

2 SCANNED DOCUMENTS

HOWARD COUNTY HEALTH DEPARTMENT Completed Septic System

P 48113 A 26965
DATE 5/18/92 9/27/77

LOCATION Kalmia Farms

14600 Viburnum Drive

LOT 1, Sec. 2

APPLICANT Jack Boender

OWNER Robert Fischell

PERMITTEE Whitworth Excavating

HD-11 Pool side cabana
& restrooms.

APPLICATION

HOLD ()

APPROVED (✓)

REJECTED ()

INSTALLATION

HOLD ()

APPROVED (✓)

APPROVED DATE 5/22/92

P. 38072 A. 26965
DATE 11/17/86

LOCATION Kalmin Farms II
14600 Viburnum Road

LOT 1

APPLICANT RCM Corporation

OWNER Robert & Marion Fischell

PERMITTEE RCM Corporation

APPLICATION

HOLD ()
APPROVED (+)
REJECTED ()

INSTALLATION

HOLD ()
APPROVED (+)
APPROVED DATE 4/9/87

HD - 11

HOUSE



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

Date Received: _____

Permit No.: _____

Building Address: 14600 VIBURNUM DR.
City: DAYTON State: MD Zip Code: 21036
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: 7 ACRES
Existing Use: SINGLE FAMILY DWELLING
Proposed Use: SAME
Estimated Construction Cost: \$ 25,000
Description of Work: CONSTANT NEW EQUIP
STORAGE GARAGE 24' X 24'
Occupant or Tenant: ROBERT FISCHER
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: ROBERT FISCHER
Address: 14600 VIBURNUM DR.
City: DAYTON State: MD Zip Code: 21036
Phone: 301 854-0606 Fax: 301 922-9225
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: T.W. BOYS CO. INC.
Contact Person: MARY G. PIRRIE JR.
Address: 14727 ADDISON LANE
City: GREENSBORO State: MD Zip Code: 21787
License No.: MTHC LIC # 127672
Phone: 410 489-0570 Fax: 410 489-6571
Email: hgp@twboys.com

Engineer/Architect Company: N/A
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	☒ SF Dwelling ☐ SF Townhouse
No. of stories: _____	Depth Width
Gross area, sq. ft./floor: _____	1 st floor: <u>24'</u> <u>24'</u>
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: _____
Construction type: _____	☐ Finished Basement
☐ Reinforced Concrete	☐ Unfinished Basement
☐ Structural Steel	☐ Crawl Space
☐ Masonry	☒ Slab on Grade
☒ Wood Frame	No. of Bedrooms: _____
☐ State Certified Modular	Multi-family Dwelling
	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: <u>24' X 24'</u>
	Footings: _____
	Roof: _____
	☐ 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
Other: <u>None</u>
Sprinkler System:
☐ Yes ☒ No
Grading Permit Number: _____
Building Shell Permit Number: _____

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: _____
Email Address: _____
Title/Company: _____

Print Name: MARY G. PIRRIE JR.
Date: 9/10/2014

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>9/10/14</u>	<u>Hank Oswald</u>

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

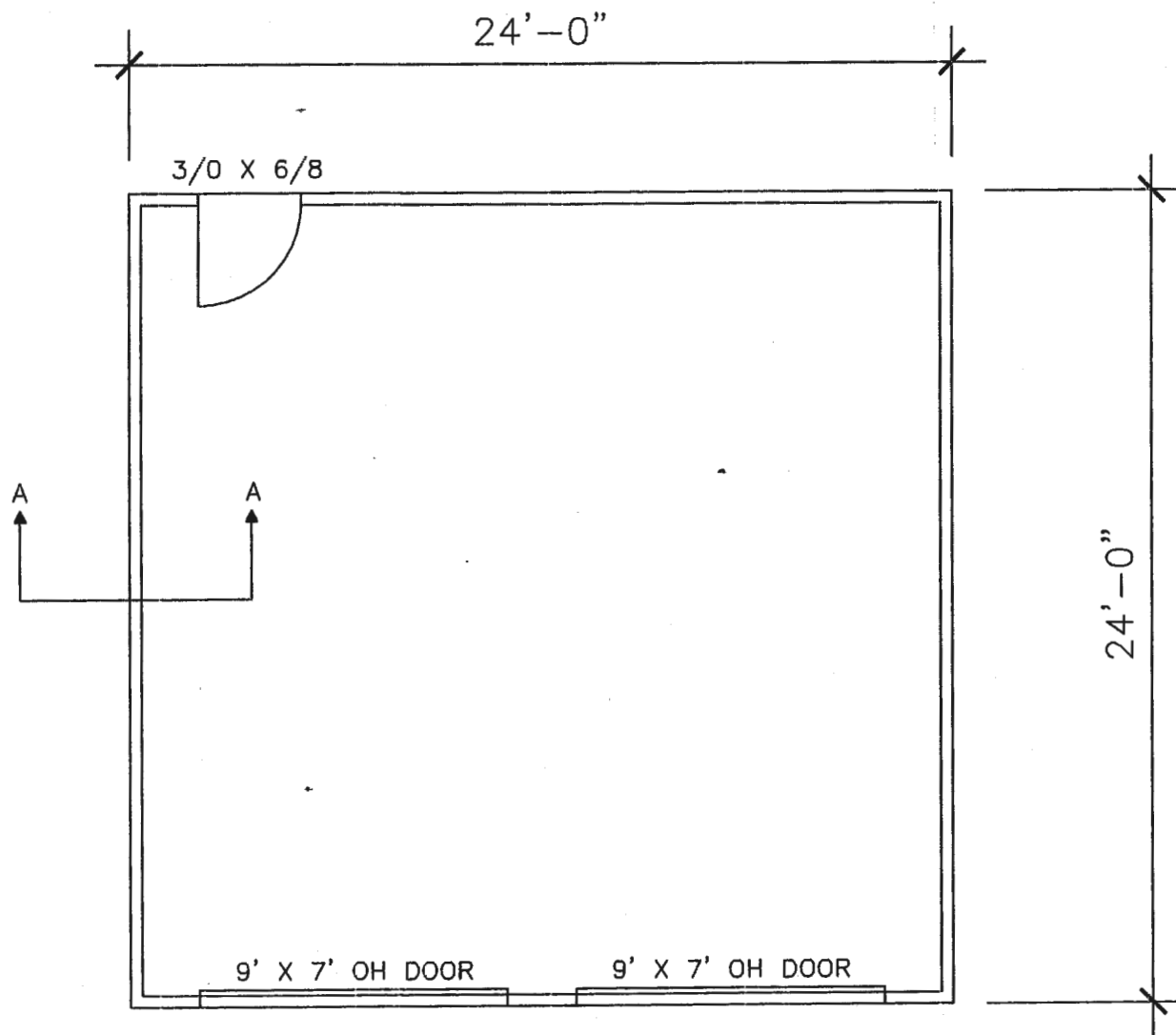
DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? ☐ Yes ☐ No
Is Entrance Permit Required? ☐ Yes ☐ No
Historic District? ☐ Yes ☐ No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

