

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

30057805

Building Address 13860 Old Frederick Rd
Sykesville MD 21784
Suite/Apt. #: 04-366808 SDP/WP/Petition #: _____
Census Tract _____ Subdivision South Hillow
Section _____ Area _____ Lot _____
Tax Map 9 Parcel 76 Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Urik, Thabit Shaahverd
Address 13860 Old Frederick Rd
City Sykesville State MD Zip Code 21784
Home Phone 410-427-427 Work Phone 410-460-2111
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax 410-296-2996

Existing Use Single Family Home
Proposed Use Single
Estimated Construction Cost \$ 3000
Description of Work replace front porch
20x8 add 12" deck
with rail. w/stone

Contractor Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant _____
Contact Name _____
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:	No. of stories:	Gross area, sq. ft. per floor:	Use group:
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"/>	Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	Sewage Disposal: Public <input type="checkbox"/> Private <input type="checkbox"/>
Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Propane Gas <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/>	Full <input type="checkbox"/>	Partial <input type="checkbox"/>
Other Suppression <input type="checkbox"/>	# of Heads _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Depth _____ Width _____
1st floor:	2nd floor:	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 _____	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"/>	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Propane Gas <input type="checkbox"/>	Sprinkler system: N/A <input 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 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.

Urik Shaahverd
Applicant's Signature
410-460-2111
Title/Company

URIK SHAHVERDT
Print Name
1-17-06
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 \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health			All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
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 # _____
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	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
T:Norm@PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____

55557

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

13960

Building Address 1390 Old Fred Rick Rd.
Sykesville MD. 21784
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision SUN HOLLOW
Section _____ Area _____ Lot 1
Tax Map 9 Parcel 76 Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name URIK & ANAHIT SHAHVERDI
Address 1390 Fred Rick Rd.
City Sykesville State MD. Zip Code 21784
Home Phone 410-442-1187 Work Phone 410-9608410
Applicant's Name & Mailing Address, (if other than stated hereon):
410-960-8410
Phone _____ Fax 410-296-2998

Existing Use _____
Proposed Use _____
Estimated Construction Cost \$ 3000
Description of Work Replace front porch 20x8 & Add 12x11 Deck in the rear house.

Contractor Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant _____
Contact Name _____
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: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms <u>5</u>	Propane Gas <input checked="" type="checkbox"/>
Height: _____	Sprinkler system: N/A <input type="checkbox"/>
Multi-family dwellings: _____	_____ NFPA #13D
No. of 1 BR units: _____	_____ NFPA #13R
No. of 2 BR units: _____	Other: _____
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
State Certified Modular <u>160</u>	
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 _____
410-960-8410

URIK SHAHVERDI
Print Name _____
Date _____

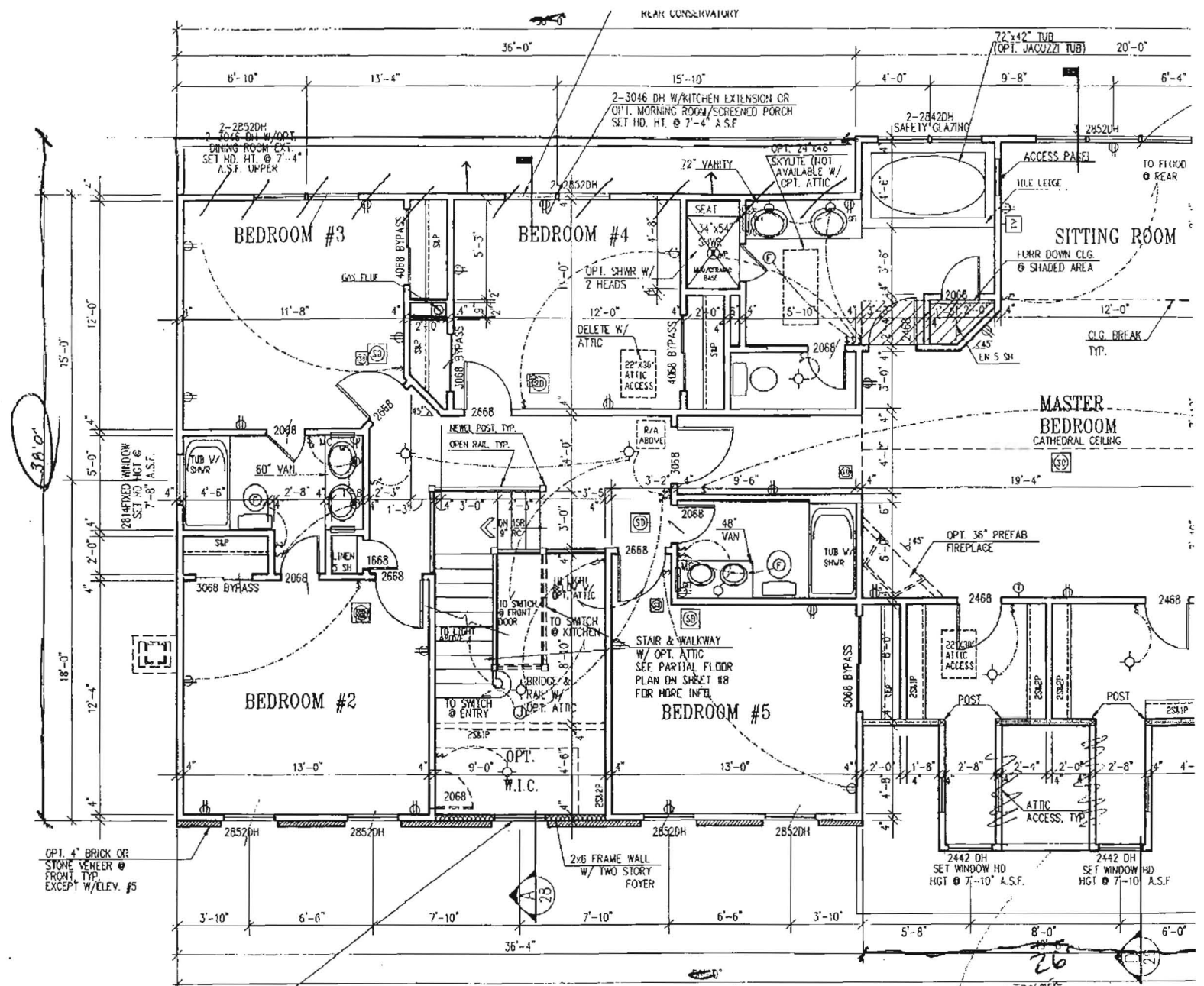
Title/Company _____

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	11/17/06	Kacie Jordan
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: _____	Filing fee \$ <u>25</u>
Rear: _____	Permit fee \$ <u>29</u>
Side: _____	Excise tax \$ <u>N/A</u>
Side St.: _____	Add'l per. fee \$ <u>3</u>
All minimum setbacks met?	TOTAL FEES \$ <u>57</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by _____

B00157805
 1/12/06 5 bedrooms. BP to come
 Okay to sign. **KN**



- PROVIDE 3020 OVAL WINDOW W/ELEV. #1 SET HD HGT @ 6'-0" A.S.F.
- PROVIDE 30x30" OCTAGONAL WINDOW W/ELEV. #2 SET HD HGT @ 6'-8" A.S.F.
- PROVIDE 3050 FIXED ARCHED WINDOW W/ELEV. #3 SET HD HGT @ 6'-0" A.S.F.
- PROVIDE 2842DH W/ELEV. #4 SET WINDOW

ALT. UPPER FLOOR PLAN

SHOWN W/ ELEV. #1

62'

11.9" WIDE DOORWAY
 1-TRAP 2442

B00142379

Building Address 13960 OLD FEEDBACK RD
54 KESVILLE, MD 21784

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

Census Tract 604602 Subdivision Sankellow

Section _____ Area _____ Lot 1

Tax Map 7 Parcel 76 Grid 7

Zoning RCDED Map Coordinates 4F10 Lot size _____

Property Owner's Name Lewis, Michael & Beata

Address 16355 Ches Mill RD

City Woodbine State MD Zip Code 21797

Home Phone _____ Work Phone 443-463-2671

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use same with tank

Estimated Construction Cost \$ 95,000

Description of Work Install 11000 Gallon
ASME UNDERGROUND LP TANK
FOR NFPA 58

Contractor Company Americas

Contact Person Tom McLaughlin

Address 10097 Britmore National Pike

City Ellicott City State MD Zip Code 21043

License No. _____

Phone 410-465-9803 Fax 410-465-9803

Occupant or Tenant _____

Contact Name _____

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: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms _____	
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 _____	

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.

