

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE BELLEVILLE CITY, MO 63103 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B09000057
Building Address <u>12453 WATKINS BRIDGE LA</u> <u>CLARKSVILLE MD 21029</u>		Property Owner's Name <u>STEVE FLANA GOLDBERG</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____		Address <u>18 BLACKSMITH CT</u> City <u>REISTERSDOWN</u> State <u>MD</u> Zip Code <u>21136</u> Phone <u>410 526 9847</u> Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>PAUL HORICHS/PLEASURE POOLS</u> <u>905 Berrymans Ln 21136</u> Phone <u>410 833 0850</u> Fax <u>410 329 2075</u>
Existing Use <u>SFD</u> Proposed Use <u>SFD/POOL</u> Estimated Construction Cost \$ <u>40,000</u> Description of Work <u>Install in-ground concrete swimming pool</u>		Contractor Company <u>PLEASURE POOLS</u> Contact Person <u>PAUL HORICHS</u> Address <u>905 Berrymans Ln</u> City <u>Reisterstown</u> State <u>MD</u> Zip Code <u>21136</u> License No. <u>1228</u> Phone <u>410 833 0850</u> Fax <u>410 329 2075</u>
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 - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input checked="" type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

<u>Paul Horichs</u> Applicant's Signature <u>Pleasure Pools</u> Title/Company	<u>PAUL HORICHS</u> Print Name <u>1/14/09</u> Date
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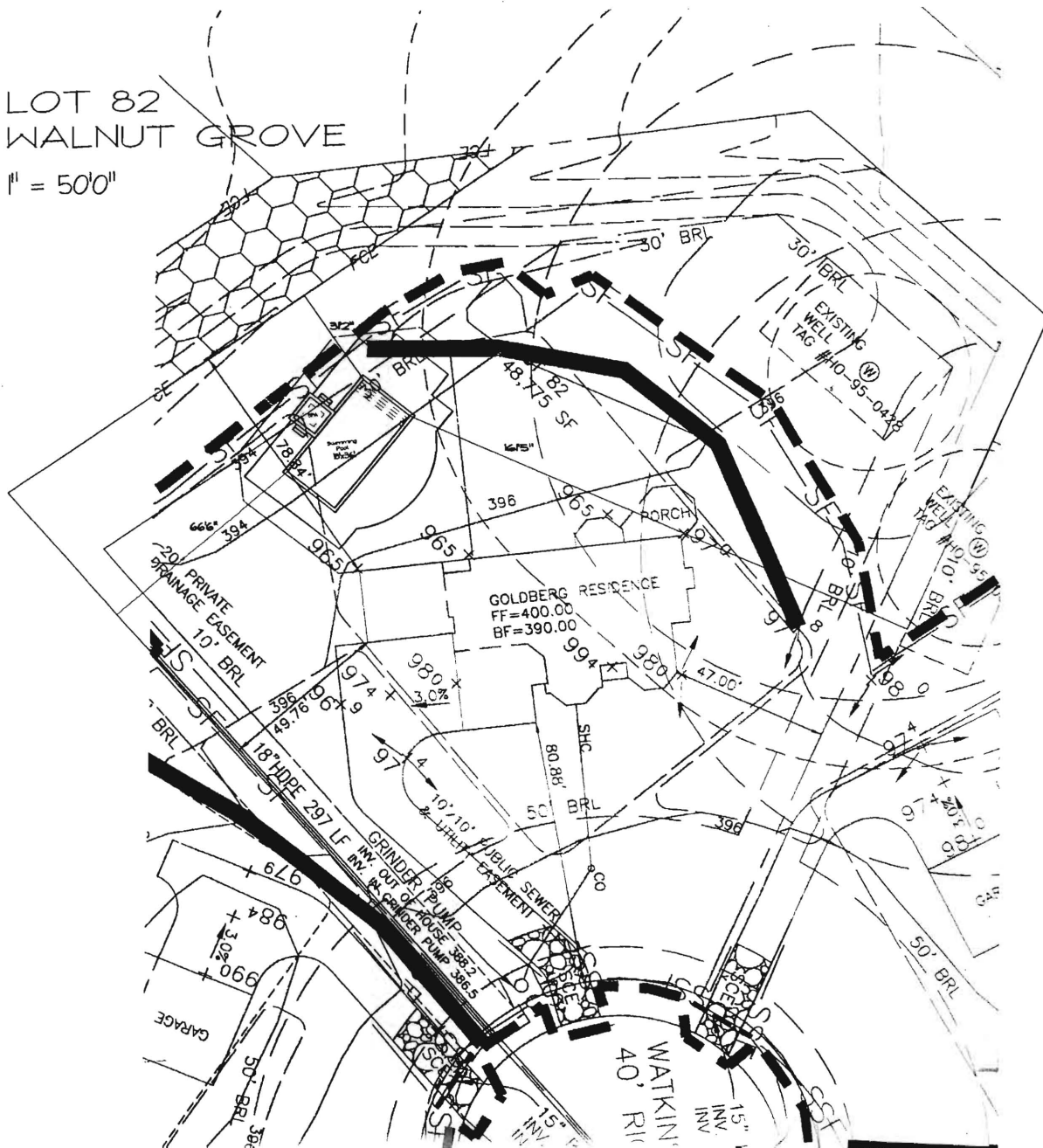
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

