

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B.80-1407

Building Address 2410 Elites Way
21774
 Suite/Apt. #: _____ SDP/WP/Petition #: 18954
 Census Tract 603000 Subdivision _____
 Section _____ Area _____ Lot 12
 Tax Map 10 Parcel 9 Grid 7
 Zoning _____ Map Coordinates _____ Lot size 1.18A

Property Owner's Name _____
 Address _____
 City _____ State _____ Zip Code 21164
 Home Phone _____ Work Phone 914-211-2111
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use _____
 Proposed Use INSTALL LANDFILL
 Estimated Construction Cost \$ _____
 Description of Work INSTALL LANDFILL

Contractor Company ADDYVILLE CONSTRUCTION
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code 21164
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant N/A
 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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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 <input type="checkbox"/> Other Suppression # of Heads _____

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 checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Height: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R 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 _____
 Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: <u>50</u>	Filing fee \$ <u>100.00</u>
State Highways			Rear: <u>30</u>	Permit fee \$ _____
Building Official			Side: <u>10</u>	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: <u>N/A</u>	Add'l per. fee \$ _____
Health	<u>6-2-08</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 # <u>13402</u>
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 <u>[Signature]</u>
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

15/0002019

Building Address 2410 Elies Way
West Friendship MD 21794

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

Census Tract _____ Subdivision Cloverfield

Section _____ Area _____ Lot 15

Tax Map _____ Parcel _____ Grid 8

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Neil Eisenberg

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

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

Phone _____ Fax _____

Existing Use _____

Proposed Use _____

Estimated Construction Cost \$ _____

Description of Work _____

Deck on rear of existing home
16x20 w/ 1 set of steps
partial screen porch

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
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 _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
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"/> 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 _____	

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Applicant's Signature _____

Title/Company _____

Print Name _____

Date _____

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY. **

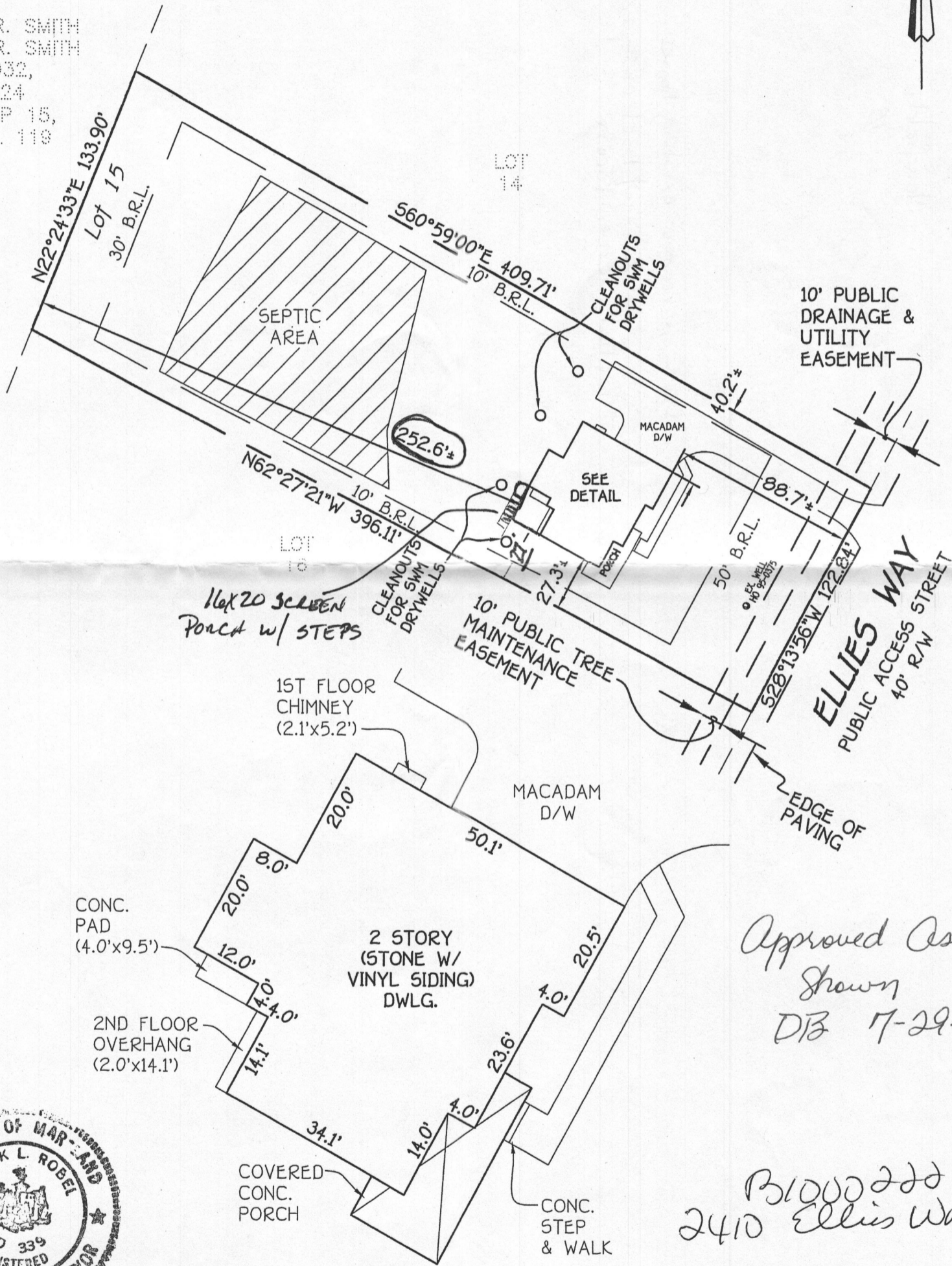
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health <u>7-29-10</u>		<u>DBonard</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
T:\forms\PERMIT.FRM			Pink: Health	Gold: SHA

GENERAL NOTES:

- 1) THIS LOCATION DRAWING 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 REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING 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 LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR 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. 2400440015B EFFECTIVE DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1.0'±
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.
- 5) THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-0375) HAS BEEN FIELD LOCATED BY FISHER, COLLINS AND CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.



THOMAS R. SMITH
SHARON R. SMITH
L. 2032,
F. 524
TAX MAP 15,
PARCEL 119



Approved As
Shown
DB 17-29-10

B1000229
2410 Ellies Way



Mark L. Robel
PROFESSIONAL LAND SURVEYOR
REG. • 339
DATE: 5/18/09

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

DETAIL:
1"=20'

LOT 15
CLOVERFIELD
LOTS 1-21, BUILDABLE
PRESERVATION PARCEL A,
NON-BUILDABLE PRESERVATION
PARCELS B-E & NON-BUILDABLE
BULK PARCEL F
3RD ELECTION DISTRICT
PLAT *18953-18959
*2410 ELLIES WAY
B.R.L.= BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV.= 564.1±

**HOUSE LOCATION
DRAWING**

FOUNDATION LOCATION: 7/1/08
FINAL LOCATION: 5/12/09
BOUNDARY SURVEY: _____

SCALE: 1"=60'
DATE: 5/18/09
DRAWN BY: VLJ
CHECKED BY: MLR
PROJECT No.: 30757-1001

FAXED
JUN 24 2008
By KLEIN & BOBCAT

HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043

RESIDENTIAL
BUILDING PERMIT

Permit Number: B08001407
Application Date: 05/09/2008

Permit Type: New - SFD
Issue Date: 06/23/2008

SITE ADDRESS:

2410 ELLIES WAY
WEST FRIENDSHIP, MD 21794

PROPERTY OWNER INFO.:

CLOVERFIELD PFEFFERKORN
11175 STRATFIELD COURT
MARRIOTTSVILLE, MD 21104
Phone #: 410-442-2211

Subdivision: Cloverfield , Lot No. 15
Tax Map: 15 **Grid:** 15-7
Zoning District: RC-DEO
SDP No.:

Census Tract: 603000
W&S Contract No.:
Grading Permit No.: G08000115

DESCRIPTION OF WORK : SFD - CUSTOM 2 STORY FULL BSMNT, 9R, 3FB, 1HB, 1FP, 3 CAR GARAGE (4BR)
FRONT PORCH (RI)

PRIMARY CONTRACTOR INFO:

Home Bldr License No.: 990
FRANK E POTEPAN
11175 STRATFIELD COURT
MARRIOTTSVILLE, MD 21104
Phone #: 410-442-2211

PRIMARY CONTACT INFO:

Contact Type: Contact
CATONSVILLE HOMES, LLC
FRANK E POTEPAN
11175 STRATFIELD COURT
MARRIOTTSVILLE, MD 21104
Phone #: 410-442-2211

FAX#:

Building/Lot Characteristics:

Legal Description: LOT 15 1.184 A[]2410 ELLIES WAY[]CLOVERFIELD

Existing Use: Vacant Lot

Height: ft.

Basement: Unfinished

SF # of Bedrooms: 4

SF # of Full Baths: 3

SF # of Half Baths: 1

Water Supply: Private

Sewage Disposal: Private

Zoning Setback Requirements:

Front: Proposed: 89 Required: 50
Rear: Proposed: 253 Required: 30
Side: Proposed: 27/40 Required: 10
Side Street: Proposed: n/a Required: n/a
Meets Minimum Required Setbacks?: Yes
Lot Coverage for NT Zoning:

Permit Fees:

Total Fees Invoiced: \$ 13893.83
Total Fees Paid: \$ 13893.83
Balance Due: \$.00

To schedule an inspection or check the results of an inspection please call (410) 313-3800

APPROVED BY THE DIRECTOR OF INSPECTIONS, LICENSES & PERMITS - BUILDING OFFICIAL