

Walk-Through

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 2430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2456 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B09001439	
Building Address <u>3140 Lorenzo lane</u> <u>Woodbine MD 21797</u>			Property Owner's Name <u>Daniel Wolde Rubel</u> <u>Tsion Tesfayohannes</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____			Address <u>3140 Lorenzo lane</u> City <u>woodbine</u> State <u>MD</u> Zip Code <u>21797</u> Phone <u>410-489-5492</u> Phone <u>410-991-5901</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____		
Existing Use _____ Proposed Use _____ Estimated Construction Cost \$ <u>18000</u> Description of Work <u>Deck</u>			Contractor Company <u>OWNER</u> Contact Person <u>Tsion Tesfayohannes</u> <u>410-991-5901</u> Address <u>The same as above</u> City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____		
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 - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics 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	Utilities 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: <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"/> 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 SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: <u>10 feet</u> Depth <u>Width</u> 2nd floor: <u>9 feet</u> Basement: <u>8 feet</u> <input type="checkbox"/> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ Height: <u>9 feet</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 Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: <input checked="" 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"/> Sprinkler system: N/A <input 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.

Tsion Tesfayohannes
 Applicant's Signature
 Title/Company _____

Tsion Tesfayohannes
 Print Name
6/15/09
 Date

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>6-15-09</u>	<u>DBennard</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?			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- White: Building Official			Lot Coverage for NewTown Zone _____	
Green: LDD, DPZ			SDP/Red-line approval date _____	Accepted by _____
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				
T:\forms\PERMIT.FRM				

NOTE:

1. THIS DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
2. THE DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THE DRAWING 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. ALL BUILDINGS, STRUCTURES AND OTHER IMPROVEMENTS SHOWN HEREON ARE IN APPROXIMATE RELATION TO THE APPARENT BOUNDARY LINES.
5. DECLARATION IS MADE TO ORIGINAL PURCHASER OF THE DRAWING. IT IS NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS.
6. DRAWING IS VALID ONLY WITH BLUE-INK SEAL AND SIGNATURE OF SURVEYOR.

GENERAL NOTES

1. DECLARATION IS MADE TO ORIGINAL PURCHASER OF THE SURVEY. IT IS NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS.
2. SURVEY IS VALID ONLY IF PRINT HAS ORIGINAL BLUE INK SEAL AND SIGNATURE OF SURVEYOR.
3. THE WORD "CERTIFY" OR "CERTIFICATION" AS SHOWN AND USED HEREON MEANS AN EXPRESSION OF PROFESSIONAL OPINION REGARDING THE FACTS OF THE SURVEY AND DOES NOT CONSTITUTE A WARRANTY OR GUARANTEE EXPRESSED OR IMPLIED.
4. THE LOCATION AND/OR EXISTENCE OF UNDER GROUND UTILITY SERVICE LINES TO OR FROM THE PROPERTY SURVEYED ARE UNKNOWN AND ARE NOT SHOWN.

APPROVED

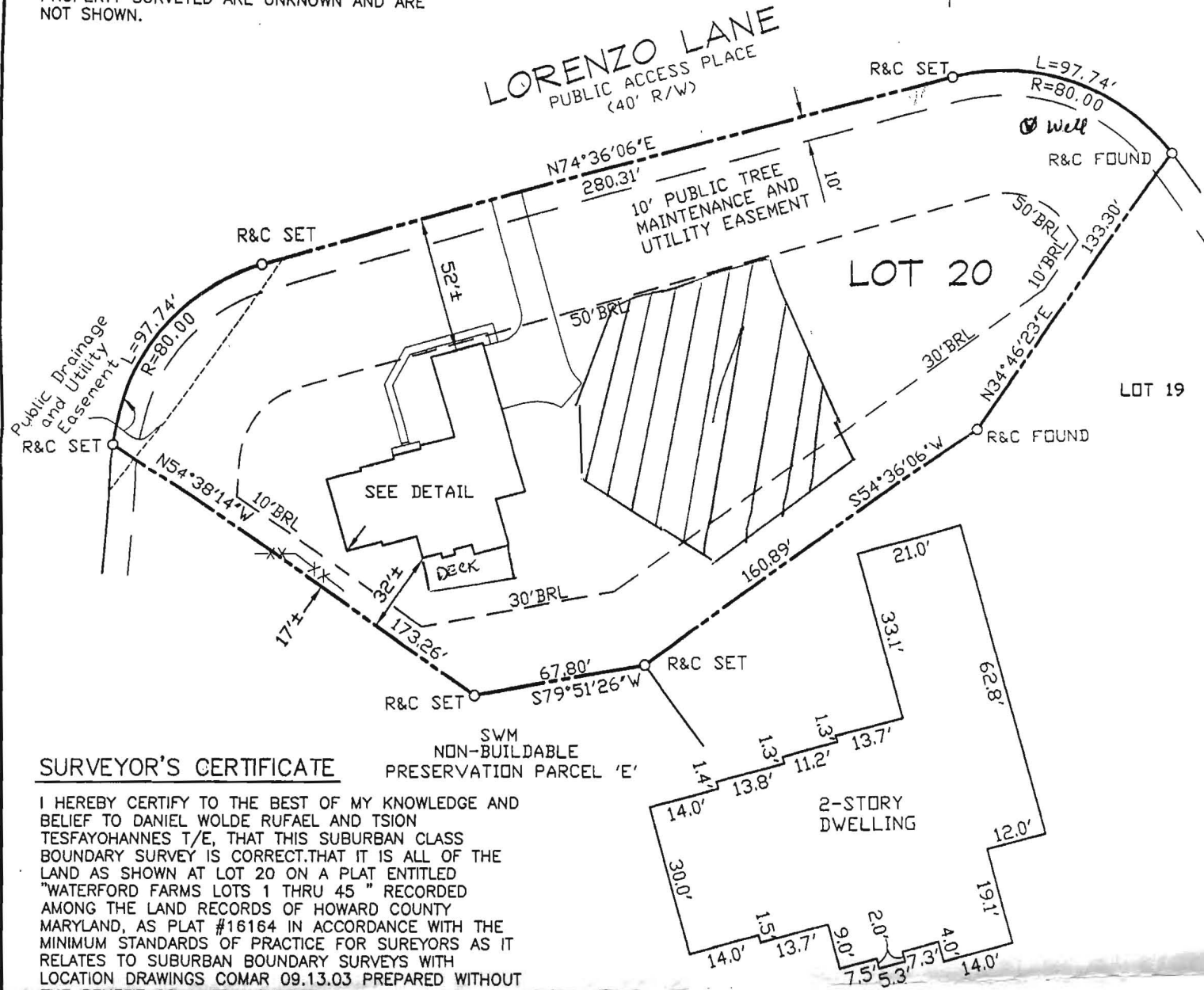
WALKTHRU BUILDING PERMIT

BP# _____ AS# _____

APP. SAN DB DATE: 6/15/09

DESC. OF WORK: Deck

**Approved as Shown*



SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF TO DANIEL WOLDE RUFANEL AND TSION TSEFAYOHANNES T/E, THAT THIS SUBURBAN CLASS BOUNDARY SURVEY IS CORRECT. THAT IT IS ALL OF THE LAND AS SHOWN AT LOT 20 ON A PLAT ENTITLED "WATERFORD FARMS LOTS 1 THRU 45" RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY MARYLAND, AS PLAT #16164 IN ACCORDANCE WITH THE MINIMUM STANDARDS OF PRACTICE FOR SURVEYORS AS IT RELATES TO SUBURBAN BOUNDARY SURVEYS WITH LOCATION DRAWINGS COMAR 09.13.03 PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT.

Daniel Harris
REG. No. 10978

RECORD PLAT No. 16164
FEMA FIRM No. 240044 0013 B
ZONE: C
DATED: 12/4/86

BENCHMARK
ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE & SUITE 418
ELLCOTT CITY, MARYLAND 21043
phone: 410-465-6105 • fax: 410-465-6644
email: Benchmark@cois.com



DETAIL
SCALE: 1" = 30'

BOUNDARY SURVEY
WITH
LOCATION DRAWING
WATERFORD FARMS
LOTS 1 THRU 45
LOT No. 20

3140 LORENZO LANE

4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 60' DATE: 07/01/05

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTY HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED PERMITTING (410) 313-2828	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00150500 KJB
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Building Address <u>3140 Lorenzo Lane</u> <u>Woodbine, MD 21797</u> TAX ID# <u>04-307847</u> GP <u>04-39</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>604002</u> Subdivision <u>Waterford Farms</u> Section _____ Area _____ Lot <u>20</u> Tax Map <u>20</u> Parcel <u>139</u> Grid <u>6</u> <u>RCEO</u> Zoning _____ Map Coordinates <u>867</u> Lot size _____	Property Owner's Name <u>Toll MD II, LP</u> Address <u>7164 Columbia Gateway Dr., #230</u> City <u>Columbia</u> State <u>MD</u> Zip Code <u>21046</u> Home Phone _____ Work Phone <u>410-489-6292</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
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Existing Use <u>Vacant Lot</u> Proposed Use <u>Residential Home</u> Estimated Construction Cost \$ <u>325,000</u> Description of Work <u>Henry Vuesalles, Finished lower level, Walk-Out Basement, Expanded Family Room, Conservatory Addition, Sun Room, Suites above Conservatory</u>	Contractor Company <u>Toll MD II, LP</u> Contact Person <u>Dan Stebbins</u> Address <u>7164 Columbia Gateway Dr., #230</u> City <u>Columbia</u> State <u>MD</u> Zip Code <u>21046</u> License No. <u>678</u> Phone <u>410-489-6292</u> Fax <u>410-489-6293</u>
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Occupant or Tenant <u>Toll MD II, LP</u> Contact Name <u>Dan Stebbins</u> Address <u>7164 Columbia Gateway Dr., #230</u> City <u>Columbia</u> State <u>MD</u> Zip Code <u>21046</u> Phone <u>410-489-6292</u> Fax <u>410-489-6293</u>	Engineer or Architect Company <u>FSH Associates</u> Contact Person <u>Zach Fisch</u> Address <u>8318 Forrest St.</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u> Phone <u>410-750-2251</u> Fax <u>410-750-7350</u>
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics 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	Utilities 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 <input type="checkbox"/> # of Heads _____	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>81'8"</u> Width <u>82'</u> 1st floor: _____ 2nd floor: <u>69'8"</u> _____ Basement: <u>83'8"</u> _____ <input checked="" type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade No. of Bedrooms <u>4</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	Utilities 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 type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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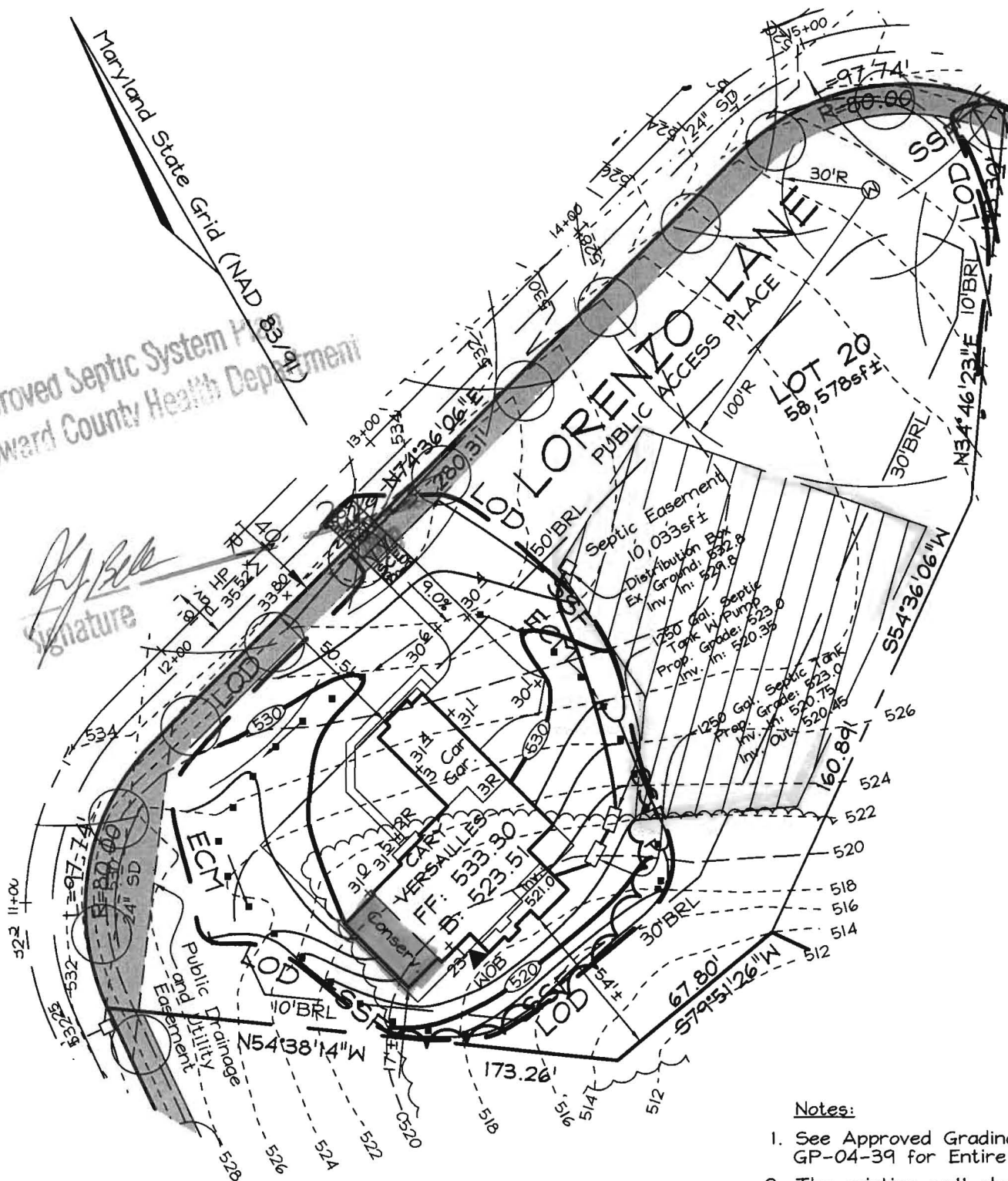
<u>D. Stebbins</u> Applicant's Signature <u>Toll MD II, LP</u> Title/Company	<u>Daniel W. Stebbins</u> Print Name <u>9.24.04</u> Date
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	63512
State Highways			Rear: _____	Filing fee \$ <u>100</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ	<u>2/14/05</u>	<u>[Signature]</u>	Side St: _____	Excise tax \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>838388</u>
				Validation # <u>77470</u>

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

Approved Septic System Plan
Howard County Health Department



- Notes:**
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-94-3544) has been field located by C. B. Miller professional surveyor and is accurately shown.

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

OWNER/DEVELOPER

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

DESIGN BY: PS
DRAWN BY: AY
CHECKED BY: ZYF
SCALE: 1"=50'
DATE: Feb. 11, 2005
W.O. No.: 3217
SHEET No.: 1 OF 1

LOT RESITE LOT 20 CATTAIL TRACE

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

PARCEL 20, 67, & 312
HOWARD COUNTY, MARYLAND