DEPARTMENT OF REFECTIONS, LICENSES AND PERMITS
3M30 COURT HOUSE DRING:
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2465 INSPECTIONS (410) 313-1810
ALTOMATED INFORMATION 1410) 313-3800

#### HOWARD COUNTY PERMIT APPLICATION

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\$ 5300 ATTOM

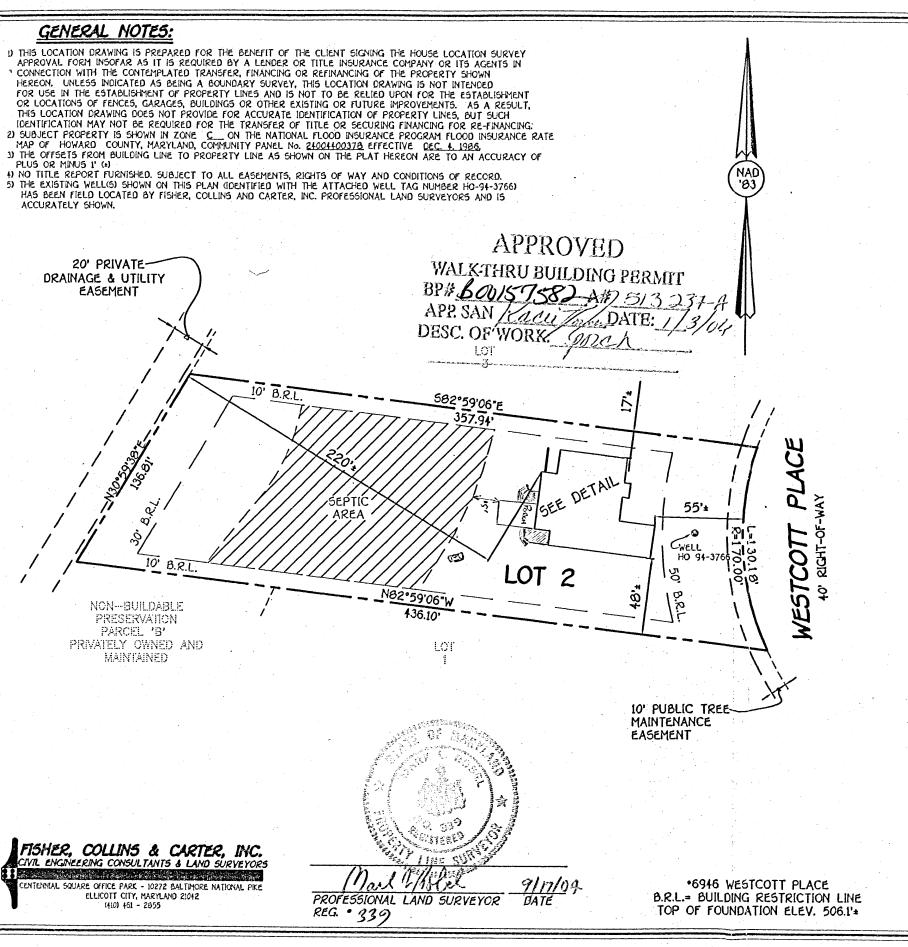
Building Address 1/9414 6 11	ETTARTE DI ACE	Tames ON AND	TIM 3	
Building Address 6944 WESTCOTT PLACE Clarkoville, MD 21029		Address 6085 MARSHALEE DRIVE		
		NO CHARLES AND ANALYSIS OF SERVICE STREET	are advised for the second second second	
Suite/Apt. #: SDP/WP/P	THE RESERVE OF THE PERSON OF T	City State	e Zip Code	
Census Tract Subdivision	A STORY OF STREET AND ASSESSMENT OF THE PARTY OF THE PART	Home Phone V	Work Phone 379-5956	
SectionArea	Lot 2	Applicant's Name & Mailing Address	그림 사이에 이 대답인 집에 지하는 목으로 만든 그 사가 있었다고 있는데 하다.	
Tax Map Parcel	(지) [1] [1] [1] [1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	PATE TO SERVE	3.	
Zoning Map Coordinates / 4 G	2 Lot size	Phone	410-379-2430	
Existing Use VACANT L	) <del> </del>	Contractor Company	THE SHEET WHEN THE	
Proposed Use 3FT	SECURE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY.	Contact Person		
Estimated Construction Cost \$	nam/a Jacob		2 1041 . A. 1.	
Description of Work	1/1/1/ 1/25/4	Address // /	TIMA I	
	11 11 11 11 11 11	City /// // State	Zip Code	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Phone 11 Fax		
Occupant or Tenant	ON THE STATE OF TH	Engineer or Architect Company	A PROTECTION AND ADMINISTRATION OF THE PARTY	
Contact Name		Contact Person		
Address		Address		
CityState	Zip Code	CityState	Zip Code	
Phone Fax		Phone Fa	x	
BUILDING DESCRIPTION - 6	COMMERCIAL	BUILDING DESCRIPTION	- <u>RESIDENTIAL</u>	
Building Characteristics	<u>Utilities</u>	Building Characteristics	Utilities	
Height:	Water Supply:	SF Dwelling	Water Supply:	
No of stories:	Public Private	lst floor: Width	Private Private	
	Sewage Disposal: Public	2nd floor:	Sewage Disposal: Public	
Gross area, sq. ft. per floor:	Private	Basement: Finished Basement Unfinished Basement	Private	
	Electric Yes No D	Crawl space □ Slab on Grade □ No. of Bedrooms	Electric Yes No. Gas Yes No. O	
Use group:	Gas Yes□ No□	Multi-family dwellings:	Heating System:	
	Heating System:	No. of efficiency units:  No. of 1 BR units:	Electric Oil D	
Construction type: Reinforced Concrete	Electric  Oil  Natural Gas	No. of 2 BR units:	Natural Gas ☐ Propane Gas ☐	
Structural Steel Masonry	Propane Gas	Other Structure:	Sprinkler system: N/A D	
Wood Frame	Sprinkler system: N/A  Full	Dimensions: Footings	NFPA #13D NFPA #13R	
	Partial	Roof:	Other:	
State Certified Modular	Other Suppression # of Heads	State Certified Modular Manufactured Home		
The undersigned hereby certifies and agrees as pollows: (1) which are applicable thereto; (4) that he/she will perform no	O WORK ON THE ABOVE REFERENCED PROPERTY NOT			
THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITT	ED AND POSTING NOTICES	100		
Applicant's Signature		Print Name		
	5701 ·	4/2/9/	and the control of the	
Title/Company	** PLEASE WRITE NE	Date F FINANCE OF HOWARD COUNTY ATILY AND LEGIBLY. **		
AGENCY DATE	SIGNATURE APPROVAL	DET OFFICE CONSTRUCTION	NOTEKTI IOH. 4 3-1	
Land Development, DPZ State Highways		PACKET PROGRAMMENT AND A PROGRAMMENT AND A STATE OF THE PACKET AND A S	Filing fee S /	
Building Official		的"我","我们是一个大型,我们把我们的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	Excise tax \$	
Dev. Engineering, DPZ	41	발견성 (M. 1995) 전 10 10 10 10 10 10 10 10 10 10 10 10 10	Add'1 per. fee \$	
Health 8/6/04 Fire Protection	7		FOTAL FEES \$Sub-total paid \$	
Is Sediment Control approval required prior to issue	ance?	Is Entrance Permit required?	Balance due \$	
YES NO D			Check # 17795.55	
[18] [18] [18] [18] [18] [18] [18] [18]		Historic District? Validation # 7.1 € 4 7		
ONE STOP SHOP:		Lot Coverage for NewTown Zone	_	
		SDP/Red-line approval date	Accepted by	
Distribution of Copies- White: Building Office	cial Green: LDD, DPZ Y	Cellow: DED, DPZ Pink: Health	Gold: SHA	

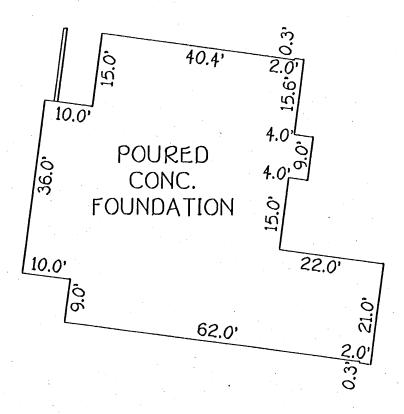
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MO 21043
PERMITS (110) 313-2455 INSPECTIONS (410) 313-3400
AUTOMATED INFORMATION (410) 313-3400

### HOWARD COUNTY PERMIT APPLICATION

B 00 (57532

Building Address EZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	STCOTT PL.	Property Owner's Name Brisky	JOSET MACARITE		
CLARKSVILLE 1	40 21029	Address 6946 WESTCOTT	01		
Suite/Apt. #: SDP/WP/	Petition #:	2148 30(3)[4]			
Census Tract Subdivis		2 City CLARKSVILLE Star	te MJ Zip Code 21029		
SectionArea	Lot 2	Home Phone (301) 854 002 7 Work Phone			
Tax Map Parcel	36 Grid	Applicant's Name & Mailing Address, (if			
Zoning Map Coordinates	Lot size	Phone Fax			
Existing Use 570		Contractor Company OUTDOO	ARRITHY & DOSIGN		
Proposed Use Decr & PORCE	1 5FD.		, ,		
Estimated Construction Cost \$	_	Contact Person Zuis S	ALDERRAMA.		
Description of Work 24 x 16	Solvents Porch	- Address	nitive a Ch		
8 9 x 16 DEU U	WITH STAPS TO	-	SVILLE RO.		
Gloses.		City			
Occupant or Tenant		Engineer or Architect Company	,		
Contact Name		Contact Person			
Address		Address			
City State	e Zip Code	Address			
Phone Fax		City State	City State Zip Code		
142		Phone Fax			
BUILDING DESCRIPTION	ON - <u>COMMERCIAL</u>	BUILDING DESCRI	PTION - <u>RESIDENTIAL</u>		
Building Characteristics	<u>Utilities</u>	Building Characteristics	<u>Utilities</u>		
Height:	Water Supply: Public	SF Dwelling 127 SF Townhouse  Depth Width	Water Supply: Public		
No. of stories;	Private	1st floor:	Private		
	Sewage Disposal:  Public	2nd floor: Basement:	Sewage Disposal: Public		
Gross area, sq. ft. per floor:	Private	Finished Basement D Unfinished Basement	rivate		
Use group:	Electric Yes   No	Crawl space ☐ Slabion Grade ☐ No. of Bedrooms	Electric Yes □ No □		
Geograp.	Gas Yes□ No□	Height: Multi-family dwallings:	Gas Yes□ No□		
	Heating System:	No. of efficiency units:  No. of 1 BR units:	Heating System:    Electric □ Oil □		
Construction type:	I Electric □ Oil □				
Construction type: Reinforced Concrete	Electric ☐ Oil ☐ Natural Gas ☐	No. of 2 BR units:	Natural Gas   Bronone Gas   G		
		No. of 2 BR units:No. of 3 BR units:	Natural Gas ☐ Propane Gas ☐		
Reinforced Concrete Structural Steel	Natural Gas ☐ Propane Gas ☐ Sprinkler system: N/A ☐	No. of 2 BR units:  No. of 3 BR units:  Other Structure: Dimensions:	Propane Gas ☐  Sprinkler system: N/A ☐		
Reinforced Concrete Structural Steel Masonry Wood Frame	Natural Gas ☐ Propane Gas ☐	No. of 2 BR units:  No. of 3 BR units:  Other Structure:	Propane Gas  Sprinkler system: N/A  NFPA #13D NFPA #13R		
Reinforced Concrete Structural Steel Masonry	Natural Gas  Propane Gas  Sprinkler system: N/A  Full Partial Other Suppression	No. of 2 BR units: No. of 3 BR units:  Other Structure: Dimensions: Footings:	Propane Gas  Sprinkler system: N/A  NFPA #13D		
Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular	Natural Gas  Propane Gas  Sprinkler system: N/A  Full Partial Other Suppression # of Heads	No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height:  State Certified Modular Manufactured Home	Propane Gas □  Sprinkler system: N/A □ NFPA #13D NFPA #13R Other:		
Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular	Natural Gas  Propane Gas  Sprinkler system: N/A  Full Partial Other Suppression # of Heads	No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height:  State Certified Modular Manufactured Home PLICATION, (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/S ERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLIA NOTICES.	Propane Gas  Sprinkler system: N/A  NFPA #13D NFPA #13R Other:  HE WILL COMPLY WITH ALL REGULATIONS OF CATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS		
Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersigned Mereby certifies and agrees as follow Howard County which are applicable thereto; (4) That is the right to bytes prior his property on the purpose	Natural Gas  Propane Gas  Sprinkler system: N/A  Full Partial Other Suppression # of Heads	No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height:  State Certified Modular Manufactured Home PLICATION, (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/S ERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLIA NOTICES.	Propane Gas  Sprinkler system: N/A  NFPA #13D NFPA #13R Other:  HE WILL COMPLY WITH ALL REGULATIONS OF CATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIAL		
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Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersigned Hereby Certifies and agrees as follow Howard County which are applicable thereto (4) that it the right to eyes onto this property on the purpose Applicant's Signature  Title/Company  AGENCY Land Development DPZ  State Highways Building Official Dev. Engineering DPZ  Health Fire Protection Is Sediment Control approval required prior to	Natural Gas  Propane Gas  Sprinkler system: N/A  Sprinkler system: N	No. of 2 BR units: No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height:  State Certified Modular Manufactured Home  PLICATION, (2)THAT THE INFORMATION IS CORRECT, (3) THAT HE/S ERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLIA NOTICES.  Print Name  Date PFINANCE OF HOWARD COUNTY EATLY AND LEGIBLY.** CE USE ONLY  DPZ SETBACK INFORMATION  Front: Rear: Side: Side: Side: Side: Side St: All minimum setbacks met? YES D NO D  Historic District? YES D NO D  Historic District?	Propane Gas  Sprinkler system: N/A  NFPA #13D NFPA #13R Other:  HE WILL COMPLY WITH ALL REGULATIONS OF EATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS  LAA  PROPERTY ID#:  Sing fee \$ Sermit fee \$ Strike tax \$ Idd'I per fee \$ DTAL FEES \$ Jb-total paid \$ Sheck \$ Sermit See \$ Strike		
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Reinforced Concrete Structural Steel Masonry Wood Frame  State Certified Modular  The undersigned Aereby Certifies and Agrees as Follow Howard County Which are Applicable Thereto; (4) That I The Right To eigher onto This Property for the purpose Applicant's Signature  Title/Company  AGENCY Land Development, DPZ  State Highways Building Official Dev. Engineering, DPZ  Health  Fire Protection Is Sediment Control approval required prior to YES CL NO CL	Natural Gas  Propane Gas  Sprinkler system: N/A  Sprinkler system: N	No. of 2 BR units: No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof Height:  State Certified Modular Manufactured Home  PLICATION, (2)THAT THE INFORMATION IS CORRECT, (3) THAT HE/S ERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLIA NOTICES.  Print Name  Date PFINANCE OF HOWARD COUNTY EATLY AND LEGIBLY.** CE USE ONLY  DPZ SETBACK INFORMATION  Front: Rear: Side: Side: Side: Side: Side St: All minimum setbacks met? YES D NO D  Historic District? YES D NO D  Historic District?	Propane Gas  Sprinkler system: N/A  NFPA #13D NFPA #13R Other:  HE WILL COMPLY WITH ALL REGULATIONS OF EATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS  LAA  PROPERTY ID#:  Sing fee \$ Sermit fee \$ Strike tax \$ Idd'I per fee \$ DTAL FEES \$ Jb-total paid \$ Sheck \$ Sermit See \$ Strike		





DETAIL: 1"=20' 7/2·104 Welched O. 12

# HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 9/10/04
FINAL LOCATION: BOUNDARY SURVEY:

SCALE: 1°=60' DATE: 9/17/04 DRAWN BY: VIJ CHECKED BY: MLR PROJECT No.: 40307 LOT 2
HALL SHOP MANOR
LOTS 1 THRU 14
BUILDABLE PRESERVATION PARCEL 'A',
NON-BUILDABLE PRESERVATION PARCEL 'B'
AND 'C' AND NON-BUILDABLE BULK
PARCEL 'D'.
FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT •16675

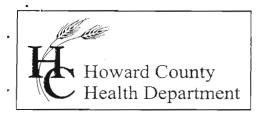
DEPARTMENT OF INSPECTIONS, LICENSES AND FEMALES
3430 COUNT HOUSE DRIVE
ELLICOTT CITY, ND 21043
PERINITS (410) 313-2465 INSPECTIONS (410) 313-1810

## HOWARD COUNTY PERMIT APPLICATION

	PER	MIT	NU	MBE	Brob
B	* *	14	116	,9	Mo

35 4 30 V 1 / 1/11 V

AUTOMATED RECOMMATION (410) 313-3800	> PERMIT A		B 149 169 J
Building Address	DESTCOTT PLACE.	Property Owner's Name	WRITH
_ Clarkovius	mb 21029	Address 6085 MHZ	SHALEE DRIVE
Suite/Apt. #: SDP/WI	and the state of t		State Zip Code
Census Tract // Subdivi	sion HAGE SHOP MANDE	Home Phone	Work Phone 379-593
Section Area		Applicant's Name & Mailing	Address, (if other than stated hereon):
Tax Map // Parcel			
Zoning * i Map Coordinates //	G 🐷 Lot size	Phone	Fex 410-379-2430
Existing Use VACANTI	2H	Contractor Company	
Proposed Use 5F	<u> 10</u>	Contact Person	
Estimated Construction Cost, \$	77.	Address ///	and the second
Description of Work		○ 1	State /// Zip Code
		License NoxPhone	Fax
Occupant or Tenant		Engineer or Architect Compa	
Contact Name		Contact Person	
Address		Address	
	Zip Code		State Zip Code
	, zip code	Phone	[1] [항공기 : 10 : 10 : 10 : 10 : 10 : 10 : 10 : 1
S. A. W. C.		en dag hari en i varient i den.	Committee of the commit
BUILDING DESCRIPTION	Utilities		IPTION - RESIDENTIAL  ics Utilities
Building Characteristics Height:	Water Supply:		e □ Water Supply:
Na arestories:	A WOMO	Depth Widt	th Public Private
A Surface Control of the Control of	Sewage Disposal:	2nd floor:	Sewage Disposal: Public
Gross area, sq. ft. per floor:	Public Private	Basement:  Finished Basement: Unfinished Basement	Private
	Electric Yes□ No□	Crawl space Slab on Grade No. of Bedrooms	Electric Yes □ No □ Gas Yes □ No □
Use group:	Gas Yes□ No□	Multi-family dwellings:	Heating System:
Construction type:	Heating System: Electric □ Oil □	No of efficiency units: No of 1 BR units:	Electric Oil On Natural Gas
Reinforced Concrete Structural Steel	Natural Gas □ Propane Gas □	No. of 2 BR units: No. of 3 BR units:	Propane Gas
Masonry		Other Structure: Dimensions:	Sprinkler system: N/A NFPA #13D
Wood Frame	Sprinkler system: N/A ☐ Full	Footings:	NFPA #13R.
State Certified Modular	Partial Other Suppression	State Certified Modular	
	# of Heads	Manufactured Home	
THE UNDERSIGNED HEREBY CERTIFIES AND ACREES AS POLLOW WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFOTHS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PE	DRM NO WORK ON THE ABOVE REFERENCED PROPERTY NO	ATION; (2)THAT THE INFORMATION IS OGREGOT; (3) THE SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5)	JAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWA THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENT
Applicant's Signature		Print Name	
Title/Company		Date	
	** PLEASE WRITE N	F FINANCE OF HOWARD COUNT EATLY AND LEGIBLY. **	
AGENCY DATE	- FOR OFF SIGNATURE APPROVAL	DES SECONLY -	PROPERTY ID#. 4 27
Land Development, DPZ	till gjarden 1978 bledgigt for over troppyring storen av allerties at his best and	Front:	Filing fee \$ //o a -
State Highways Building Official	The state of the s	Réari Side:	Permit fee S Excise tax S
Dev. Engineering, DPZ	344	Side St.	Add'l per. fee \$
Fire Protection		All minimum setbacks met?  YES □ NO □	TOTAL FEES \$Sub-total paid \$
Is Sediment Control approval required prior to	issuance?	Is Entrance Permit required?	Balance due \$
YES WO 🗆		YES □ NO □ } ✓ Historic District?	Check # 7/77 Validation # 7/4
CONTINGENCY CONSTRUCT	ION START:	YES□ NO□	
ONE STOP SHOP:		Lot Coverage for NewTown Zone SDP/Red-line approval date	Accepted by
Distribution of Copies- White: Building	Official Green: LDD, DPZ	SDP/Red-line approval date  Yellow: DED, DPZ  Pink: Heal	



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

August 6, 2004

NVR Inc. 6085 Marshalee Drive Elkridge, MD 21075

RE:

Lots 1, 2, & 3 Hall Shop Manor

Nitrogen Pre-Treatment Requirements

Dear Sirs:

This is to accompany the Health Department building permit approval for the above referenced lots regarding the requirements set forth on the final recorded plan for the Hall Shop Manor subdivision.

The above mentioned lots are approved under the condition that the lots mentioned above have a nitrogen pre-treatment device that treats septic effluent to a level of at least 10 mg/L nitrogen. The Health Department is not permitted to recommend a manufacturer of such a unit and the manufacturer of such a unit must be pre-approved by the Maryland Department of the Environment.

Applicant is must insure that an I & A Agreement is signed and recorded among the land records of Howard County prior to issuance of the Use and Occupancy for the above mentioned lots.

Applicant is also reminded that the septic installation cannot proceed until the installer provides a manufacturer guarantee that the installed unit will function as prescribed.

Any questions regarding this issue can be answered by calling (410) 313-1771.

Respectfully,

John A. Boris, Jr., R.S., Director

Well and Septic Program

cc: File