DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1910
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

Building Address 11525 E. WINCHESTER LN
ELLICOTT CITY, MD 21043

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

Census Tract _____ Subdivision Kings Grift

Section _____ Area _____ Lot 32

Tax Map 16 Parcel 349 Grid 8

Zoning _____ Map Coordinates _____ Lot size 5.68AC

Property Owner's Name CHRISTOPHER LONG

Address 4724 AVATAR LANE

City Owings Mill State MD Zip Code 21117

Home Phone 410-977-6790 Work Phone _____

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

Phone _____ Fax _____

Existing Use _____

Proposed Use _____

Estimated Construction Cost $ 40,000.00

Description of Work Addition a deck,
Deck size (25'x 11'-4" & 20'x19') 9' High
A gazebo, 8 sides, 18' Diameter, 10' high
A Hot top 8' Diameter. A water
fountain 20' Diameter
an 30' diameter

Contractor Company By owner

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant _____

Contact Name Joseph Nguyen

Address 6255 WILLS ST

City Alexandria State VA Zip Code 22310

Phone 703-622-2245 Fax 703-922-9324

Engineer or Architect Company NA

Contact Person Joseph Nguyen

Address 6255 WILLS ST

City ALEXANDRIA State VA Zip Code 22310

Phone 703-922-8315 Fax 703-922-9324

BUILDING DESCRIPTION - *COMMERCIAL*

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 DESCRIPTION - *RESIDENTIAL*

Building Characteristics

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: _____
Dimensions: _____
Footings: _____
Roof Height: _____

_____ 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 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 for JN

Title/Company Agent

Print Name JOSEPH NGUYEN

Date April 11, 2007

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	4/11/2007	
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

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 NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#:

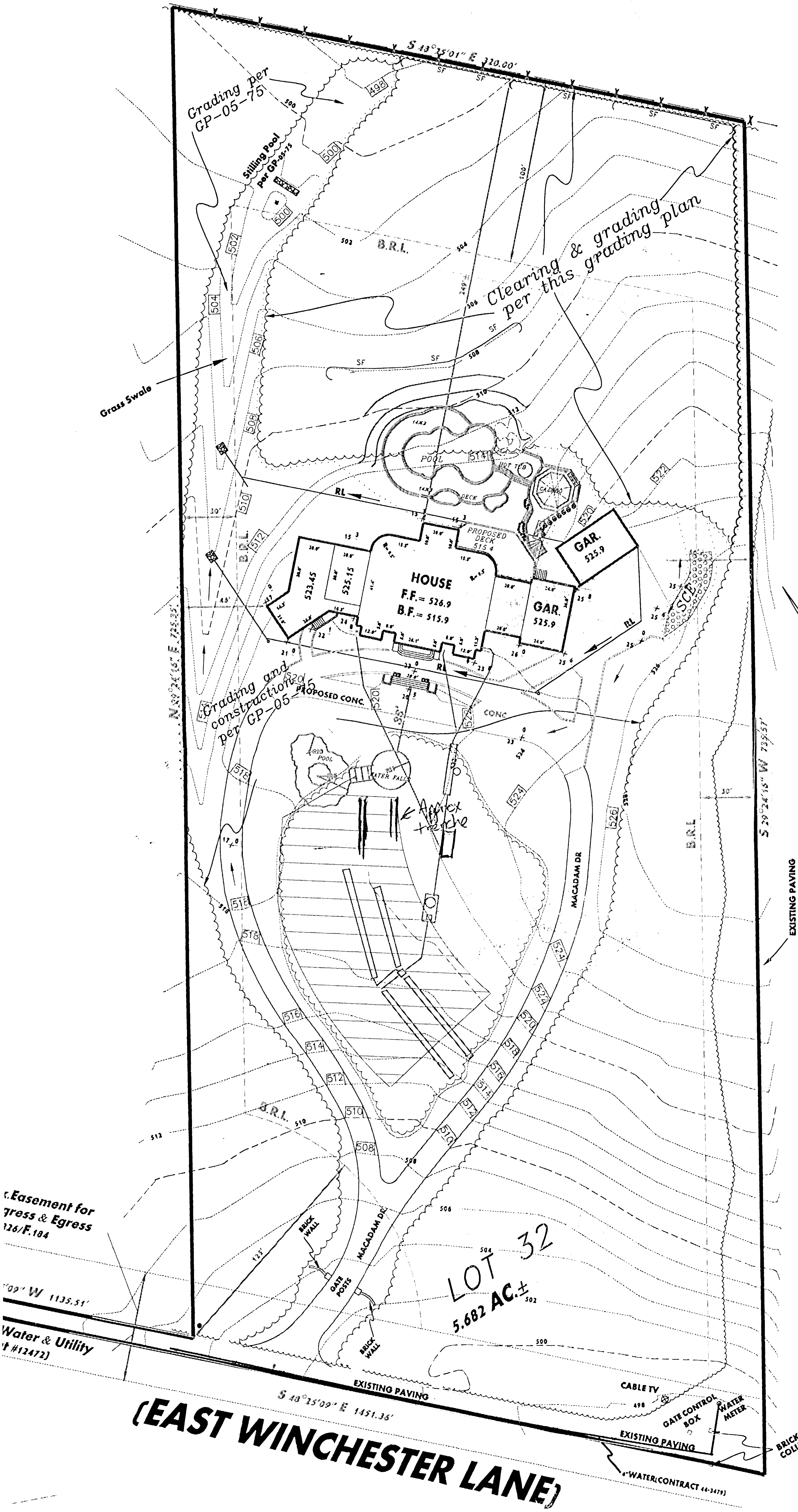
Filing fee	$
Permit fee	$
Excise tax	$
Add'l per. fee	$
TOTAL FEES	$
Sub-total paid	$
Balance due	$
Check	#
Validation	#

