## COMPLETE THIS FORM WHEN DROPPING OFF ANY CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:

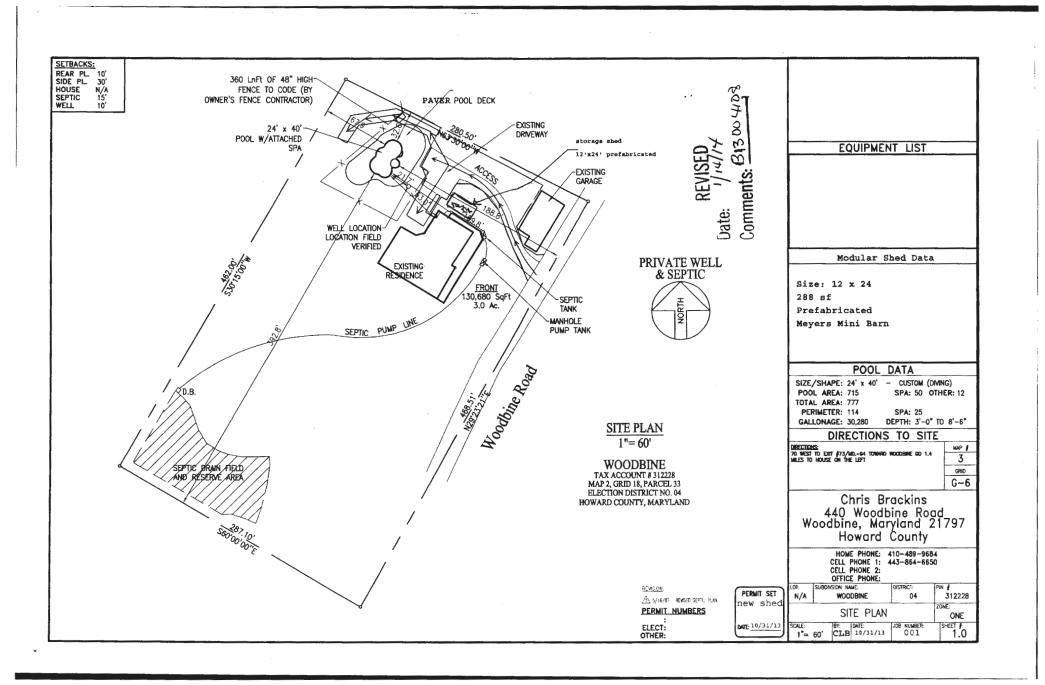
Date:	1-14-14	
To:	1-14-14 PLAN REVIEW	
	(Person's Name and Division)	
From:	CHRis Brack, ~S ()	
	(Your Name, Company Name and Telephone Number)	
Subject	Project name $\underline{She O}$ $(\underline{P}: \langle FA \ \ell \in \Lambda \rangle) (\underline{I} \times \underline{z} y)$	
	Project name <u><math>5hcO</math></u> ( $P:eFAe-A$ ) ( $12 \times 24$ ) Project site address <u><math>440 \times 070B_{1} \times e^{RO}</math></u> $W = 00B_{1} \times e^{RO}$ <b>Permit Number</b> <u><math>B13004107</math></u> SDP #	2(17)
	Permit Number         B13004108         SDP#	
	Permit Number       BI300410 b       SDP #         Other information pertinent to this project       Rect CocATed       Sheet       LocATion         e check the attachments below that you are submitting with this transmittal:         Lotation       Constants       LocATed       LocATion	As per Annethe (2-NW)
✓ <u>Pleas</u>	e check the attachments below that you are submitting with this transmittal:	
	Letter of response to Howard County plan review code letter	
$\checkmark$	Revised plans and/or revised details: When submitting for a complete re-review, duplicate set	s shall be submitted.
	Revised plans and/or revised details: When submitting for a complete re-review, duplicate set Structural steel certification $+$ Revised plot plan per DPZ $\times$	
	Energy conservation calculations	
	Certification for (be specific).	
	Copies of (be specific).	
	Two sets of single family dwelling model plans to be placed on permanent file: Model name an	1d/or #
	Other	
•	Is there anyone else that should be contacted regarding this project if there are questions?	
	If so, please list that person's name and telephone number below:	
	()	
	(Person's name) ((Telephone number)	
NECES INFOR INSPE THE E SIGNA	E ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY <u>SIGN</u> SSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED T MATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. TH CTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL TORY AGENCIES, AND THE BUILDING PERMIT <u>IS</u> READY FOR ISSUANCE, THE PER Y THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STAT	HAT INSUFFICIENT HE DEPARTMENT OF IN ADDITION, ONCE OTHER REQUIRED RMIT DIVISION WILL

NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

UMan Received by

white: Plan Review Division yellow: Applicant pink: Permit Division

t:\Updated forms\transmit.frm - Rev. 5/08





Building Permit Application Howard County Maryland Department of Inspections, Licenses and Permits 3430 Court House Drive Permits: 410-313-2455

Date Received:

Permit No.:

