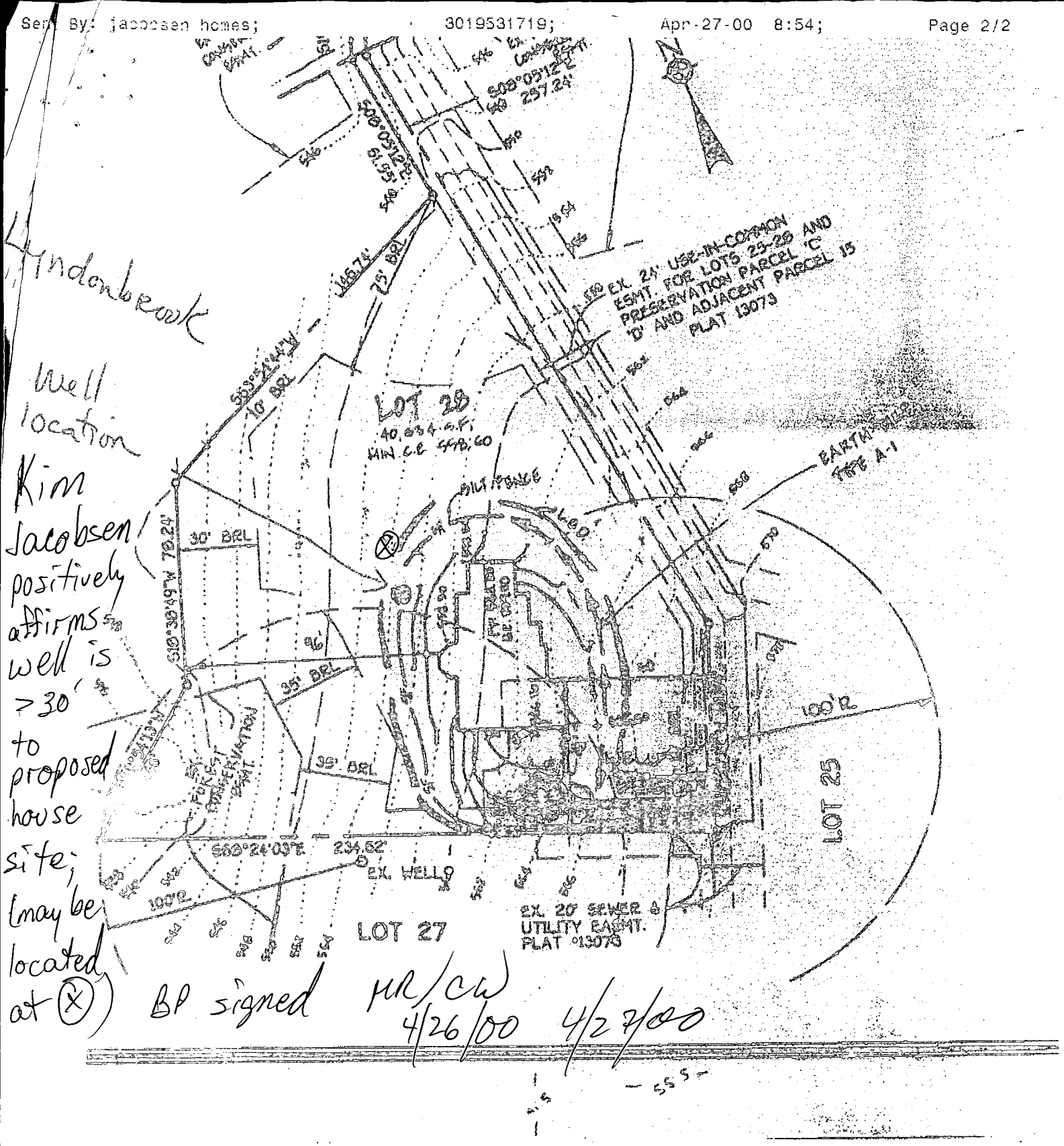
