

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE 611 SCOTT CITY, MD 21093 PERMITS (410) 313-2452 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>		<b>PERMIT NUMBER</b> 2800 2800	
Building Address <u>2350 Pfeifferkorn Rd</u> <u>West Friendship, MD 21794</u>			Property Owner's Name <u>Gilbert A. Mobley Sr.</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: <u>16895</u>			Address <u>8291 Washington Blvd</u>		
Census Tract <u>603000</u> Subdivision <u>Lot No 1</u> <sup>Subdiv Property</sup>			City <u>Jessup</u> State <u>MD</u> Zip Code <u>20794</u>		
Section _____ Area _____ Lot <u>1</u>			Home Phone <u>410-792-9193</u> Work Phone <u>301-953-2344</u>		
Tax Map <u>15</u> Parcel <u>281</u> Grd <u>15-8</u>			Applicant's Name & Mailing Address, (if other than stated herein): <u>Same</u>		
Zoning <u>RC-DEP</u> Map Coordinates _____ Lot size <u>See Site Plan 100</u>			Phone <u>410-792-9193</u> Fax <u>301-725-6647</u>		
Existing Use <u>Residential Property</u>			Contractor Company <u>Owner of Property</u>		
Proposed Use <u>12'x24' Shed</u>			Contact Person <u>Gilbert Mobley Sr.</u>		
Estimated Construction Cost \$ <u>3500.00</u>			Address <u>8291 Wash Blvd</u>		
Description of Work <u>Install a Manufactured Shed 12'x24'</u>			City <u>Jessup</u> State <u>MD</u> Zip Code <u>20794</u>		
Occupant or Tenant <u>Gilbert A. Mobley Sr.</u>			License No <u>N/A</u>		
Contact Name <u>Danna Merson</u>			Phone <u>410-792-9193</u> Fax <u>301-725-6647</u>		
Address <u>8291 Washington Blvd</u>			Engineer or Architect Company <u>Homestead Structures</u>		
City <u>Jessup</u> State <u>MD</u> Zip Code <u>20794</u>			Contact Person <u>Steve</u>		
Phone <u>410-792-9193</u> Fax <u>301-725-6647</u>			Address <u>901 Peters Road</u>		
City <u>New Holland</u> State <u>PA.</u> Zip Code <u>17557</u>			City <u>New Holland</u> State <u>PA.</u> Zip Code <u>17557</u>		
Phone <u>717-354-8327</u> Fax <u>717-354-5211</u>			Phone <u>717-354-8327</u> Fax <u>717-354-5211</u>		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b> 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	<b>Utilities</b> 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: <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"/> 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	<b>Building Characteristics</b> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: _____ 2nd floor: _____ Basement _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade 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: <u>Shed</u> Dimensions: <u>12'x24'</u> Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input checked="" type="checkbox"/> Manufactured Home <u>Shed</u>	<b>Utilities</b> 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 type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: <u>N/A</u> <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"/> 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

Gilbert A. Mobley Sr.  
 Applicant's Signature  
Property Owner  
 Title/Company

Gilbert A. Mobley Sr.  
 Print Name  
9/2/2008  
 Date

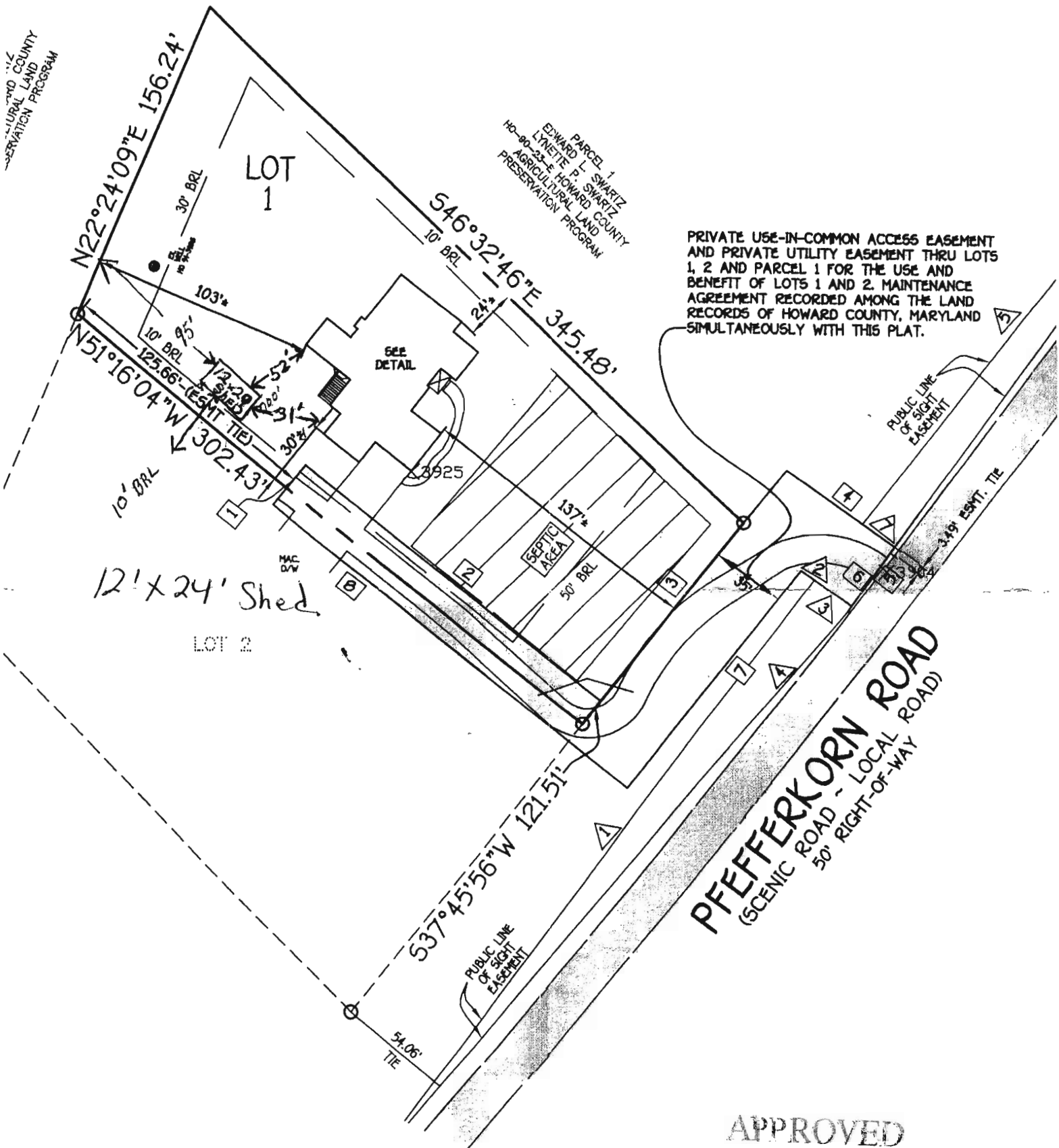
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ	9/10/08	<u>[Signature]</u>	Front: <u>50</u>	Filing fee \$
State Highways			Rear: <u>30(10)</u>	Permit fee \$
Building Official			Side: <u>10(10)</u>	Excise tax \$
Dev. Engineering DPZ			Side St.: _____	Add'l per. fee \$
Health	9/17/08	<u>[Signature]</u>	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 checked="" type="checkbox"/>	Check # <u>16314</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation #
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Distribution of Copies:	White: Building Official	Green: LDD, DPZ	Lot Coverage for New Town Zone	
T: forms/PERMIT.FRM			SDP/Red-line approval date	Accepted by _____
			Yellow: DED, DPZ	Gold: SHA
			Pink: Health	

HOWARD COUNTY  
AGRICULTURAL LAND  
PRESERVATION PROGRAM

PARCEL 1  
EDWARD L. SWARTZ  
LYNETTE P. SWARTZ  
10-90-22-E HOWARD COUNTY  
AGRICULTURAL LAND  
PRESERVATION PROGRAM

PRIVATE USE-IN-COMMON ACCESS EASEMENT  
AND PRIVATE UTILITY EASEMENT THRU LOTS  
1, 2 AND PARCEL 1 FOR THE USE AND  
BENEFIT OF LOTS 1 AND 2. MAINTENANCE  
AGREEMENT RECORDED AMONG THE LAND  
RECORDS OF HOWARD COUNTY, MARYLAND  
SIMULTANEOUSLY WITH THIS PLAT.



12' x 24' Shed  
LOT 2

**PFEFFERKORN ROAD**  
(SCENIC ROAD - LOCAL ROAD)  
50' RIGHT-OF-WAY

APPROVED

WALKTHRU BUILDING PERMIT  
BP# \_\_\_\_\_ A# 518553  
APP. SAN HS DATE: 9/17/08  
DESC. OF WORK: 12' x 24' Shed

LOT 1  
AGRICULTURAL PRESERVATION  
SUBDIVISION PLAT  
THE SWARTZ PROPERTY  
LOTS 1 AND 2  
THIRD ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
PLAT \*16894 & 16895

AD  
N LINE  
563.0\*

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

808005422

Building Address 2350 Pfeifferkoen Rd  
West Friendship, MD

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 1

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name NU-HOMES, INC.

Address 10630 Little Patuxent Pky. #146

City Columbia State MD Zip Code 20710

Phone 410-730-2100 Phone \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD w/3 car garage

Proposed Use SFD w/4 car garage

Estimated Construction Cost \$ 40,000

Description of Work ADD 14'x24'8" garage  
to existing garage on house  
ADD PREFAB FP TO REAR OF SUNROOM

Contractor Company NU-HOMES INC

Contact Person Judy Filcheck

Address 10630 Little Patuxent Pky #146

City Columbia State MD Zip Code 21044

License No. MHR0311  
Phone 410-730-2100 Fax 410-730-2011

Occupant or Tenant N/A

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  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

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   
 Full  
 Partial  
 Other Suppression  
 # of Heads

Building Characteristics

Utilities

SF Dwelling  SF Townhouse   
Depth Width  
1st floor: \_\_\_\_\_  
2nd floor: \_\_\_\_\_  
Basement:  
Finished Basement  Unfinished Basement   
 Crawl space  Slab on Grade   
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

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.

Judith E. Filcheck, Agent

Judith E. Filcheck

Applicant's Signature  
NU-HOMES INC.  
Title/Company

Print Name  
8-13-08  
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		
Health	<u>8/13/08</u>	<u>R. Bicker</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		

YES  NO

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

Distribution of Copies - White: Building Official Green: LDD, DPZ

Forms PERMIT.FRM

DPZ SETBACK INFORMATION

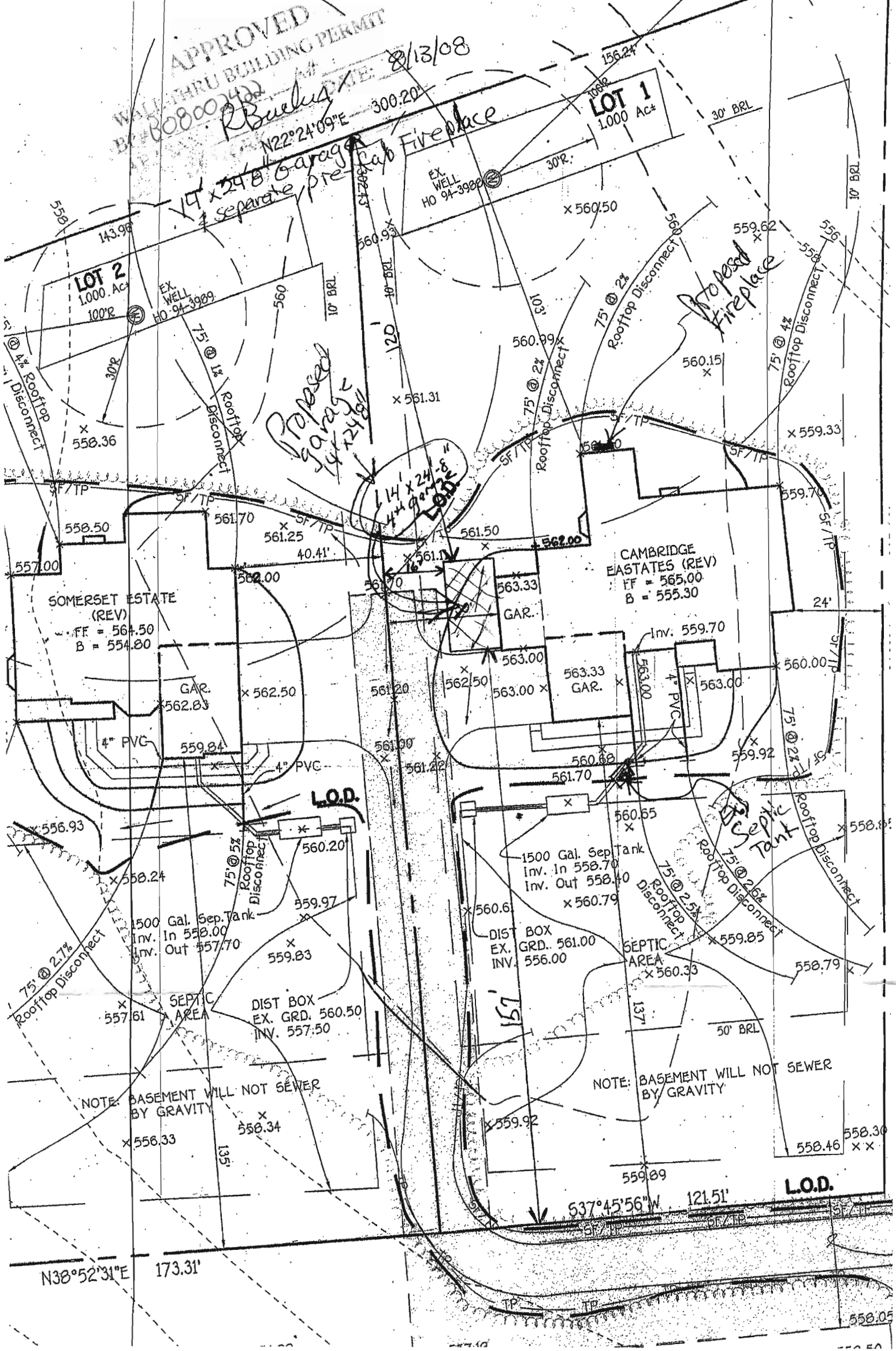
PROPERTY #

Front: _____	Filing fee	\$ _____
Rear: _____	Permit fee	\$ _____
Side: _____	Excise tax	\$ _____
Side S: _____	Add'l per. fee	\$ _____
All minimum setbacks met?	TOTAL FEES	\$ _____
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 New Town Zone _____		
SDP/Red-line approval date _____	Accepted by _____	
Yellow: DED, DPZ	Pink: Health	Gold: S-4

Nu-Homes Inc  
Lot 1 1000 Acres

APPROVED  
WALK-THRU BUILDING PERMIT  
B-80800242

R. Buckner  
DATE: 8/13/08



NOTE: BASEMENT WILL NOT SEWER BY GRAVITY

NOTE: BASEMENT WILL NOT SEWER BY GRAVITY

N38°52'31"E 173.31'

637°45'56"W 121.51'

L.O.D.

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLICOTT CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

307004089

Building Address 2350 PFEFFERKORN RD  
WEST FRIENDSHIP, MD 27194  
Suite/Apt. #: \_\_\_\_\_ (SDP/WP/Petition #: \_\_\_\_\_)  
Census Tract 6030.00 Subdivision SWARTZ PROPERTY  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 1  
Tax Map 15 Parcel \_\_\_\_\_ Grid 15-8  
Zoning RR DEO Map Coordinates \_\_\_\_\_ Lot size 1,000 Ac

Property Owner's Name NU-HOMES, INC.  
Address 10630 LITTLE PATUXENT PKWY. #146  
City COLUMBIA State MD Zip Code 21044  
Home Phone \_\_\_\_\_ Work Phone 410-730-2100  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax 410-730-2011

Existing Use SFD  
Proposed Use DECK ON REAR OF HOUSE  
Estimated Construction Cost \$ 3,500-  
Description of Work 14' X 16' WOOD DECK w/  
STEPS AS REQUIRED

Contractor Company SAME/OWNER  
Contact Person JUDY FILCHECK  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. 311 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: <u>N/A</u> <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 checked="" 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 checked="" type="checkbox"/>
No. of Bedrooms _____	Propane Gas <input type="checkbox"/>
Height: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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>PT WOOD DECK</u>	
Dimensions: <u>14' X 16'</u>	
Footings: _____	
Roof Height: _____	
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.

Nancy Matschat / Agent  
Applicant's Signature  
NU-HOMES, INC  
Title/Company

NANCY MATSCHAT  
Print Name  
SEPT. 26, 2007  
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	<u>9/27/2007</u>	<u>Jehina A. Gh</u>	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 # <u>10032</u>
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			Lot Coverage for NewTown Zone _____	
Green: LDD, DPZ			SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>
Yellow: DED, DPZ			Pink: Health	Gold: SHA
T:Yonna@PERMIT.FRM				

N22°24'09"E 300.20'

LOT 1  
1.000 Ac±

**APPROVED**  
WALK-THRU BUILDING PERMIT  
BP# B07004089 A# 518534  
APP. SAN GAG DATE: 9/27/07  
DESC. OF WORK: DECK AS  
SPROWN w/STEPS

EX. WELL  
HO 94-3989

EX. WELL  
HO 94-3988

DECK

CAMBRIDGE  
EASTATES (REV)  
FF = 565.00  
B = 555.30

GAR.

GAR.

GAR.  
562.83

0 Gal. Sep. Tank  
In 558.00  
Out 557.70

DIST BOX  
EX. GRD. 560.50  
INV. 557.50

1500 Gal. Sep Tank  
Inv. In 558.70  
Inv. Out 558.40

DIST BOX  
EX. GRD. 561.00  
INV. 556.00

SEPTIC AREA  
x 560.33

NOTE: BASEMENT WILL NOT SEWER  
BY GRAVITY

L.O.D.

L.O.D.

L.O.D.

STATE

50

50

24

0 Gal. Sep. Tank

SEPTIC AREA

MENT WILL NOT SEWER

GRAVITY

3

135'

31'

x 554.92

x 557.12

x 557.87

x 558.05

x 558.50

x 558.78

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GRADING PERMIT # 06-14

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELICOTT CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

30700466

Building Address 2350 PEEPERFORN RD  
WEST FRIENDSHIP MD 27194  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: #11895  
 Census Tract 603000 Subdivision South Hardsly  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 1  
 Tax Map 15 Parcel 1 Grid 2  
 Zoning RC Map Coordinates \_\_\_\_\_ Lot size 1.1

Property Owner's Name NU-HOMES, INC.  
 Address 10630 LITTLE PATUENT HWY #146  
 City COLUMBIA State MD Zip Code 21044  
 Home Phone \_\_\_\_\_ Work Phone 410-730-2100  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax 410-730-2011

Existing Use VACANT LOT  
 Proposed Use SFD  
 Estimated Construction Cost \$ \_\_\_\_\_  
 Description of Work APPROVED CAMBRIDGE ESTATE

Contractor Company SAME/OWNER  
 Contact Person JUDY FILCHECK  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. 311  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company FISHER COLLINS & CARTER  
 Contact Person JOEY ECKER  
 Address 10272 BALTIMORE NATIONAL PIKE  
 City ELICOTT CITY State MD Zip Code 21042  
 Phone 410-461-2855 Fax 410-750-3784

### 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 <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" 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: <u>3905'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>+200</u>	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input 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>1</u> Height: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____	State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>

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  
NU-HOMES, INC.  
 Title/Company

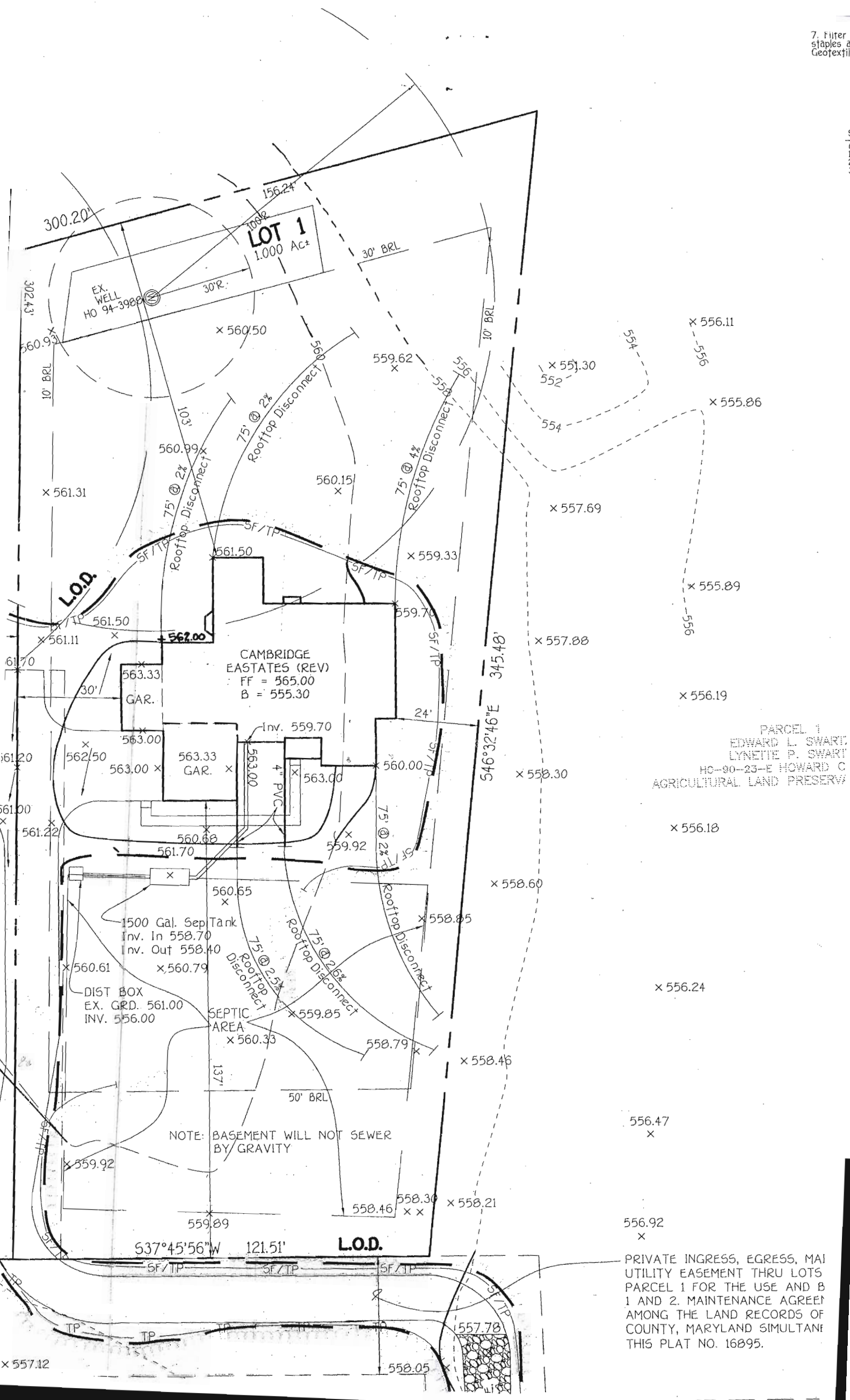
Print Name  
ANNOY MATSCHAT  
 Date  
2/1/07

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>2/20/07</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"/>		
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: <u>50</u>	Filing fee \$ <u>100.00</u>
Rear: <u>30</u>	Permit fee \$ _____
Side: <u>10</u>	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 NewTown Zone _____	Check # <u>1700</u>
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

Slope
0 -
10 -
20 -
33 -
50x



PARCEL 1  
 EDWARD L. SWART  
 LYNETTE P. SWART  
 HO-90-23-E HOWARD C  
 AGRICULTURAL LAND PRESERV

NOTE: BASEMENT WILL NOT SEWER  
 BY GRAVITY

PRIVATE INGRESS, EGRESS, MAI  
 UTILITY EASEMENT THRU LOTS  
 PARCEL 1 FOR THE USE AND B  
 1 AND 2. MAINTENANCE AGREED  
 AMONG THE LAND RECORDS OF  
 COUNTY, MARYLAND SIMULTANE  
 THIS PLAT NO. 16895.

x 557.12

556.92  
 x

x 556.24

x 556.18

x 556.19

x 557.88

x 557.69

x 555.86

x 556.11

546°32'46"E  
 345.48'

537°45'56"W 121.51'

L.O.D.

557.78

558.05

302.43'

300.20'

156.24'

LOT 1  
 1.000 Ac±

EX. WELL  
 HO 94-3982

CAMBRIDGE  
 EASTATES (REV)  
 FF = 565.00  
 B = 555.30

1500 Gal. Sep Tank  
 Inv. In 558.70  
 Inv. Out 558.40

DIST BOX  
 EX. GRD. 561.00  
 INV. 556.00

SEPTIC  
 AREA

137'

50' BRL

30' BRL

10' BRL

10' BRL

103'

75' @ 2%  
 Rooftop Disconnect

75' @ 2%  
 Rooftop Disconnect

559.62

558

x 551.30  
 552

554

556

x 561.31

560.99

x 560.50

560.15

559.62

558

x 551.30  
 552

554

556

x 555.86

L.O.D.

SF/TP

75' @ 2%  
 Rooftop Disconnect

75' @ 4%  
 Rooftop Disconnect

559.33

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x 557.69

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x 555.86

x 555.89

x 556.19

x 557.88

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x 556.18

x 558.60

x 556.24

x 558.46

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x 558.21

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DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLICOTT CITY, MD 21043  
PERMITS (410) 313-2453 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER  
B00156678

Building Address 2350 PEEFERKORN ROAD  
WEST FRIENDSHIP, MD 27194  
Suite/Apt. #: 03-342301 SDI/WP/Petition #: GP 06-14  
Census Tract 6030.00 Subdivision MA Swartz Cop.  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 1  
Tax Map 15 Parcel 1 Grid 2  
Zoning RC R-2 Map Coordinates \_\_\_\_\_ Lot size 43,560 SF

Property Owner's Name NU-HOMES, INC.  
Address 10630 LITTLE PATUXENT PKWY. #146  
City COLUMBIA State MD Zip Code 21044  
Home Phone \_\_\_\_\_ Work Phone 410-730-2100  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax 410-730-2011

Existing Use VACANT LOT  
Proposed Use SFD  
Estimated Construction Cost \$ 450,000.-  
Description of Work APPROVED CAMBRIDGE ESTATE

Contractor Company SAME / OWNER  
Contact Person JUDY FILCHECK  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. 311 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company FISHER, COLLINS & CARTER  
Contact Person JOEY ECKER  
Address \_\_\_\_\_  
City ELLICOTT CITY State MD Zip Code 21042  
Phone 410-461-2855 Fax 410-750-3784

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

**Building Characteristics**  
Height: \_\_\_\_\_  
No. of stories: \_\_\_\_\_  
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   
Natural Gas   
Propane Gas   
Sprinkler system:  N/A   
 Full  
 Partial  
 Other Suppression  
 # of Heads

**Building Characteristics**  
SF Dwelling  SF Townhouse   
Depth \_\_\_\_\_ Width \_\_\_\_\_  
1st floor: \_\_\_\_\_  
2nd floor: \_\_\_\_\_  
Basement: \_\_\_\_\_  
Finished Basement  Unfinished Basement   
Crawl space  Slab on Grade   
No. of Bedrooms 4  
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.

Nancy Matschat  
Applicant's Signature  
NU-HOMES, INC.  
Title/Company

NANCY MATSCHAT  
Print Name  
10-24-2005  
Date

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"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>11/2/05</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?  
YES  NO

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

Distribution of Copies - White: Building Official Green: LDD, DPZ  
T:\Forms\PERMIT.FRM

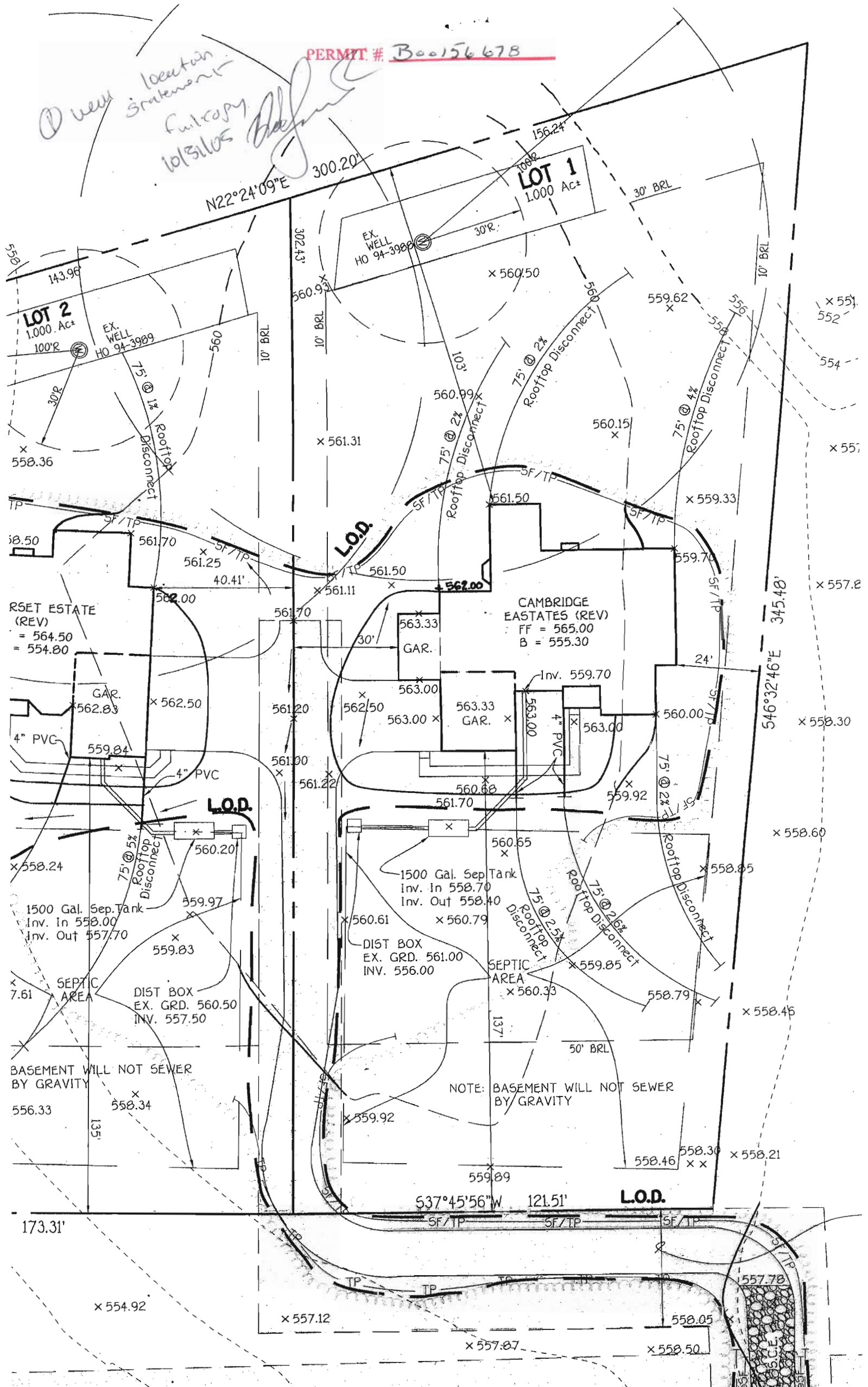
DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ <u>100.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit 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 NewTown Zone _____	Check: <u>\$ 144.00</u>
SDP/Red-line approval date _____	Validation: <u>#100762</u>

Accepted by [Signature]

Yellow: IDED, DPZ Pink: Health Gold: SHA

PERMIT # B00156678

① well location  
statement  
full copy  
10/3/05  
B. [Signature]



LOT 2  
1.000 Ac±

LOT 1  
1.000 Ac±

RSET ESTATE  
(REV)  
= 564.50  
= 554.80

CAMBRIDGE  
EASTATES (REV)  
FF = 565.00  
B = 555.30

BASEMENT WILL NOT SEWER  
BY GRAVITY

NOTE: BASEMENT WILL NOT SEWER  
BY GRAVITY

x 554.92

x 557.12

x 557.87

x 558.50



4 PAGES TOTAL

ORIGINAL

HP OfficeJet G Series G85  
Personal Printer/Fax/Copier/Scanner

Fax-History Report for  
Rick Roos  
410-239-0700  
Aug 10 2007 9:31am

Last Fax

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Aug 10	9:30am	Sent	4103132648	1:04	2	OK

Result:

- OK - black and white fax
- Okay color - color fax

ATTN: Mary Lou -

This is a copy of the original inspection.  
R+G. Faxed to Health Dept. w/ ~~fax~~ for confirmation.

Will this work since he has the correct address of  
2350 Pfefferhorn Rd on it -

( He had the address of 2358 on the new form.  
I sent to him. - I corrected it to 2350 + it is also att'd )

Any problems w/ this - let me know @

410 - ~~52001~~ <sup>730-2100</sup> - Thomas

Judy Filchuck - Nu Homes