

Permits: 410-313-2455
 Inspections: 410-313-1810
 Automated Line: 410-313-3800

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

Permit Number:

Building Address: 15811 AC Mullinix Rd. Woodbine MD 21797

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

Census Tract: _____ Subdivision: River Farms

Section: 1 Area: _____ Lot: 6

Tax Map: 13 Parcel: _____ Grid: 14-7

Zoning: RC-DEO Map Coordinates: _____ Lot Size: 1.736

Existing Use: STD

Proposed Use: _____

Estimated Construction Cost: \$ 11500.00

Description of Work: 12' x 22' Shed with wood floor (not a permanent structure)

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Matt Perfater

Address: 15811 AC Mullinix Rd. Woodbine MD 21797

City: Woodbine State: MD Zip Code: 21797

Home Phone: 4104899576 Work Phone: 3014403409

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

Phone: _____ Fax: _____

Email: perfater99@verizon.net

Contractor Company: Homeowner

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License No.: _____

Phone: _____ Fax: _____

Email: _____

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
<u>Roadside Tree Project Permit #</u>	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 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 type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<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.

Applicant's Signature: Matt Perfater Print Name: Matt Perfater

Email Address: matt@adeanelectric.com Date: 10/7/12

Title/Company: Homeowner

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>10-15-12</u>	<u>Donna Bernard</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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$



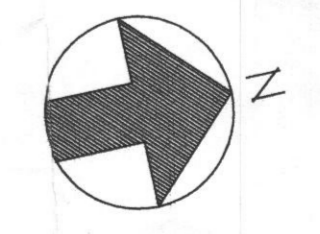
LOT 6
1.135 ACRES

Approved Septic System Plan
Howard County Health Department
Signature: [Signature] Date: 4/13/07
607000846

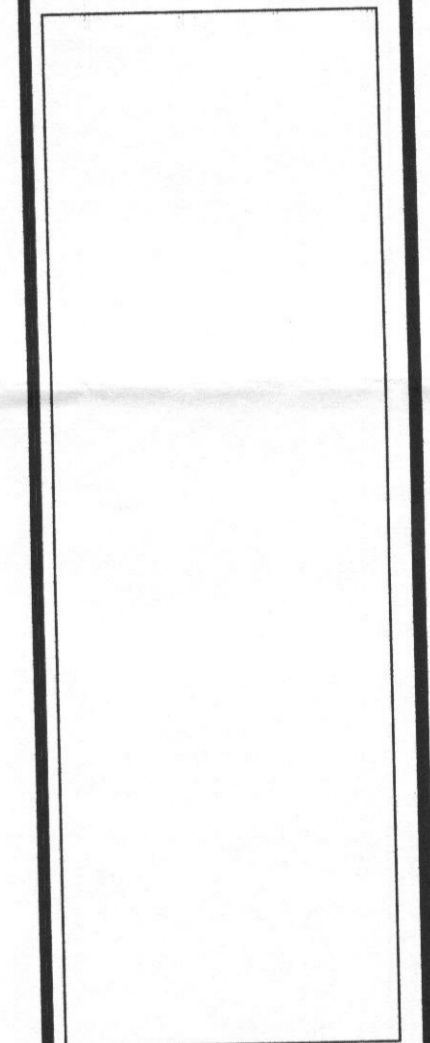
DAISY ROAD

AE MULLINIX ROAD

15811 AE MULLINIX ROAD
WOODBINE, MARYLAND 21797
HOWARD COUNTY
4TH ELECTION DISTRICT
SCALE: 1"=20' DATE: FEBRUARY 14, 2007



SITE PLAN



CONTENTS	DATE:	REVISED:	PROJECT NO.:
SCALE: 1/4" = 1'-0"			
PROJECT TITLE:			
SITE PLAN			
PERFATER ADDITION			

ISSUE	

SHEET NO.
SP-1

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

B070031900

Building Address 15811 MC MILLINER RD
WOODBURN MD 21797

Property Owner's Name Mrs Christina Patafer

Address 15811 MC MILLINER RD

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

City WOODBURN State MD Zip Code 21797

Census Tract _____ Subdivision River Farms

Home Phone 410-189-2876 Work Phone _____

Section _____ Area _____ Lot _____

Applicant's Name & Mailing Address, (if other than stated hereon):
Christina Patafer

Tax Map _____ Parcel _____ Grid _____

Phone 410-189-2876 Fax _____

Zoning _____ Map Coordinates _____ Lot size _____

Existing Use SFD

Contractor Company AMERICAN

Proposed Use REPAIRING TANK

Contact Person Glenn

Estimated Construction Cost \$ 15000

Address 1573 TILCO DR. Suite 2

Description of Work new propane tank
underground

City WINDYBROOK State MD Zip Code 21704

License No. 91571831

Phone 301-670-9016 Fax 301-670-7923

Occupant or Tenant _____

Engineer or Architect Company Amerigas

Contact Name Christina/Mr Patafer

Contact Person MAIL HANDED

Address 15811 MC MILLINER RD

Address 16820 SABLEHILLS RD.

City WOODBURN State MD Zip Code 21797

City SABERSVILLE State MD Zip Code 21780

Phone: 410-189-2876 Fax N/A

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities		Building Characteristics		Utilities	
Height:		Water Supply:		SF Dwelling <input type="checkbox"/>	SF Townhouse <input type="checkbox"/>	Water Supply:	
No. of stories:		<input type="checkbox"/> Public		<u>Depth</u>	<u>Width</u>	<input type="checkbox"/> Public	
Gross area, sq. ft. per floor:		<input type="checkbox"/> Private		1st floor:		<input type="checkbox"/> Private	
Use group:		Sewage Disposal:		2nd floor:		Sewage Disposal:	
Construction type:		<input type="checkbox"/> Public		Basement:		<input type="checkbox"/> Public	
<input type="checkbox"/> Reinforced Concrete		<input type="checkbox"/> Private		Finished Basement <input type="checkbox"/>	Unfinished Basement <input type="checkbox"/>	<input checked="" type="checkbox"/> Private	
<input type="checkbox"/> Structural Steel		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>		Crawl space <input type="checkbox"/>	Slab on Grade <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Masonry		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>		No. of Bedrooms _____		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Wood Frame		Heating System:		Height: _____		Heating System:	
<input type="checkbox"/> State Certified Modular		<input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>		Multi-family dwellings:		<input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
		<input type="checkbox"/> Natural Gas <input type="checkbox"/>		No. of 1 BR units: _____		<input type="checkbox"/> Natural Gas <input type="checkbox"/>	
		<input type="checkbox"/> Propane Gas <input type="checkbox"/>		No. of 2 BR units: _____		<input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>	
		Sprinkler system: N/A <input type="checkbox"/>		No. of 3 BR units: _____		Sprinkler system: N/A <input type="checkbox"/>	
		<input type="checkbox"/> Full		Other Structure: _____		<input type="checkbox"/> NFPA #13D	
		<input type="checkbox"/> Partial		Dimensions: _____		<input type="checkbox"/> NFPA #13R	
		<input type="checkbox"/> Other Suppression		Footings: _____		<input type="checkbox"/> Other:	
		<input type="checkbox"/> # of Heads _____		Roof Height: _____			
				<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.

Applicant's Signature [Signature]

Print Name C. Patafer

Title/Company _____




Date 8/1/07

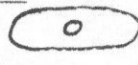
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ <u>100.00</u>
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ <u>10.00</u>
Health <u>8/7/2007</u>		<u>R. Busher</u>	All minimum setbacks met?	TOTAL FEES \$ <u>110.00</u>
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ <u>110.00</u>
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>0877</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- White: Building Official			Lot Coverage for NewTown Zone _____	
Green: LDD, DPZ			SDP/Red-line approval date _____	Accepted by _____
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

KEY

- D.W. = DRYWELL
- S.T. = SEPTIC TANK
-  = 10,750 SQ. FT. PROPOSED SEPTIC EASEMENT
-  = PROPOSED NEW 1 STORY ADDITION ADDITION IS 25' X 25'
-  = EXISTING WELLS

 Propane tank

PERC ELEVATIONS

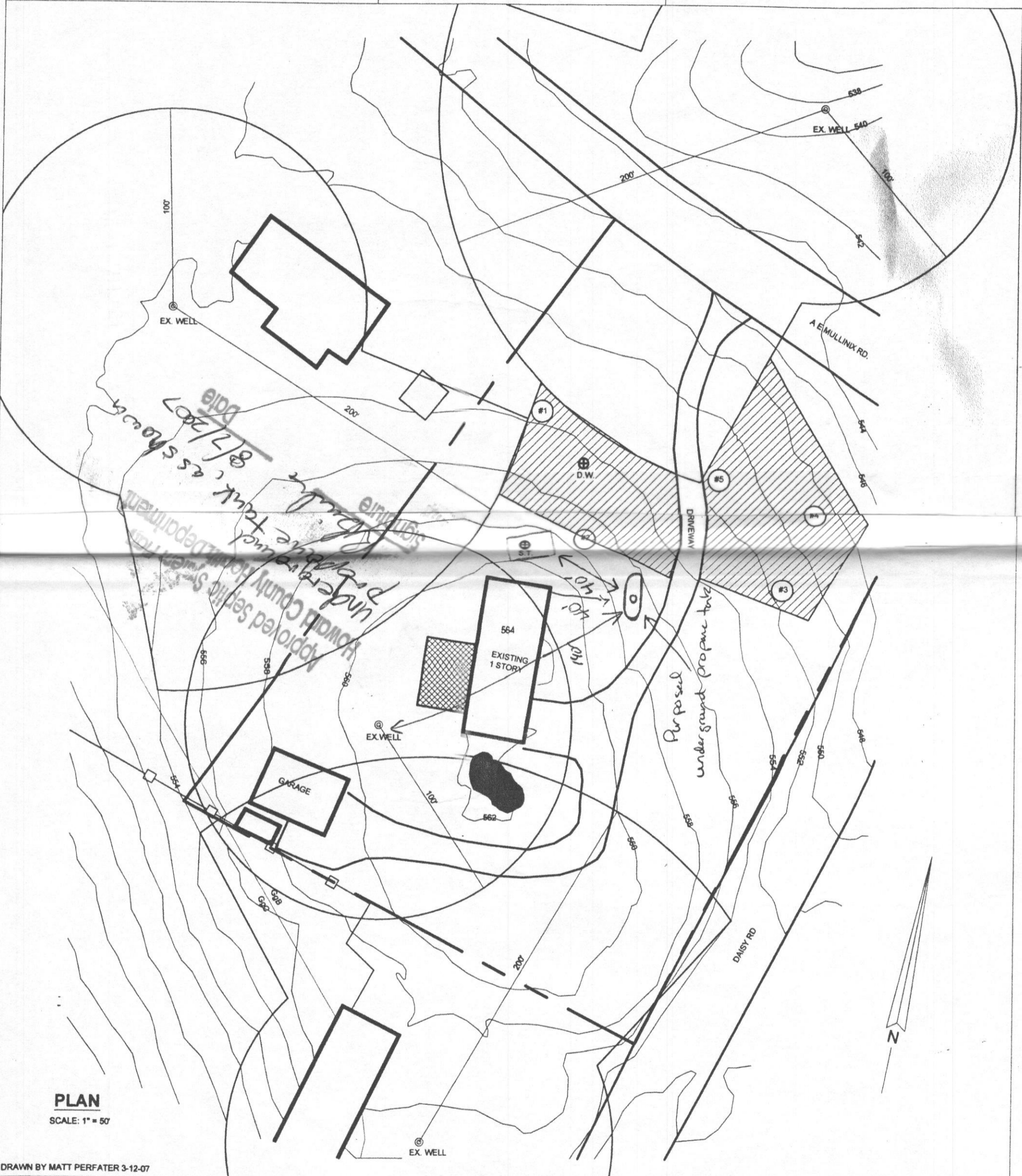
HOLE	ELEVATION
1	554.75
2	558.05
3	551.45
4	549.05
5	550.75

