

Building Address  
2578 THOMPSON DRIVE  
MARRIOTTSVILLE MD 21104

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

Census Tract 10300 Subdivision WOODED ACRES

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 5

Tax Map HLE Parcel 307 Grid 13

Zoning RPD Map Coordinates 10G3 Lot size \_\_\_\_\_

Existing Use RESIDENTIAL - SFD

Proposed Use RESIDENTIAL

Estimated Construction Cost \$ 60000

Description of Work 24x26 ADDITION TO EXISTING KITCHEN OVER FULL BASEMENT FOUND.

Occupant or Tenant MR. & MRS. NED EAKLE

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

Address 2578 THOMPSON DRIVE

City MARRIOTTSVILLE State MD Zip Code 21104

Phone (410) 442-1631 Fax \_\_\_\_\_

Property Owner's Name MR. & MRS. NED EAKLE

Address 2578 THOMPSON DRIVE

City MARRIOTTSVILLE State MD Zip Code 21104

Home Phone (410) 442-1631 Work Phone \_\_\_\_\_

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

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

Contractor Company VIKING DEVELOPMENT CORP.

Contact Person VINCE COLEIANNE

Address 85 WANDRIVER DRIVE

City SYKESVILLE State MD Zip Code 21784

License No. #120643

Phone (410) 442-2697 Fax (410) 442-2085

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 ☐

1st floor: 26' 42"

2nd floor: N/A N/A

Basement: 26' 42"

Finished Basement ☒ Unfinished Basement ☐

Crawl space ☐ Slab on Grade ☐

No. of Bedrooms 3

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.

Vincent R. Coleianne

Applicant's Signature

Viking Development Corp of MD

Title/Company

VINCENT R. COLEIANNE

Print Name

3/26/02

Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

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AGENCY

DATE

SIGNATURE APPROVAL

DPZ SETBACK INFORMATION

PROPERTY ID# 20037

Land Development, DPZ

3/27/02

Steven R. Kuzy

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 \_\_\_\_\_

Filing fee \$ 25

Permit fee \$ 25

Excise tax \$ 4.15

Add'l per. fee \$

TOTAL FEES \$ 54.15

Sub-total paid \$

Balance due \$

Check # 2275

Validation # 61915

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

State Highways

Dev. Engineering, DPZ

Health

Fire Protection

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

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

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

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Rev. 5/17/00



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 B00135116
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Building Address <u>2578 THOMPSON DRIVE</u> <u>MARRIOTTSVILLE MD 21104</u>	Property Owner's Name <u>MR &amp; MRS NED EAKIE</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>2578 THOMPSON DRIVE</u>
Census Tract <u>10300</u> Subdivision <u>WOODED ACRES</u>	City <u>MARRIOTTSVILLE</u> State <u>MD</u> Zip Code <u>21104</u>
Section _____ Area _____ Lot <u>5</u>	Home Phone <u>(410) 442-1631</u> Work Phone _____
Tax Map <u>FLC</u> Parcel <u>307</u> Grid <u>13</u>	Applicant's Name & Mailing Address, (if other than stated hereon): _____
Zoning <u>RPD</u> Map Coordinates <u>10G3</u> Lot size _____	Phone _____ Fax _____
Existing Use <u>RESIDENTIAL - SFD</u>	Contractor Company <u>VIKING DEVELOPMENT CORP.</u>
Proposed Use <u>RESIDENTIAL</u>	Contact Person <u>VINCE COLEIANNE</u>
Estimated Construction Cost \$ <u>60000</u>	Address <u>85 WINDRIVER DRIVE</u>
Description of Work <u>24x26 ADDITION TO EXISTING KITCHEN OVER FULL BASEMENT FOUND.</u>	City <u>SYKESVILLE</u> State <u>MD</u> Zip Code <u>21784</u>
Occupant or Tenant <u>MR. &amp; MRS NED EAKIE</u>	License No. <u>#120643</u>
Contact Name _____	Phone <u>(410) 442-2297</u> Fax <u>(410) 442-2085</u>
Address <u>2578 THOMPSON DRIVE</u>	Engineer or Architect Company _____
City <u>MARRIOTTSVILLE</u> State <u>MD</u> Zip Code <u>21104</u>	Contact Person _____
Phone <u>(410) 442-1631</u> Fax _____	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b>	<b>Utilities</b>	<b>Building Characteristics</b>	<b>Utilities</b>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input checked="" type="checkbox"/> Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: <u>26'</u> <u>42"</u>	Sewage Disposal: _____ Public <input checked="" type="checkbox"/> Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: <u>N/A</u> <u>N/A</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: <u>26'</u> <u>42"</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/>
State Certified Modular _____	Natural Gas <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>	No. of Bedrooms <u>3</u>	Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/>	Multi-family dwellings: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
	Full _____	No. of efficiency units: _____	Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/>
	Partial _____	No. of 1 BR units: _____	Natural Gas <input type="checkbox"/>
	Other Suppression _____	No. of 2 BR units: _____	Propane Gas <input type="checkbox"/>
	# of Heads _____	No. of 3 BR units: _____	Other: _____
		Other Structure: _____	_____ NFPA #13D
		Dimensions: _____	_____ NFPA #13R
		Footings: _____	Other: _____
		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>Vincent R. Coleianne</u> Applicant's Signature	<u>VINCENT R. COLEIANNE</u> Print Name
<u>Viking Development Corp</u> Title/Company	<u>3/26/02</u> Date

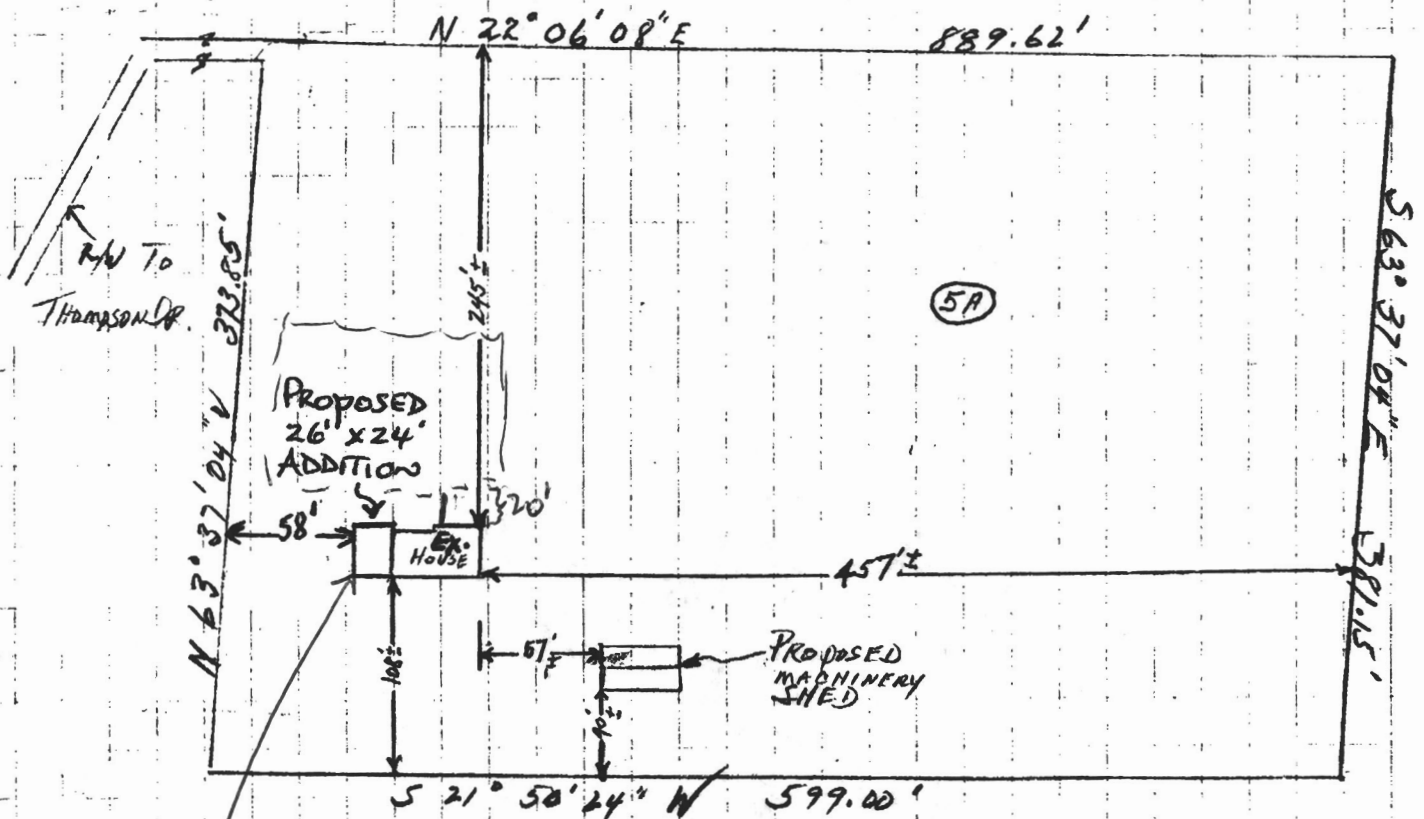
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

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AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	20027
State Highways			Rear: _____	Filing fee \$ _____
Building Official	<u>3/27/02</u>	<u>Steven R. Kueg</u>	Side: _____	Permit fee \$ <u>217</u>
Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ <u>41.10</u>
Health	<u>3/27/02</u>	<u>Steven R. Kueg</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 \$ <u>1177</u>
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"/>	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>2275</u>
				Validation # <u>61915</u>

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BOU/35114



PLOT PLAN SHOWING  
PROPOSED 22' x 44' MACHINERY SHED  
W. E. ECKLE

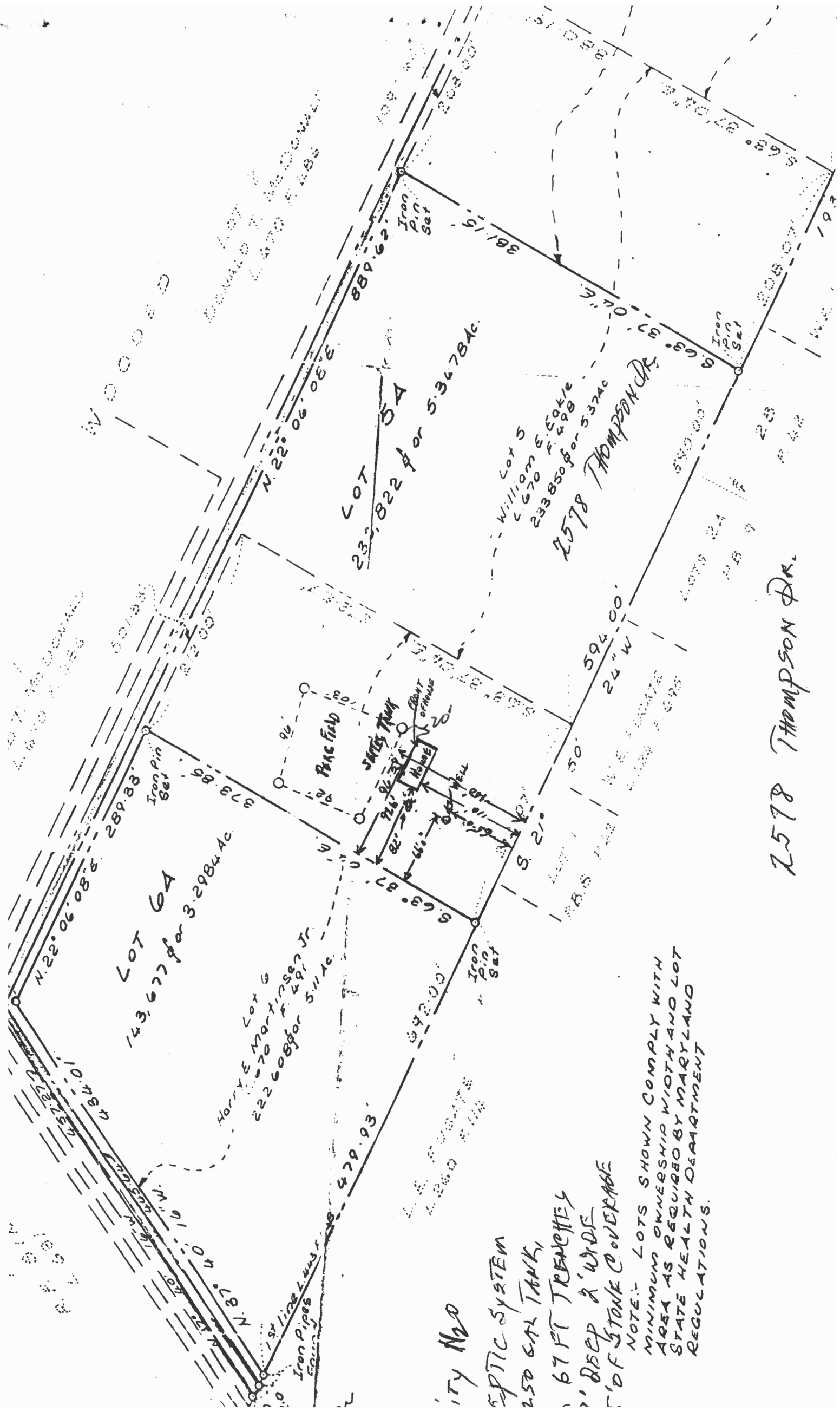
proposed  
addition  
ON SRV

3/27/02

2578 THOMPSON DR.  
MARIOTTVILLE, MD. 21104

1981

8-24-PI



2578 Thompson Dr.

ity No 20

OPTIC SYSTEM

250 GAL TANK,

67 FT TRENCHES

11\"/>

OF STONE COVERAGE

NOTE:- LOTS SHOWN COMPLY WITH  
MINIMUM OWNERSHIP WIDTH AND LOT  
AREA AS REQUIRED BY MARYLAND  
STATE HEALTH DEPARTMENT  
REGULATIONS.