

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

B00189075

Building Address 12107 MAYAPPLE TRAIL DR
MARRIOTTVILLE MD
 Suite/Apt. #: _____ SDPWP/Petition #: # 7807
 Census Tract 60300 Subdivision MEADOWOOD
 Section 1 Area _____ Lot 17
 Tax Map 10 Parcel 312 Grid 7
 Zoning RR Map Coordinates _____ Lot size 3.04 Ac

Property Owner's Name WAYNE & DEBI COSSENTINO
 Address 12107 MAYAPPLE TRAIL
 City MARRIOTTVILLE State MD Zip Code 21104
 Home Phone 410 442 2555 Work Phone 410 977 5781
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use SINGLE FAMILY HOME
 Proposed Use SAME WITH DETACHED GARAGE
 Estimated Construction Cost \$ 25,000
 Description of Work DETACHED 3 CAR GARAGE
1612 SF (SEE PLANS)

Contractor Company COSSENTINO REMODELING
 Contact Person WAYNE COSSENTINO
 Address 12107 MAYAPPLE TRAIL
 City MARRIOTTVILLE State MD Zip Code 21104
 License No. 16414
 Phone 410 977 5781 Fax 410 442 5765

Occupant or Tenant WAYNE & DEBI COSSENTINO
 Contact Name SAME
 Address 12107 MAYAPPLE TRAIL
 City MARRIOTTVILLE State MD Zip Code 21104
 Phone 410 977 5781 Fax 410 442 5765

Engineer or Architect Company AIDA SCHMIDT ARCHITECT INC.
 Contact Person AIDA SCHMIDT
 Address 2729 THURNBROOK ROAD
 City ELLICOTT CITY State MD Zip Code 21042
 Phone 410 461 3462 Fax SAME

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: <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"/>
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: <u>N/A</u> <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 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 type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <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"/>
No. of Bedrooms: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R 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: <u>DETACHED GARAGE</u> Dimensions: _____ Footings: _____ Roof Height: <u>SEE PLANS</u> <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]
 Title/Company _____

Print Name J. J. [Name]
 Date 5/1/2006

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		
Dev. Engineering DPZ		
Health	<u>7/17/06</u>	<u>[Signature]</u>
Fire Protection		<u>[Signature]</u>
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY IDE
Front: <u>75 FT</u>	Filing fee \$ <u>25</u>
Rear: <u>60 FT</u>	Permit fee \$ _____
Side: <u>30 FT</u>	Excise tax \$ _____
Side St.: <u>NA</u>	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New/Town Zone _____	Check # <u>3200</u>
SDP/Red-line approval date _____	Validation # <u>11254</u>

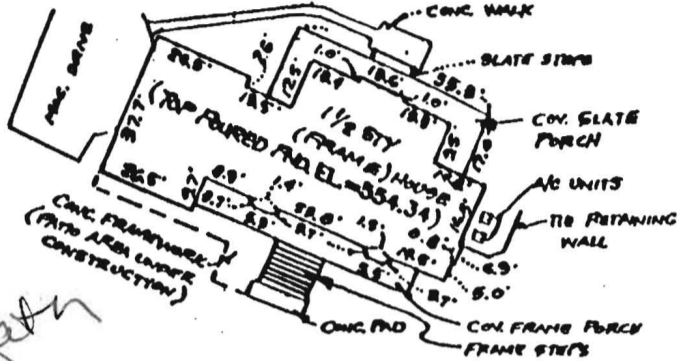
CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
 T:\norma\PERMIT.FRM Accepted by [Signature]

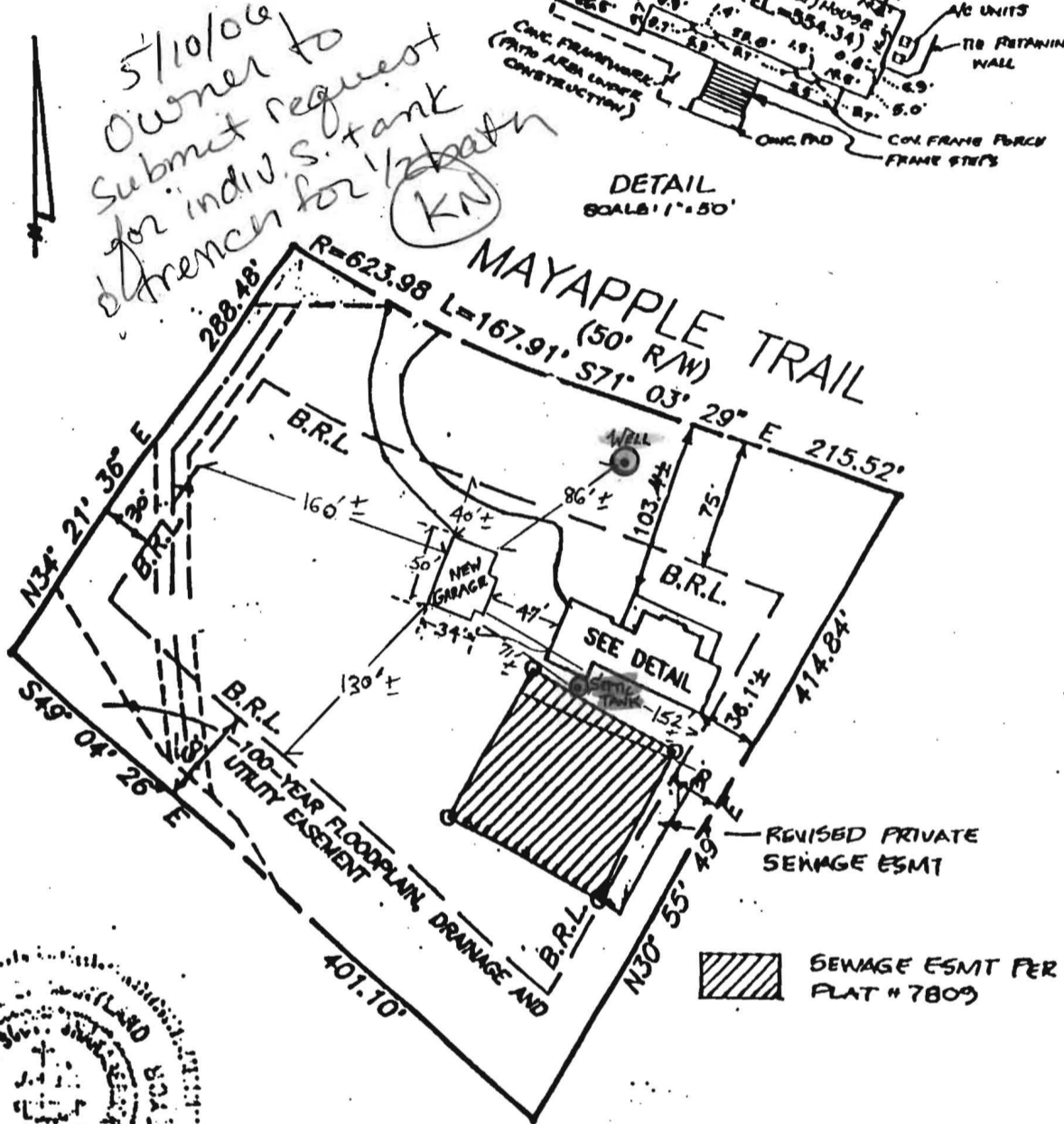
NOTES:

1. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR REFINANCING.
2. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, POOLS, BUILDING ADDITIONS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
4. ACCURACY OF BUILDING MEASUREMENTS: 0.1'
5. ACCURACY OF SETBACK DIMENSIONS: 1.0'
6. ACCURACY OF ELEVATIONS: 0.3'

THE PROPERTY SHOWN HEREON LIES IN ZONE C AS SHOWN ON FLOOD INSURANCE RATE MAP NO. 240044-CC1013 DATED: DEC 4, 1986



DETAIL
SCALE: 1" = 50'