ELEVATION OF 1ST FLOOR HOUSE- 564.35

PERC TEST PASSED

Approved for private water and private sewerage systems

X _____ date _____



DRAWN BY MATT PERFATER 3-12-07

NOTES

- ALL EXISTING WELLS ON THE SUBJECT PROPERTY AND WITHIN 100 FEET OF SUBJECT PROPERTY BOUNDARIES ARE REPRESENTED TO THE BEST OF MY KNOWLEDGE AND BELIEF.
- TOPOGRAPHY ON THIS PLAT IS FROM HOWARD COUNTY DATA AND IS VERIFIED TO ACCURATELY REPRESENT THE RELATIVE ELEVATION CHANGES ON THE SUBJECT PROPERTY.
- THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT.
- ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.

6. THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON WORK PERFORMED IN MY PRESENCE OR BY MY DIRECTION AND IS CORRECT TO THE BEST OF MY KNOWLEDGE

PERCOLATION PLAN

HOWARD COUNTY
MARYLAND

OWNER/ PLAN DEVELOPER:
MATTHEW PERFATER
15811 A. E. MULLINIX MILL RD.
WOODBINE, MD 21797
PHONE: 410-489-2878

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B07000846

Building Address 15811 A.E. Mullinix Rd.
Woodbine, MD 21797

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 13 Parcel 93 Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name MATT Perfater

Address _____

City _____ State MD Zip Code 21797

Home Phone _____ Work Phone _____

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

Phone _____ Fax _____

Existing Use _____

Proposed Use _____

Estimated Construction Cost \$ _____

Description of Work 2nd story addition 30x30
1st fl. Family Rm 25x25

Contractor Company: GLT Construction

Contact Person Tell China

Address 7336 Rocky Rd

City Laytonville State MD Zip Code 20882

License No. 39956

Phone 301 720 4559 Fax 301 414 7501

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company J.R. Home Design

Contact Person Jon Buhs

Address 9416 Concord Court

City Baltimore State Md Zip Code 21234

Phone 410 599 9587 Fax 410 663 4069

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: <u>N/A</u> <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 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"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Height: _____	
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 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.

Matt Perfater
Applicant's Signature
Title/Company _____

MATT PERFATER
Print Name
3/11/07
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#
Land Development DPZ			Front: _____	Filing fee \$ <u>25.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>4/13/07</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
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 # <u>0715</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
T:\Norm\PERMIT.FRM				Gold: SHA



APPROVED
 WALKTHRU BUILDING PERMIT
 BP# _____
 # _____
 APP. SAN. DATE: 10-15-12
 DESC. OF WORK: 12 x 22 Shed
Approved As Shown

15811 AE MULLINIX ROAD
 WOODBINE, MARYLAND 21797
 HOWARD COUNTY
 4TH ELECTION DISTRICT
 SCALE: 1"=30' DATE: OCTOBER 12, 2012

SITE PLAN

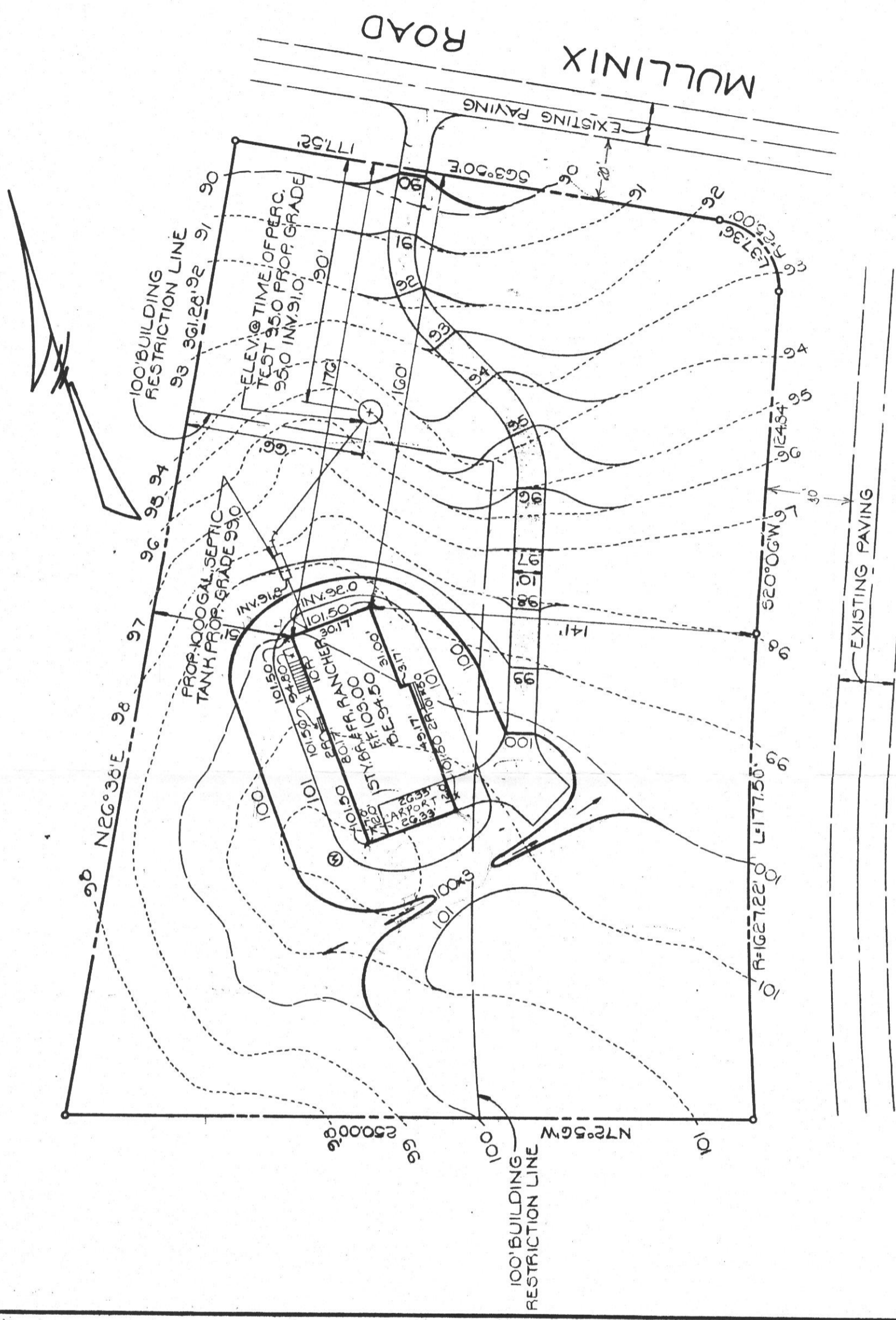
	ISSUE

SITE PLAN			
CONTENTS	SCALE: 1"=30'	DATE:	DRWN.
PROJECT TITLE:	PERFATER ADDITION		

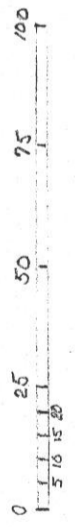
JB HOME DESIGN, LLC

9416 CONCORD COURT
 BALTIMORE, MARYLAND 21234
 OFFICE (410) 599-9581
 FAX (410) 663-4069
 EMAIL: JON@JBHOMEDSIGN.COM

DRIVEWAY = 280' (from carport)
 HOUSE = 35' x 10 = 200' x 2 = 4200#



DAISY



ROAD

EXISTING PAVING

ROAD

PLOT PLAN TO ACCOMPANY
 APPLICATION FOR BUILDING PERMIT
 LOT 6
 SECTION 1
 RIVER FARMS, INC.
 4TH ELECTION DISTRICT HOWARD CO., MD
 JUNE 7, 1974
 SCALE 1" = 40'