

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

806 001397

Building Address 1731 S. Underwood Rd
Sykesville, MD 21784

Property Owner's Name Timothy Mako

Address 1731 S. Underwood Rd.

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

Census Tract _____ Subdivision Annandale

City Sykesville State MD Zip Code 21784

Section — Area — Lot 15

Home Phone 410 489 2667 Work Phone —

Tax Map 9 Parcel 300 Grid 21

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

Zoning _____ Map Coordinates M4P4 H9 Lot size 41,948 SF

Phone 410 489 2667 Fax —

Existing Use SFD

Contractor Company Stevenson Pools

Proposed Use POOL

Contact Person Jill Romano

Estimated Construction Cost \$ 43,000

Description of Work _____

Address 5770 Highland Lane

Building 28 x 34 Inground Pool 12' shaped
w/ fence to code
3'-6' deep

City Sunderland State MD Zip Code 20689

License No. 5663/23797

Phone 301 855 6512 Fax 301 855 7068

Occupant or Tenant _____

Engineer or Architect Company N/A

Contact Name Ann Wustner

Contact Person _____

Address 1231 Summerwood Ct -

Address _____

City Arnold State MD Zip Code 21012

City _____ State _____ Zip Code _____

Phone 443 871 3913 Fax 3

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____

Water Supply: _____

No. of stories: _____

Public ☒ Private ☒

Gross area, sq. ft. per floor: _____

Sewage Disposal: _____

Use group: _____

Public ☒ Private ☒

Construction type: _____

Electric Yes ☒ No ☒

Reinforced Concrete _____

Gas Yes ☒ No ☒

Structural Steel _____

Heating System: _____

Masonry _____

Electric ☐ Oil ☐

Wood Frame _____

Natural Gas ☐

State Certified Modular _____

Propane Gas ☐

Sprinkler system: N/A ☐

Full _____

Partial _____

Other Suppression _____

of Heads _____

Building Characteristics

Utilities

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: Inground Pool

Dimensions: 28 x 34

Footings: _____

Roof Height: _____

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.

Ann Wustner

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>5/6/08</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

T:\forms\PERMIT.FRM

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	

Rev. 11/4/04

FROM : THOMAS P KENNY
04/23/2008 11:42

4183175552

FAX NO. : 410 360 7310

MULTI VIEW MIDDLE J

Apr. 23 2008 05:36PM P2

ELECTION DISTRICT 3
TAX MAP 9 GRID 21 PARCEL 300

* CASE NO. 08-0064

MAKO, TM + SUSAN
1731 UNDERWOOD ROAD
SYLSEVILLE, MD 21784

- EXISTING TREE
- PLANTED TREE (ROAD)
- SEPTIC FIELD BOUNDARY
- PROPOSED C.R.L.

APPROVED

WALK-THRU BUILDING PERMIT

BP# 808001397 A# 24609

APP. SAN SFO DATE: 5/8/08

DESC. OF WORK: 28' x 34'