Thomas A. McLaughlin
Applicant's Signature
Tsa / Americas
Title/Company

Thomas A. McLaughlin
Print Name
June 12, 2003
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#	FEES
Land Development DPZ			Front _____		Filing fee \$ <u>100</u>
State Highways			Rear _____		Permit fee \$ _____
Building Official			Side _____		Excise tax \$ _____
Dev. Engineering DPZ			Side St. _____		Add'l per. fee \$ _____
Health			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 New Town Zone _____		Check # <u>745356</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____		Validation # _____

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

300737508

Building Address 13960 Old Frederick RD
Sylbesville, MD 21784
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 604002 Subdivision 2nd Mill Hill
Section _____ Area _____ Lot 1
Tax Map 9 Parcel 76 Grid 7
Zoning RC Map Coordinates 4610 Lot size 1 ac

Property Owner's Name Michael + Brenda Lewis
Address 16355 Callis Mill RD
City Woodbury State MD Zip Code 21797
Home Phone 410-5907 Work Phone 443-463-2677
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax 410 296 2998

Existing Use Vacant Lot
Proposed Use New Home
Estimated Construction Cost \$ 175,000.00
Description of Work NEW CONCRETE SLAB
5 BR. 4 1/2 BATHS
ALLIUM 24" RIGID RAILS W/ 2" WALLS

Contractor Company JAMMAL HOMES
Contact Person Osair RAHMAN
Address 18806 Brooke RD
City Green Spring State MD Zip Code 20360
License No. 19491
Phone 301-260-9452 Fax 301-260-9454

Occupant or Tenant Michael Lewis Brenda Lewis
Contact Name Michael Lewis
Address 16355 Callis Mill RD
City Woodbury State MD Zip Code 21797
Phone 410-499-5407 Fax 410-499-7953

Engineer or Architect Company Bernadette
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private <input checked="" 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 <u>5</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
State Certified Modular _____ 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 _____
OWNER
Title/Company _____

Print Name Michael Lewis
2002 7-17-02
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: _____	855557
State Highways			Rear: _____	Filing fee \$ <u>100.00</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St. _____	Excise tax \$ _____
Health	<u>10/10/02</u>	<u>Brian Baker</u>	All minimum setbacks met?	Add'l per. fee \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Check # <u>1390</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>2319</u>
			Lot Coverage for NewTown Zone _____	Accepted by <u>CLC</u>
			SDP/Red-line approval date _____	

Neighborhood: FREELAND
County: BALTIMORE
Address: 20517 KEENEY MILL ROAD 21053
Style: COLONIAL **Beds:** 6 **Baths:** 5/1
Acres: 4.38
Contract date: 05/20/2004

Price: \$555000
Neighborhood: FREELAND
County: BALTIMORE
Address: 20517 KEENEY MILL ROAD 21053
Style: COLONIAL **Beds:** 6 **Baths:** 5/1
Acres: 4.38
Contract date: 05/20/2004

Price: \$680000
Neighborhood: OAKMONT GREEN
County: CARROLL
Address: 2355 GOLF VIEW LN 21074
Style: COLONIAL **Beds:** 6 **Baths:** 6/0
Acres: 1.76
Contract date: 06/30/2004

Price: \$645000
Neighborhood: WALDEN
County: ANNE ARUNDEL
Address: 1404 STONEHAM RD 21114
Style: COLONIAL **Beds:** 6 **Baths:** 5/0
Acres: 0.26
Contract date: 07/15/2004

Price: \$590000
Neighborhood: ROLAND PARK
County: BALTIMORE CITY
Address: 4603 ROLAND AVE 21210
Style: VICTORIAN **Beds:** 9 **Baths:** 6/0
Acres: 0.62
Contract date: 06/14/2004

Price: \$510000
Neighborhood: BOLTON HILL
County: BALTIMORE CITY
Address: 1400 EUTAW PLACE 21217
Style: VICTORIAN **Beds:** 9 **Baths:** 7/
Acres: 0.07
Contract date: 06/08/2004

Price: \$650000
Neighborhood: SUNHOLLOW
County: HOWARD
Address: 13960 OLD FREDERICK RD NE 21784
Style: COLONIAL **Beds:** 7 **Baths:** 5/1
Acres: 1
Contract date: 04/29/2004

Results 1 - 12 displayed.

Database currently contains sales for the Baltimore metro area from Jan. 1 - July 31, 2004

Keywords on all fields:



Contests



Enter to win tickets to movies, concerts, festivals, sporting events and more. This month's featured contest: Baltimore Blast tickets.

