

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

BO6000329

Building Address 11608^{est} W. Winchester LN
03-283585

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

Census Tract _____ Subdivision Kings Gift

Section _____ Area _____ Lot 27

Tax Map 16 Parcel 344 Grid 8

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name GARY BERNARD

Address 3327 GOVERNOR HOWARD DR

City ELICOTT CITY State MD Zip Code 21043

Home Phone 410-203-0243 Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD

Estimated Construction Cost \$ 24K

Description of Work Garage 24x24'8"

Contractor Company SELF

Contact Person _____

Address SAME

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

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 Characteristics

SF Dwelling SF Townhouse
 Depth _____ Width _____

1st floor: _____

2nd floor: _____

Basement:
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 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

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.

[Signature]
Applicant's Signature

[Signature]
Title/Company

GARY BERNARD
Print Name

22 JUNE 06
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>6/24/06</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

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

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

FOR SEWER SERVICE
Public water

APPROVED
W/NO PLUMBING LOT 27 AC.
W/NO PLUMBING
DATE: 07/22/06
A# 51043
KN 50225

N19°05'30"E

659.74

S19°05'30"W

530

S70°54'30"E 488.60

EX. WELL
(abandoned)

12" PROPOSED DRIVE

GAR
FF=546.00
BE=537.00

B.R.L.

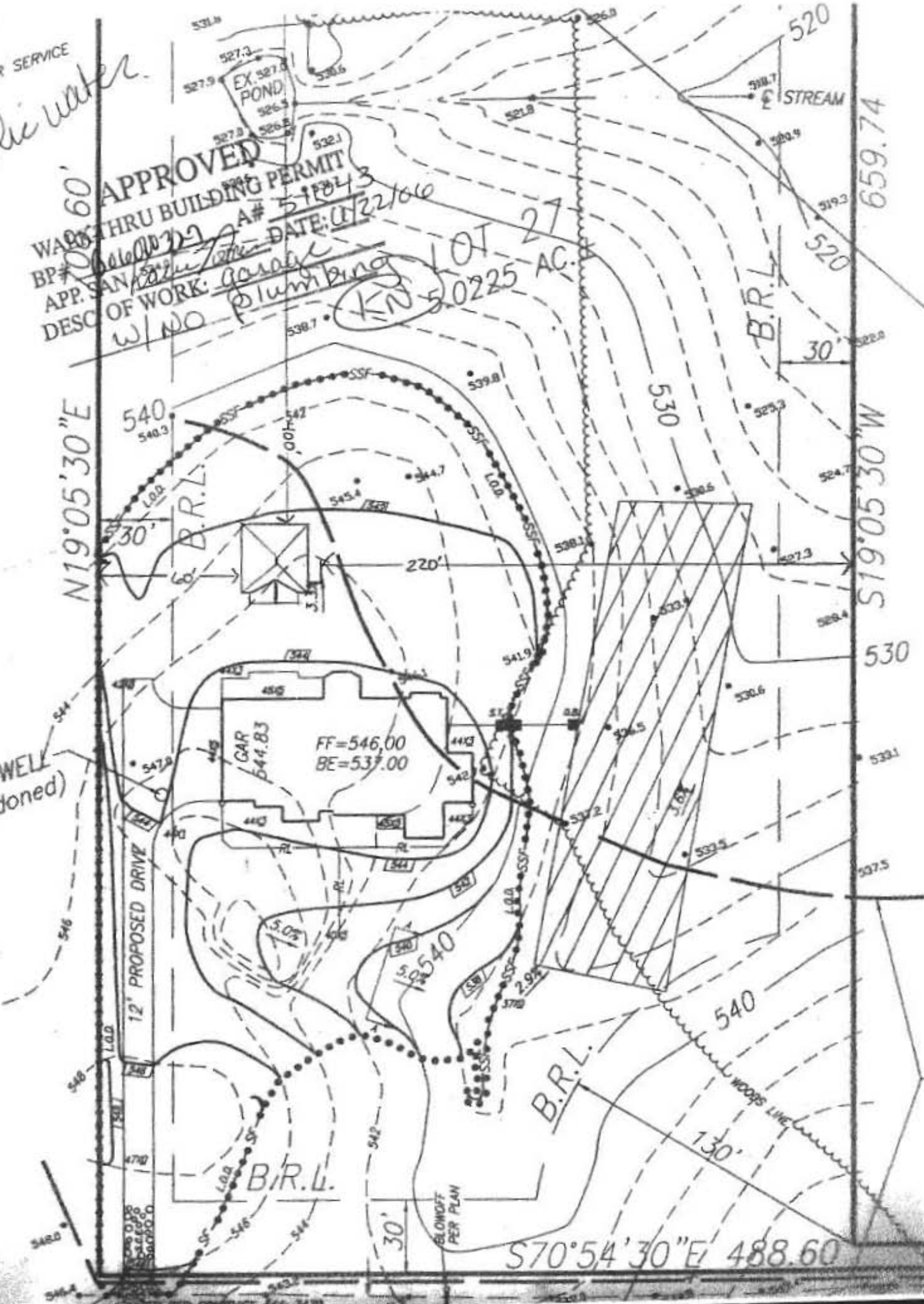
B.R.L.