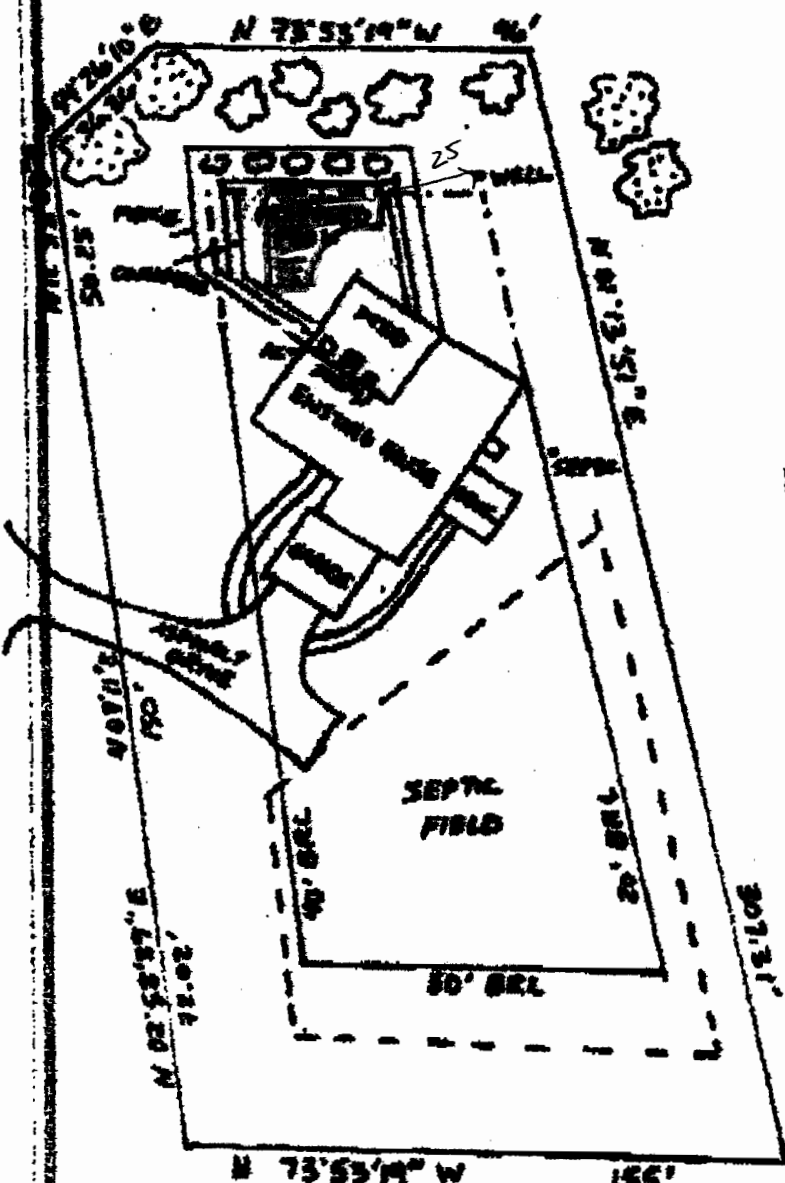
Imperial feet

COUNTY ROAD

UNDERWOOD ROAD

COUNTY ROAD
PIPES LAKE

LOT 14
SYSLERS
RC-DEO



FUTURE DRIVE/ROAD

LOT 15
ANNANDALE
HOWARD COUNTY
"SPERRY HOME"
.96 ACRES

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B06007032

Building Address 1731 Underwood Rd
Sykesville MD 21784
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Annandale
Section _____ Area _____ Lot 15
Tax Map 9 Parcel 300 Grid 9-21
Zoning _____ Map Coordinates _____ Lot size 41,941 sq ft

Property Owner's Name Tom + Susan Nako
Address 1731 Underwood Rd
City Sykesville State MD Zip Code 21784
Home Phone 410-489-2667 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Jeremy Clancy 7051 Macbeth Way
Elkridge MD 21784
Phone 443-340-1229 Fax _____

Existing Use SFD
Proposed Use SFD w/ porch
Estimated Construction Cost \$ 3500
Description of Work Const 4x22 open porch
on slab on grade

Contractor Company KRIS Construction
Contact Person Kristian Rondlett
Address 1708 Cannongate Rd
City Forest Hill State MD Zip Code 21050
License No. 45316
Phone 410-638-1503 Fax _____

Occupant or Tenant Tom + Susan NAKO
Contact Name Same
Address 1731 Underwood Rd
City Sykesville State MD Zip Code 21784
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person Same as Cont
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
_____ State Certified Modular	

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
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	

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 _____
Title/Company Applied - Approved

Print Name Jeremy Clancy
Date 11/1/10

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>11/2/06</u>	<u>[Signature]</u>	
Fire Protection			
Is Sediment Control approval required prior to issuance?			
YES <input type="checkbox"/> NO <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?	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 # <u>1712</u>
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
T:\norma\PERMIT.FRM

Accepted by [Signature]

WALK-THRU BUILDING PERMIT

EP# B06007032 A# 246091
APP. SAN sf DATE 11/2/00
DESC. OF WORK:

4. X22' open
pouch.

**LOT 15
ANNANDALE
SECTION ONE
41,948 SF±**

PLAT NORTH

UNDERWOOD ROAD
ROUTE 970

PIPES LANE
(50' R.O.W.)

ADDRESS: 1731 UNDERWOOD ROAD
SYKESVILLE, MARYLAND 21784

NOTES:

1. THIS IMPROVEMENT LOCATION DRAWING:
- A. IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING;
- B. IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER
- C. 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.
2. THE LEVEL OF ACCURACY OF APPARENT SETBACK DISTANCES IS ONE FOOT, MORE OR LESS.
3. THIS PLAT WAS PREPARED WITHOUT BENEFIT OF A

03-304396

10/11/83 App'd to S

PERMIT

P 32800A 24609

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

992-2330

ELLICOTT CITY

DISTRICT 3rd.DATE 5/25/83

INDEX

Allen's Backhoe RentalIS PERMITTED TO INSTALL X ALTERADDRESS 15050 Carr's Mill Road, Woodbine, Maryland 21797 PHONE 489-7095SUBDIVISION Annandale ROAD 1731 Underwood Road LOT 15, Sec. 1PROPERTY OWNER Clark Sperry
10214 Westleigh DriveADDRESS Columbia, Maryland 21045BUILDING PERMIT SIGNED
AND RETURNED

11/2/06-1506007032-4x27 open porch

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO XSEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 158 sq. ft. per bedroom. Bottom maximum depth 8 feet below original grade. Trench to be 2 ft. wide. Inlet 1 foot below original grade. Effective area begins at 3 feet below original grade. Five (5) feet of stone below distribution pipe. LOCATION: Start the trench 10 feet from the left side line and 135 feet from the front lot line as seen when facing the lot from Pipes Lane. Trench to be parallel to and 10 feet away from left sideline. NOTES: (1) No trench to exceed 100 feet in length. (2) If more than one trench used, a distribution box is required. (3) Trenches to be installed on level ground. (4) Call for inspection of trench before gravel is installed. (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell. (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

Change of spec - water at 8 ft. 160 ft of trench, 4 1/2 ft. deep, 3 ft wide, with 2 1/2 ft of stone JS-OK per FS

PLANS APPROVED BY Frank SkinnerDATE 5/25/83

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 5430 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 B06006588	
Building Address <u>1731 Underwood Rd.</u> <u>Sykesville md 21784</u>			Property Owner's Name <u>Tim + Susan MAKO</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address <u>1731 Underwood Rd</u>		
Census Tract _____ Subdivision _____			City <u>Sykesville</u> State <u>Md</u> Zip Code <u>21784</u>		
Section _____ Area _____ Lot _____			Home Phone <u>410-489-2667</u> Work Phone _____		
Tax Map _____ Parcel _____ Grid _____			Applicant's Name & Mailing Address, (if other than stated hereon): _____		
Zoning _____ Map Coordinates _____ Lot size _____			Phone _____ Fax _____		
Existing Use _____			Contractor Company <u>Kris Konstruktion</u>		
Proposed Use <u>Family Room</u>			Contact Person <u>Kris Randolett</u>		
Estimated Construction Cost \$ <u>28,000</u>			Address <u>1708 Cannongate Rd.</u>		
Description of Work <u>22x29 Addition w/ 4'x25' Porch</u> <u>no steps</u>			City <u>Forest Hill</u> State <u>md</u> Zip Code <u>21050</u>		
Occupant or Tenant _____			License No. <u>45316</u>		
Contact Name _____			Phone <u>410-638-1803</u> Fax <u>410-638-1804</u>		
Address _____			Engineer or Architect Company _____		
City _____ State _____ Zip Code _____			Contact Person _____		
Phone _____ Fax _____			Address _____		
			City _____ State _____ Zip Code _____		
			Phone _____ Fax _____		

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: <u>14'</u>	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
No. of stories: <u>1</u>	Sewage Disposal: _____ Public _____ Private _____	Depth <u>27</u> Width <u>22</u>	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	1st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: <u>14'</u> Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: <u>Front Porch</u> Dimensions: <u>4'x3'</u> Footings: _____ Roof Height: <u>8'</u> State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