Accepted by ____

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

T:\forms\PERMIT.FRM

Rev. 11/4/04



APPROVED
WALK-THRU BUILDING PERMIT
BP# A# 5143CC / PS24478
APP. SAN GAC DATE: 4/11/2007
DESC. OF WORK: DECK, POOL, GAZEBO, HOT TUB, AND WATERFALL W/ POOL

12/07
CAD
in
G.S

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 ~~B0310730~~

Building Address 11525 E. WINCHESTER LN
ELLICOTT CITY, MD 21043

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

Census Tract _____ Subdivision Kings Gift

Section _____ Area _____ Lot 32

Tax Map 16 Parcel 349 Grid B

Zoning _____ Map Coordinates _____ Lot size 5.68 AC

Property Owner's Name CHRISTOPHER LAC LONG

Address 4724 Aratan Lane

City Owings Mill State MD Zip Code 21117

Home Phone 410-977-6790 Work Phone 410-977-6790

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

Phone 703-622-2245 Fax

Existing Use _____

Proposed Use _____

Estimated Construction Cost $ 35,000.00

Description of Work Addition a deck and a Gazebo

Deck: 25'x11'-4" + 20'x19' .. 9' High
Gazebo : ~~8~~ 8 sides, 18' Dia. 10' High

Contractor Company BY OWNER

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant CHRISTOPHER LAC LONG

Contact Name Joseph Nguyen, P.E.

Address 6255 WILLS ST

City Alexandria State VA Zip Code 22310

Phone 703-622-2245 Fax 703-922-9324

Engineer or Architect Company NA

Contact Person Joseph Nguyen

Address 6255 WILLS ST

City ALEXANDRIA State VA Zip Code 22310

Phone 703 622 2245 Fax

BUILDING DESCRIPTION - *COMMERCIAL*

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 DESCRIPTION - *RESIDENTIAL*

Building Characteristics

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: _____
Dimensions: _____
Footings: _____
Roof Height: _____

_____ 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 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

AGENT
Title/Company

JOSEPH NGUYEN
Print Name

April 5, 2007
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	4/5/07	Oakley Tenpenny
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

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 NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#:

Filing fee	$ _____
Permit fee	$ _____
Excise tax	$ _____
Add'l per. fee	$ _____
TOTAL FEES	$ _____
Sub-total paid	$ _____
Balance due	$ _____
Check	# 384
Validation	# _____

Accepted by _____

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

T:\forms\PERMIT.FRM

Rev. 11/4/04

U.S. ROUTE 40
(R/W WIDTH VARIES)

S 48°25'01" E 320.00'

Grading per CP-05-75

Clearing & grading per this grading plan

EXISTING HOUSE
F.F. = 526.9
B.F. = 515.9

GAR. 525.9

PROPOSED DECK

PROP. CABANA

PROPOSED CONC

CONC

Grading and construction per GP-05-75

B.R.L.

