

HN

Building Address <u>2550 Wellwood Way</u> <u>West Friendship Md</u>	Property Owner's Name <u>Thomas J Twigg</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>2425 Sando 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>410 536 2026</u> Work Phone _____
Tax Map <u>15</u> Parcel <u>239</u> Grid <u>17</u>	Applicant's Name & Mailing Address, (if other than stated hereon): <u>410-799-7123</u>
Zoning <u>PD-DE</u> Map Coordinates _____ Lot size <u>1,992 sq ft</u>	Phone <u>410 882 3826</u> Fax _____

Existing Use <u>Blkdy Vest</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>2425 Sando Hill Rd</u>
Description of Work <u>CONV. FOUND. FRAMING</u> <u>STREET. UNIMPROVED PAVEMENT W/RT</u> <u>DRY. ALTERNATE. 2-SAL. CUR. DEV. PERM.</u>	City <u>Ellicott 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>410 789 9755</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	
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>62</u> x <u>62</u> 2nd floor: <u>48</u> x <u>62</u> Basement: <u>32</u> x <u>60</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>3</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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input 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 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 <u>[Signature]</u>	Print Name <u>Thomas J Twigg</u>
Title/Company _____	Date <u>7-14-03</u>

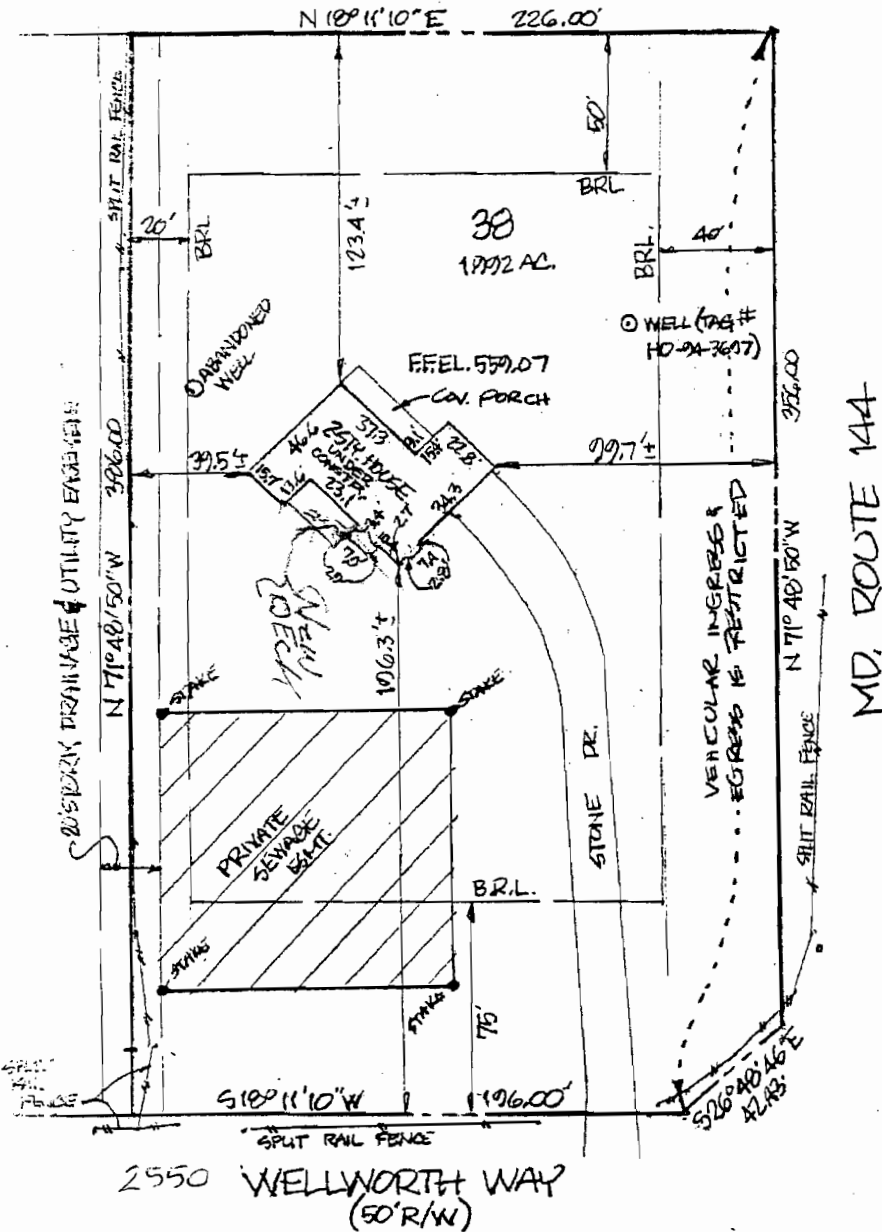
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*  
 FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	58678
Engineering DPZ			Rear: _____	Filing fee \$ <u>100</u>
Fire Protection			Side: _____	Permit fee \$ _____
Sediment Control approval required prior to issuance?			Side St: _____	Excise tax \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			All minimum setbacks met?	Add'l per. fee \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
ONE STOP SHOP <input type="checkbox"/>			Is Entrance Permit required?	Sub-total paid \$ _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
			Historic District?	Check # <u>217</u>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
			Lot Coverage for NewTown Zone _____	
			SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

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-0016-B DATED: DECEMBER 4, 1986



**APPROVED**

WALKTHRU BUILDING PERMIT  
 BP# 800154030 A# 26050  
 APP SAN SED 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.

*[Signature]*

**SHANABERGER & LANE**  
 8726 TOWN AND COUNTRY BLVD.  
 SUITE 201  
 ELLICOTT CITY, MD. 21043  
 (410)461-9563 FAX:481-9883

FOUNDATION LOCATION DRAWING  
 LOT 38  
 FRIENDSHIP MANOR, SECTION 2"

SHEET 1 OF 4 PLAT # 3086  
 ELECTION DISTRICT: 3  
 DEED REFERENCE:  
 COUNTY: HOWARD  
 SCALE: 1" = 50'  
 DATE: 4/1/04  
 DATE OF LATEST FIELD WORK: 2/5/04

# 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

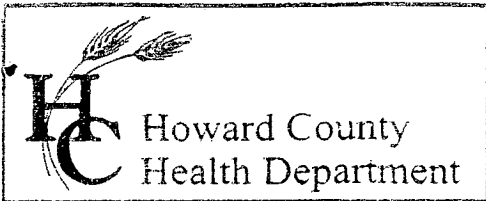
DATE: 8/14/03

Pages Sent: 2

Comments: Permit # B00142876  
Well permit #HO-94-3621  
New well hook-up to house  
old well abandon & sealed  
call if any trouble  
Phone 410-531-5405  
page 410-909-3765

Thanks Ron Shaw

410-489-9450  
Mr. Twigg



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 # D00142987 Thomas J Tully agree  
to install a sewer injection pump system  
for the basement level if a approved  
reimposed septic tank is not provided.  
As outlined on the 10/9/03 site plan  
This is for 2350 Wellwood Way

TJ Tully 10/9/03