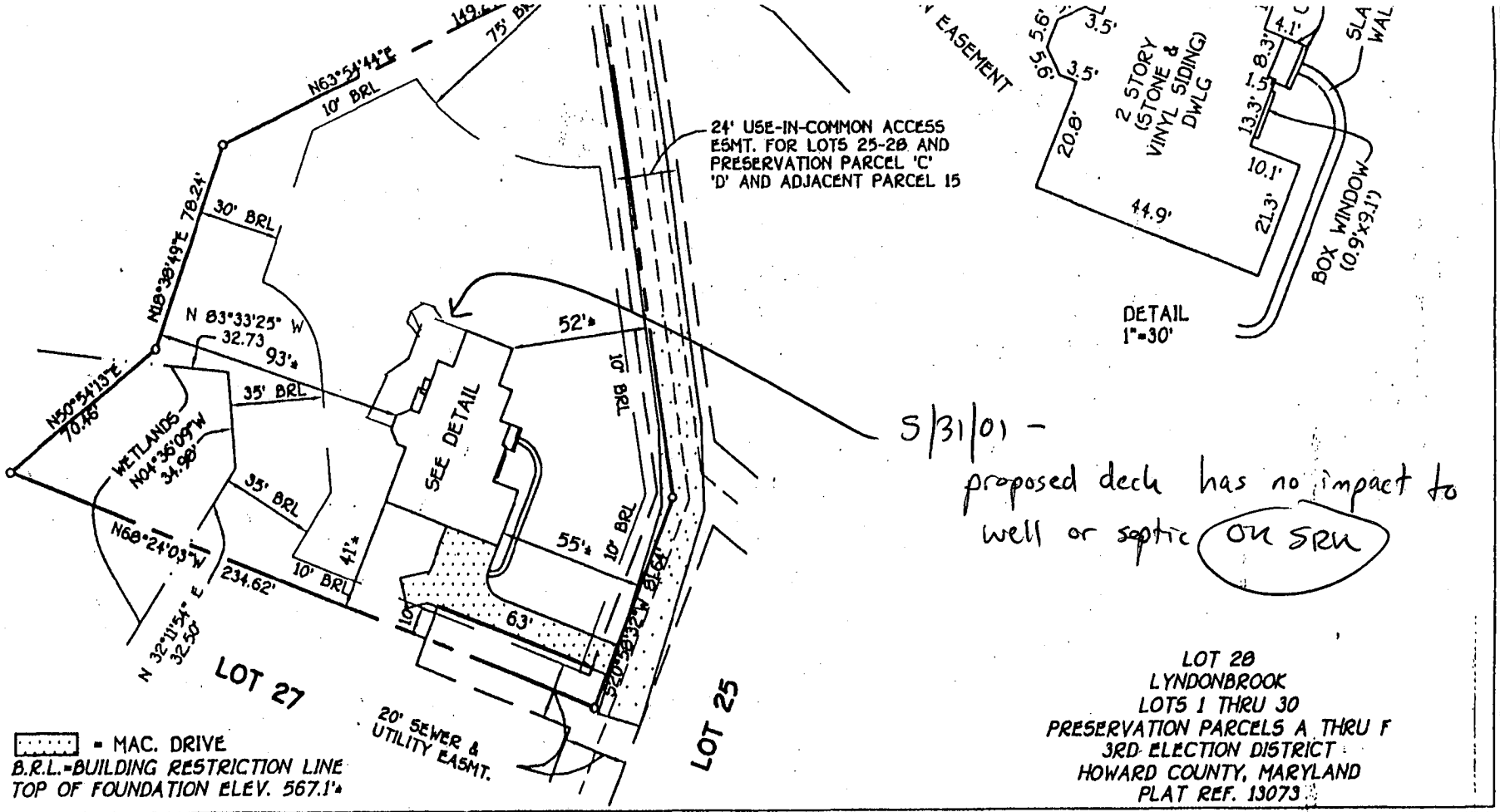

S09°03'12"E 257.24'
S09°03'12"E 61.55'
146.74'
75' BRL
EX. 24' USE-IN-COMMON ESMT. FOR LOTS 25-28 AND PRESERVATION PARCEL 'C' 'D' AND ADJACENT PARCEL 15 PLAT 13079
LOT 28
40,334 S.F.
MIN. C.E. 448.60
SILT FENCE
EARTH MOVING TYPE A-1
S89°38'49"W 78.24'
30' BRL
96'
35' BRL
35' BRL
100'R.
LOT 25
S60°24'03"E 234.52'
EX. WELL
100'R.
LOT 27
EX. 20' SEWER & UTILITY EASMT. PLAT #13079
Lyndonbrook
well location
Kim Jacobsen positively affirms well is >30' to proposed house site; (may be located at ⊗)
BP signed MR/CW 4/26/00 4/27/00



5/31/01 -
proposed deck has no impact to well or septic on SRW

LOT 28
LYNDONBROOK
LOTS 1 THRU 30
PRESERVATION PARCELS A THRU F
3RD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 13073

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2855

STATE OF MARYLAND
STEVEN R. PETERSEN
REGISTERED PROFESSIONAL LAND SURVEYOR

PROFESSIONAL LAND SURVEYOR 11/9/00 DATE
REG. # 501

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 5/10/00
FINAL LOCATION: 11/9/00
BOUNDARY SURVEY:

SCALE: 1"=60'
DATE: 11/9/00
DRAWN BY: T.P.F.
CHECKED BY: S.R.P.
PROJECT No.: 61266

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 B001375T9

Building Address 2116 WHITMAN WAY
MARRIOTTSVILLE MD 21104

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 15 Parcel 110 Grid 6

Zoning RLD Map Coordinates 1001 Lot size

Property Owner's Name LOUIS MOTERICA MYERS
Address 2116 WHITMAN WAY
City MARRIOTTSVILLE State MD Zip Code 21104
Home Phone 410-442-5172 Work Phone (410)781-7030
Applicant's Name & Mailing Address, (if other than stated hereon):

Phone Fax

Existing Use Single Family Home
Proposed Use Shed / Storage of [illegible]
Estimated Construction Cost $ 4,000
Description of Work SHED or Workshop Garage 12x22
[illegible] GARAGE [illegible] LAWN MOWER

Contractor Company Owner
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone Fax

Occupant or Tenant _____
Contact Name LOUIS & JERICA MYERS
Address 2116 WHITMAN WAY
City MARRIOTTSVILLE State MD Zip Code _____
Phone (410) 442-5172 Fax

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 ☐

	Depth	Width
1st floor:		
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: _____ 12 x 22 = 264

____ 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.

Applicant's Signature _____ *Print Name* JERICA MYERS

Title/Company Owner *Date* 08/17/02

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	7/17/02	
Dev. Engineering, DPZ		
Health	7/17/02	
Fire Protection		

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

CONTINGENCY CONSTRUCTION START ☐
ONE STOP SHOP ☐

DPZ SETBACK INFORMATION
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 _____

PROPERTY ID# 45461

Filing fee	$
Permit fee	$ 48.00
Excise tax	$
Add'l per. fee	$
TOTAL FEES	$ 72
Sub-total paid	$
Balance due	$
Check	# 1665
Validation	#

Accepted by _____

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

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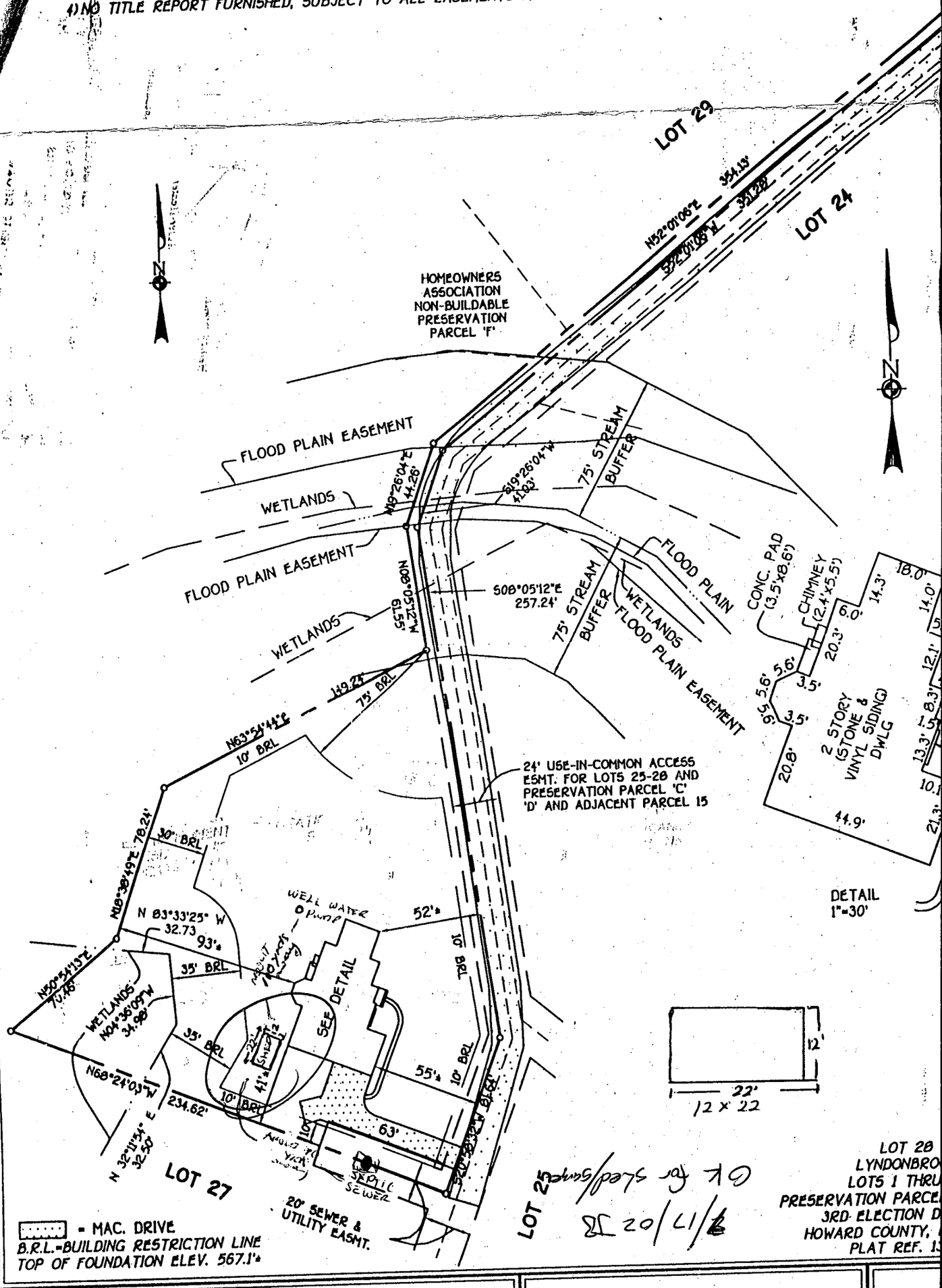
THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.

2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240044 0016 B EFFECTIVE DATE: DECEMBER 1, 1986

3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS (±).

4) NO TITLE REPORT FURNISHED, SUBJECT TO ALL EASEMENTS AND CONDITIONS OF RECORD.



OK for sled/Surveyor
20/17/6

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2855

STATE OF MARYLAND
STEVEN RANDALL PETERS

HOUS

FOUNDA

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 B001410 72

Building Address 2116 Whitman Way
Marriottsville, MD 21104

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 28

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Louis + Jerica Myers III

Address 2116 Whitman Way

City Marriottsville State MD Zip Code 21104

Home Phone (410) 442-5172 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
Aloha Inground Pools, Inc.
10320 Covey Lane
Woodstock, MD 21163

Phone (410) 465-2330 Fax (410) 465-9414

Existing Use SFD

Proposed Use _____

Estimated Construction Cost $ 30,000.00

Description of Work Installation of a 16' X 40' Freeform Pool w/3' of Concrete decking Inground Pool

Contractor Company Aloha Inground Pools, Inc.

Contact Person Denise Gulczynski

Address 10320 Covey Ln

City Woodstock State MD Zip Code 21163

License No. 120350

Phone (410) 465-2330 Fax (410) 465-9414

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 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 ☐

	Depth	Width
1st floor:		
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.

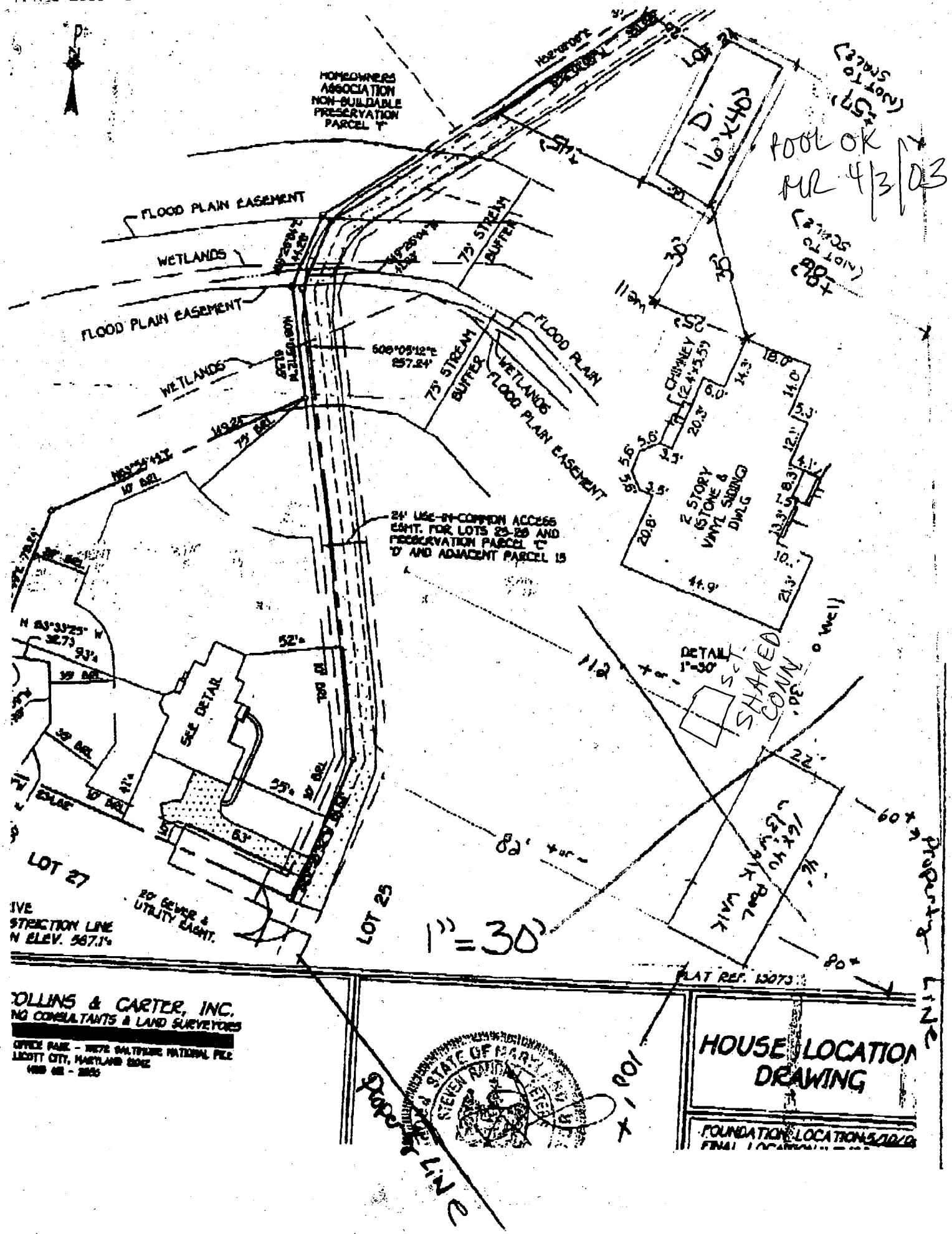
Applicant's Signature _____ *Print Name* DENISE L. GULCZYNSKI

