

11-26-96
12+LATER

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-422078

P 57274A

A56361C

DISTRICT 5th

DATE 09/16/96

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

461-9933 313-2640

DATE SYSTEM APPROVED 11/26/96

INSPECTOR ALM

INDEXED

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION Fulton Manor East LOT 3 ROAD 12315 Carol Drive

PROPERTY OWNER Hamilton Reed, LLC / Wally BELLEZA

BUILDING PERMIT SIGNED

ADDRESS _____

AND RETURNED

SEPTIC TANK CAPACITY 1000 GALLONS 5-12-04 100148116-SUN ROOM/DECK AND RETURNED 4-15-98

NUMBER OF BEDROOMS 3

Serial # B0111088
check

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 158

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 145' down the right lot line (270.69') and 80' off this same lot line as seen when facing the lot from Carol Drive. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 7/30/96 DKS

PLANS APPROVED BY Donna K. Soe DATE 7/24/96

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

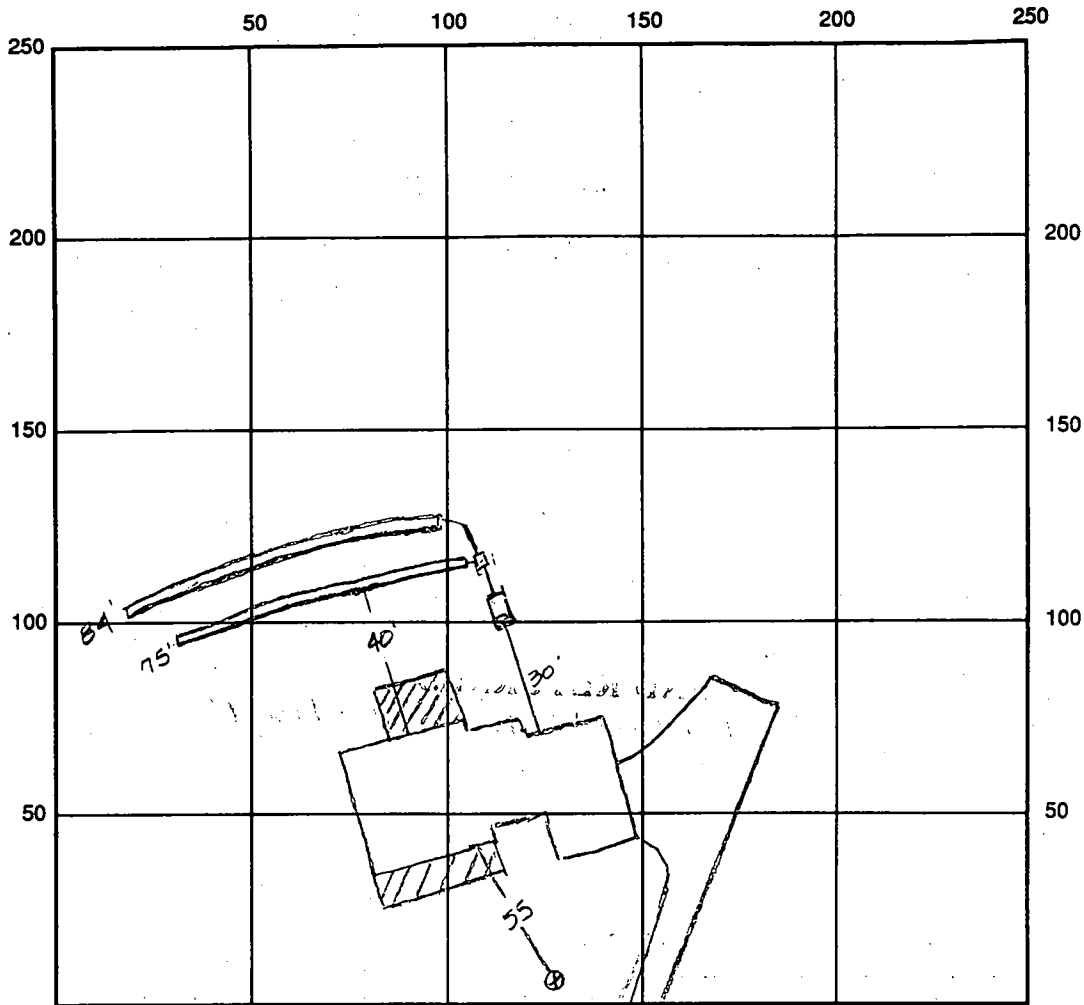
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BUILD. PERMIT SIGNED
AND RETURNED 12/9/96
Serial # B0110337
pump tank

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

A 56361C



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1000 gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK baffle 15 in

DRAIN FIELD/TITLE DEPTH 7.0 FT. TRENCH WIDTH 2.0 FT. INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 4.0 FT. TOTAL LENGTH 75' 84' FT. = 159

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 636 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 11/26/96 OK to continue ACM - OK to cover all work final AC

DATE SYSTEM APPROVED 11/26/96 INSPECTOR A. McMillan

APPLICATION

PERCOLATION TESTING

A 56361C

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 12-5-95

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER BOWEN AND BRANSON Hamilton Reed LLC

ADDRESS HALL SHOP ROAD HOWARD Co, MD. PHONE _____

DEVELOPER
AGENT OR PROSPECTIVE BUYER LAND DESIGN AND DEVELOPMENT, INC.

ADDRESS 10805 HICKORY RIDGE COLUMBIA MARYLAND 21044 PHONE 740-2100

PROPERTY LOCATION:

SUBDIVISION FULTON MANOR EAST LOT NO. 36

ROAD AND DESCRIPTION 12315 CAROL DRIVE E. POINT RIDGE DRIVE OFF OF PLEASANT VIEW DRIVE

TAX MAP 70241 PARCEL # _____

BLDG. PERMIT SIGNED

AND RETURNED 7/24/96

SIZE OF LOT 70,000 S.F. ± TYPE BLDG. _____

SFD Serial # B70101050
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Robert H. Welter AGENT
(SIGNATURE OF APPLICANT) LDD