*5/10/06
Owner to
submit request
for indiv. S. tank
easement for 1/2 bath
KN*



I HEREBY CERTIFY THAT I HAVE LOCATED THE IMPROVEMENTS AS SHOWN. THIS PLAT DOES NOT REPRESENT A BOUNDARY SURVEY AND CANNOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

*3/2/98
5/2/07*
SHANABARGER & LANE
8726 TOWN AND COUNTRY BLVD.
SUITE 104
ELLCOTT CITY, MD. 21043
(410)461-9663 FAX:461-9693

AS-BUILT LOCATION DRAWING
LOT 17

MEADOWOOD
SECTION ONE

SHEET 4 OF 6 PLAT #7809

ELECTION DISTRICT: 3RD
COUNTY: HOWARD
SCALE: 1" = 100'
DATE: MAY 28, 1997 REV. 3/2/98

DATE OF LATEST FIELD WORK: 3/2/98

MR. MIKE DAVIS
7178 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046

DEAR MIKE:

SUBJECT: PERMIT # B00159275, 12107 MAYAPPLE
TRAIL MARIOTTSVILLE MD 21104 Lot # 17

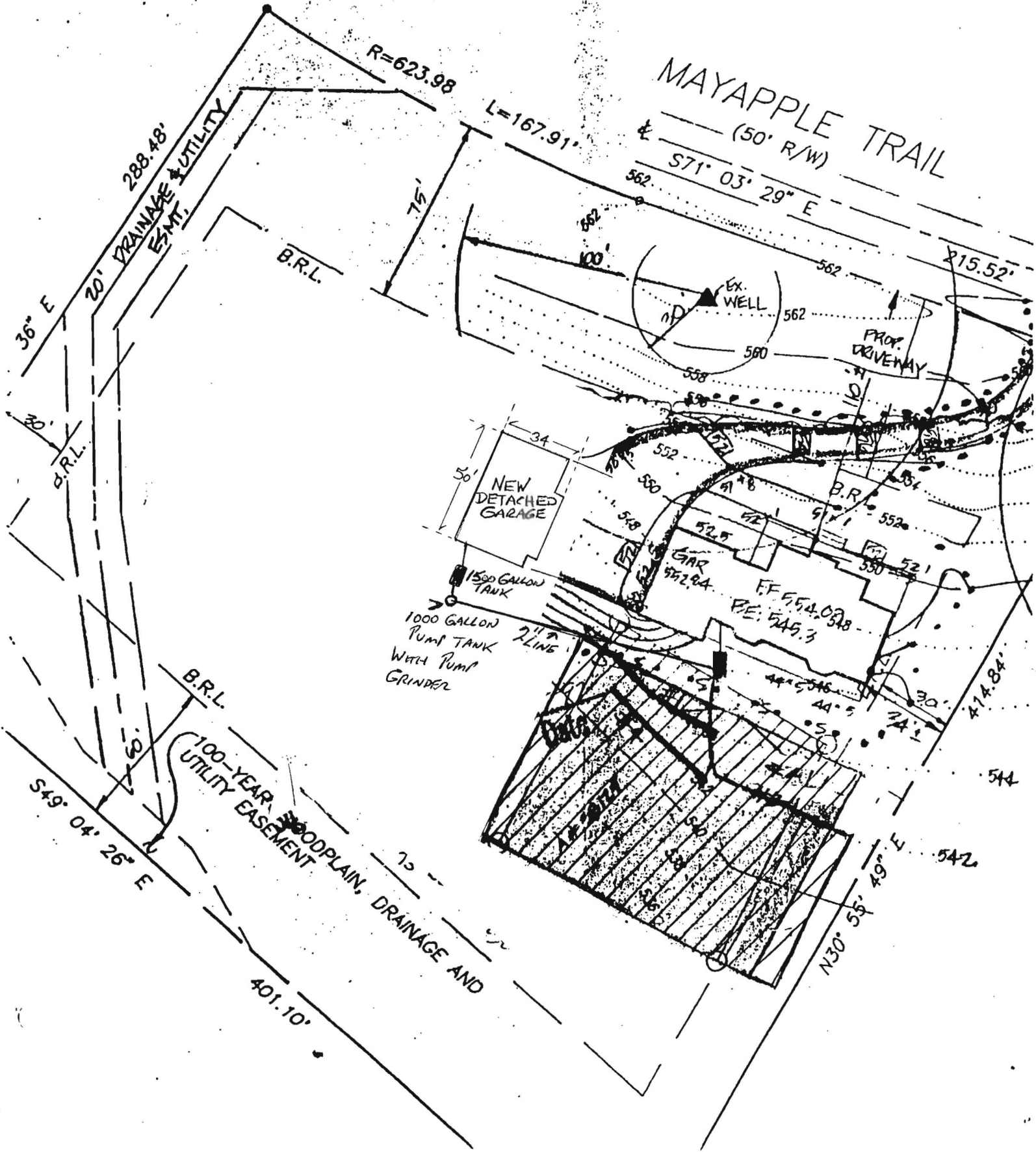
I AM BUILDING A DETACHED GARAGE INSTALLING
A WASH SINK AND HOSE BIB. MY REQUEST IS TO
INSTALL A 1500 GALLON TANK WITH A 1000 GALLON
PUMP TANK AND PUMP GRINDER. A 2" LINE
WILL EXTEND FROM THE 1000 GALLON PUMP TANK TO
THE EXISTING 1500 GALLON TANK (SEE PLAN)