Title/Company For Aloha Ingr. Pools, Inc. *Date* 04-02-03

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# 4/54 61
Land Development DPZ				



COLLINS & CARTER, INC.
ENGINEERING CONSULTANTS & LAND SURVEYORS

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 B001,7519

Building Address 2116 WHITMAN WAY
MARRIOTTSVILLE MD 21104

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 15 Parcel 110 Grid 1

Zoning RR Map Coordinates 1001 Lot size

Property Owner's Name LUIS MOJERICA MAE
Address 2116 WHITMAN WAY
City MARRIOTTSVILLE State MD Zip Code 21104
Home Phone 410 740 5172 Work Phone (410)781-7036
Applicant's Name & Mailing Address, (if other than stated hereon):

Phone Fax

Existing Use Single Family Home
Proposed Use Same / Same
Estimated Construction Cost $ 1,500
Description of Work SHED or Workshop Garage 12x22
[illegible] LAWN MOWER

Contractor Company Owner
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone Fax

Occupant or Tenant _____
Contact Name [illegible]
Address 2116 WHITMAN WAY
City MARRIOTTSVILLE State MD Zip Code _____
Phone [illegible] Fax

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone Fax

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height: [illegible]
No. of stories: [illegible]
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 ☐

	Depth	Width
1st floor:		
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: 12 x 22 = 264
____ 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.

Applicant's Signature _____ *Print Name* JESSICA MYERS

Title/Company OWNER *Date* 06/17/02

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	7/17/02	[illegible]
Dev. Engineering, DPZ		
Health	7/17/02	[illegible]
Fire Protection		

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

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
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 _____

PROPERTY ID#: 45461
Filing fee $ _____
Permit fee $ 45.00
Excise tax $ _____
Add'l per. fee $ _____
TOTAL FEES $ 75
Sub-total paid $ _____
Balance due $ _____
Check # 7635
Validation # _____
Accepted by _____

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

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11/22/05
Shed OK
EO

HOMEOWNERS ASSOCIATION NON-BUILDABLE PRESERVATION PARCEL 'F'

SHED 'D' 16'x40'

POOL OK
MR 4/3/05

FLOOD PLAIN EASEMENT
WETLANDS
75' STREAM BUFFER
FLOOD PLAIN EASEMENT
WETLANDS
FLOOD PLAIN
75' STREAM BUFFER
WETLANDS
FLOOD PLAIN EASEMENT

S08°05'12"E 257.24'

149.25'
75' BRL
N83°54'42"E
10' BRL

24' USE-IN-COMMON ACC255 ESMT. FOR LOTS 25-28 AND PRESERVATION PARCEL 'C' 'D' AND ADJACENT PARCEL 15

CHIMNEY (2.4'x3.5')

2 STORY STONE & VINYL SIDING DWLG

DETAIL 1"=30'

SHARED CONN.

N 83°33'25" W 32.73

SEE DETAIL

LOT 27

20' SEWER & UTILITY EASMT.

LOT 25

1"=30'

PLAT REF. 15073

PROPERTY LINE

COLLINS & CARTER, INC.
ENGINEERING CONSULTANTS & LAND SURVEYORS
[redacted]
OFFICE PARK - NEW SALTSBURG NATIONAL PIKE
LAUREL CITY, MARYLAND 20707
(301) 498 - 2855

APPROVED
WALK-THRU BUILDING PERMIT
BP# B00157146 A# 50560EE
APP. SAN SFO DATE: 11/22/05
DESC. OF WORK: 12 x 24 Shed

STATE OF MARYLAND
STEVEN ANTHONY PETERS

HOUSE LOCATION DRAWING

FOUNDATION LOCATIONS 10/0