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A66361C

Lot 3 Fulton Mass East

Hole I

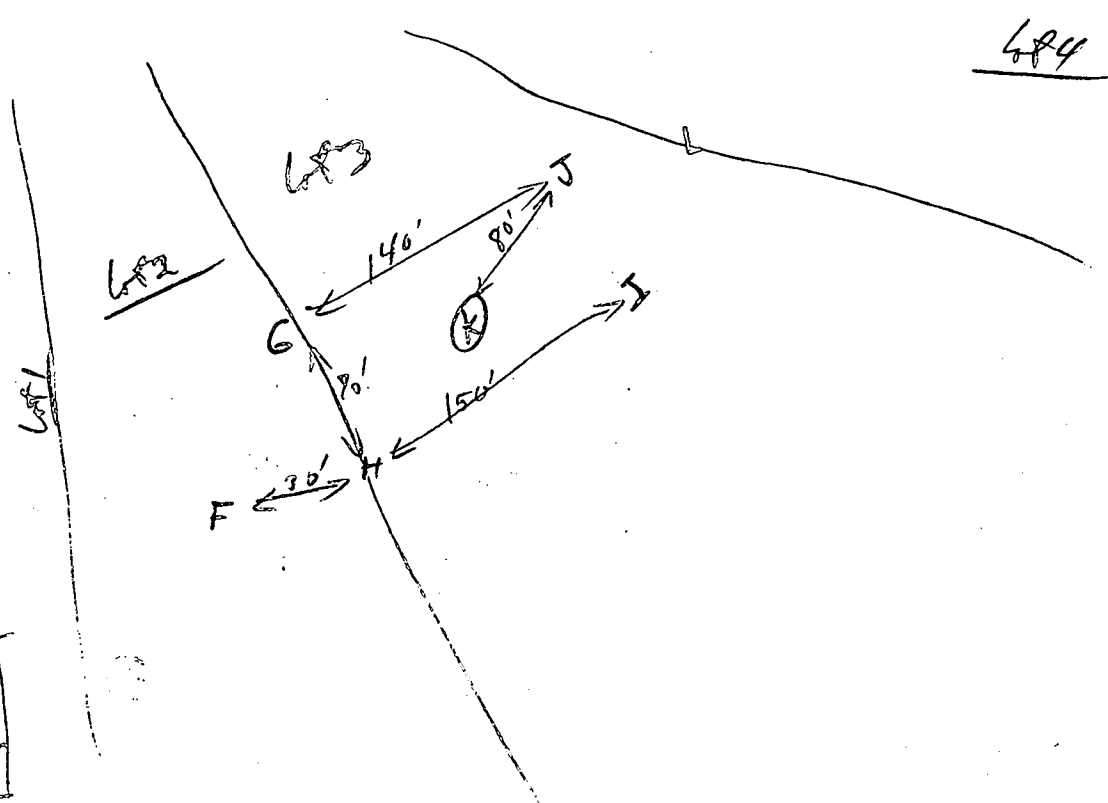
5' Bl Brn
- Red
3' CL
5' Bl Brn
16-18
7' Noctuid Bur
to grey ls
11' SL

Hole J

1' Bl Brn
- Str Brn
CL
Mix of Bl Brn
CL
3' Bl Brn
- Mix colors
Picea Loom
4 1/2' Noctuid
Mix SL
10' v Barb Noctuid Bur
Picea Loom
12'

Hole K

Same as
Hole G
(same v. dark Brn
Mix Loom
at top
(Bl Brn)
pale grey LS
at 11-12'



RFP

10/3/95	I	v 11' 4 1/2	12:46:00	12:48:30	12:55:00	7 min
(311)	J	v 12 1/2	12:55:00	1:01:00	1:12:00	11 min
	G	v 4'				
	H					
	K	v 12' 4'	1:04:00	1:20:00	1:35:00	15 min

C1 4183 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A56361C

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 041296 Depth of Well 185 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-99-0742

OWNER Hamilton Reed, LLC last name first name STREET OR RFD Carol Dr. TOWN Highland SUBDIVISION Fulton Manor East SECTION LOT 8(3)

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

C3 PUMPING TEST

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC)

HOURS PUMPED (nearest hour) 3

DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing

NO. OF BAGS 18 NO. OF POUNDS 1800 GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot)

PUMPING RATE (gal. per min.) 150

Table with 3 columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy, Sandstone MICKA, Sandstone MICKA.

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 36 ft.

METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface)

CASING RECORD casing types insert appropriate code below (ST) (CO) (PL) (OT)

BEFORE PUMPING 17 ft. WHEN PUMPING 36 ft.

MAIN CASING TYPE Nominal diameter top (nearest inch)! Total depth of main casing (nearest foot) (PL) (L) (45) (70)

TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (J) jet (S) submersible

OTHER CASING (if used) diameter inch depth (feet) from to

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES) (NO)

NUMBER OF UNSUCCESSFUL WELLS: 0

SCREEN RECORD screen type or open hole (ST) (BR) (HO) (PL) (OT)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

WELL HYDROFRACTURED (Y) (N)

C2 DEPTH (nearest ft.) 116 43 185

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

PUMP HORSE POWER

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 116

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

PUMP COLUMN LENGTH (nearest ft.)

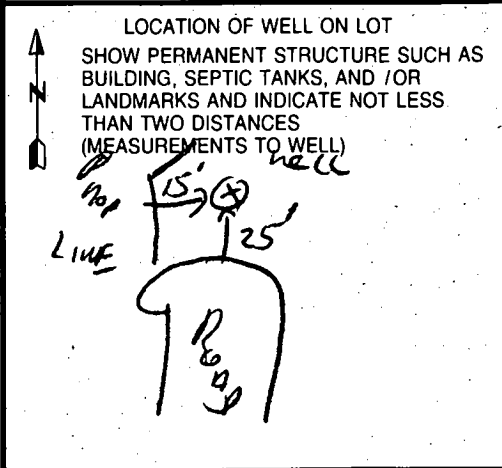
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

