

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B/10032179

Building Address 14503 E. ...
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot 8
 Tax Map 21 Parcel 90 Grid 27
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name T. H. ...
 Address _____
 City _____ State MD Zip Code 21046
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone _____ Fax _____

Existing Use ...
 Proposed Use ...
 Estimated Construction Cost \$ 10,000
 Description of Work ...

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State MD Zip Code 21044
 License No. 107743
 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: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input 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"/>
Use group: _____	Heating System: _____ Electric <input 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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
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"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Height: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #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: _____	
<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.

Applicant's Signature _____
 Title/Company _____

Print Name L. A. ...
 Date 7/15/10

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>7/22/10</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # <u>19161</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by _____	

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

313-2455

Building Address 14503 Edgewoods Way
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot 8
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Toll MD V LP
 Address 7164 Columbia Gateway Drive
 City Columbia State MD Zip Code 21046
 Phone _____ Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use Vacant Lot
 Proposed Use Single Family Dwelling
 Estimated Construction Cost \$ 3350,000
 Description of Work _____

Contractor Company Toll MDV LP
 Contact Person Mike Martin
 Address 11540 Edgewoods Way
 City _____ State _____ Zip Code _____
 License No. 3630
 Phone _____ Fax _____

Occupant or Tenant _____
 Contact Name Mike Martin
 Address 11540 Edgewoods Way
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company ESE
 Contact Person Greg Stewart
 Address 7164 Columbia Gateway Drive
 City Columbia State MD Zip Code 21046
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Applicant's Signature _____
 Title/Company _____

Print Name _____
 Date _____

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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>3-29-10</u>	<u>Dana Bernard</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 Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	

Building Address: 14503 Edelwood's way
Glenely Md

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Yards

Proposed Use: Deck Residential

Estimated Construction Cost: \$ 15,000.00

Description of Work: Build Deck

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Mark Pennington

Address: 14503 Edelwood's way

City: Glenely State: Md Zip Code: _____

Home Phone: _____ Work Phone: _____

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

Phone: _____ Fax: _____

Email: _____

Contractor Company: Antony Remodeling

Contact Person: Kevin Hunter

Address: 7639 Daction Perry rd

City: Farmersville State: md Zip Code: 21754

License No.: mhc 126115

Phone: 240 436-1200 Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: <u>23"</u>	<u>Water Supply</u>
No. of stories: _____	<input type="checkbox"/> Public
Gross area, sq. ft./floor: <u>4143.84</u>	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.): <u>414</u>	<input type="checkbox"/> Public
	<input checked="" type="checkbox"/> Private
Use group: _____	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input checked="" type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor: _____	<input type="checkbox"/> Private
2 nd floor: _____	<u>Sewage Disposal</u>
Basement: _____	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: _____	<input type="checkbox"/> Electric
	<input type="checkbox"/> Oil
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Natural Gas
No. of efficiency units: _____	<input type="checkbox"/> Propane Gas
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<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.

Roger Birkhead For Antony Remodeling

Applicant's Signature _____

Email Address _____

Title/Company _____

Roger Birkhead Fire Antony Remodeling

Print Name _____

May 10 2012

Date _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>5-10-12</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? Yes No