Events



Learn more about events sponsored by The Baltimore Sun and baltimoresun.com, including the Health & Fitness Expo.

Special sections

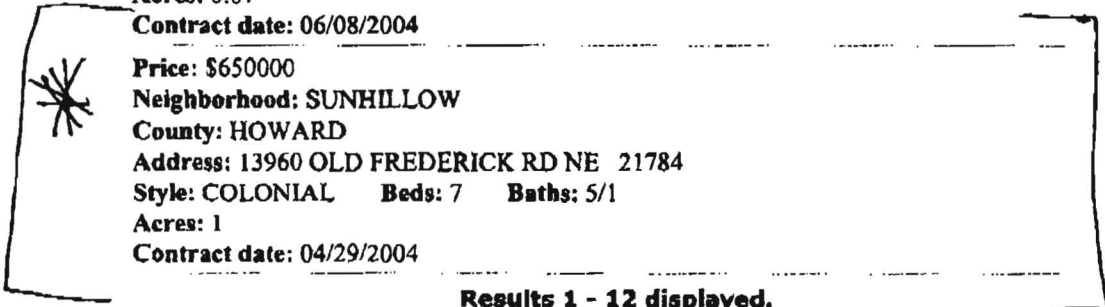


This month's featured section: Holiday Gift Guide.

Sun Store



Purchase press plates of Sun front pages and logo merchandise.



ATTN: KACIE

410 313 2648

FROM:

MARTIN MARINO

13940 OLD FREDERICK RD

SYKESVILLE, MD 21784

2 PAGES

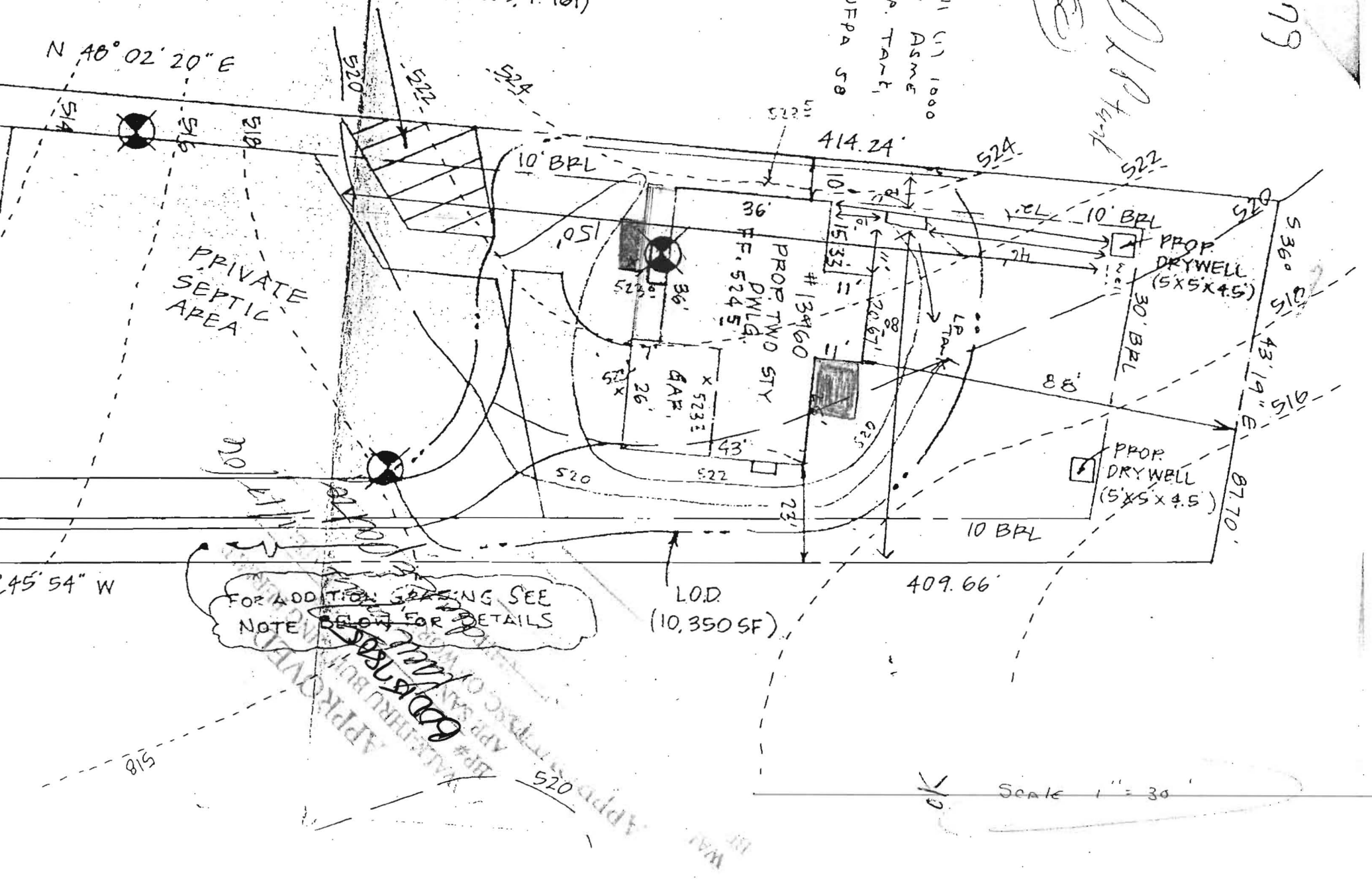
* Cell 301-928-7016

(FOR PARCEL 6)
 ESMT. FOR PRIVATE
 SEWAGE DISPOSAL
 SYSTEM (L. 903, F. 161)

Install (1) 1000
 Gallon ASME
 U.G. W. TANK
 Per NEPA 58

1/16/03
 Proposed L.P. Tank
 OK (E)

279



FOR ADDITIONAL GRADING SEE
 NOTE BELOW FOR DETAILS

LOD
 (10,350 SF)

Scale 1" = 30'

APPROVED
 WATERBURY BUILDING DEPT.
 APPROVAL # 520

not issued

REF: Building Permit # B00137508
13960 Old Frederick Road 21784

I am changing one bedroom on 2nd Floor
to Den/Sewing Room, per instructions of Health Dept.

10-9-02

Salvage Rahman
Jamaal Homes

cc Health Dept

Reduced to 5
Bedrooms

10/9/02
Den / Sewing Room
ammendment O.K.
with Health Dept.

Brian Baker

REVIEWED FOR CODE COMPLIANCE	
DEPARTMENT OF INSPECTIONS, LICENSING AND PERMITS HOWARD COUNTY	
DATE:	10/9/02
BY:	<i>[Signature]</i>
<input type="checkbox"/>	SUBJECT TO COMMENTS OF LETTER
<input checked="" type="checkbox"/>	SUBJECT TO FIELD INSPECTION
<input type="checkbox"/>	SUBJECT TO COMMENTS ON PLANS
<input checked="" type="checkbox"/>	AMENDMENT
<input type="checkbox"/>	FINAL

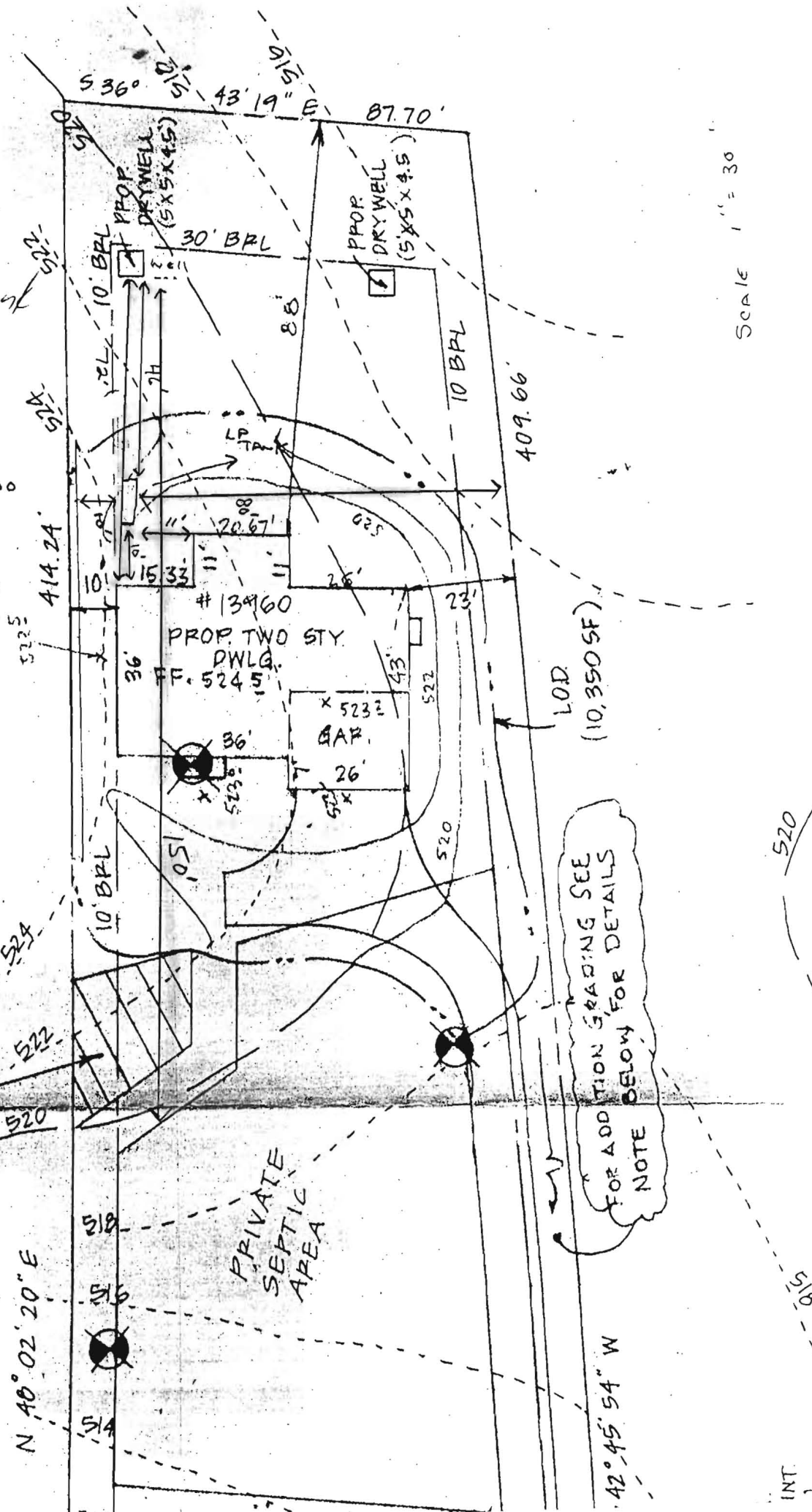
B00142379

6/16/03

Proposed LP Tank
OK (SC)

Install (1) 1000
Gallon ASME
U.G. LP TANK,
Per NFPA 58

(FOR PARCEL G)
ESMT. FOR PRIVATE
SEWAGE DISPOSAL
SYSTEM (L. 903, F. 161)



FOR ADDITION GRADING SEE
NOTE BELOW FOR DETAILS

42° 45' 54" W

SCALE 1" = 30'

520

518

INT

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS



3430 COURTHOUSE DRIVE
ELLCOTT CITY, MD 21043
PH (410) 313-2455
FAX (410) 313-3298

Hi Mark, 6/19/03

Could you please
advise if this
dwelling # B00137508
is OK for 6 bedrooms.

Note: call me on - # 3949

Thanks
Lves Corbi
3949

Rec'd 5/30/03
Plan Review
Approval

PK 5/21/03

46850.00
check H&B
CR # 23289
5-5-03 5/5/03

AVIS L. CORBIN
3430 Court House Drive
Ellcott City, MD 21043

RECEIVED

MAY 05 2003
LICENSES & PERMITS
DIVISION

RE. ~~changes~~ Michael + Brenda Lewis
13960 Old Frederick Rd
67Ksville MD 21784
300137508

Mrs. Corbin,

We have made some changes to our house from which we need to update our permit. The changes are as listed below.

Finished 3rd Floor Bedroom, Play Room, Bathroom

Finished Basement Rec. Room exercise Room utility Room, Bathrooms

Floor system changed from T&G to 2x12 conventional Lumber

If you have any question please call me at (443-463-2671)

Spoke with Mark Riffin about bathrooms said Health department would not have any problems with these changes.

REVIEWED FOR
CODE COMPLIANCE

DEPARTMENT OF INSPECTIONS,
LICENSES AND PERMITS
HOWARD COUNTY

DATE: 5/23/03

BY: [Signature]

SUBJECT TO COMMENTS OF LETTER
 SUBJECT TO FIELD INSPECTION
 SUBJECT TO COMMENTS ON PLANS
 AMENDMENT FINAL

Thank you.
[Signature]

Holder's
see Header
Dept

amended to finish
3rd floor & Basement
6 bedrooms

