

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER  
308001578

Building Address 14651 RED LIND DR  
WOODBINE MD 21797

Property Owner's Name JOSEPH R LONG

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

Address SAME

Census Tract 6040 Subdivision RED LIND DR RES.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 6

Phone 410 442 2048 Phone 301 978 6008

Tax Map 8 Parcel 213 Grid \_\_\_\_\_

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

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

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

Existing Use \_\_\_\_\_

Contractor Company HOMEWORK

Proposed Use Pool Fence

Contact Person \_\_\_\_\_

Estimated Construction Cost \$ 6000.00

Address \_\_\_\_\_

Description of Work 10' STALL ALUMINUM

Pool Fence

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. \_\_\_\_\_

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

Occupant or Tenant Homeowner

Engineer or Architect Company \_\_\_\_\_

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

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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 _____	

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 ON TO 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	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health <u>5/29/08</u>		<u>R. Buch</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- White: Building Official			Lot Coverage for NewTown Zone _____	
Green: LDD, DPZ			SDP/Red-line approval date _____	Accepted by _____
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

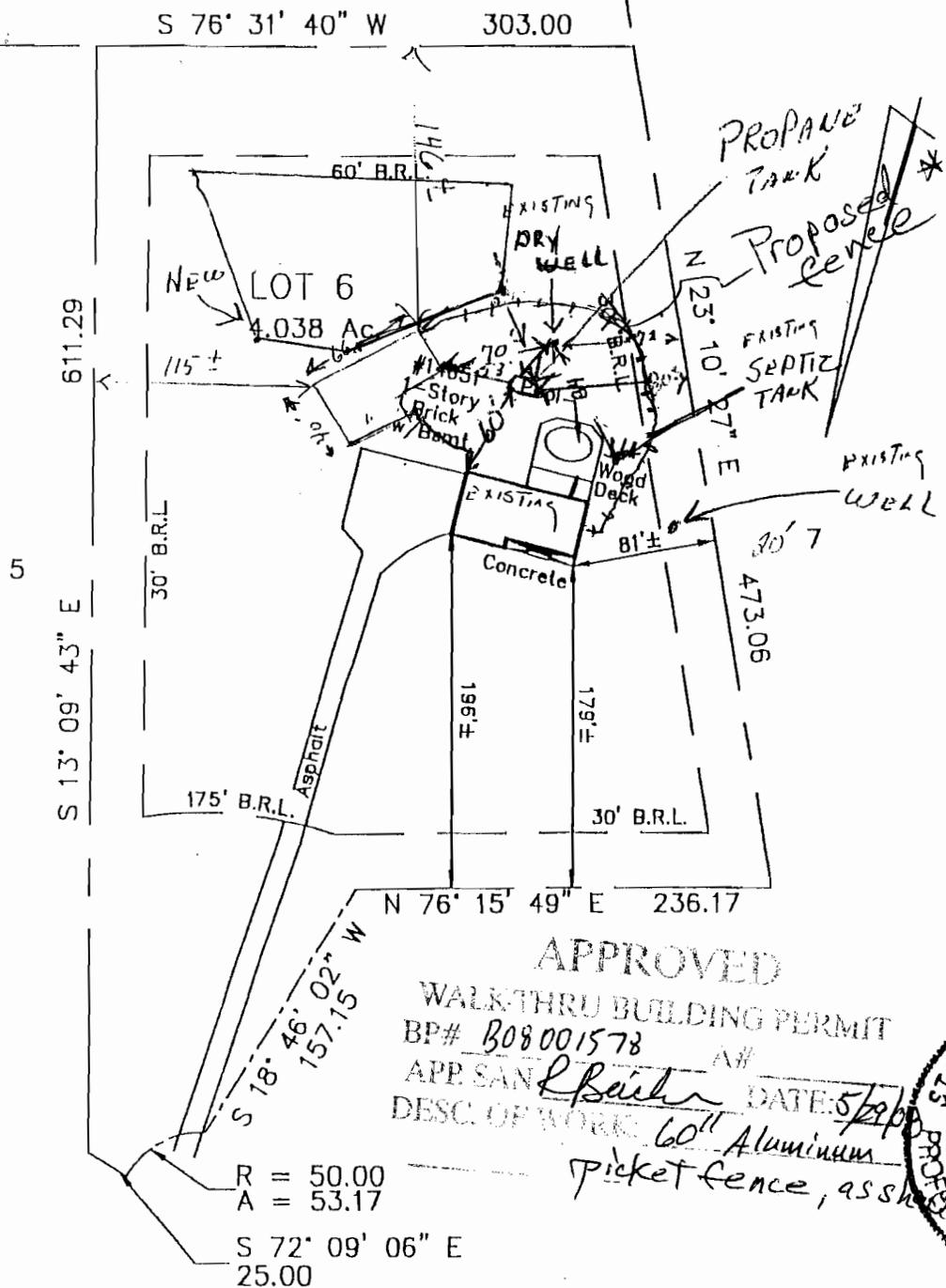
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**NOTES:**

(1) The lot shown hereon does not lie within the limits of the 100 year flood plain as shown on FIRM Panel No. 8  
Date of Map: 12/04/86  
Flood Zone: "C"

(2) No property corners found or set unless otherwise noted.

(3) The accuracy of this survey and the apparent setback distances is 3'±



31' From Dry well  
90' From Property line  
60' From Corner House  
53' From Corner GARAGE

**APPROVED**  
WALK-THRU BUILDING PERMIT  
BP# 808001578  
APP SAN *S. Baiter* DATE: 5/29/08  
DESC OF WORK: 60" Aluminum Picket fence, asphalt



RED LION DRIVE  
  
LOCATION DRAWING  
LOT 6  
RED LION INN ESTATES  
HOWARD COUNTY, MARYLAND

**SURVEYOR'S CERTIFICATE**

I hereby certify that the property delineated hereon is in accordance with the plat of subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and apparent encroachments, if any. This plat is NOT FOR DETERMINING PROPERTY LINES OR FOR CONSTRUCTION OF IMPROVEMENTS, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this plat.

*Michael J. Bazls*  
Michael J. Bazls RPLS #10956

THIS SURVEY IS FOR TITLE PURPOSES ONLY

JOB # 00.0758H	DATE 08/17/00
FIELD BB, JT	DRAFT DJD
	P# C.M.P. No. 5027
	SCALE: 1" = 100'

**R.C. KELLY & ASSOCIATES, INC.**  
ENGINEERS & SURVEYORS  
10111 COLESVILLE ROAD, SUITE 133  
SILVER SPRING, MARYLAND 20901  
(301)593-8005 FAX (301)881-7218  
E-MAIL: survey@rckelly.com

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER  
 B07003529

Building Address 14651 RBD LION DR  
WOODBURN MD 21797

Property Owner's Name JOSEPH K LONG  
 Address 6 AM 25

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 6040 Subdivision FOOTBROOK WOODS EST  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 6  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Tax Map 8 Parcel 213 Grid \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use DECK  
 Proposed Use COVERED DECK  
 Estimated Construction Cost \$ 29,000  
 Contractor Company HOMESWORK  
 Contact Person \_\_\_\_\_

Description of Work REMOVE OLD DECK,  
INSTALL BLOCK WALL 13'6" X 4'5"  
INSTALL NEW ROOF OVER DECK  
NEW DECK 13'6" X 30'  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant HOMESWORK  
 Engineer or Architect Company \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities	
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> _____ <u>Width</u> _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ Height: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial Other Suppression # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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Applicant's Signature Joseph K Long  
 Title/Company \_\_\_\_\_  
 Print Name JOSEPH K LONG  
 Date 8-23-07

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: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>8/23/07</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies:			Lot Coverage for NewTown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ			Yellow: DED, DPZ	Pink: Health
Gold: SHA				

The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. 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 securing financing or re-financing.

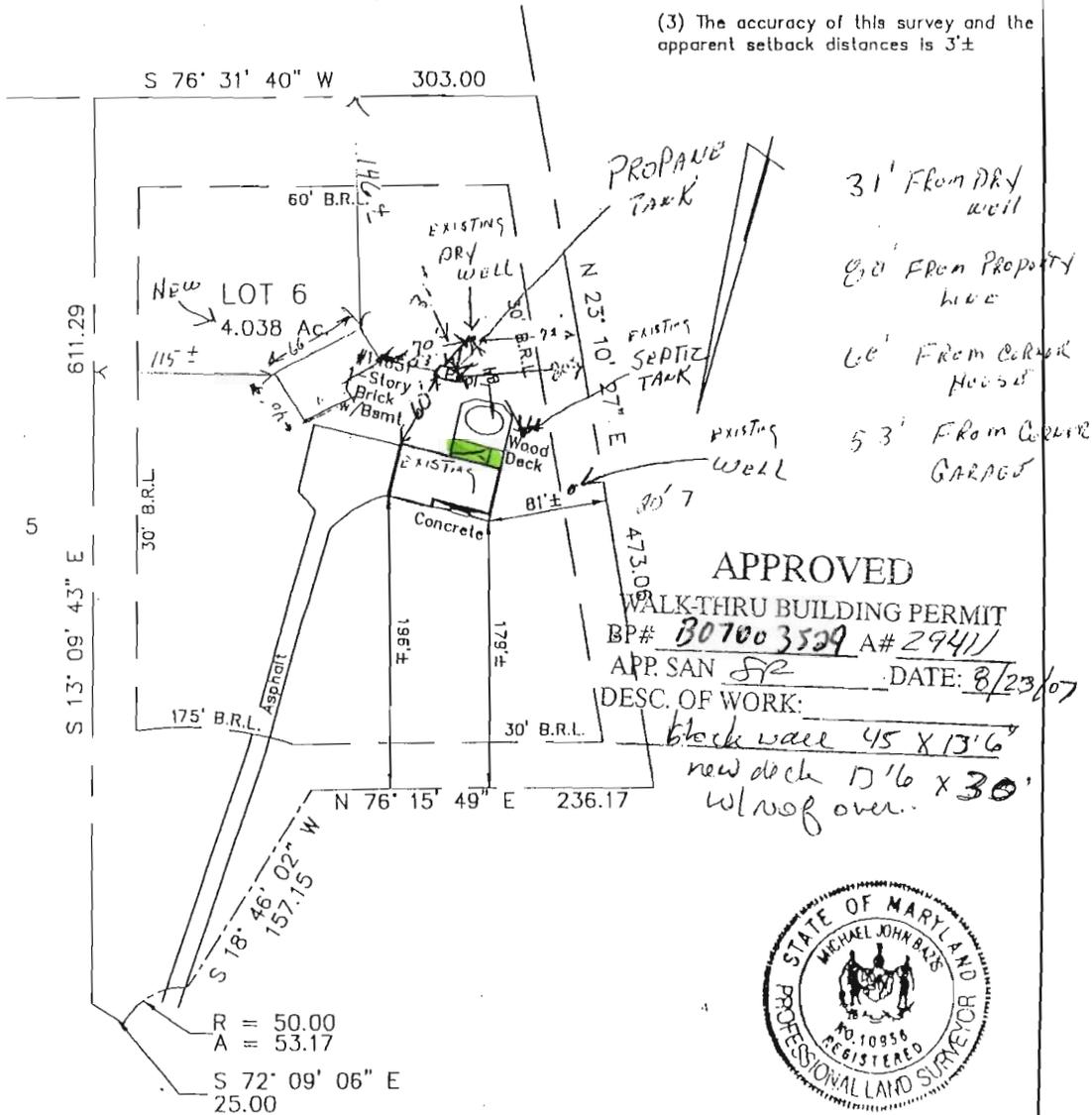
NOTES:

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Date of Map: 12/04/86  
Flood Zone: "C"

(2) No property corners found or set unless otherwise noted.

(3) The accuracy of this survey and the apparent setback distances is 3'±



31' From DRY well  
60' From Property line  
60' From Curved House  
53' From Curved GARAGE

**APPROVED**  
WALK-THRU BUILDING PERMIT  
BP# 307003529 A# 29411  
APP. SAN SR DATE: 8/23/07  
DESC. OF WORK: block wall 45 X 13' 6"  
new deck 13' 6 X 30'  
w/ roof over.



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*Michael J. Bazis*  
Michael J. Bazis RPLS #10956

RED LION DRIVE

LOCATION DRAWING  
LOT 6

RED LION INN ESTATES  
HOWARD COUNTY, MARYLAND

THIS SURVEY IS FOR TITLE PURPOSES ONLY

JOB # 00.0758H	DATE 08/17/00
FIELD BB, JT	DRAFT DJD
	P# C.M.P. No. 5027
	SCALE: 1" = 100'

**R.C. KELLY & ASSOCIATES, INC.**

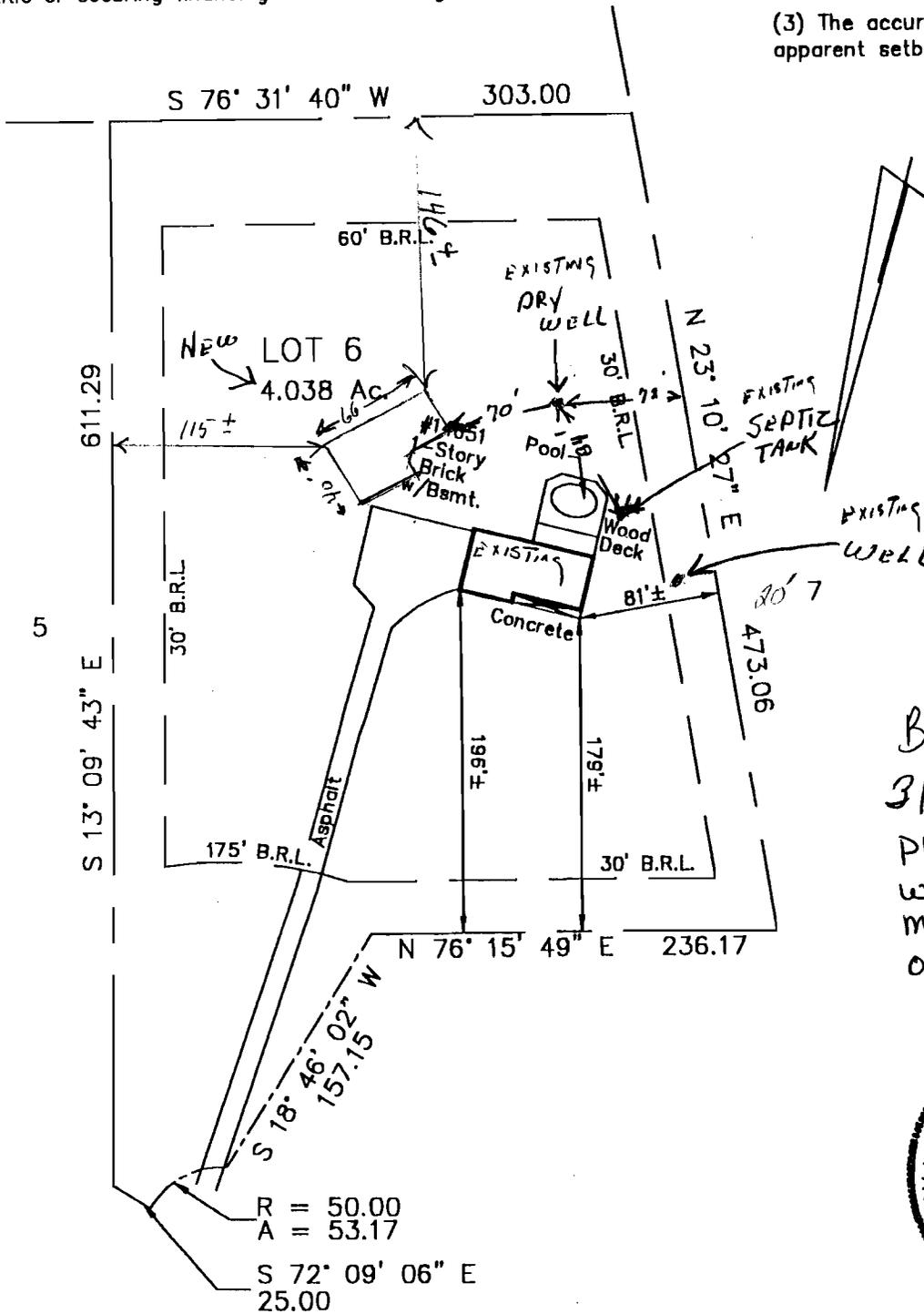
ENGINEERS & SURVEYORS

10111 COLESVILLE ROAD, SUITE 133  
SILVER SPRING, MARYLAND 20901  
(301)593-8005 FAX (301)881-7218  
E-MAIL: survey@rckelly.com

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800134763  
3/13/02

Plan collaborates  
with septic permit  
measurements.  
ok'd garage



RED LION DRIVE  
  
LOCATION DRAWING  
LOT 6  
  
RED LION INN ESTATES  
HOWARD COUNTY, MARYLAND

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*Michael J. Bazis*  
Michael J. Bazis RPLS #10956

**THIS SURVEY IS FOR TITLE PURPOSES ONLY**

JOB # 00.0758H	DATE 08/17/00
FIELD BB, JT	DRAFT DJD
	P# C.M.P. No. 5027
	SCALE: 1" = 100'

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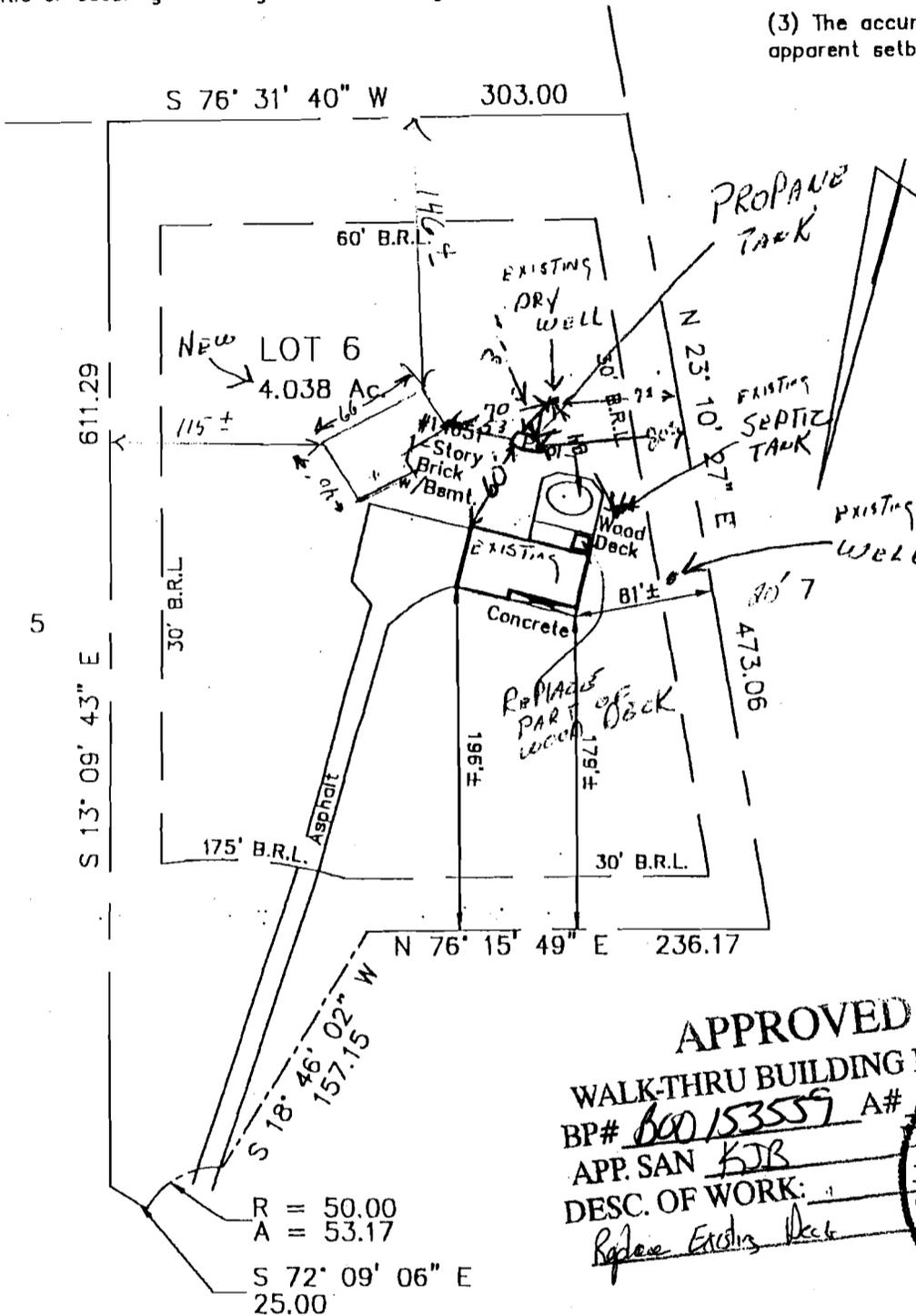
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31' From Dry well  
 60' From Property line  
 60' From Corner House  
 53' From Corner GARAGE

**APPROVED**  
 WALK-THRU BUILDING PERMIT  
 BP# 000153559 A#  
 APP. SAN KJB  
 DESC. OF WORK: Replace Existing Deck



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*Michael J. Bazls*  
 Michael J. Bazls RPLS #10956

RED LION DRIVE  
 LOCATION DRAWING  
 LOT 6  
 RED LION INN ESTATES  
 HOWARD COUNTY, MARYLAND

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FIELD BB, JT	DRAFT DJD
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 (301)593-8005 FAX (301)881-7216  
 E-MAIL: survey@rckelly.com

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B07003660

Building Address 14651 Red Lion Dr  
Woodbine MD 21797

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

Census Tract \_\_\_\_\_ Subdivision Red Lion Inn Est

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 6

Tax Map 8 Parcel 93 Grid 17

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size 4.03

Property Owner's Name Joseph Long

Address 14651 Red Lion Dr

City Woodbine State MD Zip Code 21797

Home Phone 3019286008 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):  
Karen Klayman  
Phone 4105077705 Fax \_\_\_\_\_

Existing Use SFD

Proposed Use inground pool

Estimated Construction Cost \$ 30000

Description of Work 17X35' inground pool,  
3' to 6' depth, filled by truck,  
fence by owner

Contractor Company Sunrise Pre Pools

Contact Person \_\_\_\_\_

Address 1460 Rt 2

City Arnold State MD Zip Code 21012

License No. 454944A 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: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Heating System: _____ 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 <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
1st floor: _____ Depth _____ Width _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms _____	Propane Gas <input type="checkbox"/>
Height: _____	Sprinkler system: N/A <input type="checkbox"/> NFFA #13D <input type="checkbox"/> NFFA #13R <input type="checkbox"/> Other: _____
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 <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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Karen Klayman  
Applicant's Signature

Karen Klayman  
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	DFZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Adm'l per. fee \$ _____
Health	<u>9/5/07</u>	<u>John D. G.</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Historic District?	Validation \$ _____
ONE STOP SHOP <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Lot Coverage for New Town Zone _____	
T: Name PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____
			Yellow: DED, DPZ	Pink: Health
				Gold: SHA