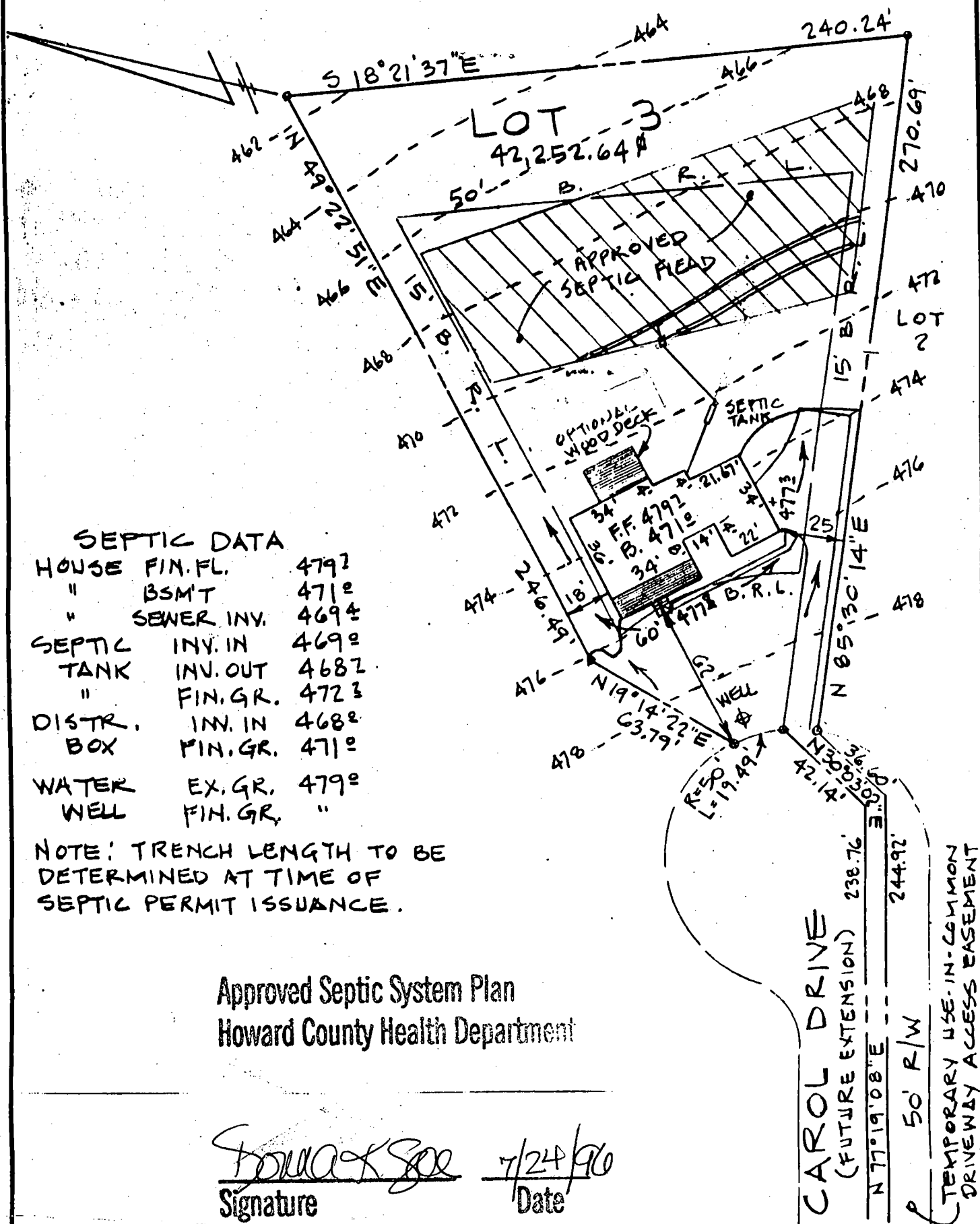
TELESCOPE CASING LOG INDICATOR OTHER DATA

CASING HEIGHT (circle appropriate box and enter casing height) (+) above (N) LAND SURFACE (nearest foot)

LIC. NO. 117

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)





SEPTIC DATA

HOUSE FIN. FL.	479.2
" BSMT	471.2
" SEWER INV.	469.4
SEPTIC INV. IN	469.2
TANK INV. OUT	468.2
" FIN. GR.	472.3
DISTR. INV. IN	468.2
BOX FIN. GR.	471.0
WATER EX. GR.	479.0
WELL FIN. GR.	"

NOTE: TRENCH LENGTH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.

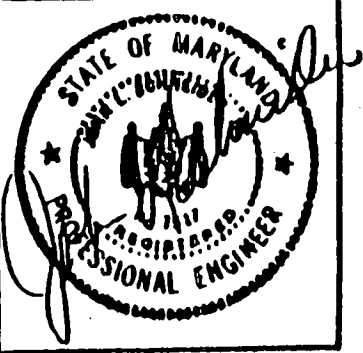
**Approved Septic System Plan
Howard County Health Department**

John L. Schneider 7/24/96
Signature Date

ENGINEER
JOHN L. SCHNEIDER, P.E.
100 N. ROLLING RD.
CATONSVILLE, MD. 21728
301-744-1945

RECORD PLAT N: 12073

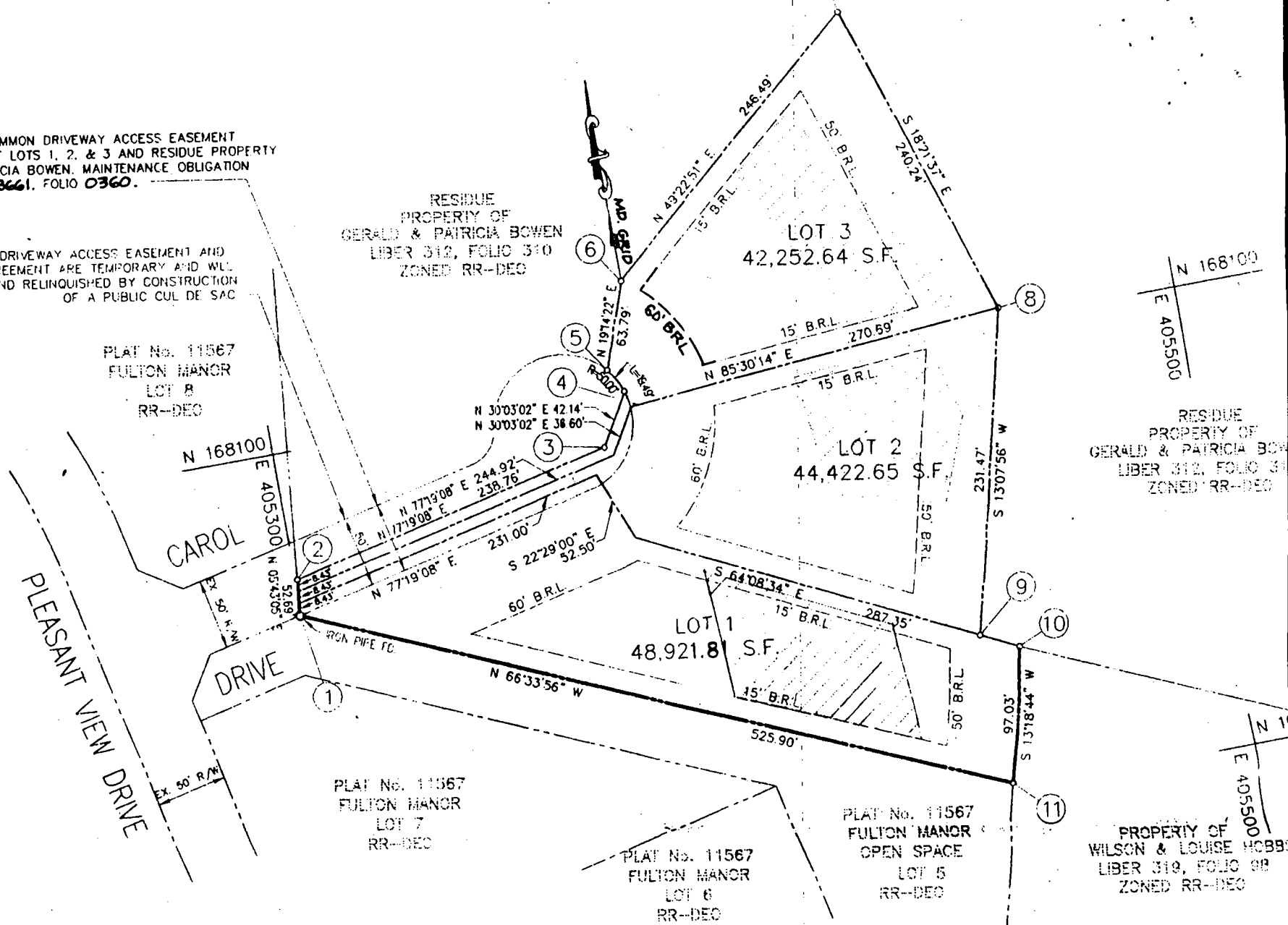
GRADING STUDY	
LOT 3 "FULTON MANOR EAST"	
5 TH ELECTION DISTRICT HOWARD COUNTY - MARYLAND	
SCALE: 1" = 50'	DATE: JULY 3, 1996