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>1-14-09</u>	<u>Paul Horichs</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"/> ONE STOP SHOP: <input type="checkbox"/>			Historic District?	Validation # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by _____
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				

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LOT 82
WALNUT GROVE

1" = 50'0"



APPROVED

517423
HS 1-14-09
20' x 38' in ground
pool as shown

<small>DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3400 COURT HOUSE DRIVE BELLINGHAM CITY, WA 98201 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800</small>		<h2 style="margin:0;">HOWARD COUNTY PERMIT APPLICATION</h2>		<h2 style="margin:0;">PERMIT NUMBER</h2> <p style="font-size: 1.5em; margin: 0;">B09000021</p>	
Building Address <u>12453 WATKINS BRIDGE LN</u> <u>CLARKSVILLE MD 21029</u>		Property Owner's Name <u>STEVE + LANA GOLDBERG</u> Address <u>18 Blacksmith Ct</u>			
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>WALNUT GROVE</u> Section _____ Area _____ Lot <u>82</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____		City <u>Rieskestown</u> State <u>MD</u> Zip Code <u>21136</u> Phone _____ Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): Phone <u>410 526 9847</u> Fax _____			
Existing Use <u>SINGLE FAMILY HOME</u> Proposed Use <u>SINGLE Fam Home w/ deck & pavilion</u> Estimated Construction Cost \$ <u>15,000</u> Description of Work <u>Construct 14x14 pavilion and a deck 5x10 w stairs to back and 5x5 deck w stairs to front</u>		Contractor Company <u>Budding Branch Landscapes</u> Contact Person <u>Rob Boswell</u> Address <u>14900 TRIADelphia Rd</u> City <u>Chesapeake</u> State <u>MD</u> Zip Code <u>21737</u> License No. <u>121532</u> Phone <u>410 442-8208</u> Fax <u>410 489 0269</u>			
Occupant or Tenant _____ Contact Name <u>NA</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		Engineer or Architect Company _____ Contact Person <u>NA</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 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.

<u>Robert C Boswell JR</u> Applicant's Signature <u>prcs Budding Branch</u> Title/Company	<u>Robert C Boswell JR</u> Print Name <u>1-8-09</u> Date
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
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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>1-8-09</u>	<u>Robert C Boswell JR</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"/> ONE STOP SHOP: <input type="checkbox"/>			Historic District?	Validation # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for NewTown Zone _____	Accepted by _____
			SDP/Red-line approval date _____	
Distribution of Copies-	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
T:\forms\PERMIT.FRM				Gold: SHA



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 B08001400	
Building Address 12453 WATKINS BRIDGE LANE CLARKSVILLE, MD 21029			Property Owner's Name SELFRIDGE BUILDERS		
Suite/Apt. #: _____ SDP/WP/Petition #: 19224			Address 4781 TEN OAKS RD.		
Census Tract 605101 Subdivision WALNUT GROVE			City DAYTON State MD Zip Code 21036		
Section _____ Area _____ Lot 82			Phone 410-531-8930 EXT. 21		
Tax Map 28 Parcel 74 Grid 18			Applicant's Name & Mailing Address, (if other than stated hereon):		
Zoning RC Map Coordinates _____ Lot size 1 ACRE			Phone _____ Fax _____		
Existing Use VACANT LOT			Contractor Company SELFRIDGE BUILDERS		
Proposed Use CUSTOM SFD			Contact Person SUE CONKLIN		
Estimated Construction Cost \$900,000			Address 4781 TEN OAKS RD.		
Description of Work 2-STORY, FIN. BSMT, 3FP, 4-CAR GARAGE, SCREENED PORCH, 6 FB, 1 HB			City DAYTON State MD Zip Code 21036		
Occupant or Tenant _____			License No. 33A		
Contact Name _____			Phone 410-531-8930 X 21 Fax 410-531-8939		
Address _____			Engineer or Architect Company _____		
City _____ State _____ Zip Code _____			Contact Person _____		
Phone _____ Fax _____			Address _____		
			City _____ State _____ Zip Code _____		
			Phone _____ Fax _____		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
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 <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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 ____ Partial ____ Other Suppression ____ # of Heads	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: 56' 73' 2nd floor: 39' 71' Basement: 56' 73' Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms 4 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	Utilities Water Supply: _____ ____ Public ____ Private Sewage Disposal: _____ ____ Public ____ Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: _____ ____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> ____ Natural Gas <input checked="" type="checkbox"/> ____ Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> ____ NFPA #13D ____ NFPA #13R ____ Other:

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Sue Conklin
Applicant's Signature
SUE CONKLIN
Print Name
5/9/08
Date

Title/Company
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	6/10/08	[Signature]	Front: _____	Filing fee \$
State Highways			Rear: _____	Permit fee \$ 1355.58
Building Official			Side: _____	Excise tax \$ 6436.32
Engineering, DPZ	7/11/08	[Signature]	Side St.: _____	Add'l per. fee \$ 135.56
Health			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 # 34246
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 Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____

NOTES:

1. THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR WALNUT GROVE, PLAT No. 19224. REFER TO THE PLAT FOR LOT DIMENSIONS, LOT AREAS AND ALL EASEMENTS.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN. RECORDATION OF A MODIFIED EASEMENT PLAT SHALL NOT BE NECESSARY.
3. SEDIMENT AND EROSION CONTROLS WERE APPROVED FOR MASS GRADING BY HOWARD SOIL CONSERVATION DISTRICT UNDER F-06-031 AND MAY NEED TO BE MODIFIED FOR THIS SPECIFIC HOUSE.
4. TOPOGRAPHY SHOWN HEREON IS TAKEN FROM THE APPROVED ROAD CONSTRUCTION PLANS.
5. SEPTIC SERVICE FOR THIS LOT IS PROVIDED BY A SHARED SEPTIC SYSTEM, CONTRACT Nos. 50-4330-D AND 50-4359-D. THE DISPOSAL AREA IS LOCATED ON "PARCEL 14."
6. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
7. ALL DRAINAGE AND STORMWATER MANAGEMENT FEATURES USED ON THIS SITE MUST COMPLY WITH THE APPROVED ROAD CONSTRUCTION PLANS.
8. THE EXISTING WELL SHOWN ON THIS PLAN, HO-95-0428, HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC., AND IS ACCURATELY SHOWN.

Approved Septic System Plan
Howard County Health Department
Signature
Date

1" BITUMINOUS CONCRETE SURFACE
3" BITUMINOUS CONCRETE BASE
FULL DEPTH BITUMINOUS CONCRETE
PAVING SECTION
NOT TO SCALE

NO.	DATE	REVISION

BENCHMARK
ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS
ENGINEERING, INC.
8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418
ELLICOTT CITY, MARYLAND 21043
PHONE: 410-465-6105 ▲ FAX: 410-465-6644
EMAIL: BEI@BEI-CVLENGINEERING.COM

OWNER/BUILDER: SELFRIAGE BUILDERS 4781 TEN OAKS ROAD DAYTON, MD 21036 PHONE: 410-531-8930 FAX: 410-531-8939	PROJECT: WALNUT GROVE LOT 82 LOCATION: 12453 WATKINS BRIDGE LANE CLARKSVILLE, MD 21029 TAX MAP No. 28 - BLOCK Nos. 17, 18 AND 24 - PARCEL No. 74 5th ELECTION DISTRICT, HOWARD COUNTY, MARYLAND TITLE: PERMIT PLAN HOUSE TYPE: GOLDBERG RESIDENCE DATE: DECEMBER 27, 2007 PROJECT NO. 2073 SCALE: 1" = 30' DRAWING 1 OF 1
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DESIGN: JMC DRAFT: JMC