

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER
 B08002129

Building Address 3169 Lorenzo Lane
Woodbine 21797
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision Waterford Farms
 Section _____ Area _____ Lot 10
 Tax Map 20 Parcel 139 Grid 12
 Zoning _____ Map Coordinates 8F-7 Lot size _____

Property Owner's Name Ted + Demetra Angeropoulos
 Address 3169 Lorenzo Lane
 City Woodbine State MD Zip Code 21797
 Phone 410-312-9420 Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD + Pool
 Estimated Construction Cost \$ 25,000
 Description of Work Inground concrete pool in rear yard 23' x 49' w/48" high fence to edge

Contractor Company Maryland Pools
 Contact Person Joanne Latham
 Address 9515 Gerwig Lane
 City Columbia State MD Zip Code 21046
 License No. 6694
 Phone 410-995-6608

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities	
Height:		Water Supply:	
No. of stories:		Public <input type="checkbox"/>	
Gross area, sq. ft. per floor:		Private <input type="checkbox"/>	
Use group:		Sewage Disposal:	
Construction type:		Public <input type="checkbox"/>	
Reinforced Concrete <input type="checkbox"/>		Private <input type="checkbox"/>	
Structural Steel <input type="checkbox"/>		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
Masonry <input type="checkbox"/>		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Wood Frame <input type="checkbox"/>		Heating System:	
State Certified Modular <input type="checkbox"/>		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"/>	
		Full <input type="checkbox"/>	
		Partial <input type="checkbox"/>	
		Other Suppression <input type="checkbox"/>	
		# of Heads _____	

Building Characteristics		Utilities	
SF Dwelling <input type="checkbox"/>	SF Townhouse <input type="checkbox"/>	Water Supply:	
Depth _____	Width _____	Public <input type="checkbox"/>	
1st floor: _____		Private <input checked="" type="checkbox"/>	
2nd floor: <u>3-9</u>		Sewage Disposal:	
Basement: _____		Public <input type="checkbox"/>	
Finished Basement <input type="checkbox"/>	Unfinished Basement <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	
Crawl space <input type="checkbox"/>	Slab on Grade <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
No. of Bedrooms _____		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Height: _____		Heating System:	
Multi-family dwellings:		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
No. of efficiency units: _____		Natural Gas <input type="checkbox"/>	
No. of 1 BR units: _____		Propane Gas <input type="checkbox"/>	
No. of 2 BR units: _____		Sprinkler system: N/A <input type="checkbox"/>	
No. of 3 BR units: _____		NFPA #13D _____	
Other Structure: _____		NFPA #13R _____	
Dimensions: _____		Other: _____	
Footings: _____			
Roof Height: _____			
State Certified Modular <input type="checkbox"/>	Manufactured Home <input type="checkbox"/>		

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 ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature J. Latham Print Name J. Latham
 Title/Company agent Date 7-16-08

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

FOR OFFICE USE ONLY

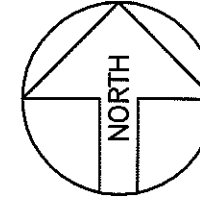
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>7/17/08</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			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"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit required?	Check # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for NewTown Zone _____	
Distribution of Copies- White: Building Official		Green: LDD, DPZ	SDP/Red-line approval date _____	Accepted by _____
T:forms\PERMIT.FRM		Yellow: DED, DPZ		Gold: SHA
		Pink: Health		

SETBACKS:

REAR PL. 10'
 SIDE PL. 10'
 HOUSE N/A
 SEPTIC 10'
 WELL 20'

PERCOLATION CERTIFICATION PLAN
PC529452

PRIVATE WELL & SEPTIC



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 - WHOLE BACK YARD
 SPA: NONE
 RAISED BEAM: NONE
 TILE: STB 808
 COPING: STD. 'SUIT SAVER'-WHITE
 PLASTER: WHITE MARBELITE
 FILTER SYS: C&C 420 SF CART. W/ INTELLIFLO VS 3050
 CLEANING SYS: PCC 2000
 TREATMENT SYS: MINERAL SPRINGS
 CONTROL SYS: EASY TOUCH 8 PSC-IC40
 HEATER: HP 1200- HEAT PUMP
 LIGHTS: 4(LED) WATTS: 300 VOLTS: 120
 LOVESEAT: (4)@ 7'
 AQUA BENCH: NONE
 RAIL GOODS: NONE
 DECKING: NONE
 FENCE: BY OWNER
 POOL COVER: NONE TYPE: N/A
 CHEMICALS: \$50 CHEMICAL ALLOWANCE
 OTHER ITEMS: EQUIPOTENTIAL BONDING GRID INITIAL FILL-8 LOADS

ELECTRIC: 200 FT.

POOL DATA

SIZE/SHAPE: 23' x 49' - CUSTOM
 POOL AREA: 1100 SPA: OTHER:
 TOTAL AREA: 1100
 PERIMETER: 138 SPA:
 GALLONAGE: 46,750 DEPTH: 3'-0" TO 9'-0"

DIRECTIONS TO SITE

DIRECTIONS:
 RT.70-W TO RT. 97-S TO RIGHT ONTO UNION CHAPEL ROAD.
 LEFT ONTO DAISY ROAD, LEFT ONTO LORENZO LANE

MAP #
8
GRID
F-7

Ted & Demetra Argeroplos
 3169 Lorenzo Lane
 Woodbine, MD 21797
 Howard County

HOME PHONE:
 CELL PHONE 1: 410-312-9920 EXT. 223
 CELL PHONE 2: 410-707-6708
 OFFICE PHONE:

LOT: 10	SUBDIVISION NAME: WATERFORD FARMS	DISTRICT: 4	PIN # 367731
PERCOLATION CERTIFICATION PLAN REVISION AND SITE PLAN			ZONE: 1
SCALE: 1"= 40'	BY: DB	DATE: 11/1/07	JOB NUMBER: GS07-9278
			SHEET #: 1.0

SYMBOL LEGEND

- EXISTING GRADE
- ▨ PROPOSED SEPTIC DISPOSAL AREA
- EXISTING SEPTIC DISPOSAL AREA TO BE ABANDONED
- ▤ EXISTING SEPTIC DISPOSAL AREA TO BE ADDED
- ⊕ NEW PASSED PERC TEST-2008
- EXISTING PASSED PERC TEST-2001

SITE PLAN

1"=40'
 LOT 10

WATERFORD FARMS
 TAX ACCOUNT # 367731
 MAP 20, GRID 12, PARCEL 139
 ELECTION DISTRICT NO. 4
 HOWARD COUNTY, MARYLAND

I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON WORK PERFORMED IN MY PRESENCE OR BY MY DIRECTION, AND IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____
 APP. SAN M. D. Dan DATE: 7/16/08
 DESC. OF WORK: 23' x 49' Pool

HOWARD COUNTY HEALTH OFFICER

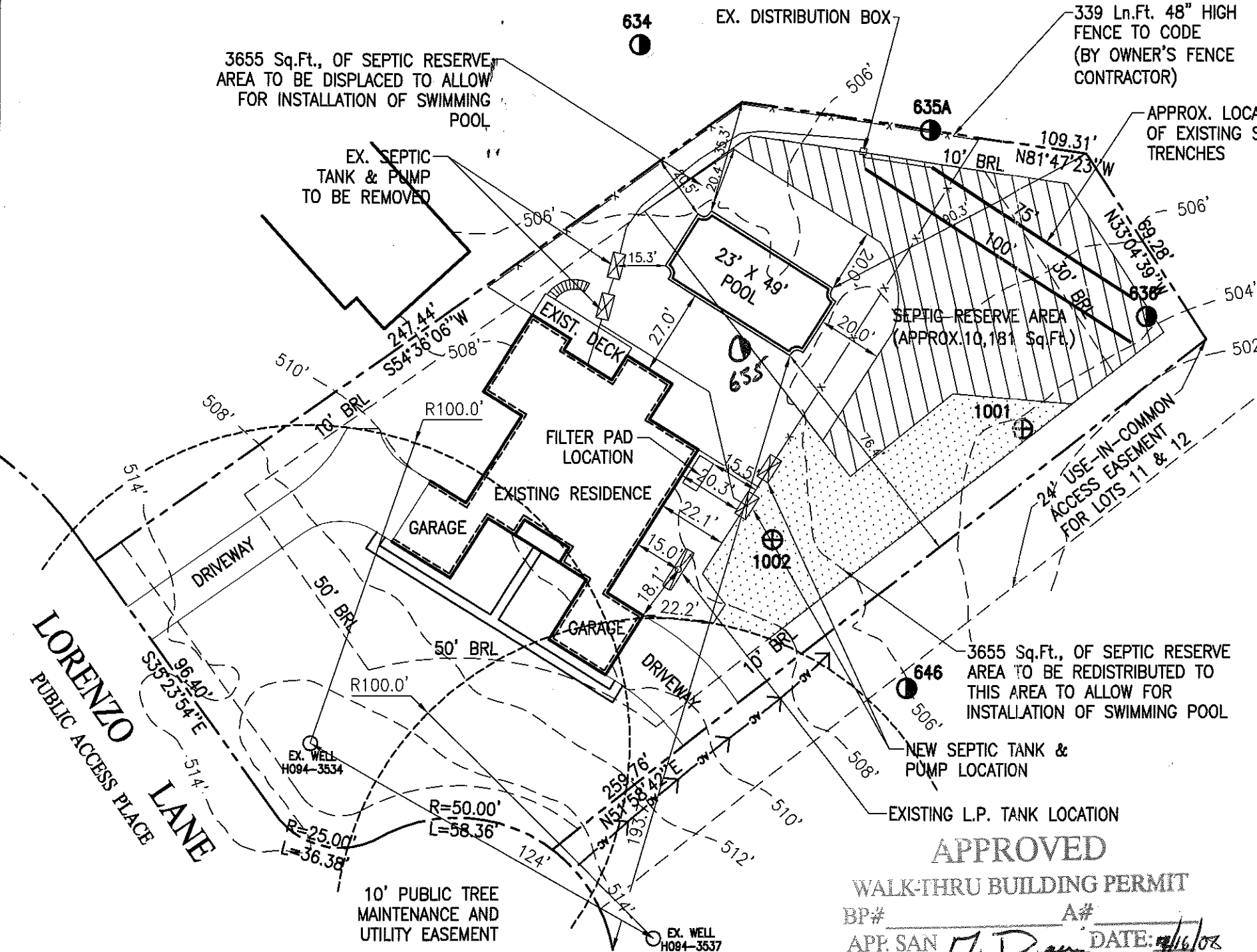
B. Dejanfer Peter Brilman 7/16/08
 APPROVED FOR PRIVATE WATER & SEWAGE

REVISION:
 7/11/08 PERC CERT INFO
PERMIT NUMBERS
 POOL:
 ELECT:
 OTHER:

PERMIT SET
 DATE: 07-11-08

NOTES:

- EXISTING WELLS ON THE SUBJECT PROPERTY AND WITHIN 100 FEET OF SUBJECT PROPERTY BOUNDARIES ARE REPRESENTED TO THE BEST OF MY KNOWLEDGE AND BELIEF.
- TOPOGRAPHY ON THIS PLAT IS FROM HOWARD COUNTY GIS (2006) AND IS VERIFIED TO ACCURATELY REPRESENT THE RELATIVE ELEV. CHANGES ON AND NEAR THE SUBJECT PROPERTY.
- ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
- THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF AT LEAST 10000 SQUARE FEET AS REQUIRE BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS ENVIRONMENT ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
- THE EXISTING RESIDENCE, WELL, DISTRIBUTION BOX AND TRENCHES SHALL REMAIN.
- THE PURPOSE FOR THIS PERCOLATION CERT. PLAN IS TO ADJUST THE SEPTIC ESMT. AREA IN SUPPORT OF A BUILDING PERMIT APPLICATION FOR A PROPOSED POOL.
- THE REPLACEMENT SEPTIC TANK AND PUMP TANK WILL BE INSTALLED, AND THE EX. SEPTIC TANK AND PUMP TANK ABANDONED, PRIOR TO HEALTH DEPT. APPROVAL OF THE BUILDING PERMIT
- THE ENTIRE PROPERTY IS WITHIN SOIL MAP UNIT GgB.



16661 C-004-39

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2456 INSPECTIONS (410) 313-1470
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B-0-146237K6/JM

Building Address 31169 LOREDO LANE
MD 21157
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 1041.02 Subdivision WATERFORD FARMS
 Section _____ Area _____ Lot 10
 Tax Map 20 Parcel 139 Grid 12
 Zoning R-10 Map Coordinates 36.11 Lot size 1.02

Property Owner's Name Tall MDZ LP
 Address 7164 Columbia Gateway Dr #230
 City Columbia State MD Zip Code 21046
 Home Phone _____ Work Phone 443 535 9296
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone _____ Fax _____

Existing Use VACANT LOT
 Proposed Use Residential Home
 Estimated Construction Cost \$ 300,000
 Description of Work 2 story, Full Basement
Concrete, Full brick exterior,
5pc 4 1/2 bath.

Contractor Company Tall MDZ LP
 Contact Person Nathan Brandenberg
 Address 7164 Columbia Gateway Dr. #230
 City Columbia State MD Zip Code 21046
 License No. 678
 Phone 443 535 9296 Fax 442 535 9297

Occupant or Tenant Tall MDZ LP
 Contact Name Nathan Brandenberg
 Address 7164 Columbia Gateway Dr #230
 City Columbia State MD Zip Code 21046
 Phone 443 535 9296 Fax 443 535 9297

Engineer or Architect Company FSM Associates
 Contact Person Zach
 Address 8319 Forest St.
 City Ellicott City State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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 _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>77.4'</u> <u>69'</u> 2nd floor: <u>79.4'</u> <u>69'</u> Basement: <u>79.4'</u> <u>69'</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>5</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 _____	Water Supply: Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> 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.

Applicant's Signature Nathan Brandenberg
 Title/Company Construction Manager / Tall Builders

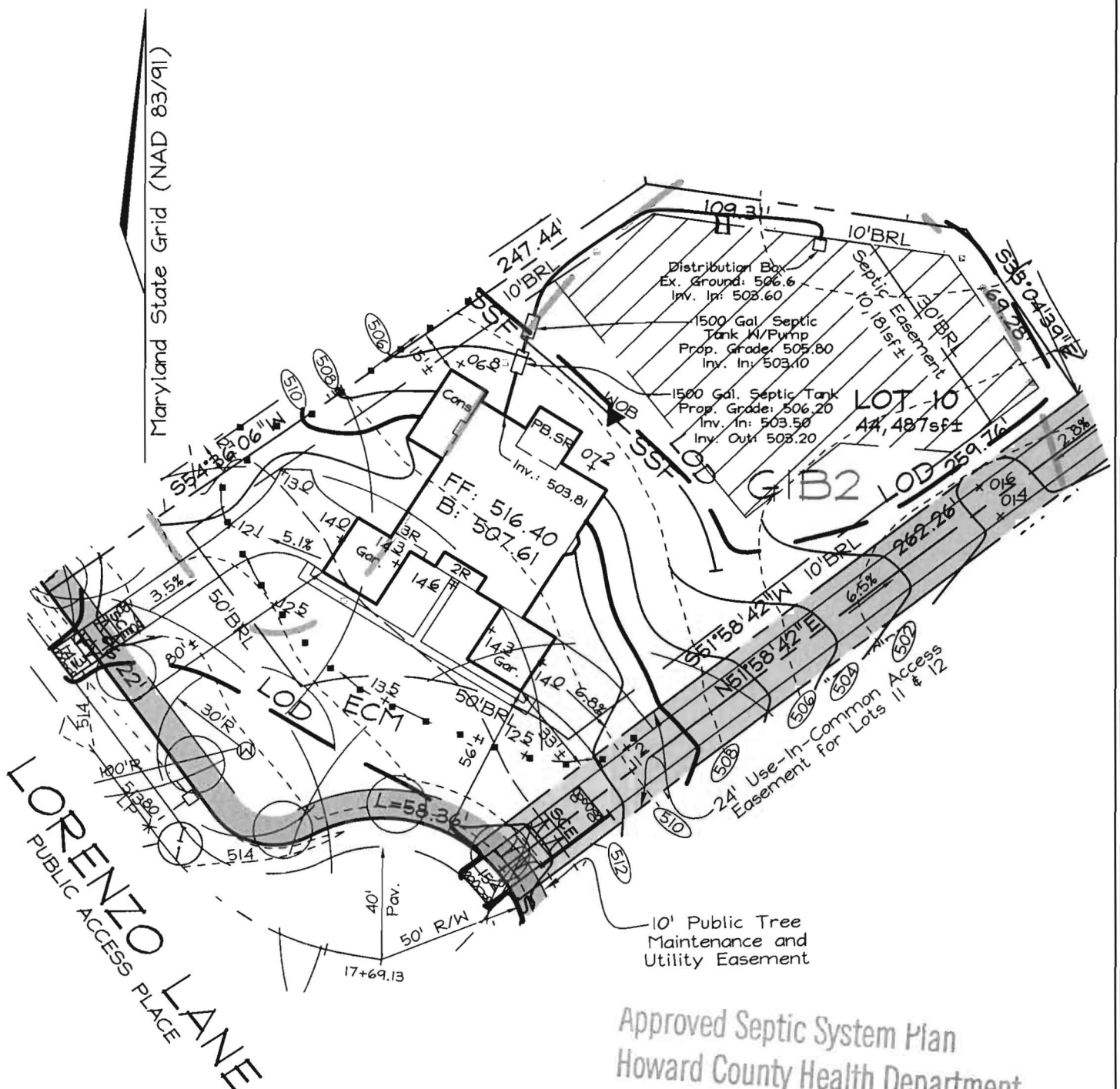
Print Name Nathan Brandenberg
 Date 2/18/04