TEMPORARY USE-IN-COMMON
DRIVEWAY ACCESS EASEMENT

PRIVATE USE-IN-COMMON DRIVEWAY ACCESS EASEMENT
 FOR THE BENEFIT OF LOTS 1, 2, & 3 AND RESIDUE PROPERTY
 OF GERALD & PATRICIA BOWEN. MAINTENANCE OBLIGATION
 RECORDED IN LIBER 3661, FOLIO 0360.

USE-IN-COMMON DRIVEWAY ACCESS EASEMENT AND
 MAINTENANCE AGREEMENT ARE TEMPORARY AND WILL
 BE ABANDONED AND RELINQUISHED BY CONSTRUCTION
 OF A PUBLIC CUL DE SAC



PLAT No. 11567
 FULTON MANOR
 LOT 8
 RR-DEC

CAROL

PLEASANT VIEW DRIVE

DRIVE

RESIDUE
 PROPERTY OF
 GERALD & PATRICIA BOWEN
 LIBER 312, FOLIO 310
 ZONED RR-DEC

LOT 3
 42,252.64 S.F.

LOT 2
 44,422.65 S.F.

LOT 1
 48,921.8 S.F.

PLAT No. 11567
 FULTON MANOR
 LOT 7
 RR-DEC

PLAT No. 11567
 FULTON MANOR
 LOT 6
 RR-DEC

PLAT No. 11567
 FULTON MANOR
 OPEN SPACE
 LOT 5
 RR-DEC

RESIDUE
 PROPERTY OF
 GERALD & PATRICIA BOWEN
 LIBER 312, FOLIO 310
 ZONED RR-DEC

PROPERTY OF
 WILSON & LOUISE HOBBS
 LIBER 310, FOLIO 98
 ZONED RR-DEC

20. THE ACREAGE TO SUPPORT LOTS 1-3 WILL BE PLATTED
 PRESERVATION PARCEL WITH SUBDIVISION OF THE RESIDUE

21. THE FOREST CONSERVATION OBLIGATION FOR THIS SUBDIVISION IS TO BE IMPLIED
 THE SUBDIVISION OF THE RESIDUE PROPERTY AS SHOWN ON S-95-25-

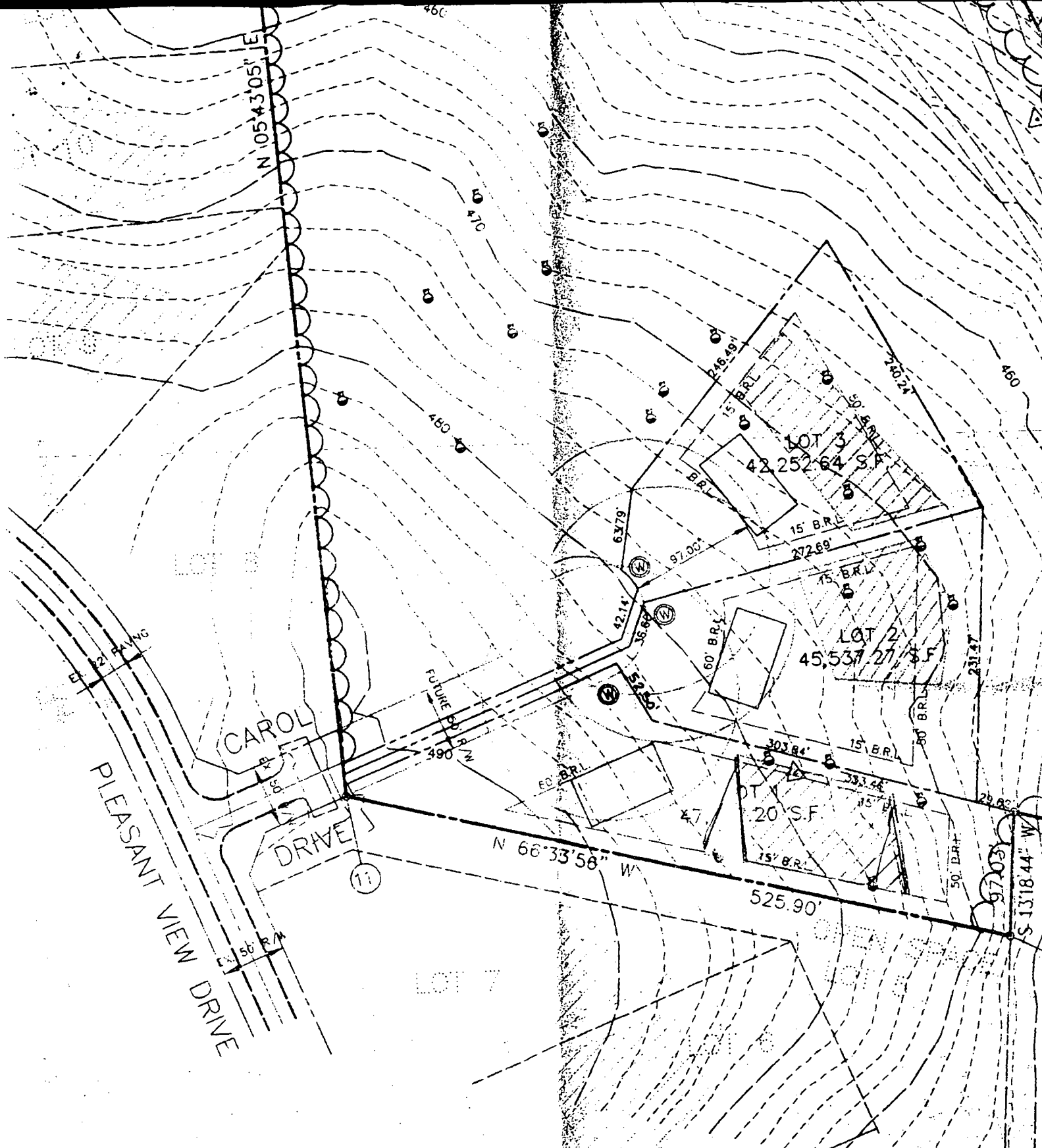
22. COMPLETE WETLANDS AND FLOODPLAIN DELINEATION WILL BE REQUIRED IN CONNECTION WITH
 RESUBDIVISION OF THE PROPERTY RESIDUE.