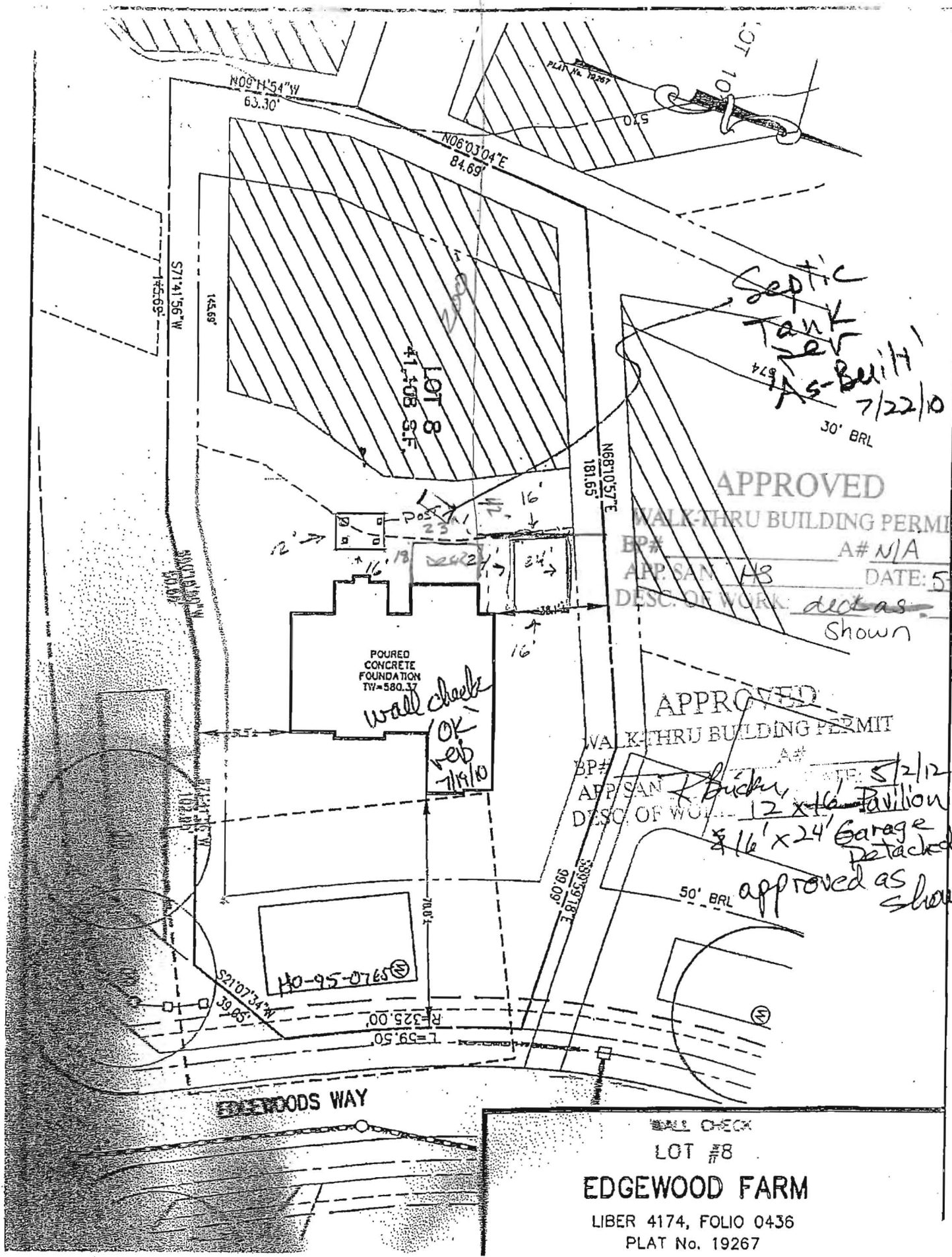
Is Entrance Permit Required? Yes No

Historic District? Yes No

Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$



Septic Tank Rev As-Built 7/22/10
30' BRL

APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# N/A
APP. SAN. 118 DATE: 5/10/16
DESC. OF WORK: ~~detached~~
Shown

APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# _____
APP. SAN. & Buckner DATE: 5/2/12
DESC. OF WORK: 12 x 16 Pavilion
& 16' x 24' Garage detached
approved as show

