



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: B13003524

Building Address: 13525 Paternal Gift Drive
 City: Highland State: MD Zip Code: 20777
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Paternal Gift
 Section: _____ Area: 2 Lot: 9
 Tax Map: 0040 Parcel: 0090 Grid: 11
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Thomas Wehring
 Address: 13525 Paternal Gift Drive
 City: Highland State: MD Zip Code: 20777
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Existing Use: SFD
 Proposed Use: SFD
 Estimated Construction Cost: \$ \$60,000
 Description of Work: Pool House Construction

Contractor Company: Wivell Homes
 Contact Person: Andrew Wivell
 Address: 10025 Four Points Road
 City: Rocky Ridge State: MD Zip Code: 21778
 License No.: _____
 Phone: 301-748-5344 Fax: _____
 Email: _____

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: Andrew Wivell
 Address: 10025 Four Points Road
 City: Rocky Ridge State: MD Zip Code: 21778
 Phone: 301-748-5344 Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: N/A
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: <u>18'</u>	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: <u>1</u>	Depth <u> </u> Width <u> </u>
Gross area, sq. ft./floor: <u>400</u>	1 st floor: <u>20x20</u>
Area of construction (sq. ft.): <u>400</u>	2 nd floor: <u> </u>
Use group: _____	Basement: _____
Construction type:	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input checked="" type="checkbox"/> Slab on Grade
<input checked="" type="checkbox"/> Wood Frame	No. of Bedrooms: <u>0</u>
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: <u>N/A</u>
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number: <u>N/A</u>	
Building Shell Permit Number: _____	

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: Andrew Wivell
 Email Address: andrew@wivellhomes.com
 Title/Company: Owner Wivell Homes

Print Name: Andrew Wivell
 Date: 9-18-13

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>[Signature]</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

DEPARTMENT OF INSPECTIONS,
 LICENSES & PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2455
 INSPECTIONS (410) 313-1850

**HOWARD COUNTY
 RESIDENTIAL
 HEATING-VENTILATION-AIR
 CONDITIONING AND
 REFRIGERATION PERMIT
 APPLICATION**

HVACR PERMIT # M13001026
 BUILDING PERMIT # B13001040

BUILDING ADDRESS: SUITE/APT:
 13525 PATERNAL GIFT DR
 HIGHLAND MD 20777-9575
SUBDIVISION:
CENSUS TRACT: SECTION: AREA:
LOT: 9 TAX MAP: 0040 PARCEL: 0090
BLOCK: ZONE:
PROPERTY ID: 421756 **MAP COORDINATES:**
TYPE OF IMPROVEMENTS: **USE:**

OWNERS NAME: WEHRUNG THOMAS L
ADDRESS: 13525 PATERNAL GIFT DR
 HIGHLAND MD 20777-9575
CITY:
STATE: **ZIP CODE:**
HOME PHONE: **WORK PHONE:**

CHECK ONE	HOW MANY
SINGLE FAMILY DWELLING <input type="checkbox"/>	<u>2</u> ZONES
SINGLE FAMILY TOWNHOUSE <input type="checkbox"/>	___ ZONES
MULTI-FAMILY / HOTEL/MOTEL <input type="checkbox"/>	___ ROOMS
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) <input type="checkbox"/>	___ ROOMS

COMPANY NAME: Tri-State Home Services LLC
LICENSEE NAME: Steven Norwood
ADDRESS: 1560-F Tilco Drive
CITY: Frederick
STATE: MD **ZIP CODE:** 21704
PHONE: 301-624-5970 **HVACR LICENSE NO:** 4551

New

- Heating and Air Conditioning Heating System Only Other Work (Describe):
 Geo Thermal System Ductless Mini Splits Thru The Wall Systems

Replacement

- Heating Additions. Replaced existing 2nd fl
 Air Conditioning system with Geothermal
 Heating and Air Conditioning

