> Scenic Road Exhibits
<u> </u> DED Fee Receipt/Deeds/Cost Estimate	<u> </u>	<u>2</u> Deeds
		<u> </u> Photographs
		<u> </u> Retaining Wall Comps/Details
		<u> </u> Poster/Community or HDC Meeting Information
		<u> </u> Route 1 Details/Summary

WAS: Received Tentatively Approved Recorded
 Received and Revised Approved On 2/13/06

COMMENTS: ~~_____~~ SRC/Comments Due By: 3/9/06

Check, initial and return to the Department of Planning and Zoning if plan is approved with no comments.

DPZ STAFF INITIALS



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

October 30, 2003

Nicholas Lippirini
11363 Cotswold Spring Lane
Ellicott City, MD 21042

RE: **Replacement Well Issues**
11363 Cotswold Spring Lane
Well Permit # HO-94-3155

Dear Mr. Lippirini:

This office is requesting that you contact the Community Services Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). The sampling is free of charge.

It is preferred that the sample be collected from the indoor primary drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Additionally, a condition of the well drilling permit was the proper abandonment and sealing of the existing well. This abandonment process is important to restore the subsurface geologic conditions, which existed before the well was drilled and to help protect the groundwater resource from potential contamination. This should be completed as soon as possible to avoid delays in the issuance of potability certification and any future permit approval requests for this property. The well abandonment process must be accomplished by a licensed well driller, who may perform the work without inspection; however, the driller must then file an abandonment report with this office.

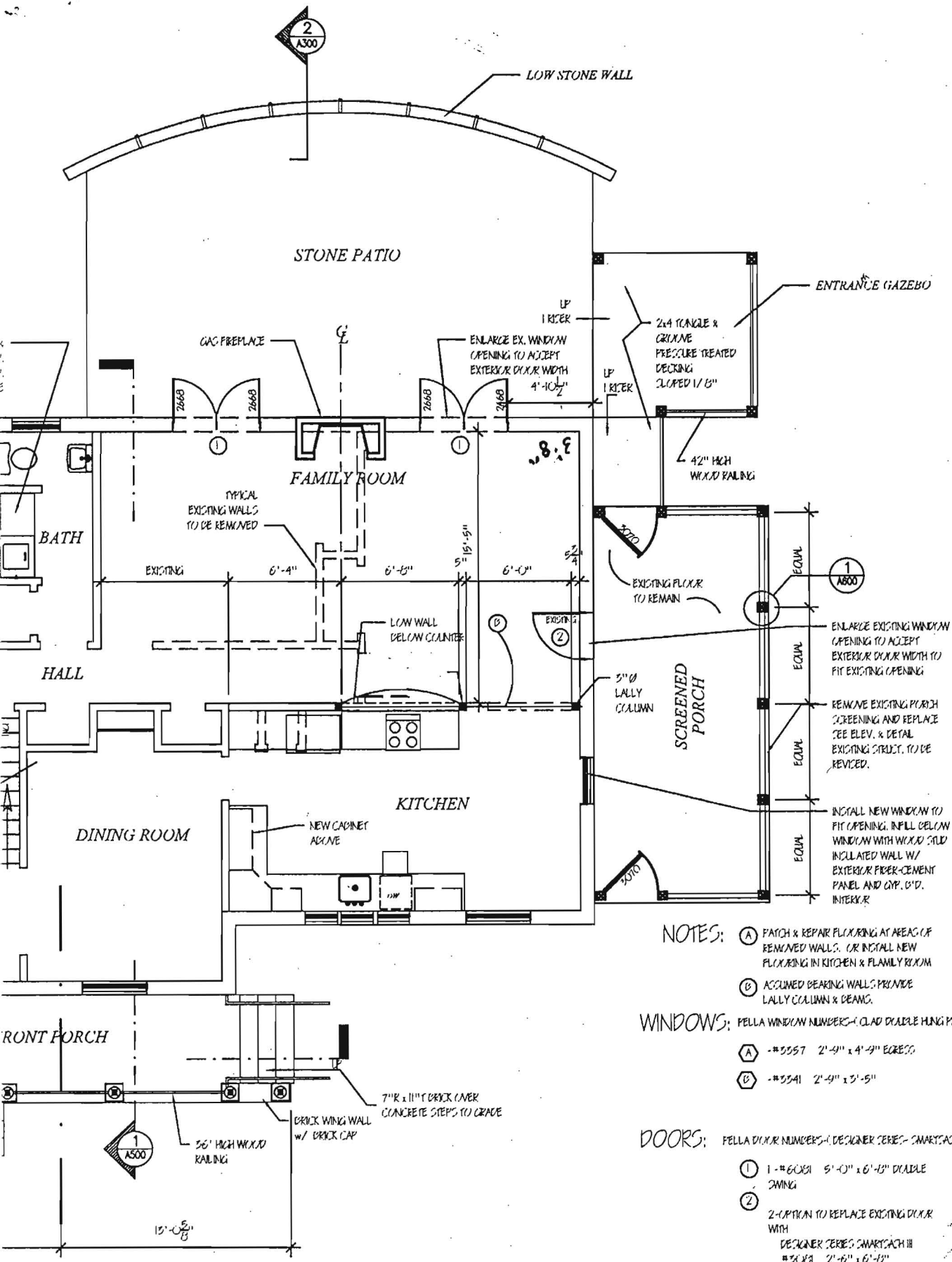
If you have any questions, or would like to discuss this matter further, please call me at (410) 313-1771. Thank you for your attention to these important matters.

Sincerely,

Steven R. Krieg/mlb

Steven R. Krieg
Registered Environmental Sanitarian
Well and Septic Program

cc: Community Services Program
File

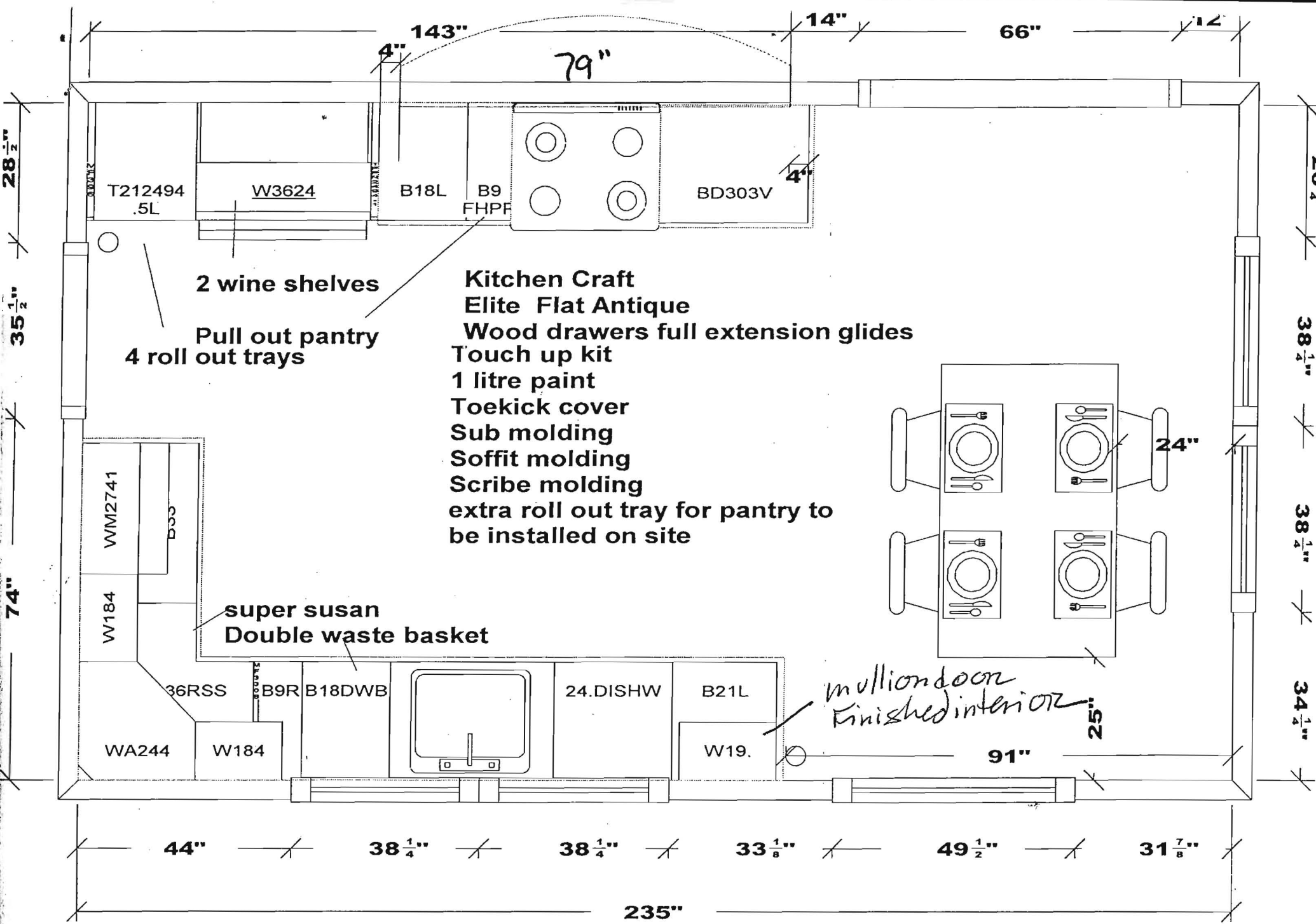


- NOTES:**
- (A) PATCH & REPAIR FLOORING AT AREAS OF REMOVED WALLS. OR INSTALL NEW FLOORING IN KITCHEN & FAMILY ROOM.
 - (B) ASSUMED BEARING WALLS PROVIDE LALLY COLUMN & BEAM.

- WINDOWS:** PELLA WINDOW NUMBERS-(GLAZ DOUBLE HUNG PROFILE)
- (A) -#5557 2'-9" x 4'-9" EGRESS
 - (B) -#5541 2'-9" x 3'-5"

- DOORS:** PELLA DOOR NUMBERS-(DESIGNER SERIES- SMARTACH III)
- (1) 1 -#6051 5'-0" x 6'-8" DOUBLE SWING
 - (2) 2-OPTION TO REPLACE EXISTING DOOR WITH DESIGNER SERIES SMARTACH III #5051 2'-6" x 6'-8"

FIRST FLOOR PLAN
NOTES



All dimensions size designations given are subject to verification on job site and



This is an original design and must not be released or copied unless applicable fee has

Lipparin...
Fp 1

Liparini D
P