

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

B00159059

Building Address Phillip & Irene Romano
3299 Florence Rd -
Woodbine, Md. 21797
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision Clayton Miller Prop
Woodbine
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel 1 Grid _____
 Zoning _____ Map Coordinates _____ Lot size 5 AC.

Property Owner's Name Phillip & Irene Romano
 Address 3299 Florence Rd.
 City Woodbine State Md Zip Code 21797
 Home Phone 301-924-4444 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
18120 Hillcrest Rd
01 New, Md. 20832
 Phone 301-924-6444 Fax _____

Existing Use SFD
 Proposed Use SFD & Pool
 Estimated Construction Cost \$ 45,219
 Description of Work Build inground
pool 22' x 41' - depth
3' - 8'6" - filled by truck
FACE by owner

Contractor Company Blue Haven Pools
 Contact Person _____
 Address 9104 Industry Dr.
 City Manassas State Va Zip Code 20111
 License No. 30083
 Phone 888-257-0007 Fax _____

Occupant or Tenant owner
 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 <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 <input type="checkbox"/> # 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 type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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.

Doris A. Minnich
 Applicant's Signature
 Title/Company _____

Doris A. Minnich
 Print Name
3/8/07
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

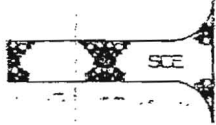
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>4/13/06</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	

SEDIMENT CONTROL LEGEND

SILT FENCE



- STABILIZED CONSTRUCTION ENTRANCE



NOTE
 FOR LOCATION OF UTILITIES
 CALL "MISS UTILITY"
 24 HOURS A DAY
 1-800-257-7777 48 HOURS
 IN ADVANCE OF ANY WORK
 IN THIS VICINITY.

"CLAYTON MILLER
 PROPERTY"
 PLATS 4610 & 4611

ABBREVIATIONS

- AC = ACRES
- BF = BASEMENT FLOOR ELEVATION
- EX = EXISTING
- FF = FIRST FLOOR ELEVATION
- GF = GARAGE FLOOR ELEVATION
- FP = IRON PIPE FOUND
- R/W = RIGHT-OF-WAY
- RCF = REBAR AND CAP FOUND
- SF = SQUARE FEET

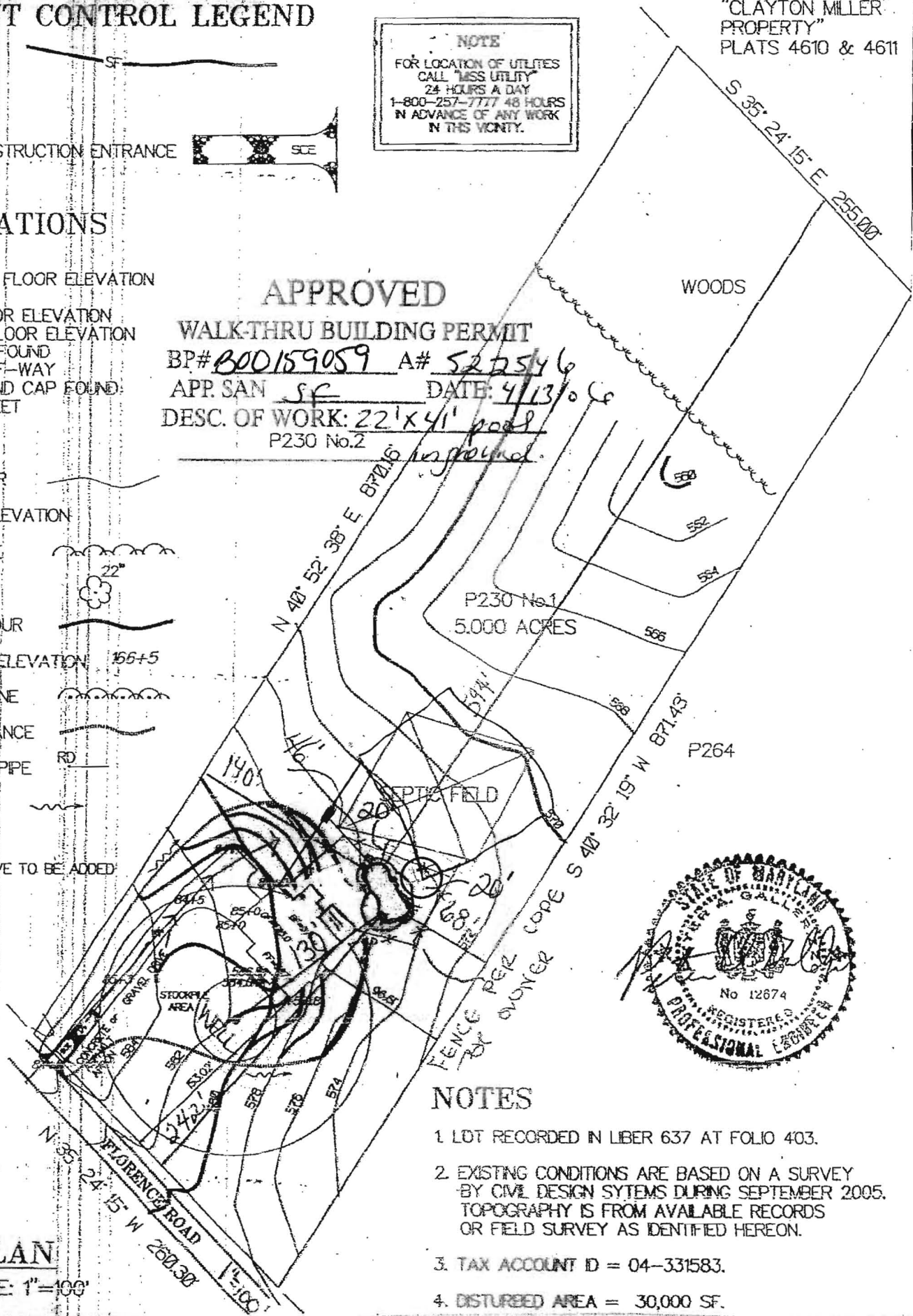
LEGEND

- EXISTING CONTOUR
 - EXISTING SPOT ELEVATION
 - EXISTING TREELINE
 - EXISTING TREE
 - PROPOSED CONTOUR
 - PROPOSED SPOT ELEVATION
 - PROPOSED TREELINE
 - LIMIT OF DISTURBANCE
 - ROOF DRAIN AND PIPE
 - FLOW PATH
- REFIX OF 5 MAY HAVE TO BE ADDED
 TO SPOT ELEVATIONS

APPROVED

WALK-THRU BUILDING PERMIT

BP# B00159059 A# 527546
 APP. SAN SF DATE: 4/13/06
 DESC. OF WORK: 22' x 41' pool
 P230 No.2



NOTES

1. LOT RECORDED IN LIBER 637 AT FOLIO 403.
2. EXISTING CONDITIONS ARE BASED ON A SURVEY BY CIVIL DESIGN SYSTEMS DURING SEPTEMBER 2005. TOPOGRAPHY IS FROM AVAILABLE RECORDS OR FIELD SURVEY AS IDENTIFIED HEREON.
3. TAX ACCOUNT ID = 04-331583.
4. DISTURBED AREA = 30,000 SF.

PLAN

SCALE: 1"=100'

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

1300156138

Building Address 3295 3301 Florence Rd
Woodbine MD 21797-7530
 Suite/Apt. #: 04-330113 SDP/WP/Petition #: _____
 Census Tract 604002 Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 13 Parcel 230 Grid 17
 Zoning R0DEP Map Coordinates 15404 Lot size 5.06A

Property Owner's Name PHILIP ROMANO
 Address 18120 HILLCREST AVE
 City OLNEY State MD Zip Code 20832
 Home Phone 301 570 7976 Work Phone 301 924 6444
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use RESIDENTIAL VACANT LOT
 Proposed Use RESIDENTIAL 1 FAMILY
 Estimated Construction Cost \$ 425,000
 Description of Work FRAMING + BRICK FRONT
CONCRETE FOUNDATION
4 BEDROOM

Contractor Company OUTIER
 Contact Person PHILIP ROMANO
 Address 18120 HILLCREST AVE
 City OLNEY State MD Zip Code 20832
 License No. _____ Phone ABOVE Fax _____

Occupant or Tenant OWNER
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone 301 570 7976 Fax _____

Engineer or Architect Company DAVID DELMAR
 Contact Person DAVID DELMAR
 Address 3411 CLANDWELL CT SUITE 201
 City OLNEY State MD Zip Code 20832
 Phone 301 774 9821 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 <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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>65'-8"</u> 2nd floor: <u>65'-4"</u> Basement: <u>65'-4"</u> 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: _____ Height: <u>35'-4"</u> 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	Water Supply: _____ <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" 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.

Philip Romano
 Applicant's Signature
 Title/Company _____

Philip Romano
 Print Name
7/22/05
 Date

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		
Dev. Engineering, DPZ		
Health	<u>10-31-05</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY IDE
Front: _____	Filing fee \$ <u>100</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ <u>1476</u>
Lot Coverage for NewTown Zone _____	Check \$ _____
SDP/Red-line approval date _____	Validation \$ <u>9720</u>



HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING
3430 Courthouse Drive + Ellicott City, Maryland 21043 + 410-313-2350

Marsha S. McLaughlin, Director

www.co.ho.md.us
FAX 410-313-3467
TDD 410-313-2323

November 22, 2005

Philip Romano
18120 Hillcrest Ave.
Olney, MD 20832

RE: **Address Correction**
Plat of Survey for Mordecai Hoseh,
Parcel 230, Parcel I
Building Permit No. B00156138

Dear Mr. Romano:

The purpose of this letter is to notify you regarding the correct street address for your property in accordance with the Howard County Street Address Grid System.

On or about September 22, 2005, an incorrect address of 3295 Florence Road, Woodbine, MD 21797 was given to your parcel for the purpose of a building permit application to construct a single-family detached dwelling. It has been brought to our attention that 3295 Florence Road is an existing address for the adjacent parcel also known as Parcel II of the Plat of Survey for Mordecai Hoseh.

Below is the correct address for your parcel (Parcel 230, Parcel I of the Plat of Survey for Mordecai Hoseh). *Please note that Parcel 230 consists of two deeded parcels: Parcel I and Parcel II, which were created by deed.*

INCORRECT ADDRESS:	3295 Florence Road
CORRECTED ADDRESS:	3299 Florence Road Tax Map 13, Grid 17, Parcel 230 (also known as the <i>Plat of Survey for Mordecai Hoseh, Parcel I</i>) Building Permit No. B00156138 Tax Account # 04-331583

12/7/05
- Do you have this file? mllb

Upon receipt of this letter, the address change will take effect. The Department of Planning and Zoning will notify the agencies as copied below.

It is essential that you use the "corrected address" so that emergency response of fire, police and medical services to your location will not be inhibited. The County's 9-1-1 system, coupled with a computer-aided-dispatch system, bases responses according to street addresses.

(over)

In accordance with Section 16.400 of the Howard County Code, "Street Names and House Numbers," all buildings (commercial and residential) must have the correct street address displayed in a conspicuous place over or near the principal entrance. The numbers must be easily legible figures not less than two inches (3") high for residential, six inches (6") high for commercial, and in a color contrasting with their background. The Department of Fire & Rescue Services recommends reflective numbers.

If you have any questions, please contact Derrick Jones at (410) 313-2350.

Sincerely,



Kent Sheubrooks
Division of Land Development

KS/dj:

CERTIFIED MAIL / RECEIPT REQUESTED

cc: Department of Finance, Water Billing
Department of Fire & Rescue Services
Tax Assessment
Department of Inspections, Licenses and Permits – Avis Corbin
Inspections Enforcement – Bonnie Harkins
Health Department
Election Board
DPZ - Graphics - Mike White
DPZ - Research
DPZ - Derrick Jones
GIS – John Bussiere
Dick Jordan
Postmaster, Woodbine 21797
Verizon
Baltimore Gas & Electric

2005 NOV 23 PM 4:28

EX-112 2005