PLEASE CONTACT ME AT YOUR EARLIEST CONVENIENCE. THANK
YOU FOR YOUR COOPERATION IN THIS MATTER. YOU MAY CONTACT
ME 410 977 5781 OR WAYNE@COSENTINO.COM.

Sincerely
Wayne Cosentino

BY COPY OF THIS PLAN THE
HEALTH DEPARTMENT ACCEPTS THIS
MODIFICATION TO THE RECORDED
SEWAGE DISPOSAL EASEMENT.

Amy Mc Neal 12/1/97 313-2640



12107 Mayapple Trail
Marriottsville, MD 21104
Phone (410) 442-0000
Fax (410) 442-5765
MHIC No. 16414



WAYNE COSENTINO
President

May 10, 2006

Mr. Mike Davis
7178 Columbia Gateway Drive
Columbia, MD 21046

Dear Mike:

Subject: Permit #B00159275, 12107 Mayapple Trail, Marriottsville, MD 21104, Lot #17

I am building a detached garage and installing a wash sink and hose bib. My request is to have the backhoe on site to dig a hole for a new concrete septic tank and new trench independent of existing system. Please wave the perk test fee. This will be done by Freedom Septic, contact person: Bruce.

Please contact me at your earliest convenience. Thank you for your cooperation in this matter. You may contact me at 410-977-5781 or wayne@cossentino.com.

Sincerely,

A handwritten signature in cursive script that reads "wayne cossentino".

Wayne Cossentino

12107 Mayapple Trail
Marriottsville, MD 21104
Phone (410) 442-0000
x (410) 442-5765
MHIC No. 16414



WAYNE COSENTINO
President

May 10, 2006

Mr. Mike Davis
7178 Columbia Gateway Drive
Columbia, MD 21046

Dear Mike:

Subject: Permit #B00159275, 12107 Mayapple Trail, Marriottsville, MD 21104, Lot #17

I am building a detached garage and installing a wash sink and hose bib. My request is to have the backhoe on site to dig a hole for a new concrete septic tank and new trench independent of existing system. Please wave the perk test fee. This will be done by Freedom Septic, contact person: Bruce.

Please contact me at your earliest convenience. Thank you for your cooperation in this matter. You may contact me at 410-977-5781 or wayne@cossentino.com.

Sincerely,

A handwritten signature in black ink that reads "Wayne Cossentino". The signature is written in a cursive style.

Wayne Cossentino