23. PLAT SUBJECT TO WP-14-56 WHICH ON 1-30-94 THE PLANNING AND ZONING COMMISSION
 A REQUEST TO WAIVE THE FOLLOWING:

a. SECTION 6.102 (d)(2) TO WAIVE THE REQUIREMENT FOR PLATTING THE
 RESIDUE OF THE PROPERTY

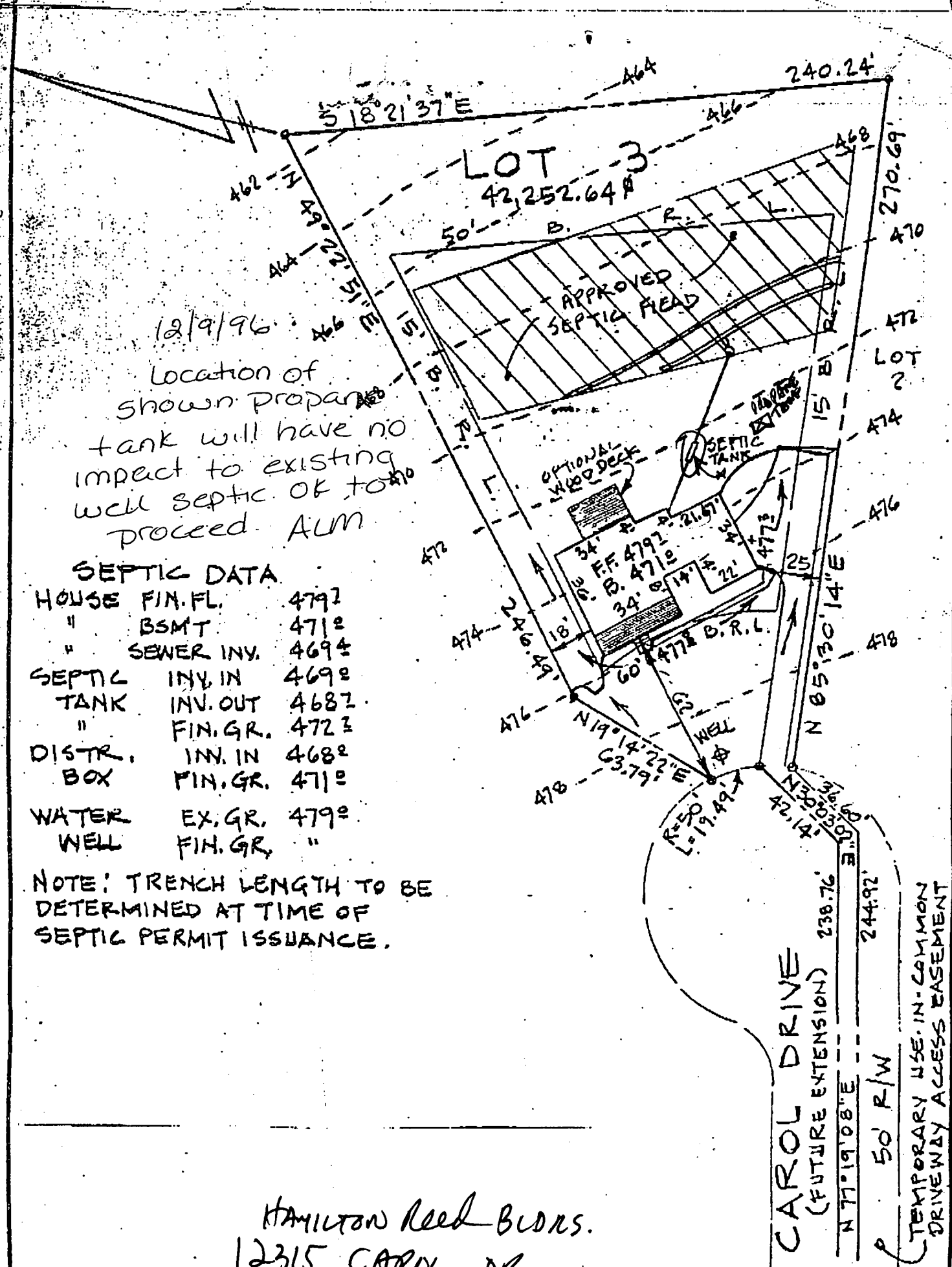
PLAN

SCALE : 1" = 100'



Copy of signed
 Perc Plan

PLAN
 SCALE: 1" = 100'



12/9/96
 Location of
 shown propane
 tank will have no
 impact to existing
 well septic or to
 proceed. AUM

SEPTIC DATA

HOUSE FIN. FL.	4792
" BSMT	4712
" SEWER INV.	4694
SEPTIC INV. IN	4692
TANK INV. OUT	4687
" FIN. GR.	4723
DISTR. INV. IN	4682
BOX FIN. GR.	4712
WATER EX. GR.	4792
WELL FIN. GR.	"

NOTE: TRENCH LENGTH TO BE
 DETERMINED AT TIME OF
 SEPTIC PERMIT ISSUANCE.

