

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**  
B00153347

Building Address 8045 MAYFIELD AVE  
ELK RIDGE MD. 21075  
 Suite/Apt. # TAX ID # 01-17194 SDP/WP/Petition #:  
 Census Tract 6011.02 Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map 37 Parcel 491 Grid 19  
 Zoning R-5C Map Coordinates \_\_\_\_\_ Lot size 2.01 AC

Property Owner's Name BARB JENETT / NANCE STRAIN  
 Address 8045 MAYFIELD AVE  
 City ELK RIDGE State MD Zip Code 21075  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
KARL FARRAR  
OLDE MILL CONSTRUCTION  
6106 CHALLEDON CIR.  
MOUNT AIRY, MD. 21771  
 Phone 301-831-5706 Fax \_\_\_\_\_

Existing Use SF DWELLING  
 Proposed Use SFD WITH ADDITION  
 Estimated Construction Cost \$ 84,000  
 Description of Work ADDITION - LOWER LEVEL  
2 CAR GARAGE 22X33, UPPER LEVEL 22X33+10X25  
BATH, LAUNDRY, KITCHEN + BEDROOM

Contractor Company OLDE MILL CONST.  
 Contact Person KARL FARRAR  
 Address 6106 CHALLEDON CIR.  
 City MT. AIRY State MD Zip Code 21771  
 License No. 12565  
 Phone 301-831-5706 Fax \_\_\_\_\_

Occupant or Tenant 33 x 22 garage lower level  
 Contact Name OWNER with Carol Brewery  
 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: <u>22'</u>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input checked="" type="checkbox"/> Oil <input checked="" 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 checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>33'</u> Width <u>22'</u> 1st floor: <u>33'</u> <u>22'</u> 2nd floor: <u>20'</u> <u>10'</u> Basement: <u>33'</u> <u>22'</u> 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>H 22'</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 _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ 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 HERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY INDICATED 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 Karl Farrar  
 Title/Company OWNER/OLDE MILL CONSTRUCTION

Print Name KARL FARRAR  
 Date 4-26-05

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> Public Highway		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>5/20/05</u>	<u>[Signature]</u>
<input type="checkbox"/> Fire Protection		

In Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

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

PROPERTY ID#
<u>65086</u>
Filing fee \$ <u>25</u>
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # <u>3930</u>
Validation # <u>88581</u>
Accepted by <u>[Signature]</u>

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

600155541

Building Address 3627 Polly Quarry Rd  
Ellicott City Maryland 21042  
Suite/Apt. # 03-284409 SDP/WP Petition #:  
Census Tract 603000 Subdivision  
Section 1 Area 1 Lot —  
Tax Map 23 Parcel 29 Grid 9  
Zoning RCDEE Map Coordinates 23 Lot size 4.74

Property Owner's Name STEPHEN F. Fowney  
Address 8000 MAIN ST  
City ELLCOTT State MD Zip Code 21042  
Home Phone 410-462-1988 Work Phone 410-9771328  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone 410-461-2760 Fax 410-461-2761

Existing Use Building lot  
Proposed Use SALES TRAILER TEMP SERVICE  
Estimated Construction Cost \$ 500.-  
Description of Work TEMP POWER FOR SALES + CONCT TRAILER

Contractor Company HAMILTON RECO  
Contact Person STEPHEN F. Fowney  
Address 8000 MAIN ST  
City ELLCOTT State MD Zip Code 21043  
License No. \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant  
Contact Name STEPHEN F. Fowney  
Address 8000 MAIN ST  
City ELLCOTT State MD Zip Code 21042  
Phone 410-461-2760 Fax 410-461-2761

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 type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor:	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor:	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input 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 type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Height: _____ 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 type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
Other Structure: _____ Dimensions: _____ Footings: _____ 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.

Stephen F. Fowney  
Applicant's Signature  
Manager Hamilton Reco LLC  
Title/Company

STEPHEN F. Fowney  
Print Name  
8-11-05  
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>8/11/05</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>8/12/05</u>	<u>[Signature]</u>
Fire Protection		
Is 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>35' 50'</u>	Filing fee \$ _____
Rear: <u>10'</u>	Permit fee \$ <u>100</u>
Side: <u>10'</u>	Excise tax \$ _____
Side St.: <u>N/A</u>	Add'l per. fee \$ _____
All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone <u>N/A</u>	Check # <u>419</u>
SDP/Red-line approval date _____	Validation # _____

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA  
T:\forms\PERMIT.FRM

DATE WELL SITE  
UNRECORDED PRIVATE

APPROVED

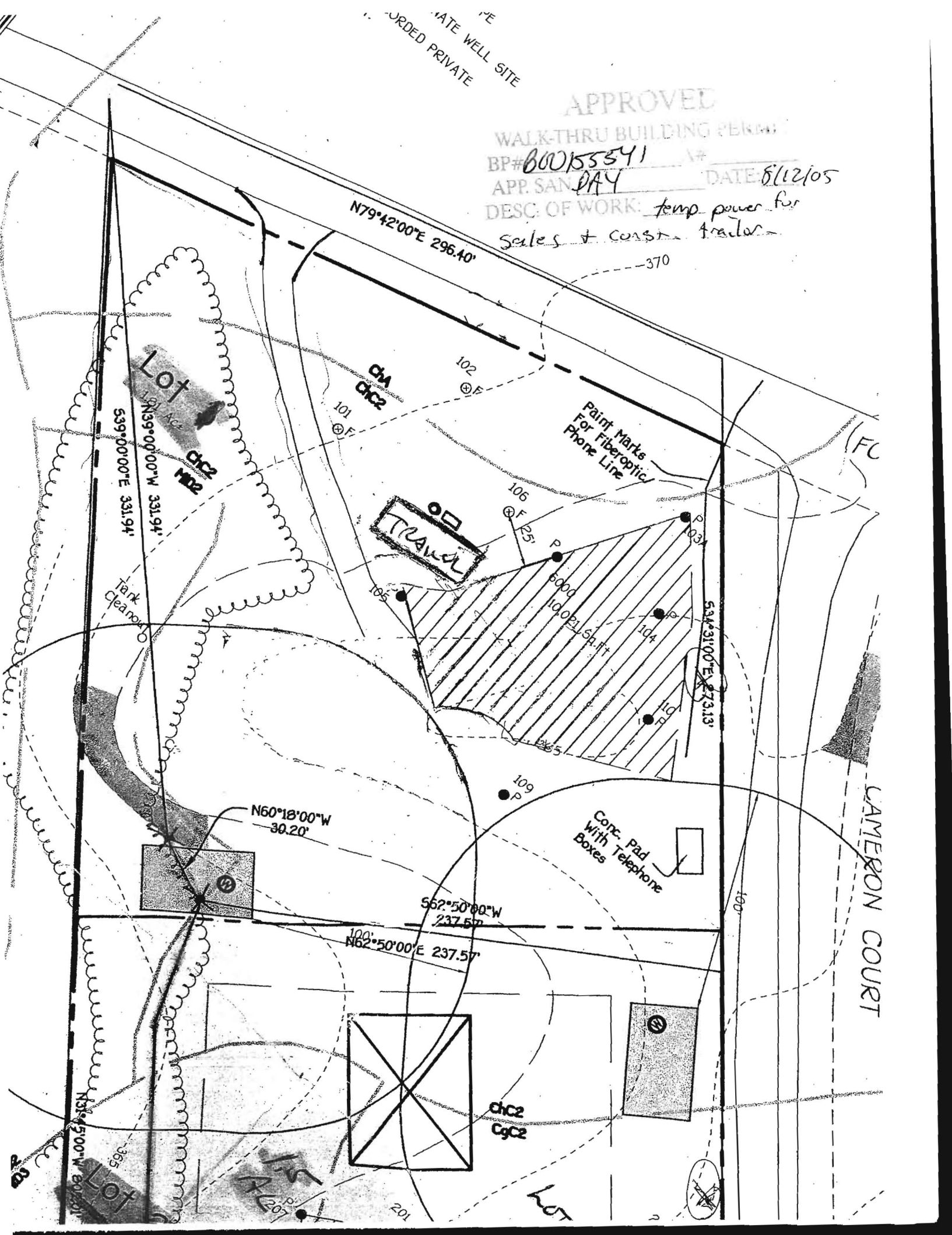
WALK-THRU BUILDING PERMIT

BP# 000155541

APP. SANDY DAY

DATE 8/12/05

DESC. OF WORK: temp power for  
Scales + const. trailer



Lot 101  
Lot 102

N79°42'00"E 296.40'

N39°00'00"W 331.94'  
S39°00'00"E 331.94'

chc2  
cgc2

Paint Marks  
For Fiberoptic  
Phone Line

TRAILER

500d  
10,021 sq. ft.

Comp. Pad  
With Telephone  
Boxes

N60°18'00"W 30.20'

S62°50'00"W 237.57'

N62°50'00"E 237.57'

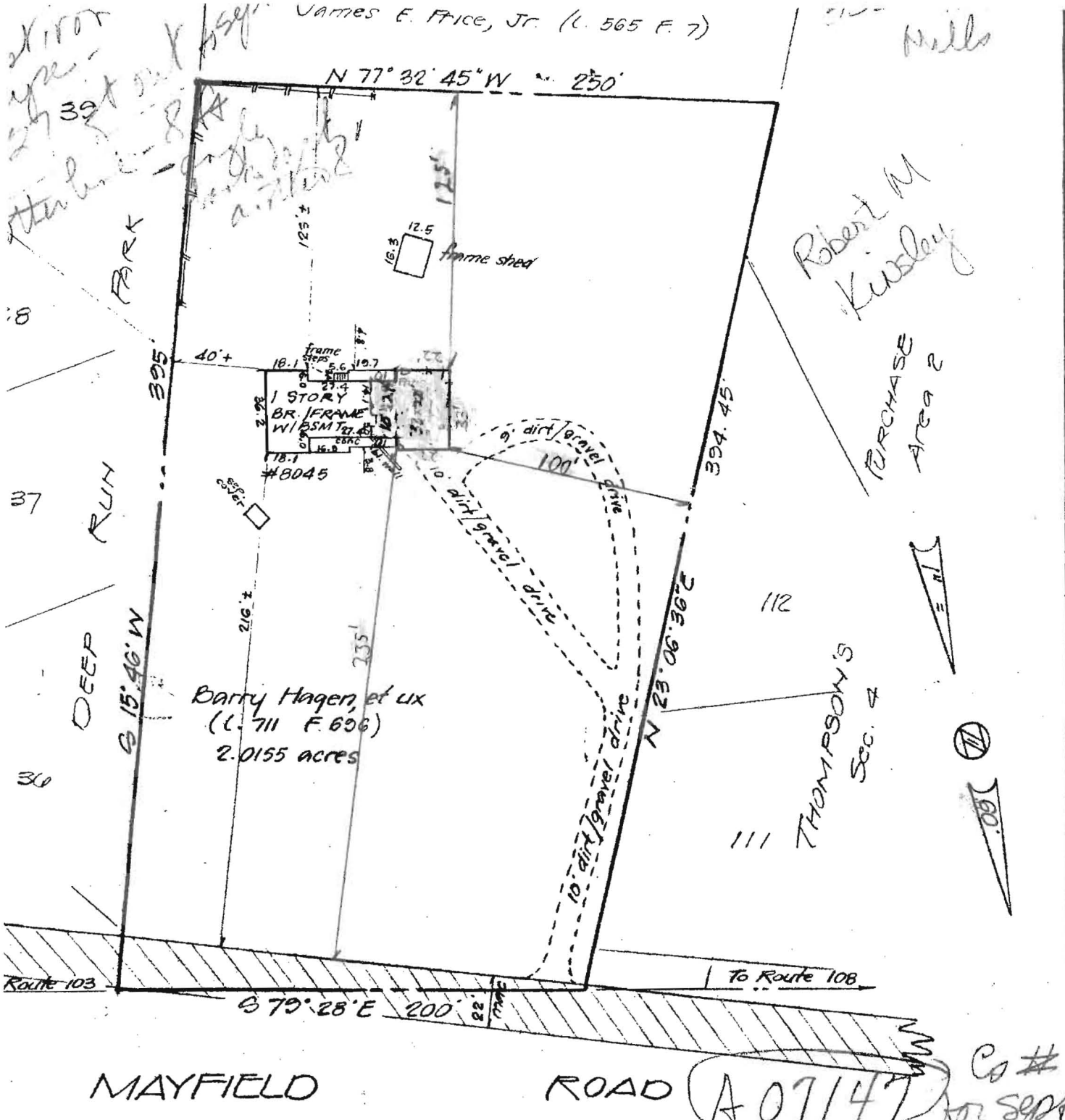
chc2  
cgc2

CAMERON COURT

N51°50'00"W 800.00'



James E. Ffice, Jr. (L. 565 F. 7)



I hereby certify that I have carefully located improvements as shown hereon in accordance with corded property description, and that there are encroachments except as indicated.

1-17-87

**WESSON COO, JR.**  
 Registered Professional Land Surveyor  
 Maryland #8144

HOUSE LOCATION SURVEY  
 8045 MAYFIELD ROAD  
 Lot - Block - Section -

**HAGEN PROPERTY**  
 First Election District  
 Howard County, Maryland

Plat Book L. 711 Plat F. 696 870105

**CONSENT AGREEMENT FOR THE TEMPORARY USE OF A HOLDING TANK  
SEWAGE DISPOSAL SYSTEM ON A TEMPORY CONSTRUCTION TRAILER**

THIS AGREEMENT made this 12TH day of AUGUST, 2005,  
by and between HAMILTON REED LLC + S.F. Foney HEREINAFTER REFERRED TO  
AS Owner, and the Howard County Bureau of Environmental Health, HEREINAFTER  
REFERRED TO AS the Bureau.

WHEREAS, Owner is seized and possessed of a tract of land at  
3627 Folly Quarter Rd, Elliecott City MD, known as Tax Map  
23, Parcel 29, Block 9, 21042

WHEREAS, the Owner has requested the permission of the Bureau to  
temporarily use a holding tank for a temporary construction trailer. The  
holding tank will be pumped out and removed when construction is completed in  
this 3 lot subdivision on 3627 Folly Quarter RD.

A. The Owner will install a holding tank(s) consistent with the design  
approved and permitted by the Bureau and follow the relevant provisions  
of COMAR 26.04. in regards to holding tank operation.

B. Owner agrees to insure reasonable access to the property and system  
by the Bureau as well as to provide any information requested by the  
Bureau to assure proper operation and maintenance of the holding tank(s).

C. Owner agrees that there shall be no liability on the part of the  
County or Bureau to the Owner if the holding tank(s) is not properly  
maintained.

D. Owner acknowledges and agrees that neither the Bureau nor any of its  
agents or employees, either officially or individually, underwrites the  
operation of the holding tank(s).

E. The Owner will devote such care and effort to the maintenance of the  
holding tank(s) so that it shall not malfunction and cause pollution  
at the ground surface, the waters of the state, or create a nuisance.

F. The Owner agrees that he shall not alter or tamper with the holding  
tank(s) in any way that would cause it to malfunction or change it  
from its intended purpose of sewage storage with the sewage  
disposal being accomplished by a scavenger.

G. The Owner agrees that, should the holding tank(s) be determined to  
pose a threat to the public health, safety or comfort, the Bureau may  
order any necessary changes or corrections for which the Owner agrees to  
pay. System modification may include requirements for additional tanks



and/or more frequent pumping of the holding tank(s).

H. The Owner understands that if violations occur from failure to maintain the holding tank(s) properly, the Bureau may take legal action to insure compliance.

