

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

307001624

Building Address 13804 KENNARD DRIVE
Glenelg, MD 21737

Suite/Apt. #: _____ SDP/WP/Petition #: F-05-161

Census Tract 603000 Subdivision Resubdivision of Crystal Clear

Section _____ Area _____ Lot 2

Tax Map 22 Parcel 533 Grid 7

Zoning RR Map Coordinates _____ Lot size 3.69 AC

Existing Use Bldg Lot

Proposed Use New Home

Estimated Construction Cost \$ 560,000.00

Description of Work Construct two (2) story home

Property Owner's Name THOMAS J. TWIGG & BRENDA TWIGG

Address 3000 SOBUBS DR.

City W. Friendship State MD Zip Code 21794

Home Phone 410-989-9517 Work Phone 240-882-3826

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

Phone 240-882-3826 Fax 410-799-7123

Contractor Company ARICA Consulting & Contracting

Contact Person Tom Twigg

Address 7130-H Kit Kat Rd.

City Elkridge State MD Zip Code 21075

License No. 13307319

Phone 410-799-7127 Fax 410-799-7123

Occupant or Tenant _____

Contact Name Tom Twigg

Address 3000 Sobubs Dr.

City W. Friendship State MD Zip Code 21794

Phone 240-882-3826 Fax 410-799-7123

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: <u>N/A</u> <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: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: <u>54'</u> <u>72'</u> 2nd floor: <u>87'</u> <u>94'</u> Basement: <u>58'</u> <u>72'</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" 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 <u>6</u> Height: <u>42 H.</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" 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 [Signature]
V. P. / ARICA
Title/Company

Print Name THOMAS J. TWIGG
Date 4/30/07 5-4-07

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>100.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>5/16/07</u>	<u>[Signature]</u>	Side St.: _____	Add'l per. fee \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? 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 checked="" type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New/Town Zone _____	Check # <u>102169</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
Distribution of Copies - White: Building Official			Accepted by _____	
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

307003392

Building Address Kennard Dr.
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Joseph Blouin
Address 13000 Kennard Dr.
City Glencroft State MD Zip Code 21737
Home Phone 410-489-9394 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use SFD
Proposed Use Open Deck
Estimated Construction Cost \$ 10,000.00
Description of Work Construct ~ 25 x 14 open Deck

Contractor Company Russell Valley Construction, Inc.
Contact Person Brian Young
Address 296 Canterbury Rd Suite C
City Bel Air State MD Zip Code 21014
License No. 48466
Phone 443-265-5044 Fax 410-420-3802

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: _____ 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 _____ State Certified Modular _____	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"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" 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"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms _____	Propane Gas <input checked="" type="checkbox"/>
Height: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Multi-family dwellings: _____	
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 _____	

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[Signature]
Applicant's Signature
President / Russell Valley Construction, Inc
Title/Company

Brian Young
Print Name
8/15/07
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	<u>8/15/2007</u>	<u>R. Bucher</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? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
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 # _____
SDP/Red-line approval date _____	Validation # _____

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

L8	54.55	S29°28'00"W
L9	18.81	S63°56'08"W
L10	55.65	N68°08'28"W
L11	70.81	N65°37'53"W
L12	89.97	S69°25'21"E
L13	15.00	S89°58'52"E
L14	79.66	N26°31'08"E
L15	28.82	N37°01'04"W
L16	34.00	N65°25'21"W

PLAT# 8442
 ZONE: RR-DEO
 CRYSTAL CLEAR SUBDIVISION

LOT 2
 160,630 SQ. FT
 OR 3.69 ACRES

EX. WETLAND
 6,750 SF (0.15 AC)
 IRON PIPE CAP FOUND

Complete Subdivision Per Cent NOT FOUND

HYONG N. & KATHLEEN M. KIM
 TAX MAP 22 PARCEL 533 LOT 29
 PLAT# 8443
 ZONE: RR-DEO
 LIBER 6299 FOLIO 174
 CRYSTAL CLEAR SUBDIVISION

APPROVED

WALK-THRU BUILDING PERMIT
 APP# 380.27
 APP SAN R. Bucher DATE: 01/15/2007
 DESC OF WORK: 25' x 14' open deck, as shown

LOT 1
 143,160 SQ. FT
 OR 3.29 ACRES

LOT 3
 130,814 SQ. FT
 OR 3.00 ACRES

VITO A. & CATHERINE S. CASARELLA
 TAX MAP 22 PARCEL 371
 LIBER 5560 FOLIO 84
 ZONE: RR-DEO

WALTER J. & KIMBERLY D. DUSTIN
 TAX MAP 22 PARCEL 329
 LIBER 8613 FOLIO 453
 ZONE: RR-DEO

DONALD W PATTEN & WIFE
 TAX MAP 22 PARCEL 369
 LIBER 830 FOLIO 24
 ZONE: RR-DEO

JOEL A. & KIMBERLY J. BUSH
 TAX MAP 22

BRADFORD & TABITHA TIPPENS
 TAX MAP 22 PARCEL 367
 LIBER 5503 FOLIO 83
 ZONE: RR-DEO

IVORY ROAD (50' R/W)
 HOWARD COUNTY LOCAL ROAD

BRANTON B. & REEVE C. HOEFELICH
 TAX MAP 22 PARCEL 331
 LIBER 5878

RANDALL L. HESS
 TAX MAP 22

KENWARD DRIVE (50' R/W)
 HOWARD COUNTY LOCAL ROAD

EX. SEPTIC FIELD TO REMAIN
 S37°24'28"W 44.58'

EX. WELL TO REMAIN

IRON PIPE WITH CAP FOUND

EXISTING WELL

EXISTING WELL

IRON PIPE WITH CAP FOUND

S17°25'31"W 120.28'

S19°32'24"W 229.7'

S73°00'27"E 290.50'

S13°09'17"E

237.36'

35'

017'

281.42'

35'

35'

35'

35'

35'

35'

35'

35'

35'

35'

35'

35'

35'

35'

35'