540

130'

BLOWOFF
PER PLAN

WOODS LINE



**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

Building Address 11608 W. Winchester Ln.
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision Kings Gift
 Section _____ Area 1 Lot 27
 Tax Map 16 Parcel 344 Grid 8
 Zoning _____ Map Coordinates 10-43 Lot size 5.02 AC

Property Owner's Name Gary & Kimberly Bernard
 Address 11608 W. Winchester Ln.
 City Ellicott City State MD Zip Code 21042
 Home Phone 443/535-9490 Work Phone 410/499-6542
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 62,000.00
 Description of Work Inground Gunite
Swimming Pool 20' x 40' 800 #

Contractor Company Backyard Creations
 Contact Person Linda Braun/Mark Hedwell
 Address 1560-A Tilco Dr.
 City Frederick State MD Zip Code 21704
 License No. 40139
 Phone 301/668-4420 Fax 301/668-4416

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 checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Construction type: _____	Heating System: _____
Reinforced Concrete _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Structural Steel _____	Natural Gas <input type="checkbox"/>
Masonry _____	Propane Gas <input checked="" type="checkbox"/>
Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/>
State Certified Modular _____	Full _____
	Partial _____
	Other Suppression _____
	# of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Electric: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms: _____	Propane Gas <input checked="" type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: N/A <input type="checkbox"/>
No. of efficiency units: _____	NFPA #13D _____
No. of 1 BR units: _____	NFPA #13R _____
No. of 2 BR units: _____	Other: _____
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
State Certified Modular _____	
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 HEREON; (4) THAT HE/SHE WILL INFORM HIS/HER ALL APPLICABLE AGENCIES OF ANY CHANGES TO THE ABOVE DESCRIBED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING AND VERIFYING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]
 Director of Sales
 Title/Company _____

Print Name Mark Hedwell
 Date 2-7-07

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

AGENCY	DATE	SIGNATURE APPROVAL
Lead Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>2/8/07</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 ID#
Front: _____	Filing fee \$ _____
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 Entrances 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 \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____
	Accepted by _____

