

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

B08000175

Building Address 4630 Sheppard Manor Dr
Ellicott City, MD 21042
 Suite/Apt. #: _____ SDPWP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot 13
 Tax Map 29 Parcel 268 Grid 1
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Williamsburg Group LLC
 Address 3480 Harders Farm Rd suite 200
 City Columbia State MD Zip Code 21044
 Home Phone 410-808-8241 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD w/ deck
 Estimated Construction Cost \$ 52,434
 Description of Work construct 13x45
deck w/ steps to grade

Contractor Company Probilt Construction, Inc
 Contact Person Edward Paulyowski
 Address 13330 Clarksville Pike
 City Highland State MD Zip Code 20777
 License No. 80247
 Phone 301-854-0821 Fax 301-854-9632

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: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	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"/>
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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input 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: _____	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 _____ 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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
Other Structure: _____ Dimensions: _____ Footings: <u>post + piers</u> 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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]
 Applicant's Signature
President
 Title/Company

Edward Paulyowski
 Print Name
1/9/08
 Date

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

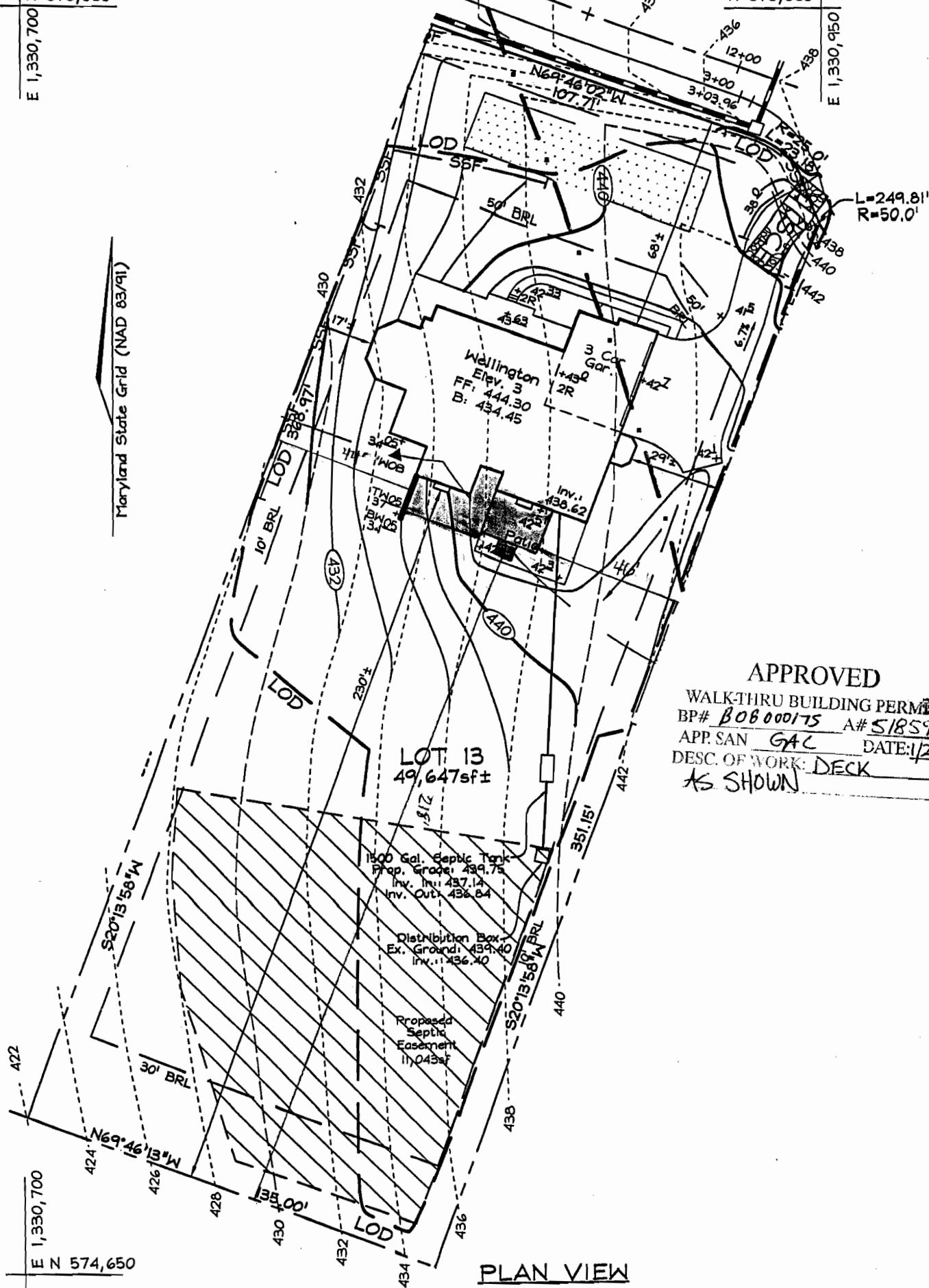
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health <u>1/24/08</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 NewTown Zone _____	Accepted by _____
Yellow: DED, DPZ	Pink: Health	Gold: SHA	SDP/Red-line approval date _____	
T:\Home\PERMIT.FRM				Rev. 11/4/04

