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Building Address <u>4214 BICKSKILL WOODS DR.</u> <u>ELLICOTT CITY, MD 21042</u> Suite/Apt. #: <u>1/2</u> SDP/WP/Petition #: <u>110</u> Census Tract <u>107.01</u> Subdivision <u>BICKSKILL WOODS</u> Section <u>1/4</u> Area <u>N/A</u> Lot <u>6</u> Tax Map <u>22</u> Parcel <u>517</u> Grid <u>21</u> Zoning <u>RK DPO</u> Map Coordinates <u>10A12</u> Lot size _____	Property Owner's Name <u>BRENDA ASHWORTH</u> <u>DEBI WELSH</u> Address <u>4214 BICKSKILL WOODS DR.</u> City <u>ELLICOTT CITY</u> State <u>MD</u> Zip Code <u>21042</u> Home Phone <u>410-581-3854</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
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Existing Use <u>SFD</u> Proposed Use <u>SUNROOM, ART GALLERY, MASTER BEDROOM, NEW GARAGE</u> Estimated Construction Cost <u>\$100,000</u> Description of Work <u>SUNROOM, ART GALLERY, MASTER BEDROOM, NEW GARAGE, DECK</u> Occupant or Tenant <u>1605 FIVE PEACHES</u>	Contractor Company <u>DAVIDSON DESIGN/PAINTING/CONTRACTING INC.</u> Contact Person <u>BRIAN SCHOLNICK</u> Address <u>5750 SHELBY PI. SUITE 102</u> City <u>COLLIERIA</u> State <u>MD</u> Zip Code <u>21044</u> License No. <u>15-21869</u> Phone <u>410-995-6363</u> Fax <u>410-412-3211</u>
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Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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Building Permit Contingency System
 Released on 11/15/01
 That Septic System Be Expanded To Handle Additional Bedroom

BUILDING DESCRIPTION - COMMERCIAL	BUILDING DESCRIPTION - RESIDENTIAL
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Building Characteristics <input type="checkbox"/> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade No. of Bedrooms <u>EXISTING A NEW</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: <u>VARIOUS</u> Footings: <u>11/22/01 CONCRETE</u> Roof: <u>2616 PR-24 FC</u> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home
Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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.

<u>Brian Baber</u> Applicant's Signature	<u>BRIAN SCHOLNICK</u> Print Name
Title/Company	<u>11/15/01</u> Date

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: _____	52453
State Highways			Rear: _____	Filing fee \$ <u>750</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering DPZ			Side or _____	Excise tax \$ _____
Health	<u>11/20/01</u>	<u>Brian Baber</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Additional fees \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
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"/>	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 # <u>97897</u>
Distribution of Copies -	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Validation # <u>10107</u>
Accepted by _____				

TO: Brian Baker
Dept. of Environmental Health for Howard County
3525H
Ellicott Mills Dr.
Ellicott City, MD.

FROM: Donald F. Welch, Owner
Brenda K. Ashworth, Owner
4214 Buckskin Wood Dr.
Ellicott City, MD. 21042
410-531-3854

RE: Building Permit # B00132806

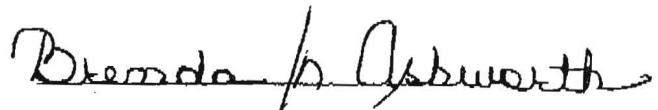
DATE: 11/20/01

We agree to expand the septic system drainage field by the end of the project identified by the referenced building permit. It is our understanding that based on this agreement that you will approve/release the referenced building permit.

Thank you for your assistance in this matter.



