

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 <u>B0045730</u> <i>me</i>
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Building Address <u>3136 STILES WAY</u> <u>West Friendship, MD</u>	Property Owner's Name <u>D. R. Horton, Inc.</u> <u>1370 Piccard Dr., St. 230</u> <u>Rockville, MD 20850</u>
Suite/Apt. #: _____ SDP/WP/Petition #: <u>6P04-47</u>	Address _____
Census Tract <u>6030</u> Subdivision <u>Twin Pines</u>	City _____ State _____ Zip Code _____
Section _____ Area _____ Lot <u>5</u>	Home Phone _____ Work Phone <u>301-670-6144</u>
Tax Map <u>22</u> Parcel <u>17</u> Grid <u>3</u>	Applicant's Name & Mailing Address, (if other than stated hereon): <u>Vicky Meyer, Agent (410)602-8779</u>
Zoning <u>RR-DEO</u> Map Coordinates <u>SAS</u> Lot size _____	Phone <u>410-602-8779</u> Fax <u>410-486-5185</u>
Existing Use <u>vacant lot</u>	Contractor Company <u>D. R. Horton, Inc.</u> <u>1370 Piccard Dr., St. 230</u> <u>Rockville, MD 20850</u>
Proposed Use <u>new single fam. dwelling</u>	Contact Person _____
Estimated Construction Cost \$ <u>255,000</u>	Address _____
Description of Work <u>Martha Washington w/rear Sunroom</u> <u>2 story, full bant., 11 R, 3 PB, 1 HB,</u> <u>Sunrm., &amp; two car Gar. (4 Bdrms.) opt. PP</u>	City _____ State _____ Zip Code _____
Occupant or Tenant <u>Fin. Lower level opt.</u>	License No. <u>SBS</u>
Contact Name <u>SEE OWNER no tenant</u>	Phone <u>301-670-6144</u> Fax _____
Address _____	Engineer or Architect Company <u>FSH Assoc.</u>
City _____ State _____ Zip Code _____	Contact Person <u>Paul Sill</u>
Phone _____ Fax _____	Address <u>8318 Forrest St</u>
	City <u>Ellicott City</u> State <u>Md</u> Zip Code <u>21043</u>
	Phone <u>410-750-2251</u> Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u> ✓	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	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"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	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 checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
		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.

Vicky Meyer  
Applicant's Signature  
Agent

Vicky Meyer, Agent (410)602-8779  
Print Name

1/6/04  
Date

\_\_\_\_\_  
Title/Company

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: _____	<u>60590</u>
State Highways			Rear: _____	Filing fee \$ <u>100</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ	<u>1/22/04</u>	<u>Mark R. Lefkin</u>	Side St.: _____	Excise tax \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>402485</u>
ONE STOP SHOP: <input type="checkbox"/>				Validation # <u>38912</u>