POURED CONCRETE FOUNDATION TW-580.37
wall check OK reb 7/19/10

H0-95-0765

EDGEWOODS WAY

LOT #8
EDGEWOOD FARM
LIBER 4174, FOLIO 0436
PLAT No. 19267

Building Address: <u>14503 EDGEWOODS WAY</u> <u>Glenelg Maryland 21737</u> Suite/Apt. # _____ SDP/WP/BA #: _____ Census Tract: _____ Subdivision: _____ Section: _____ Area: _____ Lot: _____ Tax Map: _____ Parcel: _____ Grid: _____ Zoning: _____ Map Coordinates: _____ Lot Size: _____ Existing Use: <u>N/A</u> Proposed Use: <u>G-ANAL-C</u> Estimated Construction Cost: \$ <u>245,000.00</u> Description of Work: <u>Build New 16'x24'</u> <u>G-Analyse</u> Occupant or Tenant: _____ Was tenant space previously occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____ Email: _____	Property Owner's Name: <u>MARK P. WOLWASKI</u> Address: <u>14503 EDGEWOODS WAY</u> City: <u>Glenelg</u> State: <u>Md</u> Zip Code: <u>21737</u> Home Phone: <u>301-753-7837</u> Work Phone: _____ Applicant's Name & Mailing Address, (if other than stated herein): _____ Phone: _____ Fax: _____ Email: _____ Contractor Company: <u>Anteray Remodeling</u> Contact Person: <u>Kevin Hunter</u> Address: <u>9639 Doctor Danny Rd</u> City: <u>Farmersville</u> State: <u>Md</u> Zip Code: <u>21754</u> License No.: <u>126115 M.H.C.</u> Phone: <u>240-436-1200</u> Fax: _____ Email: _____ Engineer/Architect Company: <u>Caddworks Inc</u> Responsible Design Prof.: _____ Address: <u>332 West Patrick St</u> City: <u>Fredensick</u> State: <u>Md</u> Zip Code: <u>21701</u> Phone: <u>301-695-9121</u> Fax: <u>301-695-4868</u> Email: _____
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BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height:	Water Supply	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	Water Supply
No. of stories:	<input type="checkbox"/> Public	Depth Width <input type="checkbox"/> Public	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private	1 st floor:	<input checked="" type="checkbox"/> Private
Area of construction (sq. ft.):	Sewage Disposal	2 nd floor:	Sewage Disposal
	<input type="checkbox"/> Public	Basement:	<input type="checkbox"/> Public
	<input type="checkbox"/> Private	<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction type:	Heating System	<input type="checkbox"/> Slab on Grade	Heating System
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil	No. of Bedrooms:	<input type="checkbox"/> Electric
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	Multi-family Dwelling	<input type="checkbox"/> Oil
<input type="checkbox"/> Masonry	Sprinkler System:	No. of efficiency units:	<input type="checkbox"/> Natural Gas
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A	No. of 1 BR units:	<input type="checkbox"/> Propane Gas
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full	No. of 2 BR units:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial	No. of 3 BR units:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression	Other Structure:	
Roadside Tree Project Permit #	No. of Heads:	Dimensions:	
		Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
		Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
		<input type="checkbox"/> Manufactured Home	

