

DEPT. 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	
Building Address <u>14606 Carys Ct</u> <u>Glenc, MD 21737</u>		Property Owner's Name <u>Toll Brothers</u> Address <u>14540 Edgewood Way</u> City <u>Glenc</u> State <u>MD</u> Zip Code <u>21737</u> Phone <u>410 489-2278</u>		Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>Reserve at Tridolphus Cross.</u> Section _____ Area <u>lot 1</u> Tax Map <u>21</u> Parcel <u>90</u> Grid <u>22</u> Zoning <u>RC</u> Map Coordinates _____ Lot Size <u>4668sqft</u>	
Existing Use <u>SFD</u> Proposed Use <u>SFD</u> Estimated Construction Cost \$ <u>20,000</u>		Contractor Company <u>Sunko Home Contractors</u> Contact Person <u>Joe Ju</u> Address <u>2409 Fairland Rd</u> City <u>Silver Spring</u> State <u>MD</u> Zip Code <u>20904</u> License No. <u>050709</u> Phone <u>(301) 776-9118</u> Fax <u>(410) 320-0330</u>		Description of Work <u>Deck with covered 17 x 21 frame over roof 450 SF w/ steps</u> <u>Contractor: Toll Brothers</u>	
Contact Name <u>Tom Vyskocil</u> Address <u>14540 Edgewood Way</u> City <u>Glenc</u> State <u>MD</u> Zip Code <u>21737</u> Phone <u>(410) 489-2278</u> Fax <u>(410) 489-2278</u>		Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		Phone (410) 489-2278 Fax (410) 489-2278	

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		Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <input checked="" type="checkbox"/> Width <input type="checkbox"/> 1 st floor _____ 2 nd floor _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawlspace <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: <u>1</u> Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	
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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads		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 type="checkbox"/> Heating System: <u>N/A</u> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other	

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND THAT THE WORK DESCRIBED IN THIS APPLICATION IS NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION. (5) THAT I HEREBY GRANT COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature] Applicant's Signature
Joe Ju Print Name
Sunko Home Contractors Title/Company
6/19/08 Date

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

AGENCY Land Development, DPZ <u>6-19-08</u> State Highways Building Officials Dev. Engineering, DPZ Health <u>6/19/08</u> Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	SIGNATURE APPROVAL <u>[Signature]</u> <u>[Signature]</u> <u>[Signature]</u>	DPZ SETBACK INFORMATION Front <u>5.0</u> Rear <u>5.0</u> Side <u>10</u> Side <u>10</u> All minimum setbacks met? Y13 <input checked="" type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Historic District Y13 <input type="checkbox"/> NO <input checked="" type="checkbox"/> Lot Coverage for New Town Zone SDP/Red-line approval date _____ Accepted by _____	PROPERTY ID # Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Ad'l per fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # <u>3030</u> Validation # _____
CONTINGENCY/ CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>		Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DEB, DPZ Pink: Health Gold: ISHA T: forms/buildingpermitapplication REV 5/02/04	

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B08002260

Building Address 1466 E. J. Co
road, MD 1737

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 Jill P. Har...

Address 1466 E. J. Co

City Germany State MD Zip Code 20727

Phone _____ Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use sl

Estimated Construction Cost \$ 120,000

Description of Work Deck with porch
6' x 20' deck with 12' x 21' porch

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

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: _____ <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	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 _____
<input type="checkbox"/> State Certified Modular	

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: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	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"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
<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: _____	
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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____