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

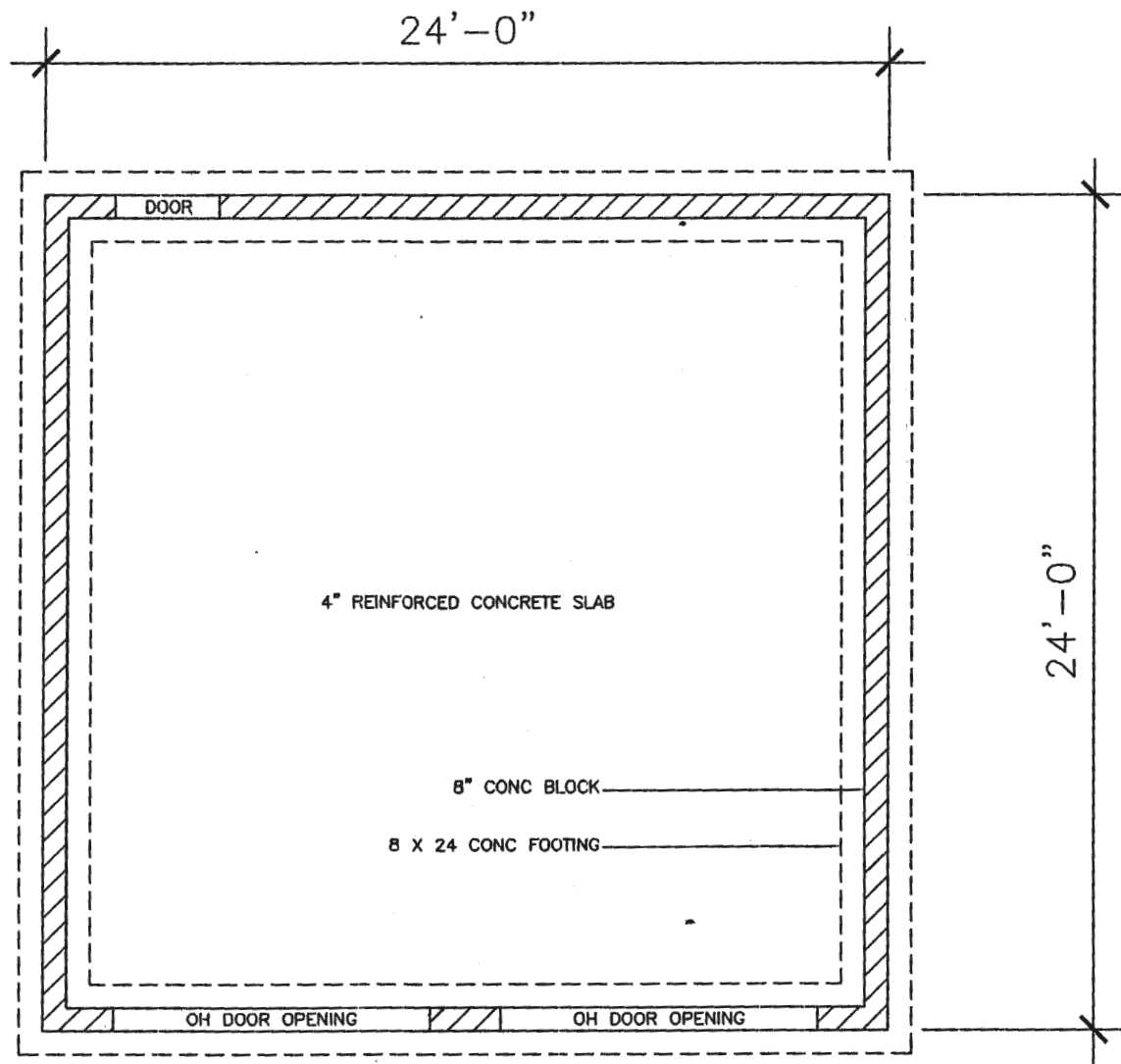
EQUIPMENT STORAGE GARAGE

FOR MR. & MRS. ROBERT FISCHER

