

APPROVED

WALK-THRU BUILDING PERMIT

PROPERTY LINE

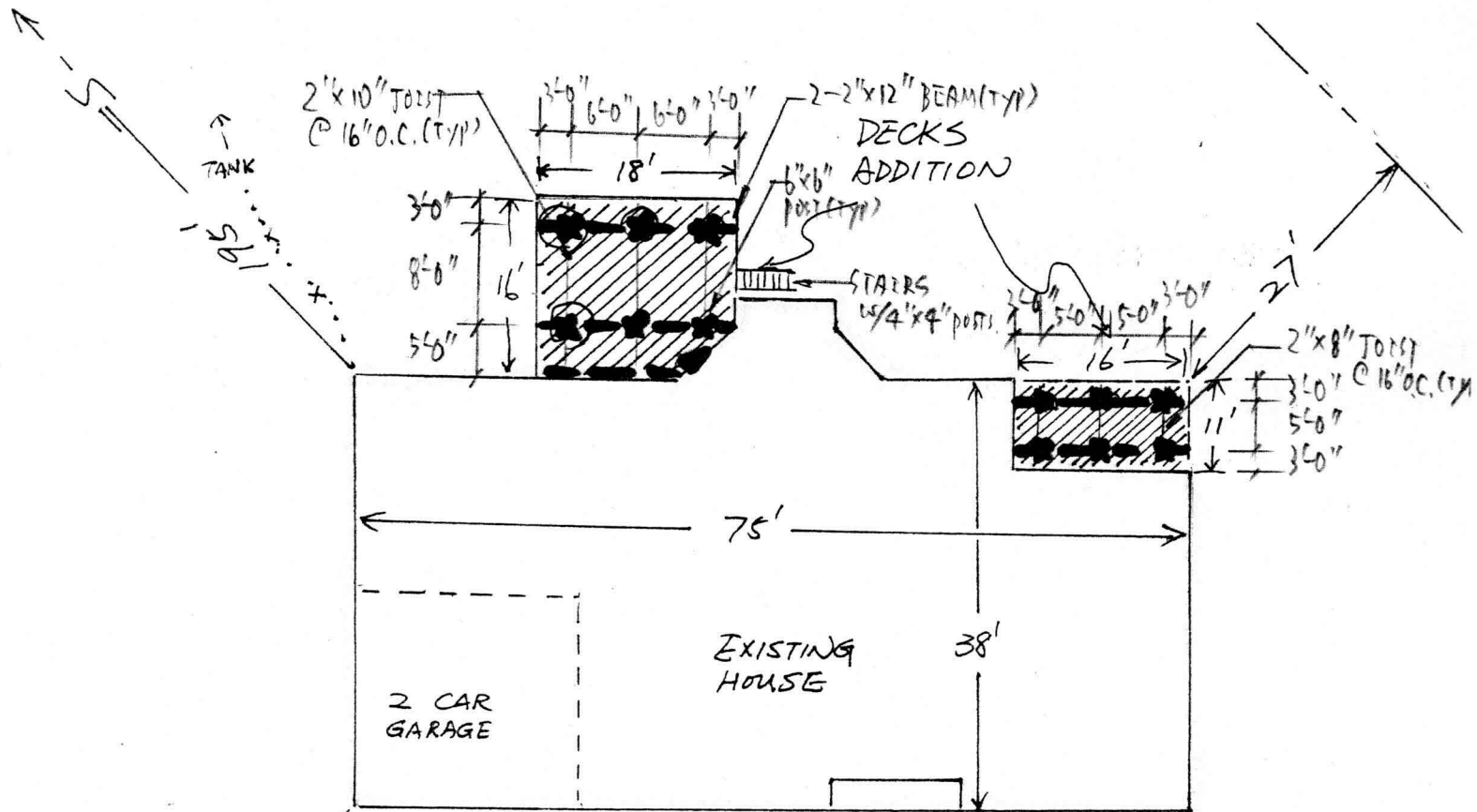
REAR YARD

BP# 00157043 A# 515249-6

APP. SAN SFD DATE: 11/10/15

DESC. OF WORK: 18' x 16' & 11' x 16'

Decks



FRONT YARD

NEW DECK LAYOUT PLAN (N.T.S.)

WELL

3143 STILES WAY

WEST FRIENDSHIP, MD 21794

PROPERTY LINE

Heath (Duplicate) - 68706

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) 313-3900		HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B-0147083 <i>MEP</i>
Building Address <u>3143 Stiles Way</u> <u>West Friendship, MD 21794</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>GP-04-47</u>		City _____ State _____ Zip Code _____	
Census Tract <u>6030</u> Subdivision <u>Twin Pines</u>		Home Phone _____ Work Phone <u>301-670-6144</u>	
Section <u>TAX ID # 03-340341</u> Area _____ Lot <u>7</u>		Applicant's Name & Mailing Address, (if other than stated hereon): <u>Vicky Meyer, Agent</u>	
Tax Map <u>22</u> Parcel <u>17</u> Grid <u>83</u>		Phone <u>410-602-8779</u> Fax <u>301-670-0584</u>	
Zoning <u>RRD-10</u> Map Coordinates <u>5A5</u> Lot size _____		Contractor Company <u>D. R. Horton, Inc.</u> <u>1370 Piccard Dr., St. 230</u> <u>Rockville, MD 20850</u>	
Existing Use <u>vacant lots</u>		Contact Person _____	
Proposed Use <u>new single fam. dwelling.</u>		Address _____	
Estimated Construction Cost \$ <u>275,000</u>		City _____ State _____ Zip Code _____	
Description of Work <u>BALMORAL w/side Sunrm. (16x22)</u> <u>2 car side load 2 story, full Bsmt, 11R,</u> <u>GAIADE</u> <u>Fin. Bsmt. - Rec. Rm. & Bathrm. FP, SunRM,</u>		License No. <u>535</u> Phone <u>301-670-6144</u> Fax _____	
Occupant or Tenant <u>see owner</u>		Engineer or Architect Company <u>FSH ENGINEER</u>	
Contact Name _____		Contact Person <u>PAUL SILL</u>	
Address _____		Address <u>8318 Forest St.</u>	
City _____ State _____ Zip Code _____		City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u>	
Phone _____ Fax _____		Phone <u>410-750-2251</u> Fax _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	1st floor: <u>73</u> <u>47</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: <u>59</u> <u>47</u>	Gas Yes <input checked="" type="checkbox"/> No <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"/>	Basement: <u>73</u> <u>46</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> 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 _____	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>	Sprinkler system: N/A <input type="checkbox"/> 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 V. Meyer Agent
Title/Company _____
Vicky Meyer, Agent
Print Name 3/26/04
Date 3/26/04

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: _____	61455
State Highways			Rear: _____	Filing fee \$ <u>100</u>
Building Official	<u>3/18/04</u>	<u>[Signature]</u>	Side: _____	Permit fee \$ <u>743.11</u>
Env. Engineering, DPE			Side St.: _____	Excise tax \$ <u>508.51</u>
Health	<u>5/17/04</u>	<u>Mark Fiften</u>	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? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>402550</u>
				Validation # <u>44468</u>

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

T: forms/ PERMIT FRM

Rev 5/17/00

NOTE: RECEIPT OF BP APP
DELAYED BY 6 WEEKS

Plan Received

STILES WAY (PUBLIC ACCESS PLACE)

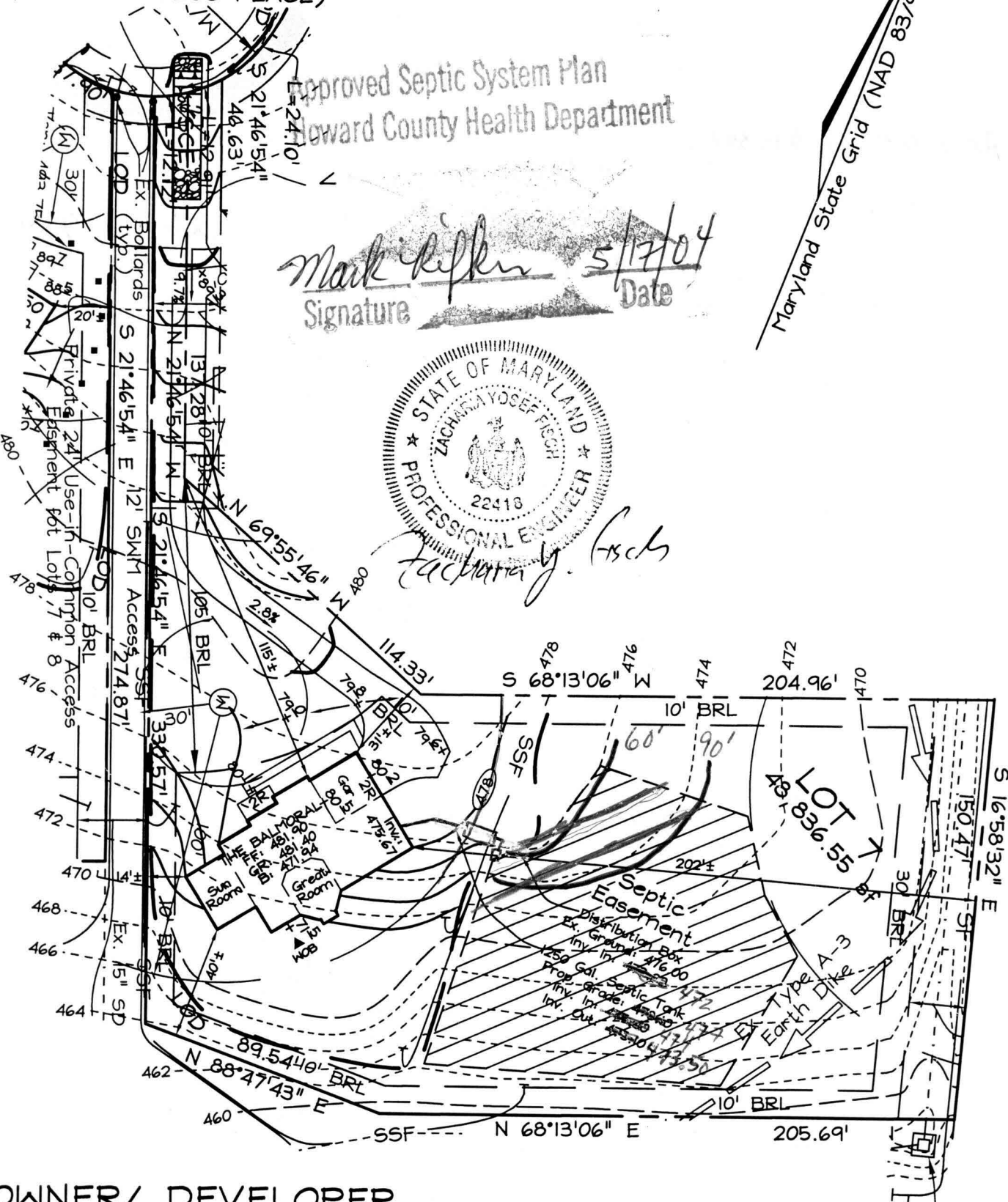
Approved Septic System Plan
Howard County Health Department

Mark Kiffin 5/17/04
Signature Date



Zachary F. Fish

Maryland State Grid (NAD 83/91)



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: 410-750-1350
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: HC-94-3641) has been field located by C. B. Miller professional surveyor and is accurately shown.

DESIGN BY: PS
DRAWN BY: DKM
CHECKED BY: ZYF
SCALE: 1"=50'
DATE: Jan. 28, 2004
W.O. No.: 3211
SHEET No.: 1 OF 1

LOT RESITE
LOT 7
TWIN PINES

TAX MAP 22, GRID 8
3RD ELECTION DISTRICT

PARCEL 17
HOWARD COUNTY, MARYLAND