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

GARY BERNARD

THE PROPERTY SHOWN HEREON LIES IN ZONE C AS SHOWN ON FLOOD INSURANCE RATE MAP NO: 240044 0016 B DATED: DEC. 4, 1986

U.S. ROUTE 40 (R/W WIDTH VARIES) R=3669.72 L=307.56

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# 511043

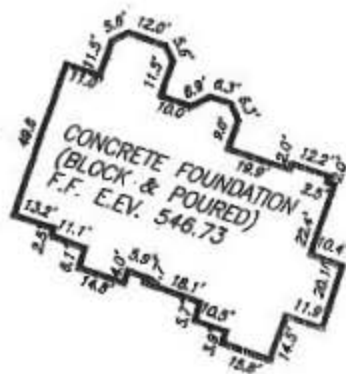
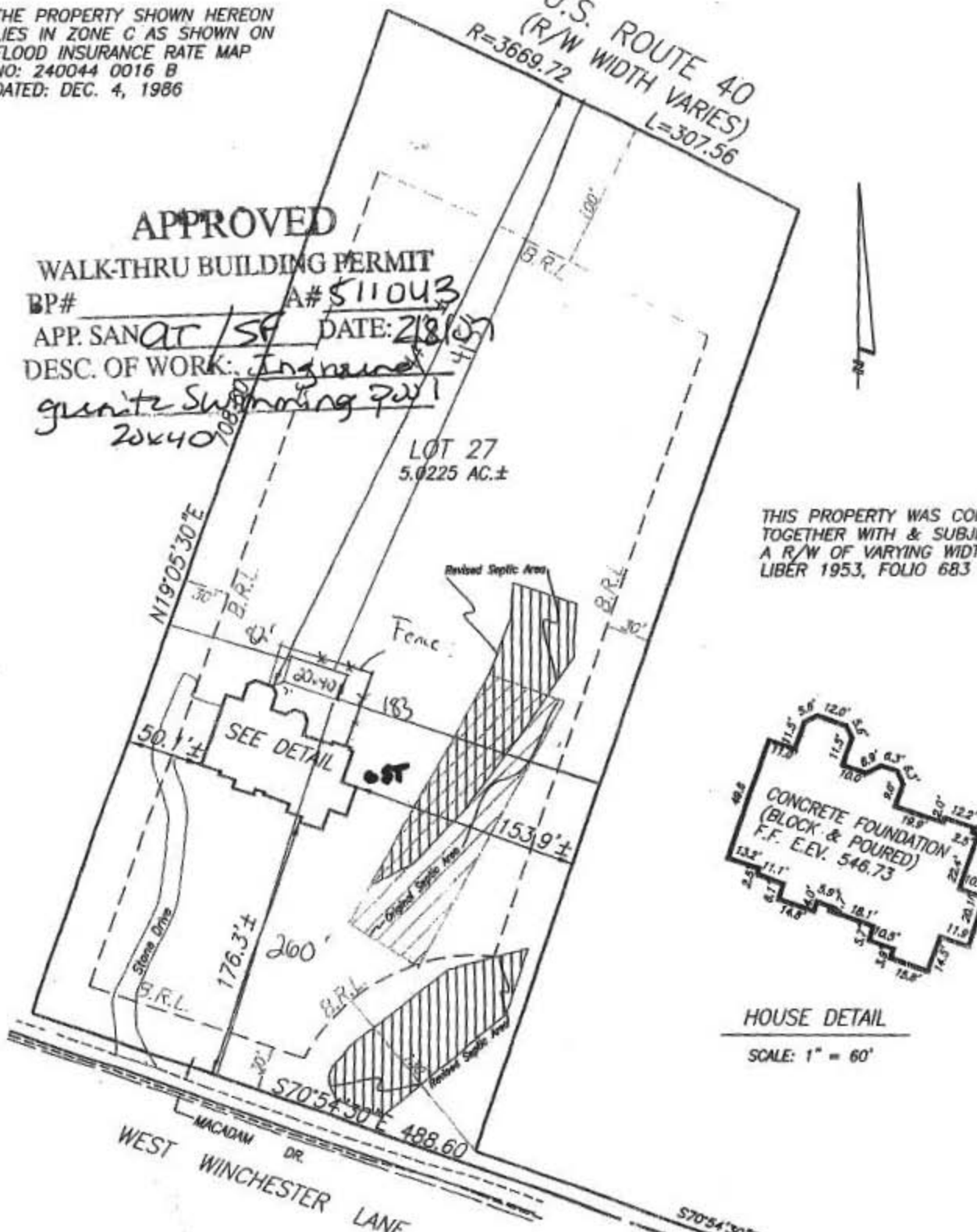
APP. SANAT / SF DATE: 2/8/07

DESC. OF WORK: Inground

granite Swimming Pool
20x40

LOT 27
5.0225 AC.±

THIS PROPERTY WAS CONVEYED TOGETHER WITH & SUBJECT TO A R/W OF VARYING WIDTH IN LIBER 1953, FOLIO 683



HOUSE DETAIL

SCALE: 1" = 60'

MACADAM DR
WEST WINCHESTER LANE

Backyard Creations, Inc.
Gary Bernard
11608 W. Winchester Lane
Ellicott City, MD 21042
Map: Howard 19-H3

NOTES:

- 1. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR REFINANCING.
- 2. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES BUILDINGS, POOLS, BUILDING ADDITIONS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
- 3. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
- 4. ACCURACY OF BUILDING MEASUREMENTS: 0.1'
- 5. ACCURACY OF SETBACK DIMENSIONS: 0.4'

I HEREBY CERTIFY THAT I HAVE LOCATED THE IMPROVEMENTS AS SHOWN. THIS PLAT DOES NOT REPRESENT A BOUNDARY SURVEY AND CANNOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