RL

MACADAM DR

EXISTING PAVING

CABLE TV

GATE CONTROL BOX

WATER METER

BRICK COLUMNS

BRICK WALL

GATE POSTS

Ex. Easement for Ingress & Egress L.2226/F.184

Ex. Public Water & Utility Esmt. (Plat #12472)

N 48°25'09" W 1135.51'

S 48°25'09" E 1451.36'

S 29°34'16" W 795.37'

LOT 32
5.682 AC.±

DESIGNATES BU

B.R.L. DESIGNATES

DESIGNATES STABILIZ

DESIGNATES SPOT ELEVATIO

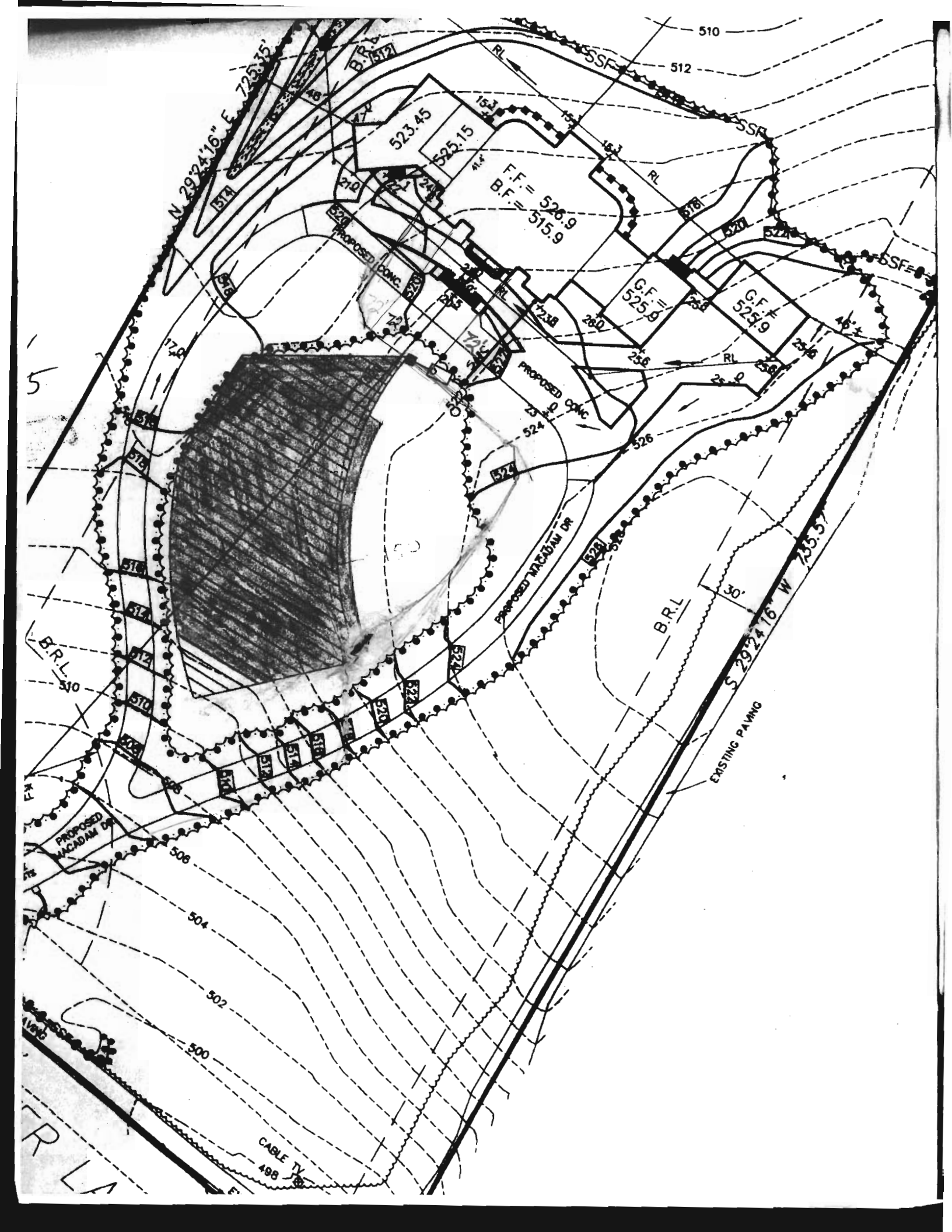
SF DESIGNATES SILT FENCE

RL DESIGNATES EXISTING

DESIGNA

APPROVED
WALK-THRU BUILDING PERMIT
BP# A# 514 8160
APP. SAN Ot DATE: 4/5/07
DESC. OF WORK: DECK + GAZEBO

NOTES:
1. THE TOPOGRAP
IN APRIL OF
AND DRIVE
2. B.R.L.
3.


N 29°24'16" E 725.35'
B.R.L
SSF
510
512
514
516
518
520
522
524
526
528
523.45
525.15
F.F. = 526.9
B.F. = 515.9
G.F. = 525.8
G.F. = 525.9
PROPOSED CONC.
PROPOSED MACADAM DR
B.R.L
30'
S 29°24'16" W 735.37'
EXISTING PAVING
PROPOSED MACADAM DR
504
502
500
498
CABLE TV
RL

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 B07000499

Building Address 11525 East Winchester Lane
Ellicott City, MD. 21042

Suite/Apt. #: _____ SDP/WP/Petition #: 44-3479

Census Tract 6030 Subdivision Kings Gift

Section _____ Area _____ Lot 32

Tax Map 16 Parcel 349 Grid _____

Zoning _____ Map Coordinates 10J4 Lot size _____

Property Owner's Name Christopher Lane & Thu Nguyen

Address 4724 Avatar Lane

City Owings Mills State MD Zip Code 21117

Home Phone 4-977-6790 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
William Ingram
901 Driver Rd, Marriottsville, MD 21104