Print Name _____

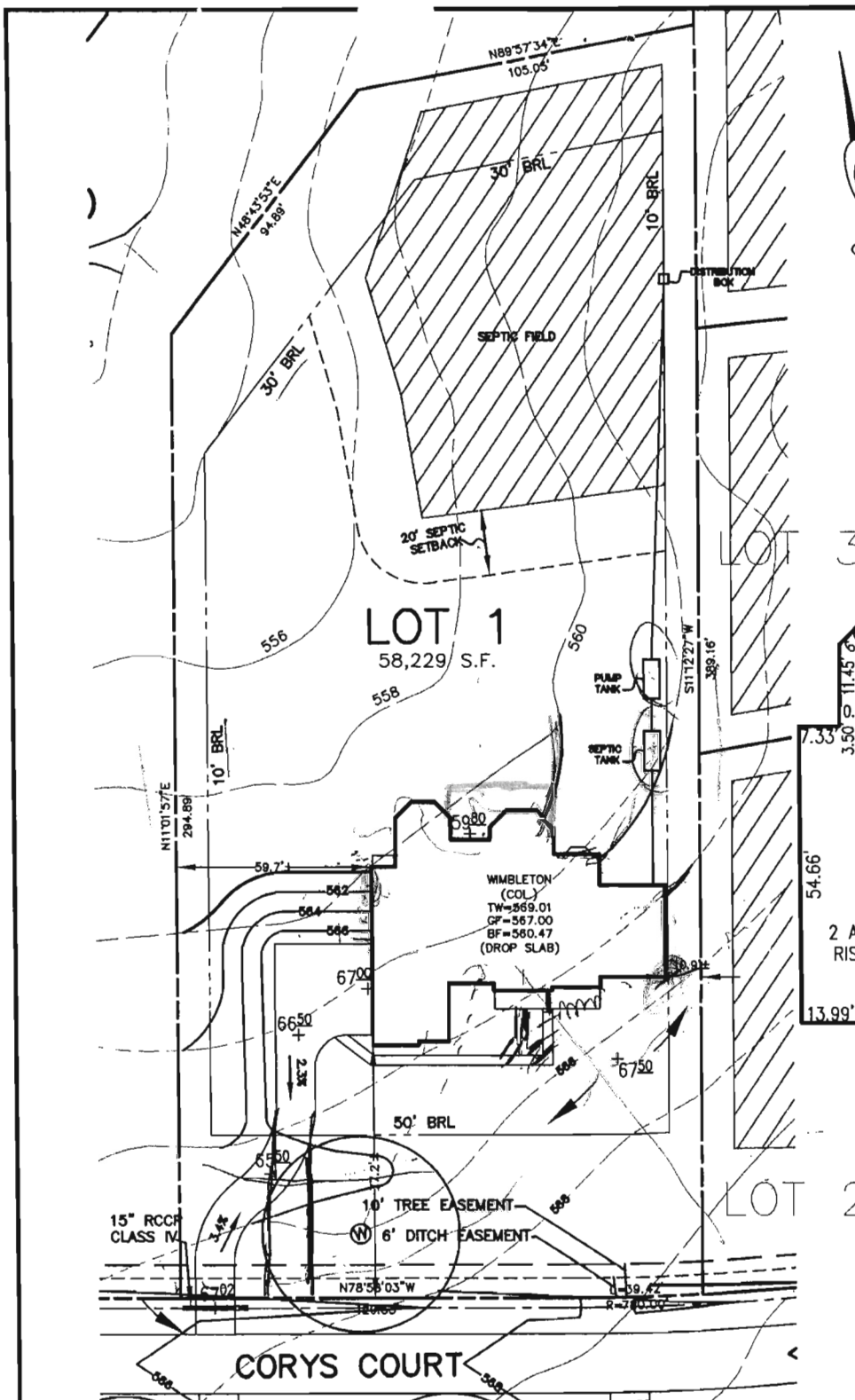
Title/Company _____

Date _____

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

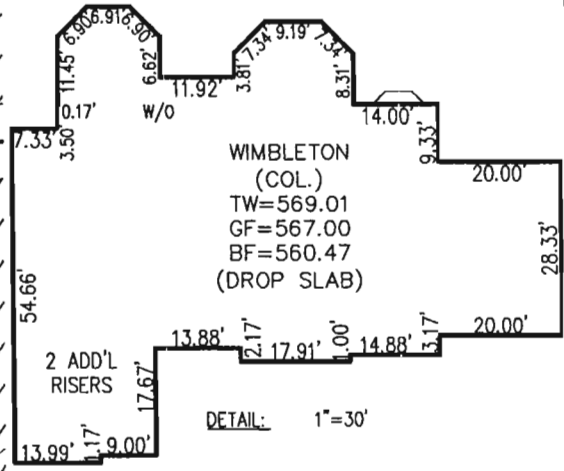
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ _____
<input type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Health	<u>7/31/08</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
<input type="checkbox"/> 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 -			Lot Coverage for New Town Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ			Yellow: DED, DPZ	Pink: Health
Gold: SHA				