Donald F. Welch, Owner



Brenda K. Ashworth, Owner

BUILDING PERMIT

HOWARD COUNTY
INSPECTIONS, LICENSES & PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY MD 21043-4395
(410) 313-3800

PERMIT NBR: B00132806
PROJECT NBR:
CENSUS TRACT: 605101
APPLIC DATE: 10/15/01
ISSUE DATE: 11/21/01

MAP COORDINATES: 10A12
BUILDING ADDRESS:
4214 BUCKSKIN WOOD DR
ELLCOTT CITY, MD 21042

OWNER INFORMATION:
ASHWORTH BRENDA AND WELCH DON
4214 BUCKSKIN WOODS DR
ELLCOTT CITY, MD 21042

SUBDIVISION: BUCKSKIN WOODS
TAX MAP: 22 ACREAGE 0.00
BLK(ST): LOT:6 BLK:21
PARCEL: 517 SECTION:
AREA: DISTRICT: 5
PROPERTY ID NUMBER: 0000-0005-2483
SLP: FILE:

WRK: HM:(410) 531-3854
APPLC: BRETT SCHOOLINICK/AGENT

CONTRACTOR INFORMATION:
THE BAYWOOD DESIGN/BUILD GROUP
5550 STERRETT PLACE STE 100
COLUMBIA MD 21044-
PHONE: (410) 995-6363
COUNTY LICENSE: CTR04223
STATE LICENSE:
LICENSEE:
PHONE: (410) 995-6363

SUITE/APT:

IMPROVEMENT TYPE.: ADDITION
USE TYPE.: SINGLE FAMILY DWELLING
EXISTING USE.: SINGLE FAMILY HOME *AMENDED 7-16-02
PROPOSED USE.: SAME W/ 2 1 STORY ADD W/FULL BSMNT 3R 1FB &
PROPOSED WORK.: 3 CAR GARAGE

DESCRIPTION OF WORK

====LOT CHARACTERISTICS===== BUILDING CHARACTERISTICS=====

AREA OF LOT
AREA DISTURBED
ENTRANCE PERMIT
STATE CERTIFIED
NAME SAME
ADDRESS
CITY/ST/ZIP
()
ENGINEER OR ARCHITECT
NAME
ADDRESS
CITY/ST/ZIP
()

BUILDING HEIGHT (FT)
NUMBER OF STORIES 1
USE GROUP
TYPE OF CONSTRUCTION
MODULAR BUILDING
MOBILE HOME
SEWAGE DISPOSAL TYPE S
WATER SUPPLY TYPE W
HEATING FUEL E
SPRINKLERS
NBR OF TANKS
GROSS AREA SQ FT 3938
OCCUP. SQ FT (.80) 3539
OCCUP. SQ FT (.40)
COST OF CONSTR. \$ 300000

====BUILDING DIMENSIONS===== UNITS===== IMPROVEMENTS=====

UNFIN. BASEMENT LEN WIDTH
FIN. BASEMENT 27 49
1ST FLOOR 117 56
2ND FLOOR
GARAGE
CARPORT
PORCH
DECK
SINGLE FAMILY
NBR BEDRMS 1
MULTI FAMILY
EFFICIENCY
1 BEDROOM
2 BEDROOM
3+ BEDROOM
TOTL UNITS
CENTRAL-A-C Y
ELECTRIC
FIREPLACE
PLUMBING
BATH (NBR) 1.0
OTHER
DRYWELL

ZONING RR
ALL MINIMUM SETBACK REQUIREMENTS MET? Y ==MINIMUM==SETBACKS=====
FRONT 75FT
REAR 60FT
SIDE 30FT
SIDE ST NA

====COMMENTS=====

CASH RECEIPT NBR. : 42867 42852 53203
FEE PAYMENT HISTORY: \$ 3,615.00

APPROVED BY DIRECTOR OF INSPECTIONS, LICENSES, AND PERMITS: J. MICHAEL EVANS

INP3PPC

PLAN REVIEW APPROVAL

BUILDING

03/07/06

PERMIT NBR: B00132806 ADDRESS: 00004214 BUCKSKIN WOOD DR APPLC DT
 PROJECT NBR: ELLICOTT CITY ,MD 21042 10/15/01
 PERMIT CATEGORY: IMPR = ADD USE = SFD CLASS =

REVIEW

...DEPARTMENT.. RECEIVED .ACTION. DUE DATE ASSGN TO STAT P/T REV
 ENVIR. HEALTH 11/20/01 11/21/01 10/24/01 BB A P
 COMMENTS: PERMIT COMMENT CODES: X
 *****PERMIT NOT PEND - APPROV MAY NOT BE UPDATED*****

ADDITIONAL REVIEW INFORMATION

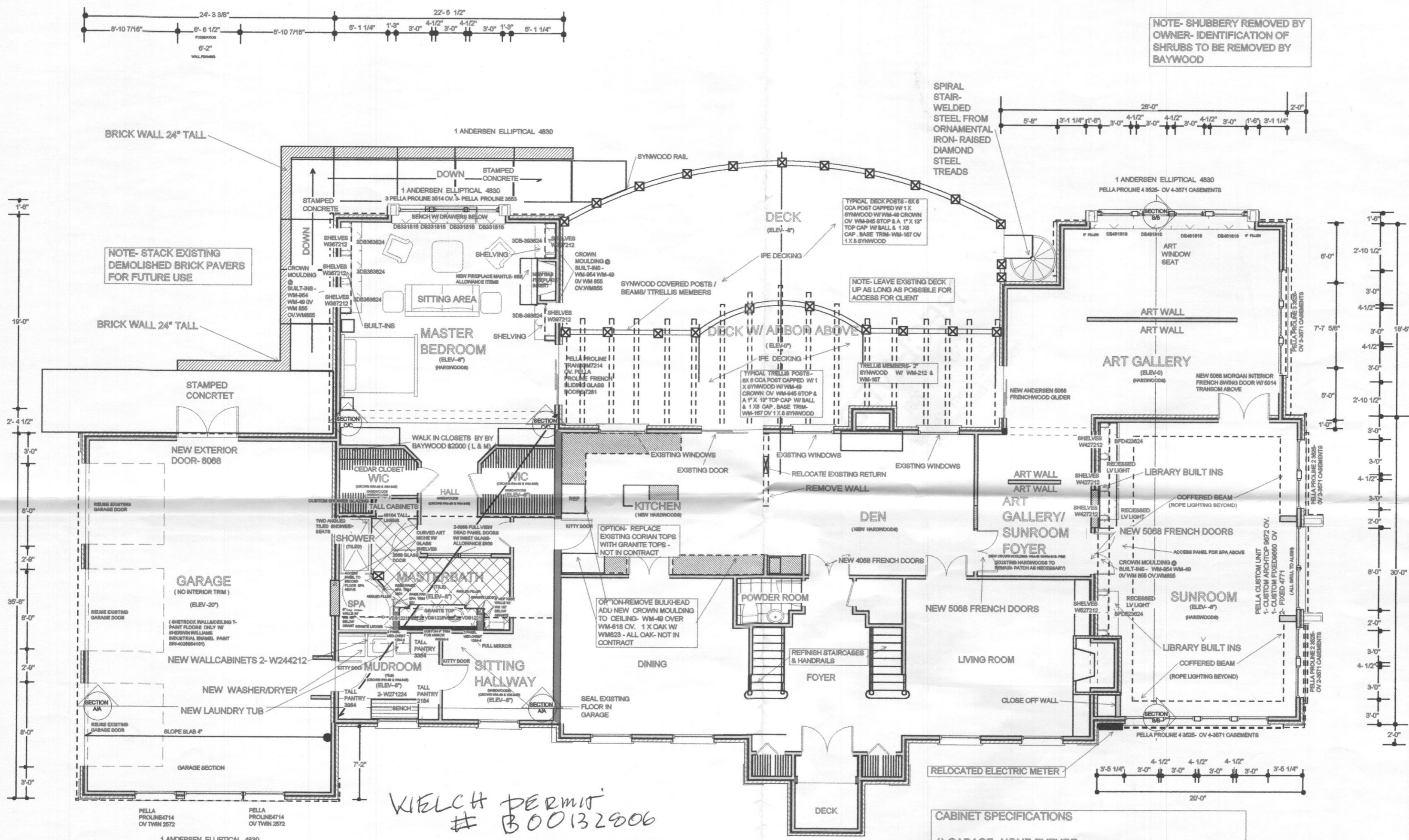
PERC APPLICATION NBR	
APPROVED BY	WELL NBR -
APPROVED DT	SEPTIC TNK CAPACITY 00000 (GAL)
	BEDROOMS 1
	LIVE SQ FT 3539

COMMENTS PER BB 11/20/01 RELEASED ON CONTINGENCY THAT SEPTIC SYSTEM BE EXPANDED TO HANDLE ADDITIONAL BEDROOM

PF5=VIEW PERMIT PF8=COMMENTS PF9=BLOCK UPD PF11=RTN PF12=EXIT

Kevin,
 I found this file in
 Briant's overhead cupboard.
 Looks like they paid for a
 repair in 2001, but never did
 it. This permit is ~~valid~~
 void now, plus they only
 paid \$25.00. I think the
 file A37691 does pertain to
 this property.

Steve



NOTE- SHUBBERY REMOVED BY OWNER- IDENTIFICATION OF SHRUBS TO BE REMOVED BY BAYWOOD

NOTE- STACK EXISTING DEMOLISHED BRICK PAVERS FOR FUTURE USE

TYPICAL DECK POSTS - 6X6 OCA POST CAPPED W/ 1 X SYNWOOD W/ WM-49 CROWN OV WM-945 STOP & A 1" X 12" TOP CAP W/ BALL & 1 X8 CAP. BASE TRIM- WM-167 OV 1 X 8 SYNWOOD

TYPICAL TRELLIS POSTS - 6X6 OCA POST CAPPED W/ 1 X SYNWOOD W/ WM-49 CROWN OV WM-945 STOP & A 1" X 12" TOP CAP W/ BALL & 1 X8 CAP. BASE TRIM- WM-167 OV 1 X 8 SYNWOOD

OPTION- REPLACE EXISTING CORIAN TOPS WITH GRANITE TOPS - NOT IN CONTRACT

NOTE. REPLACE EXISTING BACK GUTTERS W/ NEW COMMERCIAL GRADE GUTTERS

- CABINET SPECIFICATIONS
- 1) GARAGE- NONE FUTURE
 - 2) MUDROOM- YORKTOWN BRIGHTON
 - 3) MASTERBATH- K&H PAINTED CREAM MAPLE
 - 4) MASTER BEDROOM- K&H PAINTED CREAM MAPLE
SHELVES MDF BY BAYWOOD
 - 5) ART GALLERY- K&H PAINTED DARK CHERRY
 - 6) SUNROOM- K&H PAINTED PAINTED MAPLE- CREAM
SHELVES MDF BY BAYWOOD

WELCH PERMIT # B00132906

FIRST FLOOR PLAN VIEW

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No use or intended use
without expressed written approval

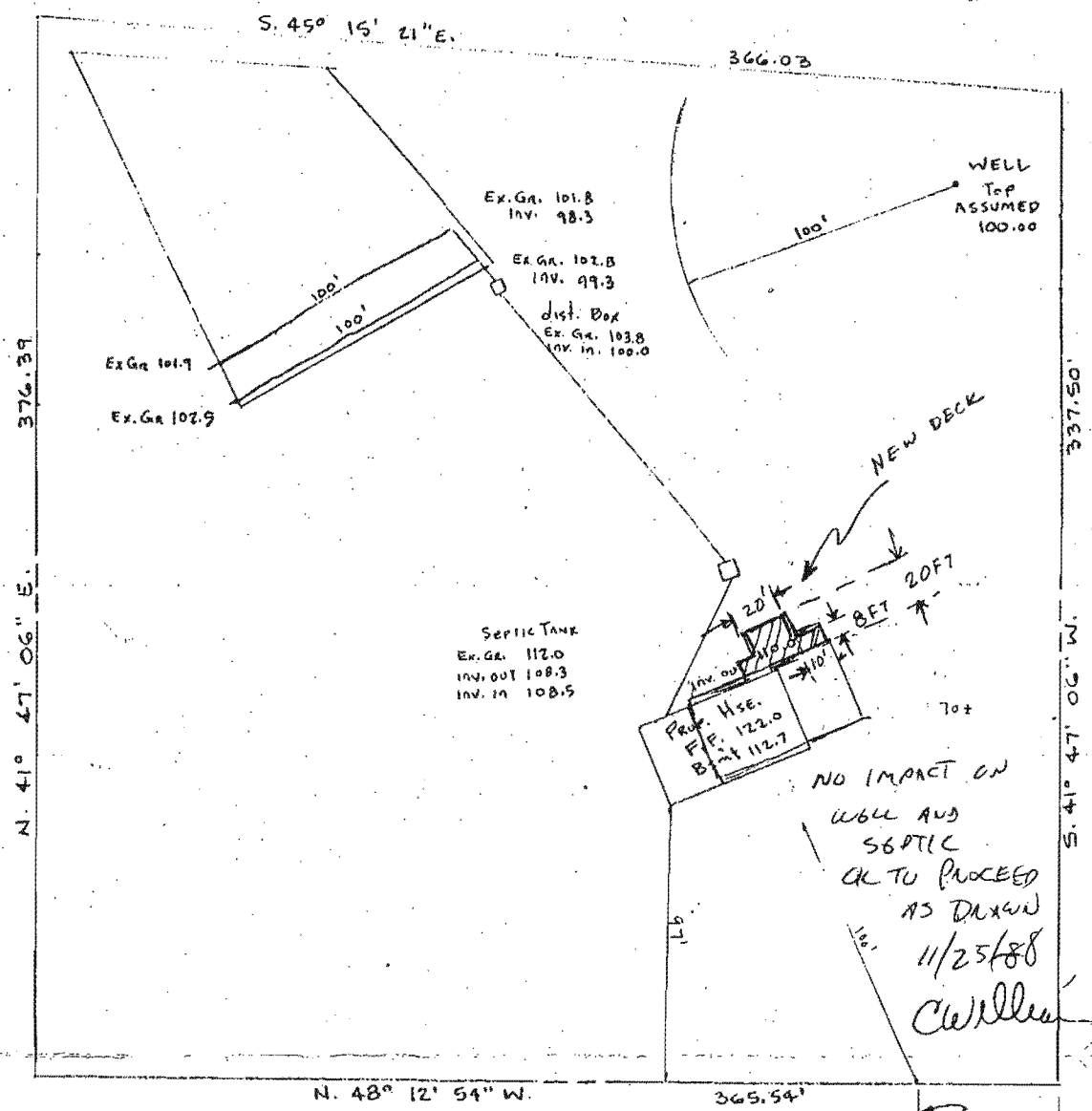
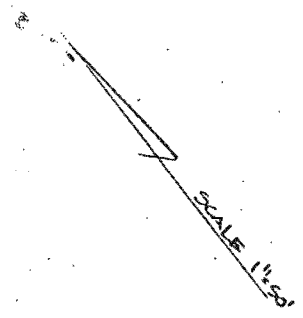
WELCH PLANS

The Baywood Design/Build Group, Inc.
5550 Starnett Place Suite 100
Columbia, MD 21044
410.995.6363 Fax 410.992.3211

10/12/01

1/8" = 1'-0"

SITE PLAN
PARCEL 6, BUCKSKIN WEST
CLARKSVILLE (5th) DISTRICT
HOWARD COUNTY, MARYLAND
SCALE 1" = 50' **MARCH, 1988**



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

W. Allen Brown 3/18/88
 MD. P.L.S. # 299

PREPARED BY
 AL BROWN SURVEYS, INC.
 7305 MINK HOLLOW RD.
 HIGHLAND, MARYLAND 20777
 (301) 854-0913