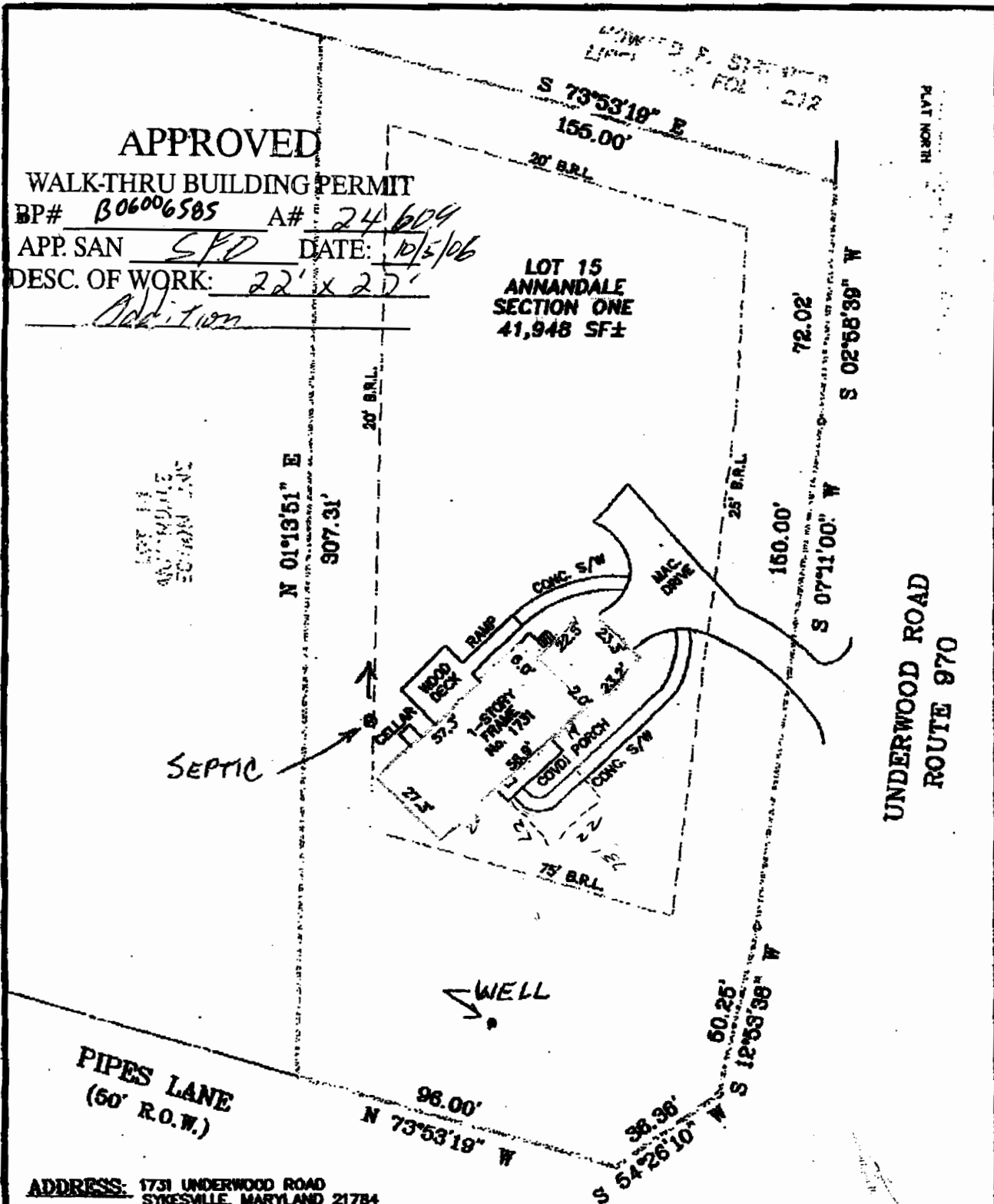
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

<u>Wade Roblinsky</u> Applicant's Signature <u>Supervisor</u> Title/Company	<u>Wade Roblinsky</u> Print Name <u>10-5-06</u> Date
--	---

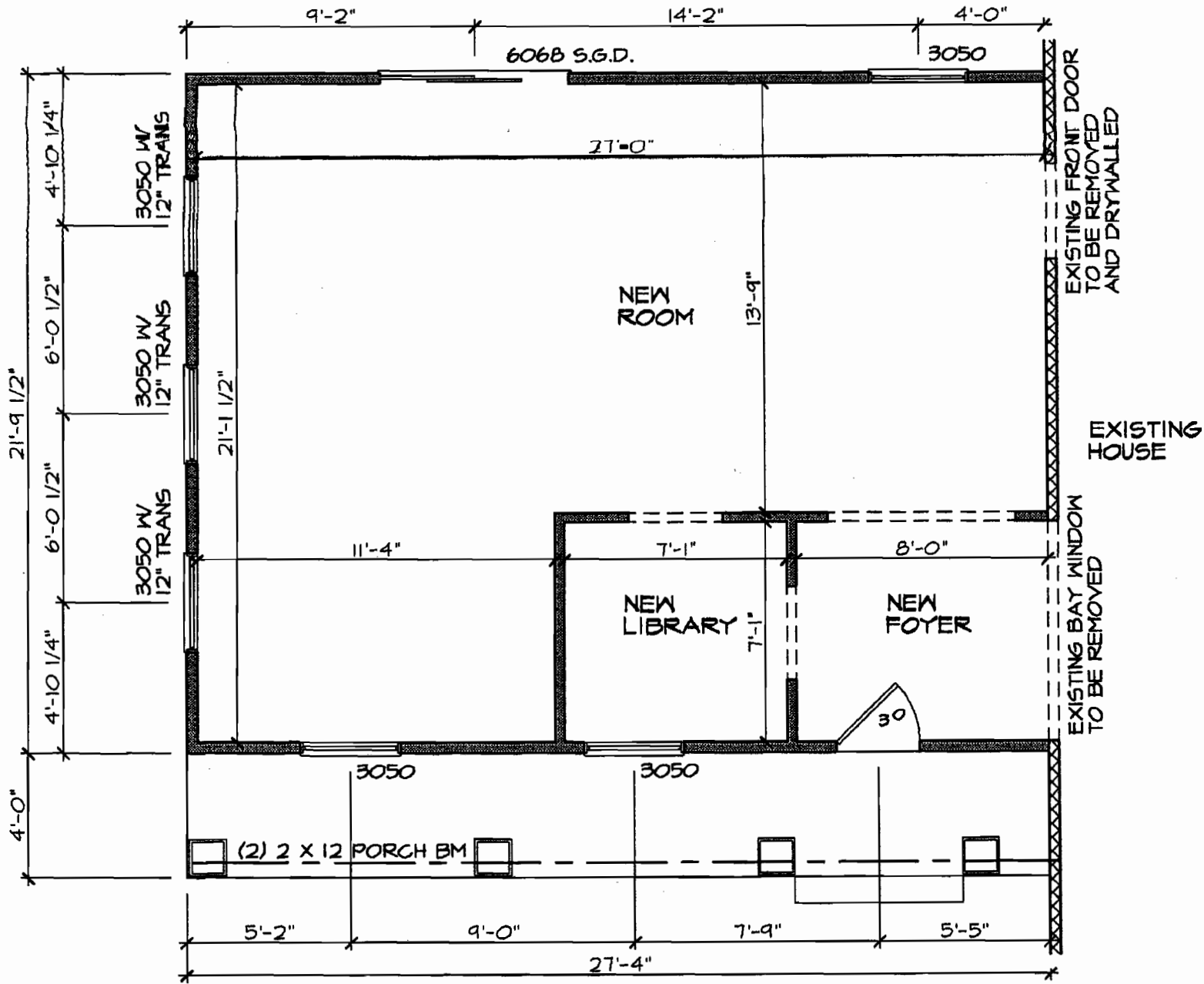
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

AGENCY			DATE	SIGNATURE APPROVAL	DEZ SETBACK INFORMATION		PROPERTY IDE
Land Development DPZ					Front: _____	Filing fee \$ _____	
State Highways					Rear: _____	Permit fee \$ _____	
Building Official					Side: _____	Excise tax \$ _____	
Dev. Engineering DPZ			<u>10/5/06</u>	<u>John B...</u>	Side St. _____	Adm'l per. fee \$ _____	
Health					All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____	
Fire Protection					Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____	
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>					Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>					Let Coverage for New Town Zone _____	Check \$ _____	
ONE STOP SHOP: <input type="checkbox"/>					SDP/Red-line approval date _____	Validation \$ _____	
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA						Accepted by _____	
T:\Name\PERMIT.FRM							

MAKO

**NOTES:**

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2. THE LEVEL OF ACCURACY OF APPARENT SETBACK DISTANCES IS ONE FOOT, MORE OR LESS.
3. THIS PLAT WAS PREPARED WITHOUT BENEFIT OF A



EXISTING WALL
NEW WALL

NOTE:
FIELD VERIFY ALL DIMENSIONS

DESIGN CONCEPTS	PROPOSED ADDITION FOR: THE MAKO FAMILY	KRIS KONSTRUCTION 1708 CANNONGATE RD FOREST HILL, MD 21050 410-638-1803
	DATE: 8/23/06	FIRST FLOOR PLAN
A-4		