REVISED
 Date: 7/23/08
 Comments: 208001846
 14606 Corys Ct

208002260
 deck OK HG
 7-31-08



INV. HOUSE	558.5
GROUND INV. HOUSE	563.6
INV. IN TANK	557.9
INV. OUT TANK	557.6
TOP OF TANK	558.9
GROUND OVER TANK	561.7
INV. IN TO PUMP TANK	557.4
INV. IN DIST. BOX	559.6
INV. OUT DIST. BOX	559.3
GROUND BOX	563.3

WELL No. HO-95-0753

ADDRESS: 14606 CORYS COURT
 GLENELG, MD 21737

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPEMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-0753) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC. - PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

TYPE: WIMBLETON (COLONIAL)-
 DAYLIGHT BASEMENT
 EXPANDED FAMILY ROOM
 GRAND CONSERVATORY ELITE ADDITION
 ADD'L 1' TO HEIGHT OF BASEMENT
 WALKOUT BAY WINDOW (STUDY)
 NAPLES SUNROOM
 BRICK SIDES & REAR

OPTION No. 018
 OPTION No. 023
 OPTION No. 037
 OPTION No. 070
 OPTION No. 156
 OPTION No. 529
 OPTION No. XXX

LOT PLAN
 LOT #1
EDGEWOOD FARM
 LIBER 4174, FOLIO 0436
 PLAT No. 19256
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

Handwritten initials/signature



Land Planning
 Engineering
 Land Surveying

ESE Consultants Inc.
 7164 Columbia Gateway Dr.
 Suite 203
 Columbia, MD 21046
 TEL: 410-872-9105
 FAX: 410-872-4870

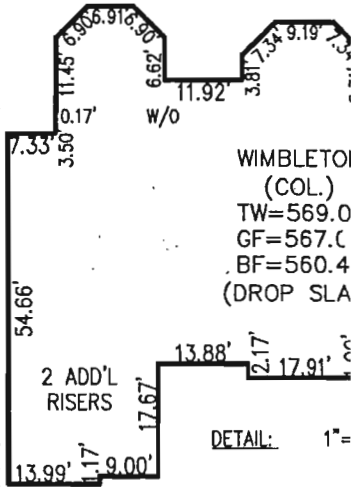
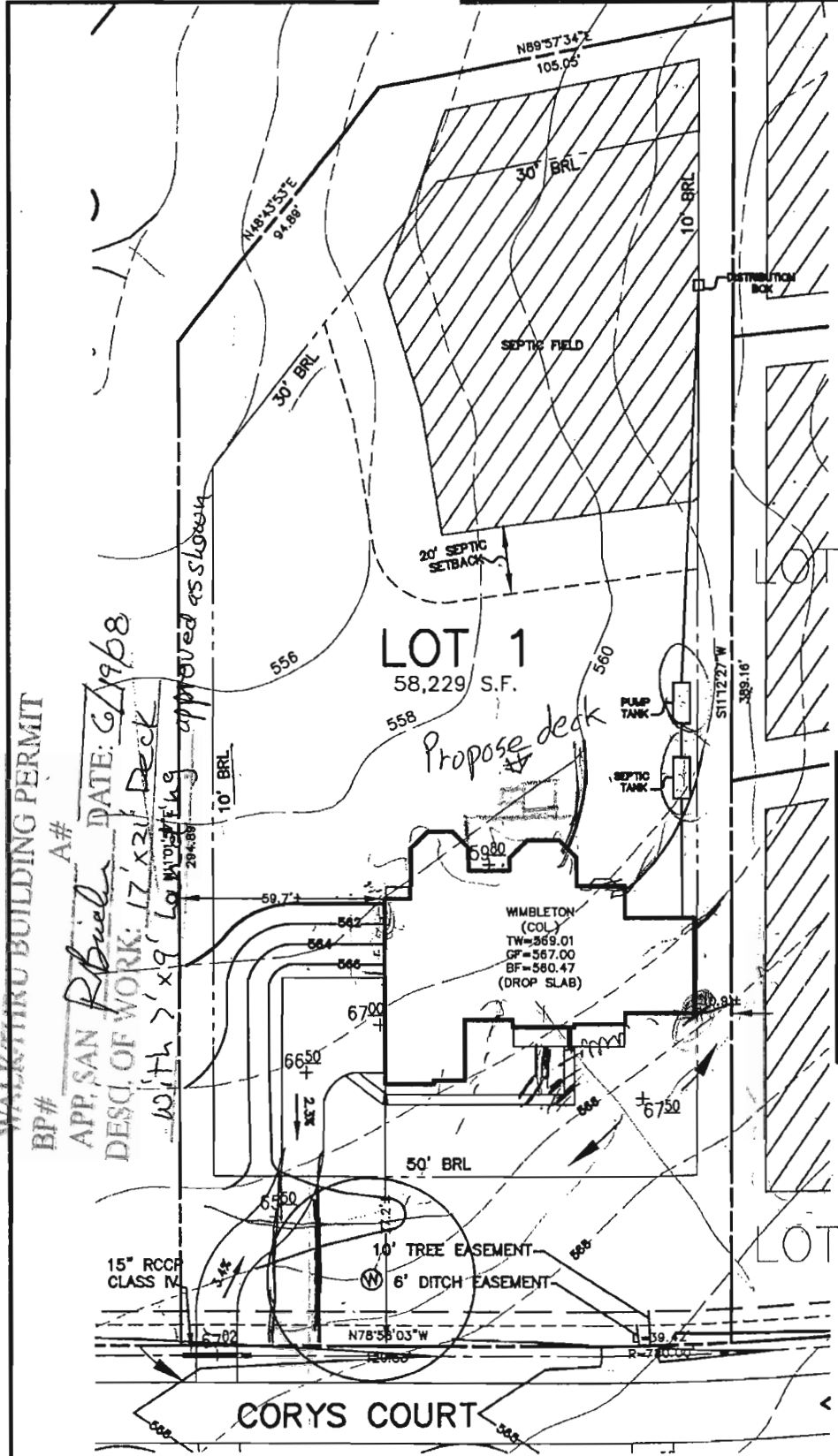
DATE: 02/06/08 SCALE: 1"=50' FILE: LOT_1
 CHK'D: GVS/MJB JOB#: 1498 DRAWN: CRC

Scale
1" = 50'

APPROVED

WALKTHRU BUILDING PERMIT
BP#

APP. SAN *R. Biel* DATE: *6/19/68*
DESC. OF WORK: *17' x 21' Deck*
With 7' x 9' Lot Widening approved as shown



- INV. ● HOUSE GROUND ● INV. ● I
- INV. IN TANK
- INV. OUT TANK
- TOP OF TANK
- GROUND OVER TANK
- INV. IN TO PUMP T.
- INV. IN DIST. BOX
- INV. OUT DIST. BOX
- GROUND ● BOX

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-0753) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC.- PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

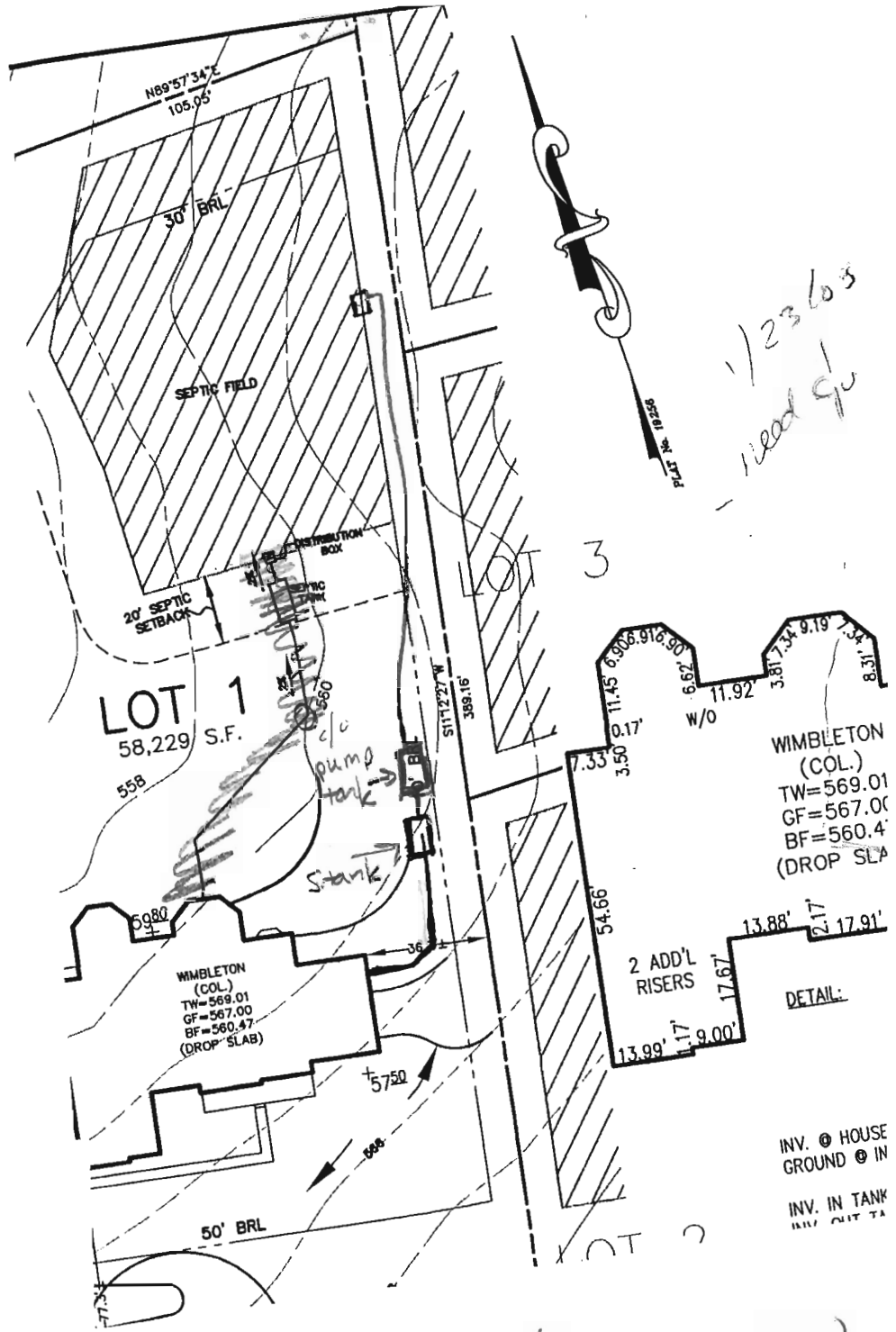
ADDRESS: 14606 GLENELC

WELL No. 1

TYPE: WIMBLETON (COLONIAL)- DAYLIGHT BASEMENT

OPTION No. 018

LOT #1
EDGEWOOD F



An example not scaled

G07000150

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

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B08000038

Building Address 14606 Conys Court
Glendy, MD 21237

Property Owner's Name Toll MD V LP
Address 7164 Columbia Gateway

Suite/Apt. #: _____ SDPWP/Petition #: # 19256

Census Tract 604002 Subdivision Edgewood Farm

City _____ State _____ Zip Code _____

Section _____ Area _____ Lot 1

Home Phone 410-411-1111 Work Phone 410-411-1111

Tax Map 21 Parcel 90 Grid 22

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

Zoning RC Map Coordinates _____ Lot size 58229 sq ft

Phone _____ Fax 410-411-1111

Existing Use Vacant Lot

Contractor Company Toll MD V LP

Proposed Use Single Family Home

Contact Person R. Roberts

Estimated Construction Cost \$ 13500

Address 14606 Conys Court

Description of Work W/14 R-1 4784

City Glendy State MD Zip Code 21237

W/14 R-1 4784

License No. _____

W/14 R-1 4784

Phone 410-411-1111 Fax 410-411-1111

Occupant or Tenant Toll MD V LP

Engineer or Architect Company E.S.R.

Contact Name R. Roberts

Contact Person Gary Stewart

Address 14606 Conys Court

Address 7010 Columbia Gateway

City Glendy State MD Zip Code _____

City Glendy State MD Zip Code 21237

Phone 410-411-1111 Fax _____

Phone 391-3075 Fax 410-411-1111

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 4
Height: 3.1
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.

Applicant's Signature [Signature]
Title/Company Toll MD V LP

Print Name B. Roberts
Date 1/11/07

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>2/5/08</u>	<u>[Signature]</u>
Fire Protection		

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.: <u>N/A</u>	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 checked="" type="checkbox"/> NO <input type="checkbox"/>	Check # <u>0984927</u>
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____ Accepted by [Signature]

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