Phone 410-442-2139 Fax 410-442-3280

Existing Use New Single Family Dwelling

Proposed Use _____

Estimated Construction Cost $ 10,000.00

Description of Work Install retaining wall at rear of house - Using Allan Block 9 Ft. High x 30 Ft. Long Approx. 9' High tapered down to 13" High

Contractor Company Homeowner

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant Boostos

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company Phoenix Engineering

Contact Person John Heisenbe

Address 1420-A Joh Ave.

City Baltimore State MD Zip Code 21227

Phone 410-247-8833 Fax 410-247-9397

BUILDING DESCRIPTION - *COMMERCIAL*

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 DESCRIPTION - *RESIDENTIAL*

Building Characteristics

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: _____
Dimensions: _____
Footings: _____
Roof Height: _____

_____ State Certified Modular
_____ Manufactured Home

Utilities

Water Supply:
X Public
____ Private
Sewage Disposal:
____ Public
X 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

William Ingram
Print Name

Title/Company

2/15/07
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	2/22/07	
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

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 NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#:	
Filing fee	$ _____
Permit fee	$ _____
Excise tax	$ _____
Add'l per. fee	$ _____
TOTAL FEES	$ _____
Sub-total paid	$ _____
Balance due	$ _____
Check	# 10334
Validation	# _____

Accepted by _____

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

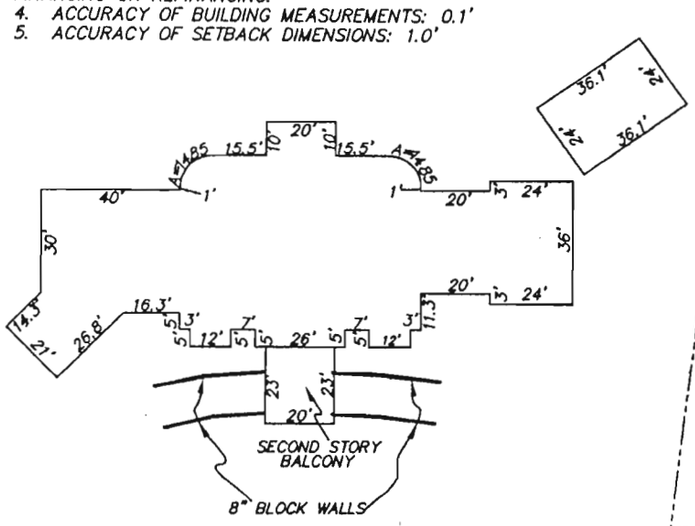
T:\forms\PERMIT.FRM

Rev. 11/4/04

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'

THE PROPERTY SHOWN HEREON LIES IN ZONE C AS SHOWN ON FLOOD INSURANCE RATE MAP NO: 2400440016 B
DATED: DEC. 4, 1986



Retaining wall location ok 2/22/07 SF
B0700499

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.

STATE OF MARYLAND — RICHARD F. LANE — No. 301 — REGISTERED PROPERTY LINE SURVEYOR

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

FOUNDATION LOCATION DRAWING

KING'S GIFT LOT 32

DEED REF: LIBER 8100 FOLIO 130
TAX MAP 16 GRID 8 PARCEL 349

ELECTION DISTRICT: 3RD
COUNTY: HOWARD
SCALE: 1"=100'

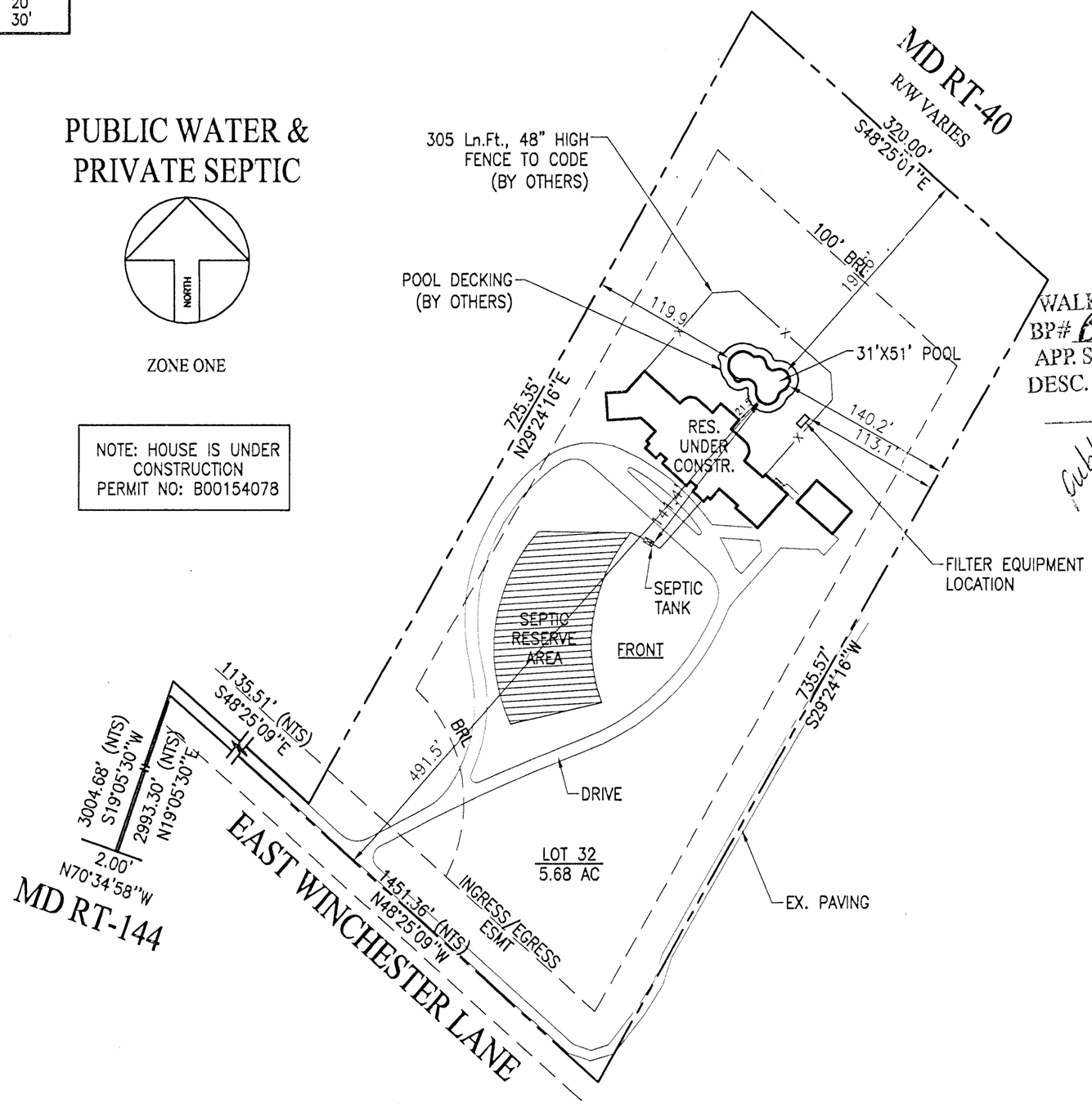
DATE: JANUARY 22, 2007
DATE OF LATEST FIELD WORK: 01/18/07

SETBACKS:	
REAR PL.	50'
SIDE PL.	30'
HOUSE	0'
SEPTIC	20'
WELL	30'

PUBLIC WATER & PRIVATE SEPTIC

ZONE ONE

NOTE: HOUSE IS UNDER CONSTRUCTION
PERMIT NO: B00154078



APPROVED
WALK-THRU BUILDING PERMIT
BP# B00158812 A# 51436
APP. SAN Karen Norman DATE: 3-30-06
DESC. OF WORK: wtr pool

public H2O

SITE PLAN
1"=100'

LOT 32
KINGS GIFT

TAX ACCOUNT #283445
MAP 16, GRID 8, PARCEL 349
3RD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

MAILING ADDRESS:
JOE NGUYEN – AGENT/ARCH.
6255 WILLS STREET
ALEXANDRIA, VA 22310

PERMIT SET
DATE: 03-30-06

PERMIT NUMBERS
POOL:
ELECT:
OTHER:

Maryland POOLS Inc.
9515 GERWIG LANE, SUITE 121, COLUMBIA, MD 21046, 410-995-6600
11166 MAIN STREET, SUITE 402, FAIRFAX, VA 22030, 703-359-7192
800-252-SWIM
WWW.MARYLANDPOOLS.COM

EQUIPMENT LIST

DIRT/GRADING:	HAUL – 1 HOUR (IN CONTRACT)
SPA:	NONE
RAISED BEAM:	NONE
TILE:	TBD
COPING:	PA FULL RANGE FLAGSTONE – CUT
PLASTER:	TBD
FILTER SYS:	C&C 420 SF CART. W/2 HP PUMP
CLEANING SYS:	PCC 2000
TREATMENT SYS:	(2) MINERAL SPRINGS
CONTROL SYS:	INTELLITOUCH i7+3
HEATER:	AC–125 HEAT PUMP
LIGHTS:	TWO WATTS: 500 VOLTS: 120
LOVESEAT:	(1) @ 4' INSIDE & (1) 6' OUTSIDE
AQUA BENCH:	(1) @ 6'
RAIL GOODS:	NONE
DECKING:	BY OTHERS
FENCE:	BY OTHERS
POOL COVER:	NONE TYPE: N/A
CHEMICALS:	$50 CHEMICAL ALLOWANCE
OTHER ITEMS:	10' DIVING BOARD & STAND INTIAL WATER FILL WATERFALL PREP & HEAVY UP WATERFALL (BY HERITAGE)
ELECTRIC:	200 FT. (TRISTAR)

POOL DATA

SIZE/SHAPE:	31' x 51' – CUSTOM		
POOL AREA:	1020	SPA:	OTHER: 12
TOTAL AREA:	1032		
PERIMETER:	135	SPA:	
GALLONAGE:	44,000	DEPTH:	3'-0" TO 9'-0"