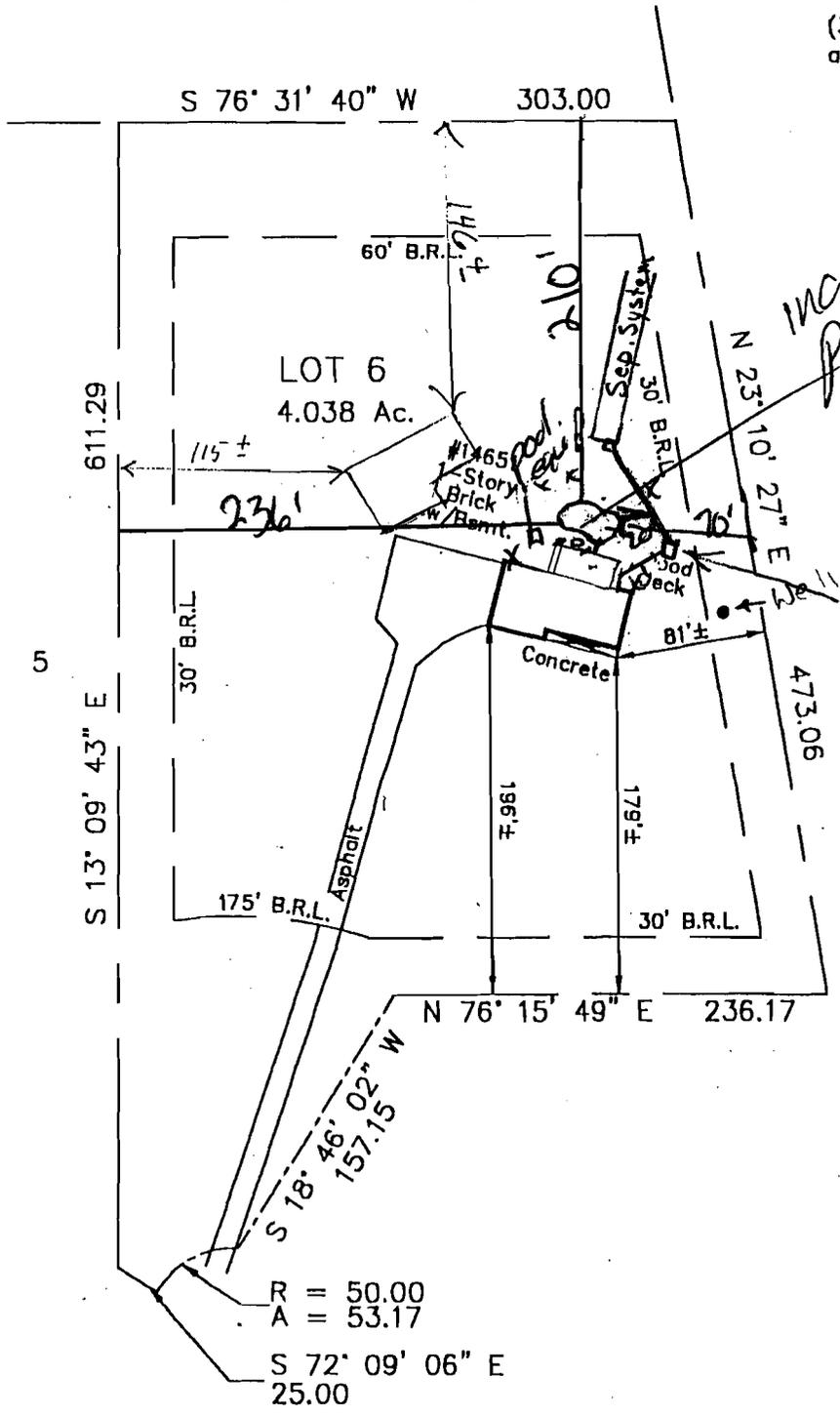
The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. 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 securing financing or re-financing.

**NOTES:**

(1) The lot shown hereon does not lie within the limits of the 100 year flood plain as shown on FIRM Panel No. 8  
Date of Map: 12/04/86  
Flood Zone: "C"

(2) No property corners found or set unless otherwise noted.

(3) The accuracy of this survey and the apparent setback distances is 3'±



*In-ground Pool*  
*Tank location confirmed*

**APPROVED**  
WALK-THRU BUILDING PERMIT  
BP# \_\_\_\_\_ A# 29411 P 38409  
APP. SAN GAC DATE: 9/5/07  
DESC. OF WORK: in-ground pool as shown



**SURVEYOR'S CERTIFICATE**

I hereby certify that the property delineated hereon is in accordance with the plat of subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and apparent encroachments, if any. This plat is NOT FOR DETERMINING PROPERTY LINES OR FOR CONSTRUCTION OF IMPROVEMENTS, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this plat.

*Michael J. Bazls*  
Michael J. Bazls RPLS #10956

RED LION DRIVE

LOCATION DRAWING  
LOT 6

RED LION INN ESTATES  
HOWARD COUNTY, MARYLAND

THIS SURVEY IS FOR TITLE PURPOSES ONLY

JOB # 00.0758H	DATE 08/17/00
FIELD BB, JT	DRAFT DJD
	P# C.M.P. No. 5027

**R.C. KELLY & ASSOCIATES, INC.**  
ENGINEERS & SURVEYORS

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