

mail to owner.

Scanned 2/18/08 hm

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3400 COURT HOUSE DRIVE
ELLSWORTH CITY, MD 21043
(410) 313-2155 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B08000305

Building Address 3175 LORENZO LN
WOODBINE MD 21797
Suite/Apt. #: _____ SDP/WP/Petition #: #16642
Census Tract _____ Subdivision Waterford Farms
Section _____ Area _____ Lot 11
Tax Map 20 Parcel 139 Grid 12
Zoning RC Map Coordinates _____ Lot size 1.36A

Property Owner's Name HENRY & JILL BERKO
Address 3175 LORENZO LN
City WOODBINE State MD Zip Code 21797
Home Phone 410 489 2265 Work Phone 202-326-4000 x601
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use SFD
Proposed Use Same w/F.n. Bsmt.
Estimated Construction Cost \$ 10,000
Description of Work 1 FINISH EXISTING ROUGHED BTH ROOM; 2 OFFICE; 3 BEDROOM; 4 GYM; 5 BAR AREA; 6 REC. AREA; 7 ADD BTH RM; 8 STORAGE CLOSETS; 9 THRUOUT RM; 10 2ND BR INCL. KITCHEN

Contractor Company _____
Contact Person REVISED
Address Date: 2/19/08
City Comments: see revised State _____ Zip Code _____
License No. _____ Phone _____ Fax floorplan

Occupant or Tenant 3000 SQ FT
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: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ 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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]
Applicant's Signature
Title/Company _____

HENRY BERKO
Print Name
2/18/08
Date

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

AGENCY	DATE	SIGNATURE	APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ			
<input checked="" type="checkbox"/> State Highways			
Building Official	<u>2/19/08</u>	<u>D. Seelley</u>	
Dev. Engineering, DPZ			
Health	<u>2/28/08</u>	<u>[Signature]</u>	
Fire Protection			
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			
ONE STOP SHOP: <input type="checkbox"/>			

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ <u>25.00</u>
Rear: _____	Permit fee \$ <u>100.00</u>
Side: _____	Excise tax \$ <u>10.00</u>
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>135.00</u>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>539</u>
SDP/Red-line approval date _____	Validation # _____

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA Accepted by [Signature]

T:\forms\PERMIT.FRM

Rev. 11/4/04

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

307004180

Building Address 3175 LORENZO LANE
WOODBINE MD 21797

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates 8P7 Lot size _____

Property Owner's Name HENRY BERKO

Address 3175 LORENZO LANE

City WOODBINE State MD Zip Code 21797

Home Phone (410) 484-2265 Work Phone _____

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

STEVE BOWERS
7 HAYMARKET CRT BMT 21236
 Phone (410) 519-6138 Fax _____

Existing Use SFD

Proposed Use SFD W/PECKS PERGOLA

Estimated Construction Cost \$ 29000.-

Description of Work 34'x18' LOWER DECK

AND A

16'x9' UPPER LEVEL DECK

W/ PERGOLA OVERHEAD

Contractor Company LONG FENCE CO

Contact Person STEVE BOWERS

Address 1114 RT 3 NORTH

City CROFTON State MD Zip Code 21114

License No. 9615-01

Phone (410) 793-0600 Fax _____

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: _____ _____ Public _____ Private
No. of stories: _____	Sewage Disposal: _____ _____ Public _____ Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
_____ 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"/>	Water Supply: _____ _____ Public <input checked="" type="checkbox"/> Private
1st floor: _____ Depth _____ Width _____	Sewage Disposal: _____ _____ Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other:
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	

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.

Steve Bowers
 Applicant's Signature
ABENT
 Title/Company

R. STEVEN BOWERS
 Print Name
10/10/2007
 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	<u>10/10/2007</u>	<u>RBucher</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

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

Proposed 30' Drainage and Utility Esm't

Maryland State Grid (NAD 83/91)