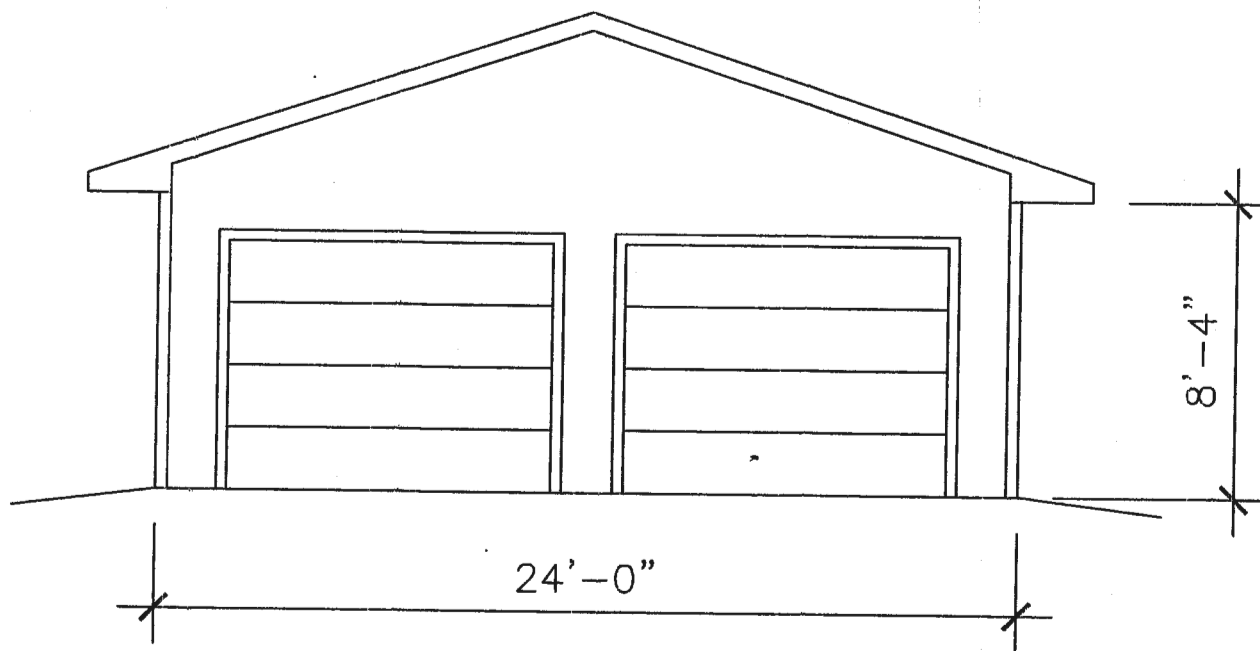
14600 VIBURNUM DR., DAYTON, MD 21036



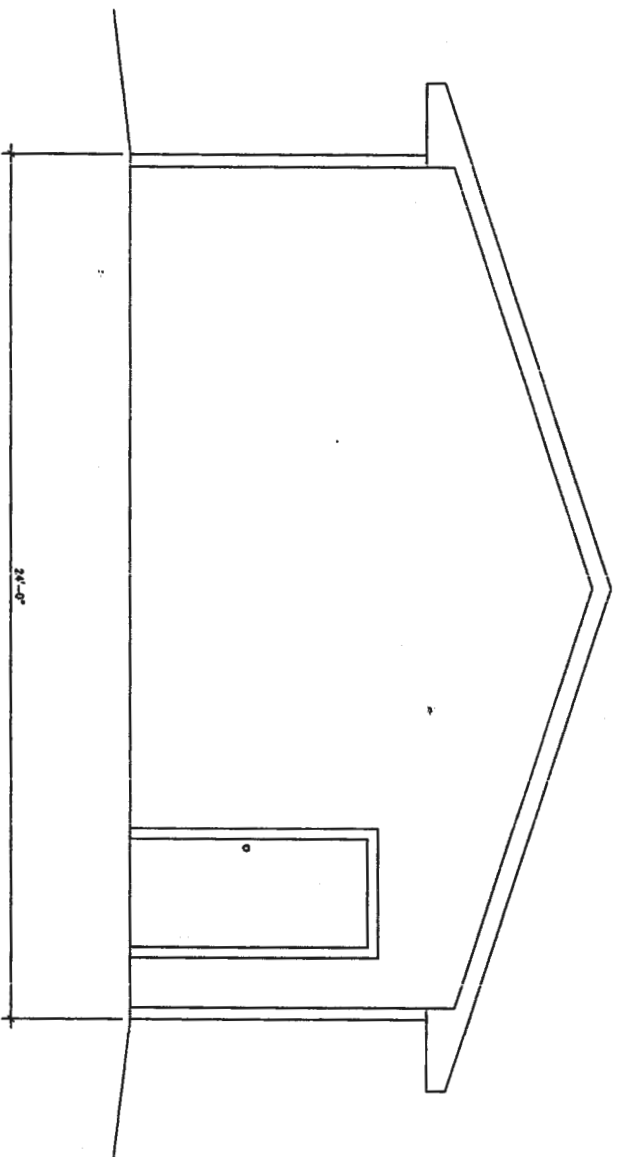
