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DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER 300142987	
Building Address <u>2550 Wellworth Way</u> <u>West Friendship 5th 116</u>			Property Owner's Name <u>Thomas J Twigg</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address <u>2125 Sand Hill Rd</u>		
Census Tract <u>1020.00</u> Subdivision <u>FRIENDSHIP MANOR</u>			City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u>		
Section <u>2</u> Area _____ Lot <u>38</u>			Home Phone <u>410 531 0206</u> Work Phone <u>410 882 3826</u>		
Tax Map <u>15</u> Parcel <u>235</u> Grid <u>17</u>			Applicant's Name & Mailing Address, (if other than stated herein): <u>410-799-7123</u>		
Zoning <u>SPDED</u> Map Coordinates _____ Lot size <u>1,992 sq ft</u>			Phone <u>410 882 3826</u> Fax <u>410 882 3826</u>		
Existing Use <u>Religious</u>			Contractor Company <u>Thomas J Twigg</u>		
Proposed Use <u>Single Family Home</u>			Contact Person <u>Thomas J Twigg</u>		
Estimated Construction Cost \$ <u>200,000</u>			Address <u>2125 Sand Hill Rd</u>		
Description of Work <u>CONV. FOUN. FRAMING</u> <u>STAY-SET UNFINISHED BASEMENT W/RT</u> <u>2-1/2" DIA. PTL. 2-1/2" DIA. W/RT, 12" DIA. PTL.</u>			City <u>Ell. City</u> State <u>MD</u> Zip Code <u>21042</u>		
Occupant or Tenant _____			License No. _____		
Contact Name _____			Phone <u>410 882 3826</u> Fax <u>410 882 3826</u>		
Address _____			Engineer or Architect Company _____		
City _____ State _____ Zip Code _____			Contact Person _____		
Phone _____ Fax _____			Address _____		
City _____ State _____ Zip Code _____			City _____ State _____ Zip Code _____		
Phone _____ Fax _____			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 ☐ 1st floor: Depth <u>62</u> x Width <u>62</u> 2nd floor: <u>48</u> x <u>62</u> Basement: <u>32</u> x <u>62</u> Finished Basement ☐ Unfinished Basement ☒ Crawl space ☐ Slab on Grade ☐ 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 ☐ 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 THERE TO; (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 <u>[Signature]</u> Title/Company _____	Print Name <u>Thomas J Twigg</u> Date <u>7-14-03</u>
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY

APPROVALS Planning/Development DPZ _____ Planning/Design DPZ _____ Planning/Engineering DPZ _____ Planning/Health DPZ _____ Planning/Protection DPZ _____ Planning/Control approval required prior to issuance? YES ☐ NO ☐	DATE <u>07/10/03</u>	SIGNATURE <u>[Signature]</u>	APPROVAL 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 _____	PROPERTY ID# <u>58678</u> Filing fee \$ <u>100</u> Permit fee \$ _____ Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # <u>817</u> Validation # _____ Accepted by <u>[Signature]</u>
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CONTINGENCY CONSTRUCTION START ☐

ONE STOP SHOP ☐

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

Form PERMIT.FRM Rev. 5/17/00

FAX

Well Abandonment
report is
NEEDED

From: Charles H. Shaw & Son, Inc.
7040 Guilford Rd.
Clarksville MD 21029
telephone 410-531-5405/5060
fax 410-531-1877

TO: Kacie Noonan
Environment
FAX 410-313-2648

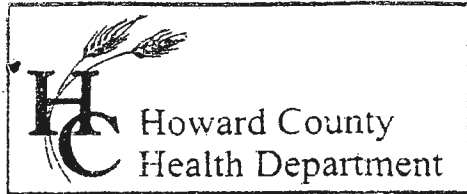
DATE: 8/14/03

Pages Sent: 2

Comments: Permit # B00142876
Well permit # HO-94-3671
New well hook-up to house
old well abandon & sealed
call if any trouble
home - 410-531-5405
pager 410-909-3765

Thanks Ron Shaw

410-489-9450
Mr. Twigg



Howard County
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043

(410) 313-2640 Fax (410) 313-2648

TDD (410) 313-2323 Toll Free 1-866-313-6300

website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

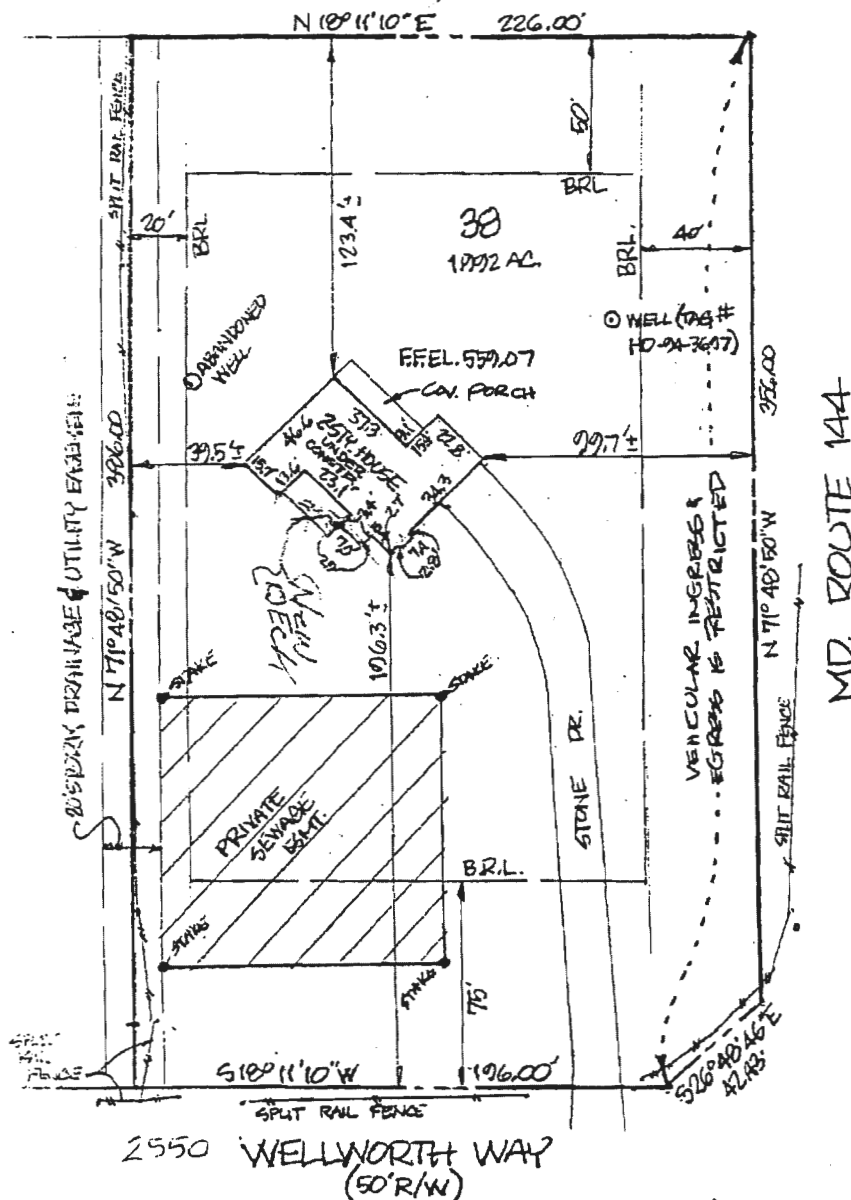
As property owner & contractor for Blue
Permit # B001429872 Thomas J Twigg agree
to install a sewer injection pump system
for the basement level if a approved
reinforced septic tank is not provided.
As outlined on the 10/9/03 site plan
This is for 2350 Wellwood Way

TJ Twigg 10/9/03

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: 1.0'
6. ACCURACY OF ELEVATIONS: 0.5'

THE PROPERTY SHOWN HEREON LIES IN ZONE C AS SHOWN ON FLOOD INSURANCE RATE MAP NO: 2400AA-0005-B DATED: DECEMBER 4, 1988



APPROVED

WALK-THRU BUILDING PERMIT

BP# 600154030 A# 26050

APP. SAN 5/20 DATE: 5/25/04

DESC. OF WORK: 12x24 Deck

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 & Lane

SHANABERGER & LANE
8726 TOWN AND COUNTRY BLVD.
SUITE 201
ELLICOTT CITY, MD. 21043
(410)481-9563 FAX:481-9683

FOUNDATION LOCATION DRAWING
LOT 38
FRIENDSHIP MANOR, SECTION 2

SHEET 1 OF 4 PLAT # 3086

ELECTION DISTRICT: 3

DEED REFERENCE:

COUNTY: HOWARD

SCALE: 1" = 60'

DATE: 5/20/04

DATE OF LATEST FIELD WORK: 5/15/04