Building Address: 440 V	Voodbi	ne Rd		Property Owner's Name: C	hris Bra	ackins
tity: Woodbine			1797	Address: 440 Wood	bine Rd	
				City: Woodbine Phone: 443-864-66	State: MD	Zip Code: 21797
uite/Apt. #				Email: brackins21	797@vaho	ax: 410-489-9684
Census Tract:		Subdivision:		Email: Discontinue		01001
Section:	Area	Lot:		Applicant's Name & Mailing	Address, (If o	ther than stated herein)
Гах Мар: _2				Applicant's Name:		
				Address:		
Coning: residential Map	Coordinat	es: 2 grid 18 Lot Siz	e: Sacres	City: Phone:	_ State:	Zip Code:
Existing Use: new st	ructu	ro		Email:	FdX.	
xisting Use:	- aba	3				
Proposed Use: Storag				Contractor Company:		
stimated Construction Cost:				Contact Person:		
Description of Work: purcha	sed pref	abricated shed from	Meyers Mini	Address:		77.0.1
barn 12'x24' storage s				City:Sta		Zip Code:
the shed is used to st				License No. : Phone:		
		ICYCIES		Email:	FdX.	-
Occupant or Tenant: N	/A			LIIION-		
Was tenant space previously		□Yes	□No	Engineer/Architect Company	<i>I</i> :	
Contact Name:				Responsible Design Prof.:		
Address:				Address:		
City:	S	itate: Zip Code:		City:Sta	ste:	Zip Code:
hone:		Fax:		Phone:		
Email:						
				Email:		
Commercial Building Charac	teristics	Residential Building Cl	haracteristics	Utilities		
Height:		SF Dwelling SF To		Water Supply		效的方法必须利用的约约是
No. of stories:		Depth	Width	Public		Mary Station 12
Gross area, sq. ft./floor:		1 <sup>st</sup> floor:		Private		
Area of construction (sq. ft.):		2 <sup>nd</sup> floor: Basement:		Sewage Dispos	al	19月1日的日本月4月4日的19月
Area of construction (sq. it.).		Finished Basement		D Public		
Use group:		Unfinished Basement	t	Private		
		Crawl Space			No	
Construction type:		Slab on Grade			No	
Reinforced Concrete		No. of Bedrooms:		Heating System		
Structural Steel     Masonry		Multi-family Du No. of efficiency units:	velling	Electric Oil		
Wood Frame		No. of 1 BR units:		Natural Gas Propar	e Gas	
State Certified Modular		No. of 2 BR units:		Other:		
		No. of 3 BR units:		Sprinkler Syster	m:	
		Other Structure: stora	ge Shed	Ves ZNo		
		Dimensions: 12 'x	24			
Roadside Tree Project P		Footings: none Roof: Shingle		Grading Per	mit Number:	1.1212 (PPMC) (中世紀)(新日本山市)(新東市) 
Noadside Tree Project Per		State Certified Modu	lar	Graung Per		
toauside mee Project Per	THE TANK	Manufactured Home	The second s	Building Shell Per	mit Number:	
						L
	SAND AGREE	S AS FOLLOWS: (1) THAT HE/SHI	E IS AUTHORIZED TO	MAKE THIS APPLICATION; (2) THAT THE II	NFORMATION IS CO	DRRECT; (3) THAT HE/SHE WILL CO
				ILL PERFORM NO WORK ON THE ABOVE ERTY FOR THE PURPOSE OF INSPECTING		
WITH ALL REGULATIONS OF HOWARD						
WITH ALL REGULATIONS OF HOWARD THIS APPLICATION; (S) THAT HE/SHE (			(	Christopher L Bra	ICKINS	
WITH ALL REGULATIONS OF HOWARD			(	Infistopher L Bra IntName	ICKINS	
WITH ALL REGULATIONS OF HOWARI THIS APPLICATION; (S) THAT HE/SHE ( Applicant's Signature	GRANTS COUN		Pr	Infistopher L Bra Int Name Nov 2, 2013	ICKINS	
WITH ALL REGULATIONS OF HOWARI HIS APPLICATION; (5) THAT HE/SHE ( Applicant's Signature brackins21797@ Email Address	grants cour	.com	- Pr	int Name	ICKINS	
with all regulations of howard his application; (s) that he/she ( Applicant's Signature brackins21797@	grants cour	.com	- Pr	intName Nov 2, 2013		
VITH ALL REGULATIONS OF HOWARI HIS APPLICATION; (S) THAT HE/SHE ( Applicant's Signature Drackins21797@ Email Address OWNET / r	grants cour	.com	- Pr	intName Nov 2, 2013	ICKINS	
WITH ALL REGULATIONS OF HOWARI HIS APPLICATION; (S) THAT HE/SHE ( Applicant's Signature brackins21797@ Email Address OWNET / r	grants cour	. COM Int Checks Payable	- Pr	IND V 2, 2013 Ste		
WITH ALL REGULATIONS OF HOWARI HIS APPLICATION; (5) THAT HE/SHE ( Applicant's Signature brackins21797@ Email Address	grants cour	. COM Int Checks Payable	to: DIRECTOR OF F	INDV 2, 2013 THE INANCE OF HOWARD COUNTY ATLY & LEGIBLY®®	ICKINS	
virth ALL REGULATIONS OF HOWARI HIS APPLICATION; (S) THAT HE/SHE ( Applicant's Signature brackins21797@ Email Address Owner / r Tritle/Compony	yahoo.	. com nt Checks Payable	to: DIRECTOR OF F PIEASE WRITE NEW FOR OFFICE	INT Name Nov 2, 2013 Ste INANCE OF HOWARD COUNTY ATLY & LEGIELY** USE ONLY		
vith ALL REGULATIONS OF HOWARI HIS APPLICATION; (S) THAT HE/SHE ( Applicant's Signature brackins21797@ Email Address Owner / r Title/Compony	yahoo.	. COM Int Checks Payable	To To: DIRECTOR OF F PLEASE WRITE NE/ FOR OFFICE PLEASE WRITE NE/ PLEASE WRITE	INDV 2, 2013 THE INANCE OF HOWARD COUNTY ATLY & LEGIBLY®®	Filing Fee	<u> </u>   <u>5</u>
VITH ALL REGULATIONS OF HOWARI HIS APPLICATION; (S) THAT HE/SHE ( Applicant's Signature brackins21797@ Email Address Owner / r Title/Compony	yahoo.	. com nt Checks Payable	to: DIRECTOR OF F PIEASE WRITE NEW FOR OFFICE	INT Name Nov 2, 2013 Ste INANCE OF HOWARD COUNTY ATLY & LEGIELY** USE ONLY		\$ \$ \$
VITH ALL REGULATIONS OF HOWARI HIS APPLICATION; (S) THAT HE/SHE C Applicant's Signature brackins21797@ Email Address OWNEY / r Title/Compony	yahoo.	. com nt Checks Payable	to: DIRECTOR OF F PIEASE WRITE NE FOR OFFICE DPZ SETBACK Front: Rear: Side:	INT Name Nov 2, 2013 Ste INANCE OF HOWARD COUNTY ATLY & LEGIELY** USE ONLY	Filing Fee Permit Fee Tech Fee Excise Tax	\$
WITH ALL REGULATIONS OF HOWARI HIS APPLICATION; (S) THAT HE/SHE ( Applicant's Signature brackins21797@ Email Address OWNEY / T Title/Compony	yahoo.	. com nt Checks Payable	to: DIRECTOR OF F PILEASE WRITE NE FOR OFFICE DPZ SETBACK Front: Rear: Side: Side: Side St.:	Int Name Nov 2, 2013 Site INANCE OF HOWARD COUNTY ATLY & LEGITIC USE ONLY INFORMATION	Filing Fee Permit Fee Tech Fee Excise Tax PSFS	\$ \$ \$
WITH ALL REGULATIONS OF HOWARI HIS APPLICATION; (S) THAT HE/SHE ( Applicant's Signature brackins21797@ Email Address OWNEY / I Title/Compony State Highways Building Officials PSZA (Zoning)	yahoo.	. com nt Checks Payable	to: DIRECTOR OF F PIEASE WRITE NEL FOR OFFICE DPZ SETBACK Front: Rear: Side: Side St.: All minimum	INT Name NOV 2, 2013 The INANCE OF HOWARD COUNTY ATLY & LEGBLY** USE ONLY Setbacks met? Yes No	Filing Fee Permit Fee Tech Fee Excise Tax PSF5 Guaranty F	\$ \$ \$ und \$
VITH ALL REGULATIONS OF HOWARI HIS APPLICATION; (S) THAT HE/SHE ( Applicant's Signature brackins21797@ Email Address OWNEY / Y Title/Compony AGENCY I State Highways Building Officials	yahoo.	. com nt Checks Payable	to: DIRECTOR OF F PIEASE WRITE NEL FOR OFFICE DPZ SETBACK Front: Rear: Side: Side St.: All minimum	Int Name Nov 2, 2013 The INANCE OF HOWARD COUNTY ATLY & LEGIBLY** USE ONLY Setbacks met? Yes No ermit Required? Yes No	Filing Fee Permit Fee Tech Fee Excise Tax PSFS	\$ \$ \$ und \$