SHEPPARD MANOR DRIVE
(Public Access Place)

E 1,330,700
N 575,050

N 575,050
E 1,330,950

Maryland State Grid (NAD 83/91)



APPROVED
WALK-THRU BUILDING PERMIT
BP# BOB000175 A# 518599
APP. SAN GAC DATE: 1/24/08
DESC. OF WORK: DECK
AS SHOWN

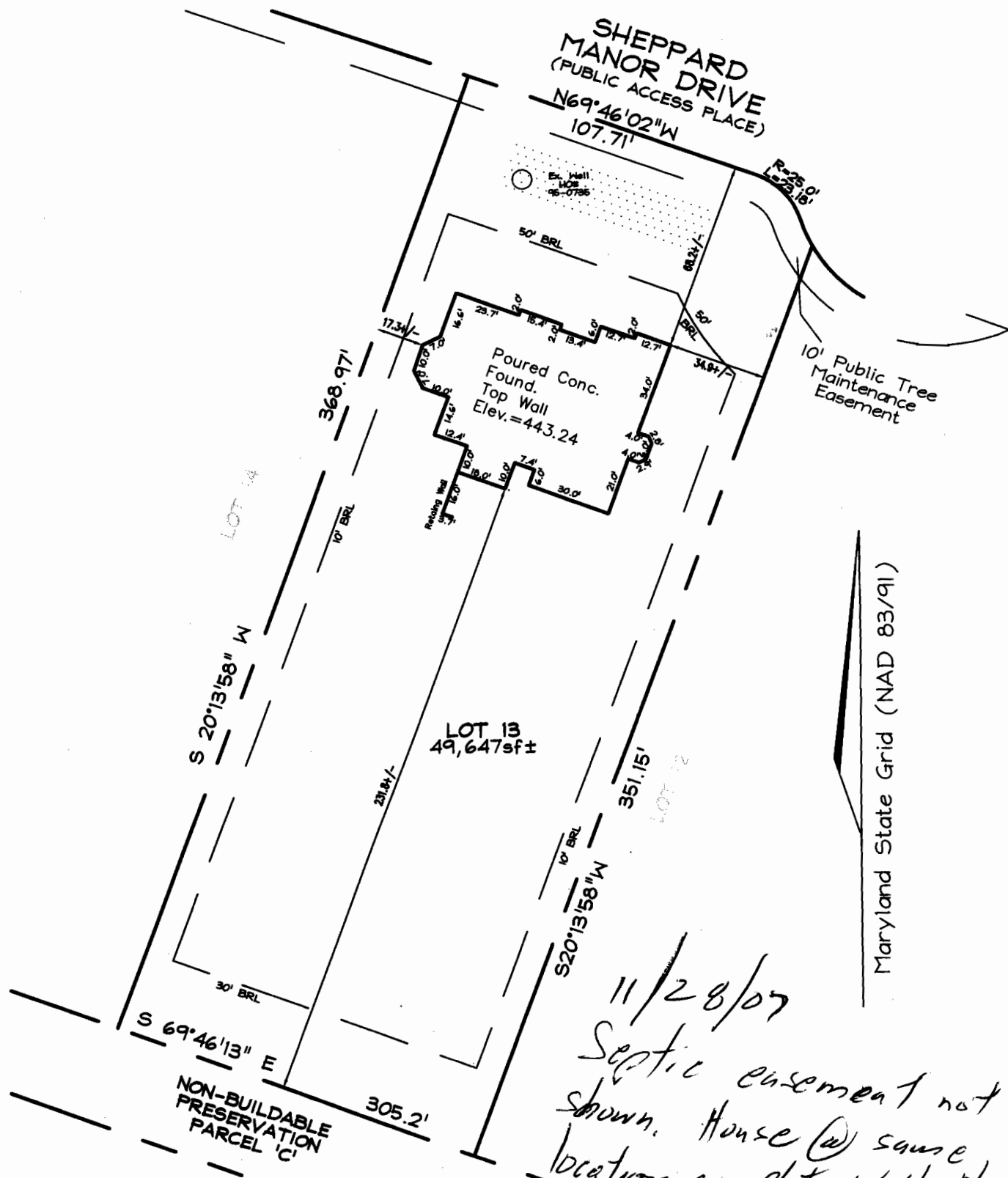
LOT 13
49,647sf±

PLAN VIEW
SCALE: 1"=30'

E 1,330,700
N 574,650

REVIEWED FOR HOWARD SCD AND MEETS TECHNICAL REQUIREMENTS
USDA-NATURAL RESOURCES CONSERVATION SERVICE DATE

DEVELOPER'S CERTIFICATE
I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION IS BEING DONE ACCORDING TO THIS PLAN FOR SEDIMENT AND EROSION CONTROL AND THAT ALL RESPONSIBLE PERSONNEL INVOLVED IN THE PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE FROM THE NATIONAL SCD PROGRAM



SHEPPARD MANOR DRIVE
(PUBLIC ACCESS PLACE)
N69°46'02"W
107.71'

10' Public Tree Maintenance Easement

LOT 13
49,647sf±

Maryland State Grid (NAD 83/91)

NON-BUILDABLE PRESERVATION PARCEL 'C'

11/28/07
Septic easement not shown. House @ same location as plat. Wall check by [Signature]

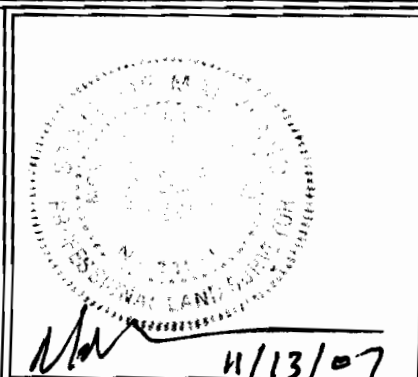
- F/P = FIREPLACE
- B/W = BAY WINDOW
- D/W = DRIVEWAY
- CONC = CONCRETE
- O/H = OVERHANG
- H/P = HEAT PUMP
- G/M = GAS METER
- E/M = ELECTRIC METER

DIMENSIONS FROM FOUN. WALL TO PROPERTY LINE ARE +/-0.1'
ADDRESS No.: 4630 SHEPPARD MANOR DRIVE
TOP OF WALL ELEV. = 443.24
THIS LOCATION DRAWING IS OF BENEFIT TO THE 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 REFINANCING.
THIS LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
THIS LOCATION DRAWING 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.

FSH Associates

Engineers Planners Surveyors
6339 Howard Lane, Elkridge, MD 21075
Tel:410-567-5200 Fax: 410-796-1562
E-mail: FSHERI.COM

WALL CHECK	
FOUNDATION	Date: 11/06/07
FINAL	Date:
DRAWN BY:	RJS
SCALE:	1"=50'
W.O. No.:	3160



LOT 13
#4630 SHEPPARD MANOR DRIVE
PLAT #19210
TAX MAP 29 GRID 1 PARCEL 268
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

924931

Plot Too Big To Scan 907000123

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

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B0700 3572

Building Address 4630 SHEPPARA MANOR DRIVE
ELLCOTT CITY, MD 21043

Property Owner's Name WILLIAMSBURG GROUP LLC
Address 5485 HARPERS FARM RD, #300

Suite/Apt. #: --- SDP/WP/Petition #: F06-99

City COLUMBIA State MD Zip Code 21044

Census Tract 605101 Subdivision SHEPPARA MANOR

Home Phone --- Work Phone 410-997-8800 x18

Section --- Area --- Lot 13

Applicant's Name & Mailing Address, (if other than stated hereon):
Phone --- Fax 410-997-4358

Tax Map 29 Parcel 268 Grid 1

Zoning RC-NEO Map Coordinates 10F13 Lot size 49,647#

Existing Use VACANT LOT

Contractor Company SAME AS OWNER

Proposed Use SFD

Contact Person
Address

Estimated Construction Cost \$300,000

City --- State --- Zip Code ---

Description of Work MODEL WELINGTON

License No. 155 Fax ---

PLANS TO BE PLACED ON FILE

Occupant or Tenant SAME AS OWNER

Engineer or Architect Company FSH ASSOC

Contact Name ---

Contact Person ZACH FISCH

Address ---

Address 6339 Howard Lane

City --- State --- Zip Code ---

City Elkridge State MD Zip Code 21075

Phone --- Fax ---

Phone 410-567-5200 Fax 410-796-1562

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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: <u>5952 sq ft</u> 2nd floor: <u>---</u> Basement: <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Height: <u>28'</u> Multi-family dwellings: No. of efficiency units: <u>---</u> No. of 1 BR units: <u>---</u> No. of 2 BR units: <u>---</u> No. of 3 BR units: <u>---</u> Other Structure: <u>---</u> Dimensions: <u>---</u> Footings: <u>---</u> Roof Height: <u>---</u> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	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 checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: N/A <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.

Suzanne P. Davis

SUZANNE P. DAVIS

Applicant's Signature
AGENT/WG LLC

Print Name

Title/Company

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	9/13/07	<u>[Signature]</u>	
Dev. Engineering, DPZ			
Health	10/19/07	<u>[Signature]</u>	
Fire Protection			
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: <u>---</u>	Filing fee \$ <u>25</u>
Rear: <u>---</u>	Permit fee \$ <u>1683.36</u>
Side: <u>---</u>	Excise tax \$ <u>8229.36</u>
Side St: <u>---</u>	Add'l per. fee \$ <u>168.36</u>
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>10193.68</u>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ <u>---</u>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ <u>---</u>
Lot Coverage for NewTown Zone <u>---</u>	Check # <u>---</u>
SDP/Red-line approval date <u>---</u>	Validation # <u>---</u>
Accepted by <u>---</u>	

CONTINGENCY CONSTRUCTION START: ---
ONE STOP SHOP: **PLANS RECEIVED**

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
T:\forms\PERMIT.FRM

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B08071234

Building Address 4630 Sheppards Manor Dr
Ellie City, MD 21042
 Suites/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot 13
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates 1 E 13 Lot size _____

Property Owner's Name William G. Goring
 Address 4630 Sheppards Manor Dr
 City Ellie City State MD Zip Code 21042
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone 410-777-1114 Fax 410-777-4358

Existing Use None
 Proposed Use Propane Tank
 Estimated Construction Cost \$ 2000.00
 Description of Work Install propane tank and propane
lines in the back yard of the house

Contractor Company William Goring LLC
 Contact Person William Goring
 Address 7801 Montross Rd
 City Bessey State MD Zip Code 20784
 License No. 177-3
 Phone 410-777-1114 Fax 410-777-1114

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 checked="" 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 checked="" 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"/> No. of Bedrooms _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
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"/> NFPA #13D _____ NFPA #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.

William Goring
 Applicant's Signature
William Goring LLC
 Title/Company

William Goring
 Print Name
410-777-1114
 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 Highway			Rear: _____	Permit fee \$ <u>100.00</u>
Building Official			Side: _____	Excise tax \$ <u>100.00</u>
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>6/14/08</u>	<u>William Goring</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>100.00</u>
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 NewTown Zone _____	Check \$ <u>100.00</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation \$ _____
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by: <u>William Goring</u>	

Williamsburg Home
Shephard's Manor
LOT #13