HAMILTON REED BLDGS.
 12315 CAROL DR.
 FULTON, MD 20759

ENGINEER
 JOHN L. SCHNEIDER, P.E.
 100 N. ROLLING RD.
 CATONSVILLE, MD. 21128
 301-744-1945

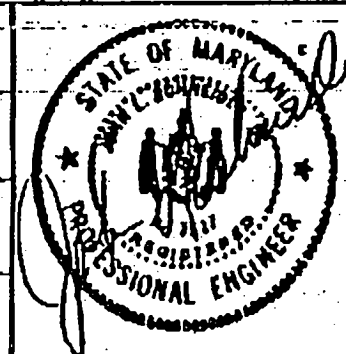
RECORD PLAT NO: 12073

GRADING STUDY

LOT 3 "FULTON MANOR EAST"
 5TH ELECTION DISTRICT
 HOWARD COUNTY - MARYLAND

SCALE: 1" = 50'

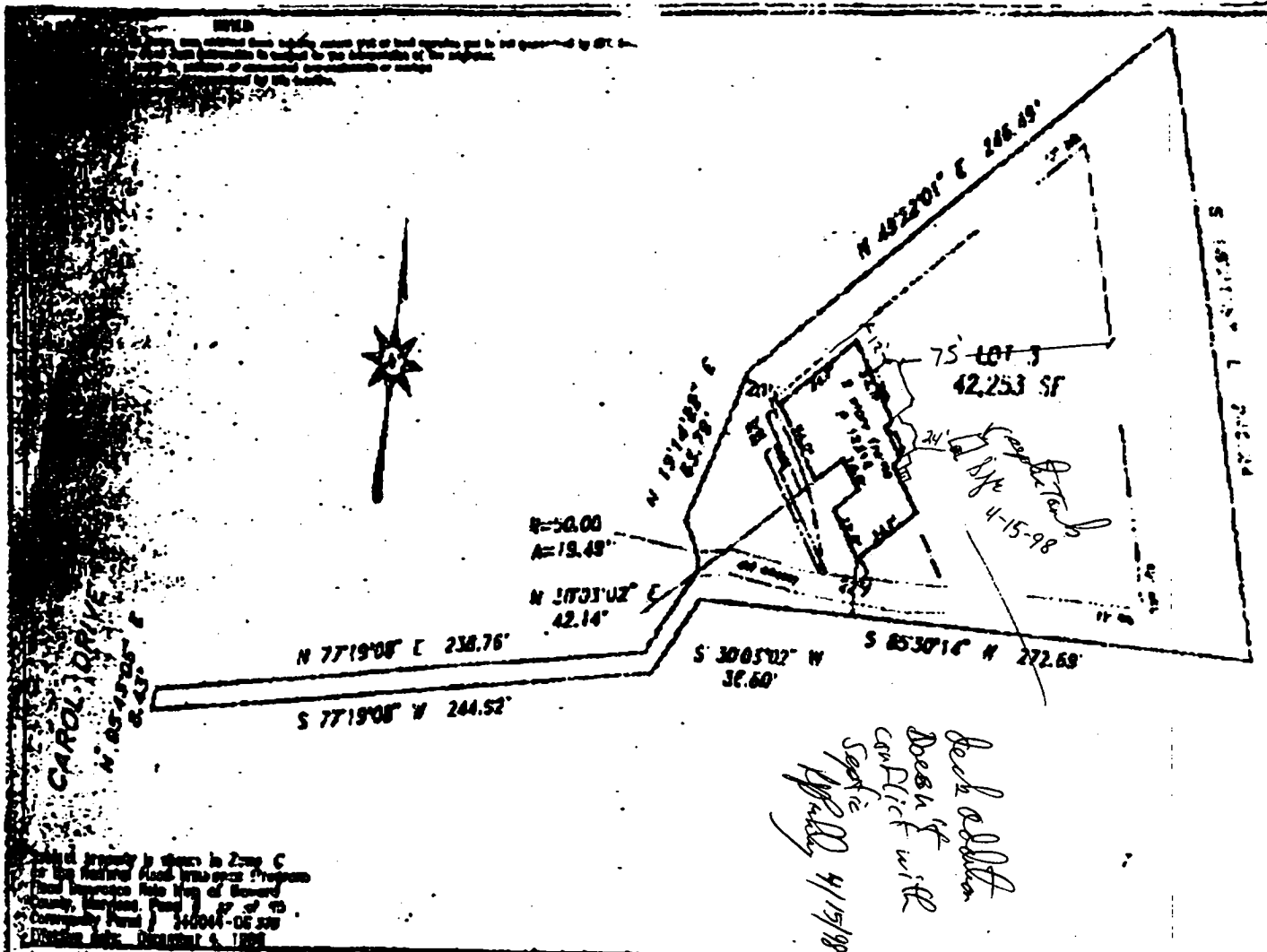
DATE: JULY 3, 1996



NOTES

These notes are intended to explain, correct and/or supplement the information shown on this drawing. They are not intended to be a substitute for the drawings or to be used in lieu of the drawings. They are not intended to be used in lieu of the drawings. They are not intended to be used in lieu of the drawings.

TOTAL P. 02



CAROL DRIVE
N 85° 42' 00" E
84.32'

N 77° 19' 00" E 238.76'
S 77° 19' 00" W 244.52'

R=50.00
A=19.49"

N 37° 31' 02" E
42.14'

N 19° 14' 28" E
62.78'

N 49° 32' 01" E 246.49'

75' LOT J
42,253 SF

4-15-98

S 30° 05' 02" W 36.60'
S 85° 30' 16" W 272.68'

*Booked & returned
Don't forget
Carroll will
Specific
4/15/98*

This property is shown in Zone C
of the National Flood Insurance Program
and is subject to the Flood Insurance Rate Map of Howard
County, Maryland, Panel 1 of 13
Community Panel # 440041-05-300
Effective Date: December 5, 1989

I certify that I have surveyed the property shown hereon,
situated as **LOT J**
12315 CAROL DRIVE
as shown in the Land Records of Howard County, Maryland
- Plat No. 1989 Liber Folio
for the purpose of locating the improvements shown.

This plat is of benefit to the customer only insofar as it is required
by a lender or a title insurance company or its agent in connection
with a contemplated transfer, financing, or refinancing purpose.
This plat is not to be relied upon for the establishment of location
of structures, buildings, or other existing or future structures.
The plat does not provide for the accurate identification of prop-
erty boundary lines, and such identification may not be required for
transfer of title or for securing financing or refinancing.



LOCATION DRAWING
12315 CAROL DRIVE
FULTON MANOR EAST
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

JVI Associates, Inc.
18200 Old Frederick Road
ML Hwy, Maryland 21171
Ph: (410) 442-2031
Fax No: (410) 442-1515

Scale: 1" = 60'
Date: JANUARY 9, 1997
Prepared by: JLM
Checked by: JLM
Drawing No: 1887-3702

REACTA COPY

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 P00123457
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Building Address <u>12315 CAROL DRIVE</u> <u>FULTON, MD 20759</u>	Owner's Name <u>WALTER BELLEZA</u> Address <u>12315 CAROL DRIVE</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6051.02</u> Subdivision <u>FULTON MANOR EAST</u>	City <u>FULTON</u> State <u>MD</u> Zip Code <u>20759</u> Home Phone <u>410531 9629</u> Work Phone <u>531 9629</u>
Section _____ Area _____ Lot <u>6</u> Tax Map <u>40</u> Parcel <u>131</u> Grid _____ Zoning _____ Map Coordinates <u>14E12</u> Lot size <u>40,000 SF</u>	Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____

Existing Use <u>Single Family Dwelling</u> Proposed Use <u>Same with Finished Basement area</u> Estimated Construction Cost \$ <u>10,200</u>	Contractor Company <u>Owner</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____
Description of Work <u>Finish portion of basement including Rec Room, office, and full bath</u>	

Occupant or Tenant <u>Walter Belleza</u> Contact Name <u>Same</u> Address <u>12315 CAROL DRIVE</u> City <u>FULTON</u> State <u>MD</u> Zip Code <u>20759</u> Phone <u>410531 9629</u> Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
--	--

BUILDING DESCRIPTION - COMMERCIAL	BUILDING DESCRIPTION - RESIDENTIAL
--	---

Building Characteristics	Utilities	Building Characteristics	Utilities
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	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: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13 <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression	SF Dwelling <input checked="" 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"/> <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other: _____ Dimensions: _____ Footings: _____ Roof: _____ <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 (LP) Yes <input checked="" 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 checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> 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 TO THIS, (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.

<u>Walter Belleza</u> Applicant's Signature	<u>Walter Belleza</u> Print Name
<u>Homeowner</u> Title/Company	<u>4-10-00</u> 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
Land Development, DPZ			Front: _____
State Highways			Rear: _____
Building Official	<u>4/10/00</u>	<u>[Signature]</u>	Side: _____
Dev. Engineering, DPZ			Side St: _____
Health	<u>4/10/00</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
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"/>

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

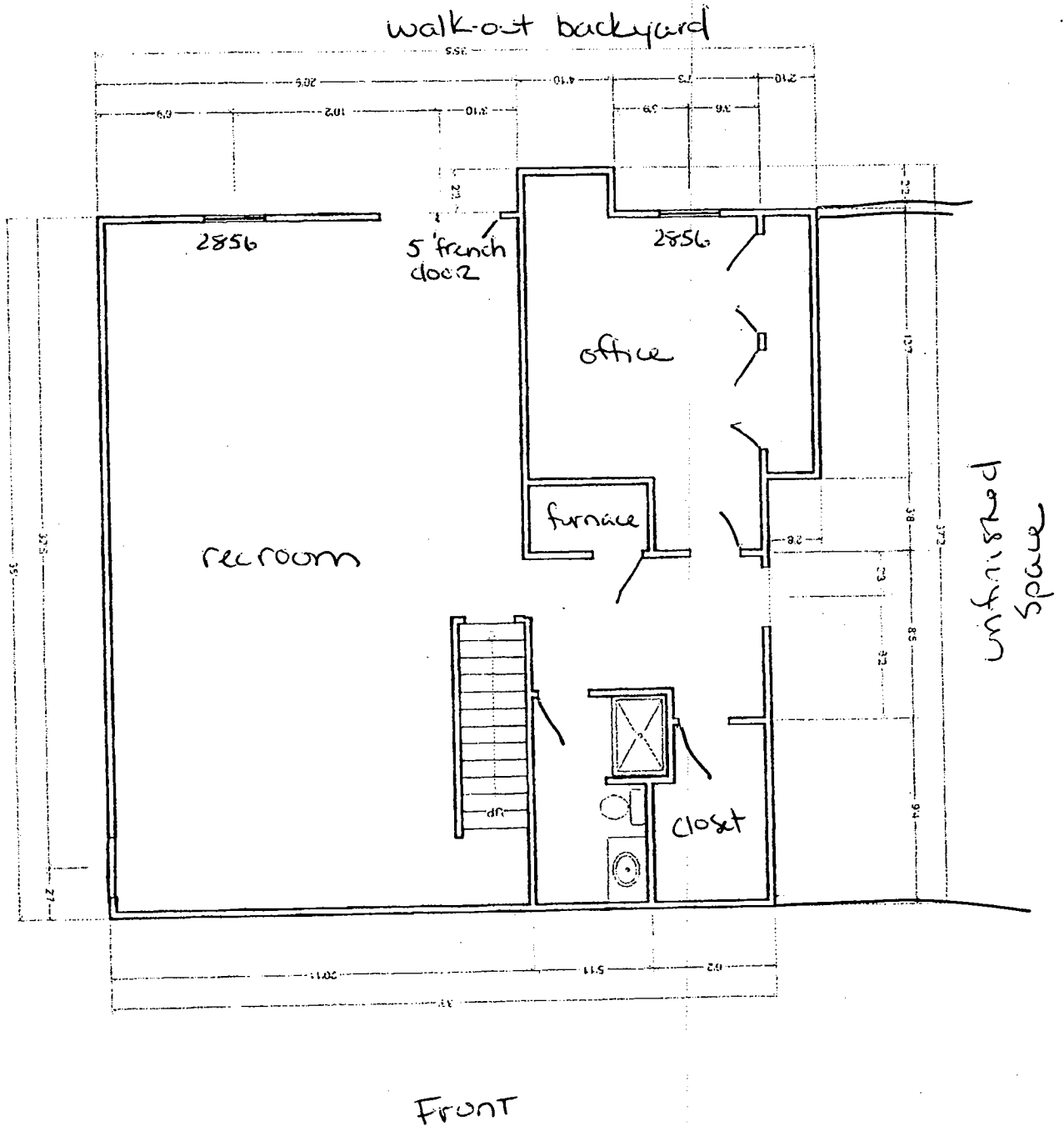
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	PROPERTY ID# <u>24148</u> Filing Fee \$ _____ Permit Fee \$ <u>73</u> (10 sq. ft. <input type="checkbox"/> (.15 sq. ft. <input type="checkbox"/> Excise Tax \$ _____ (40 sq. ft. <input type="checkbox"/> (.80 sq. ft. <input type="checkbox"/> TOTAL FEES Check # <u>933</u> Validation # <u>20793</u> Accepted by: <u>[Signature]</u>
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VALIDATION

Basement Plan

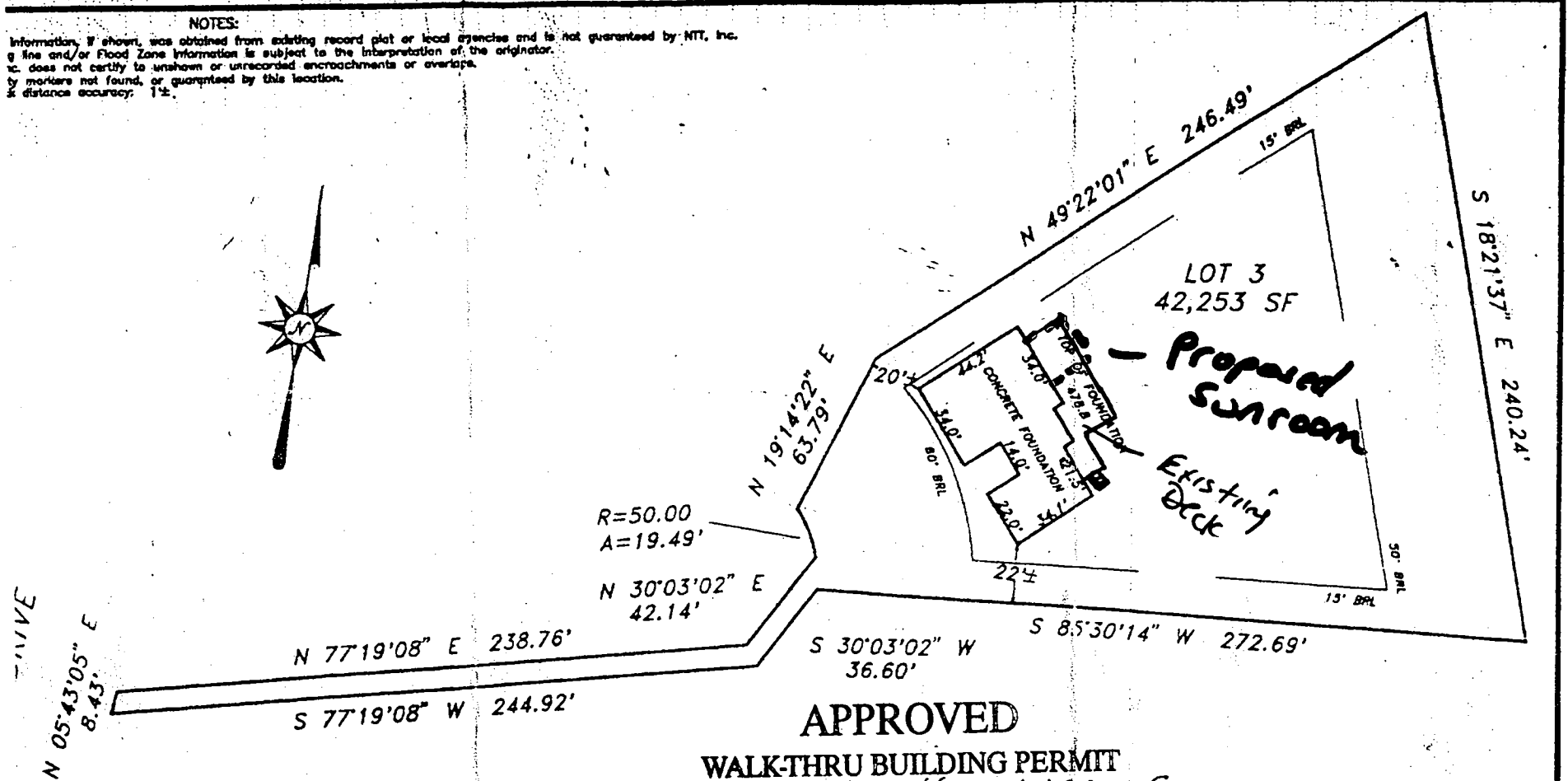
4/10/00 AS DISCUSSED W/OWNER'S AGENT...
(NEIGHBOR), "OFFICE" = BR, BUT 1BR
IN A 3-4 YR OLD SYSTEM = NO SIG. IMPACT

MR



NOTES:

Information shown was obtained from existing record plat or local agencies and is not guaranteed by NTT, Inc.
 The line and/or Flood Zone information is subject to the interpretation of the originator.
 We do not certify to unknown or unrecorded encroachments or overlaps.
 If markers not found, or guaranteed by this location.
 Distance accuracy: 1/2"



APPROVED

WALK-THRU BUILDING PERMIT

BP# B00148616 A# 56361-C
 APP. SAN HR DATE: 5/12/04
 DESC. OF WORK: SUNROOM OVER
p/o ex. deck

property is shown in Zone C
 National Flood Insurance Program
 Insurance Rate Map of Howard
 Maryland, Panel # 37 of 45
 City Panel # 240044-00 378
 Date: December 4, 1986

to certify that I have surveyed the property shown hereon,
 known as **LOT 3**
LOT 3 CAROL DRIVE
 as shown in the Land Records of Howard County, Maryland
 Bk: 12073 Liber Folio
 for the purpose of locating the improvements thereon.

This plat is of benefit to the consumer only insofar as it is required
 under or a title insurance company or its agent in connection
 contemplated transfer, financing, or refinancing purposes.
 This plat is not to be relied upon for the establishment of location
 lines, garages, buildings, or other existing or future structures.



LOCATION DRAWING
LOT 3 CAROL DRIVE
FULTON MANOR EAST
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

NTT Associates, Inc.
 16205 Old Frederick Road
 Mt. Airy, Maryland 21771

Scale:	1" = 60'
Date:	AUGUST 2, 1996
Field by:	JLM

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B-00140616

Building Address 12315 CAROL DRIVE
FULTON MD 20759

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 40 Parcel 131 Grid 6

Zoning A-20 Map Coordinates 14612 Lot size _____

Existing Use _____

Proposed Use _____

Estimated Construction Cost \$ _____

Description of Work Sunroom Addition over
TAH EXISTING DECK
14' 1/2 x 14'

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name WALTER BELLEZA

Address 12315 CAROL DRIVE

City FULTON State MD Zip Code 20759

Home Phone _____ Work Phone _____

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

Phone _____ Fax _____

Contractor Company LARRY TYSON

Contact Person LARRY TYSON

Address _____

City _____ State _____ Zip Code 20759

License No. 76523

Phone 410-370-9408 Fax 301-851-1075

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION COMMERCIAL

BUILDING DESCRIPTION RESIDENTIAL

Building Characteristics

Utilities

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 _____

SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor _____
 2nd floor _____
 Basement _____
 Finished Basement Unfinished Basement
 Crawlspace Slab on Grade
 No. of Bedrooms _____
 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: _____
 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 THERE TO; (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 Larry Tyson

Title/Company _____

Date _____

Checks payable to DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY