

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3400 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		607002964 PERMIT NUMBER	
Building Address _____ Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>60402</u> Subdivision <u>ANNE'S MANOR</u> Section _____ Area _____ Lot <u>24</u> Tax Map <u>9</u> Parcel _____ Grid <u>9-A</u> Zoning <u>R-DED</u> Map Coordinates _____ Lot Size <u>454407</u>			Property Owner's Name <u>DAV & MURAZLE WILLIAMSON</u> Address <u>14024 MONTICELLO DR. JR</u> City <u>COOKVILLE</u> State <u>MD</u> Zip Code <u>21723</u> Phone <u>410-489-9580</u> Applicant's Name & Mailing Address, (if other than stated herein): <u>MANORLAND HERITAGE CUSTOM</u> <u>12102 F. OLD ANNAPOLIS RD</u> <u>FREDERICK, MD 21701</u> Phone _____ Fax _____		
Existing Use <u>Deck</u> Proposed Use <u>Deck</u> Estimated Construction Cost \$ <u>5K</u> Description of Work <u>REMOVE EXISTING</u> <u>11'x6' DECK, REPLACE w/ NEW</u> <u>17'6" ON SAME FOOTPRINT</u> Occupant or Tenant <u>N/A</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			Contractor Company <u>MANORLAND HERITAGE</u> Contact Person <u>Jason Levinson</u> Address <u>12102 F. OLD ANNAPOLIS RD</u> City <u>FREDERICK</u> State <u>MD</u> Zip Code <u>21701</u> License No. <u>48057</u> <u>HUTC</u> Phone <u>301-265-5950</u> Fax <u>301-265-5950</u> Engineer or Architect Company <u>NA</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		

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	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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</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 Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	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: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" 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.

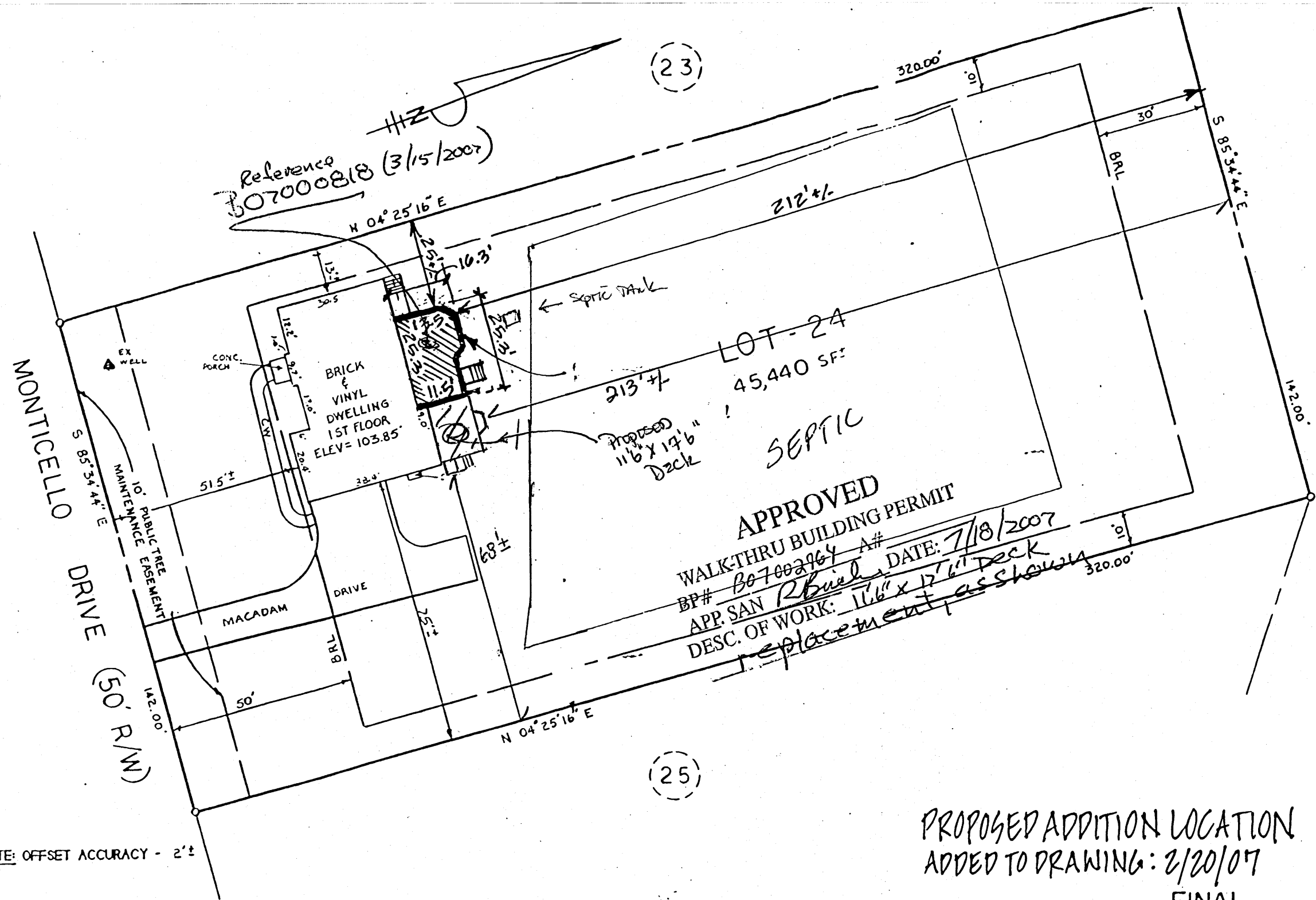
Jason Levinson
 Applicant's Signature
Pres. Manorland Heritage
 Title/Company
Jason Levinson
 Print Name
14 July 07
 Date