FLOOR PLAN



FOUNDATION PLAN

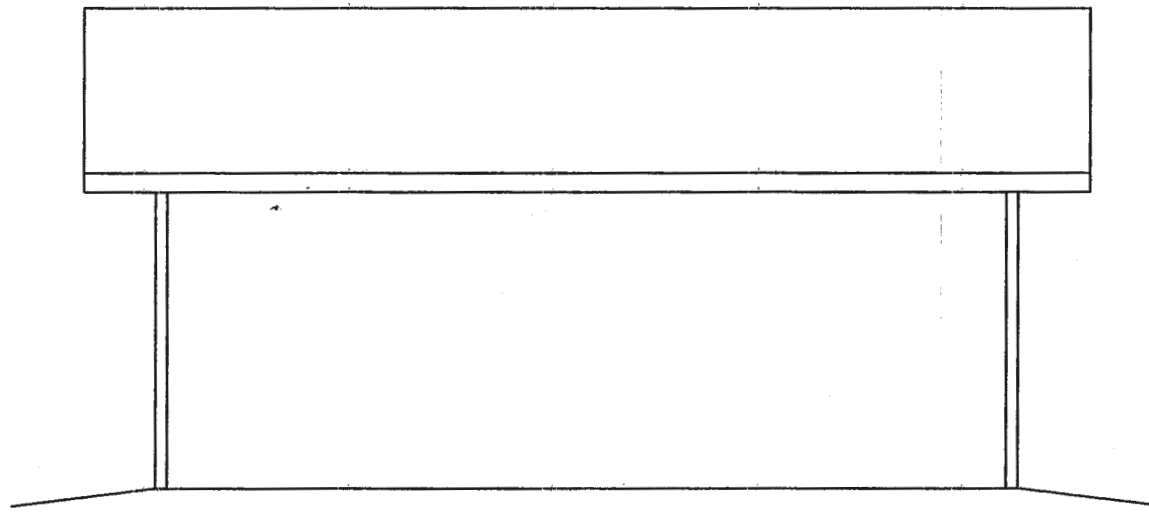


FRONT ELEVATION

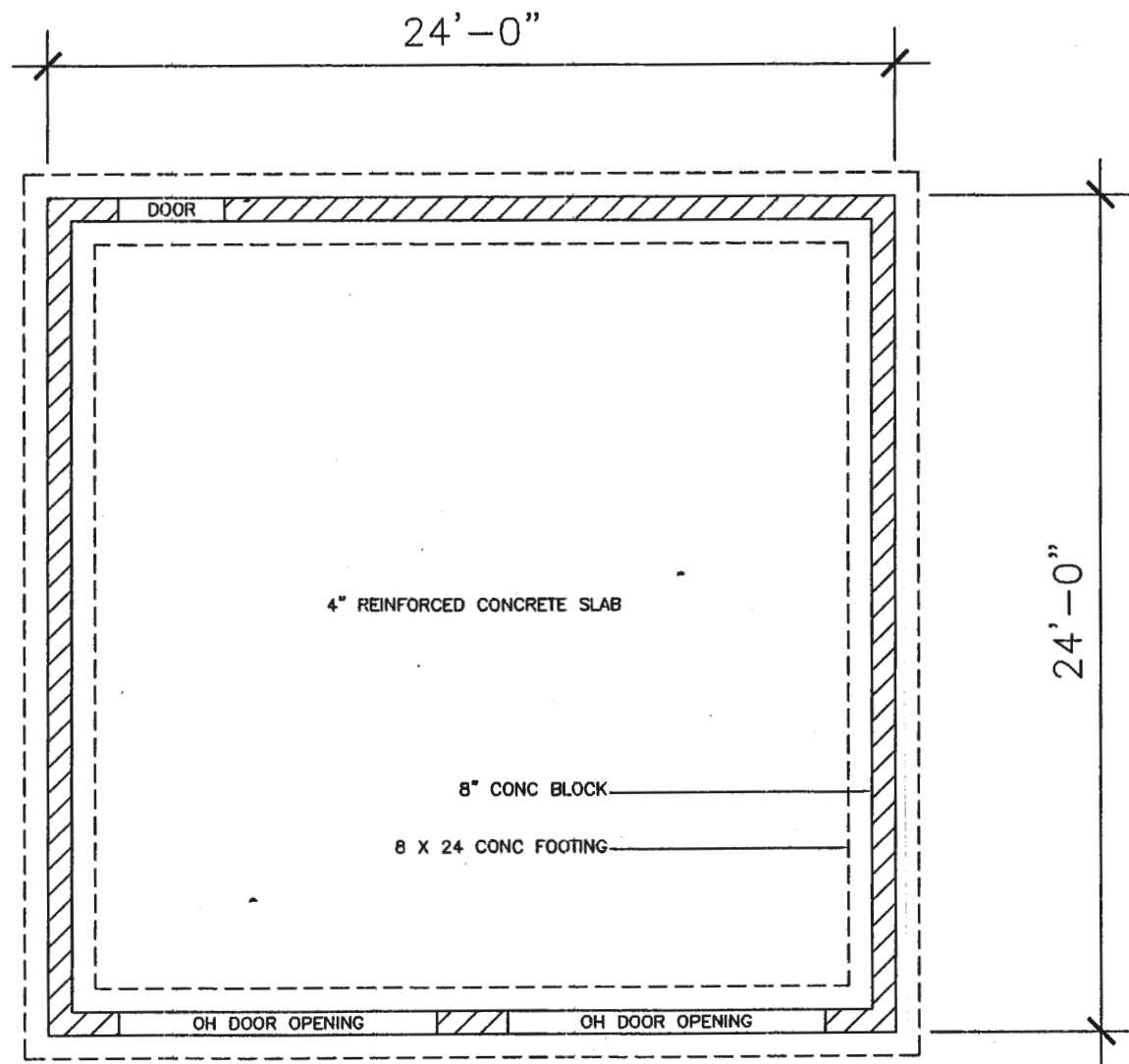


24'-0"