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

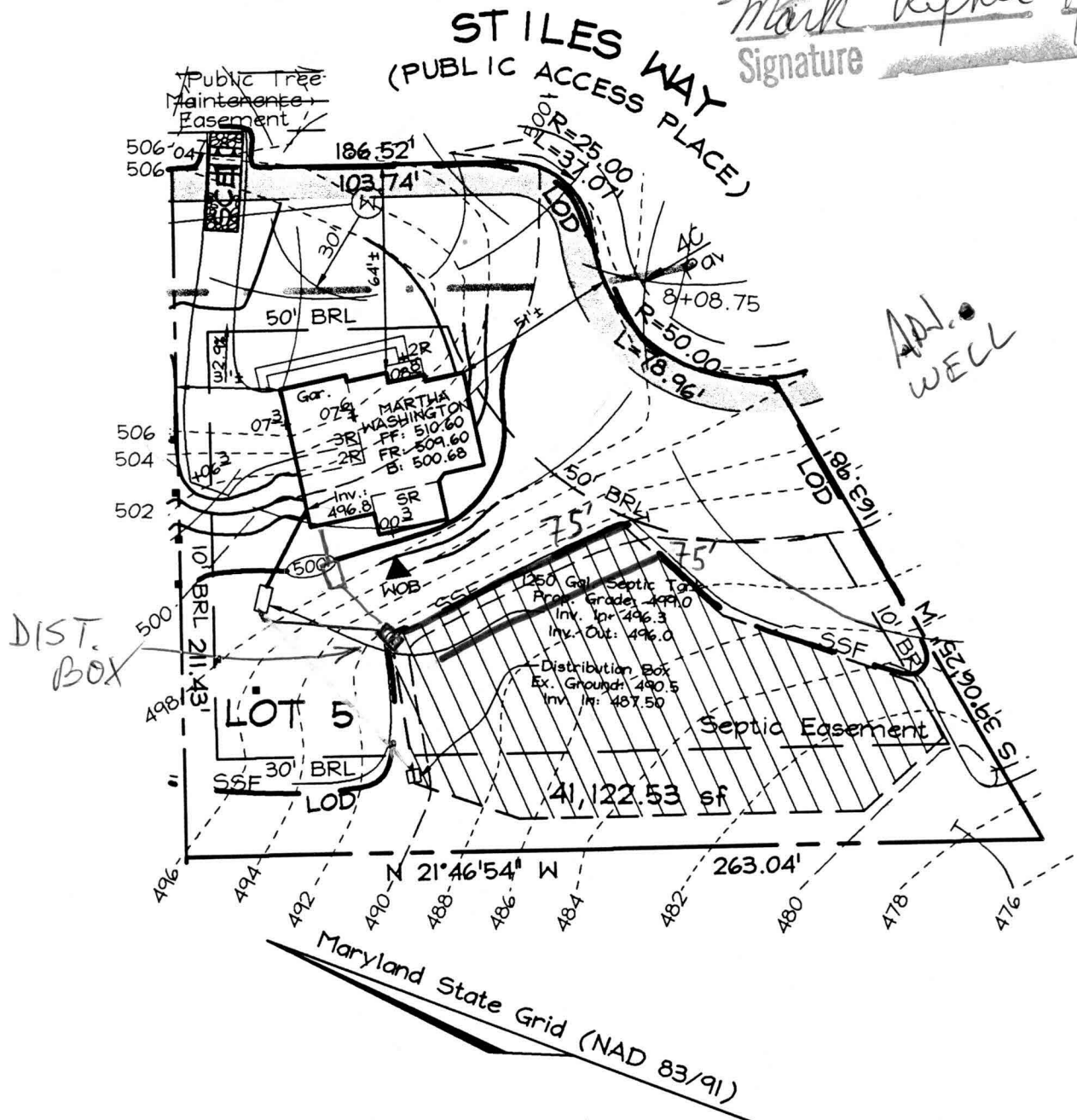
Accepted by: \_\_\_\_\_

T:\forms\PERMIT.FRM

Rev. 5/17/00

Approved Septic System Plan  
Howard County Health Department

Mark Rifkin 1/22/04  
Signature Date



## OWNER/ DEVELOPER

D.R. Horton  
1370 Piccard Drive, Suite 230  
Rockville, Maryland 20850  
Tel: (301)-670-6144

## FSH Associates

Engineers Planners Surveyors  
8318 Forrest Street Ellicott City, MD 21043  
Tel: 410-750-2251 Fax: 410-750-7350  
E-mail: FSHAssociates@cs.com

Note: 1. See Approved Grading Plan GP-04-47 for Entire Site.  
2. The existing well shown on this plan (identified with the attached well tag number: HO-94-3639) has been field located by C. B. Miller professional surveyor and is accurately shown.

DESIGN BY: PS  
DRAWN BY: KSZ  
CHECKED BY: ZYF  
SCALE: 1"=50'  
DATE: Jan. 08, 2004  
W.O. No.: 3211  
SHEET No.: 1 OF 1

LOT RESITE  
LOT 5  
TWIN PINES

TAX MAP 22, GRID 8  
3RD ELECTION DISTRICT

PARCEL 17  
HOWARD COUNTY, MARYLAND



## FOUO - Confidential

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  
B00151127

Building Address  
3136 Stiles Way  
West Friendship MD 21794

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

Census Tract  
60300 Subdivision  
Twin Pines

Section \_\_\_\_\_ Area  
411,177SF Lot  
5

Tax Map  
22 Parcel  
17 Grid  
8

Zoning  
RRTD Map Coordinates  
10A7 Lot size  
411,177SF

Property Owner's Name  
Harry Patrick

Address  
3136 Stiles Way

City  
West Friendship State  
MD Zip Code  
21794

Home Phone  
410-489-2469 Work Phone \_\_\_\_\_

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

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

Existing Use  
Single family home

Proposed Use  
SFH w/ Deck + Gazebo

Estimated Construction Cost \$  
17545

Description of Work  
Construct 10'x10' Deck  
23'x14' w/ 10'x10' on rear of SFH

Contractor Company  
MDM LLC

Contact Person  
Lou Kraft

Address  
116201 Truck Zone Ave

City  
Upper Meriden State  
MD Zip Code  
21774

License No.  
67951 Phone  
301-218-3600 Fax  
301-218-3940

Occupant or Tenant  
Harry Patrick

Contact Name \_\_\_\_\_

Address  
3136 Stiles Way

City  
West Friendship State  
MD Zip Code  
21794

Phone  
410-489-2469 Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

BUILDING DESCRIPTION - COMMERCIAL

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 DESCRIPTION - RESIDENTIAL

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 \_\_\_\_\_

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

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.

Applicant's Signature  
MDM LLC

Print Name  
Lou Kraft

Title/Company

Date  
11.12.04

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

Fire Protection

Is Sediment Control approval required prior to issuance?  
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: \_\_\_\_\_

Rear: \_\_\_\_\_

Side: \_\_\_\_\_

Side St.: \_\_\_\_\_

All minimum setbacks met?  
YES ☐ NO ☐

Is Entrance Permit required?  
YES ☐ NO ☐

Historic District?  
YES ☐ NO ☐

Lot Coverage for NewTown Zone \_\_\_\_\_

SDP/Red-line approval date \_\_\_\_\_

PROPERTY ID#: \_\_\_\_\_

Filing fee \$ \_\_\_\_\_

Permit fee \$ \_\_\_\_\_

Excise tax \$ \_\_\_\_\_

Add'l per. fee \$ \_\_\_\_\_

TOTAL FEES \$ \_\_\_\_\_

Sub-total paid \$ \_\_\_\_\_

Balance due \$ \_\_\_\_\_

Check # \_\_\_\_\_

Validation # \_\_\_\_\_

Accepted by \_\_\_\_\_

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

T: forms/ PERMIT FRM

Rev 5/17/00

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 B00151115
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Building Address <u>3136 STILES WAY</u>	Property Owner's Name <u>HARRY + LINDA PATRICK</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>3136 STILES WAY</u>
Census Tract _____ Subdivision <u>TWIN PINES</u>	City <u>W. FRIENDSHIP</u> State <u>MD</u> Zip Code <u>21794</u>
Section _____ Area _____ Lot <u>5</u>	Home Phone <u>410-489-2669</u> Work Phone <u>301-271-6102</u>
Tax Map <u>22</u> Parcel <u>17</u> Grid <u>8</u>	Applicant's Name & Mailing Address, (if other than stated hereon): <u>JOHN COAKLEY</u>
Zoning _____ Map Coordinates _____ Lot size <u>41,122 sq ft</u>	Phone <u>410-995-6600</u> Fax <u>301-621-3331</u>
Existing Use <u>SFO</u>	Contractor Company <u>MARYLAND POOLS INC</u>
Proposed Use <u>SFO w/POOL</u>	Contact Person <u>JOHN KRAWCZYK</u>
Estimated Construction Cost \$ <u>25,000</u>	Address <u>9515 GERWICK LA. SUITE 119</u>
Description of Work <u>INSTALL 23'x38' INGROUND POOL IN REAR YARD. POOL FILTERED BY CARTRIDGE SYSTEM. POOL ENCLOSED BY 4' HIGH FENCE TO CODE. POOL FILLED BY TRUCK</u>	City <u>COLUMBIA</u> State <u>MD</u> Zip Code <u>21046</u>
Occupant or Tenant <u>OWNER</u>	License No. <u>6694</u>
Contact Name _____	Phone <u>410-995-6600</u> Fax <u>301-621-3331</u>
Address _____	Engineer or Architect Company _____
City _____ State _____ Zip Code _____	Contact Person _____
Phone _____ Fax _____	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	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"/>	2nd 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"/>	Basement: _____	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 _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	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"/> NFPA #13D _____ NFPA #13R _____ Other: _____
State Certified Modular _____		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>23'x38' @ 652 sq ft</u> Dimensions: <u>652 sq ft</u> Footings: _____ Roof: <u>3' to 6' DEEP</u>	
		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.

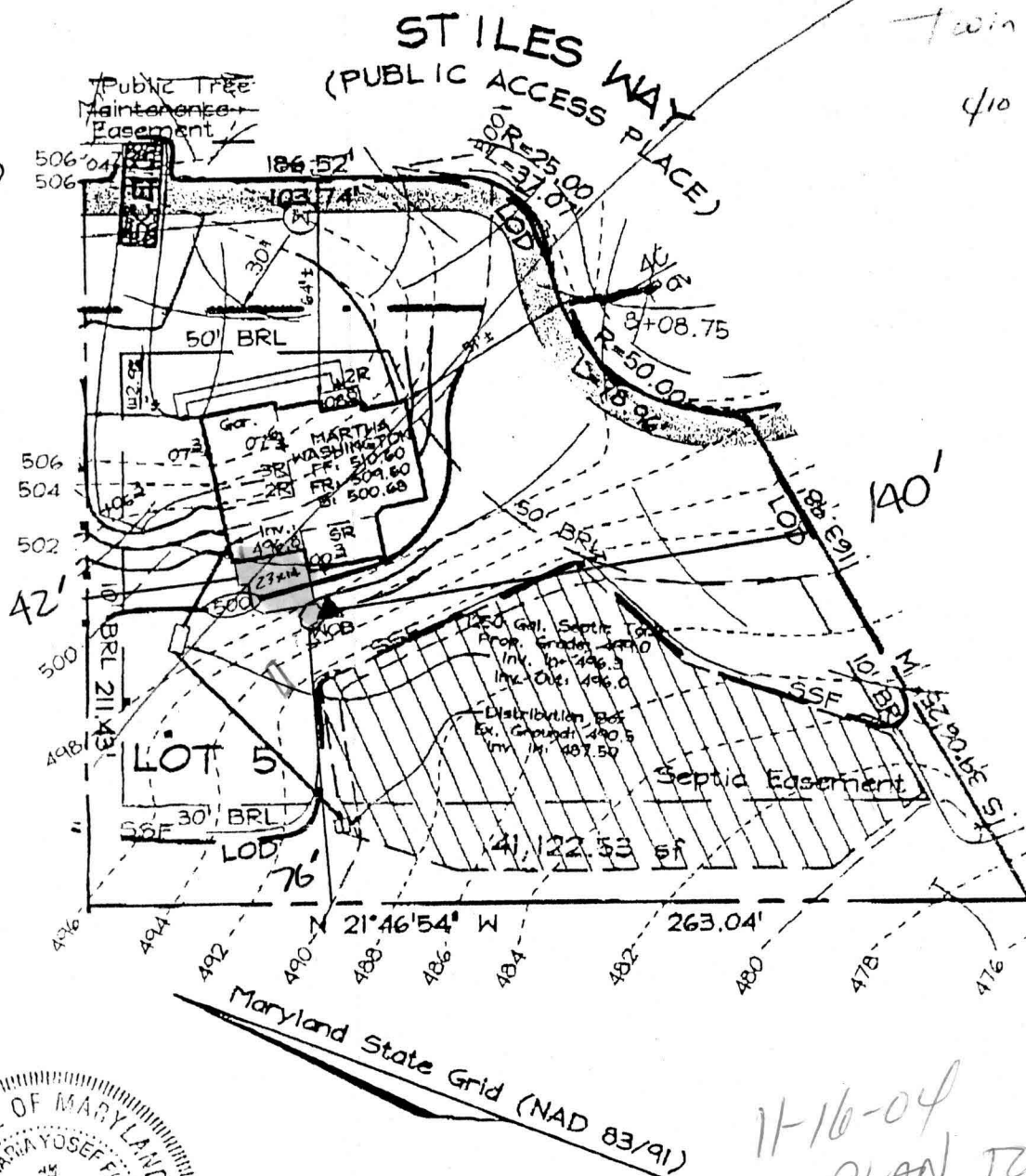
Applicant's Signature \_\_\_\_\_  
Print Name John Coakley  
Date 11/10/04

Title/Company \_\_\_\_\_  
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>11/10/04</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
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 # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
				Accepted by _____



1-10-2004

✓imp  
✓ass23x14  
+  
10x10Twin Pines  
410 489  
0942CORRECT  
PLAN - REMOVE  
PROPOSED DBOX  
& S.T.