J. Owner agrees to record this agreement in the land records of Howard County and assure that it becomes part of the Deed for the subject property in order that prospective buyers may be made aware of the special conditions affecting this property. This agreement shall not be construed to limit any authority of the Bureau to protect the public health, safety or comfort or to issue any other orders or take any other action which is now or may hereinafter be within its authority.

K. Owner certifies that he has obtained a cost estimate and is financially capable of having the sewage removed from the holding tank(s) by a permitted sewage waste hauler on a regular basis so that the holding tank(s) never overflows. The Owner further agrees to enter into and maintain a written service contract with a permitted scavenger and will forward a copy to the Bureau prior to the approval of the permit for the holding tank(s) installation.

L. The Owner shall not perform any renovations or remodeling which enlarges the commercial area or in any way results in a potential increase in wastewater discharge.

WITNESS, the hand and seal of the parties hereto.

DATE: 8-12-05  
OWNER: Stephen F. Foney, Inc. & Co.  
HAMILTON REED, LLC.

DATE: 8-12-05  
[Signature]

Sanitarian, Howard County  
Bureau of Environmental Health

DATE: Bill Nifan 8/12/05

Director, Howard County  
Bureau of Environmental Health

INP131C            DISPLAY PERMIT INFORMATION (ALL TYPES)            BUILDING            OFFICE A  
=====            =====            NBR B00153347 INIT JFW  
=====            =====            NXT B00153348

=====PROPERTY=====            =====CONTRACTOR=====  
00008045 MAYFIELD            AVE            OLDE MILL CONSTRUCTION  
ELKRIDGE            ,MD 21075            6106 CHALLEDON CIRCLE  
PROPERTY ID    0000 - 0006 - 5086            MT AIRY            MD 21771  
SUBDIVISION                       PHONE 410 549 - 1385 LIC # CTR - 03181  
TAX MAP            37            ACREAGE            0.0            =====OWNER=====  
BLK(ST)            LOT            BLK 14            JEWETT BARBARA/NANCE STRUNA  
PARCEL 491            SECT.            ZONE R-SC            8045            MAYFIELD AVENUE  
AREA            CTRACT            601102            ELKRIDGE            , MD 21075  
SDP:            FILE:            14-1158            WORK            -            HOME 410 796 - 7190  
MAP COORDINATES: 16H9            APPLIC    KARL FARRAR

SUITE/APT:

=====

TYPE OF IMPROVEMENT: ADD    USE: SFD  
EXISTING USE.....: SINGLE FAMILY DWELLING  
PROPOSED USE.....: SAME WITH 2 STORY ADD SLAB ON GRADE 3R 3 CAR  
PROPOSED WORK....: GARAGE 1 BR 1FB ADD 1 STORY ADD ON EX PORCH DECK  
PERMIT DATES.....: APP: 04/25/05    ISS:            CMP:            EXP:  
CURRENT STATUS...: P    REV IND:    RNW:            PROJECT #:  
PF2=FWD PF3=PRJ-NO PF4=INSP-HIST PF5=APPRVLS PF7=LICNSE PF9=NEXT PF12=EXIT

INP3PPC PLAN REVIEW APPROVAL BUILDING 05/26/05

PERMIT NBR: B00153347 ADDRESS: 00008045 MAYFIELD AVE APPLC DT  
PROJECT NBR: ELKRIDGE ,MD 21075 04/25/05  
PERMIT CATEGORY: IMPR = ADD USE = SFD CLASS =

=====  
REVIEW  
=====

...DEPARTMENT.. RECEIVED .ACTION. DUE DATE ASSGN TO STAT P/T REV  
ENVIR. HEALTH 00/00/00 00/00/00 05/04/05 R P

COMMENTS: PERMIT COMMENT CODES: X \_ \_ \_ \_

=====  
ADDITIONAL REVIEW INFORMATION  
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PERC APPLICATION NBR  
APPROVED BY WELL NBR -  
APPROVED DT SEPTIC TNK CAPACITY 00000 (GAL)  
BEDROOMS  
LIVE SQ FT 1631

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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