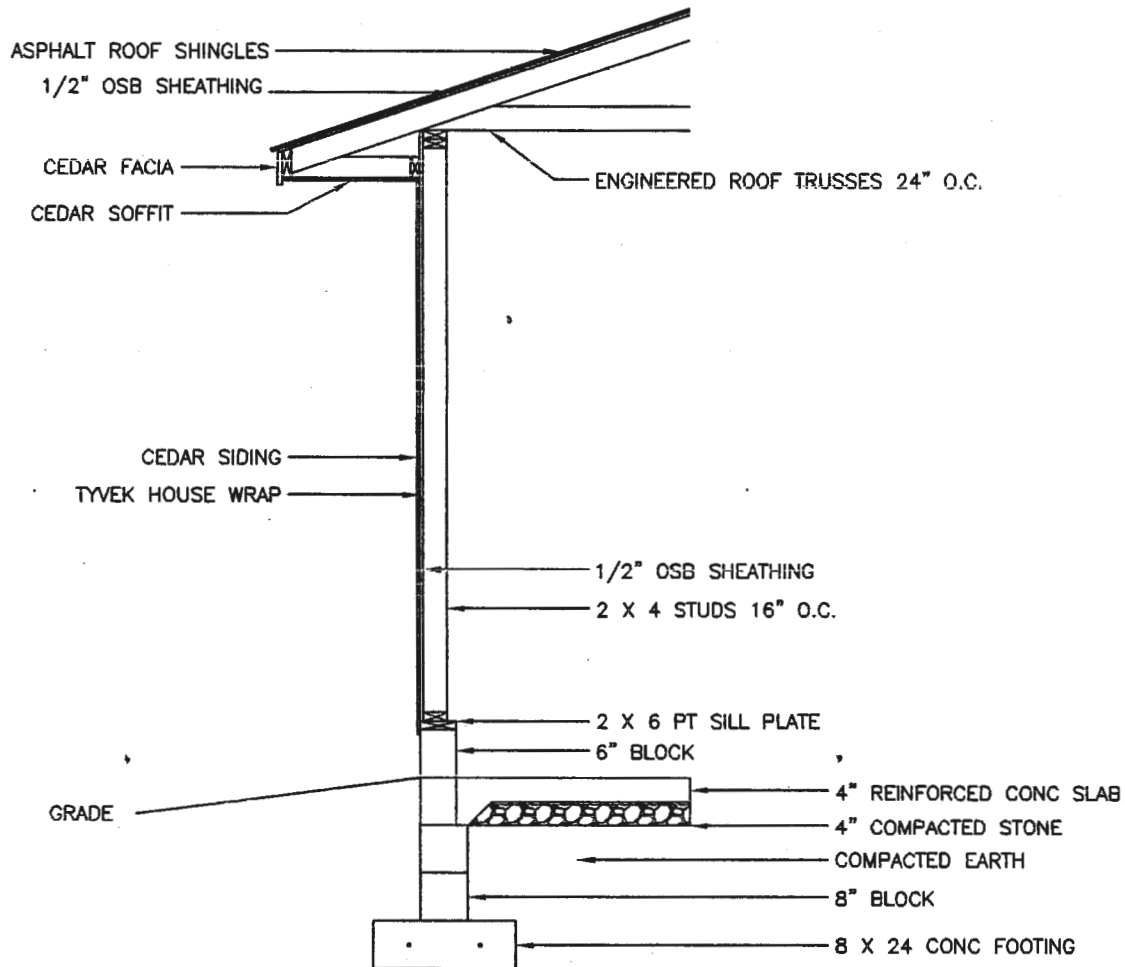
REAR ELEVATION



RIGHT / LEFT SIDE ELEVATION



FOUNDATION PLAN



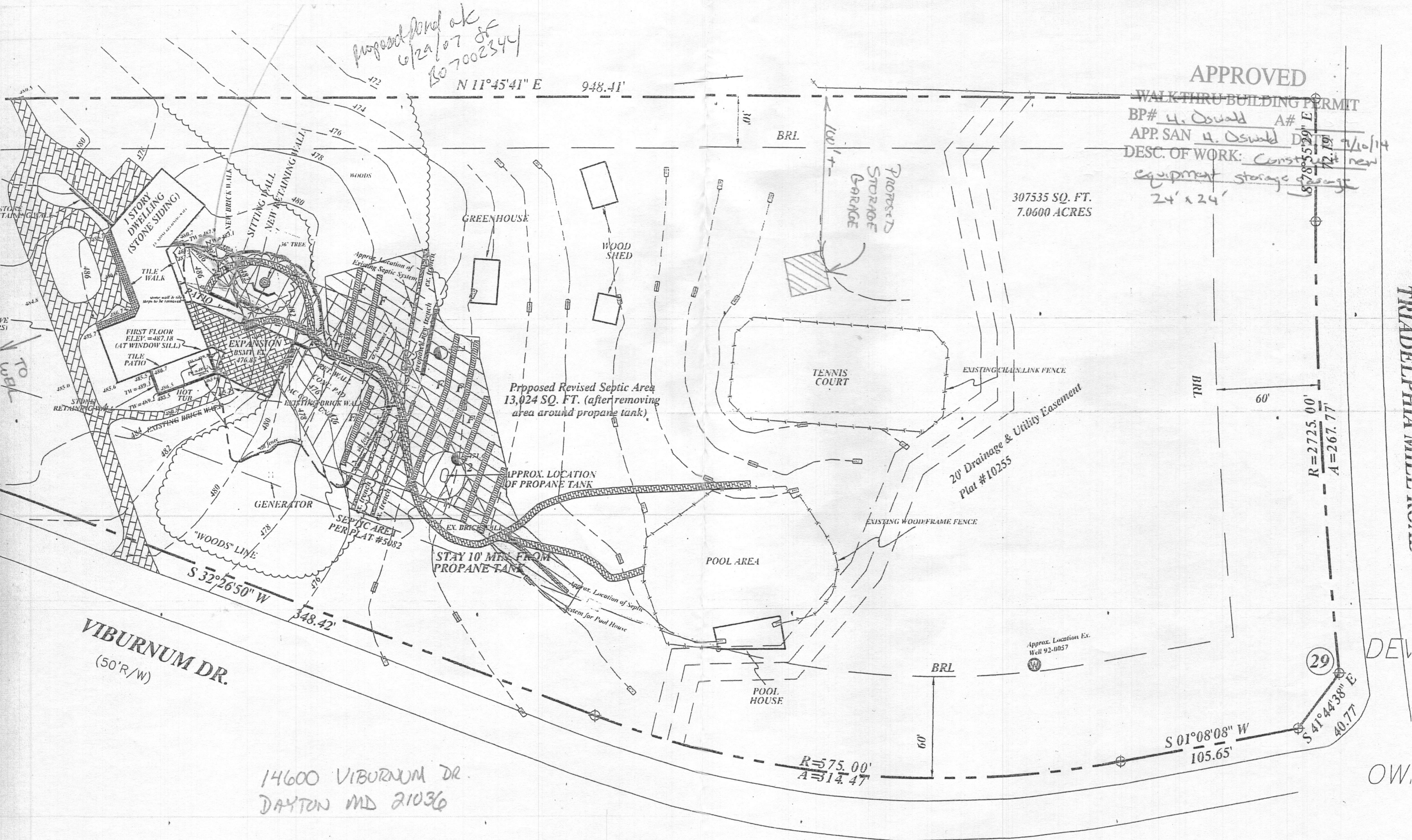
SECTION A-A

proposed pond ok
6/29/07
BO 7002344

APPROVED

WALKTHRU BUILDING PERMIT
BP# U. Oswald A# 9285520
APP. SAN U. Oswald DATE 7/10/14
DESC. OF WORK: Construct new
equipment storage garage
24' x 24'

307535 SQ. FT.
7.0600 ACRES



14600 VIBURNUM DR.
DAYTON MD 21036

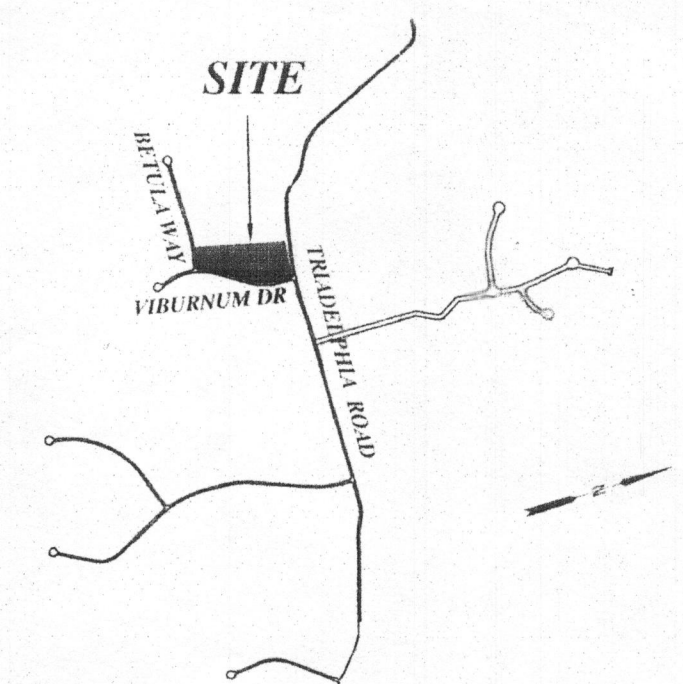
TRADELITIA WILLIAMS

DEL

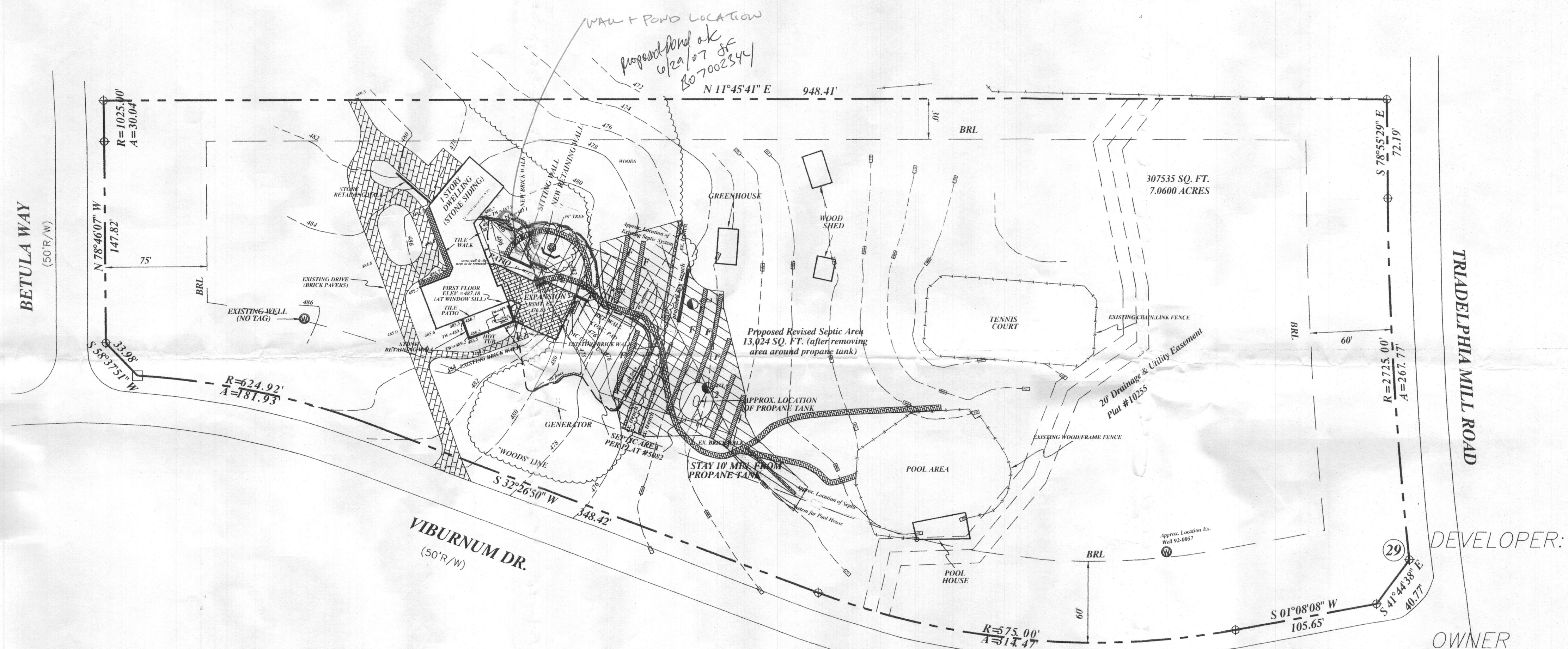
OW

NOTES:

1. THE TOPOGRAPHY SHOWN HEREON WAS FIELD-RUN BY SHANABERGER & LANE IN FEBRUARY, 2006. A BOUNDARY SURVEY WAS PERFORMED AT THE SAME TIME.
2. B.P.L. DESIGNATES BUILDING RESTRICTION LINE
W DESIGNATES EX. WELL
3. THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS DISPOSAL AREA SHALL BECOME NULL & VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE DISPOSAL AREA.
4. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP AND LOT AREA AS REQUIRED BY THE MD STATE DEPARTMENT OF THE ENVIRONMENT.
5. SUBJECT PROPERTY ZONED: RR-DEO
6. TOTAL PROPERTY AREA PER BOUNDARY SURVEY: 7.0600 ACRES±
7. THE EXISTING PROPERTY IS SERVED BY PRIVATE WATER AND SEWER.
8. ALL VISIBLE EXISTING WELLS & SEPTIC AREAS WITHIN 100' OF THE PROPERTY LINES HAVE BEEN SHOWN.
9. LIMIT OF DISTURBANCE: 10142 S.F.± DESIGNATED: - - - - -
10. 486.7' DESIGNATES SPOT ELEVATION
11. - - - - - DESIGNATES WOODS LINE
12. BENCHMARK: COUNTY TRAVERSE POINT 27FA - ELEV. 496.454
13. BENCHMARKS SET:
TRAVERSE #6 - REBAR SET - ELEV. 475.03
TRAVERSE #5 - REBAR SET - ELEV. 484.37
14. THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL AREA AS SHOWN ON PLAT #10255.
15. ● DESIGNATES APPROVED PERC TEST
16. - - - - - DESIGNATES FUTURE SEPTIC SYSTEM TRENCHES



VICINITY MAP
SCALE: 1" = 2000'



APPROVED:
FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS.
HOWARD COUNTY HEALTH DEPARTMENT

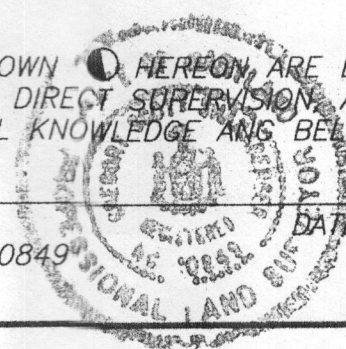
Robert S. Wala
COUNTY HEALTH OFFICER
8/7/06
DATE

SHANABERGER & LANE
8726 TOWN & COUNTRY BLVD.
SUITE 201
ELLICOTT CITY, MD. 21043
PHONE: 410-461-9563
FAX: 410-461-9693
email: home@shanlane.com

PERC CERTIFICATION

I CERTIFY THAT THE LOCATIONS SHOWN HEREON ARE BASED ON FIELD-LOCATIONS DONE UNDER MY DIRECT SUPERVISION AND ARE CORRECT TO THE BEST OF MY PROFESSIONAL KNOWLEDGE AND BELIEF.

G. SCOTT SHANABERGER
PROFESSIONAL LAND SURVEYOR #10849



PERC CERTIFICATION PLAT
LOT 1, SEC. 2, KALMIA FARMS

PLAT #10255
DEED REFERENCES: 1115/149, 3430/533
5TH ELECTION DISTRICT, HOWARD COUNTY, MD
TAX MAP 27 GRID 16 PARCEL 22
ZONED: RR-DEO
SCALE: 1"=50' DATE: JUNE 22, 2006
DATE OF LATEST FIELD WORK: JUNE 20, 2006
A 525108 REV. JUNE 29, 2006 and JULY 28, 2006

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

307002344

Building Address 17600 VIBURNUM DR.
Suite/Apt. #: _____ SDP/WP/Petition #: #10755
Census Tract 605101 Subdivision Kalmia Farm
Section 2 Area _____ Lot 1
Tax Map 27 Parcel 22 Grid 16
Zoning RR Map Coordinates _____ Lot size 7.05A

Property Owner's Name Ewert Fischell
Address 17600 VIBURNUM DR.
City Danville State MD Zip Code 21036
Home Phone 301-551-2006 Work Phone Same
Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use Residence
Proposed Use Same
Estimated Construction Cost \$ 12,000
Description of Work Pool with 5 foot
retainer wall

Contractor Company Lebanon Construction Co.
Contact Person Tony Smarsh
Address 232 Cockeysville Rd.
City Cockeysville State MD Zip Code 21030
License No. 21733
Phone 410-551-8350 Fax 410-551-8292

Occupant or Tenant Lebanon
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company BLW Associates, Inc.
Contact Person Vinod K. Tewari
Address 320 Meadowcroft Ln.
City Towson State MD Zip Code 21093
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 ☐ No ☐ Gas Yes ☐ No ☐
Use group: _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> ☐ Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling ☐ SF Townhouse ☐ Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes ☐ No ☐ Gas Yes ☐ No ☐
Basement: _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐
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: _____	Sprinkler system: <u>N/A</u> ☐ NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ 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 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

Print Name

Title/Company

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>6/29/07</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES ☐ NO ☐		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>55.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES ☐ NO ☐	TOTAL FEES \$ <u>55.00</u>
Is Entrance Permit required? YES ☐ NO ☐	Sub-total paid \$ _____
Historic District? YES ☐ NO ☐	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # <u>1000</u>
SDP/Red-line approval date _____	Validation # _____

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

Distribution of Copies-
T:\forms\PERMIT.FRM

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

Accepted by _____

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B00159168

Building Address 14600 VIBURNUM DRIVE
DAYTON, MD 21036

Suite/Apt. #: _____ SDP/WP/Petition #: # 10255

Census Tract 605101 Subdivision Kelming Farms

Section 2 Area _____ Lot 1

Tax Map 27 Parcel 22 Grid 16

Zoning RR-X Map Coordinates _____ Lot size 7.057A

Existing Use SINGLE FAMILY DWELLING

Proposed Use SINGLE FAMILY DWELLING w/ ADDITION

Estimated Construction Cost \$ 500,000.00

Description of Work 1 STORY MAJOR BEDROOM SUITE

w/ BATHROOM 16'x10'x10' SHAPE

TOTAL 1974 S.F.

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name ROBERT E. FISCHER

Address 14100 VIBURNUM DRIVE

City DAYTON State MD Zip Code 21036

Home Phone 301 254-0606 Work Phone 301 922-9225

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

Phone _____ Fax _____

Contractor Company T. W. BOYS CO. INC.

Contact Person MARY G. PIRRIE, JR. "NIB"

Address 14777 ADDISON WAY cell# 301-641-3173

City WOODBRIDGE State MD Zip Code 21777

License No. 13207484

Phone 410 489-6570 Fax 410 489-6571

Engineer or Architect Company PRIME DESIGN & ASSOC.

Contact Person RUI A. PONTE

Address 7220 WILSONIAN AVE SUITE 103

City BETHESDA State MD Zip Code 20814

Phone 301 452-9336 Fax 301 452-5951

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics

Utilities

Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
☐ Reinforced Concrete
☐ Structural Steel
☐ Masonry
☐ Wood Frame
☐ State Certified Modular

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 DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

SF Dwelling ☒ SF Townhouse ☐
Depth Width
1st floor: _____
2nd floor: +6
Basement: _____
Finished Basement ☒ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms ONE
Height: 8'6" TO CEILING
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: 28' TO CEILING
☐ State Certified Modular
☐ Manufactured Home

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.

Applicant's Signature [Signature]
Title/Company PRESIDENT / T. W. BOYS CO. INC.

Print Name MARY G. PIRRIE, JR.
Date 01/24/2006

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

50494

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ <u>25.00</u>
State Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St. _____	Add'l per. fee \$ _____
Health	<u>4/21/06</u>	<u>[Signature]</u>	All minimum setbacks met? YES ☐ NO ☐	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES ☐ NO ☐	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?				Balance due \$ _____
YES ☐ NO ☐				Check \$ <u>13513</u>
CONTINGENCY CONSTRUCTION START: ☐			Historic District? YES ☐ NO ☐	Validation \$ <u>112.76</u>
ONE STOP SHOP: ☐			Lot Coverage for New/Town Zone _____	Accepted by <u>[Signature]</u>
Distribution of Copies: _____	Write: Building Official	Green: LDD, DPZ	SDP/Red-line approval date _____	
T:\Name\PERMIT.FRM			Yellow: DED, DPZ	Print: Health
			Gold: SHA	

4/28/06 - Contractor called
with these concerns
A26965 P48113

14600 VIBURNUM DRIVE
NIB PIRRUNG - TWOBOYS INC
410-489-6570 (office)

301-644-3173 (cell)

B410-489-6571 (FAX)

Septic system is not shown
where our records indicate

Master bedroom Suite + bathroom
Adding 1 bedroom.

FOUND 2 SEPARATE
FIFES ONE FOR HOUSE
& ONE FOR POOL HOUSE

NOTES:

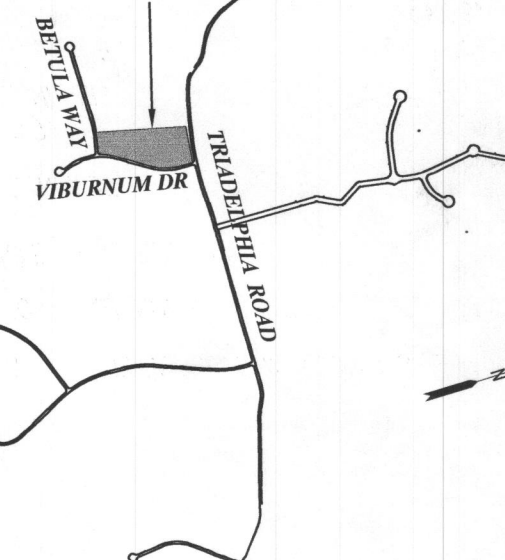
1. BASIS FOR BEARINGS SHOWN ON THIS PLAT: LINE BETWEEN IRON PIPE TRAVERSE POINT NUMBER 9 AND IRON PIPE TRAVERSE POINT 3 ASSIGNED PLAT BEARING OF S06°35'00"W (MARYLAND NAD 83)
2. BASIS FOR COORDINATES USED IN THIS SURVEY: IRON PIPE TRAVERSE POINT NUMBER 9 ASSIGNED PLAT VALUES OF N. 10226.96, E. 11543.29
3. N 17°13'22" E 32.12' BEARINGS AND DISTANCES PER PLAT AND SURVEY
4. 486.7+ DESIGNATES SPOT ELEVATION
5. WOODS LINE DESIGNATES WOODS LINE
6. THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT.

NOTES CONTINUED:

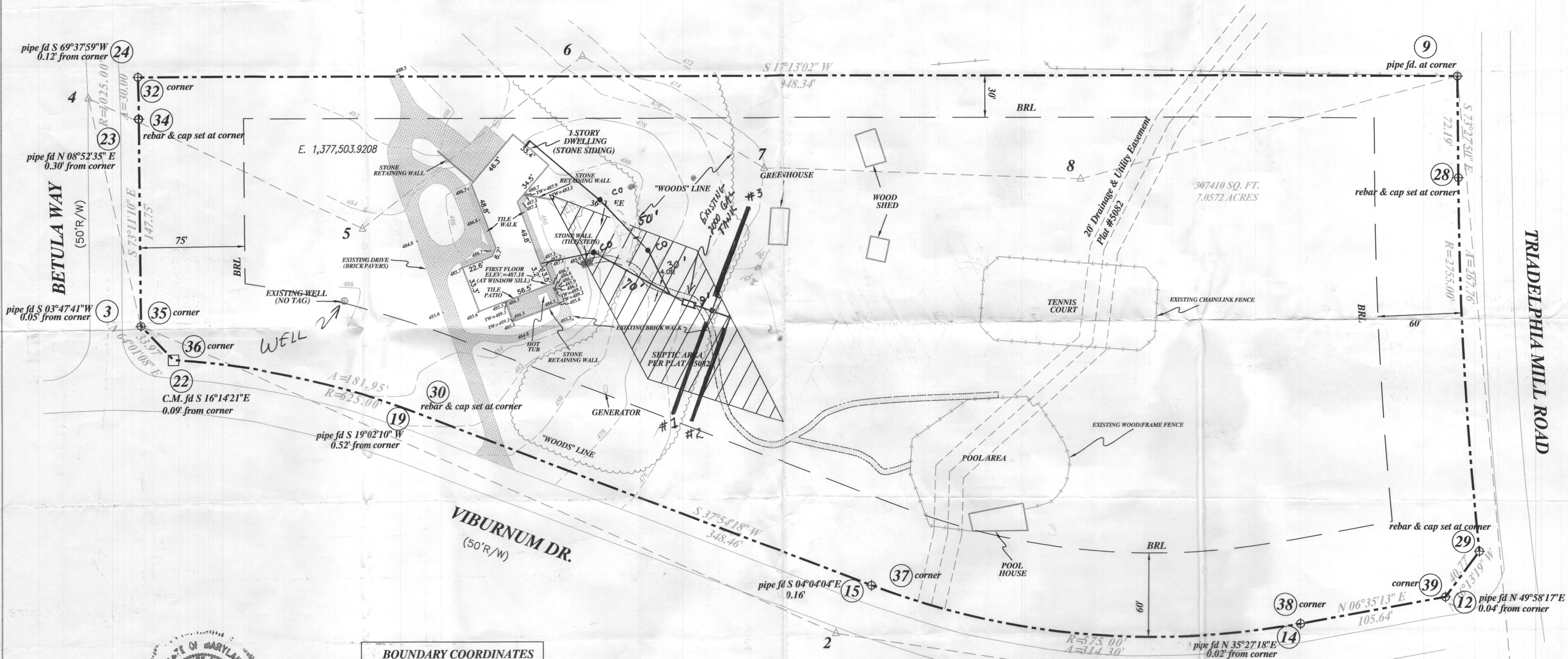
7. BENCHMARK: COUNTY TRAVERSE POINT 27FA - ELEV. 496.454

BENCHMARKS SET:
TRAVERSE #6 - REBAR SET - ELEV. 475.03
TRAVERSE #5 - REBAR SET - ELEV. 484.37

SITE



VICINITY MAP
SCALE: 1"=2000'



This survey was performed under the direct supervision and review of the undersigned, who is a duly Licensed Professional Land Surveyor in the State of Maryland, and who is duly qualified to perform the same in accordance with the provisions of the Maryland Surveying and Mapping Act of 1996, Chapter 100, and the Regulations of the Board of Surveying and Mapping, and who is duly qualified to perform the same in accordance with the provisions of the Maryland Surveying and Mapping Act of 1996, Chapter 100, and the Regulations of the Board of Surveying and Mapping.

Scott Shanaberger
Professional L.S. #10849
Date

SHANABERGER & LANE
8726 TOWN & COUNTRY BLVD.
SUITE 201
ELLICOTT CITY, MD. 21043
PHONE: 410-461-9563
FAX: 410-461-9693

BOUNDARY COORDINATES

NO.	NORTH	EAST
3	9270.0669	11432.8615
12	10109.9157	11896.6080
14	10004.9624	11884.4697
15	9717.4898	11766.9564
19	9442.2097	11552.6908
22	9284.9135	11463.4265
23	9312.5268	11291.2728
24	9321.0721	11262.4770
28	10206.4090	11612.4950
29	10142.7820	11872.4810
30	9442.7030	11552.8610
32	9321.1154	11262.5936
34	9312.8590	11291.4340
35	9270.1200	11432.8650
36	9285.0010	11463.4010
37	9717.6500	11766.9450
38	10004.9460	11884.4580
39	10109.8880	11896.5750

TRAVERSE COORDINATES (REBARS or NAILS SET)

NO.	NORTH	EAST
1	10129.1431	12007.4375
2	9682.9486	11792.0898
3	9270.0669	11432.8615
4	9282.8158	11266.1792
5	9443.0893	11413.6701
6	9630.6803	11343.2175
7	9731.2472	11458.4510
8	9946.7795	11533.6624
9	10226.9565	11543.2910

BOUNDARY SURVEY AND PARTIAL TOPOGRAPHIC SURVEY LOT 1, SEC. 2, KALMIA FARMS

PLAT #5082
DEED REFERENCES: 1115/149, 3430/533
5TH ELECTION DISTRICT, HOWARD COUNTY, MD
TAX MAP 27 GRID 16 PARCEL 22
ZONED: RR-DEO
SCALE: 1"=50' DATE: FEBRUARY 23, 2006
DATE OF LATEST FIELD WORK: 02/13/2006