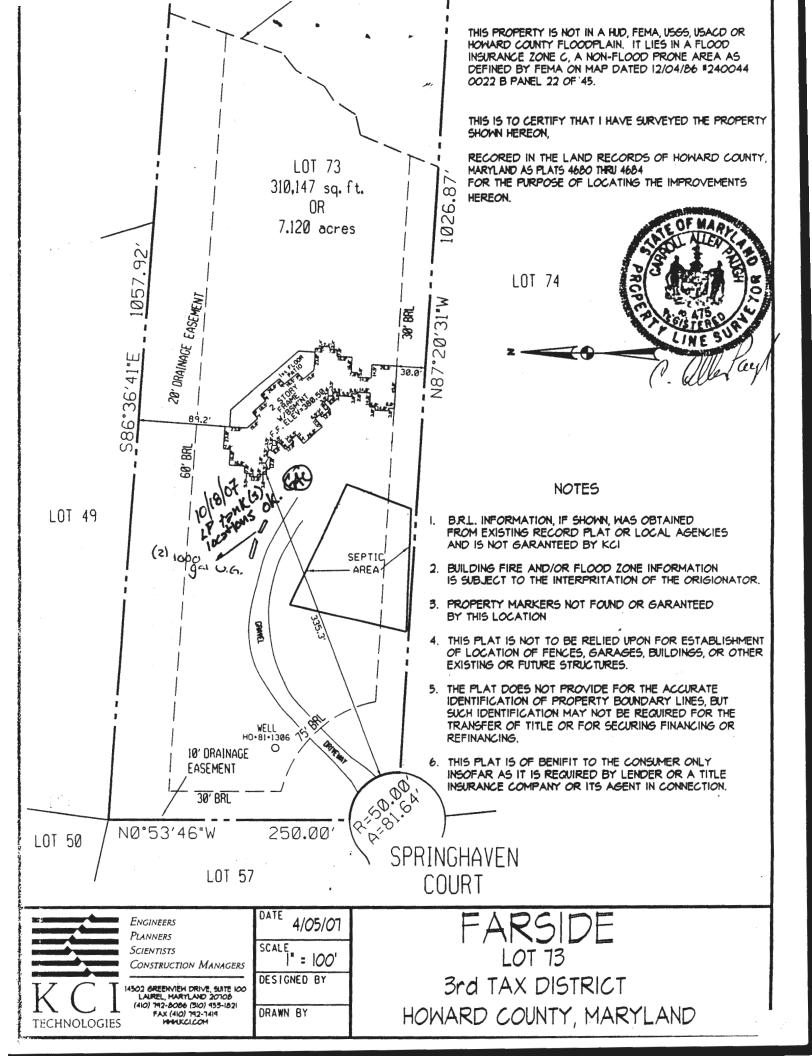
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CTY, MO 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

Building Address 11743 Spain	a Haven et	Property Owner's Name	7 - 7 - 4
Building Address 11743 Spring Haven et		Address	
Suite/Apt. #: SDP/WP/Petition #:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Jun .
Census Tract Subdivision		City State	Zip Code
Section Area Lot		Home Phone Work	
Tax Map Parcel Grid		Applicant's Name & Mailing Address, (if other than stated hereon):	
Zoning Map Coordinates Lot size		Phone Fax	The second secon
		Contractor Company	
Existing Use Proposed Use		Contact Person	-
Estimated Construction Cost \$			
Description of Work Tretail fuse 1000		Address	
gailon underground	proposettanks.	City State Zip Code	
		License NoFax	34
Occupant or Tenant		Engineer or Architect Company	
Contact Name_		Contact Person	
Address		- Contact Crossi	
CityState_	7in Code	Address	
OityOuts_	Zip Code	City State	Zin Code
Phone Fax		Phone Fax	
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTI	ON - RESIDENTIAL
Building Characteristics	Utilities	Building Characteristics	Utilities
Height:	Water Supply:	SF Dwelling SF Townhouse	Water Supply:
No. of states	Public	<u>Depth</u> <u>Width</u>	Public Public
I INO. OT STORIES:	l Private	1st floor:	> Private
No. of stories:	Private Sewage Disposal:	1st floor: 2nd floor:	Sewage Disposal:
No. of stories: Gross area, sq. ft. per floor:		2nd floor: Basement:	
Gross area, sq. ft. per floor:	Sewage Disposal: Public Private Electric Yes □ No □	2nd floor: Basement: Finished Basement □ Unfinished Basement□ Crawl space □ Slab on Grade □ No. of Bedrooms	Sewage Disposal: Public Private Electric Yes No
	Sewage Disposal: Public Private Electric Yes No Gas Yes No G	2nd floor: Basement: Finished Basement □ Unfinished Basement□ Crawl space □ Slab on Grade □ No. of Bedrooms Height: Multi-family dwellings:	Sewage Disposal: Public Private Electric Yes No Gas Yes No
Gross area, sq. ft. per floor:	Sewage Disposal: Public Private Electric Yes □ No □	2nd floor: Basement: Finished Basement □ Unfinished Basement□ Crawl space □ Slab on Grade □ No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units:	Sewage Disposal: Public Private Electric Yes No Heating System: Electric Oil
Gross area, sq. ft. per floor: Use group: Construction type: Reinforced Concrete	Sewage Disposal: Public Private Electric Yes No Heating System: Electric Oil Natural Gas	2nd floor: Basement: Finished Basement □ Unfinished Basement□ Crawl space □ Slab on Grade □ No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units:	Sewage Disposal: Public Private Electric Yes No Gas Yes No Heating System:
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Gross area, sq. ft. per floor: Use group: Construction type: Reinforced Concrete Structural Steel Masonry	Sewage Disposal: —— Public —— Private Electric Yes □ No □ Gas Yes □ No □ Heating System: Electric □ Oil □ Natural Gas □ Propane Gas □ Sprinkler system: N/A □ —— Full	2nd floor: Basement: Finished Basement □ Unfinished Basement□ Crawl space □ Slab on Grade □ No. of Bedrooms Height: 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:	Sewage Disposal: Public Private Electric Yes No Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas
Gross area, sq. ft. per floor: Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame	Sewage Disposal: Public Private Electric Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: N/A Full Partial	2nd floor: Basement: Finished Basement □ Unfinished Basement□ Crawl space □ Slab on Grade □ No. of Bedrooms Height: 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:	Sewage Disposal: Public Private Electric Yes No Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: N/A NFPA #13D
Gross area, sq. ft. per floor: Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular	Sewage Disposal: Public Private Electric Yes No Heating System: Electric Oil Natural Gas Fropane Gas Sprinkler system: Full Partial Other Suppression # of Heads	2nd floor: Basement: Finished Basement □ Unfinished Basement□ Crawl space □ Slab on Grade □ No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 3 BR units: No. of 3 BR units: Cother Structure: Dimensions: Footings: Roof Height: State Certified Modular Manufactured Home	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:
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Gross area, sq. ft. per floor: Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular The undersignes hereby certifies and agrees as follows: Howard County which are applicable thereto, (4) that he the right to enter out of this property for the purpose of Applicant's Signature Applicant's Signature Title/Company AGENCY DATE Land Development DPZ State Highways Building Official Dev. Engineering DPZ Heelth D B T Fite Protection is Sectional Control approval required prior to YES ET NO ET CONTINGENCY CONSTRUCTIO	Sewage Disposal: PublicPrivate Electric Yes □ No □ Gas Yes □ No □ Heating System: Electric □ Oil □ Natural Gas □ Propane Gas □ Sprinkler system: N/A □FullPartialOther Suppression# of Heads(1) That He/SHE IS ANTHORIZED TO MAKE THIS APP //SHE WILL PERFORM NO WORK ON THE ABOVE REFE F INSPECTING THE WORK PERMITTED AND POSTING IS Checks payable to: DIRECTOR OF *** PLEASE WRITE NE FOR OFFI SIGNATURE APPROVAL	2nd floor: Basement: Finished Basement □ Unfinished Basement□ Crawl space □ Slab on Grade □ No. of Bedrooms Height: Multi-farnily 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 Height: State Certified Modular Manufactured Home PLICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATIONICES. Print Name Date FFINANCE OF HOWARD COUNTY EATLY AND LEGIBLY. ** CE USE ONLY DPZ SETBACK INFORMATION Front: Filio Resr Side: Side St: All minimum setbacks met? YES □ NO □ Sub Is Entrance Permit required? Historic District? YES □ NO □ Che Historic District? YES □ NO □	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 #13D NFPA #13R Other: WILL COMPLY WITH ALL REGULATIONS OF ON; (5) THAT HE/SHE GRANT'S COUNTY OFFICIALS PROPERTY IDE PROPERTY IDE Se tax S O N PROPERTY IDE Se tax S O PROPERTY IDE Se tax S PROPERTY IDE SE tax
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HOWARD COUNTY PERMIT NUMBER PERMIT APPLICATION 004001932 Bornal Building Address 11743 Property Owner's Name MINOR Address SDP/WP/Petition #: Suite/Apt. #: State DZip Code City Census Tract Subdivision Phone 31.747.7 % Phone Applicant's Name & Mailing Address, (if other than stated hereon): 73 Section Tax Map Fax Phone Zoning / Map Coordinates Lot size Contractor Company Existing Pool Hang DOWN GROUND Use Proposed Use_ Estimated Construction Cost \$ 20,000 City MT W Zip Code 2 771 State License No. Phone Contact Engineer or Architect Company Occupant or Tenant Contact Contact Perso Name Address State Zip Code 20777 Zip Code 2077 City 1 State 140 Phone 301-742-28-4ax 301 854 9634 Phone 34.742.284 Fax 201 84-9634 **BUILDING DESCRIPTION - COMMERCIAL** BUILDING DESCRIPTION - RESIDENTIAL **Building Characteristics Utilities Building Characteristics** SF Dwelling | SF Townhouse | Height: Water Supply: Water Supply: __ Public -- Private Public Width Depth No. of stories: Private 1st floor: 25 2.0 Sewage Disposal: Sewage Disposal: 2nd floor: Public Public Basement: -Private Private Gross area, sq. ft. per floor: Finished Basement Unfinished Basement Electric Yes No Gas Yes No G Electric Yes □ No □ Crawl space ☐ Slab on Grade ☐ Use group: Yes □ No □ No. of Bedrooms Theight:
Multi-family dwellings: Heating System: Heating System: Electric
Oil No. of efficiency units: No. of LBR units: Electric D Oil Construction type: Natural Gas Reinforced Concrete Natural Gas No. of 2 BR units: No. of 3 BR units: Propane Gas Structural Steel Propane Gas Masonry Sprinkler system: N/A Wood Frame Sprinkler system: N/A Other Structure: NFPA #13D Full Dimensions: ____
Footings: ____ NFPA #13R Partial Other: Roof Height: State Certified Modular Other Suppression # of Heads 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 LOCALITY WHICH ARE ADD ICARI F THERETO: (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (6) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (6) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (6) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (7) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THE ABOVE REFERENCED PROPERTY NOT SPECIFICATION OF THE ABOVE REFERENCED PROPERTY NOT SPECIFICATION OF THE ABOVE REFERENCED PROPERTY NOT SPECIFICATION OF THE ABOVE REFERE HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCR OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES. Applicant's Signature Print Name Titie/Company Date Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

"PLEASE WRITE NEATLY AND LEGIBLY."

FOR OFFICE USE ONLY-

		, on or ,	IOL OUL ONE		
AGENCY	DATE SIGNAT	URE APPROVAL	DPZ SETBACK INFORMATION	2N	PROPERTY ID#
Land Development, DPZ			Front:	Filing fee	\$
State Highways			Rear	Permit fee	5
Building Official			Side:	Excise tax	\$
Dev. Engineering, DPZ		1	Side St.,	Add'I per Jee	\$
Health Dona Be	march 1-21-08	100	All minimum setbacks mel?	TOTAL FEES	\$
Fire Protection			YES II NO II	Sub-total paid	\$
Is Sediment Control appro	oval required prior to issuance	∍ ?	is Entrance Permit required?	Balance due	\$
YES O NO O			YES D NO D	Check	# 75
			Historic District?	Validation	#
CONTINGENC	Y CONSTRUCTION START:	Ö	YES D NO D		
ONE STOP SH	OP; 🗓		Lot Coverage for NewTown Zone		
			SDP/Red-line approval date		Accepted by
Distribution of Copies-	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ Pink: He	alth Gold	: SHA
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Rev. 11/4//04

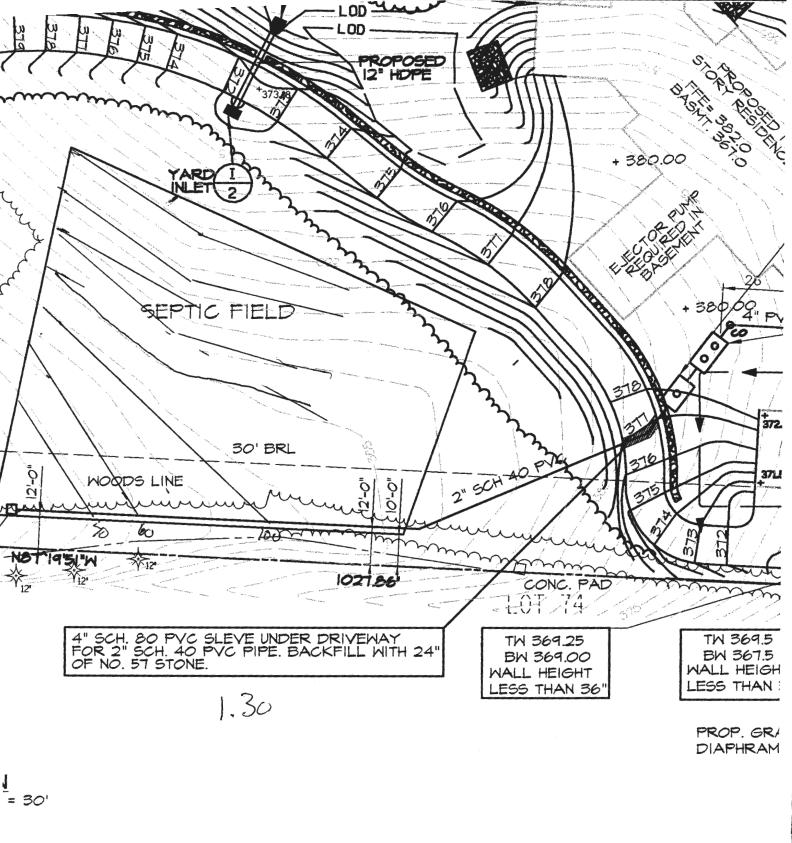
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3490 COURT HOUSE DRIVE ELLICOTT CITY, MD 24003 PERMITS (410) 313-3455 INSPECTIONS (410) 313-1410

HOWARD COUNTY PERMIT APPLICATION

BOTOO4691

Rev. 11/4/04

	1 LIXIVII 7	TEIOATION	100 101.
Building Address 11743 Sprin		Property Owner's Name Bernie	Connie Dancel
Ellicotty City Suite/Apt. #: SDPWP/P		Address 11743 Springhav	en Court
Census Tract Subdivision		city Elicatt City state	N.D Zip Code 21029
SectionAreaLot		DOVE 3017422864	rk Phone
	Grid	Applicant's Name & Mailing Address, (if of	
		Phone Fax	
Zoning Map Coordinates Existing Use SF0	Lot size		andscape Co Inc
Proposed Use SFD with Estimated Construction Cost \$ 30.4	Apol Inground		an)
Description of Work Ingra Poo	A 1.1 - 11	Address 14643 Frede	uck Rd
Irregular Shape 3H -9f Deep		city Mt acrus State Me Zip Code 21771	
Fence, Filled By	Noce	Phone 443 3980887 Fax 3	017034066
Occupant or Tenant		Engineer or Architect Company	
Contact Name		Contact Person	
AddressState	7in Code	Address	
OityOuto	25 0000	CityState_	Zip Code
Phone Fax		Phone Fax	
BUILDING DESCRIPTIO	N - COMMERCIAL	BUILDING DESCRIP	TION - RESIDENTIAL
Building Characteristics	Utilities	Building Characteristics	Utilities
Height:	Water Supply: Public	SF Dwelling SF Townhouse Depth Width	Water Supply:Public
No. of stories:	Private Sewage Disposal:	1st floor: 2nd floor:	Private Sewage Disposal:
Gross area, sq. ft. per floor:	Public	Basement:	Public Private
	Electric Yes No	Finished Basement Unfinished Basement Crawl space Slab on Grade No. of Bedrooms	Electric Yes □ No □
Use group:	Gas Yes□ No□	Height: Multi-family dwellings:	Gas Yes□ No□
Construction type:	Heating System:	No. of efficiency units: No. of 1 BR units:	Heating System:
Reinforced Concrete	Natural Gas □	No. of 3 BR units:	Natural Gas ☐ Propane Gas ☐
Structural Steel Masonry	Propane Gas □	Other Structure:	Sprinkler system: N/A
Wood Frame	Sprinkler system: N/A 🗆	Dimensions: Footings: Roof Height:	NFPA #13D NFPA #13R
State Certified Modular	Partial Other Suppression	State Certified Modular	Other:
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOW	# of Heads S: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS AP	Manufactured Home PLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SH	F WILL COMPLY WITH ALL REGULATIONS OF
HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT IT THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE	HE/SHE WILL PERFORM NO WORK ON THE ABOVE REF	ERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLIC NOTICES.	ATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS
Mary E. Kowan	1	Mary E. Rowa	
Ambicant Signatury Rower Line Title/Company	Singa Co.	Print Name 11-20-09	
	** PLEASE WRITE N	OF FINANCE OF HOWARD COUNTY EATLY AND LEGIBLY. **	
AGENCY DATE Land Development, DPZ	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY (D#
State Hichways	014000000000000000000000000000000000000	Rear: P	erroit fee \$
Building Official Dev. Engineering. DPZ	5 A 20 - 2 THE THE	A CONTRACTOR OF THE PARTY OF TH	coise tex: \$
Health /1/21/67	Arfor		dd'l per fee 5
Fire Protection Is Sectiment Control approval required prior is	hancara?	YES II NO II S	ub-total paid \$
YES D NO D			nlance due \$
100000000000000000000000000000000000000	DECEMBER OF	THE REPORT OF THE PARTY OF THE	sliciation #
ONE STOR SUOP. IT		YES D NO D	The last of the la
	36 33 6 3	SDP/Red-time approval date	Accorded by
Distribution of Copies- White: Building	Official Green: LOD, DPZ	Yellow: DED, DPZ. Pink Heelth	Gold SHA



BUILDING PERMIT

FARSIDE LOT 7

PARCEL 126 SPRINGHAVEN COURT ELLICOTT CITY, MD 210 DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INSPENDITATION (431) 313-1800

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HOWARD COUNTY PERMIT APPLICATION

FOR BUILDING THE COMPANY WITH SHEET THE COLUMN

PERMIT NUMBER

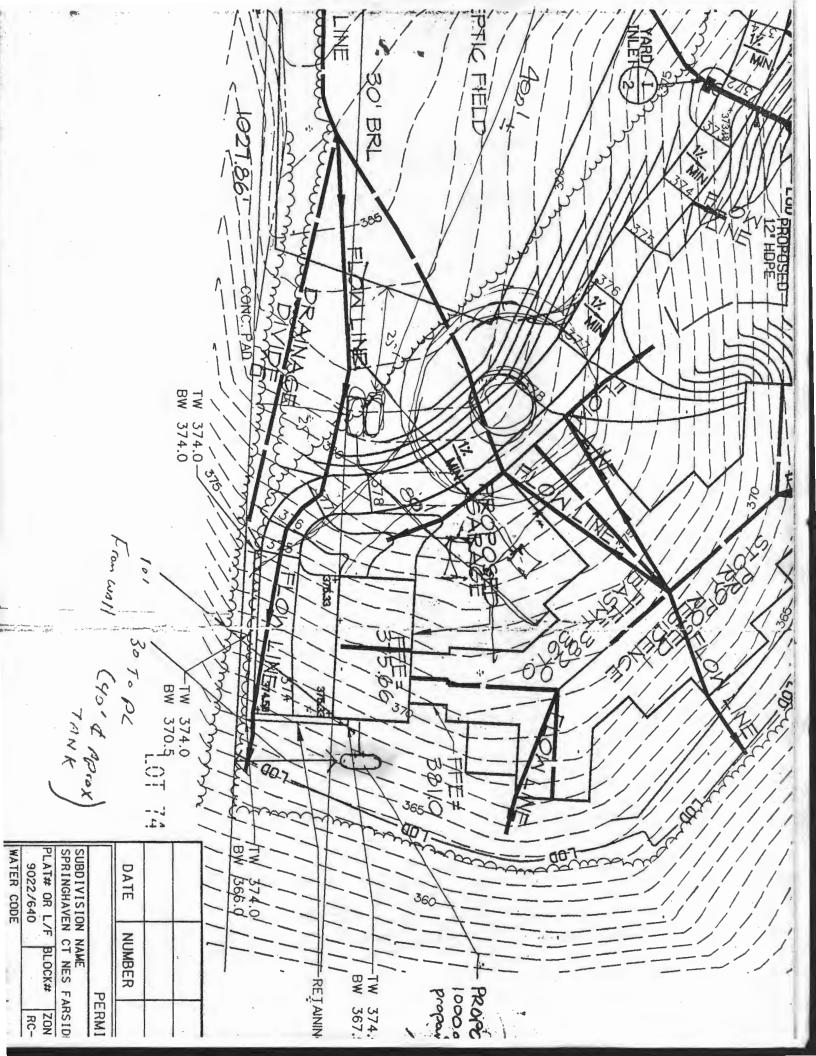
Gold: SHA

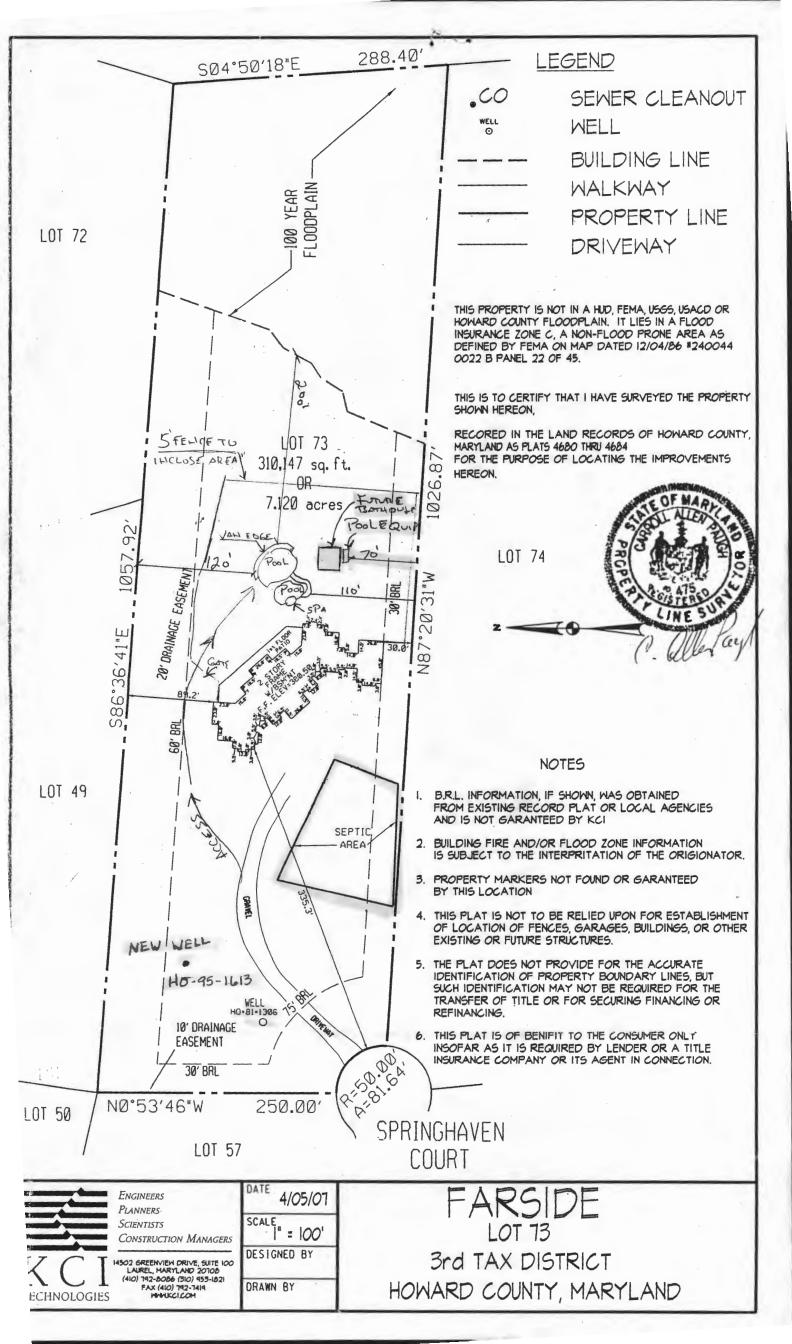
Rev. 11/4//04

Pink: Health

Building Address 1171/3 Span	yhaver lovet	Property Owner's Name Reand	Ido Duncil				
Ellie +101, mo 21042		Address 11342 San haven Court					
Suite/Apt. #: SDP/WP/Petition #:		City E // cott C, V // State MD Zip Code 2 10 1/2					
Census TractSubdivision		Phone 3 0171/2 28/19hone_					
SectionAreaLot73_/12.6		Applicant's Name & Mailing Address, (if ot	her than stated hereon):				
Tax Map Parcel Grid		Phone Fax					
Zoning Map Coordinates	Lot size	Thore					
Existing Use //O	on gallon	Contractor Company	mbing Inc.				
Proposed Use	oc garron	Contact Person					
Description of Work In Ground Copper run to propane		Address City State Zip Code					
				to in the	1 torn y Co	License No. Phone	"
				Occupant or Tenant		Engineer or Architect Company (ACC)	
Contact	i er e saga esta e	Contact Person					
NameAddress		Address					
	Zip Code	Audi 655					
OityState_	Zip Code	City State	Zip Code				
Phone Fax		Phone Fax					
BUILDING DESCRIPTION	L COMMERCIAL	BUILDING DESCRIPT	ION - PESIDENTIAL				
Building Characteristics	Utilities	Building Characteristics	Utilities				
Height:	Water Supply:	SF Dwelling SF Townhouse	Water Supply:				
No. of stories:	Public Private	Death Width 1st floor:	Public Private				
0.1/	Carrage Diagrams		Sewage Disposal:				
Ab	Sewage Disposal: Public	2nd floor:	Public				
Gross area, so, ft. per floor:		Basement: Finished Basement Unfinished Basement	Public Private				
	Public	Basement: Finished Basement □ Unfinished Basement □ Crawl space □ Slab on Grade □	Public				
Gross area, sq. ft. per floor:	Public Private Electric Yes No Gas Yes No C	Basement: Finished Basement Unfinished Basement Crawl space Slab on Grade No. of Bedrooms Height: Multi-family dwellings:	Public Private Electric Yes No Heating System:				
Use group: Construction type:	Public Private Electric Yes No	Basement: Finished Basement Crawl space Slab on Grade No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units:	Public Private Electric Yes No Heating System: Electric Oil Natural Gas				
Use group: Construction type: Reinforced Concrete Structural Steel	Public Private Electric Yes No Gas Yes No Heating System:	Basement: Finished Basement Unfinished Basement Crawl space Slab on Grade No. of Bedrooms Height: Multi-family dwellings:	Public Private Electric Yes No Heating System: Electric Oil Natural Gas Propane Gas				
Use group: Construction type: Reinforced Concrete	Public Private Electric Yes No Gas Yes No No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: N/A D	Basement: Finished Basement Unfinished Basement Crawl space Slab on Grade No. of Bedrooms Height: Multi-family dwellings: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure:	Public Private Electric Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: N/A NFPA #13D				
Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame	Public Private Electric Yes No Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: N/A Gas Public Partial	Basement: Finished Basement Unfinished Basement Crawl space Slab on Grade No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units:	Public Private Electric Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: N/A				
Use group: Construction type: Reinforced Concrete Structural Steel Masonry	Public Private Electric Yes No Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: N/A Gas Full	Basement: Finished Basement Unfinished Basement Crawl space Slab on Grade No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Cother Structure: Dispensions: Footings: Roof Height: State Certified Modular	Public Private Electric Yes				
Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular	PublicPrivate Electric Yes □ No □ Gas Yes □ No □ Heating System: Electric □ Oil □ Natural Gas □ Propane Gas □ Sprinkler system: N/A □ Full Full Other Suppression # of Heads	Basement: Finished Basement Unfinished Basement Crawl space Slab on Grade No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Cother Structure: Displaceions: Footings: Roof Height: State Certified Modular Manufactured Home	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:				
Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular	— 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 VS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS HE/SHE WILL PERFORM NO WORK ON THE ABOVE R	Basement: Finished Basement Unfinished Basement Crawl space Slab on Grade No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Cother Structure: Distinguisions: Footings: Roof Height: State Certified Modular Manufactured Home APPLICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HIEFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APIND POSTING NOTICES.	Public Private Electric Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: N/A NFPA #13D NFPA #13D NFPA #13R Other:				
Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular The undersigned hereby certifies and agrees as follow Howard Country which are applicable thereto; (4) that officials the right to enter onto this probestly for the	— 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 VS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS HE/SHE WILL PERFORM NO WORK ON THE ABOVE R	Basement: Finished Basement Unfinished Basement Crawl space Slab on Grade No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Cother Structure: Digrapasions: Föotings: Roof Height: State Certified Modular Manufactured Home APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HIEFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APIND POSTING NOTICES.	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:				
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Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular The undersigned hereby certifies and agrees as follow howard Country which are applicable thereto; (4) that officials tyle right to enter onto this problem for the Applicant's Signature Title/Company	— 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 Vs: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS HE/SHE WILL PERFORM NO WORK ON THE ABOVE R PURPOSE OF INSPECTING THE WORK PERMITTED A	Basement: Finished Basement Unfinished Basement Crawl space Slab on Grade No. of Bedrooms Height: Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Cother Structure: Dimensions: Footings: Roof Height: State Certified Modular Manufactured Home APPLICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HI EFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS API ND POSTING NOTICES. Print Name Date FINANCE OF HOWARD COUNTY ATLY AND LEGIBLY.	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:				
Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular The undersigned hereby certifies and agrees as follow Howard County which are applicable thereto; (4) That officials the right to enter onto this property for the Applicant's Signature	— 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 VIS. (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS HE/SHE WILL PERFORM NO WORK ON THE ABOVE R PURPOSE OF INSPECTING THE WORK PERMITTED A Checks payable to: DIRECTOR OF PLEASE WRITE NE	Basement: Finished Basement Unfinished Basement Crawl space Slab on Grade No. of Bedrooms Height: 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: Föotings: Roof Height: State Certified Modular Manufactured Home APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HIEFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APIND POSTING NOTICES. Print Name Date FINANCE OF HOWARD COUNTY ATLY AND LEGIBLY. DPZ SETBACK INFORMATION	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: E/SHE WILL COMPLY WITH ALL REGULATIONS OF PLICATION; (5) THAT HE/SHE GRANTS COUNTY				
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White: Building Official Green: LDD, DPZ Yellow: DED, DPZ

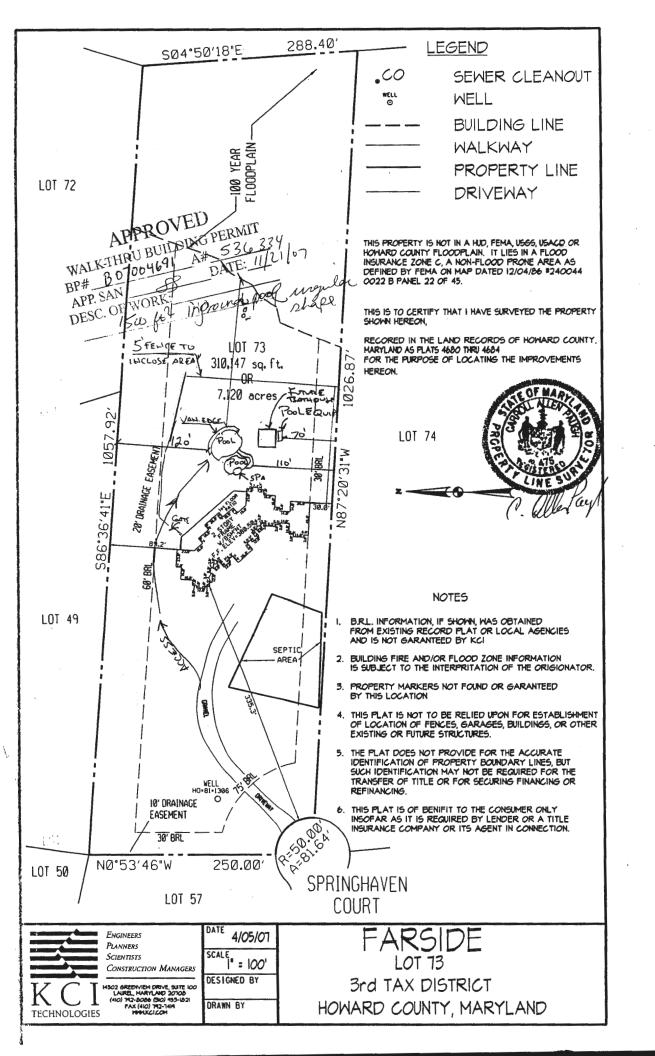




PERMIT NUMBER HOWARD COUNTY PERMIT APPLICATION Building Address 11743 SPCIM HAVEN CT Property Owner's Name Barnillo Dance Bright Flow House State NO Zip Code 21019 Census Tract 603000 Home Phone 4/0-531-2042-Work Phone Applicant's Name & Mailing Address, (if other than stated hereon): Zoning (-1) Map Coordinate () () Lot size Phone Contractor Company Borne & Dance Existing Use Proposed Use Street Fitnes Live Cont. Co Contact Person Estimated Construction Cost \$ 1,60 MI DWHER peription of Work / Austrutum Swale Porlant Mess Flow Mews Phone er or Architect Company C246 ; 6 Hages Occupant or Tenant Contact Name Contact Person LL SHOP City State (4) Zip Code 20177 Phone Phone 889 999 9809 Fax 301 937 - 894 BUILDING DESCRIPTION - RESIDENTIAL BUILDING DESCRIPTION - COMMERCIAL Utilities. Building Characteristics Building Characteristics SF Dwelling B SF Townhouse Depth Width 30 Water Supply: Public Private -125 0 F125 Private Gross area, sq. ft. per floor:

Read FILD 3275

Buel (acre) #44 eemen (3" Unlinished Ba e 3" Slab on Grade (3 Electric Yes D No D Gas Yes No D Electric Yes D No D Gas Yes D No D Use group: Heating System
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Natural Gas D
Propane Gas D Heating System: Electric D Oil D Natural Gas D Prepare Gas D Construction type: Reinforced Conc Structural Style of 1 BR a Sprinkler system: NFPA#13D NFPA#13R N/A D Sprinkler System: N/A Wood Partial Other Other Suppre Manufactured Home SATION IS CORRECT; (3) THAT HE'SHE WILL COMPLY WITH ALL REGULATIONS OF Declar Berny - Castler & Cottages Architect Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY. **





ENGINEERS • PLANNERS • SCIENTISTS • CONSTRUCTION MANAGERS

14502 Greenview Drive, Suite 100 • Laurel, MD 20708 • 410-792-8086 • (Fax) 410-792-7419

September 22, 2005

Mr. Peter Yenscik Howard County Environmental Health Department 7178 Columbia Gateway Drive Columbia, Md. 21046

Re: Farside Lot# 73, 11743 Springhaven Court, BP# B00155342

Dear Mr. Yenscik:

Please find listed below a response to your verbal comments regarding the above referenced project:

- Show the septic tank at least 20' from the house on all sides. Septic tank location has been adjusted twenty or more from all of the corners of the house. See plan view on sheet one of two.
- Show the inverts of the sewer as it leaves the house, inverts of the septic tank, pump chamber and distribution box.

 Inverts have been clearly shown of bends, point of exit from the dwelling, septic tank and pump chamber and distribution box in the profile shown on sheet two of two.
- Remove the distribution lines shown in the Septic Reserve Area. These lines have been removed from the plan view on sheet one.
- Clearly show the 10 hole distribution box at the top of the field. The ten hole box has been shown at the top of the SRA.
- Provide the well tag number for the existing well on the plan view.

 The well ID # HO-81-1306 has been shown on the plan view of sheet one of two along with the 100' well ring.

I believe this answers all of your questions raised during our telephone conversation. Should there be any other concerns or questions please contact me directly at 410.792.8086.

Sincerely,

Timothy H. Miller Senior Associate



RECEIVED

SEP 2 2 2005

LICENSES & PERMITS
DIVISION

September 19, 2005

Maura Corson
Planning Support Technician
Division of Public Service and Zoning Administration
Howard County Department of Licenses & Permits
3430 Courthouse Drive
Ellicott City, Maryland 21043

Re:

Building Permit #B00155342 11743 Springhaven Court Lot 73. The Farside

CK #	CASH
CR#	97751
DATE #	9/22/05

Dear Ms. Corson:

In response to the review letter from your office, dated September 14, 2005, regarding the above captioned project, our office and the project's engineer submit herein with revised plans for your review and approval.

These revised plans address the retaining wall along the garage side of the structure. The grading and the garage floor elevation have been revised so that the retaining wall in question has been reduced to less than 36" in height, thereby alleviating the nonconformance with Section 128.A.9 of the Howard County Zoning Regulations.

I trust the above and the enclosed revised drawings meet with your approval and allows your office to complete the timely review of this permit process however, if additional information is required, please do not hesitate to contact my office at your earliest convenience.

Regards,

Wm Douglas Beims, Architect

la Healts

Castles & Cottages
Wm. Douglas Beims, Architect
10640 Gorman Road, Laurel, Maryland 20723
888-999-9809



Engineers . Planners . Scientists . Construction Managers

1+502 Greenview Drive, Suite 100 . Laurel, MD 20708 . 410-792-8086 . (Fax) 410-792-7419

September 22, 2005

Mr. Peter Yenscik Howard County Environmental Health Department 7178 Columbia Gateway Drive Columbia, Md. 21046

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- Provide the well tag number for the existing well on the plan view.

 The well ID # HO-81-1306 has been shown on the plan view of sheet one of two along with the 100' well ring.

I believe this answers all of your questions raised during our telephone conversation. Should there be any other concerns or questions please contact me directly at 410.792.8086.

Sincerely,

Timothy H. Miller Senior Associate



September 19, 2005

Daniel Swinder
Architectural Plan Review
Howard County Department of Licenses & Permits
3430 Courthouse Drive
Ellicott City, Maryland 21043

Re:

Building Permit #B00155342 11743 Springhaven Court Lot 73, The Farside

Dear Dan:

In response to the review comments from your office that were discussed via telecom regarding the above captioned project, our office and the project's engineer submit herein with revised plans for your review and approval.

These revised plans address the retaining wall along the garage side of the structure. The grading and the garage floor elevation have been revised so that the retaining wall in question has been reduced to less than 36" in height, thereby alleviating the nonconformance with Section 128.A.9 of the Howard County Zoning Regulations.

In addition, the site plan drawing of the garage layout has been revised to reflect the actual design on the architectural plans submitted by this office.

I trust the above and the enclosed revised drawings meet with your approval and allows your office to complete the timely review of this permit process however, if additional information is required, please do not hesitate to contact my office at your earliest convenience.

Regarda

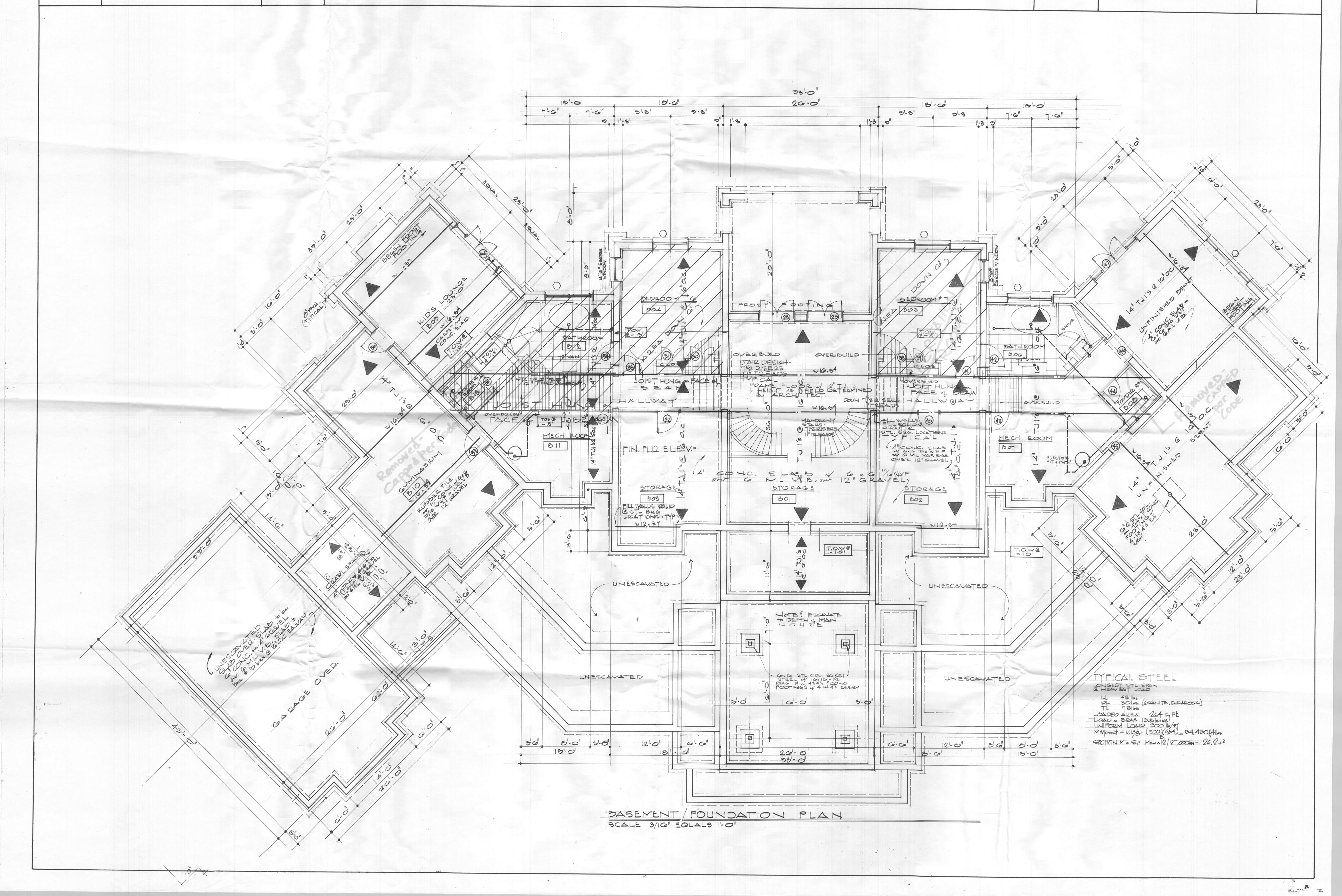
Wm Douglas Boims, Architect

Castles & Cottages Wm. Douglas Beims, Architect 10640 Gorman Road, Laurel, Maryland 20723 888-999-9809

DANCEL RESIDENCE

11743 SPRING HAVEN COURT LOT 73, FARSIDE SUBDIVISION

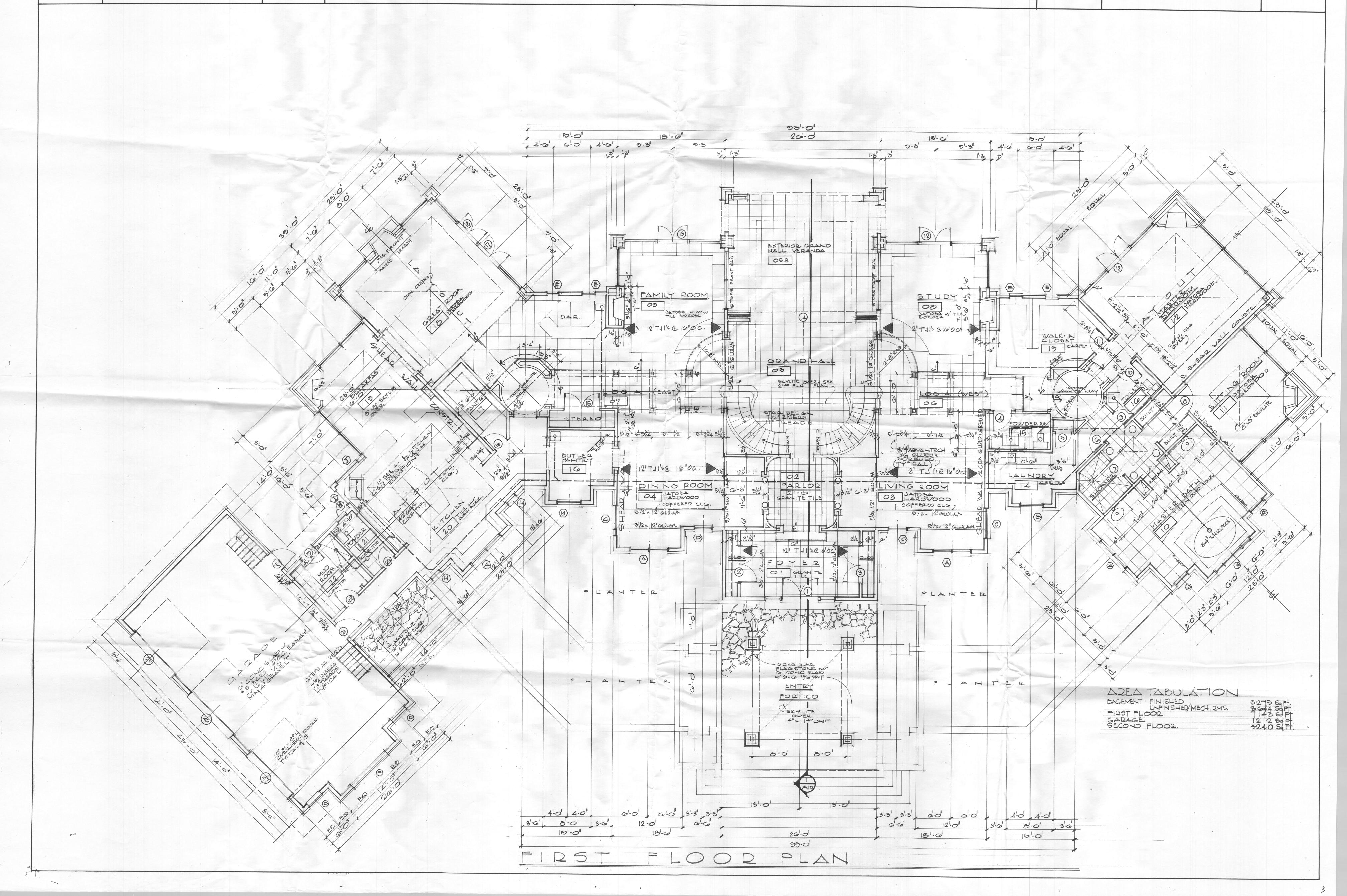
A2



DANCEL RESIDENCE

11743 SPRING HAVEN COURT LOT 73, FARSIDE SUBDIVISION

A3



11743 SPRING HAVEN COURT LOT 73, FARSIDE SUBDIVISION

