

Building Address 6525 Brewster Dr
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name Bobby Kiser
 Address 6525 Brewster Dr
 City MD State MD Zip Code _____
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein):

 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ _____
 Description of Work _____
 Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

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 checked="" 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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	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.

Applicant's Signature _____
 Title/Company _____

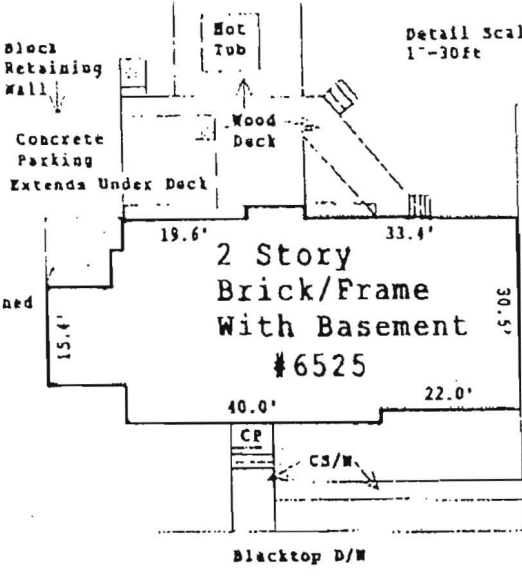
Print Name _____
 Date _____

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	Filing fee	PROPERTY ID #
Land Development, DPZ			Front: _____	\$ _____	
State Highways			Rear: _____	Permit fee \$ _____	
Building Officials			Side: _____	Excise tax \$ _____	
Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____	
Health	11-4-09	Heidi Scott	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 # _____	
			Historic District?	Validation # _____	
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____		
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted-by _____	

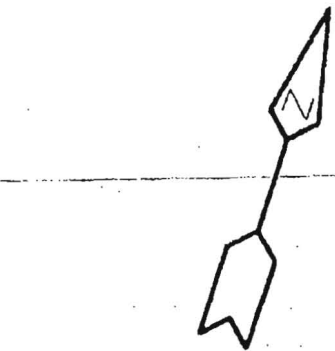
LOCATION DRAWING

Detail Scale
1"=30ft

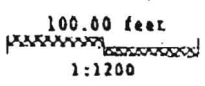


B09002914
LP tank OK
HS 11-4-09

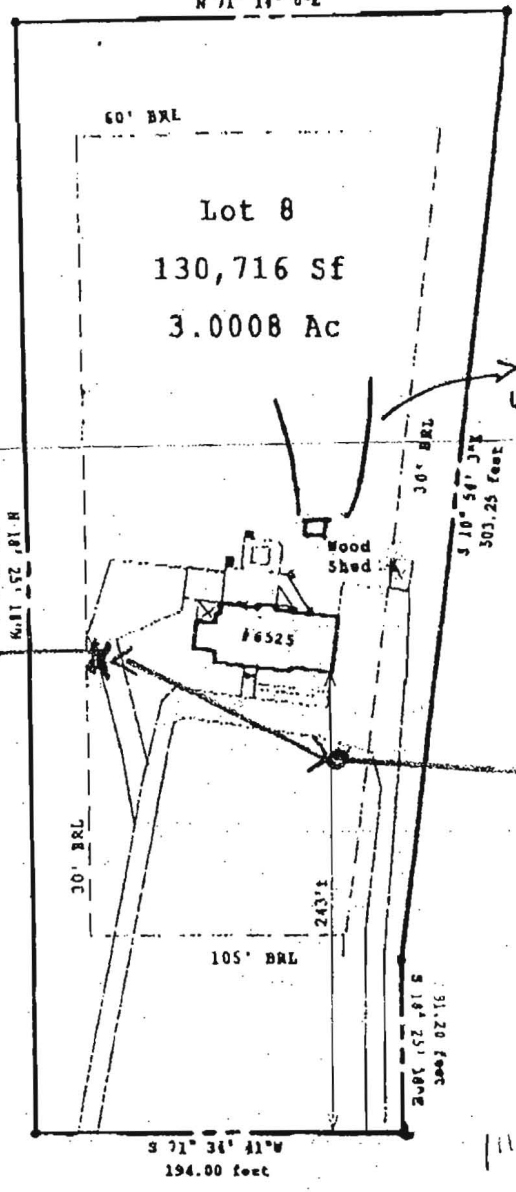
257.87 feet
N 71° 14' 0"E



JK LOCATION



neighbors well



SEPTIC W/ DRAIN FIELDS

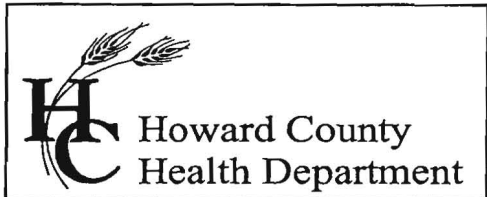
TANK LOCATION TO WELL LOCATION 116'

WELL LOCATION

1"=100'



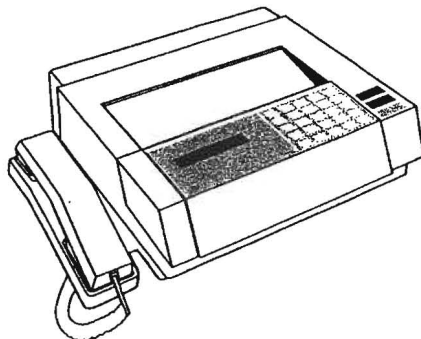
PRESTWICK DRIVE
(60' R/W)



Bureau of Environmental Health
 7178 Columbia Gateway Drive, Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

F A X



Date

10/17/2007

To

Barry Ritter

Department

FAX #

301-854-2216

From

Robert Bricker

Telephone

410-313-2691

FAX (410) 313-2648

of Pages

2

(including cover page)

Comments

Pole Barn location proposed in septic easement;
 barn must be moved to 20 feet or more from easement.

* Send revised location for pole barn. Surveyor's plat showing house, easement & well follows.

CONFIDENTIALITY NOTICE

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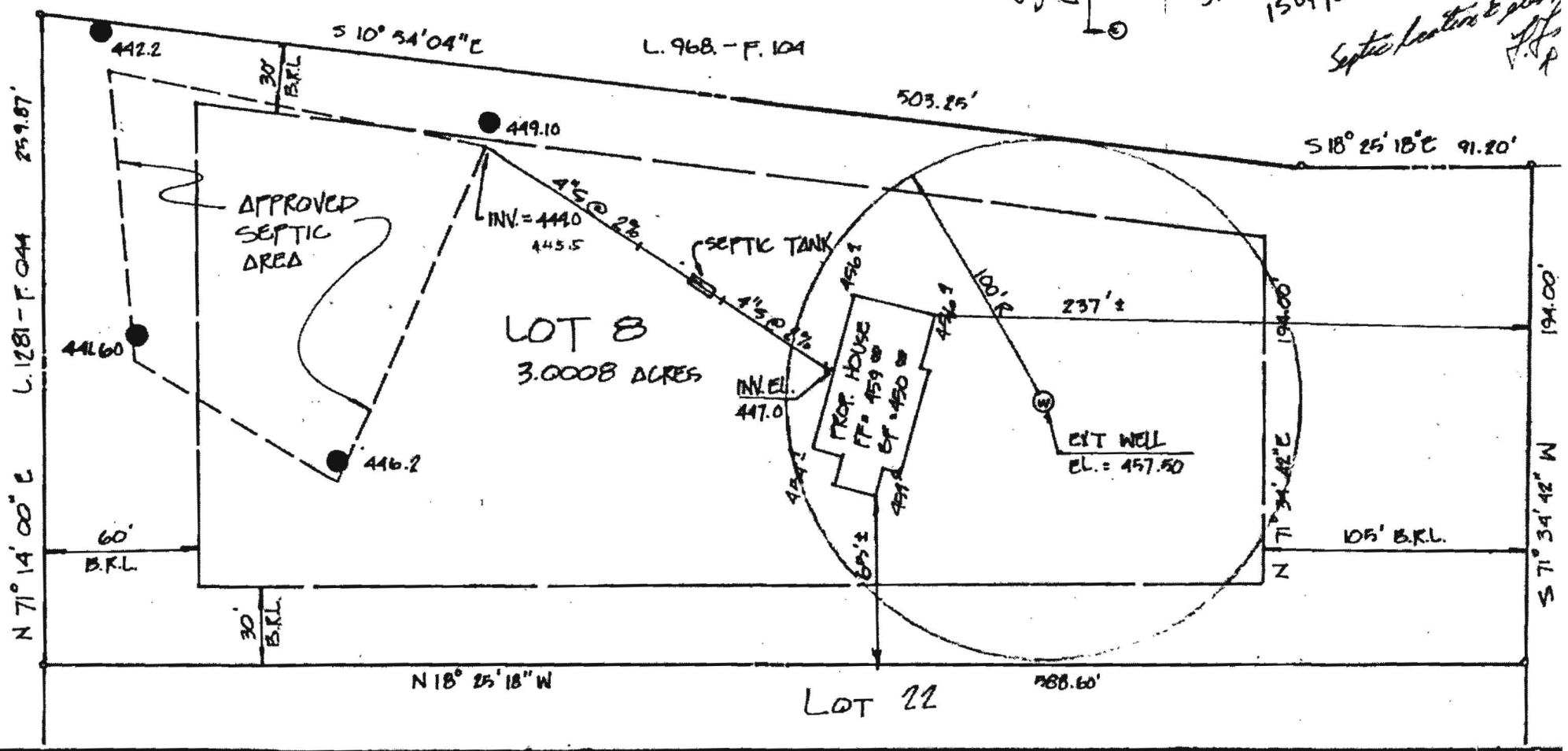
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SABE

Scale:
1" = 60 ft.
feet 60

3.5-5.0
158#/BR

Septic location & plan
J.P.P.



RZEPKOWSKI
212 DRUM AVE. N.
PASADENA, MD. 21122



DEVELOPMENT
CONSULTANTS
GROUP, INC.

17904 GEORGIA AVENUE * 102
OLNEY, MARYLAND 20832
301-924-4570

SITE DEVELO
LOT 8
GREENE
5th ELECTION DISTRICT

TRANSMISSION VERIFICATION REPORT

TIME : 10/17/2007 15:51
NAME : ENVIRONMENTAL HEALTH
FAX : 4103132648
TEL : 14103132648
SER.# : 000G4J161082

DATE, TIME	10/17 15:51
FAX NO./NAME	913018542216
DURATION	00:00:24
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

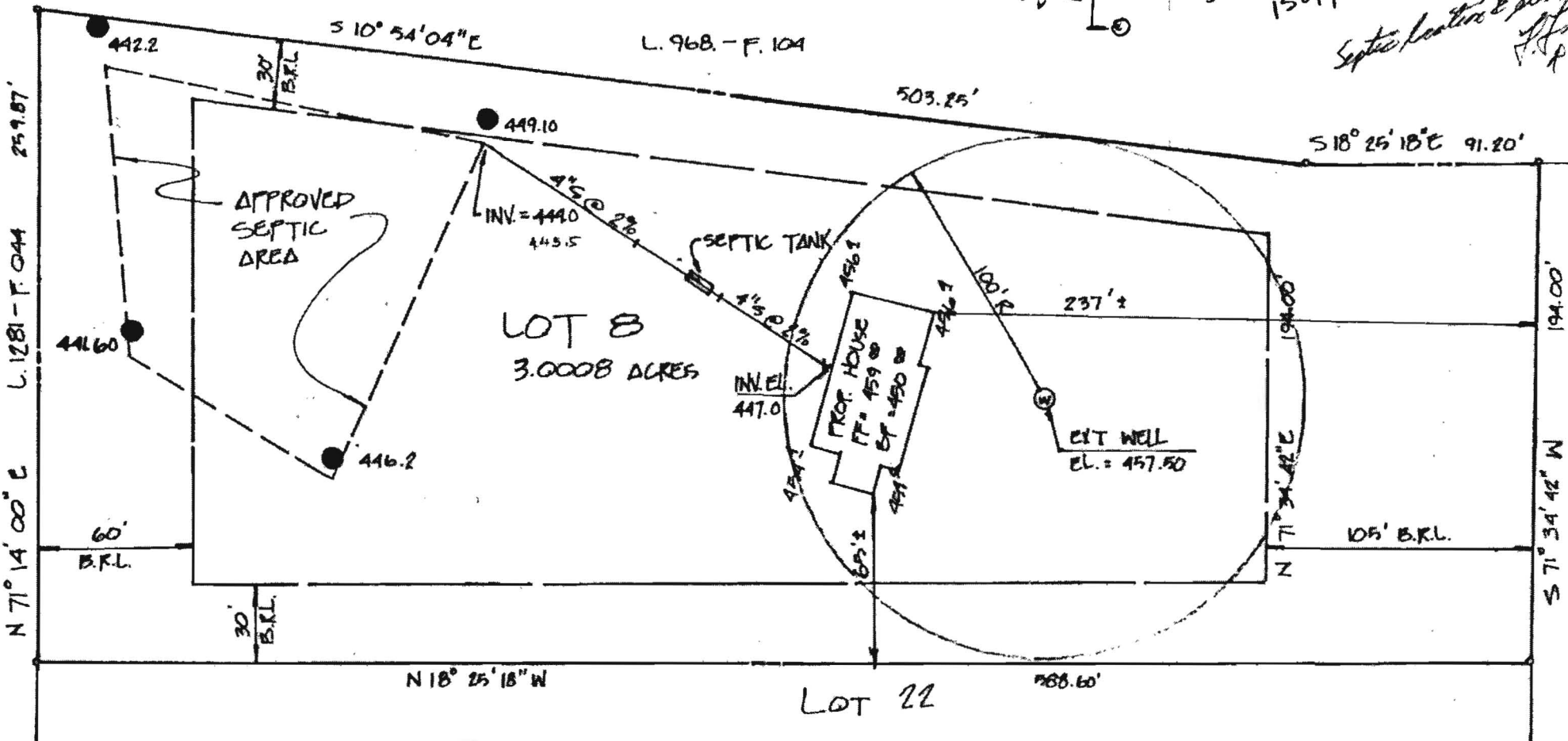
SEPTIC TANK = 1250 GALLON (4BEDROOMS)

SAB

Scale:
1" = 60 Ft.
feet 60

3.5 - 5.0
150#/BR

Septic location & plan
J.P.P.



RZEPKOWSKI
212 DRUM AVE. N.
PASADENA, MD. 21122



DEVELOPMENT
CONSULTANTS
GROUP, INC.

17904 GEORGIA AVENUE * 102
OLNEY, MARYLAND 20832
301-924-4570

SITE DEVELO
LOT 8
GREENE
5th ELECTION DISTRICT

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B07004130

Building Address _____
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Maury Kitter
 Address 6525 Piedmonte Dr
 City Hickory State PA Zip Code 17127
 Home Phone 301-854-2211 Work Phone 301-854-2215
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use CELL PHONE
 Estimated Construction Cost \$ _____
 Description of Work INSTALLATION OF CELL PHONE TOWER
ON EXISTING - GROUND

Contractor Company Magin Excavating
 Contact Person Jason Magin
 Address 3110 Moonlight Dr
 City Hampstead State MD Zip Code 21077
 License No. 493-340-7434
 Phone 800-544-4464 Fax _____

Occupant or Tenant _____
 Contact Name Maury Kitter
 Address 6525 Piedmonte Dr
 City Hickory State PA Zip Code 17127
 Phone 301-854-2211 Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Height: _____
 No. of stories: 1
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities

Water Supply: _____
 Public
 Private
 Sewage Disposal: _____
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil N/A
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads _____

Building Characteristics

SF Dwelling SF Townhouse
 Crawl space Slab on Grade
 1st floor: _____
 2nd floor: _____
 Basement: _____
 Finished Basement Unfinished Basement
 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
 Manufactured Home

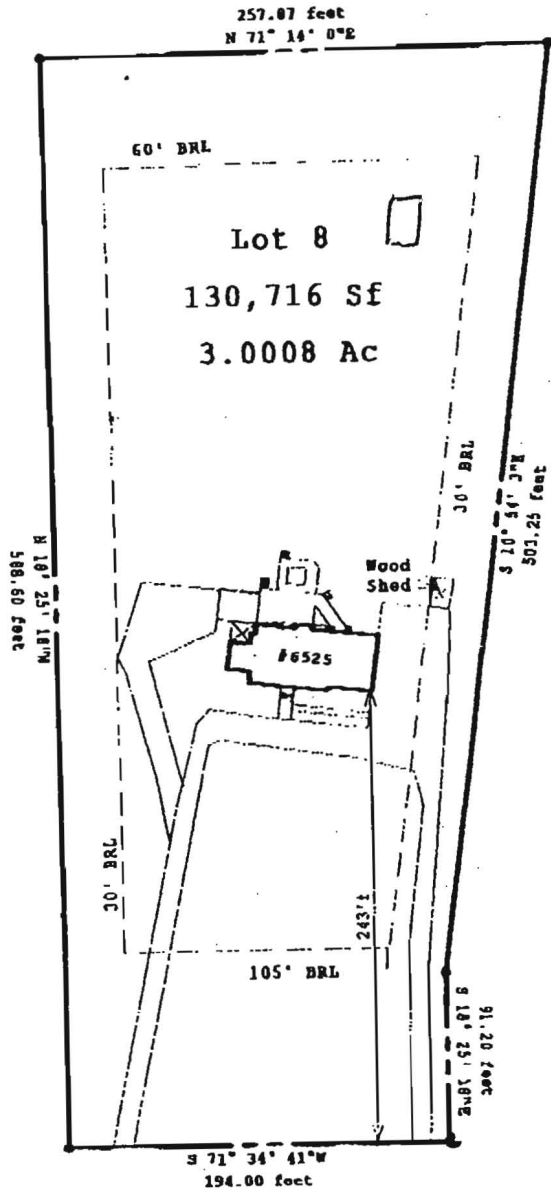
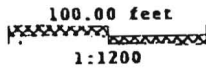
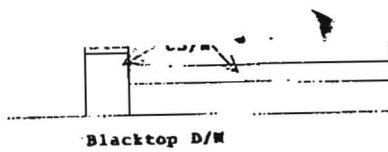
Utilities

Water Supply: _____
 Public
 Private
 Sewage Disposal: _____
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 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.

Applicant's Signature _____
 Title/Company _____

Print Name Maury Kitter
 Date 10/4/07

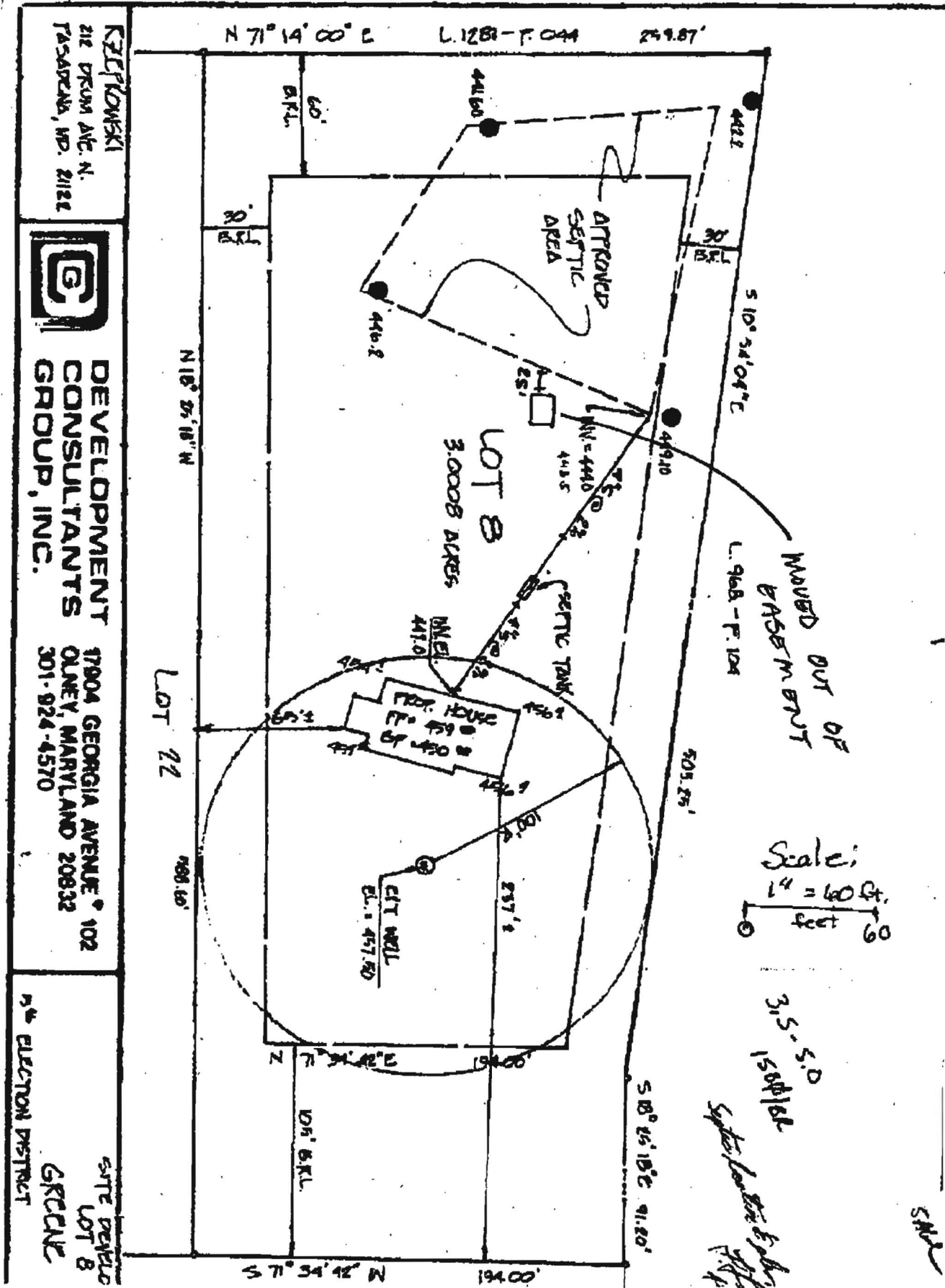


PRESTWICK DRIVE
(60' R/W)

Note: Location survey measurements are +/- 5'
 SUBJECT PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED.
 This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing.
 This plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements.
 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.

THIS IS TO CERTIFY THAT WE HAVE CONDUCTED A LOCATION SURVEY OF THE IMPROVEMENTS AND THAT THEY ARE LOCATED AS SHOWN HEREON.
 Signature: *Patrick Cathell*
 Reg. No. 571

CLS And Associates P.O. Box 190 Lisbon, MD 21786 Office: (410) 442-5117 Fax: (410) 442-5175	Date:	Project:
	3/8/99	6525 PRESTWICK DRIVE Highland, Maryland 20777 Howard County
	Scale:	Title Deed Liber: 4451, Folio: 436
	1"=100ft	Plat Ref: <u>Lot No. 8, Plat No. 6874</u>
File:	<u>GREENE FIELDS</u>	
MTC998490	<u>Lots 1 thru 19</u>	



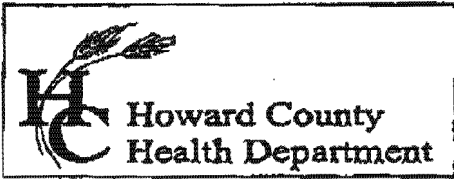
KALPKOWSKI
 212 DRUM AVE. N.
 TABASCAN, MD. 21122



DEVELOPMENT CONSULTANTS GROUP, INC.

17904 GEORGIA AVENUE # 102
 QUNEY, MARYLAND 20832
 301-924-4570

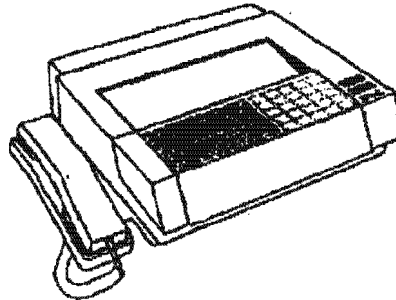
5th ELECTRON DISTRICT
 SPT DEVELOP
 LOT 8
GREANE



Bureau of Environmental Health
 7178 Columbia Gateway Drive, Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

F A X



Date 10/17/2007
 To Barry Ritter
 Department _____
 FAX # 301-854-2216

From Robert Bricker
 Telephone 410-313-2691 FAX (410) 313-2648
 # of Pages 2 (including cover page)

Comments Pole Barn location proposed in septic easement;
barn must be moved to 20 feet or more from easement.
 * Surveyor's plat showing house, easement
Send revised location for pole barn. & well follows.

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