Additions and Alterations

- Heating
 Air Conditioning
 Heating and Air Conditioning

****Replacement Geo Thermal Systems are not required; However, if a tax credit is being sought a permit is required****

Zones

Permit Fee = # of Zones x \$40 = 80
 Technology Fee (10% of Permit Fee) = 8
 Plus Application Fee 50.00
 Total Fees Due = 138

Rooms

Permit Fee = # of Rooms x \$80 = 800
 Technology Fee (10% of Permit Fee) = 80
 Plus Application Fee \$50 50.00
 Total Fees Due = 930

I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AND KNOW IT IS TRUE AND CORRECT. THE WORK DESCRIBED HEREIN WILL BE PERFORMED BY A STATE HVACR LICENSED PERSON(S), AND ALL WORK WILL BE PERFORMED IN COMPLIANCE WITH APPLICABLE CODES AND STANDARDS OF HOWARD COUNTY THE STATE OF MARYLAND.

Steven Norwood
 SIGNATURE OF LICENSEE
 Steven Norwood

8/27/2013
 DATE

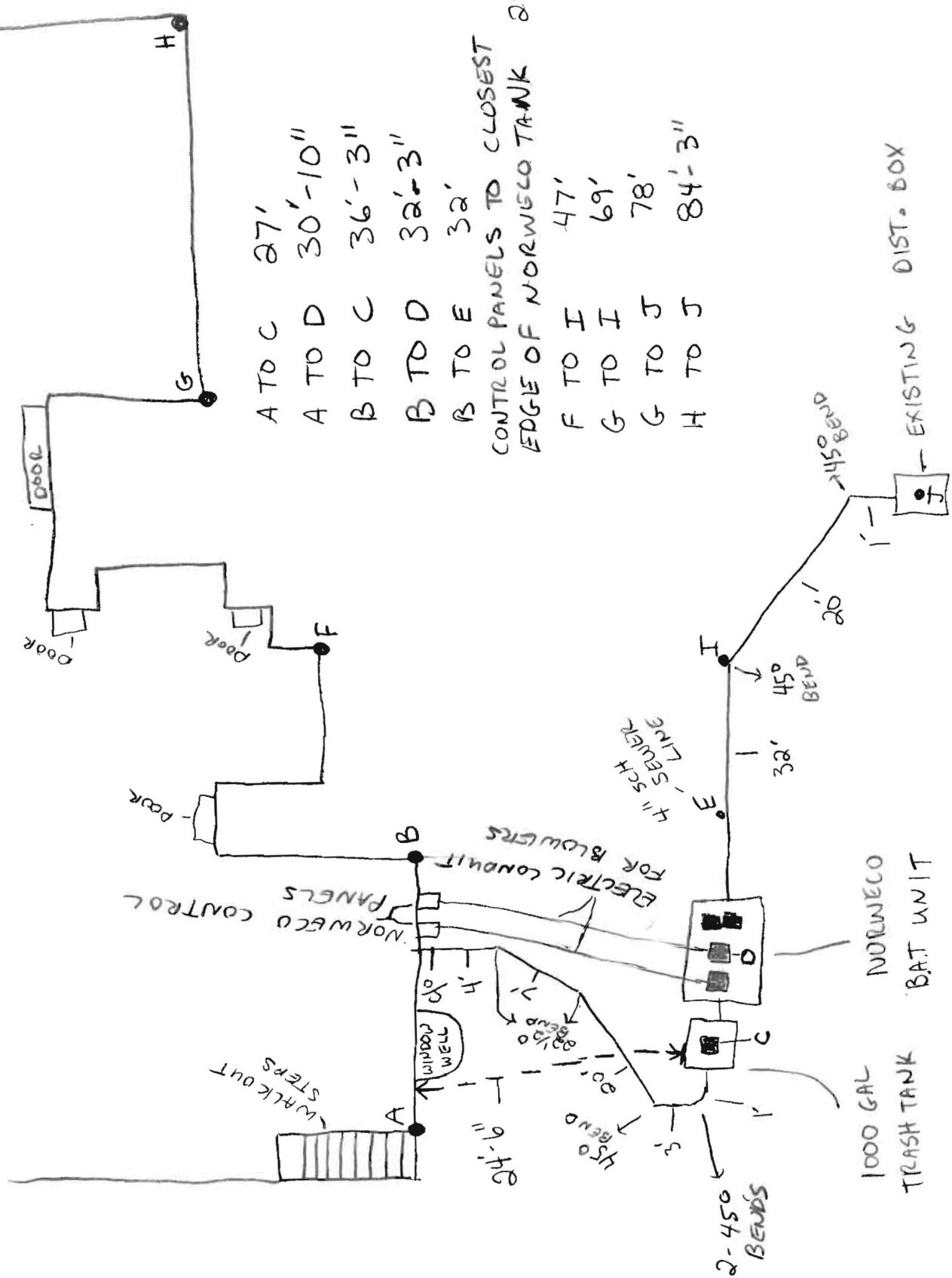
PRINT NAME OF LICENSEE
 SNorwood@t-shs.com
 Email Address