CONTINGENCY CONSTRUCTION START

T:\Operations\Updated Forms\Building appImp 8.2012.docx

Distribution of Copies: White: Building Officials

Green: PSZA,Zoning

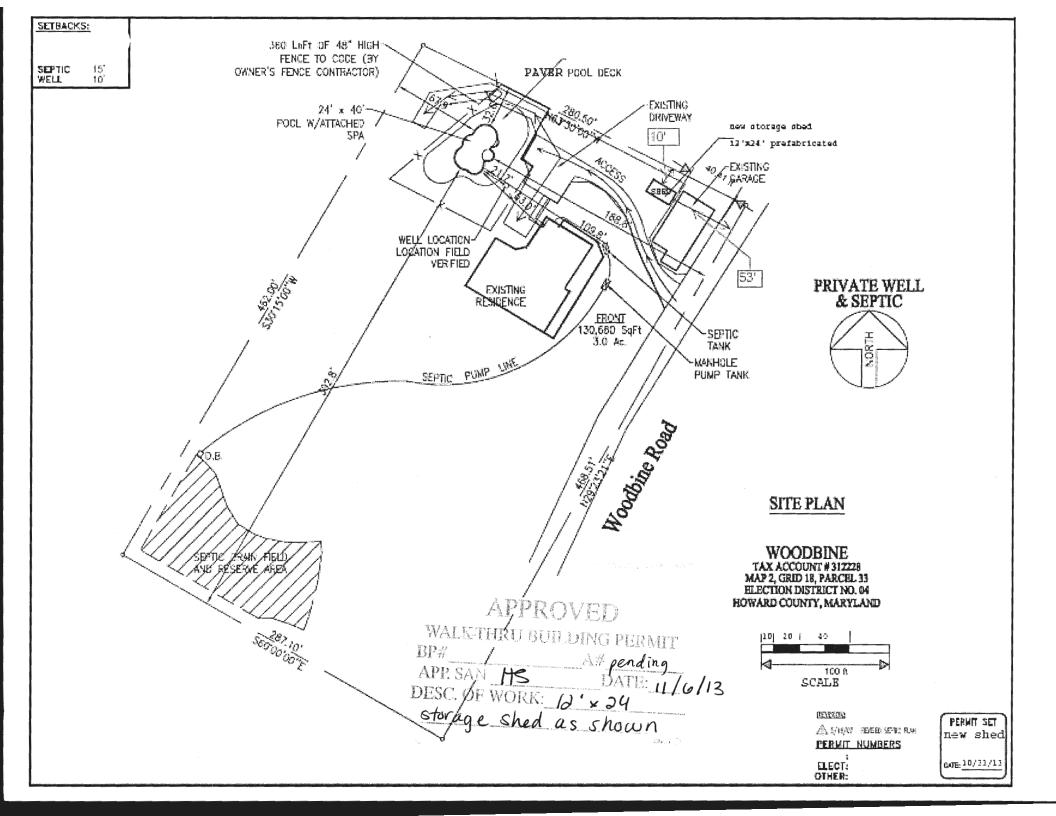
Yellow: PSZA, Engineering

Pink: Health

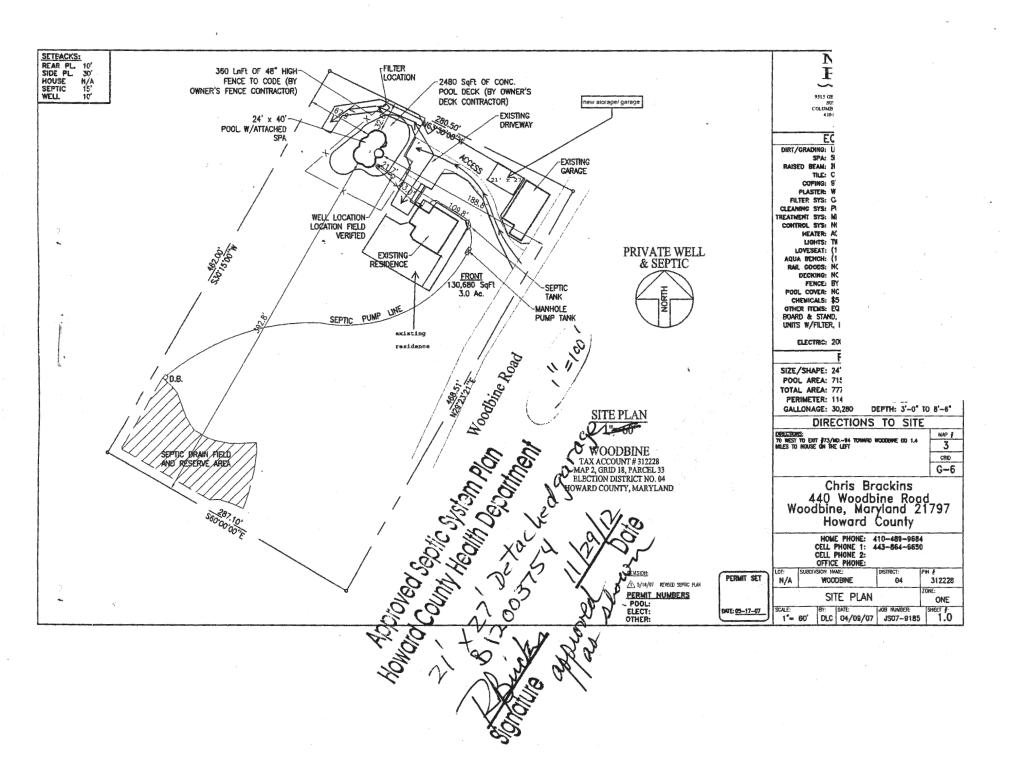
Check

Gold: SHA

#



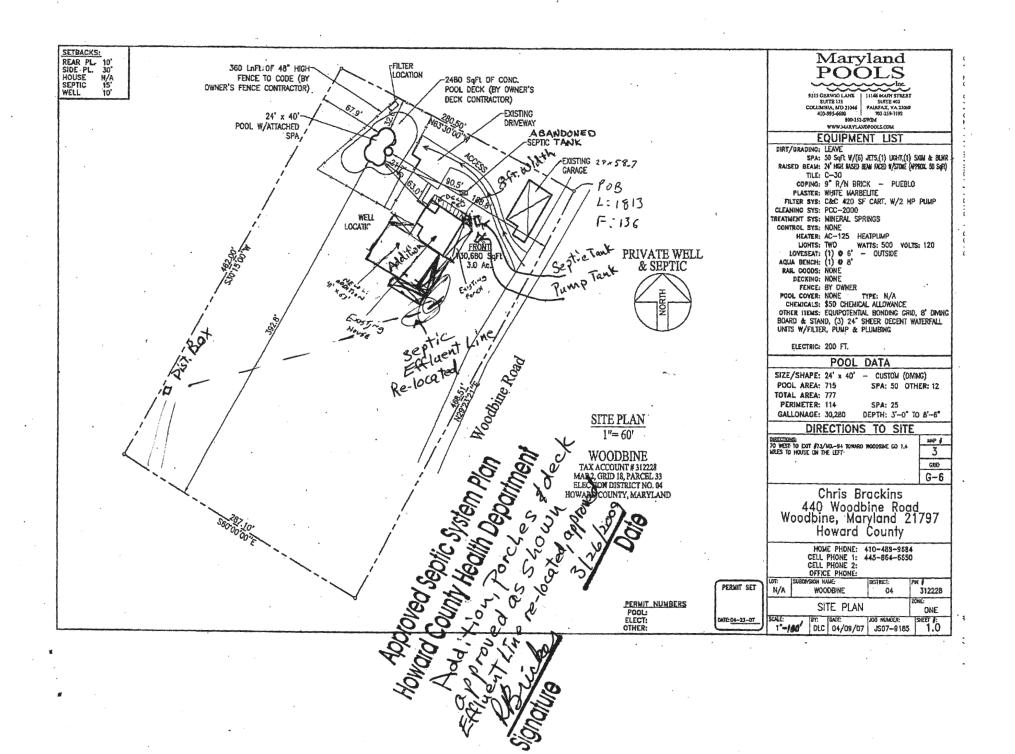
Here in the second	Departmen	Howard	Licenses and Permits use Drive 313-2455 Intymd.gov Pe	ermit No.:	B1200375
Building Address: <u>440 Woo</u>			Property Owner's Name:	this Br	ACKLINS
City: Was Brus State:	Zip Code:		Address: 440 Wood	tata MAD	Zip Code: 2192
Suite/Apt. #SDP	/WP/BA #:		Phone: 443 864 6	STO Fai	
Census Tract:			Email:		
			A	d.d	
Section: Area			Applicant's Name & Mailing A Applicant's Name:		
Fax Map: Parcel:	Grid:	[	Address: 12329 SHA	runovo to	mest Drive
Coning: Map Coordinat	tes: Lot Size	:	City: MT AIRY	State:	Zip Code: 2/77/
- 120			Phone: 240-626 6145 Email: DAmens Co	Fax:	2 P Comeast and
xisting Use: SFD					
Proposed Use: / Games			Contractor Company:		
stimated Construction Cost: \$ 🐴 1	•		Contact Person: Address:		
Description of Work: <u>Build 2</u>	CAR GAMAN	an		e:	Zip Code:
ENSTRUG SLAB		tetached	License No. : MHC	12348	7
			Phone:		
Decupant or Tenant:	ann Barris	<u> </u>	Email:		
Vas tenant space previously occupied?		⊡No	Engineer/Architect Company:		
Contact Name: Dan m			Responsible Design Prof.:		
ddress: 12329 SMEen	ous Foner	Dans	Address:		
ity: MT AIRY	State: MO Zip Code:	ZITI	City:State		
hone: 240-626-6145			Phone:		
mail: DAMONE _ CON					
	- to silan & ca	Smotten	Email:		
Commercial Building Characteristics	Residential Building Cha		Utilities		
leight:	SF Dwelling SF Tow	nhouse	Water Supply		
No. of stories:	Depth	Width	Public		
Gross area, sq. ft./floor:	1 <sup>st</sup> floor: <b>ZI-O</b>	27-0	Private	5	
man of construction (sq. ft.):	2 moor: Basement:		Sewage Disposal		
	C Finished Basement		Public		
Jse group:	Unfinished Basement		El Private	25	
	Crawl Space			No	
Construction type:	and an an and and				
Construction type:	No. of Bedrooms:	111		No	
Reinforced Concrete     Structural Steel	Multi-family Dwe	elling	Heating System	No	
Reinforced Concrete     Structural Steel     Masonry	Multi-family Dwe No. of efficiency units:		Heating System		
Reinforced Concrete  Structural Steel Masonry Wood Frame	<u>Multi-family Dwe</u> No. of efficiency units: No. of 1 BR units:		Heating System           Electric         Oil           Natural Gas         Propane		
Reinforced Concrete  Structural Steel Masonry Wood Frame	Multi-family Dwe No. of efficiency units:		Heating System Electric OII Natural Gas Propane Other:		
Reinforced Concrete  Structural Steel Masonry Wood Frame	Multi-family Dwe No. of efficiency units: No. of 1 BR units: No. of 2 BR units:	elling	Heating System Electric Oil Natural Gas Propane Other: Sprinkler System:		
Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular	Multi-family Dwe No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions:		Heating System Electric OII Natural Gas Propane Other:		
Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular Roadside Tree Project Permit	<u>Multi-family Dwe</u> No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure; Dimensions: Footings:		Heating System         Electric       Oil         Natural Gas       Propane         Other:       SprInkler System:         Yes       No	Gas	
Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular Roadside Tree Project Permit	Multi-family Dwe No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof:		Heating System Electric Oil Natural Gas Propane Other: Sprinkler System:	Gas	
Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular Roadside Tree Project Permit	<u>Multi-family Dwe</u> No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure; Dimensions: Footings:		Heating System       Electric     Oil       Natural Gas     Propane       Other:     SprInkler System:       Yes     No	Gas it Number:	
Reinforced Concrete  Structural Steel  Masonry  Wood Frame State Certified Modular  Roadside Tree Project Permit  Fyes Roadside Tree Project Permit  Au Roadside Tree Project Permit  Hau Regulations of Howard columny w His Arm (Cation; (s) THAT Hysins Gravits coul  Count of the State Certifies and Agree  Roadside Tree Project Permit  Count of the State Certifies and Agree  Roadside Tree Project Permit  Au Roadside Tree Project  Au Roadside Tree  Au Road	Multi-family Dwe No. of efficiency units: No. of 1 BR units: No. of 2 BR units: Other Structure: Dimensions: Footings: Roof: State Certified Modula Manufactured Home Stas FOLLOWS: (1) THAT HE/SHE I HICH ARE APPLICABLE THERTO; NTY OFFICIALS THE RIGHT TO ENTE	IS AUTHORIZED TO MAR (4) THAT HE/SHE WILL ER ONTO THIS PROTECT Print COMPART JO DIRECTOR OF FINA	Heating System         Electric       Oil         Natural Gas       Propane         Other:       Sprinkler System:         Yes       No         Grading Permi       Building Shell Permi         Building Shell Permi       Building Shell Permi         No       Grading Permi         Building Shell Permi       Building Shell Permi         No       Grading Permi         Building Shell Permi       Building Shell Permi         Nake THE PURPOSE of Inspective The PURPOSE of	Gas it Number: it Number: it Number:	IRECT; (3) THAT HE/SHE WILL COMPI
Reinforced Concrete  Structural Steel  Masonry  Wood Frame State Certified Modular  Roadside Tree Project Permit  Yes  Roadside Tree Project Permit  Additional State  He UNDERSIGNED HEREBY CERTIFIES AND AGREE  HALL REGULATIONS OF HOWARD COUNTY W  HI APPLICATION: (S) THAT HOM STRUCTURE  Roadside Tree Project Permit: 3  Title/Company	Multi-family Dwe No. of efficiency units: No. of 1 BR units: No. of 2 BR units: Other Structure: Dimensions: Footings: Roof: State Certified Modula Manufactured Home Stas FOLLOWS: (1) THAT HE/SHE I HICH ARE APPLICABLE THERTO; NTY OFFICIALS THE RIGHT TO ENTE	IS AUTHORIZED TO MA IS AUTHORIZED TO MA IS AUTHORIZED TO MA IS AUTHORIZED TO MA PTIN COMPARENT DIRECTOR OF FIN. LEASE WRITE NEATL FOR OFFICE U DPZ SETBACK IN	Heating System         Electric       Oil         Natural Gas       Propane         Other:       Sprinkler System:         Yes       No         Grading Permi       Building Shell Permi         Building Shell Permi       Building Shell Permi         Reform No WORK ON THE ABOVE RE       Propane of the purpose of Inspective of The Second The Purpose of The Purp	Gas it Number: it Number: it Number: ORMATION IS COR EFFERENCED PROPI E WORK PERMITTE WORK PERMITTE Filling Fee	IRECT; (3) THAT HE/SHE WILL COMPI TRECT; (3) THAT HE/SHE WILL COMPI ED AND POSTING NOTICES.
Reinforced Concrete  Structural Steel  Masonry  Wood Frame State Certified Modular  Roadside Tree Project Permit  Yes  Roadside Tree Project Permit a  He UNDERSIGNED HEREBY CERTIFIES AND AGREE  H ALL REGULATIONS OF HOWARD COUNTY W HIS ADVICATION; (S) THAT H STREMMIS COUNTY  Tribulations  Title/Company	Multi-family Dwe 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 Modula Manufactured Home Stas FOLLOWS: (1) THAT HE/SHE I HICH ARE APPLICABLE THERTO; NTY OFFICIALS THE RIGHT TO ENTER- Checks Payable to "Pla	IS AUTHORIZED TO MA (4) THAT HE/SHE WILL ER ONTO THIS PROTECT PTIN COMPARENT DIRECTOR OF FINIL LEASE WRITE NEATI FOR OFFICE U DPZ SETBACK IN Front:	Heating System         Electric       Oil         Natural Gas       Propane         Other:       Sprinkler System:         Yes       No         Grading Permi       Building Shell Permi         Building Shell Permi       Building Shell Permi         Reform No WORK ON THE ABOVE RE       Propane of the purpose of Inspective of The Second The Purpose of The Purp	Gas it Number: it Number: it Number: ORMATION IS COR E WORK PERMITTE	IRECT; (3) THAT HE/SHE WILL COMPLEXITY NOT SPECIFICALLY DESCRIBED 1 D AND POSTING NOTICES.
Reinforced Concrete  Structural Steel  Masonry  Wood Frame State Certified Modular  Roadside Tree Project Permit  Yes: No Roadside Tree Project Permit  No Roadside Tree Project Permit  Haungenet State Certifies and Agree  Haungenet Signature  Concrete  Address  AGENCY DATE SIG	Multi-family Dwe 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 Modula Manufactured Home Stas FOLLOWS: (1) THAT HE/SHE I HICH ARE APPLICABLE THERTO; NTY OFFICIALS THE RIGHT TO ENTER- Checks Payable to "Pla	IS AUTHORIZED TO MA IS AUTHORIZED TO MA IS AUTHORIZED TO MA IS AUTHORIZED TO MA PTIN COMPARENT DIRECTOR OF FIN. LEASE WRITE NEATL FOR OFFICE U DPZ SETBACK IN	Heating System         Electric       Oil         Natural Gas       Propane         Other:       Sprinkler System:         Yes       No         Grading Permi       Building Shell Permi         Building Shell Permi       Building Shell Permi         Reform No WORK ON THE ABOVE RE       Propane of the purpose of Inspective of The Second The Purpose of The Purp	Gas it Number: it Number: it Number: ORMATION IS COP E WORK PERMITTE WORK PERMITTE Filing Fee Permit Fee Permit Fee Excise Tax	RECT; (3) THAT HE/SHE WILL COMPI RECT; (3) THAT HE/SHE WILL COMPI RTY NOT SPECIFICALLY DESCRIBED I ED AND POSTING NOTICES.