SHANABERGER & ASSOCIATES
8726 TOWN AND COUNTRY BLVD
SUITE 201
ELLICOTT CITY, MD. 21043
(410)461-9563 FAX:461-9693



LOCATION DRAWING
LOT 27
KINGS GIFT

DEED REFERENCE: L.8229/F.90

ELECTION DISTRICT: 6TH COUNTY: HOWARD

SCALE: 1"=100' DATE: JULY 12, 2005

DATE OF LATEST FIELD WORK: 7/08/05

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

000151961

Building Address 1608 WEST WINCHESTER LAKE
ELLSWORTH CITY MD 21112
Suite/Apt. # 03-28358 SDP/WP/Petition #: _____
Census Tract 6030 Subdivision KINGS GREEN
Section _____ Area _____ Lot #27
Tax Map 16 Parcel 344 Grid 9
Zoning R1050 Map Coordinates 1054 Lot size 5,000

Property Owner's Name GARY BERVALD
Address 3227 CUMMERS HOWARD DR
City ELLSWORTH CITY State MD Zip Code 21113
Home Phone 410 203 0243 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use VACANT
Proposed Use NEW SFD
Estimated Construction Cost \$ 900,000
Description of Work NEW CUSTOM SFD
4 BR. 4 1/2 BATH & PART FINISHED
BASEMENT W/RT. ATTACHED 3CAR GARAGE

Contractor Company BAUER BAYER CONST.
Contact Person JEFF BAYER
Address 8920 DOGWOOD RD
City FAIRFAX State MD Zip Code 21244
License No. 564
Phone 410-319-9551 Fax _____

Occupant or Tenant OWNER COVERED PATIO
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 <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <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"/> Fall <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>67</u> <u>76</u> 2nd floor: <u>57</u> <u>56</u> Basement: <u>67'9"</u> <u>76"</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>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: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Water Supply: _____ Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> NFPA #13D <input checked="" 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 THEREIN, (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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK SUBMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]
OWNER
Title/Company _____

Print Name GARY BERVALD
1-19-05 1-19-05
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>64492</u>
State Highways			Rear: _____	Filing fee \$ <u>100</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
Health	<u>5/19/05</u>	<u>[Signature]</u>	All minimum setbacks met? <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required? <input type="checkbox"/>	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Historic District? <input type="checkbox"/>	Check # <u>2018</u>
ONE STOP SHOP <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
			Lot Coverage for New Town Zone _____	
			SDP/Red-size approval date _____	Accepted by _____

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



DEPARTMENT OF PLANNING & ZONING

Joseph W. Rutter, Jr., Director

February 21, 2003

Mr. and Mrs. Armando Seay
5702 Yellowrose Court
Columbia, MD 21045

**RE: Address Change
King's Gift**

Dear Mr. and Mrs. Seay:

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.

The King's Gift association has requested issuance of private names and addresses. In accordance with this request, we are changing your address as follows:

OLD/INCORRECT ADDRESS:	11746 Frederick Road
NEW/CORRECTED ADDRESS:	11608 West Winchester Lane 88-1073 Map 16, Grid 8, Parcel 344, Lot 27 Licenses & Permits Property ID # n/a Tax Account # 03-283585

NOT INDEXED
FILE corrected
WILL LOG "L"

This address change will take effect **April 7, 2003**. The Department of Planning and Zoning will notify the agencies as copied below.

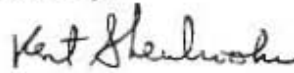
It is essential that you use the "corrected address" so that emergency response of fire, police and medical services to your location will not be inhibited. The County bases responses according to street addresses.

(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 (2") high and in a color contrasting with their background. The Department of Fire & Rescue Services recommends reflective numbers.

If you have any questions, please contact Richard Jordan at (410) 313-3425, or e-mail him at rjordan@co.ho.md.us.

Sincerely,



L. Kent Sheubrooks
Division of Land Development

LKS: RIJ: j
File: 11608 West Winchester Ln

CERTIFIED MAIL / RECEIPT REQUESTED

cc: Department of Finance, Water Billing
Department of Fire & Rescue Services
Tax Assessments
Department of Inspections, Licenses and Permits
Inspections Enforcement - Brenda Saucedo
Health Department
Election Board
DPZ - Graphics - Mike White
DPZ - Research
DPZ - Derrick Jones
DPZ - Development Engineering Div., Land Dev.
GIS - John Bussiere

Postmaster, Ellicott City MD 21042-9998
Verizon
Baltimore Gas & Electric