DIRECTIONS TO SITE

RT–29 NORTH TO I–70 WEST. CONTINUE TO EXIT 83, MARRIOTTSVILLE RD. GO SOUTH, CROSS RT–40 TO R/T ON RT–144, FREDERICK ROAD. GO TO R/T ON KINGS GIFT. STAY ON KINGS GIFT TO R/T AT END ON EAST WINCHESTER LANE. GO TO SITE ON LEFT – UNDER CONSTRUCTION

MAP # 10
GRID J3

Christopher Lac Long
11525 E. Winchester Lane
Ellicott City, Maryland 21043
Howard County

HOME PHONE: 703-922-8315 (JOE)
CELL PHONE 1: 703-622-8315 (JOE)
CELL PHONE 2:
OFFICE PHONE:

LOT:	SUBDIVSION NAME:	DISTRICT:	P.I.N #
32	KINGS GIFT	3	283445

SITE PLAN — ZONE: ONE

SCALE:	BY:	DATE:	JOB NUMBER:	SHEET #:
1"=100'	JEK	03/30/06	JK06-8814	S–1

G:\RESJOBS\8814-JK-LONE\8814-JK-LONE.dwg, 3/30/2006 11:37:02 AM

Health

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURTHOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1880
ADMINISTRATION (410) 313-2350

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00454078

Building Address 11525 EAST WINCHESTER LA
ELLICOTT CITY MD 21043
Suite/Apt #: TAYBD 05-283445 SDP/WP/Petition #:
Census Tract 6030 Subdivision KINGS GIFT
Section Area Lot 32
Tax Map 16 03-2-8344 Parcel 349 Grid 8
Zoning RCDEO Map Coordinates 1054 Lot size 5.680 ACRES

Property Owner's Name CHRISTOPHER LAC LONG AND THU HA NGUYEN
Address 4724 AVATAR LANE
City OWINGS MILLS State MD Zip Code 21117
Home Phone 410 977-6790 Work Phone
Applicant's Name & Mailing Address, (if other than stated hereon):
JOSEPH NGUYEN
6255 WILLS ST. ALEXANDRIA, VA 22310
Phone 703 922 8315 Fax 703 922-9324

Existing Use VACANT LOT
Proposed Use NEW SINGLE FAMILY HOME
Estimated Construction Cost $ 1,500,000.00
Description of Work Building custome new House.
5 Bedrooms, 5 Full baths + 3 Half Bath,
2 - 3car garages, 2 Kitchens, Front porch
Partial Basement (Portion)

Contractor Company TBD
Contact Person
Address
City State Zip Code
License No.
Phone Fax

Occupant or Tenant Resident
Contact Name JOSEPH NGUYEN
Address 6255 WILLS ST
City ALEXANDRIA State VA Zip Code 22310
Phone 703-922-8315 Fax 703-922-9324

Engineer or Architect Company N-SQUARE ENGINEERS, IN
Contact Person JOSEPH NGUYEN
Address 6255 WILLS ST
City ALEXANDRIA State VA Zip Code 22310
Phone 703 922-8315 Fax 703-922-9324

BUILDING DESCRIPTION - COMMERCIAL

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 DESCRIPTION - RESIDENTIAL

Building Characteristics
SF Dwelling ☑ SF Townhouse ☐

	Depth	Width
1st floor:	67'	200 feet
2nd floor:	67'	110 feet
Basement:	67'	70 feet

Finished Basement ☑ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☑
No. of Bedrooms 5
Height: 45FT
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

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 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

CHRISTOPHER L. LONG
Print Name

Owner
Title/Company

4/01/05 5.27.05
Date

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

- FOR OFFICE USE ONLY -

65820

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	6/14/05	
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

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 NewTown Zone
SDP/Red-line approval date

PROPERTY ID#:

Filing fee	$ 100
Permit fee	$
Excise tax	$
Add'l per. fee	$
TOTAL FEES	$
Sub-total paid	$
Balance due	$
Check	# 294
Validation	# 91529

Accepted by

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

T:\forms\PERMIT.FRM

Rev. 11/4//04