OWNER/ DEVELOPER

D.R. Horton  
1370 Piccard Drive, Suite 230  
Rockville, Maryland 20850  
Tel: (301)-670-6144

Note: See Approved Grading Plan GP-04-47 for Entire Site.

FSH Associates

Engineers Planners Surveyors  
318 Forrest Street Ellicott City, MD 21043  
Tel: 410-750-2251 Fax: 410-750-7350  
E-mail: FSHAssociates@cs.com

DESIGN BY: PS

DRAWN BY: KSZ

CHECKED BY: ZYF

SCALE: 1"=50'

DATE: Dec. 24, 2003

I.O. No.: 3211

SHEET No.: 1 OF 1

LOT RESITE  
LOT 5  
TWIN PINESTAX MAP 22, GRID B  
3RD ELECTION DISTRICTPARCEL 17  
HOWARD COUNTY, MARYLAND

11/30/09

Stephanie,

I do not have a prior plan for  
this permit. I figure that you  
will. If you need anything else.

Please contact me.

Joe Williams x3961

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS  
HOWARD COUNTY  
3430 COURTHOUSE DRIVE  
ELICOTT CITY, MARYLAND 21043

14971

Man 10 con

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3800 COURT HOUSE DRIVE ELLSWORTH CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00151127
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Building Address <u>3136 Stiles Way</u> <u>West Friendship MD 21794</u>	Property Owner's Name <u>Harry Patrick</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>3136 Stiles Way</u>
Census Tract <u>60300</u> Subdivision <u>Twin Pines</u>	City <u>West Friendship</u> State <u>MD</u> Zip Code <u>21794</u>
Section _____ Area <u>41,1278P</u> Lot <u>5</u>	Home Phone <u>410-489-2409</u> Work Phone _____
Tax Map <u>22</u> Parcel <u>17</u> Grid <u>8</u>	Applicant's Name & Mailing Address, (if other than stated hereon): _____
Zoning <u>R1D24</u> Map Coordinates <u>10A7</u> Lot size <u>41,1278P</u>	Phone _____ Fax _____
Existing Use <u>Single Family home</u>	Contractor Company <u>MDM LLC</u>
Proposed Use <u>SFH w/ Deck + Gazebo</u>	Contact Person <u>Low KRAFT</u>
Estimated Construction Cost \$ <u>17585</u>	Address <u>16201 Track Zone Ave</u>
Description of Work <u>Construct open wood deck</u> <u>23x14 + 10x10 on rear of SFH</u> <u>w/5x8s octagon shaped deck</u>	City <u>Upper Marlboro</u> State <u>MD</u> Zip Code <u>20774</u>
Occupant or Tenant <u>Harry Patrick</u>	License No. <u>68951</u> Phone <u>301-218-3600</u> Fax <u>301-218-3540</u>
Contact Name _____	Engineer or Architect Company _____
Address <u>3136 Stiles Way</u>	Contact Person _____
City <u>West Friendship</u> State <u>MD</u> Zip Code <u>21794</u>	Address _____
Phone <u>410-489-2409</u> Fax _____	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input checked="" type="checkbox"/> Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ <input checked="" type="checkbox"/> 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"/>	2nd 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"/>	Basement: _____	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 _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	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"/> NFPA #13D _____ NFPA #13R _____ Other: _____
State Certified Modular _____		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 _____	

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.

<u>Applicant's Signature</u> <u>MDM LLC</u>	<u>Print Name</u> <u>Low Kraft</u>
<u>Title/Company</u> <u>OIS OR</u>	<u>Date</u> <u>11-12-04</u>

Checks payable to: <u>DIRECTOR OF FINANCE OF HOWARD COUNTY</u> ** PLEASE WRITE NEATLY AND LEGIBLY. ** - FOR OFFICE USE ONLY -		
<u>AGENCY</u>	<u>DATE</u>	<u>SIGNATURE APPROVAL</u>
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official <u>11/18/04 D. Seely</u>		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> 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"/>		

<u>DPZ SETBACK INFORMATION</u>	<u>PROPERTY ID#</u>
Front: _____	<u>60590</u>
Rear: _____	Filing fee \$ <u>50</u>
Side: _____	Permit fee \$ <u>5</u>
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>4461</u>
	Validation # <u>80967</u>
	Accepted by <u>DR</u>

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

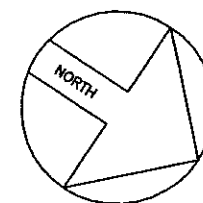


SETBACKS:  
REAR PL. 10'  
SIDE PL. 10'  
HOUSE N/A  
SEPTIC 20'  
WELL 30'

APPROVED  
WALK-THRU BUILDING PERMIT  
BP# 000151115 A# 514944-E  
APP. SAN KSB DATE: 11/10/04  
DESC. OF WORK: 23 x 38 inground  
Pool

20' PUBLIC DRAINAGE &  
UTILITY EASEMENT

## PRIVATE WELL & PRIVATE SEPTIC



ZONE: ONE

## SITE PLAN

1"=40'

LOT 5  
**TWIN PINES**  
ACCOUNT #340325  
MAP 22, GRID 8, PARCEL 17  
ELECTION DISTRICT NO.03  
HOWARD COUNTY, MARYLAND

**Maryland  
POOLS**  
Inc.

9515 GERWIG LANE | 11166 MAIN STREET  
SUITE 119 | SUITE 402  
COLUMBIA, MD 21046 | FAIRFAX, VA 22030  
410-995-6600 | 703-359-7192  
800-252-SWIM

WWW.MARYLANDPOOLS.COM

### EQUIPMENT LIST

DIRT/GRADING: ON SITE  
SPA: NONE  
RAISED BEAM: NONE  
TILE: STB-808  
COPING: 'SUIT SAVER' - WHITE  
PLASTER: WHITE MARBELITE  
FILTER SYS: C&C 420 SF CART. W/2 HP PUMP  
CLEANING SYS: PCC-2000  
TREATMENT SYS: MINERAL SPRINGS  
CONTROL SYS: NONE  
HEATER: AC-125 (HEAT PUMP)  
LIGHTS: ONE WATTS: 500 VOLTS: 120  
LOVESEAT: (1) @ 10' - INSIDE  
AQUA BENCH: (1) @ 10' W/(4) JETS  
RAIL GOODS: NONE  
DECKING: NONE  
FENCE: BY OWNER  
POOL COVER: NONE TYPE: N/A  
CHEMICALS: \$50 CHEMICAL ALLOWANCE  
OTHER ITEMS: PIPING FOR FUTURE WATERFALL  
LENS KIT

ELECTRIC: 0 FT.

### POOL DATA

SIZE/SHAPE: 23' x 38' - CUSTOM  
POOL AREA: 652 SPA: OTHER:  
TOTAL AREA: 652  
PERIMETER: 108 SPA:  
GALLONAGE: 21,190 DEPTH: 3'-0" TO 6'-0"

### DIRECTIONS TO SITE

RT. 32 N. (TO WEST FRIENDSHIP AREA ON RIGHT AT TWIN  
PINES) TO NEW ROAD. RIGHT ON STILES WAY TO SITE ON  
RIGHT. ACCESS IS TRICKY, SEE MORT.

MAP #

10

GRID

9-A

Linda M. & H. Lester Patrick  
3136 Stiles Way  
West Friendship, Maryland 21794  
Howard County

HOME PHONE: 410-489-2669  
OFFICE PHONE: 301-277-6102 (Her)  
OTHER PHONE: 410-277-2977 (His)

### SITE PLAN

ZONE:  
ONE

LOT: 5	SUBDIVISION NAME: TWIN PINES	DISTRICT: 03	PIN # 340325
SCALE: 1"=40'	BY: J.L.R.	DATE: 10/28/04	JOB NUMBER: MS04-7765
			SHEET #: S-1

REVISIONS:

00/00/00