

PERMIT NUMBER

B-7004200

Building Address 11743 SpringHaven Ct.
Ellicott City, MD 21042

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

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

Phone _____ Fax _____

Existing Use _____
Proposed Use _____
Estimated Construction Cost \$ _____

Contractor Company _____

Contact Person _____

Description of Work Install two 1000
gallon underground propane tanks.

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height:	Water Supply:
No. of stories:	_____ Public
Gross area, sq. ft. per floor:	_____ Private
Use group:	Sewage Disposal:
Construction type:	_____ Public
_____ Reinforced Concrete	_____ Private
_____ Structural Steel	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Masonry	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Wood Frame	Heating System:
_____ State Certified Modular	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>
	_____ Full
	_____ Partial
	_____ Other Suppression
	_____ # of Heads

Building Characteristics		Utilities
SF Dwelling <input type="checkbox"/>	SF Townhouse <input type="checkbox"/>	Water Supply:
<u>Depth</u>	<u>Width</u>	<input type="checkbox"/> Public
1st floor:		<input checked="" type="checkbox"/> Private
2nd floor:		Sewage Disposal:
Basement:		<input type="checkbox"/> Public
		<input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/>	Unfinished Basement <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/>	Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms _____		Heating System:
Height: _____		Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Multi-family dwellings:		Natural Gas <input type="checkbox"/>
No. of efficiency units: _____		Propane Gas <input type="checkbox"/>
No. of 1 BR units: _____		
No. of 2 BR units: _____		Sprinkler system: N/A <input type="checkbox"/>
No. of 3 BR units: _____		<input type="checkbox"/> NFPA #13D
		<input type="checkbox"/> NFPA #13R
		<input type="checkbox"/> Other: _____
Other Structure: _____		
Dimensions: _____		
Footings: _____		
Roof Height: _____		
_____ 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 _____

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	10/18/07	<i>[Signature]</i>
Fire Protection		
Is Sediment Control approval required prior to issuance?		

DPZ SETBACK INFORMATION		PROPERTY ID#
Front: _____	Filing fee	\$ _____
Rear: _____	Permit fee	\$ 100.00
Side: _____	Excise tax	\$ 10.00
Side St.: _____	Add'l per. fee	\$ _____
All minimum setbacks met?	TOTAL FEES	\$ 210.00
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$ _____
Is Entrance Permit required?	Balance due	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check	\$ 210.00
Historic District?	Validation	\$ _____

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

Distribution of Copies
T:\Norma\PERMIT.FRM

Writer: Building Official

Green: LDD, DPZ

Yellow DED DPZ

Pink Health

Gold: SHA

Accepted by:

Rev 11/4/04

THIS PROPERTY IS NOT IN A HUD, FEMA, USGS, USACD OR HOWARD COUNTY FLOODPLAIN. IT LIES IN A FLOOD INSURANCE ZONE C, A NON-FLOOD PRONE AREA AS DEFINED BY FEMA ON MAP DATED 12/04/86 #240044 0022 B PANEL 22 OF '45.

THIS IS TO CERTIFY THAT I HAVE SURVEYED THE PROPERTY SHOWN HEREON,

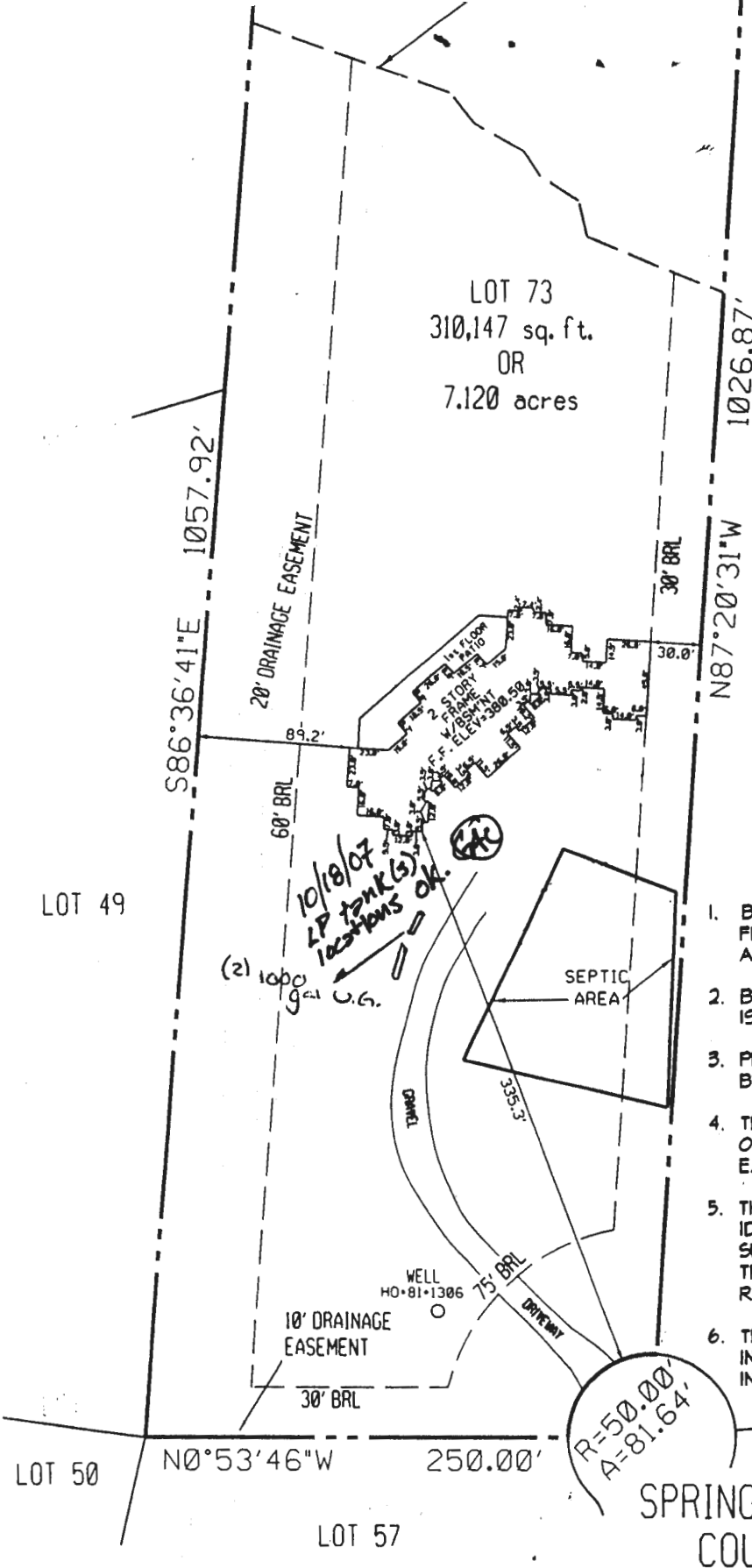
RECORDED IN THE LAND RECORDS OF HOWARD COUNTY, MARYLAND AS PLATS 4680 THRU 4684 FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS HEREON.



Carol Allen Pugh

NOTES

1. B.R.L. INFORMATION, IF SHOWN, WAS OBTAINED FROM EXISTING RECORD PLAT OR LOCAL AGENCIES AND IS NOT GARANTEED BY KCI
2. BUILDING FIRE AND/OR FLOOD ZONE INFORMATION IS SUBJECT TO THE INTERPRITATION OF THE ORIGINATOR.
3. PROPERTY MARKERS NOT FOUND OR GARANTEED BY THIS LOCATION
4. THIS PLAT IS NOT TO BE RELIED UPON FOR ESTABLISHMENT OF LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE STRUCTURES.
5. THE PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR FOR SECURING FINANCING OR REFINANCING.
6. THIS PLAT IS OF BENIFIT TO THE CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION.



ENGINEERS
PLANNERS
SCIENTISTS
CONSTRUCTION MANAGERS

14302 GREENVIEW DRIVE, SUITE 100
LAUREL, MARYLAND 20708
(410) 742-8086 (310) 955-1821
FAX (410) 742-7419
WWW.KCI.COM

DATE 4/05/01

SCALE 1" = 100'

DESIGNED BY

DRAWN BY

FAR SIDE

LOT 73

3rd TAX DISTRICT

HOWARD COUNTY, MARYLAND

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
B0800-1932

Building Address 11743 Spring Haven Ct
Ellicott City MD 21042
Suite/Apt. #: SDP/WP/Petition #:
Census Tract Subdivision
Section Area Lot 73
Tax Map 23 Parcel 126 Grid 21
Zoning Map Coordinates Lot size

Property Owner's Name Bernaldo Daniel
Address 11743 Spring Haven Ct
City Ellicott City State MD Zip Code 21042
Phone 301-742-7864 Phone
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone Fax

Existing Use NONE - DRAINAGE
Proposed Use Pool House
Estimated Construction Cost \$ 20,000
Description of Work build 25' x 25'
pool house for pool -
pool built under # B07004691
Occupant or Tenant Owner
Contact Name Douglas Beinn
Address 13031 Hazel Sharp Road
City Highland State MD Zip Code 20777
Phone 301-742-2864 Fax 301-854-9634

Contractor Company Barton Landscape Company
Contact Person Douglas Beinn/TIM POWAN
Address 16643 Fredonck Road
City MT Airy State MD Zip Code 21771
License No. 08010016659
Phone contact 301-742-2864 Fax
Engineer or Architect Company Carter - Cottages
Contact Person Douglas Beinn
Address 13031 Hazel Sharp Road
City Highland State MD Zip Code 20777
Phone 301-742-2864 Fax 301-854-9634

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics

Utilities

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
Reinforced Concrete
Structural Steel
Masonry
Wood Frame
State Certified Modular

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

Utilities

SF Dwelling ☐ SF Townhouse ☐
Depth Width
1st floor: 25' 25'
2nd floor:
Basement:
Finished Basement ☐ Unfinished Basement ☒
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms
Height: 14'
Multi-family dwellings:
No. of efficiency units: 5
No. of 1 BR units: N/A
No. of 2 BR units: N/A
No. of 3 BR units: N/A
Other Structure:
Dimensions: N/A
Footings: N/A
Roof Height:
State Certified Modular
Manufactured Home

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
Title/Company

Print Name
Date

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
State Highways
Building Official
Dev. Engineering, DPZ
Health Dana Bernard 7-21-08
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
T:forms/PERMIT.FRM

Front: Filing fee \$
Rear: Permit fee \$
Side: Excise tax \$
Side St.: Add'l per fee \$
All minimum setbacks met? TOTAL FEES \$
YES NO Sub-total paid \$
Is Entrance Permit required? Balance due \$
YES NO Check #
Historic District? Validation #
YES NO
Lot Coverage for NewTown Zone
SDP/Red-line approval date Accepted by
Yellow: DED, DPZ Pink: Health Gold: SHA

Rev. 11/4/04

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

07004691

Building Address 11743 Springhaven Court
Ellicott City, MD 21029

Suite/Apt. #: _____ SDP/M/P/Petition #: _____

Census Tract _____ Subdivision Farside

Section _____ Area _____ Lot 73

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Bernie & Connie Dancel

Address 11743 Springhaven Court

City Ellicott City State MD Zip Code 21029

Home Phone 301 742 2364 Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD with Pool Inground

Estimated Construction Cost \$ 30,000

Description of Work Ingrd Pools - Approx. 1500 sq ft
Irregular Shape 3ft - 9ft Deep
Fence, Filled By Truck
Spa

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Contractor Company Rowan Landscape Co Inc

Contact Person Terri Rowan

Address 16643 Frederick Rd

City Mt Airy State MD Zip Code 21771

License No. 16654

Phone 443 398 0887 Fax 301 703 4066

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____
No. of stories: _____	<input type="checkbox"/> Public
Gross area, sq. ft. per floor: _____	<input checked="" type="checkbox"/> Private
Use group: _____	Sewage Disposal: _____
Construction type: _____	<input type="checkbox"/> Public
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Structural Steel	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Masonry	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Wood Frame	Heating System: _____
<input type="checkbox"/> State Certified Modular	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>
	<input type="checkbox"/> Full
	<input type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression
	# of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
Depth _____ Width _____	<input type="checkbox"/> Public
1st floor: _____	<input type="checkbox"/> Private
2nd floor: _____	Sewage Disposal: _____
Basement: _____	<input type="checkbox"/> Public
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	<input type="checkbox"/> Private
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Height: _____	Heating System: _____
Multi-family dwellings: _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
No. of efficiency units: _____	Natural Gas <input type="checkbox"/>
No. of 1 BR units: _____	Propane Gas <input type="checkbox"/>
No. of 2 BR units: _____	Sprinkler system: N/A <input type="checkbox"/>
No. of 3 BR units: _____	<input type="checkbox"/> NFPA #13D
Other Structure: _____	<input type="checkbox"/> NFPA #13R
Dimensions: _____	<input type="checkbox"/> Other: _____
Footings: _____	
Roof Height: _____	
<input type="checkbox"/> State Certified Modular	
<input type="checkbox"/> 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.

Mary E. Rowan
Applicant's Signature
Mary E. Rowan, Sec
Title/Company

Mary E. Rowan
Print Name
11-20-07
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	<u>11/21/07</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		

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

Distribution of Copies:
To: Home/PERMIT.FRM

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

Accepted by _____

Rev. 11/4/04

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B09003004

Building Address 11743 Springhaven Court
ELLICOTT CITY, MD 21042

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 73/126

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Bernaldo Duncil
Address 11743 Springhaven Court

City ELLICOTT CITY State MD Zip Code 21042

Phone 301-712-2861 Phone _____

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

Phone _____ Fax _____

Existing Use 1000 gallon

Proposed Use Propane Tank

Estimated Construction Cost \$ _____

Description of Work in ground

COPPER RUN TO PROPANE
TO UNIT

Contractor Company C.R. Plumbing Inc.

Contact Person Charles Robinson

Address 5814 Arbroath Drive

CLINTON, MD 20735

City CLINTON State MD Zip Code 20735

License No. 17884

Phone 301-982-2623 Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company CR

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Building Characteristics

Utilities

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type:

_____ Reinforced Concrete

_____ Structural Steel

_____ Masonry

_____ Wood Frame

_____ State Certified Modular

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

SF Dwelling ☒ SF Townhouse ☐

Depth Width

1st floor: _____

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: _____

Roof Height: _____

_____ State Certified Modular

_____ Manufactured Home

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.

Charles M. Robinson
Applicant's Signature

C.R. Plumbing
Title/Company

Charles M. Robinson
Print Name

10/8/08
Date

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

Distribution of Copies-

White: Building Official

Green: LDD, DPZ

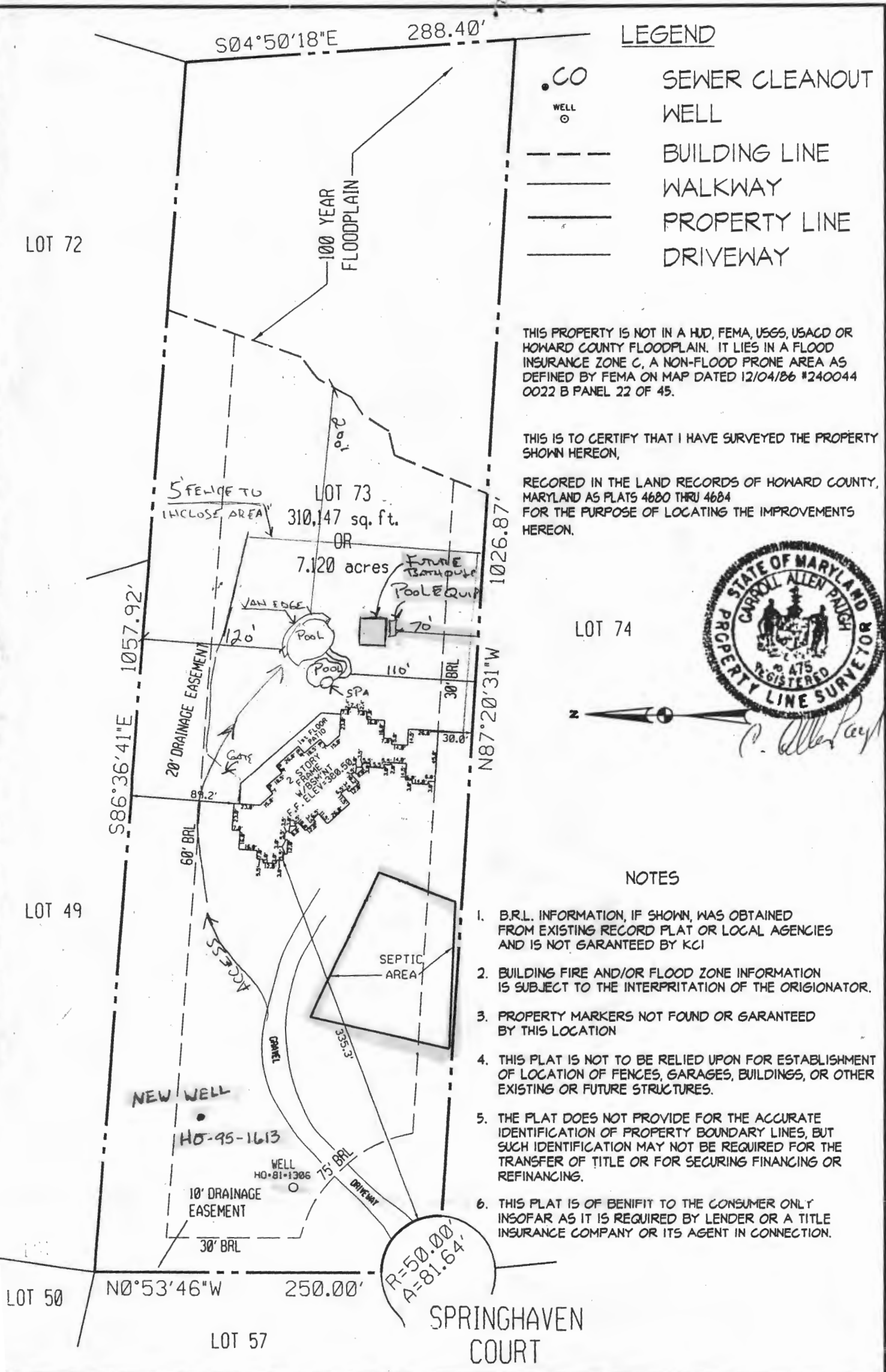
Yellow: DED, DPZ

Pink: Health

Gold: SHA

T:\forms\PERMIT.FRM

Rev. 11/4/04



<p>KCI TECHNOLOGIES</p>	<p>ENGINEERS PLANNERS SCIENTISTS CONSTRUCTION MANAGERS</p>	<p>DATE 4/05/01</p>	<p>FARSHIDE LOT 73 3rd TAX DISTRICT HOWARD COUNTY, MARYLAND</p>	
		<p>SCALE 1" = 100'</p>		
		<p>DESIGNED BY</p>		
		<p>DRAWN BY</p>		

14502 GREENVIEW DRIVE, SUITE 100
LAUREL, MARYLAND 20708
(410) 792-8006 (301) 453-1821
FAX (410) 792-7419
WWW.KCI.COM

LOT 72

S04°50'18"E 288.40'

LEGEND

- CO SEWER CLEANOUT
- WELL
- BUILDING LINE
- WALKWAY
- PROPERTY LINE
- DRIVEWAY

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# 801004691 A# 536334
 APP. SAN DATE: 11/21/07
 DESC. OF WORK: 150 ft² inground pool irregular shape

THIS PROPERTY IS NOT IN A HUD, FEMA, USGS, USACO OR HOWARD COUNTY FLOODPLAIN. IT LIES IN A FLOOD INSURANCE ZONE C, A NON-FLOOD PRONE AREA AS DEFINED BY FEMA ON MAP DATED 12/04/86 #240044 0022 B PANEL 22 OF 45.

THIS IS TO CERTIFY THAT I HAVE SURVEYED THE PROPERTY SHOWN HEREON.

RECORDED IN THE LAND RECORDS OF HOWARD COUNTY, MARYLAND AS PLATS 4680 THRU 4684 FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS HEREON.



LOT 74



NOTES

1. B.R.L. INFORMATION, IF SHOWN, WAS OBTAINED FROM EXISTING RECORD PLAT OR LOCAL AGENCIES AND IS NOT GUARANTEED BY KCI
2. BUILDING FIRE AND/OR FLOOD ZONE INFORMATION IS SUBJECT TO THE INTERPRITATION OF THE ORIGINATOR.
3. PROPERTY MARKERS NOT FOUND OR GUARANTEED BY THIS LOCATION
4. THIS PLAT IS NOT TO BE RELIED UPON FOR ESTABLISHMENT OF LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE STRUCTURES.
5. THE PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR FOR SECURING FINANCING OR REFINANCING.
6. THIS PLAT IS OF BENEFIT TO THE CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION.

LOT 49

LOT 50

N0°53'46"W 250.00'

LOT 57

SPRINGHAVEN COURT



ENGINEERS
 PLANNERS
 SCIENTISTS
 CONSTRUCTION MANAGERS

14502 GREENVIEW DRIVE, SUITE 100
 LAUREL, MARYLAND 20708
 (410) 742-8006 (301) 933-1821
 FAX (410) 742-1414
 WWW.KCI.COM

DATE 4/05/07

SCALE 1" = 100'

DESIGNED BY

DRAWN BY

FARSIDE

LOT 73

3rd TAX DISTRICT

HOWARD COUNTY, MARYLAND



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 atleast 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



Castles & Cottages

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

RECEIVED

SEP 22 2005

LICENSES & PERMITS
DIVISION

CK #	CP-22
CR #	97751
DATE #	9/22/05
* 85.00	

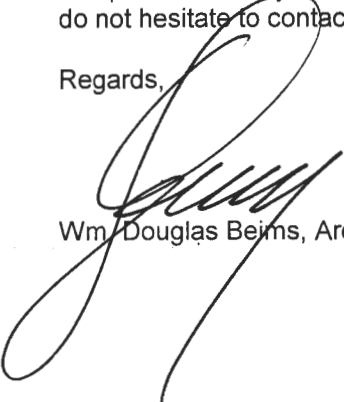
Dear Ms. Corson:

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

9/22/05

cc Health

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



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

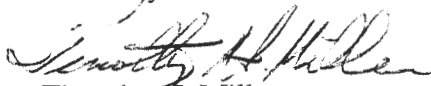
Dear Mr. Yenscik:

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

- Show the septic tank atleast 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



Castles & Cottages

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.

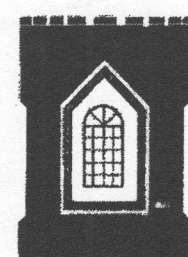
I trust the above and the enclosed revised drawings meet with your approval and allows your office to complete the timely review of this permit process however, if additional information is required, please do not hesitate to contact my office at your earliest convenience.

Regards,



Wm. Douglas Beims, Architect

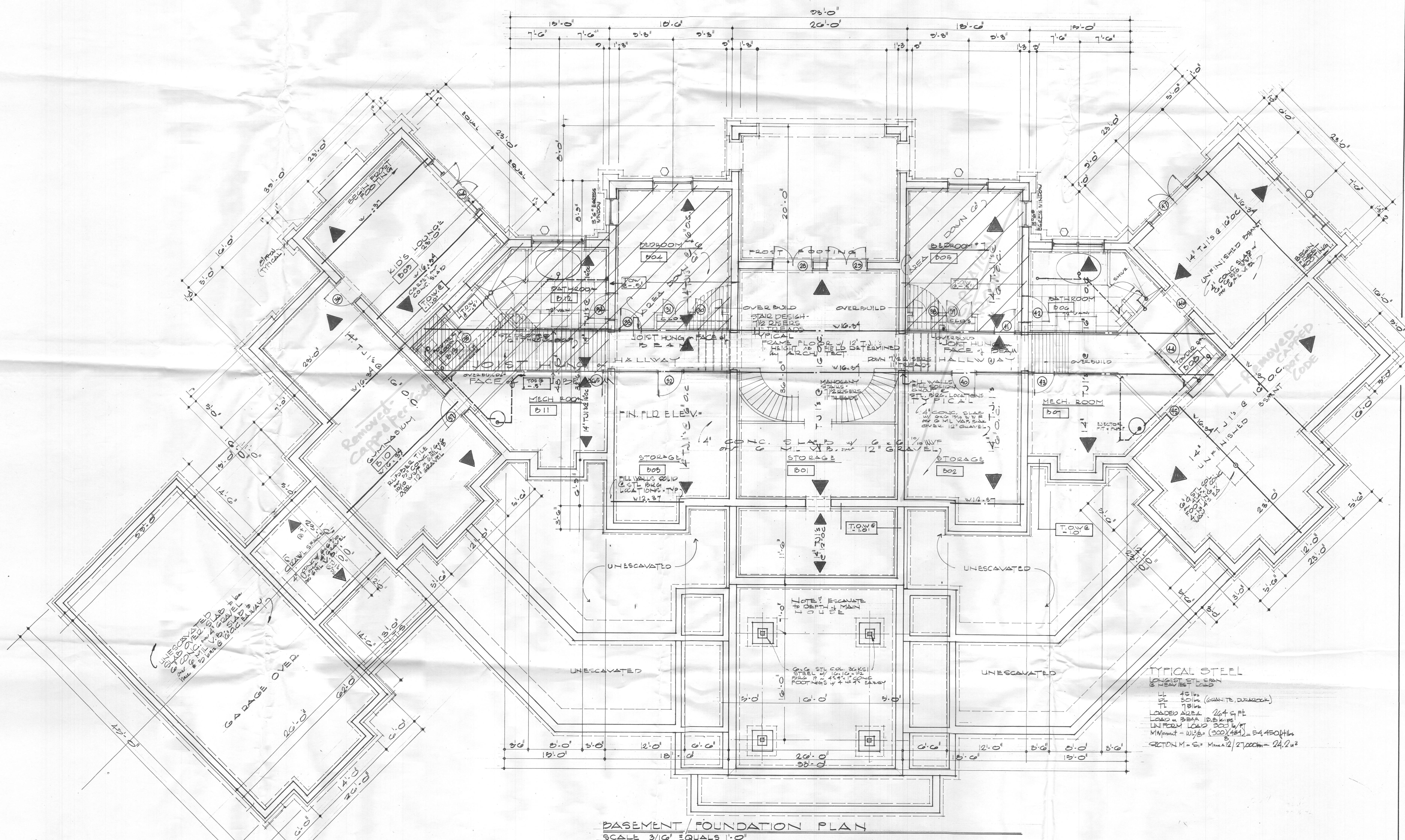
Castles & Cottages
Wm. Douglas Beims, Architect
10640 Gorman Road, Laurel, Maryland 20723
888-999-9809



DANCEL RESIDENCE

11743 SPRING HAVEN COURT
LOT 73, FAR SIDE SUBDIVISION

A2



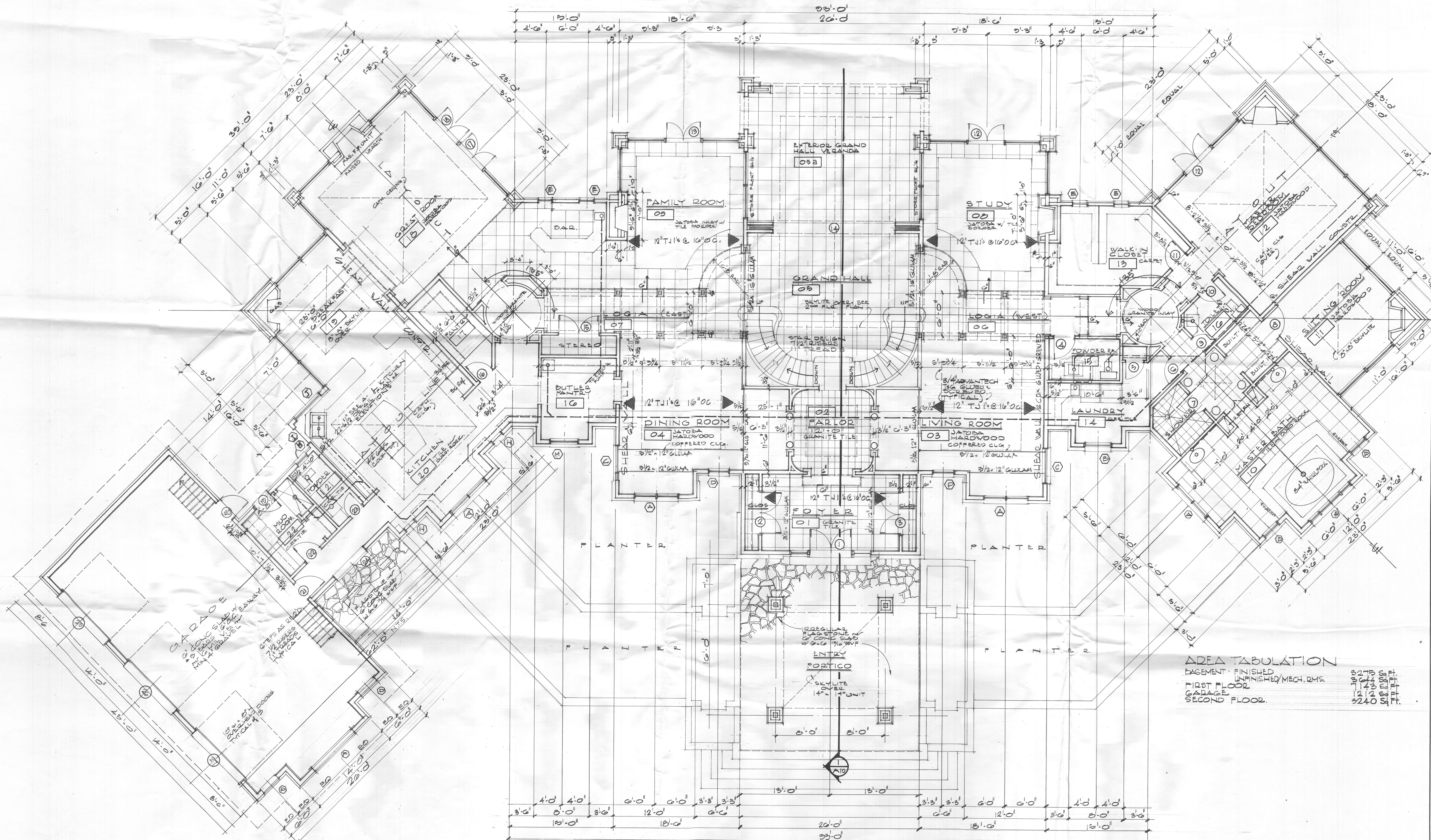


Castles & Cottages
Wm. Douglas Beims, Architect
13031 Hall Shop Road Highland, Maryland 20777
888.999.9809

DANCEL RESIDENCE

11743 SPRING HAVEN COURT
LOT 73, FARMSIDE SUBDIVISION

A3



AREA TABULATION	
BASMENT - FINISHED	8275 S.F.
UNFINISHED/MECH. RMS.	7644 S.F.
FIRST FLOOR	1438 S.F.
GARAGE	1212 S.F.
SECOND FLOOR	9240 S.F.

FIRST FLOOR PLAN



11743 SPRING HAVEN COURT
LOT 73, FARSIDE SUBDIVISION

A4