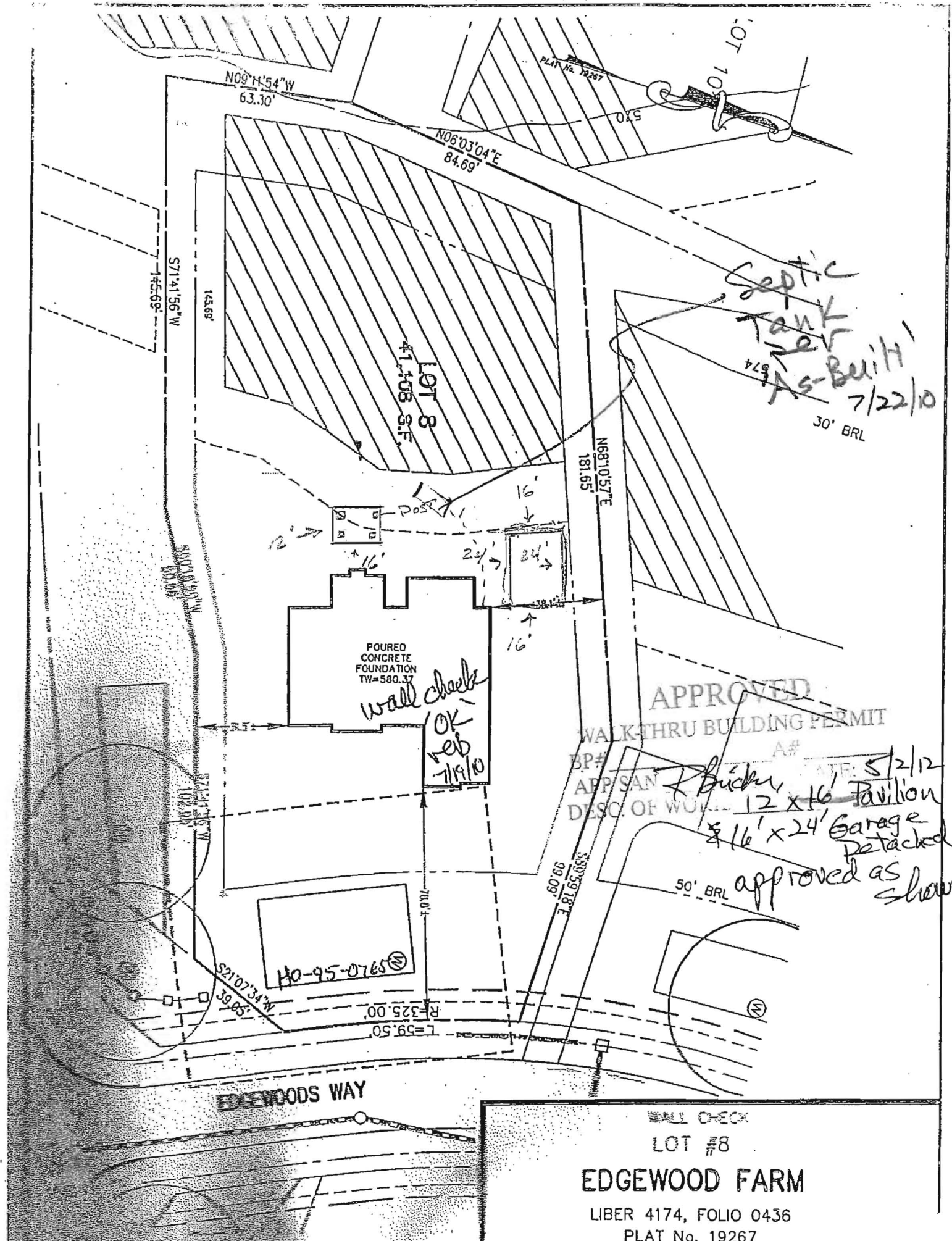
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Roger Dirlkhard Anteray Remodeling
 Applicant's Signature Print Name Date
5/2/2012

Email Address _____
 Title/Company _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>AGENCY</th> <th>DATE</th> <th>SIGNATURE OF APPROVAL</th> </tr> </thead> <tbody> <tr> <td>State Highways</td> <td></td> <td></td> </tr> <tr> <td>Building Officials</td> <td></td> <td></td> </tr> <tr> <td>PSZA (Zoning)</td> <td></td> <td></td> </tr> <tr> <td>PSZA (Engineering)</td> <td></td> <td></td> </tr> <tr> <td>Health</td> <td>5/2/12</td> <td>R. Bricker</td> </tr> <tr> <td>Fire Protection</td> <td></td> <td></td> </tr> </tbody> </table> <p>Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CONTINGENCY CONSTRUCTION START <input type="checkbox"/> ONE STOP SHOP</p>	AGENCY	DATE	SIGNATURE OF APPROVAL	State Highways			Building Officials			PSZA (Zoning)			PSZA (Engineering)			Health	5/2/12	R. Bricker	Fire Protection			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>DPZ SETBACK INFORMATION</th> </tr> </thead> <tbody> <tr> <td>Front:</td> </tr> <tr> <td>Rear:</td> </tr> <tr> <td>Side:</td> </tr> <tr> <td>Side St.:</td> </tr> <tr> <td>All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Lot Coverage for New Town Zone:</td> </tr> <tr> <td>SDP/Red-line approval date:</td> </tr> </tbody> </table>	DPZ SETBACK INFORMATION	Front:	Rear:	Side:	Side St.:	All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lot Coverage for New Town Zone:	SDP/Red-line approval date:	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Filing Fee</th> <th>\$</th> </tr> </thead> <tbody> <tr> <td>Permit Fee</td> <td>\$</td> </tr> <tr> <td>Tech Fee</td> <td>\$</td> </tr> <tr> <td>Excise Tax</td> <td>\$</td> </tr> <tr> <td>PSFS</td> <td>\$</td> </tr> <tr> <td>Guaranty Fund</td> <td>\$</td> </tr> <tr> <td>Add'l per Fee</td> <td>\$</td> </tr> <tr> <td>Total Fees</td> <td>\$</td> </tr> <tr> <td>Sub- Total Paid</td> <td>\$</td> </tr> <tr> <td>Balance Due</td> <td>\$</td> </tr> </tbody> </table>	Filing Fee	\$	Permit Fee	\$	Tech Fee	\$	Excise Tax	\$	PSFS	\$	Guaranty Fund	\$	Add'l per Fee	\$	Total Fees	\$	Sub- Total Paid	\$	Balance Due	\$
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Septic Tank New As-Built 7/22/10
30' BRL

POURED CONCRETE FOUNDATION TV=580.37
wall check OK reb 7/19/10

APPROVED WALKTHRU BUILDING PERMIT
BP# [blank] A# [blank]
APP SAN [blank] DATE: 5/2/12
DESC. OF WORK: 12 x 16' Pavilion & 16' x 24' Garage detached

approved as shown

EDGEWOODS WAY

WALL CHECK
LOT #8
EDGEWOOD FARM
LIBER 4174, FOLIO 0436
PLAT No. 19267

Building Address: 14503 Edgewoods Way
Greenleaf Md 21737

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____

Proposed Use: Pool side CABANA

Estimated Construction Cost: \$ 15,000

Description of Work: Build 16x12 PAVILLION NEXT TO POOL

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: MARK J. WOLOWSKI

Address: 14503 Edgewoods Way

City: Greenleaf State: MD Zip Code: 21737

Home Phone: 301-758-7033 Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein): _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: Antony Remodeling

Contact Person: KEVIN HUNTER

Address: 9639 DOCTOR PERRY RD

City: EDWARDS STATE State: Md Zip Code: 21754

License No.: MHC 126115

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: CADWORKS INC

Responsible Design Prof.: _____

Address: 332 West Potomac ST

City: FREDERICK State: Md Zip Code: 21701

Phone: 301-695-9121 Fax: 301-695-4869

Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
Area of construction (sq. ft.):	<u>Sewage Disposal</u>
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input checked="" type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<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.

Roger D. Birch for Antony Remodeling
 Applicant's Signature

ROGER D. BIRCH FOR ANTONY Remodeling
 Print Name

5/2/2012
 Date

 Email Address

 Title/Company

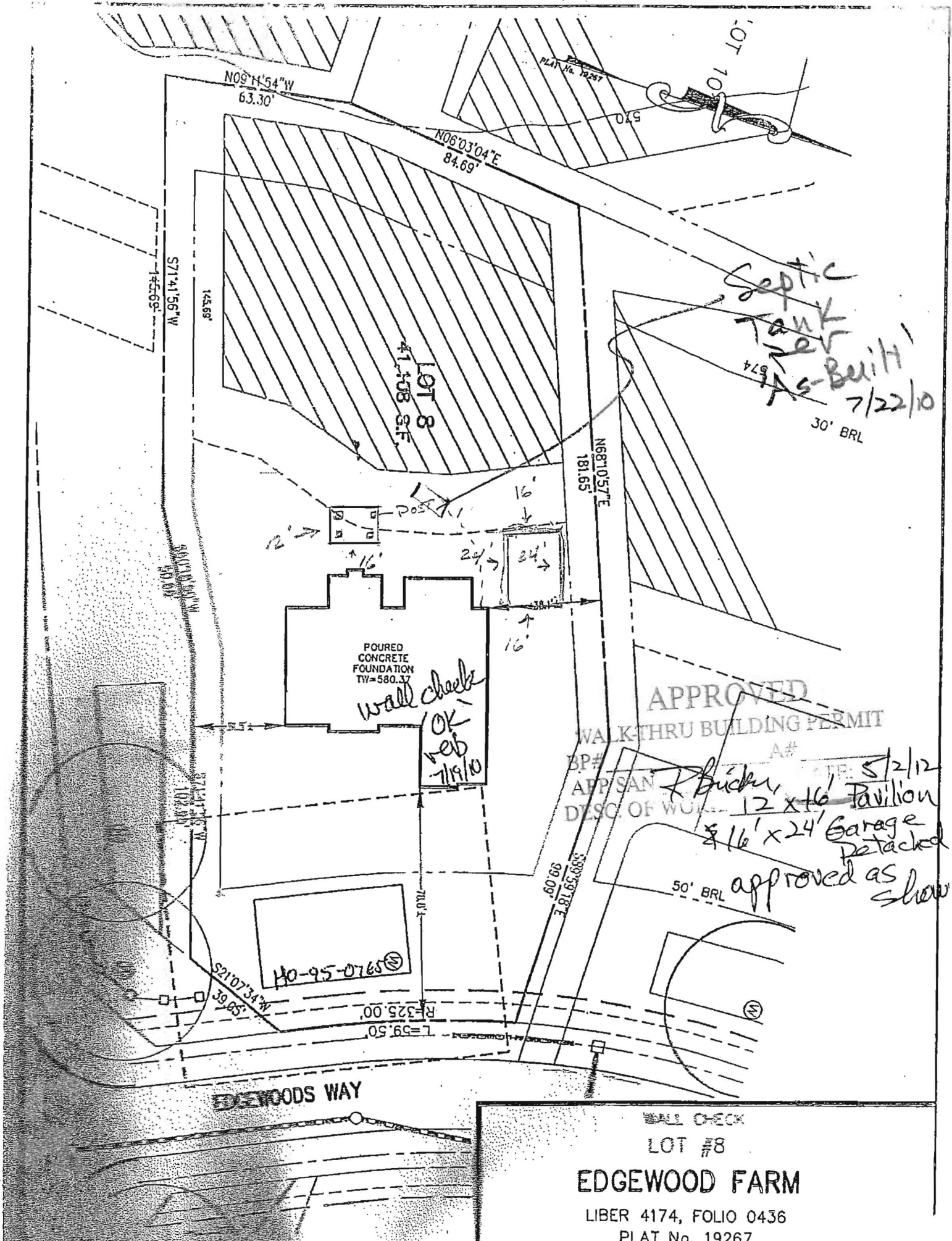
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>5/2/12</u>	<u>R. Birch</u>
Fire Protection		

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$



Septic Tank per As-Built 7/22/10
30' BRL

POURED CONCRETE FOUNDATION TW=580.37
wall check OK Feb 7/19/10

APPROVED WALK-THRU BUILDING PERMIT
BP# [blank] A# [blank]
APP SAN [blank] DATE: 5/2/12
DESC. OF WORK 12 x 16 Pavilion & 16' x 24' Garage Detached

approved as shown

EDGEWOODS WAY

WALL CHECK
LOT #8

EDGEWOOD FARM

LIBER 4174, FOLIO 0436
PLAT No. 19267

Building Address: 14503 Edgewood Way
Glenn G

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

Census Tract: _____ Subdivision: Edgewood Farms

Section: _____ Area: _____ Lot: _____

Tax Map: 21 Parcel: 90 Grid: 22

Zoning: _____ Map Coordinates: _____ Lot Size: 46487

Property Owner's Name: Pirowski, Mark

Address: 14503 Edgewood Way

City: Glenn G State: MD Zip Code: 21737

Home Phone: 301-587-8783 Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein):
Karen Klayman
293 Southland Ct Dunkort 20754

Phone: 410-507-7705 Fax: _____

Email: _____

Existing Use: SFD

Proposed Use: Inground pool

Estimated Construction Cost: \$ 30,000.00

Description of Work: 18' X 39' inground concrete pool depth to fence to code, filled by truck

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: Anthony + Sylvan Peds

Contact Person: Karen Klayman

Address: 344 B Ritchie Hwy

City: Severna Park Zip Code: 21146

License no.: 125678

Phone: 301-490-1919 Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth	Width
1 st floor:	<input type="checkbox"/> Public
2 nd floor:	<input type="checkbox"/> Private
Basement:	<u>Sewage Disposal</u>
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Public
<input type="checkbox"/> Unfinished Basement	<input type="checkbox"/> Private
<input type="checkbox"/> Crawl Space	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
No. of Bedrooms:	<u>Heating System</u>
	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<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.

Karen Klayman Applicant's Signature Karen Klayman Print Name

Agent Anthony + Sylvan Peds Title/Company

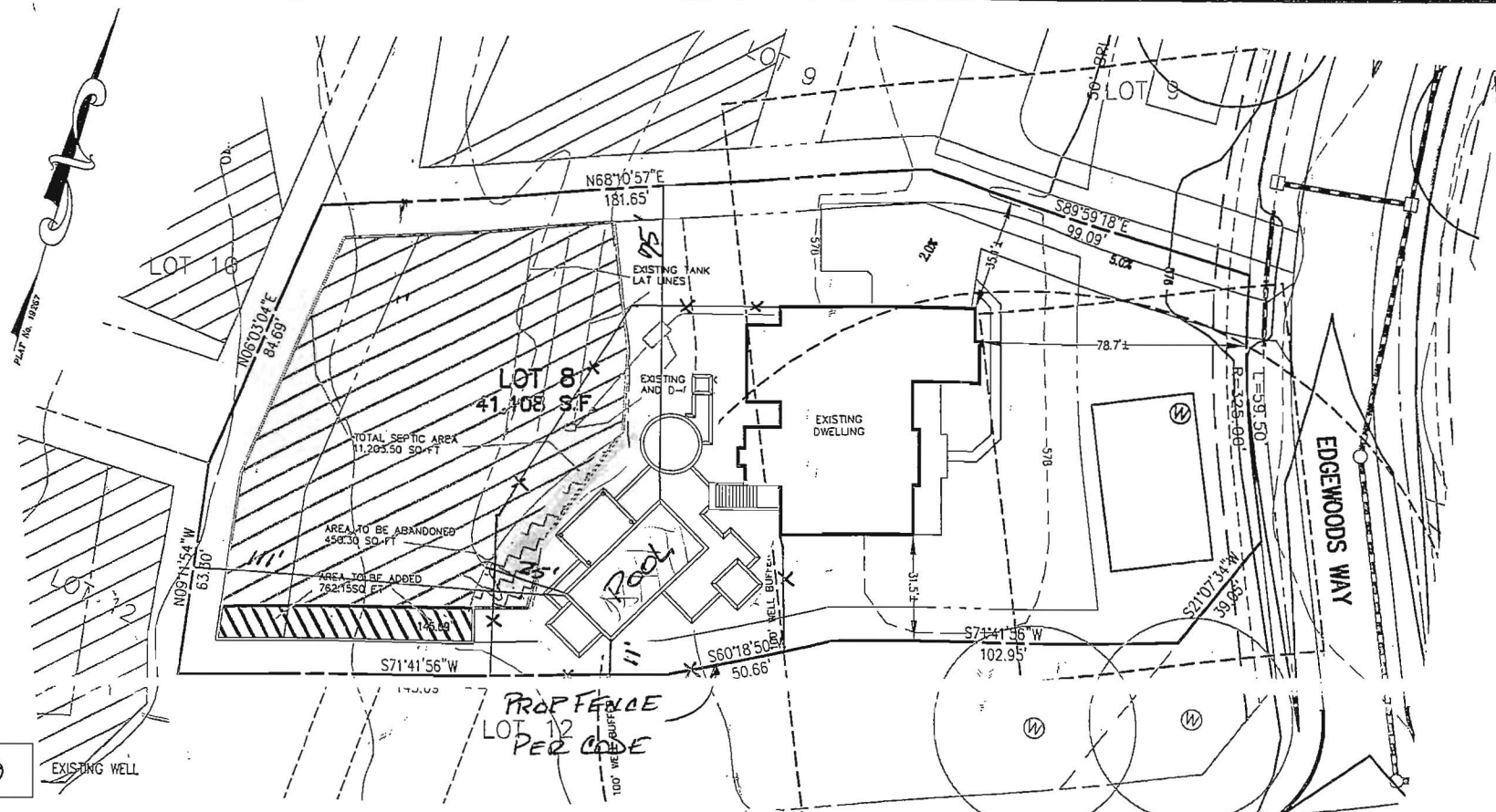
Date 11/17/2011

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>11-17-11</u>	<u>[Signature]</u>
Fire Protection		

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$



- LEGEND:
- EXISTING WELL
 - EXISTING SEPTIC AREA
 - ADDITIONAL SEPTIC AREA TO BE ADDED
 - SEPTIC AREA TO BE ABANDONED

APPROVED: FOR HOWARD COUNTY DEPARTMENT OF PLANNING & ZONING

CHIEF, DEVELOPMENT ENGINEERING DIVISION

DIRECTOR

DATE _____

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# N/A

APP SAN 48 DATE: 11-17-11

DESC OF WORK: *inground pool as shown*

TO BE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, THE FOLLOWING STATEMENTS ARE TRUE:

1) ALL EXISTING WELLS, SEPTIC SYSTEMS AND SEWAGE DISPOSAL EASEMENTS WITH IN 100' OF THE PROPERTY BOUNDARIES HAVE BEEN SHOWN. ALL EXISTING AND PROPOSED WELLS THAT ARE LOCATED WITHIN 200 FEET DOWNGRADIENT OF ANY EXISTING OR PROPOSED SEPTIC SYSTEM, AND SEWAGE DISPOSAL EASEMENTS HAVE BEEN SHOWN. THE ENGINEER HAS USED ALL EFFORTS TO FIND THE LOCATIONS OF ALL SURROUNDING WELLS AND SEPTIC SYSTEMS.

THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTHS AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT AS SHOWN ON THE RECORD PLAT 21603 GENERAL NOTES ITEM 2.

THE SOIL TYPE FOR THIS LOT IS: _____

PERC CERT REVISION

LOT #8

EDGEWOOD FARM

LIBER 4174, FOLIO 0436

PLAT No. 19267

FOURTH ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

**Land Planning
Engineering
Land Surveying**

ESE Consultants Inc.
7164 Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-4870

DATE: 08/26/11 SCALE: 1"=40' FILE: Lot8_PERC CERT

CHK'D: MJB JOB#: 1498 DRAWN: MJB

THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL AREA OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS SEWAGE DISPOSAL AREA SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY. ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.

THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR EDGEWOOD FARM, PLAT No. 19267. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

EXISTING TOPOGRAPHY IS TAKEN FROM AERIAL SURVEY WITH 2 - FOOT CONTOUR INTERVALS PREPARED BY WINGS AERIAL MAPPING CO., INC. FLOWN ON APRIL 6, 2004.

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELLTAG NUMBER HO-95-0765) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS - PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPEMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FDOT.

ALL EXISTING WELLS, SEPTIC SYSTEMS AND SEWAGE DISPOSAL EASEMENTS WITHIN 100' OF THE PROPERTY BOUNDARIES HAVE BEEN SHOWN. ALL EXISTING AND PROPOSED WELLS THAT ARE LOCATED WITHIN 200 FEET DOWNGRADIENT OF ANY EXISTING OR PROPOSED SEPTIC SYSTEM AND SEWAGE DISPOSAL EASEMENTS HAVE BEEN SHOWN. THE ENGINEER HAS USED ALL EFFORTS TO FIND THE LOCATIONS OF ALL SURROUNDING WELLS AND SEPTIC SYSTEMS.

THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTHS AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT AS SHOWN ON THE RECORD PLAT 18240 GENERAL NOTES ITEM 2.

ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN

ADDRESS: 14503 EDGEWOODS WAY
GLENELG, MD 21737