Validation
 Check Number: 1959
 Cash: _____
 Receipt Number: 331445

Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

Well + Septic

13525 PATERNAL GIFT DRIVE



A TO C	27'
A TO D	30'-10"
B TO C	36'-3"
B TO D	32'-3"
B TO E	32'
CONTROL PANELS TO CLOSEST EDGE OF NORWECO TANK 28'-2"	
F TO I	47'
G TO I	69'
G TO J	78'
H TO J	84'-3"



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: 813003547

Building Address: 13525 Paternal Gift Dr
 City: Highland State: MD Zip Code: 20777
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Paternal Gift
 Section: _____ Area: _____ Lot: 9
 Tax Map: 0040 Parcel: 0090 Grid: 0011
 Zoning: _____ Map Coordinates: _____ Lot Size: 1.2 AC

Property Owner's Name: Wehrung Residence
 Address: 13525 Paternal Gift Dr
 City: Highland State: MD Zip Code: 20777
 Phone: _____ Fax: _____
 Email: _____
 Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Existing Use: SFH
 Proposed Use: _____
 Estimated Construction Cost: \$ 50,000
 Description of Work: Inground Swimming Pool with an attached Spa 70x90 12x60 1200 SF Pool
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Town Creek Pools
 Contact Person: Steve Clary
 Address: PO Box 190
 City: Lisbon State: MD Zip Code: 21765
 License No.: _____
 Phone: 443 266-7198 Fax: 443-266-7097
 Email: _____
 Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<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: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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: _____ Print Name: Tom Robinson
 Email Address: 1051en@towncreekpools.com Date: 9/19/13
 Title/Company: Production Manager

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>9/19/13</u>	<u>R. Bidan</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

455
13-1810
410-313-3800

Howard County Building/Fire Permit Application
Department of Inspections, Licenses & Permits
3430 Court House Drive
Ellicott City, MD 21043

Permit Number:

B13001040

Building: 13525 Paternal Gift Drive
Highland, MD 20777

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: 1.205 Acres Lot: 9

Tax Map: 40 Parcel: 90 Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Residential - Single Family

Proposed Use: Residential - Single Family

Estimated Construction Cost: \$ 700,000

Description of Work: Kitchen, Family Room, and Master Suite Addition with Renovations to Existing House

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Tommy and Paula Wehrung

Address: ~~10025 F~~ 13525 Paternal Gift Drive

City: Highland State: MD Zip Code: 20777

Home Phone: 301-854-0462 Work Phone: _____

Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: Wivell Homes, LLC

Contact Person: Andrew Wivell

Address: 10025 Four Points Road

City: Rocky Ridge State: MD Zip Code: 21778

License No.: 127580

Phone: 301-748-5344 Fax: _____

Email: andrew@wivellhomes.com

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor: _____	<input checked="" type="checkbox"/> Private
2 nd floor: _____	<u>Sewage Disposal</u>
Basement: _____	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: _____	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units: _____	<input type="checkbox"/> Natural Gas
No. of 1 BR units: _____	<input type="checkbox"/> Propane Gas
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit # _____
<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.

Andrew Wivell
Applicant's Signature

Andrew Wivell
Print Name

andrew@wivellhomes.com
Email Address

3-22-13
Date

Owner / Wivell Homes, LLC
Title/Company

MAR 22 2013

LICENSES & PERMITS
DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>4/2/13</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required for 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: _____

Filing Fee	\$ <u>25</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

CK# 1708



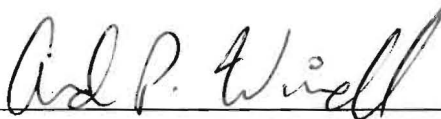
TO: Howard County Health Department
ATTN: Michael Davis, Assistant Director
Date: March 22, 2013
RE: Swimming Pool - Variance Request

This is a formal request for a variance on the standard Pool to Septic Field setback of 20'. Due to the Pool/Pool House design on the attached Site Plan, the Owner is requesting that the standard 20' setback be reduced to 15' in this case.

The Owner's are Tommy and Paula Wehrung. Their address is 13525 Paternal Gift Drive Highland, MD 20777.

I can be reached at the number below to answer any questions you might have.

Thank you for the consideration.



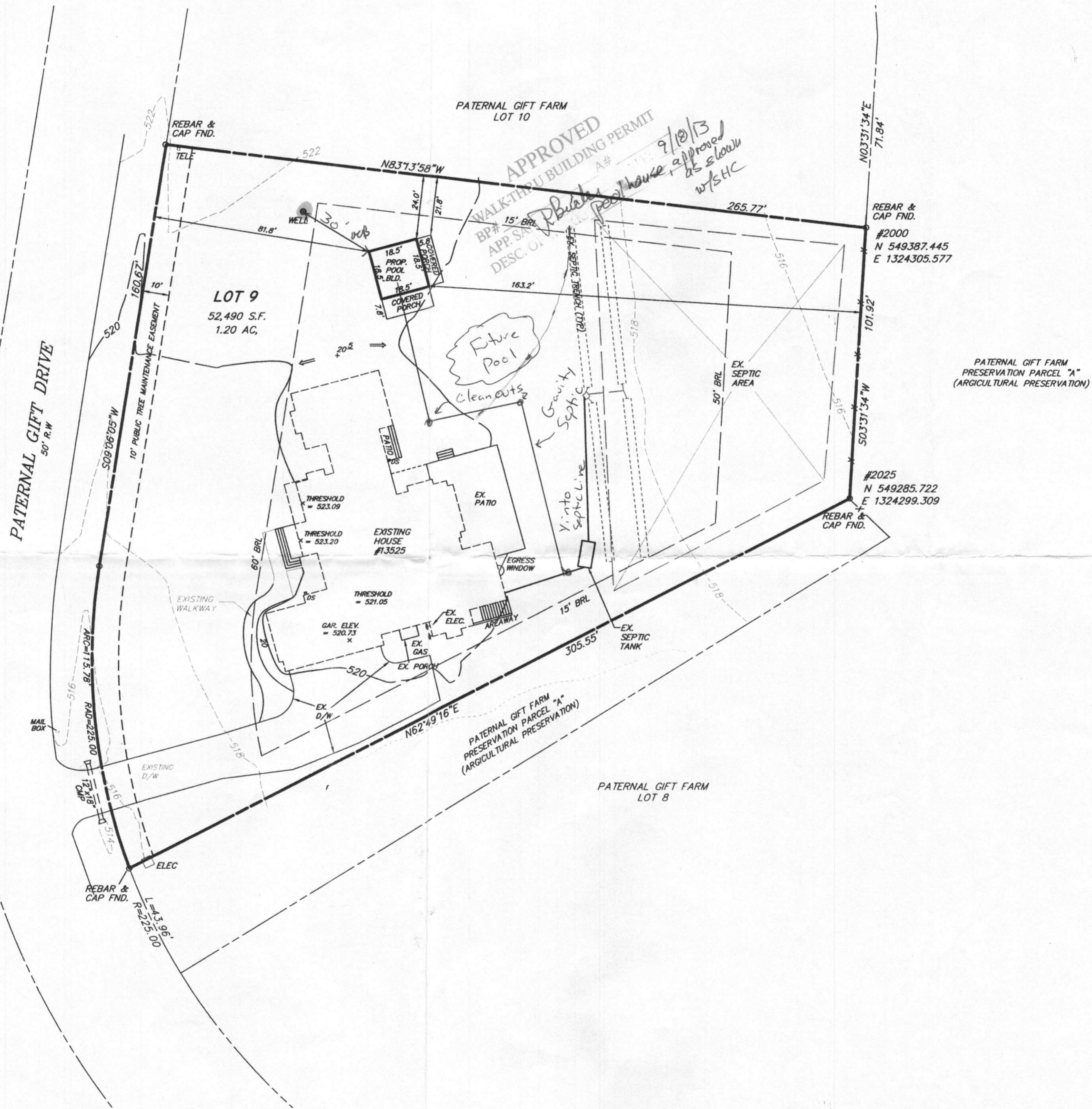
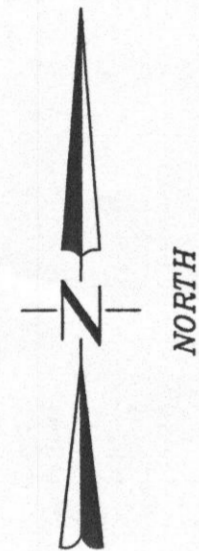
Andrew Wivell, Owner

Wivell Homes, LLC

4/3/13
Approved
M. Davis

NOTES:

1. BOUNDARY INFORMATION BASED ON PLAT ENTITLED "PATERNAL GIFT FARM, LOTS 1-28, AND PRESERVATION PARCEL "A" FROM HOWARD COUNTY RECORDS PLAT NO. 11968.
2. EXISTING SEWERAGE EASEMENT LOCATION AS SHOWN ON FINAL PLAT.
3. EXISTING IMPROVEMENTS AND TOPOGRAPHY (INCLUDING SEPTIC C/D) BASED ON FIELD RUN SURVEY BY LAVELLE & ASSOC. INC., ON 1/22/13 & PROPOSED INFORMATION FROM THE PREVIOUSLY SUBMITTED SITE PLAN FOR THE ADDITION TO THE MAIN BUILDING WHICH WAS NOT ASBUILT AND HAS BEEN ASSUMED TO HAVE BEEN BUILT AS DESIGNED.
4. SEPTIC TANK AND TRENCH LOCATION PER SEWAGE DISPOSAL SYSTEM PERMIT DATED 7/11/00 (P: 513654B, A: 49410) PROVIDED BY HOWARD COUNTY HEALTH DEPARTMENT AND SCALED ON AS SHOWN.



REVISIONS

LAVELLE & ASSOCIATES INCORPORATED
 PLANNERS • SURVEYORS

5732 INDUSTRY LANE
 FREDERICK, MARYLAND 21704
 TEL: (301) 695-9722
 FAX: (301) 695-9766

PERMIT PLAN
 PROPERTY OF
THOMAS L. WEHRUNG
 PATERNAL GIFT FARM LOT 9
 LIBER 12632 AT FOLIO 126
 SITUATED ON PATERNAL GIFT DRIVE
 HIGHLAND ELECTION DISTRICT NO. 05
 HOWARD COUNTY, MARYLAND

OWNER:
 THOMAS L. WEHRUNG
 13525 PATERNAL GIFT DRIVE
 HIGHLAND, MD 20777-9575

DATE: JANUARY 22, 2013
 SCALE: 1" = 30'
 PROJ. No. 12-086
 FILE: LP3\PATERNAL GIFT FARM\
 2013-08-29 Revised Plat...
 DRAWN: DML
 PAGE 1 OF 1