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

AGENCY	DATE	SIGNATURE APPROVAL
Land and Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>3/4/04</u>	<u>[Signature]</u>
Fire Protection		
Sediment Control approval required prior to issuance?		
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>6068V</u>
Rear: _____	Filing fee \$ <u>100.00</u>
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>305117</u>
	Validation # <u>46294</u>
	Accepted by <u>[Signature]</u>

Maryland State Grid (NAD 83/91)



Approved Septic System Plan
Howard County Health Department

OWNER/DEVELOPER

Toll MD II, LP
7164 Columbia Gateway Drive
Suite 230
Columbia, Maryland 21046
410.872.9185

[Signature]
Signature
[Date]
Date

FSH Associates

Engineers Planners Surveyors
8318 Forrest Street Ellicott City, MD 21043
Tel: 410-750-2251 Fax: 410-750-7350
E-mail: FSHAssociates@cs.com

Note: 1. See Approved Grading Plan GP-04-39 for Entire Site.
2. The existing well shown on this plan (identified with the attached well tag number: HO-94-3534) has been field located by C. B. Miller professional surveyor and is accurately shown.

DESIGN BY: PS
DRAWN BY: KSZ
CHECKED BY: ZYF
SCALE: 1"=50'
DATE: Feb. 23, 2004
W.O. No.: 3217
SHEET No.: 1 OF 1

**LOT RESITE
LOT 10
CATTAIL TRACE**

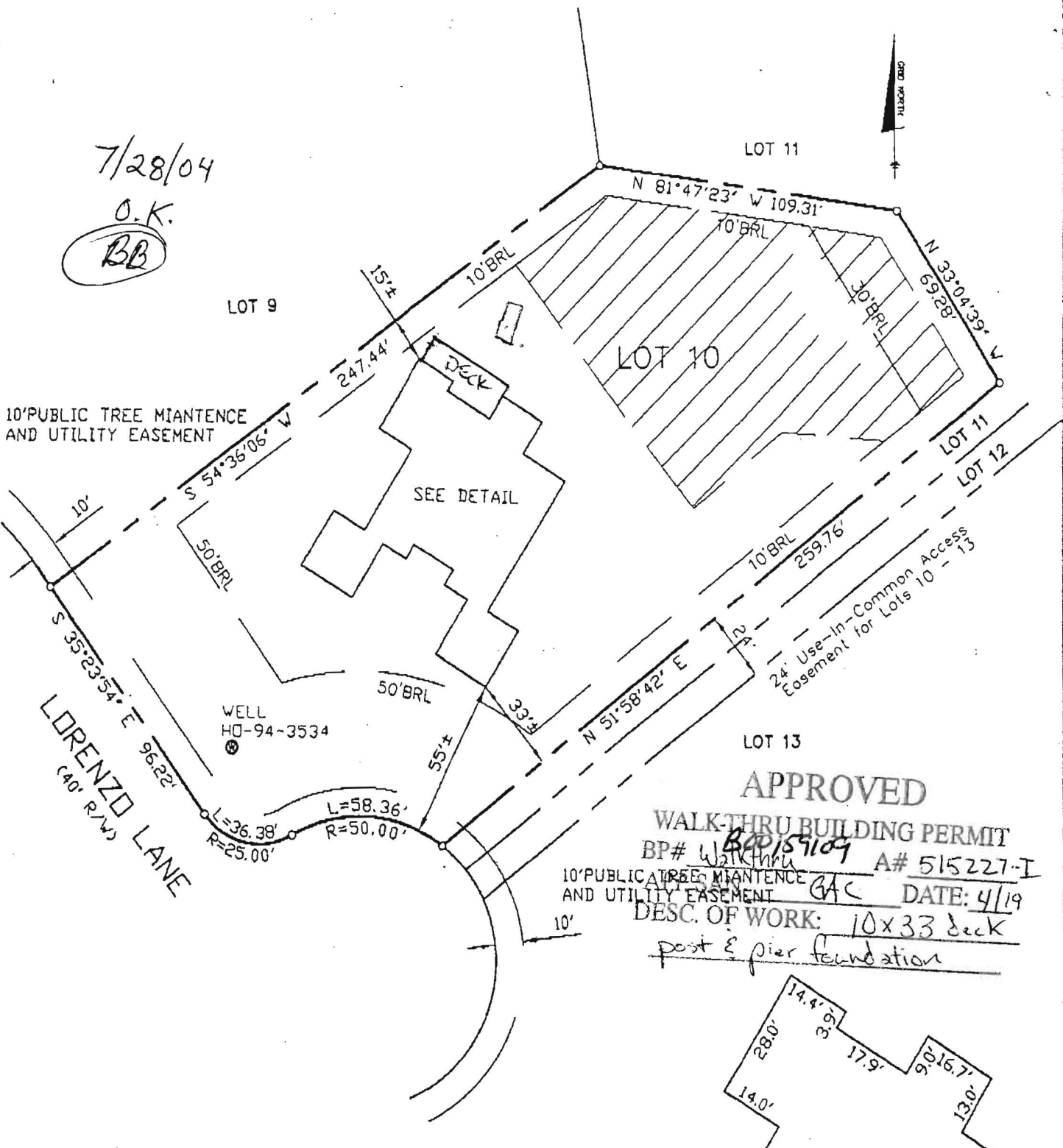
TAX MAPS 13, 14, 20 & 21
GRIDS 7, 12, 19 & 24
4TH ELECTION DISTRICT

PARCELS 20, 67 & 312
HOWARD COUNTY, MARYLAND

7/28/04

O.K.

BB



LOT 9

LOT 11

LOT 10

LOT 11

LOT 12

LOT 13

10' PUBLIC TREE MAINTENANCE AND UTILITY EASEMENT

SEE DETAIL

WELL HO-94-3534

24' Use-In-Common Access Easement for Lots 10 - 13

LORENZO LANE
(40' R/W)

APPROVED

WALK-THRU BUILDING PERMIT

BP# BB0159109

A# 515227-I

10' PUBLIC TREE MAINTENANCE AND UTILITY EASEMENT

DATE: 4/19

DESC. OF WORK: 10x33 deck

post & pier foundation