Reinforced Concrete  Structural Steel  Masonry  Wood Frame State Certified Modular  Roadside Tree Project Permit  Yes  Roadside Tree Project Permit  No  Roadside Tree Project Permit  Haunersigned Hereby Certifies and Agree  Agency Date Signature	Multi-family Dwe 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 Modula Manufactured Home Stas FOLLOWS: (1) THAT HE/SHE I HICH ARE APPLICABLE THERTO; NTY OFFICIALS THE RIGHT TO ENTER- Checks Payable to "Pla	IS AUTHORIZED TO MAN IS AUTHORIZED TO MAN	Heating System         Electric       Oil         Natural Gas       Propane         Other:       Sprinkler System:         Yes       No         Building Shell Permi         Building Shell Permi         Perform No WORK ON THE ABOVE RE PERFORM NO WORK ON THE ABOVE RE PERFORM NO WORK ON THE ABOVE RE         Yes       If a fight of the second	Gas it Number: it Number: it Number: ORMATION IS COP EFFERENCED PROPI E WORK PREMITTE WORK PREMITTE Filling Fee Permit Fee Tech Fee Excise Tax PSFS	
Reinforced Concrete         Structural Steel         Masonry         Wood Frame         State Certified Modular         Roadside Tree Project Permit         ElYes         No         Roadside Tree Project Permit         Roadside Tree Project Permit &         He UNDERSIGNED HEREBY CERTIFIES AND AGREE         HALL REGULATIONS OF HOWARD COUNTY WITS APPLICATIONS (S) THAT HISTING GRAVITS COUNTY         HE ADDUCATION; (S) THAT HISTING GRAVITS COUNTY         Roadside Tree Project Permit &         Title/Company         AGENCY       DATE         State Highways       Building Officials         PSZA (Zoning)       Date	Multi-family Dwe 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 Modula Manufactured Home Stas FOLLOWS: (1) THAT HE/SHE I HICH ARE APPLICABLE THERTO; NTY OFFICIALS THE RIGHT TO ENTER- Checks Payable to "Pla	IS AUTHORIZED TO MA (4) THAT HE/SHE WILL ER ONTO THIS PROTECT PTIN COMMARY DIRECTOR OF FINIL LEASE WRITE NEATI FOR OFFICE U DP2 SETBACK IN Front: Rear: Side SL: All minimum set	Heating System         Electric       Oil         Natural Gas       Propane         Other:       Sprinkler System:         Yes       No         Grading Perm         Building Shell Perm         Building Shell Perm         KE THIS APPLICATION: (2) THAT THE INFO         PERFORM NO WORK ON THE ABOVE RE         YEOR THE PURPOSE OF THESE ON STHE         MACE OF HOWARD COUNTY         Y & LEGIBLY**         SE ONLY         FORMATION         backs met?       Yes	Gas it Number: it Number: it Number: ORMATION IS COP E WORK PERMITTE WORK PERMITTE Filing Fee Permit Fee Permit Fee Excise Tax	
Reinforced Concrete         Structural Steel         Masonry         Wood Frame         State Certified Modular         State Certified Modular         Roadside Tree Project Permit         ElYes         No         Roadside Tree Project Permit         Roadside Tree Project Permit         HE UNDERSIGNED HEREBY CERTIFIES AND AGREE         HALL REGULATIONS OF HOWARD COUNTY WHIS ADJUCATIONS (S) THAT HE SPECEMENT'S COUNT         Roadside Tree Project Permit &         The UNDERSIGNED HEREBY CERTIFIES AND AGREE         HE UNDERSIGNED HEREBY CERTIFIES AND AGREE         HE ADJUCATIONS (S) THAT HE SPECEMENT'S COUNTY         Roadside Tree Project Permit &         The UNDERSIGNED HEREBY CERTIFIES AND AGREE         MADULCATIONS (S) THAT HE SPECEMENT'S COUNTY         Roadside Tree Project Permit &         Title/Company         AGENCY       DATE         State Highways       State Highways         Building Officials       PSZA (Zoning)         PSZA (Engineering)       Lune S	Multi-family Dwe 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 Modula Manufactured Home Stas FOLLOWS: (1) THAT HE/SHE I HICH ARE APPLICABLE THERTO; NTY OFFICIALS THE RIGHT TO ENTER- Checks Payable to "Pla	IS AUTHORIZED TO MA (4) THAT HE/SHE WILL ER ONTO THIS PROTE Print CORLASS DIRECTOR OF FINI LEASE WRITE NEATL -FOR OFFICE U DP2 SETBACK IN Front: Rear: Side: S	Heating System         Electric       Oil         Natural Gas       Propane         Other:       Sprinkler System:         Yes       No         Grading Permi         Building Shell Permi         Building Shell Permi         PREFORM NOW ORK ON THAT THE INFO         PREFORM NOW ORK ON THAT ABOVE READ         Yes       1 ± - 9 - 1 2         ANCE OF HOWARD COUNTY         Y & LEGIBLY**         SE ONLY         FORMATION         backs met?       Yes         Yes       No         UYes       No	Gas it Number: it Number: it Number: ORMATION IS COR FERENCED PROPI E WORK PERMITTE FILING FEE FURCH FEE Excise Tax PSFS Guaranty Fur Add'I per Fee Total Fees	RECT; (3) THAT HE/SHE WILL COMPI RET; (3) THAT HE/SHE WILL COMPI RTY NOT SPECIFICALLY DESCRIBED I ED AND POSTING NOTICES.
Reinforced Concrete         Structural Steel         Masonry         Wood Frame         State Certified Modular         Roadside Tree Project Permit         ElYes         No         Roadside Tree Project Permit         Roadside Tree Project Permit &         He UNDERSIGNED HEREBY CERTIFIES AND AGREE         HALL REGULATIONS OF HOWARD COUNTY WITS APPLICATIONS (S) THAT HISTING GRAVITS COUNTY         HE ADDUCATION; (S) THAT HISTING GRAVITS COUNTY         Roadside Tree Project Permit &         Title/Company         AGENCY       DATE         State Highways       Building Officials         PSZA (Zoning)       Date	Multi-family Dave 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 Modula State Certified Modula Manufactured Home S AS FOLLOWS: (1) THAT HE/SHE I HICH ARE APPLICABLE THERETO; NTY OFFICIALS THE RIGHT TO ENTR Checks Poyoble to "PI SNATURE OF APPROVAL SNATURE OF APPROVAL	CONCAST OF FINIT CONCAST OF FINIT FOR OFFICE OF SIDE SI	Heating System         Electric       Oil         Natural Gas       Propane         Other:       Sprinkler System:         Yes       No         Building Shell Permi         Building Shell Permi         Reform No WORK ON THE ABOVE RE PERFORM NO WORK ON THE ABOVE RE PERFORM NO WORK ON THE ABOVE RE PERFORM NO WORK ON THE ABOVE RE         Yes       If a grading Permi         ANCE OF HOWARD COUNTY       Y & LEGIBLY**         SE ONLY       Yes         FORMATION       Yes         It Required?       Yes         Yes       No         No       Second	Gas it Number: it Number: it Number: ORMATION IS COP EFFERENCED PROPIE WORK PERMITTE WORK PERMITTE WORK PERMITTE Filling Fee Permit Fee Tech Fee Excise Tax PSFS Guaranty Fur Add'I per Fee Sub-Total Peas Sub-Total Peas	IRECT; (3) THAT HE/SHE WILL COMPI RETY NOT SPECIFICALLY DESCRIBED I ED AND POSTING NOTICES.
Reinforced Concrete         Structural Steel         Masonry         Wood Frame         State Certified Modular         State Certified Modular         Roadside Tree Project Permit         ElYes         No         Roadside Tree Project Permit         Additional State Certifies and Agree         HE UNDERSIGNED HEREBY CERTIFIES AND AGREE         HALL REGULATIONS OF HOWARD COUNTY WILL ADDIT (S) THAT HISPIN GRAVITS COUNTY (S) THAT HISPI	Multi-family Dave 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 Modula State Certified Modula Manufactured Home S AS FOLLOWS: (1) THAT HE/SHE I HICH ARE APPLICABLE THERETO; NTY OFFICIALS THE RIGHT TO ENTR Checks Poyoble to "PI SNATURE OF APPROVAL SNATURE OF APPROVAL	IS AUTHORIZED TO MA (4) THAT HE/SHE WILL ER ONTO THIS PROTE Print CORLASS DIRECTOR OF FINI LEASE WRITE NEATL -FOR OFFICE U DP2 SETBACK IN Front: Rear: Side: S	Heating System         Electric       Oil         Natural Gas       Propane         Other:       Sprinkler System:         Yes       No         Building Shell Permi         Building Shell Permi         Reform No WORK ON THE ABOVE RE PERFORM NO WORK ON THE ABOVE RE PERFORM NO WORK ON THE ABOVE RE PERFORM NO WORK ON THE ABOVE RE         Yes       If a grading Permi         ANCE OF HOWARD COUNTY       Y & LEGIBLY**         SE ONLY       Yes         FORMATION       Yes         It Required?       Yes         Yes       No         No       Second	Gas it Number: it Number: it Number: ORMATION IS COR FERENCED PROPI E WORK PERMITTE FILING FEE FURCH FEE Excise Tax PSFS Guaranty Fur Add'I per Fee Total Fees	RECT; (3) THAT HE/SHE WILL COMPI RET; (3) THAT HE/SHE WILL COMPI RTY NOT SPECIFICALLY DESCRIBED I ED AND POSTING NOTICES.



	Hoal	th			•
DEPT. OF INSPECTIONS, LICENSE 3430 COURT HOUSE DE	AIVE			R	900-254
ELLICOTT CITY, MD 2 PERMITS (410) 313-24 INSPECTIONS (410) 313	155	HOWARD			IT NUMBER
INSPECTIONS (410) 313 AUTOMATED INFORMATION ( Building Address 440	Woodbin	e Rd	Property Owner's	NameChris	Penny Brackin
Woodl	oine MD	21797	Address 440	Woodbine	Rd
Suite/Apt. #: SDF	P/WP/Petition	ı #:	Phone	Phone 443	Zip Code <u>21797</u> 3-864-6650
elect dist:04			Applicant's Name	e & Mailing Ad	dress, (if other than
Census Tract Sub Liber;1813 F	0110.136	5	stated herein):		
Section Are tax acc; 31222	a Lot				
tax acc; 31222 Tax Map <u>2</u> Par	8 cel 33	Grid 18			
			Phone	Fax	
Zoning RC-DEO Map Co Existing Use Owner	residen	Lot Size 3 ac	Contractor Comp	any (OWDER	is building)
Proposed Use expand	led livi	ng space	Contact Person	Chris Bra	Ickins
Estimated Construction C	Cost \$ 100,	000.00	Address	Stata	Zip Code
Description of Work Ad	dition t	to buil	License No	State	
new kitchen, 1	ving r	oom, Master	Phone 443-864-	6650 Fax	10-489-9684
Description of Work Ad new kitchen, 1 Area 135 Area 1 bedroom, and st 41 ~ 63	udy roo	MY NEN DELK M NorTH SIDE			
Occupant or Tenant Ow	ner Occ	upant	Engineer or Arch	itect Company_	Merrell Buildi
Contact Name_Chris	Brackiı	ls	Contact Person_	Jim Cabra	al
Address_440 Woodb					
City Woodbine	State MD Zij	Code 21797	City	State	Zip Code
443-864-665 Phone	0 410-	489-9684	Phone		
Phone	Fax		443-744		
BUILDING DESCR					N – <u>RESIDENTIAL</u>
Building Characteristics Height:	Water Supply		Building Char SF Dwelling SF	racteristics Townhouse □	Utilities Water Supply:
No. of stories:	Public Private		Depth 1 <sup>st</sup> floor: 2200s	th 王	Public Private
	Sewage Dispo	sal:	2 <sup>nd</sup> floor: 1478	sf	Sewage Disposal:
Gross area, sq. ft. per floor:	Public Private		Basement: N/a		Public X Private
Use group:	Electric Y	es 🗆 No 🗆	Finished Basement  Un Crawl space  Sla	ab on Grade 🛛 🛣	Electric Yes XNo 🗆
Construction type: Reinforced Concrete	Gas Y	es 🗆 No 🗆	No. of Bedrooms		Gas Yes □ No 🖄
Structural Steel Masonry	Heating Syste	m: Oil □	Multi-family dwelling No. of efficiency unit	ts:	Heating System: Electric □ Oil ⊒X
Wood Frame	Natural Gas		No. of 1 BR units: No. of 2 BR units:		Natural Gas 🗆
State Certified Modular	Propane Gas		No. of 3 BR units:		Propane Gas 🗆
	Sprinkler syst	em: N/A 🗆	Other Structure:		Sprinkler system: N/A 🖄
	Partial Other St	uppression	Dimensions: Footings: Roof Height:		NFPA #13R Other:
	# of He		Roof Height:		
			State Certified I Manufactured H		
			SHE IS AUTHORIZED TO M	AKE THIS APPLICATIO	I ON; (2) THAT THE INFORMATION IS ); (4) THAT HE/SHE WILL PERFORM
NO WORK ON THE ABOVE REFER RIGHT TO ENTER ONTO THIS PROPI	ENCED PROPERTY ERTY FOR THE PUR	NOP SPECIFICALLY DESCRIPTIONS OF INSPECTING THE	RIBED IN THIS APPLICATION WORK PERMITTED AND PO	ON; (5) THAT HE/SHE DSTING NOTICES.	GRANTS COUNTY OFFICIALS THE
			Christer	hor I Dr	adring
App	licant's Signa	ature		pher L Br Print Name	ackins
	r/ Opccu		02/18/2		
	Title/Company		02/20/	Date	<u> </u>
	Checks payab	le to: DIRECTOR OF	FINANCE OF HOW	ARD COUNTY	
		**PLEASE WRITE NE	ATLY AND LEGIBLY FICE USE ONLY -	.**	SeltAX 524
	States and a state of the states of the stat				
andre in the second					
		ala ana ang ang ang ang ang ang ang ang an			Antonionia Chante dues Check 2 4 4/4/2 Villation 4
	Senating Dridt de				- Check + 24 - 44 - 6
			YES NO.D		Validation #
			Callo Continue to Ly		Accepted to
	tool and the second	All and the second second			ok. Health Golds SHA
Distribution of Comes		metals, totself bi	av my stallow.	PLANEA, Pi	REV 10/28/04
Construction of the second					an a sharka ta anga na sana a sa na sana na sana na sana sa

.

Plans Rerid



			*	
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3400 COURT HOUSE DRIVE BLUCOT CITY, MO 21003 PERMITS (410) 315-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWÂRD PERMIT AP		PERM BO 700	IT NUMBER
Building Address 440 Woodbir	ne Rd	Property Owner's Name	Chris 1	Brackins
Woodbine	21797	Address	oodbinz	01
Suite/Apt. #: SDP/WP/Petition #	#:	- 110 W	ood Dine	<u>I</u> CA
Census Tract Subdivision Wi	11	city Wood him	State N	11 Zip Codes 21797
Section Area	Lot	Home Phone 410-48		
	Grid8	Applicant's Name & Mail		
		Phone	Fav	
Zoning Map Coordinates 36-6 Lot	9126	Phone	MA nullan	2 Pools
Existing Use SFD Proposed Use SFD+ Poul		Contractor Company	I III III IIII	<u>c 10013</u>
Estimated Construction Cost \$	3,000	Contact Person JC	Ann LA	tham
Description of Work - Ingraund	toncrete	Address 0 5 15	Gene	1.
pool24×40 in rear	MAndw/ 48"	1313	o crwig	CA ALALLI
high Fence to co	de	City Co Un h	94 State M	2 Zip Code 21046
	·····	Phone 410 995-	6600 Fax	
Occupant or Tenant	· · · ·	Engineer or Architect Co	ompany	
Contact Name		Contact Person		
Address		Addresse		
City State	Zip Code	Address		
		City	State	Zip Code
Phone Fax		Phone	Fax	
BUILDING DESCRIPTION - CO	DMMERCIAL	BUIL	DING DESCRIPTIC	DN - <u>Residential</u>
Building Characteristics	Utilities	Building Chara		Utilities
	ter Supply:	SF Dwelling D SF To	winhouse	Water Supply:
No. of stories:	_ Public _ Private	Depth 1st floor:	Width	Public Private
Sev	vage Disposal: _ Public	2nd floor: 3- Basement:	8	Sewage Disposal: Public
Gross area, sq. ft. per floor:	Private	Finished Basement D Unf		Private
Use group: Gas	ctric Yes⊡ No⊡ s Yes⊡ No⊡	Crawl space D Slab on No. of Bedrooms Height:	Grade L	Electric Yes I No I Gas Yes No I
	ating System:	Multi-family dwellings: No. of efficiency units:		Heating System:
Construction type: Ele	turig System: ctric 🗆 Oil 🗖 tural Gas 🗖	No. of 1 BR units: No. of 2 BR units:		Electric D Oil D Natural Gas
Structural Steel Pro	pane Gas 🗆	NO, OF 3 BR UNRS:		Propane Gas
	rinkler system: N/A	Other Structure: Dimensions:		Sprinkler system: N/A
	Full Partial	Footings: Roof Height:		NFPA #13R Other:
State Certified Modular	Other Suppression # of Heads	State Certified Mo Manufactured Ho		
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HOWARD COUNT WHICH ARE APPLICABLE THERETO; (4) THAT HE'SHE WIL THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECT	THE/SHE IS AUTHORIZED TO MAKE THIS APP			LL COMPLY WITH ALL REGULATIONS OF
THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PULPOSE OF INSPECT	TING THE WORK PERMITTED AND POSTING N	NOTICES.	than	
Applicant's Signature		Print Name		
Title/Company		4-1	7-07	
		Date F FINANCE OF HOWARD EATLY AND LEGIBLY. ** CE USE ONLY-	COUNTY	
	ATURE APPROVAL	DPZ SETBACK		PROPERTY ID#:
Land Development, DPZ State Highways		Front:		Provide Contraction of the
Building Official		Side:	Excis	ALC: NOT ALC
Dev. Engineering. DPZ Health 6/4/2007	Relation	Side St.:		per.fee \$
Fire Protection		All minimum setbacks met? YES I NO I		otal paid \$
Is Sediment Control approval required prior to insum YES D NO D	ice?	Is Entrance Per	mit required? Balan	ce due \$
		YES INO IN Historic District?	I Chec Valida	
CONTINGENCY CONSTRUCTION STA	RT: D	YES D NO D		
ONE STOP SHOP:		Lot Coverage for NewTown SDP/Red-line approval data	La participation of the second se	Accepted by
Distribution of Copies- T-Morms/PERMIT_FRM	Green: LDD, DPZ	Yellow: DED, DPZ	Pinic Health	Gold: SHA

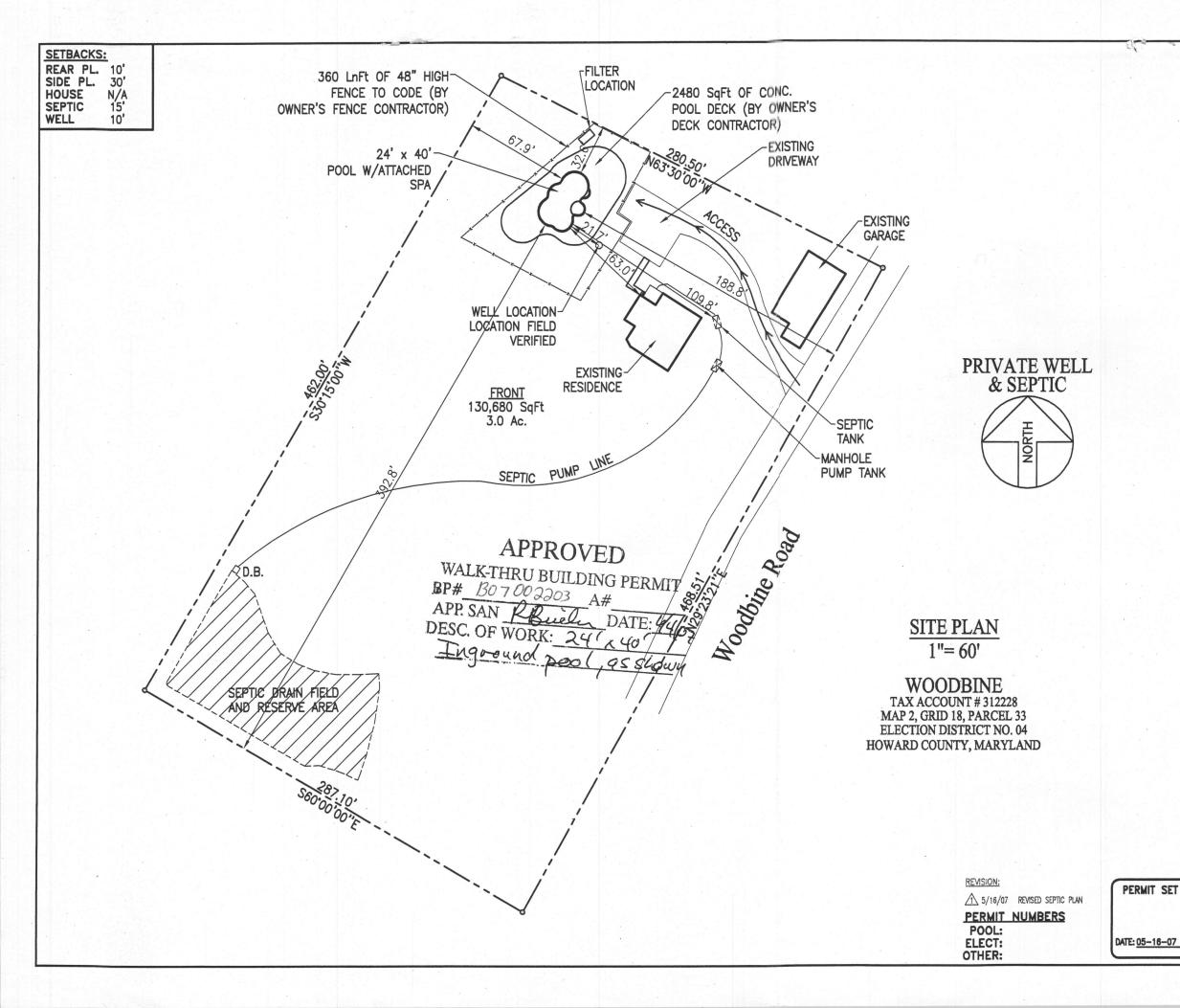
## COMPLETE THIS FORM WHEN DROPPING OFF ANY **CORRESPONDENCE AND/OR PLANS<sup>1</sup> TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

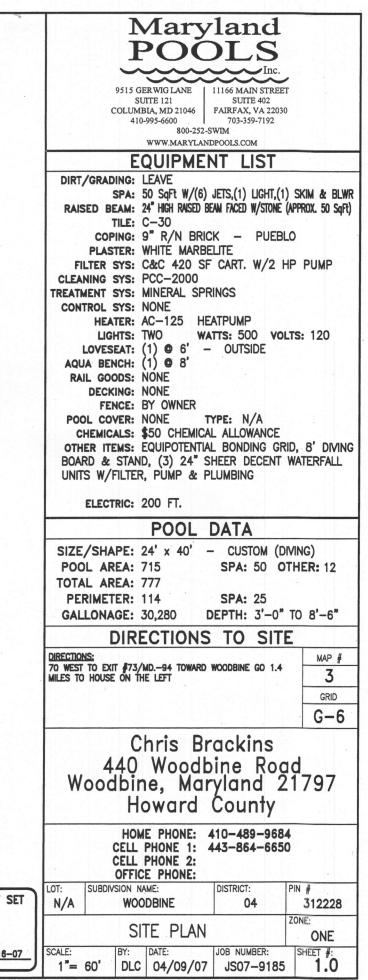
Date:	1-14-14	
То:	PLAN REVIEW	
	(Person's Name and Division)	JAN 1 4 2014
From:	CHRIS Brack, ~S ()	
	(Your Name, Company Name and Telephone Number)	
Subject:	Project name <u>She D</u> (Pie FA & -1) (12 × 24)	
	Project site address 445 woodb, ~e RO Woodb, ~e MO	21797
	Permit Number         B13004105         SDP#	
	Other information pertinent to this project <u>Recordered</u> sheed Location	To meet so The K As De- Amnetic (Rolling)
✓ <u>Please c</u>	check the attachments below that you are submitting with this transmittal:	
	etter of response to Howard County plan review code letter	
R	evised plans and/or revised details: When submitting for a complete re-review, duplicate set	ts shall be submitted.
St	evised plans and/or revised details: When submitting for a complete re-review, duplicate set ructural steel certification $\overset{\leftarrow}{\mathcal{H}}$ Revised plot plan per DPZ $\chi$	¥
Ei	nergy conservation calculations	
C	ertification for (be specific).	
C	opies of (be specific).	
T	wo sets of single family dwelling model plans to be placed on permanent file: Model name as	nd/or #
0	ther	
Is	there anyone else that should be contacted regarding this project if there are questions?	
	If so, please list that person's name and telephone number below:	
(F	Person's name) (Telephone number)	
PLEASE	ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGN	ED AND SEALED, IF
	ARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED T ATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. T	
<b>INSPECT</b>	TIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM.	IN ADDITION, ONCE
THE BU	ILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL ORY AGENCIES, AND THE BUILDING PERMIT <u>IS</u> READY FOR ISSUANCE, THE PE	L OTHER REQUIRED
NOTIFY	THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STAT	US INQUIRIES SHALL
<b>BE DIRE</b>	CTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTION	S AND PLAN REVIEW
	ES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-243 M OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED	

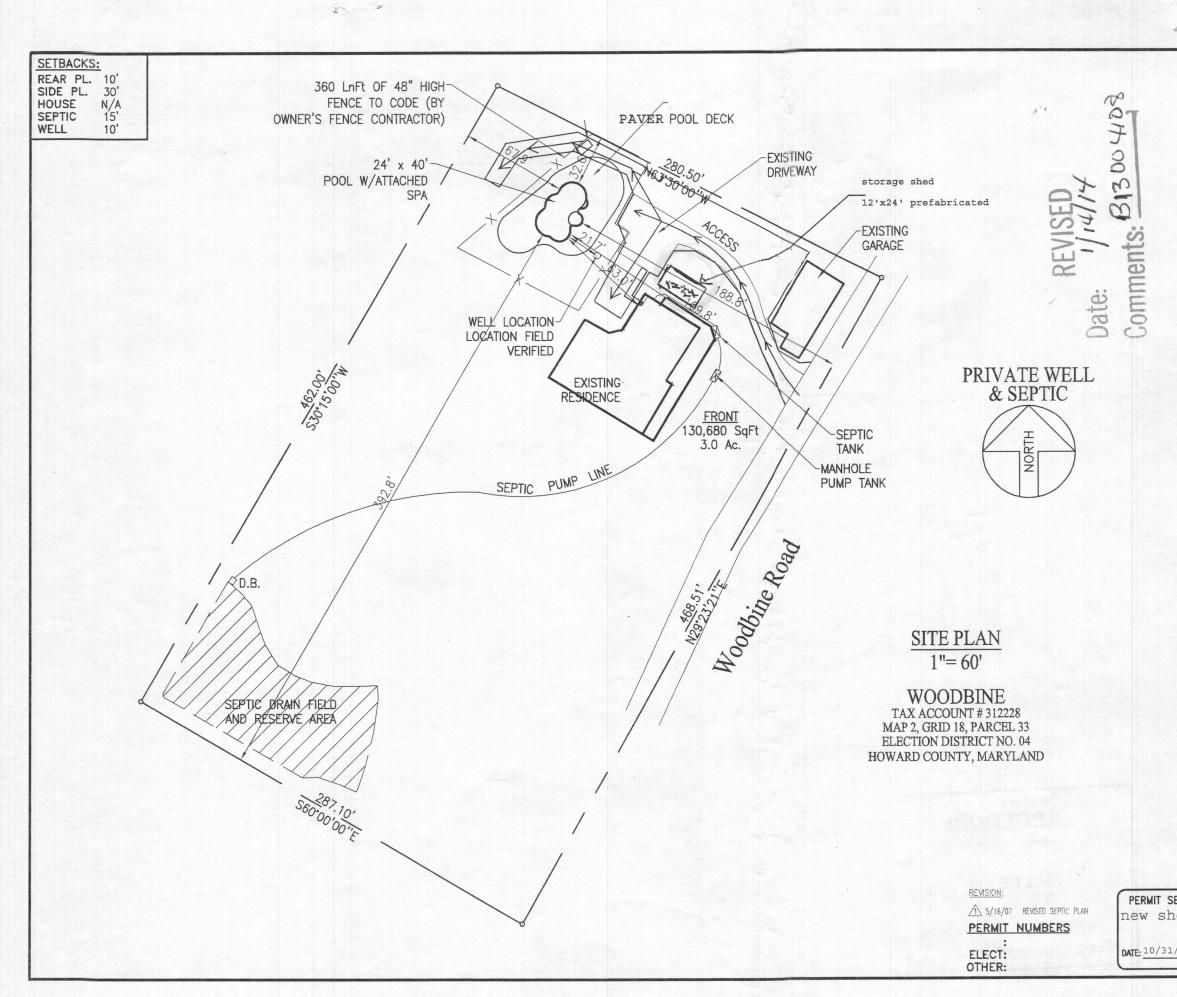
K. HUMAN CC: BK DE Her Received by

white: Plan Review Division yellow: Applicant pink: Permit Division

t:\Updated forms\transmit.frm - Rev. 5/08







EQUIPMENT LIS					
Modular Shed Da	ata				
Size: 12 x 24					
288 sf					
Prefabricated					
Meyers Mini Barn					
POOL DATA					
SIZE/SHAPE: 24' x 40' - CUSTOM (DIVING)					
POOL AREA: 715 SPA: 50 TOTAL AREA: 777	0 OTHER: 12				
PERIMETER: 114 SPA: 25	5 ' 0" TO 8'-6"				
GALLONAGE: 30,280 DEPTH: 3'-0" TO 8'-6" DIRECTIONS TO SITE					
DIRECTIONS TO 3					
DIRECTIONS:	MAP #				
	0 1.4 MAP #				
DIRECTIONS: 70 WEST TO EXIT #73/MD94 TOWARD WOODBINE GO	MAP #				
DIRECTIONS: 70 WEST TO EXIT #73/MD94 TOWARD WOODBINE GO MILES TO HOUSE ON THE LEFT Chris Brackin	0 1.4 MAP # GRID G-6				
DIRECTIONS: 70 WEST TO EXIT #73/MD94 TOWARD WOODBINE GO MILES TO HOUSE ON THE LEFT Chris Brackin	0 1.4 MAP # GRID G-6				
DIRECTIONS: 70 WEST TO EXIT #73/MD94 TOWARD WOODBINE GO MILES TO HOUSE ON THE LEFT Chris Brackin 440 Woodbine F Woodbine, Maryland	0 1.4 MAP # 3 GRID G−6 IS Road 1 21797				
DIRECTIONS: 70 WEST TO EXIT #73/MD94 TOWARD WOODBINE GA MILES TO HOUSE ON THE LEFT Chris Brackin 440 Woodbine F Woodbine, Maryland Howard Count HOME PHONE: 410-489-	• 1.4 MAP # 3 GRID G−6 1S Road 1 21797 ty -9684				
DIRECTIONS: 70 WEST TO EXIT #73/MD94 TOWARD WOODBINE GA MILES TO HOUSE ON THE LEFT Chris Brackin 440 Woodbine F Woodbine, Maryland Howard Count HOME PHONE: 410-489- CELL PHONE 1: 443-864- CELL PHONE 2:	• 1.4 MAP # 3 GRID G−6 1S Road 1 21797 ty -9684				
DIRECTIONS: 70 WEST TO EXIT #73/MD94 TOWARD WOODBINE GA MILES TO HOUSE ON THE LEFT Chris Brackin 440 Woodbine F Woodbine, Maryland Howard Count HOME PHONE: 410-489- CELL PHONE 1: 443-864- CELL PHONE 1: 443-864- CELL PHONE 2: OFFICE PHONE: LOT: SUBDIVSION NAME: DISTRICT:	0 1.4 MAP # 3 GRID G-6 1S Coad 1 21797 ty -9684 -6650				
DIRECTIONS: 70 WEST TO EXIT #73/MD94 TOWARD WOODBINE GO MILES TO HOUSE ON THE LEFT Chris Brackin 440 Woodbine F Woodbine, Maryland Howard Count HOME PHONE: 410-489- CELL PHONE 1: 443-864- CELL PHONE 1: 443-864- CELL PHONE 2: OFFICE PHONE: LOT: SUBDIVISION NAME: N/A WOODBINE 04	• 1.4 MAP # GRID G-6 IS Road 1 21797 ty -9684 -6650				
DIRECTIONS: 70 WEST TO EXIT #73/MD94 TOWARD WOODBINE GA MILES TO HOUSE ON THE LEFT Chris Brackin 440 Woodbine F Woodbine, Maryland Howard Count HOME PHONE: 410-489- CELL PHONE 1: 443-864- CELL PHONE 1: 443-864- CELL PHONE 2: OFFICE PHONE: LOT: SUBDIVSION NAME: DISTRICT:	MAP #       3       GRID       G-6       1S       Road       121797       ty       -9684       -6650       PIN #       312228       ZONE:       ONE				