APPROVED

WALK-THRU BUILDING PERMIT

BP# B07004100 A#

APP. SAN Bldg. DATE: 10/10/2007

DESC. OF WORK: Drains w/ Regola

SBO SF 198 AS shown

Septic Easement 10,051sqft

Distribution Box Ex. Grid: 503.3 Inv. In: 500.30

1250 Gal. Septic Tank Prop. Grade: 503.7 Inv. In: 501.00 Inv. Out: 500.70

LOT 11 59,483sqft

FF: 510.00 B: 500.70

Rev. MALVERN WILLIAMSBURG

OWNER/DEVELOPER

Toll MD II, LP

7164 Columbia Gateway Drive Suite 230

Columbia, Maryland 21046 410.872.9185

FSH Associates

Engineers Planners Surveyors

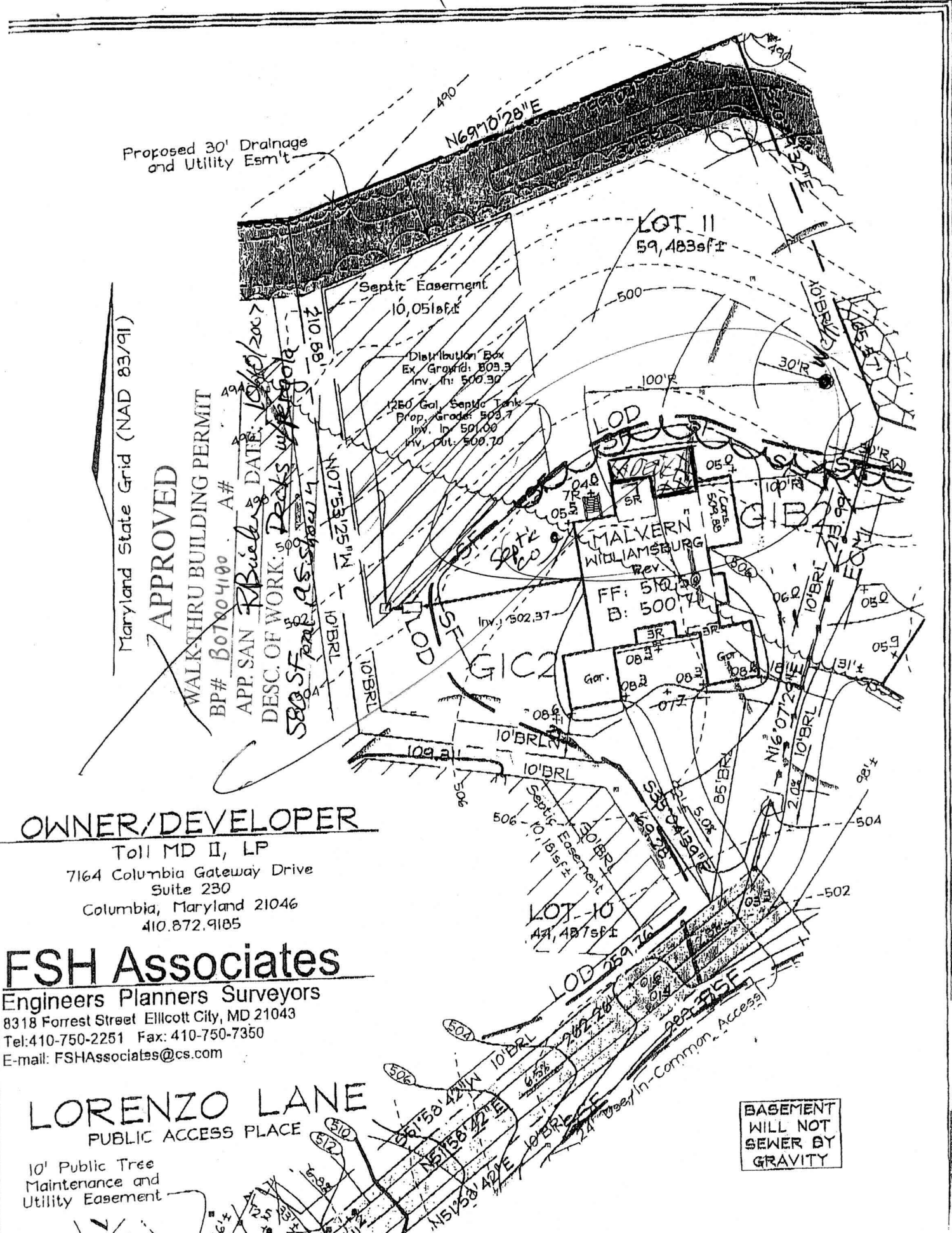
8318 Forrest Street Ellicott City, MD 21043 Tel: 410-750-2251 Fax: 410-750-7350

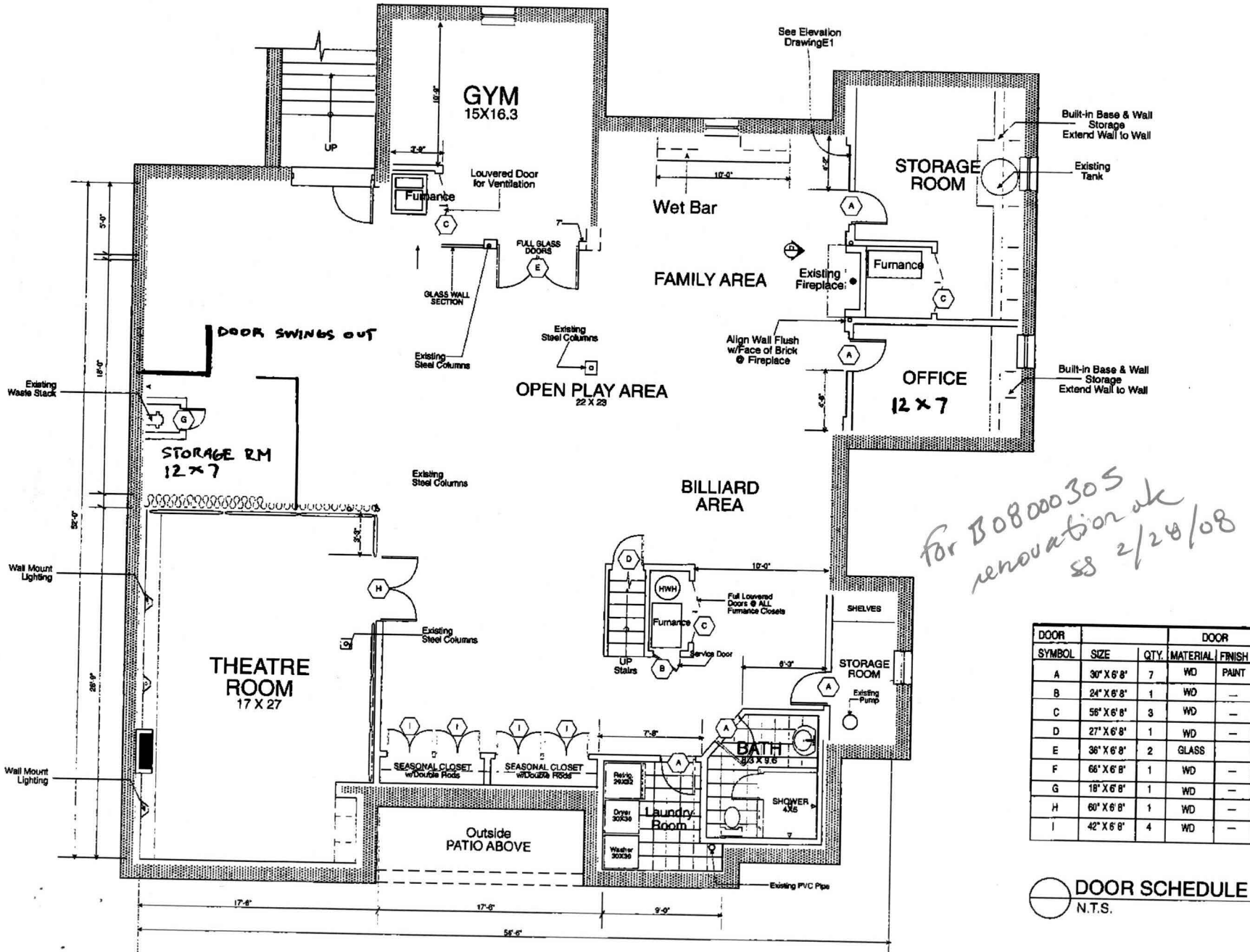
E-mail: FSHAssociates@cs.com

LORENZO LANE PUBLIC ACCESS PLACE

10' Public Tree Maintenance and Utility Easement

BASEMENT WILL NOT SEWER BY GRAVITY





*for B08000305
renovation sk
ss 2/28/08*

DOOR SYMBOL	DOOR SIZE	QTY.	MATERIAL	FINISH
A	30" X 6' 8"	7	WD	PAINT
B	24" X 6' 8"	1	WD	—
C	56" X 6' 8"	3	WD	—
D	27" X 6' 8"	1	WD	—
E	36" X 6' 8"	2	GLASS	—
F	66" X 6' 8"	1	WD	—
G	18" X 6' 8"	1	WD	—
H	60" X 6' 8"	1	WD	—
I	42" X 6' 8"	4	WD	—

DOOR SCHEDULE
N.T.S.

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B00147103

Building Address 3175 Foreman Lane
1 Woodbine, MD
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 604022 Subdivision Woodbine Farms
Section _____ Area _____ Lot 11
Tax Map 20 Parcel 139 Grid 12
Zoning RCOFO Map Coordinates 3611 Lot size _____

Property Owner's Name Tell MDZ LP
Address 7104 Columbia Gateway Dr. #230
City Ellicott City State MD Zip Code 21046
Home Phone _____ Work Phone 413 535 9292
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 Molton Millionsburg, 2 story, 5 rooms, construction, full kitchen, SBR, 4 1/2 Baths

Contractor Company Tell MDZ LP
Contact Person Nathan Bronckhorst
Address 7104 Columbia Gateway Dr. #230
City Columbia State MD Zip Code 21046
License No. _____
Phone 413 535 9292 Fax 413 525 9297

Occupant or Tenant Tell MDZ LP
Contact Name Nathan Bronckhorst
Address 7104 Columbia Gateway Dr. #230
City Columbia State MD Zip Code 21046
Phone 413 535 9292 Fax 413 525 9297

Engineer or Architect Company FSM Associates
Contact Person Zach
Address 8313 Forrest St.
City Ellicott City State MD Zip Code 21113
Phone 410 750 2251 Fax 410 750 2251

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 type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>78'4"</u> <u>6'11"</u> 2nd floor: <u>74'4"</u> <u>6'9"</u> Basement: <u>78'4"</u> <u>6'9"</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input 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 _____ Sewage Disposal: _____ Public _____ 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"/> NFPA #13D _____ NFPA #13R _____ Other: _____

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Nathan Bronckhorst
Applicant's Signature
CM Tell Brothers
Title/Company

Nathan Bronckhorst
Print Name
3/30/04
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	<u>4/9/04</u>	<u>Mark Ripkin</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	<u>61471</u>
Rear: _____	Filing fee \$ <u>1100</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 # _____
	Validation # <u>44864</u>

Accepted by [Signature]

Proposed 30' Drainage and Utility Esm't

N69°0'28"E

LOT II
59,483sf

Septic Easement
10,051sf

Distribution Box
Ex. Grade: 503.3
Inv. In: 500.30

250 Gal. Septic Tank
Prop. Grade: 503.7
Inv. In: 501.00
Inv. Out: 500.7

3 trenches
83 each

MALVERN
WILLIAMSBURG
Rev.
FF: 510.50
B: 500.7

Approved Septic System Plan
Howard County Health Department

Mark Lipkin
Signature

4/9/04
Date

OWNER/DEVELOPER

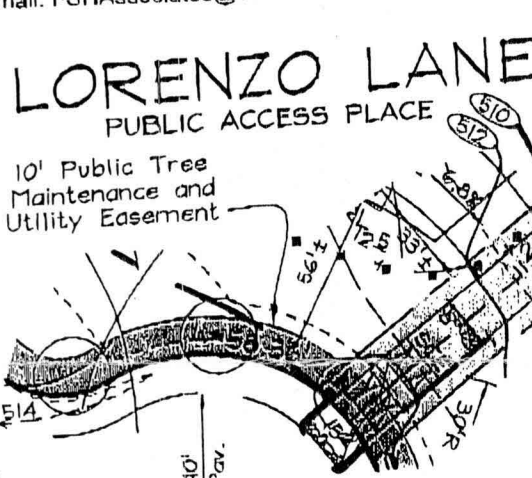
Toll MD II, LP
7164 Columbia Gateway Drive
Suite 230
Columbia, Maryland 21046
410.872.9185

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

LORENZO LANE
PUBLIC ACCESS PLACE

10' Public Tree
Maintenance and
Utility Easement



BASEMENT
WILL NOT
SEWER BY
GRAVITY

- 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: 40-94-3535) has been field located by C. B. Miller professional surveyor and is accurately shown.
3. For driveway culvert calculations see sheet 1 of 21, Road construction plans F-03-122

LOT RESITE
LOT II
CATTAIL TRACE

DESIGN BY: PS
DRAWN BY: Slim
CHECKED BY: ZTF
SCALE: 1"=50'
DATE: Mar. 26, 2004
W.O. No.: 3217
SHEET No.: 1 OF 1

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

PARCELS 20, 67 & 312
HOWARD COUNTY, MARYLAND

GP-04-39