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

AGENCY _____ DATE _____ SIGNATURE _____ APPROVAL _____ Land Development DEZ _____ State Highways _____ Building Official _____ Dev. Engineering DEZ _____ Health _____ Fire Protection _____ Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	DEZ SETBACK INFORMATION Front _____ Rear _____ Side _____ Side St. _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is 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 _____ NDP/Red line approval date _____	PROPERTY INFO Filing fee \$ _____ Permit fee \$ _____ Exam fee \$ _____ Add'l per fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # _____ Validation # _____ Accepted by _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/> ONE STOP SHOP <input type="checkbox"/> Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DEZ Pink: Health Gold: SHA Use on building permit application REV 10/25/04		

(23)

Reference
B07000818 (3/15/2007)



PAGE 2

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# B07002964 A#
 APP. SAN R Bush DATE: 7/18/2007
 DESC. OF WORK: 11'6" x 17'6" Deck
 replacement as shown

WILLIAMSON RESIDENCE
 14004 MONTICELLO DR.
 MT. AIRY, MD.

LOT 24
 PHASE TWO
 "HARLESS MANOR"

PLAT NO. 12202
 4TH ELECT. DIST. - HOWARD CO., MD.

See attached sheet 2 of 2 for statements of advice pertinent to this plot.

PROPOSED ADDITION LOCATION
 ADDED TO DRAWING: 2/20/07

FINAL

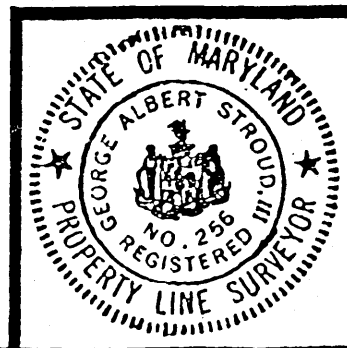
NOTE: OFFSET ACCURACY - 2'

I hereby certify that I have made a field visit of this lot for the purpose of locating the improvements thereon and that they are located as shown.

ALS, Inc. assumes no responsibility or liability for any easement, or right-of-way, recorded or unrecorded, not appearing in the current Title Deed or Record Plat notes hereon.

DATE: 12/27/00

George Albert Stroud III
 RPLS No. 256



LOCATION DRAWING
 # 14004 MONTICELLO DRIVE

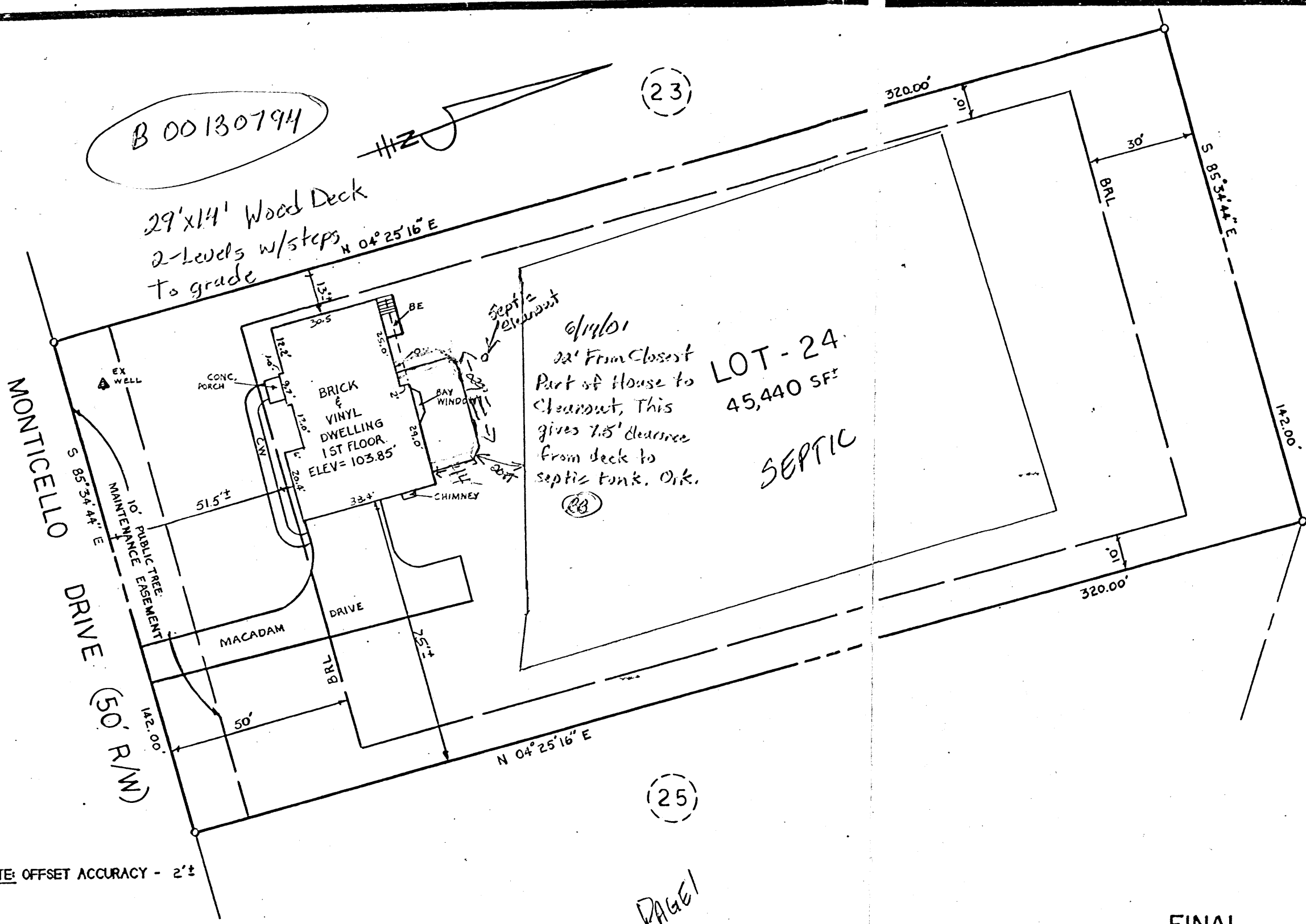
A. L. S. Inc.
 194 E. Main Street Westminister, MD 21157
 410-857-0822

SHEET:	1 OF 2
SCALE:	1" = 30'
DATE:	12-27-00
JOB No.:	*51-00-

B 00130794

(23)

29'x14' Wood Deck
2-Levels w/steps
To grade



6/14/01
22' From Closest
Part of House to
Clearcut, This
gives 7.5' clearance
from deck to
septic tank. O.K.
SEPTIC

LOT - 24
45,440 SF

PAGE 2

(25)

PAGE 1

LOT 24
PHASE TWO
"HARLESS MANOR"
PLAT NO. 12202
4TH ELECT. DIST. - HOWARD CO., MD

See attached sheet 2 of 2 for state-
ments of advice pertinent to this plat.

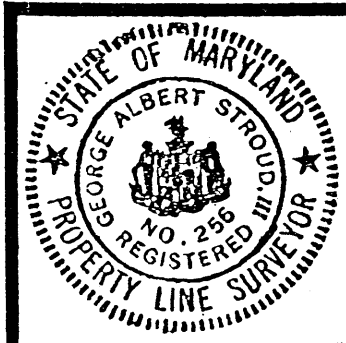
NOTE: OFFSET ACCURACY - 2'±

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visit of this lot for the purpose of locating
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or unrecorded, not appearing in the current Title
Deed or Record Plat noted hereon.

DATE: 12/27/00

George Albert Stroud
RPLS No. 256



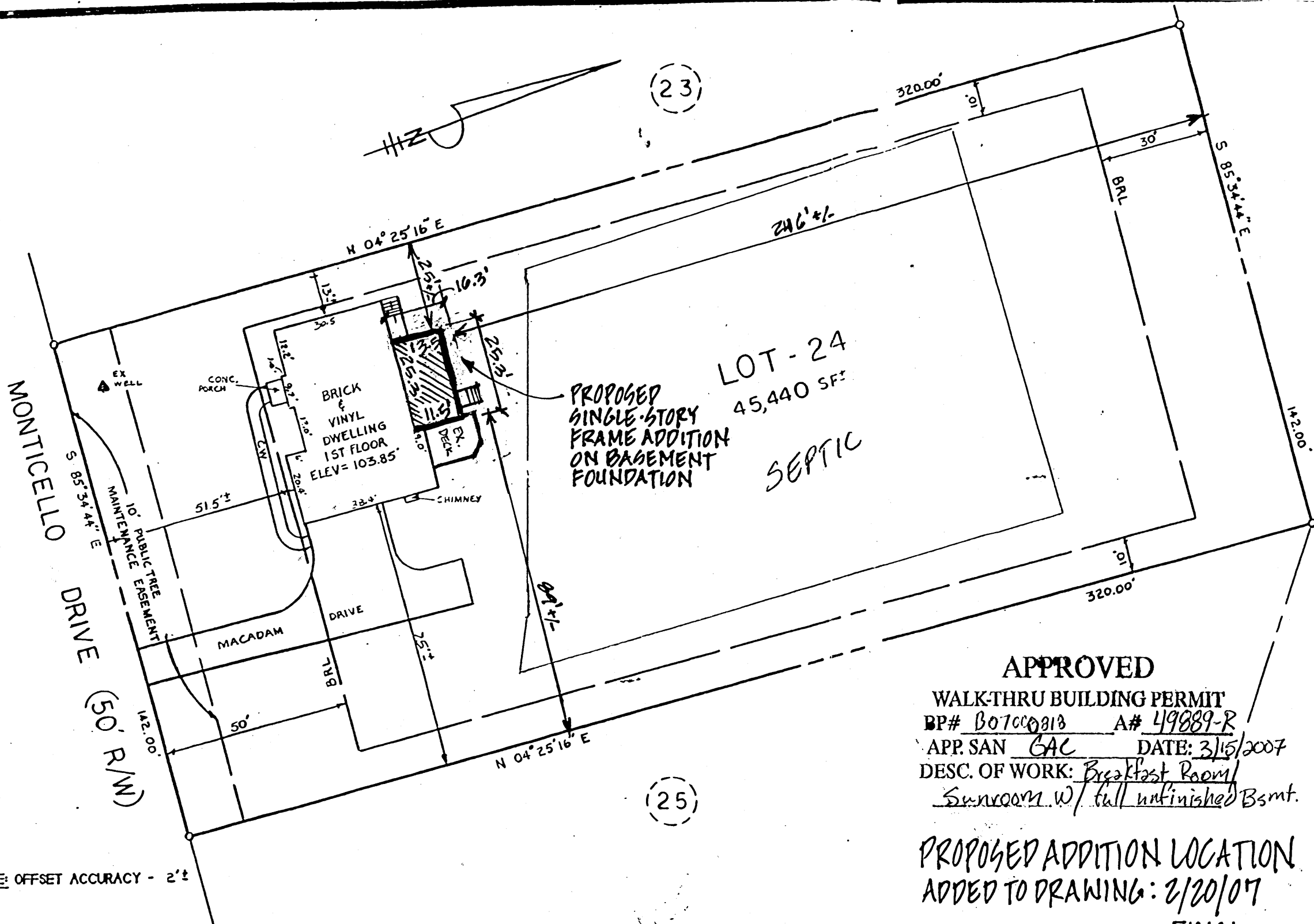
FINAL

LOCATION DRAWING
#14004 MONTICELLO DRIVE

A. L. S. Inc.

194 E. Main Street Westminister, MD 21157
410-857-0822

SHEET:
1 OF 2
SCALE:
1"=30'
DATE:
12-27-00
JOB No:
*51-00-



(23)

(25)

NOTE: OFFSET ACCURACY - 2'

I hereby certify that I have made a field visit of this lot for the purpose of locating the improvements thereon and that they are located as shown.

ALS, Inc. assumes no responsibility or liability for any easement, or right-of-ways, recorded or unrecorded, not appearing in the current Title Deed or Record Plat noted hereon.

DATE: 12/27/00

George Albert Stroud
RPLS No. 256

APPROVED
WALK-THRU BUILDING PERMIT
BP# B07000813 A# 49889-R
APP. SAN GAC DATE: 3/15/2007
DESC. OF WORK: Breakfast Room/
Sunroom w/ full unfinished Bsmt.

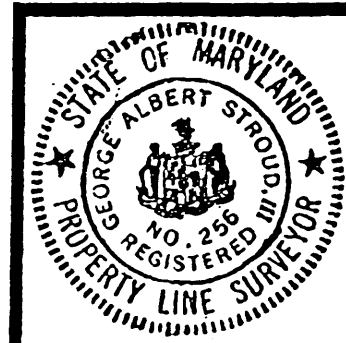
PROPOSED ADDITION LOCATION
ADDED TO DRAWING: 2/20/07
FINAL

PAGE 2

WILLIAMSON RESIDENCE
14004 MONTICELLO DR.
MT. AIRY, MD.

LOT 24
PHASE TWO
"HARLESS MANOR"
PLAT NO. 12202
4TH ELECT. DIST. - HOWARD CO., 1

See attached sheet 2 of 2 for statements of advice pertinent to this plat.



LOCATION DRAWING
#14004 MONTICELLO DRIVE

A. L. S. Inc.
194 E. Main Street Westminister, MD 21157
410-857-0822

SHEET:
1 OF 2

SCALE:
1" = 30'

DATE:
12-27-00

JOB No:
#51-00-1

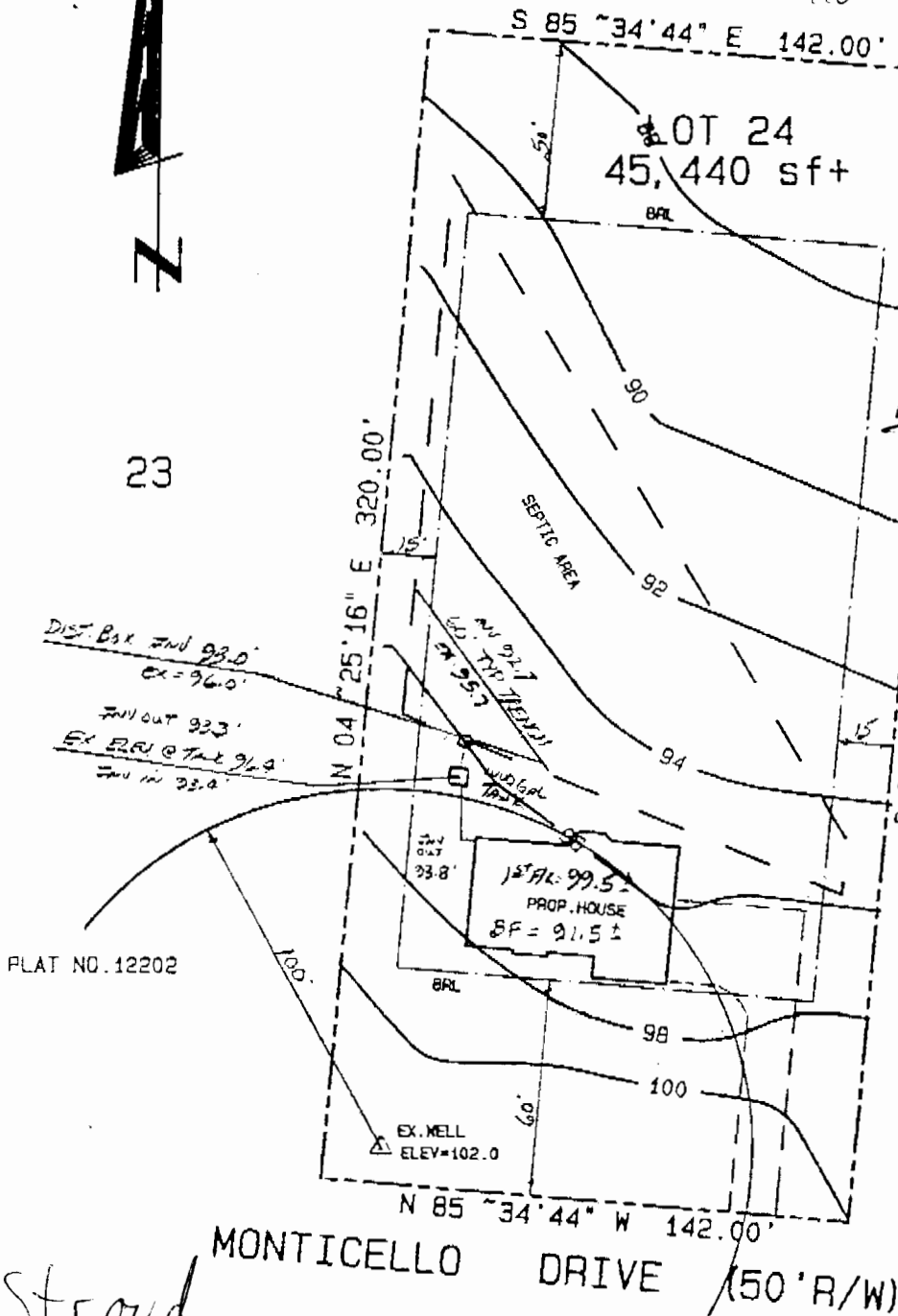
Ron message in your voice mail about this lot

House too close to sewage esmt

Surveyor wants to adjust esmt



23



Note MR 5/12
 Lot has water table problems, SD Army not go lower than 91ft elevation line
 I called + told Mr Stroud He would have to demonstrate how for 3 full septic systems in original septic area + SD A could not be less than 10,000 sqft. If he can demo that and show a small sample of SD A removed (while keeping 20ft from septic area) you'd consider it. I also suggested asking DPL or P+2 for a reduction of Front Set Back line to allow getting house (as his bedroom on other occasions of which I know).
 5/12/00

#51-00-22

LOT 24 HARLESS MANOR PHASE TWO

4TH ELECT. DIST. - HOWARD CO., MD

1"=50' 5-11-00

#51-00-22

A/Stroud
410-857-0822

NOTE: I CERTIFY THAT THE ABOVE MEASUREMENTS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.

GEORGE A. STROUD III
PROPERTY LINE SURVEYOR NO. 258

A.L.S. INC.
 194 E. MAIN STREET
 WESTMINSTER MD 21157



MONTICELLO DRIVE

EXISTING PUBLIC DRAINAGE AND UTILITY EASEMENT

PRESERVATION PARCEL 'A' HARLESS MANOR LOTS 1 THRU 20 AND PARCELS 'A' & 'B' PLAT No. 2093

MARYLAND GRID

OPEN SPACE LOT 33
2.210 AC.±

PRESERVATION PARCEL 'A' HARLESS MANOR LOTS 1 THRU 20 AND PARCELS 'A' & 'B' PLAT No. 2095

LOT 14 HARLESS MANOR LOTS 1 THRU 20 AND PARCELS 'A' & 'B' PLAT No. 2095

R=2,046.97'
L=17.52'

R=2796.97'
L=51.06'

R=6860.5189'
L=2816.97'

LOT 32
1,668 Sq.Ft.±

LOT 21
41,357 Sq.Ft.±

LOT 22
40,000 Sq.Ft.±

LOT 23
40,000 Sq.Ft.±

LOT 31
59,903 Sq.Ft.±

LOT 30
59,950 Sq.Ft.±

LOT 24
45,440 Sq.Ft.±

OPEN SPACE LOT 33 DEDICATED TO HARLESS MANOR HOMEOWNER'S ASSOCIATION

OPEN LOT
16,533
OPEN SPACE DEDICATED TO COUNTY DEPARTMENT OF RECREATION

MONTICELLO DRIVE

UNMITIGATED AND MITIGATED NOISE LINE

10' TREE MAINTENANCE EASEMENT

DRIVE

LOT 25
58,047 Sq.Ft.±

LOT 29
40,897 Sq.Ft.±

25' WETLAND BUFFER
N02°15'02"E 81.31'
N09°55'11"W 119.77'
N00°47'29"E 64.66'



HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

Building Address 1909 4 Monticello Drive
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area 2 Lot 25
 Tax Map 7 Parcel 2946 Grid 19
 Zoning _____ Map Coordinates 4172 Lot size 104 ac

Property Owner's Name David T. Williams
 Address 1909 Monticello Drive
 City Courtsville State IN Zip Code 47123
 Home Phone 301-668-8325 Work Phone 301-668-8327
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 58,000
 Description of Work Trigonal in-ground swimming pool
40' x 20' x 50' deep
Water is full-tracked in

Contractor Company Backyard Creations, Inc
 Contact Person Lisa Brown
 Address 1909 4 Tice Drive
 City Franklin State IN Zip Code 47124
 License No. 90134
 Phone 301-668-4420 Fax 301-668-4410

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 - <u>COMMERCIAL</u>	
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: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities
SF Dwelling <input checked="" 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: _____ 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: Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: Public _____ 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: <u>N/A</u> <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 THERE TO, (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]
Backyard Creations, Inc
 Title/Company _____

Print Name Mark Hellmell
10/19/05
 Date _____

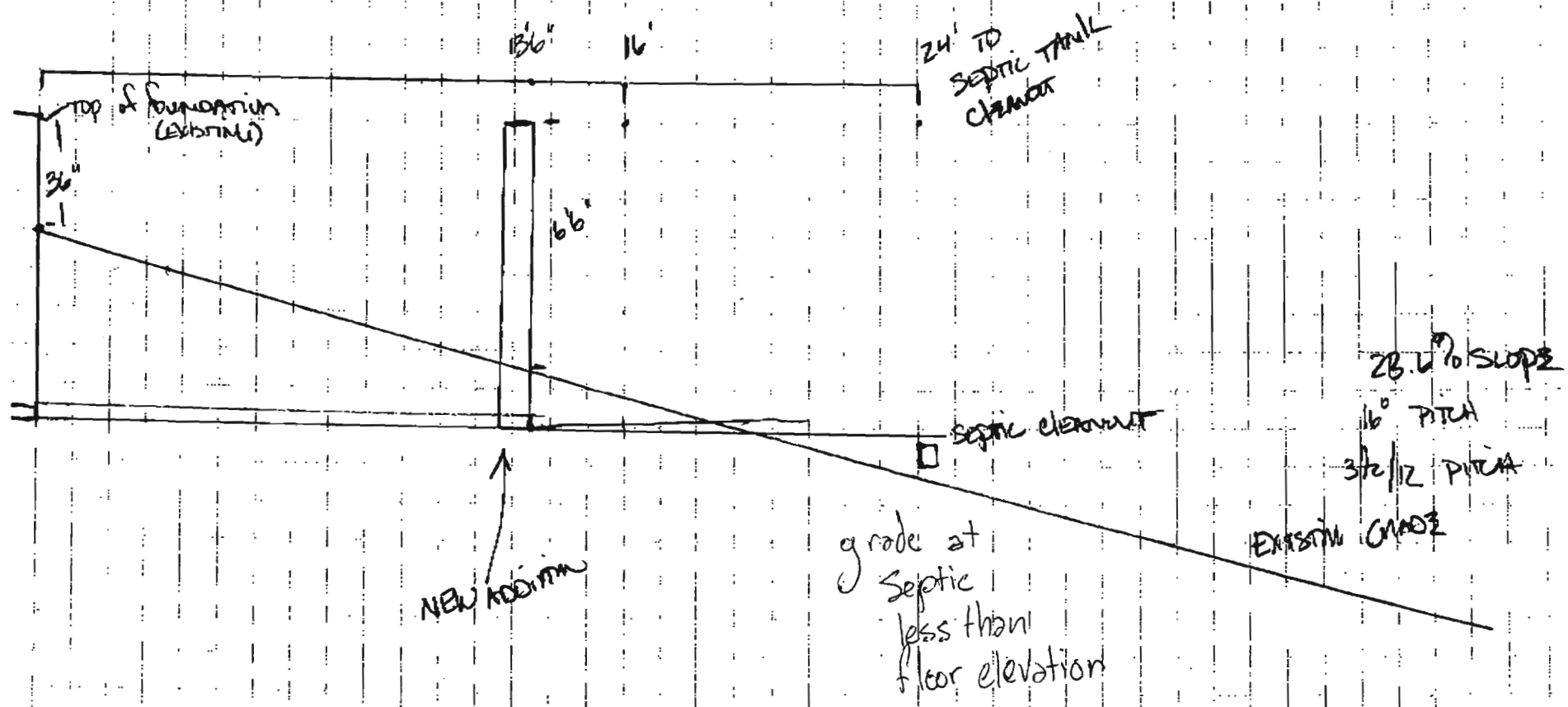
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development, DPZ			
State Highways			
Building Official			
Dev. Engineering, DPZ	<u>10/20/05</u>	<u>[Signature]</u>	
Health			
Fire Protection			

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	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 # _____
SDP/Red-line approval date _____	Validation # _____
	Accepted by _____



KILLIANSON ADDITION

NEW ADDITION

grade at Septic less than floor elevation

EXISTING GRADE

24' TO SEPTIC TANK CLEANOUT

28.0% SLOPE

16° PITCH

3 1/2 / 12 PITCH

SEPTIC ELEVANT

36"

16'

66"

TOP of FOUNDATION (EXISTING)

36"

Building Address 14004 Monticella Dr.
Croftsville, Md. 21723

Property Owner's Name Dan & Nichel Williamson
 Address 3902 Homeland Terrace
 City Olney State Md Zip Code 20832

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

Census Tract G-4 Subdivision Harless Manor
 Section NA Area NA Lot H 24
 Tax Map C9 Parcel 354p Grid 19
 Zoning RC 15 Map Coordinates 4912 Lot size 1.00

Home Phone 301-520-5870 Work Phone 701-529-4216
 Applicant's Name & Mailing Address, (if other than stated hereon):
Larry Stein 21784
1691 Brimfield Circle, Eldersburg
 Phone 410-552-0808 410-775-0022

Existing Use vacant land
 Proposed Use SED
 Estimated Construction Cost \$ 150,000.00
 Description of Work Custom
2 story, 2 car garage,
4 bedrooms, 2 1/2 bath, unfinished basement,
fire, alarm, hot water

Contractor Company Chromaculite Homes Inc.
 Contact Person Larry Stein
 Address 1691 Brimfield Circle
 City Eldersburg State Md Zip Code 21784
 License No. 18580
 Phone 410-552-0808 Fax _____

Occupant or Tenant None Owner
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company A.L.S. Inc.
 Contact Person A. Strand
 Address 194 East Main Street
 City Westminster State Md Zip Code 21151
 Phone 410-857-0822 Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: <u>4</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" 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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	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"/>
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 <input type="checkbox"/> # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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Applicant's Signature Larry S. Stein Print Name Larry S. Stein
 Title/Company Chromaculite Homes Date 5-19-00

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

AGENCY	DATE	SIGNATURE APPROVAL	DEP SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: <u>50' N/A</u>	<u>40312</u>
<input checked="" type="checkbox"/> State Highways			Rear: <u>30' N/A</u>	Filing fee \$ <u>25</u>
<input checked="" type="checkbox"/> Building Official			Side: <u>10' N/A</u>	Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health	<u>6/6/00</u>	<u>Mark Kaplan</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
			Lot Coverage for New Town Zone _____	Balance due \$ _____
			SDP/Red-line approval date _____	Check # <u>629</u>
			Accepted by <u>[Signature]</u>	Validation # <u>41853</u>

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA