

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER

B07001253

Building Address 3016 Lancelot Cross Property Owner's Name Kevin C. Frank  
 Suite/Apt. #: \_\_\_\_\_ SDPWP/Petition #: \_\_\_\_\_  
 Address 3016 Lancelot Cross  
 Census Tract \_\_\_\_\_ Subdivision Brantwood City Ellicott City State MD Zip Code 21042  
 Section 1 Area \_\_\_\_\_ Lot 29 Home Phone (410) 988-9003 Work Phone (410) 925-6449  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_ Applicant's Name & Mailing Address, (if other than stated hereon):  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Existing Use Unfinished Basement Contractor Company Compton's Home Improvement, Inc.  
 Proposed Use Finished Basement Contact Person Home Owner - Kevin/Allison Frank  
 Estimated Construction Cost \$ 100,000 Address (410) 988-9003  
 Description of Work Finish basement to include Media Room, Pool Table Area, Kids Playroom, Kitchen Area, and Extra Room. Two bathrooms were already existing but were found to need an upgrade. City Sykesville State MD Zip Code 21784  
 Occupant or Tenant Allison & Kevin Frank License No. 122245 Phone (410) 552-9500 Fax \_\_\_\_\_  
 Contact Name Allison Frank Engineer or Architect Company \_\_\_\_\_  
 Address 3016 Lancelot Cross Contact Person \_\_\_\_\_  
 City Ellicott City State MD Zip Code 21042 Address \_\_\_\_\_  
 Phone (410) 988-9003 Fax \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

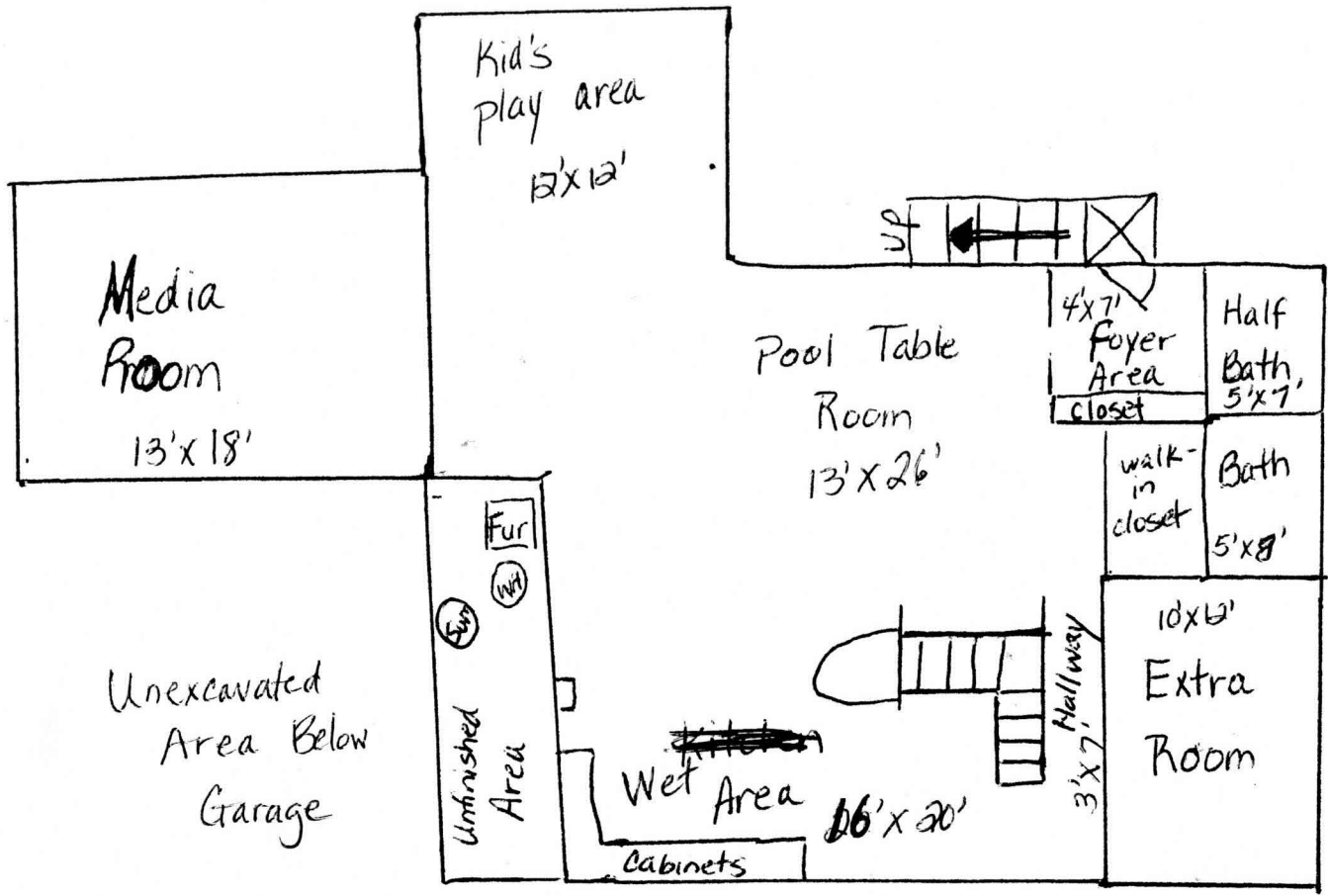
Building Characteristics		Utilities	
Height:		Water Supply:	
No. of stories:		<input type="checkbox"/> Public	
Gross area, sq. ft. per floor:		<input type="checkbox"/> Private	
Use group:		Sewage Disposal:	
Construction type:		<input type="checkbox"/> Public	
<input type="checkbox"/> Reinforced Concrete		<input type="checkbox"/> Private	
<input type="checkbox"/> Structural Steel		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Masonry		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Wood Frame		Heating System:	
<input type="checkbox"/> State Certified Modular		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	
		<input type="checkbox"/> # of Heads	
Building Characteristics		Utilities	
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>		Water Supply:	
Depth _____ Width _____		<input type="checkbox"/> Public	
1st floor:		<input checked="" type="checkbox"/> Private	
2nd floor:		Sewage Disposal:	
Basement:		<input type="checkbox"/> Public	
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>		<input checked="" type="checkbox"/> Private	
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>		Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
No. of Bedrooms _____		Gas Yes <input checked="" 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 checked="" 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: _____		<input type="checkbox"/> NFPA #13D	
Other Structure: _____		<input type="checkbox"/> NFPA #13R	
Dimensions: _____		Other: _____	
Footings: _____			
Roof Height: _____			
<input type="checkbox"/> State Certified Modular			
<input checked="" type="checkbox"/> Manufactured Home <u>12597</u>			

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 Kevin C. Frank Print Name Allison C. Frank  
 Title/Company \_\_\_\_\_ Date 4/12/07

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

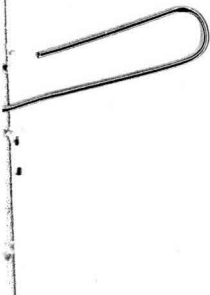
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ <u>25.00</u>
State Highways			Rear: _____	Permit fee \$ <u>100.00</u>
Building Official <u>4/12/07</u>			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ <u>10.00</u>
Health <u>4/12/2007</u>			All minimum setbacks met?	TOTAL FEES \$ <u>135.00</u>
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies -			Lot Coverage for NewTown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ			Yellow: DED, DPZ	
Pink: Health			Gold: SHA	



APPROVED

1259 square feet

WALK-THRU BUILDING PERMIT  
 BP# B07001253 # P516001A50830-BB  
 APP. SAN GAC DATE: 4/12/07  
 DESC. OF WORK: Finish basement.  
No Bedrooms because  
no windows in room



PA 5/22/04

B00147301

\$ 50  
CR/680  
CR 47786

**Kevin and Allison Frank**

3016 Lancelot Cross  
Ellicott City, MD 21042  
USA

Home Phone 410-988-9003  
Email TheFrankClan@msn.com

B00147301-A

May 26, 2004

Howard County Office of Inspections, Licenses, & Permits  
3430 Court House Drive  
Ellicott City, MD 21043-4395  
Attn: Avis Corbin

Dear Mr. Corbin,

We are requesting that the name of our pool company be changed on our current in-ground pool permit under the address of 3016 Lancelot Cross in Ellicott City, MD 21042. It was applied for and approved on April 7, 2004. We would like to switch pool companies from Elite Pools, Inc. to Anthony Sylvan Pools at 10840 Guilford Road in Annapolis Junction, MD 20701. We also will need to change the location of the pool. The new location is indicated on the plat drawing completed by Anthony Sylvan Pools. We are enclosing a check for fifty dollars as required to make these changes. In addition, we are asking that Kevin Frank replace Gearie Bowman as the applicant on the building permit. We would like to be notified after this change has been approved.

26701  
cont stamped

Sincerely,

*Kevin Frank*  
Kevin and Allison Frank

Enc: Personal Check For \$50

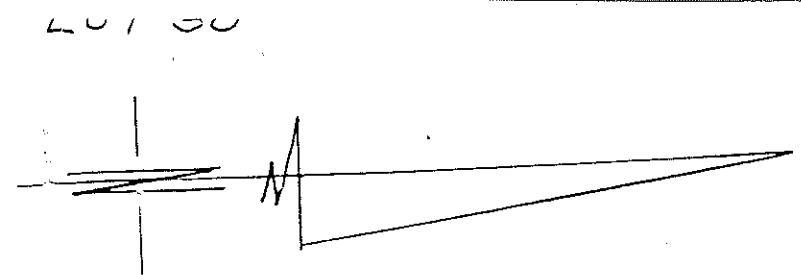
Copy of Plat for the Property at: 3016 Lancelot Cross; Ellicott City, MD 21042  
New Pool Drawing by Anthony Sylvan Pools

D-3

cc: DPZ  
OK  
5-28-04

6/7/04  
Health Dept. Has  
no problem with  
the Pool Re-locator  
KJB

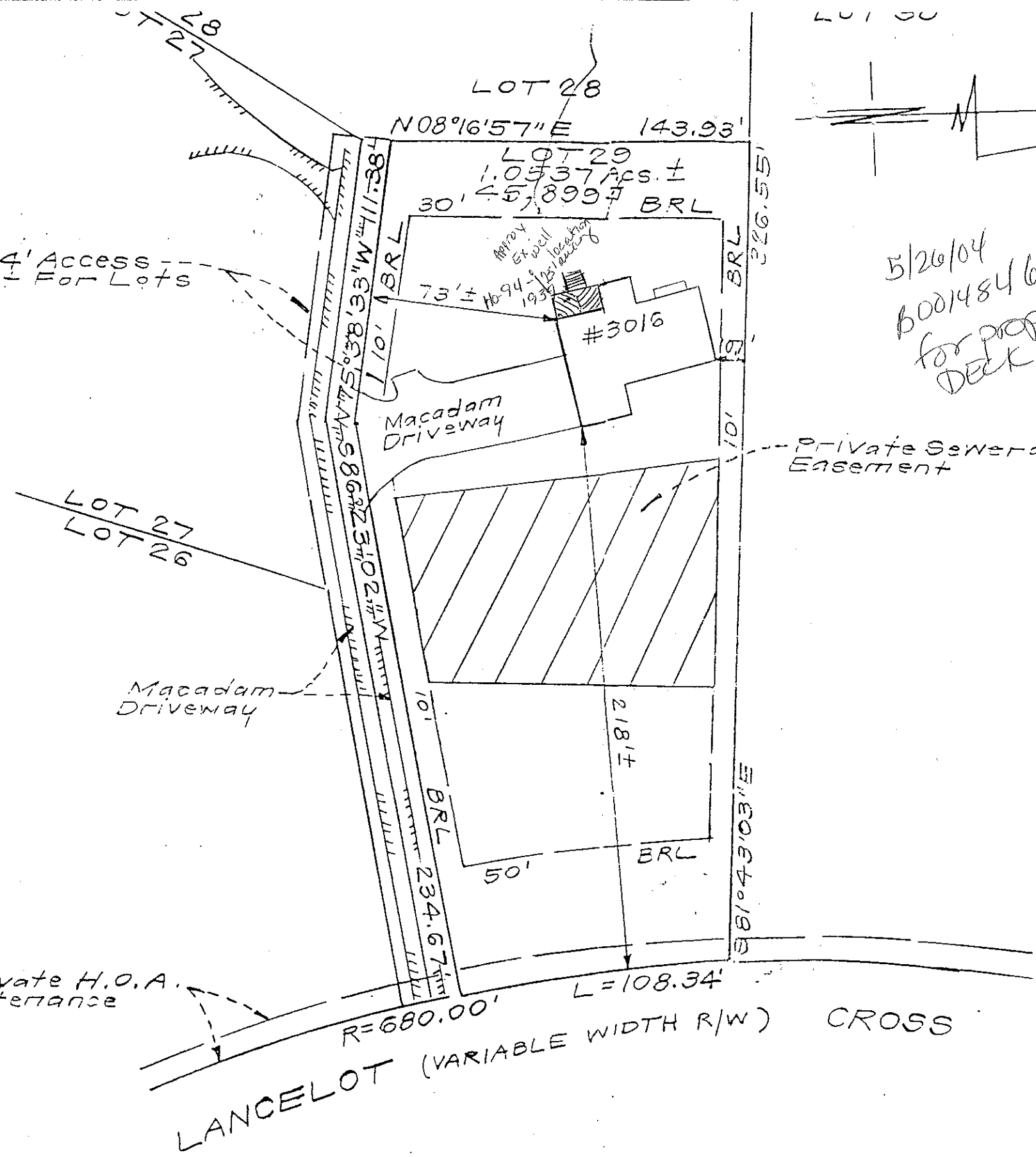
Health Dept - RASAP  
5/22/04



5/26/04  
600/484630K  
for PROPOSED  
DECK

Private 24' Access  
Easement For Lots  
27-30

Private Sewerage  
Easement



Macadam  
Driveway

Macadam  
Driveway

Macadam  
Driveway

0' Wide Private H.O.A.  
Use Maintenance  
Easement

Chimney  
(Overhanging)

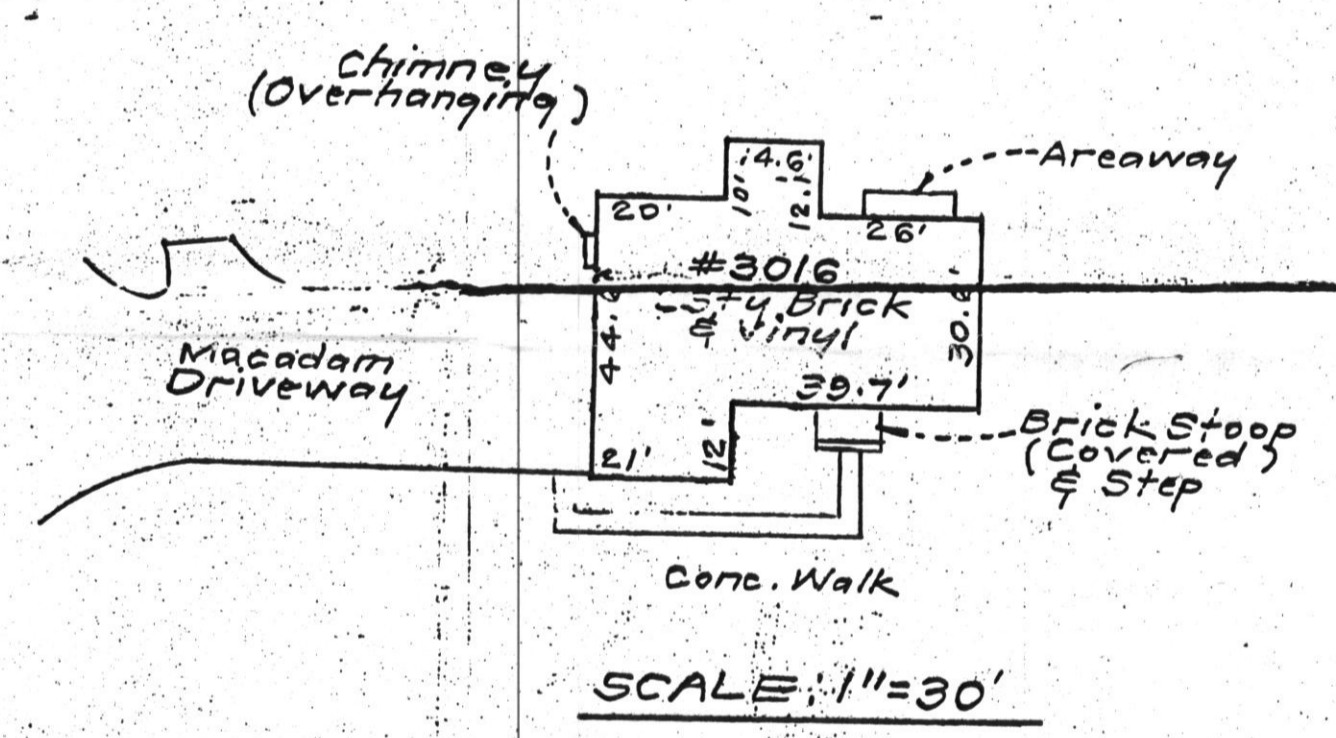
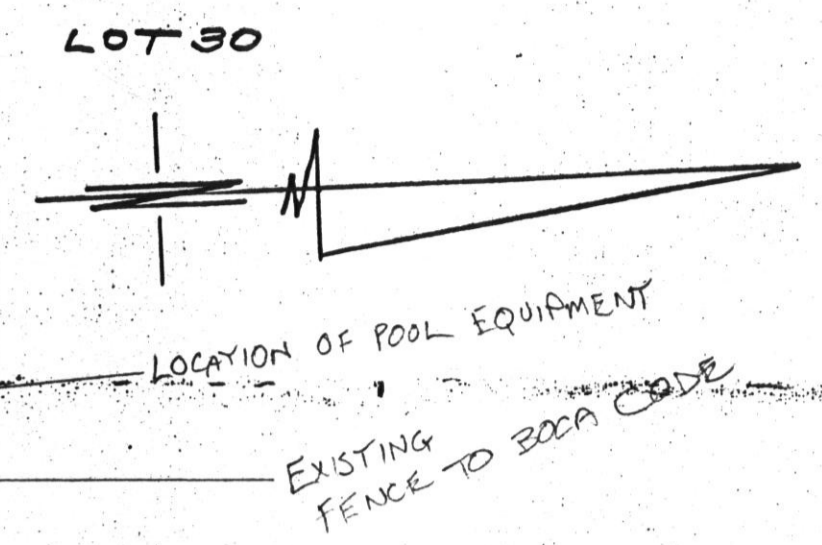
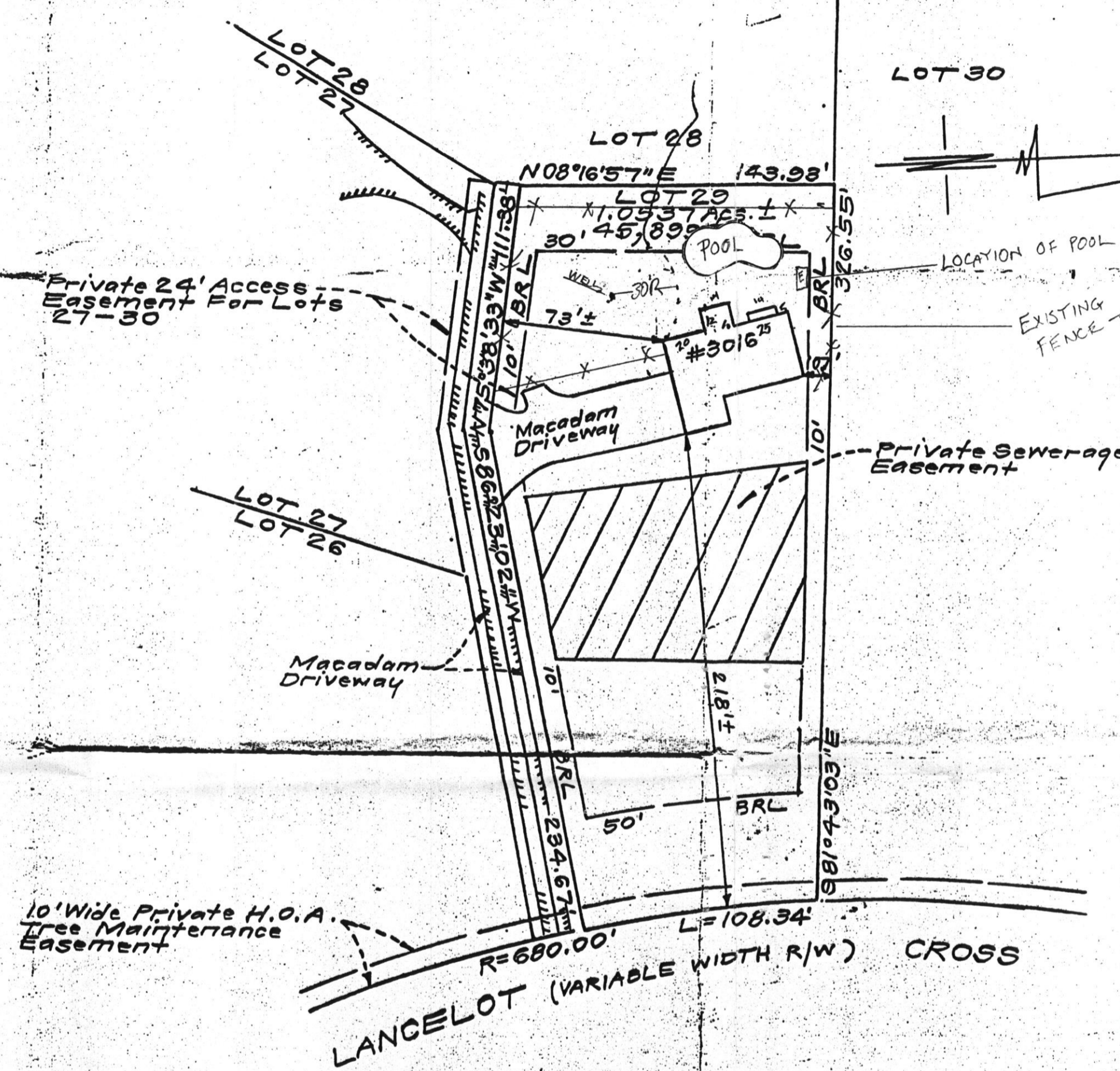
#3016  
1.5 sty. Brick  
& Vinyl

Conc. Walk

SCALE: 1"=30'

NOTE: This lot appears to lie in an area classified as Zone C, area of minimal flooding, as shown on FIRM MAP of Howard County, Maryland, Community Panel Number 24004400166, Panel 16 of 45, dated December 4, 1986.

Wall Check: 6-28-01  
Top of Wall Elev.: 544.1  
Final: 9-25-01



SCALE: 1"=30'

CONSUMER INFORMATION

1. This plot is of benefit to the consumer only insofar as it is required by a lender of a title insurance company or its agent in connection with contemplated transfer, financing or refinancing purposes;
2. This plot is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future structures;
3. This plot does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.

SURVEYOR'S CERTIFICATE

I hereby certify that a field survey of this property has been made under my supervision for the purpose of locating the improvements shown hereon, and that they are located as shown.

9-26-01  
DATE



NOTES:

1. The ± setback distance accuracy = 1'.

300147301  
REVISED  
Date: 5-27-04  
Comments: location change

Plot Reference: PLAT No. 13727

<b>CLARK • FINEFROCK &amp; SACKETT, INC.</b> ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH.		SCALE 1" = 50' DRAWING JOB NO. FILE NO.
DESIGNED	LOCATION DRAWING 3016 LANCELOT CROSS LOT 29 BRANTWOOD	
DRAWN	Section One, Lots 1-32 (32 Cluster Lots) Buildable Preservation Parcel 'B', 3 Non-Buildable Preservation Parcels 'A', 'C' & 'D', Non-Buildable Bulk Parcel 'E' And A Subdivision of Lot 1 - Feaga Property THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND	JOB NO. FILE NO.
CHECKED		
DATE		
KWC PAS	9-26-01	97-133-0

FRANK

TO: AVIS L. COOK

July 23, 2003

WE HEREBY REQUEST TO CHANGE THE  
EXISTING PERMIT BY ADDING A 3' WALK WAY  
AROUND THE EXISTING HOT TUB. TOTAL  
SQUARE FOOTAGE TO BE 78 sq

GEORGE BRYAN  
ABUNDANT FENCE WORK CO

PERMIT # B00138004  
KEVIN FRANK  
3016 LANCELOT CROSS  
ELLIOTT CITY, MD  
21043

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**  
300138004

Building Address 3016 LANCELOT CROSS  
ELLICOTT CITY, MD 21042  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 00200 Subdivision Branthwood  
 Section 11 Area \_\_\_\_\_ Lot 29  
 Tax Map 110 Parcel 214 Grid 22  
 Zoning R2C Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name KEVIN FRANK  
 Address 3016 LANCELOT CROSS  
 City ELLICOTT CITY State MD Zip Code 21042  
 Home Phone 410-728-7123 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
 Proposed Use NEW DECK  
 Estimated Construction Cost \$ 9600.00  
 Description of Work INSTALL 15'x20' DECK  
W/2 SETS STEPS HOT TUB PLATFORM  
AS BUILT.

Contractor Company ARUNDEL FENCE & DECK CO  
 Contact Person GEORGE BEYANT  
 Address 1610 SNYDER LAKE  
 City MILLERSVILLE State MD Zip Code 21107  
 License No. 72340  
 Phone 410-727-6613 Fax 410-729-0249

Occupant or Tenant OWNER  
 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: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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 _____	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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GEORGE BEYANT  
 Applicant's Signature  
ARUNDEL FENCE & DECK CO  
 Title/Company  
MR 8/15/02

GEORGE BEYANT  
 Print Name  
8-15-02  
 Date

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

REVISED

LOT 29

Date: 7-23-03

Comments: added walkway

BRANTWOOD

NV HOMES

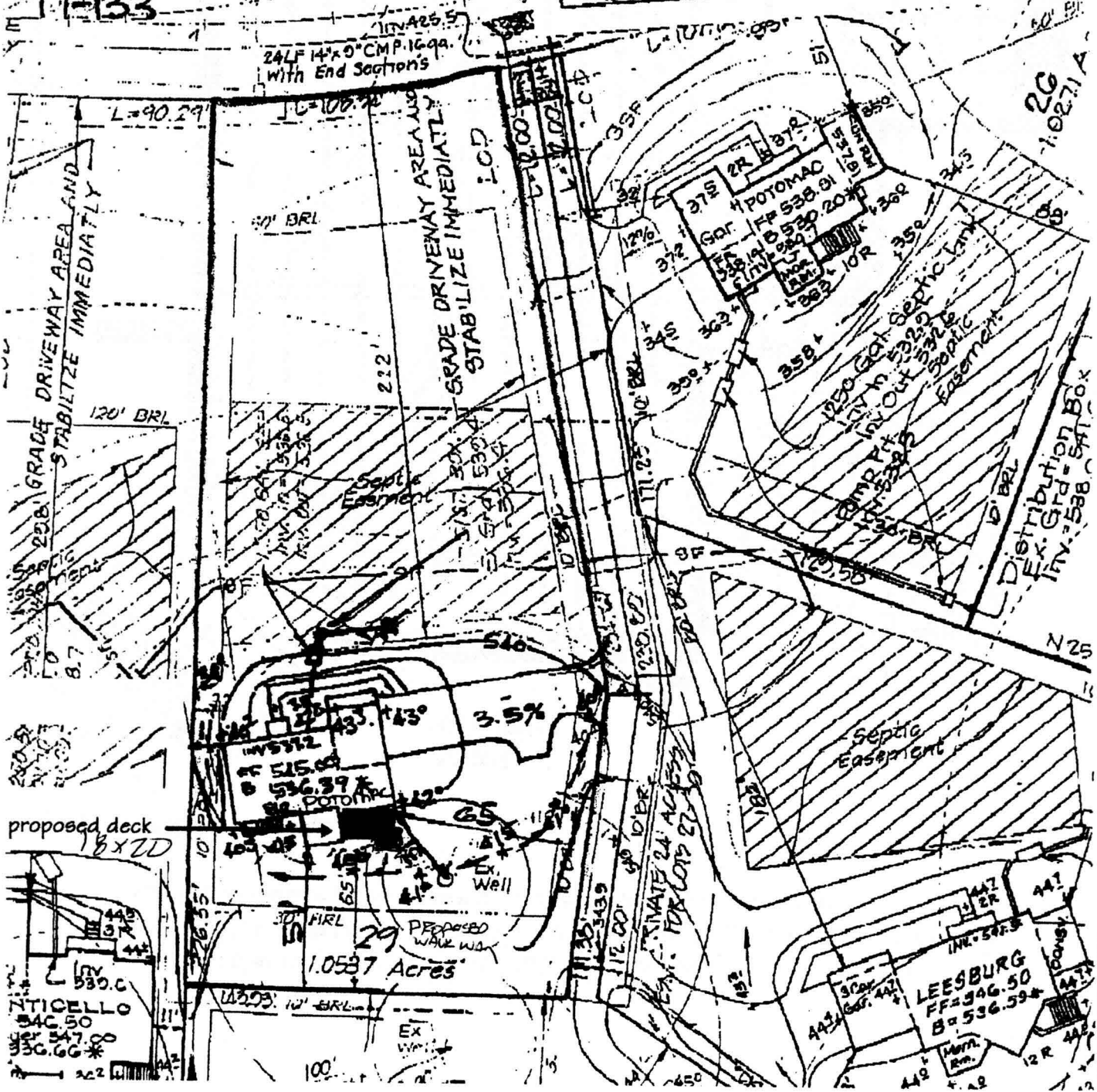
7/23/03  
JAB

loc. O.K.

04/30/01

Post-It#	Fax Note	7671	Date	5/8	# of pages	1
To	K.T.					
From	BL					
Co./Dept.	N.V.					
Phone #	AS FAYED					
Fax #	PAT INMAN					
Co.	CPS					
Phone #	BRANTWOOD					
Fax #	0029					

97-133



INTICELLO  
546.50  
347.00  
336.66\*

LEESBURG  
FF=946.50  
B=536.59\*





**Approved Septic System Plan**  
**Howard County Health Department**

Total linear feet of trench required 180 feet

Width of trench(es) 2.0 feet

Depth of trench(es) 7.0 feet

Depth of stone required below distribution pipe 4.0 feet

*Ann M. Mc...*  
**Signature**      **Date** 5/11/01

BRAND...  
 PRESERVATION...  
 ZONED: RC

"I/We...  
 to this...  
 that a...  
 Certif...  
 Train...  
 the pr...  
 Soil C...  
 necess

**CLARK • FINEFROCK & SACKETT, INC.**  
 ENGINEERS • PLANNERS • SURVEYORS

7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH.