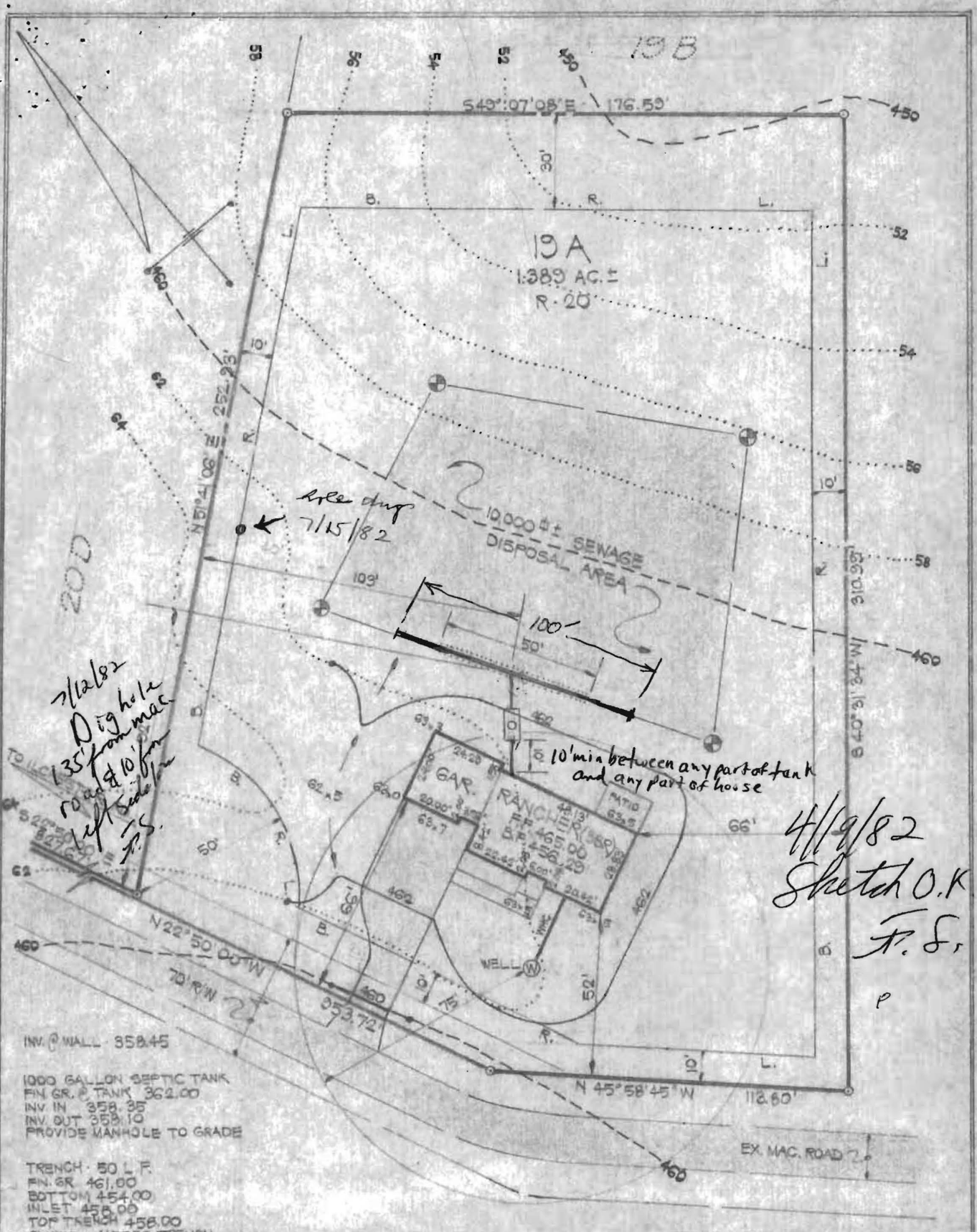


I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.

NOTE: FIRST FLOOR SERVICE IS PROVIDED SEWAGE PUMP REQUIRED FOR BASEMENT SERVICE.

3-2-82 John C. Mellema Jr. Reg. No. 107

JOHN CHARLES MELLEMA SR. STATE OF MARYLAND No. 107 REGISTERED PROPERTY LINE SURVEYOR

SITE PLAN

TALBOT'S LAST SHIFT LOT 19-A

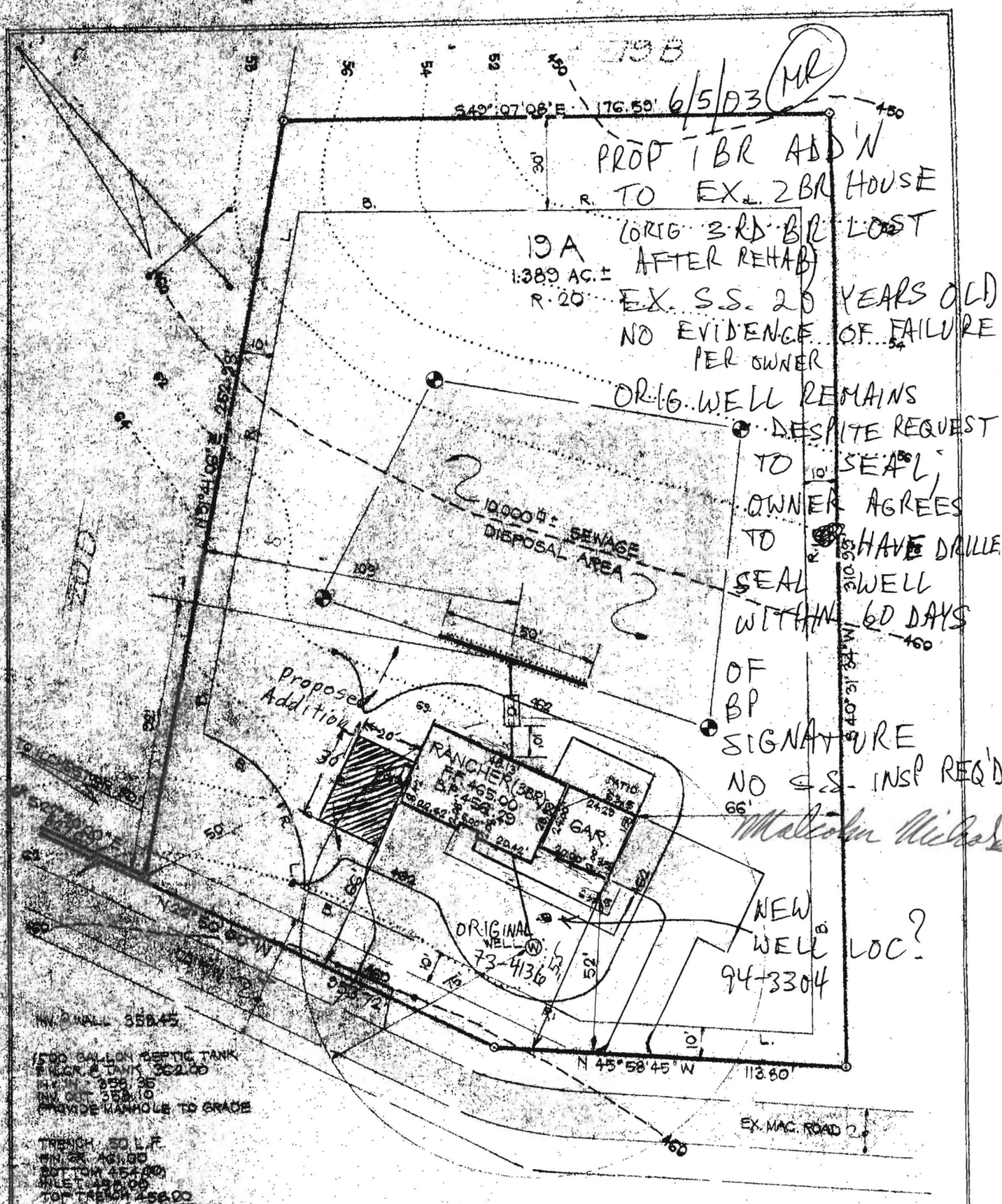
1st ELECTION DISTRICT HOWARD CO., MD.

SCALE 1" = 40'

DATE 3/2/82

JOB NO. #8251

JOHN C. MELLEMA SR. INC.
LAND SURVEYORS
3704 MACTAVISH AVENUE - BALTIMORE, MARYLAND 21229



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STATE OF MARYLAND — JOHN CHARLES MELLEMA SR — No. 107 — REGISTERED PROFESSIONAL LAND SURVEYOR

SITE PLAN

TALBOT'S LAST SHIFT LOT 19A

1ST ELECTION DISTRICT HOWARD CO., MD.

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3704 MACTAVISH AVENUE - BALTIMORE, MARYLAND 21229

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1910
AUTOMATED INFORMATION (410) 313-3000

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B0014227 3

Building Address 5117 Talbots Landing
Ellicott City Md 21043

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

Census Tract 601101 Subdivision Talbots Last Shift

Section _____ Area _____ Lot 19A

Tax Map 31 Parcel 732 Grid 16

Zoning R20 Map Coordinates 16K3 Lot size 1.37ac.

Property Owner's Name Malcolm Nichols

Address 5117 Talbots Landing

City Ellicott City State Md Zip Code 21043

(Home Phone 410-750-4415 Work Phone _____

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

Phone _____ Fax _____

Existing Use Single family dwelling

Proposed Use _____

Estimated Construction Cost $ 40,000.00

Description of Work Bedroom + Bath, over crawl space, wood framed Brick veneered.

Contractor Company M.T. Nichols & Co

Contact Person Malcolm Nichols

Address 5117 Talbots Landing

City Ellicott City State Md. Zip Code 21043

License No. 10593

Phone 410-750-1406 Fax _____

Occupant or Tenant Malcolm Nichols - Family

Contact Name _____

Address 5117 Talbots Landing

City Ellicott City State Md. Zip Code 21043

Phone 410-750-4415 Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories: 1

Gross area, sq. ft. per floor: 588 sq ft

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:	30'	20'
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.

Malcolm Nichols — *Applicant's Signature*

Malcolm Nichols — *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
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	6/5/03	Mark Hoffman
Fire Protection		

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

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: 50
Rear: 30
Side: 10
Side St.: N/A

All minimum setbacks met?
YES ☑ NO ☐

Is Entrance Permit required?
YES ☐ NO ☑

Historic District?
YES ☐ NO ☑

Lot Coverage for NewTown Zone N/A

SDP/Red-line approval date N/A

PROPERTY ID#: 58520

Filing fee $ 25
Permit fee $ 108
Excise tax $ 460
Add'l per. fee $ _____
TOTAL FEES $ 613
Sub-total paid $ _____
Balance due $ _____
Check # 3780
Validation # 27302

Accepted by: _____

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

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Rev. 5/17/00