

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

0700210

Building Address <u>7253 Preservation Ct</u>	Property Owner's Name <u>Robert Cohen</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>7253 Preservation Ct.</u>
Census Tract <u>605102</u> Subdivision _____	City <u>Fulton</u> State <u>MD</u> Zip Code <u>20759</u>
Section _____ Area _____ Lot _____	Phone <u>301-604-1899</u> Phone _____
Tax Map <u>41</u> Parcel _____ Grid <u>41-8</u>	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning <u>RR-DEA</u> Map Coordinates _____ Lot size _____	Phone _____ Fax _____
Existing Use _____	Contractor Company <u>Estrada Design Build</u>
Proposed Use <u>Wood Deck</u>	Contact Person <u>Steve Estrada</u>
Estimated Construction Cost \$ _____	Address <u>1213 Hollyoak Rd.</u>
Description of Work <u>Install Wood Deck</u>	City <u>Odenton</u> State <u>MD</u> Zip Code <u>21113</u>
<u>15' X 20'</u>	License No. _____ Phone _____ Fax _____
Occupant or Tenant _____	Engineer or Architect Company _____
Contact Name _____	Contact Person _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone _____ Fax _____	Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities	
Height: _____	No. of stories: <u>3</u>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Use group: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ <input checked="" type="checkbox"/> 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"/>	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Other Structure: _____
	Sprinkler system: _____ Full _____ Partial _____ Other Suppression _____ # of Heads _____	1st floor: _____	Dimensions: _____
		2nd floor: _____	Footings: _____
		Basement: _____	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.

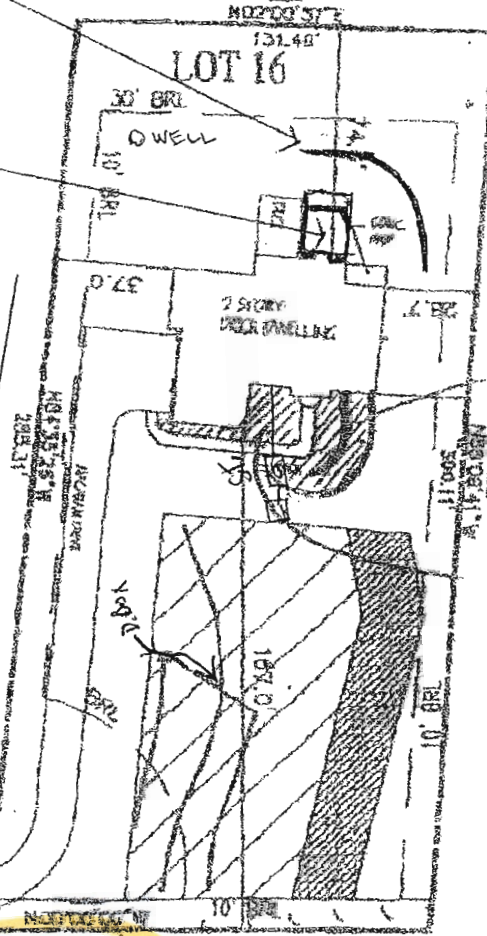
Applicant's Signature Stephen Estrada (President) Title/Company Estrada Design Build  
 Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 Print Name Stephen Estrada Date 9/11/08

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>9/11/08</u> <u>R. Buckner</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 # _____
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 Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	

STANDARD RETAINING WALL 30" TALL BY  
APPROX. 65' LONG

DECK 15' x 20'

APPROVED  
WALK-THRU BUILDING PERMIT  
BP# \_\_\_\_\_ A# \_\_\_\_\_  
APP. SAN R. Bush DATE: 5/23/07  
DESC. OF WORK: 15' x 20' Deck  
as shown



PRESERVATION COURT

APPROVED  
WALK-THRU BUILDING PERMIT  
BP# 07002016 A# \_\_\_\_\_  
APP. SAN R. Bush DATE: 9/11/08  
DESC. OF WORK: 15' x 20' Deck  
as shown 1 re-approved TOP OF WALL EL. 458.0'



RECORDED BY	LIBBY/PLD
PLAT BOOK	PLAT NO./PAGE
SCALE	1"=60'
DATE	SEPTEMBER 02, 2009

FINAL LOCATION	NEW CONSTRUCTION
PARCEL NUMBER	LOT#
COUNTY	PRINCE GEORGES
MUNICIPALITY	MARLBORO

**MARKS & ASSOCIATES LLC**  
CONSULTING ENGINEERS/PLANNERS  
4000 WOODBURN AVENUE, SUITE 100, WOODBURN, MD 21797  
TEL: 410-261-2200 FAX: 410-261-2201  
LARRY G. MARKS, P.E. REGISTERED PROFESSIONAL ENGINEER  
No. 007 REGISTERED PROFESSIONAL ENGINEER  
*Larry G. Marks*  
LARRY G. MARKS, P.E. 1987

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B07002010

Building Address 7253 PRESERVATION COURT  
FULTON MD 20759

Suite/Apt. #: \_\_\_\_\_ SDPWP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision Powder Mill Woods  
14923

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 16

Tax Map 41 Parcel 274 Grid 8

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size 43079 sq ft

Property Owner's Name ROBERT A & CAROL COHEN

Address 7253 PRESERVATION COURT

City FULTON, MD State MD Zip Code 20759

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):  
LOUIS C. SMITH  
7711 GARRISON ROAD LANDOVER HILLS, MD 20784

Phone 301-731-4767 Fax 301-731-5948

Existing Use SFD

Proposed Use SFD WITH DECK

Estimated Construction Cost \$ \_\_\_\_\_

Description of Work CONSTRUCT 15' x 20' DECK

Contractor Company ESTRADA DESIGN/BUILD/INC

Contact Person STEPHEN ESTRADA

Address 1213 HOLLY OAK ROAD

City ODENTON State MD Zip Code 21113

License No. 3411948

Phone 410-672-4337 Fax 410-674-7298

Occupant or Tenant OWNER

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

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

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]  
Applicant's Signature  
RAPID PERMIT  
Title/Company

LOUIS C. SMITH  
Print Name  
5-23-07  
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 IDE
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>5/23/07</u>	<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 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	Lot Coverage for New Town Zone _____	Accepted by _____
			SDP/Red-line approval date _____	
			Yellow: DED, DPZ	
			Pink: Health	
			Gold: SHA	

STANDARD RETAINING WALL 30" TALL BY APPROX. 65' LONG

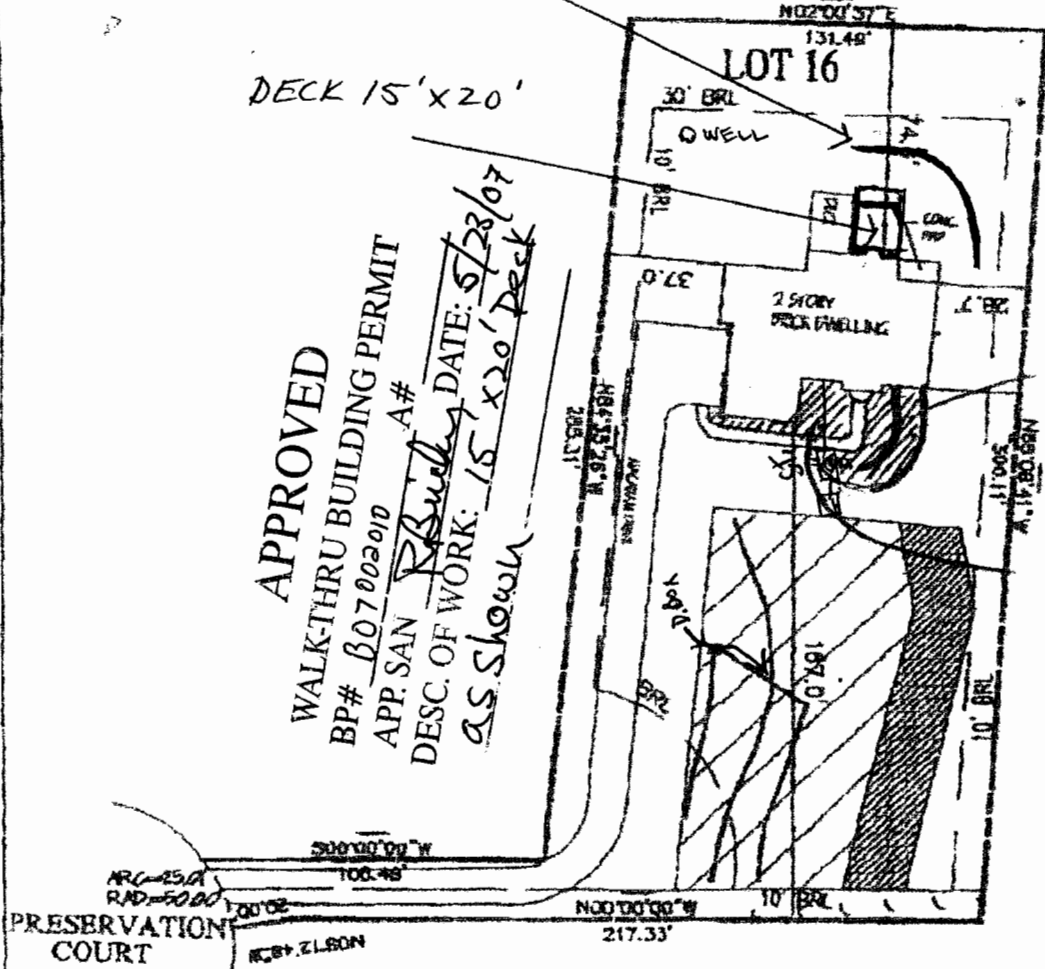
DECK 15' x 20'

APPROVED

WALK-THRU BUILDING PERMIT  
BP# B07002010

APP. SAN A#

DESC. OF WORK: Retaining Wall 15' x 20' Deck  
AS Shown



TOP OF WALL ELEVATION 458.0'



RECORD REFERENCES	FINAL LOCATION	<b>MARKS &amp; ASSOCIATES LLC</b> CONSULTING SURVEYING ENGINEERS 100 COLLEGE AVE. SUITE 100, ANNAPOLIS, MD 21403 PHONE (410) 747-8755 FAX (410) 742-8759
LIBER/FOLIO PLAT BOOK PLAT NO./FOLIO 14912	NEW CONSTRUCTION PINNELL WOODS, LOT 6 HOWARD COUNTY MARYLAND	
SCALE <u>1"=60'</u> DATE <u>SEPTEMBER 09, 2009</u>		ERIK G. MARKS R.P.L.S. 1407

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

30700/445

Building Address 7253 Preservation Ct  
Suite/Apt. #: \_\_\_\_\_ SDPWP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Robert Cohen  
Address 7253 Preservation Ct  
City Fulton State MD Zip Code 20759  
Home Phone 410 729 8800 Work Phone \_\_\_\_\_  
Applicant's Mailing Address, (if other than stated hereon):  
**Karen Klayman**  
293 Southland Ct.  
Dunkirk, MD 20754-9600  
Phone \_\_\_\_\_

Existing Use SFD  
Proposed Use SPA  
Estimated Construction Cost \$ 30,000  
Description of Work 8'x12' inground spa  
3' depth, filled by truck,  
fence by owner

Contractor  
JOHNSON POOLS & SPAS  
408 Headquarter Drive  
Millersville, Md. 21108  
410-729-8800  
M.H.I.C. 120855

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"/> 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 _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ 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.

Karen Klayman  
Applicant's Signature  
Title/Company \_\_\_\_\_

Karen Klayman  
Print Name  
4/24/07  
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

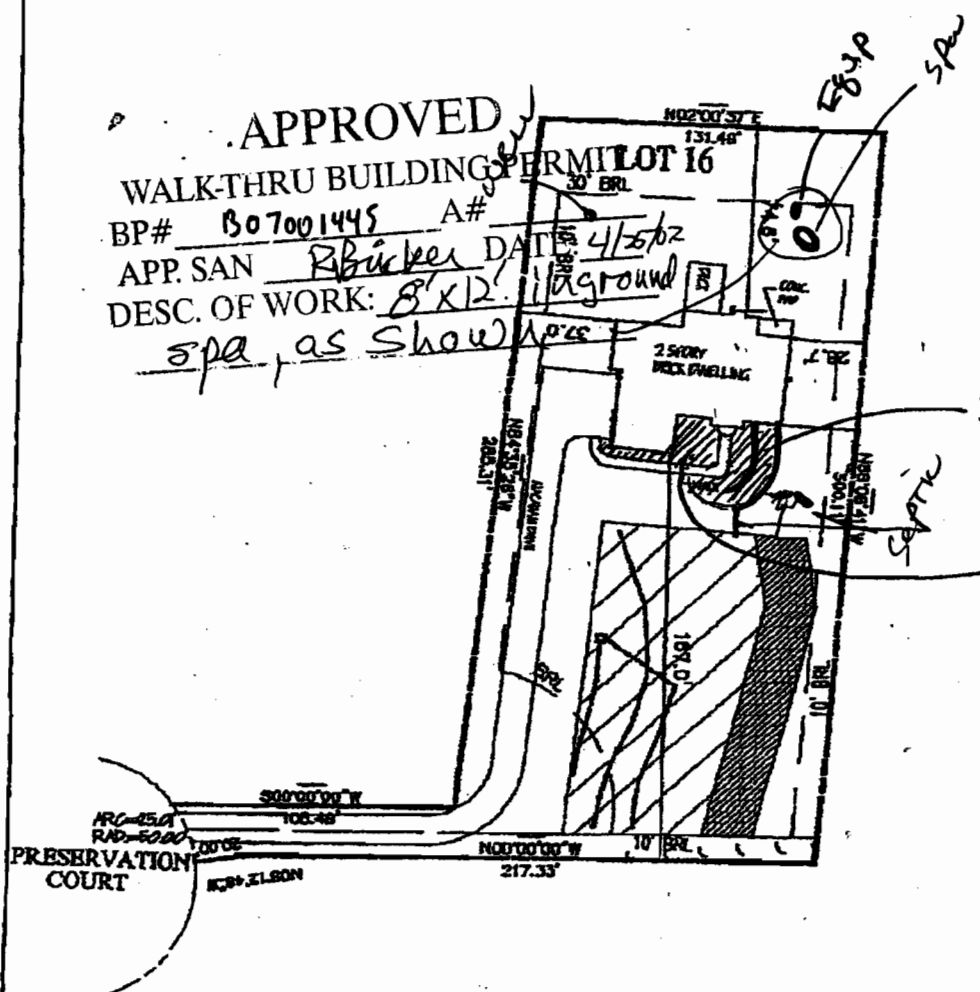
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development DPZ			
State Highway			
Building Official			
Dev. Engineering DPZ			
Health	<u>4/25/07</u>	<u>Thick</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: LOD, DPZ			

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 _____	

MD. STATE GRID MERIDIAN

APPROVED  
WALK-THRU BUILDING PERMIT LOT 16  
BP# B07001445 A#  
APP. SAN R. Becker DATE 4/25/02  
DESC. OF WORK: 8'x12' underground  
spa, as shown



To: Heath Skelton  
From: Carol + Rob Cohen  
7253 Preservation Ct.  
2 STONE RETAINING WALLS  
30" TALL BY 40' LONG  
LANDSCAPE BEDS  
INSTALLED  
3 DOWNSPOUTS PIPED  
UNDERGROUND TO  
DAYLIGHT @ WOODS

TOP OF WALL ELEVATION - 458.0'



RECORD REFERENCES	FINAL LOCATION	<b>MARKS &amp; ASSOCIATES LLC</b> (CONTRACTS, AGREEMENTS, ETC.) 451 COLLEGE AVE. BLDG. 07, WELLS BELLEVILLE (402) 747-8758 FAX (402) 747-8759 <small>THIS CERTIFICATE MAY BE VOIDED BY THE LOCATION OF          THIS SURVEY AND THE RESULT OF ANY SUCH VOIDING          SHALL BE THE RESPONSIBILITY OF THE SURVEYOR.</small> <i>Erik G. Marks</i> ERIK G. MARKS R.P.L.S. 6601
LIBER/FOLIO	NEW CONSTRUCTION	
PLAT BOOK	PINELL WOODS, LOT 16	
PLAT NO./FOLIO 14923	HOWARD COUNTY	
SCALE 1"=50'	MARYLAND	
DATE SEPTEMBER 03, 2009		

Cohen