

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

Building Address 6812 Koandah Gardens
Highland MD 20777
 Suite/Apt. #: _____ SDP/W/P/Petition #: _____
 Census Tract _____ Subdivision Koandah Gardens
 Section _____ Area _____ Lot 23
 Tax Map 34 Parcel 78 Grid 22
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Wen + Angela Lee
 Address 6812 Koandah Gardens
 City Highland State MD Zip Code 20777
 Home Phone 301 854 0190 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD w/ Shed + Spiral Stairs
 Estimated Construction Cost \$ 10,000
 Description of Work Construct an irregular
shaped shed under existing deck
and install spiral stairs for deck
change 5 6x6 posts to LBS Fiberglass
Outdoor Bar.

Contractor Company Robson's Remodeling
 Contact Person Craig Robson
 Address PO. Box 63
 City Highland State MD Zip Code 20777
 License No. 42108
 Phone 301 854 0521 Fax 301 854 0542

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

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
 Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
 Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads

Building Characteristics
 SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: _____
 2nd floor: _____
 Basement: _____
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 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: Poured concrete
 Roof Height: _____
 State Certified Modular
 Manufactured Home

Utilities
 Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 Other:

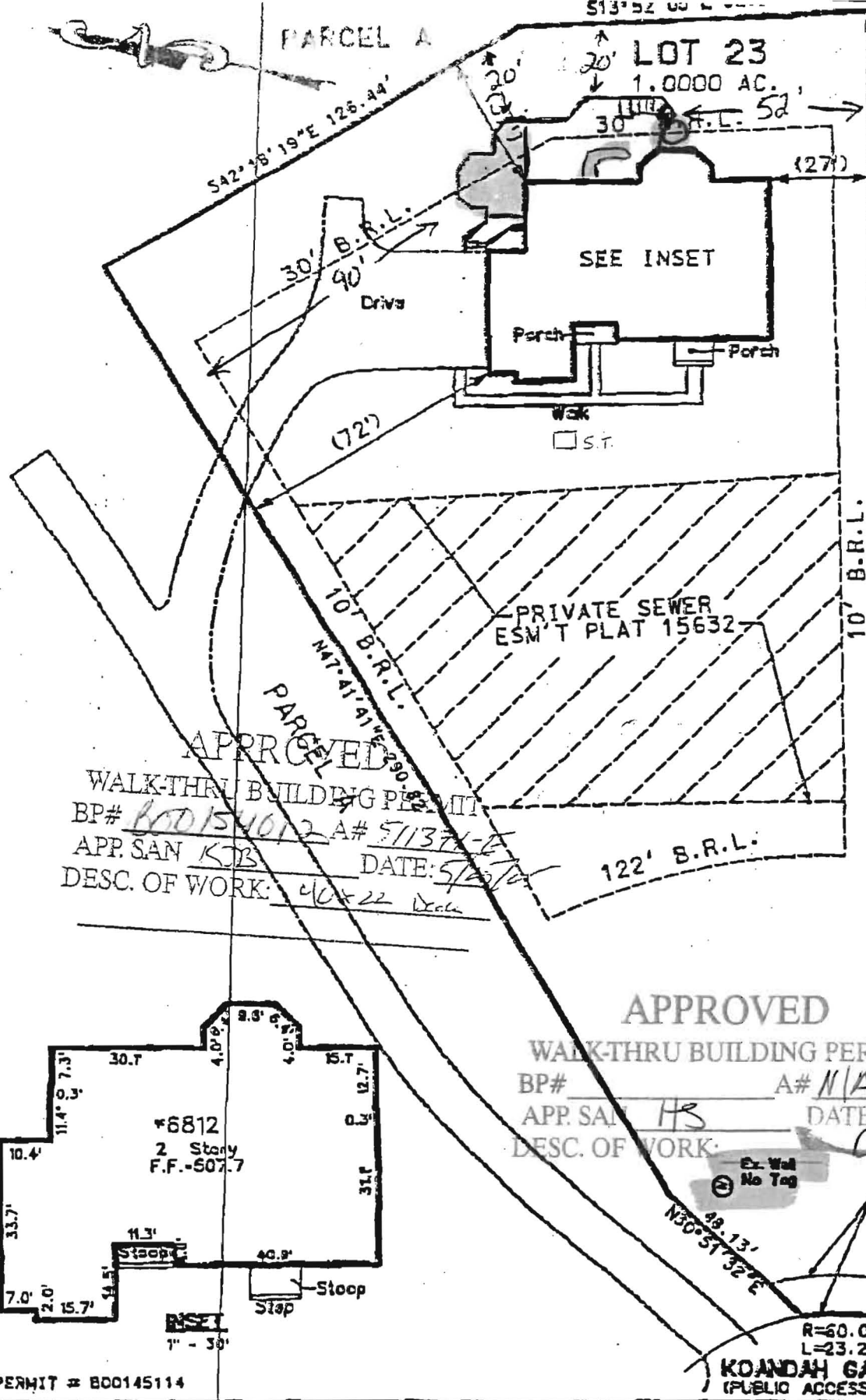
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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
Owner / Robson's Remodeling
 Title/Company

Craig Robson
 Print Name
7/11/12
 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>7-11-12</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 \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Is Entrance Permit required?	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
Distribution of Copies -	White: Building Official	Green: LDD, DPZ	Historic District?	Lot Coverage for NewTown Zone _____
T:\norm\PERMIT.FRM			YES <input type="checkbox"/> NO <input type="checkbox"/>	SDP/Red-line approval date _____
			Yellow: DED, DPZ	Accepted by _____
			Pink: Health	
			Gold: SHA	



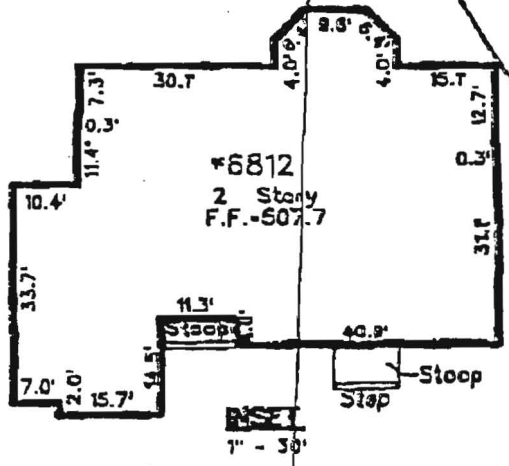
6812 Koandah Gardens
 Highland MD
 20777
 24

~~40x22 deck~~
~~Deck w/ steps~~

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# B00154012 A# 511371-E
 APP. SAN KJB DATE: 5/2/12
 DESC. OF WORK: 40x22 Deck



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# A# 11/A
 APP. SAN HS DATE: 7-11-12
 DESC. OF WORK: Deck as shown



PUBLIC 10'
 TREE MAINTENANCE
 EASEMENT

Building setbacks
 shown or noted on
 approved site
 development plan.

Front: 122'
 Side: 10'
 Rear: 30'

PERMIT # B00145114

6812 KOANDAH GARDENS
 (PUBLIC ACCESS PLACE)

PLEASE NOTE:
 1) DIMENSIONS SHOWN WITHIN "1" ARE COMPUTED TO AN ACCURACY OF PLUS OR MINUS ONE FOOT.
 2) NO TITLE REPORT WAS FURNISHED. THIS PROPERTY IS SUBJECT TO ALL APPLICABLE EASEMENTS, RIGHTS-OF-WAY, COVENANTS AND THOSE DECLARATIONS WHICH THE UNDERSIGNED HAS NOT BEEN PROVIDED.
 3) THIS PLAT IS A BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
 4) THIS PLAT IS NOT TO BE RELIED UPON FOR THE CONSTRUCTION OF FENCES, GARAGES, BUILDINGS OR FUTURE IMPROVEMENTS.
 5) THIS PLAT 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.

Job No.:	711-08
Scale:	1" = 40'
WALL CHECK DRAWING	
Date:	03-01-04
Drawn:	J.B.V.

Building Address: 6812 Koandah Gardens
Highland MD 20777

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD w/ Deck

Proposed Use: Same w/ modified deck

Estimated Construction Cost: \$ \$5000

Description of Work: Remove some (2) existing beams and replace w/ steel to allow for patio below. Requires new footers

Occupant or Tenant: Same as owners

Was tenant space previously occupied? Yes No

Contact Name: Dr. Won Lee

Address: 6812 Koandah Gardens

City: Highland State: MD Zip Code: 20777

Phone: 301 854 0190 Fax: _____

Email: _____

Property Owner's Name: Dr. Won Lee

Address: 6812 Koandah Gardens

City: Highland State: MD Zip Code: 20777

Home Phone: 301 854 0190 Work Phone: _____

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

Phone: _____ Fax: _____

Email: _____

Contractor Company: Robson's Remodeling

Contact Person: Craig Robson

Address: PO Box 263

City: Highland State: MD Zip Code: 20777

License No.: 42108

Phone: 301 854 0521 Fax: 301 854 0542

Email: _____

Engineer/Architect Company: John Schneider

Responsible Design Prof.: _____

Address: 100 N. Rolling Rd.

City: Catersville State: MD Zip Code: 21228

Phone: 410 744-1945 Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input checked="" type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input checked="" type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input checked="" type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings: <u>Per + Post</u>	<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<input type="checkbox"/> 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.

Applicant's Signature: TCD Robson @ Verizon.net

Email Address: _____

Title/Company: Owner/ Robson's Remodeling

Print Name: J. Craig Robson

Date: 5/10/12

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>5-10-12</u>	<u>Mark Scott</u>
Fire Protection		

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B00149001 *WP*

Handwritten copy -

Building Address 6872 ~~Keandah~~ Garden
Highland, MD 20777
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 605101 Subdivision Keandah Gardens
 Section _____ Area _____ Lot 23
 Tax Map 4D Parcel 78 Grid 4
 Zoning RR-DEO Map Coordinates 14B12 Lot size _____

Property Owner's Name M J Homes DECC
 Address 5101 Mountville Rd/Ste B
 City Frederick State MD Zip Code 21703
 Home Phone 301 874 6633 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use Single Family Dwelling
 Proposed Use Underground propane tank
 Estimated Construction Cost \$ 2400.00
 Description of Work Install @ SFD 1-1000
gallon underground propane
tank in accordance with NFPA58

Contractor Company Suburban Propane
 Lisa Terri
 Contact Person 31 Derwood Circle
 Address 31 Derwood Circle
 City Rockville State MD Zip Code 20850
 License No. _____
 Phone 301 251 0606 Fax _____

Occupant or Tenant Same As 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"/> 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 _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" 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"/>
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 checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ 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.

[Signature]
 Applicant's Signature
Account Rep.
 Title/Company

Lisa Terri
 Print Name
6-18-04
 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		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>6/23/04</u>	<u>Karen Norman</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

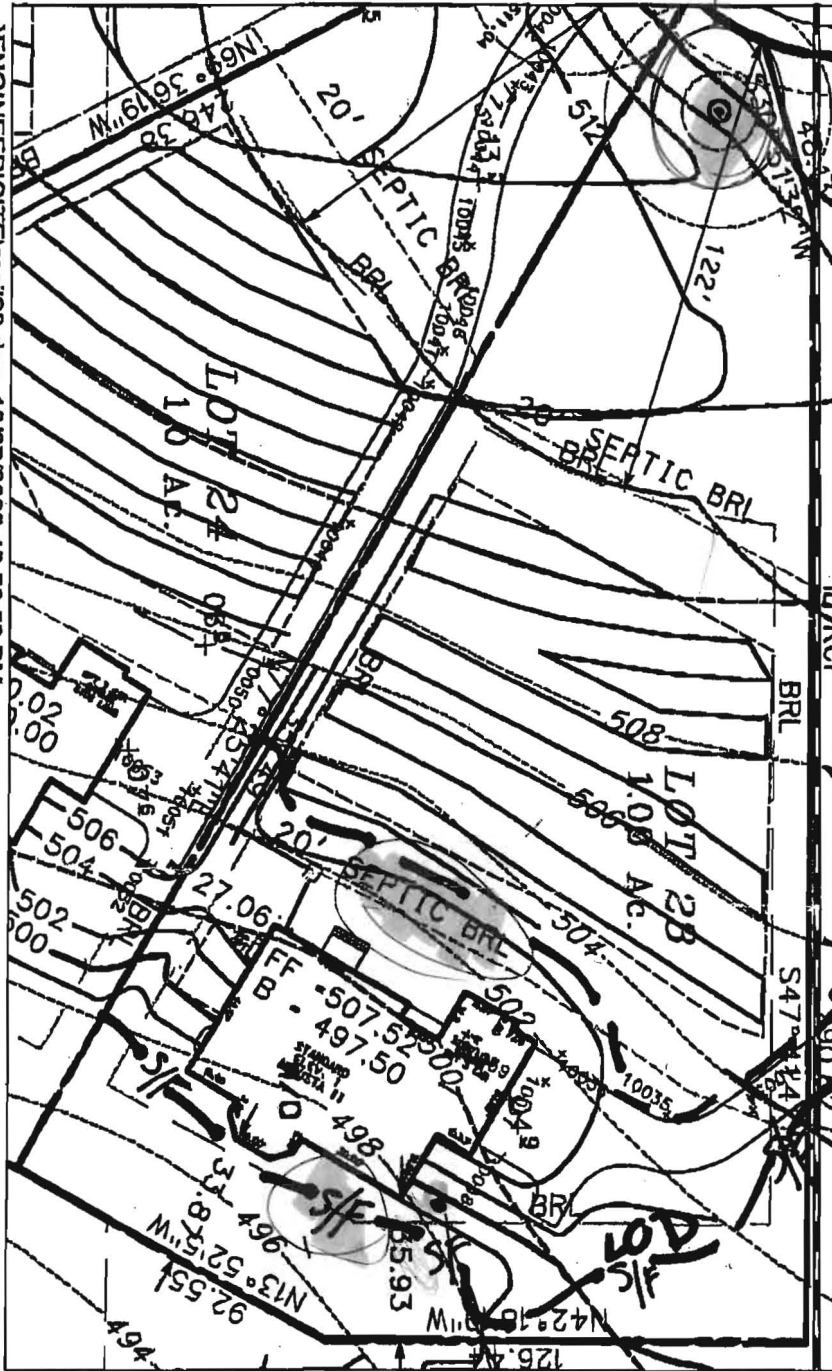
ONE STOP SHOP:

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#:	PROPERTY ID#:
<u>60182</u>	<u>60182</u>
Filing fee \$ _____	
Permit fee \$ <u>110</u>	
Excise tax \$ _____	
Add'l per. fee \$ _____	
TOTAL FEES \$ _____	
Sub-total paid \$ _____	
Balance due \$ _____	
Check # <u>02564097</u>	
Validation # <u>7136</u>	

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

...ENGINEER SITE VESIT23.dgn 10/30/2003 12:50:53 PM



Cell 1

THIS DRAWING
 is to scale
 LP Location
 OK.
 BO 0149001
 (KN)

Keep

1000 Gallon
 LP Propane
 Tank

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00145114 *MR*

Building Address 6812 Korodah Gardens
Highland, Md, 20777
Suite/Apt. #: 604-37 SDP/WP/Petition #: F-09-04
Census Tract 605101 Subdivision Korodah Gardens
Section 40 Area 23 Lot 23
Tax Map ROOTS Parcel 730 Grid X24
Zoning Map Coordinates 8314-B/P Lot size 1. AC

Property Owner's Name M/T Home of D.C. LLC
Address 5101 Mountville Rd Suite B
City Fredrick State MD Zip Code 21703
Home Phone 301-974-0013 Work Phone 301-974-0013
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use VACANT lot
Proposed Use single family dwelling
Estimated Construction Cost \$ 150,000
Description of Work Construct single
family dwelling - 4 bedroom - 3 bath
finished basement w/R.I. + 3 car garage

Contractor Company M/T Home of D.C. LLC
Contact Person Gary Robey 240-372-3583
Address 5101 Mountville Rd Suite B
City Fredrick State MD Zip Code 21703
License No. _____
Phone 410-874-0013 Fax _____

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

Engineer or Architect Company Private Design
Contact Person _____
Address 4085 Chan Biddle Rd Suite 200
City Fairfax State VA Zip Code 22030
Phone 703-218-3400 Fax 703-218-3407

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 _____ Private <input checked="" type="checkbox"/>
1st floor: <u>58'</u> <u>74'</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>52'</u> <u>64'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>52'</u> <u>75'</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <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"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: _____	
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 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 John Berg

Print Name John Berg

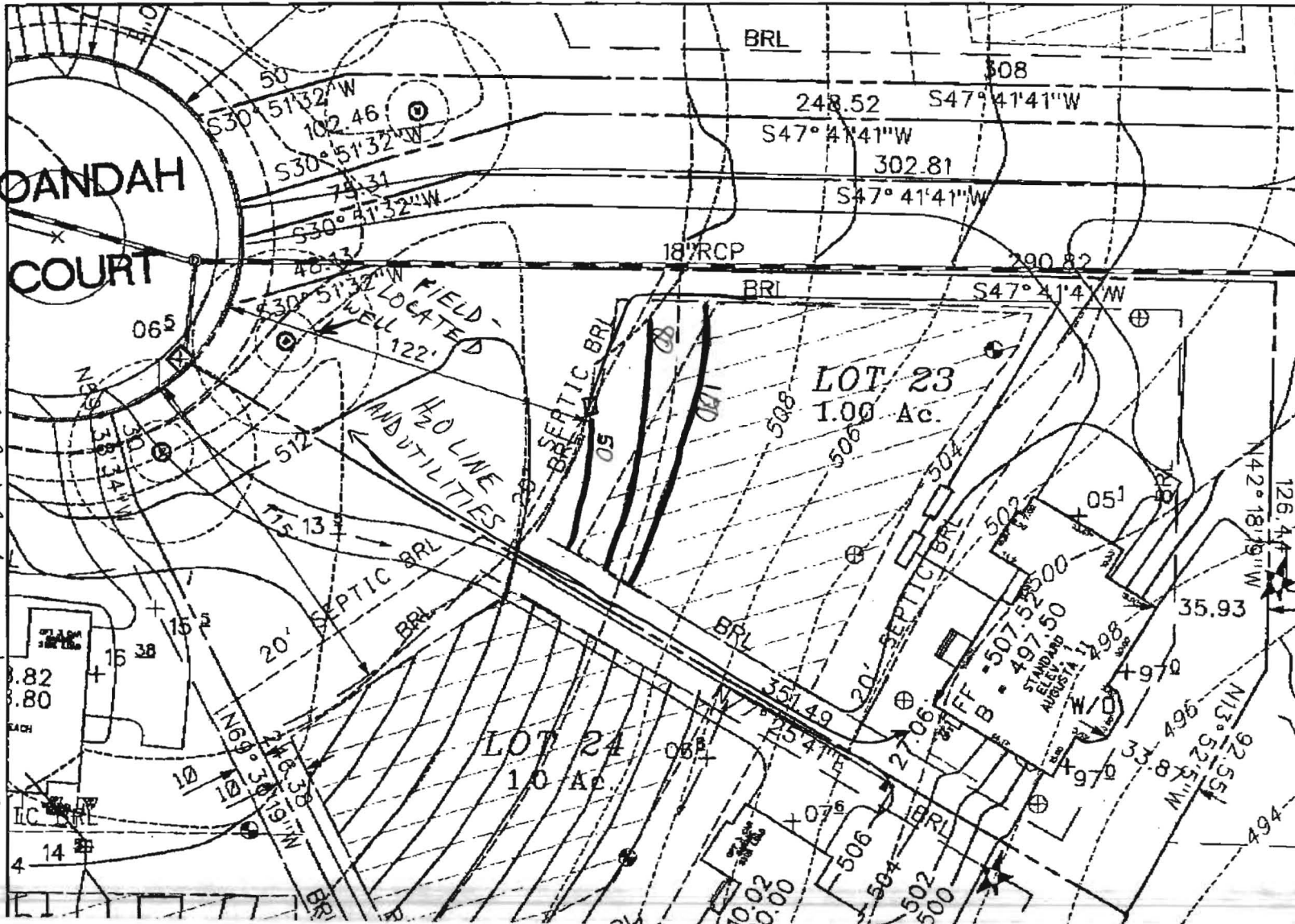
Title/Company UP of Construction
12/04 MR

Date _____

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

Approved Septic System Plan
Howard County Health Department

Mark Pflum 1/2/04
Signature Date

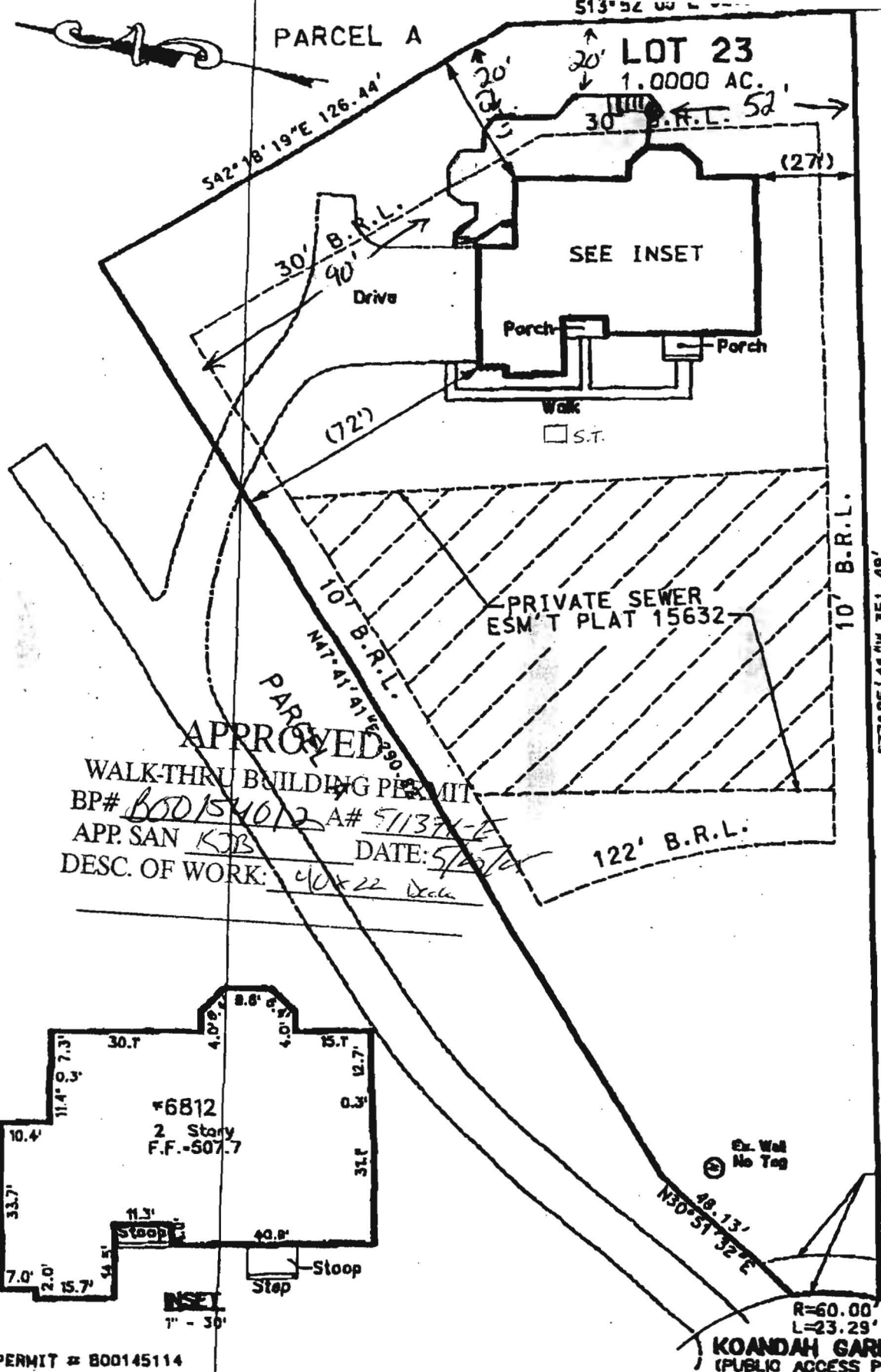


ENGINEER & BDR AGREED TO LOCATE UTILITIES & WELL HO LINE AS SHOWN TO AVOID PRESSURE SEWER LINE

Lot No.	Lowest Plumbing Elev.	Septic Tank		Finish Grade Over Tank	Length of Inlet System	Length of Total System	No. of Bedrooms
		In. In	In. Out				
23	503.3	501.27	500.97	503.77	210	1000'	4

** EJECTOR PUMP REQUIRED FOR BASEMENT PLUMBING.
** EJECTOR PUMP REQUIRED FOR FINISHED FLOOR PLUMBING

SEPTIC SYSTEM

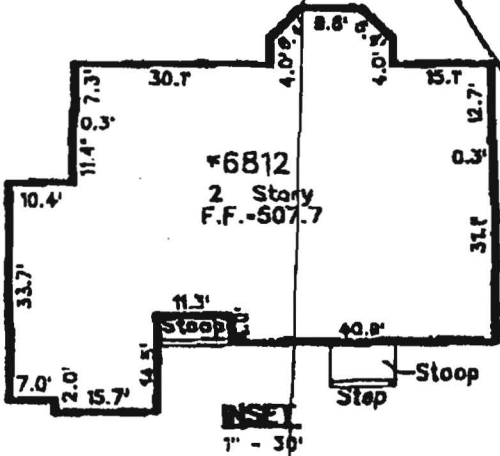


6812 Koandah Gardens
Highland MD
20777

24

40 x 22 7/8 regular
Deck w/ steps

APPROVED
WALK-THRU BUILDING PERMIT
BP# B00154012 A# 51137-1
APP. SAN KJB DATE: 5/2/04
DESC. OF WORK: 40 x 22 Deck



PUBLIC 10'
TREE MAINTENANCE
EASEMENT

Building setbacks
shown or noted on
approved site
development plan.

Front: 122'
Side: 10'
Rear: 30'

KOANDAH GARDENS
(PUBLIC ACCESS PLACE)

PERMIT # B00145114

- PLEASE NOTE:
- 1) DIMENSIONS SHOWN WITHIN "1" ARE COMPUTED TO AN ACCURACY OF PLUS OR MINUS ONE FOOT.
 - 2) NO TITLE REPORT WAS FURNISHED. THIS PROPERTY IS SUBJECT TO ALL APPLICABLE EASEMENTS, RIGHTS-OF-WAY, COVENANTS AND THOSE DOCUMENTS WHICH THE UNDERSIGNED HAS NOT BEEN PROVIDED.
 - 3) THIS PLAT IS A BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
 - 4) THIS PLAT IS NOT TO BE RELIED UPON FOR THE CONSTRUCTION OF FENCES, GARAGES, BUILDINGS OR FUTURE IMPROVEMENTS.
 - 5) THIS PLAT 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.

Job No.:	711-08
Scale:	1" = 40'
WALL CHECK DRAWING	
Date:	03-01-04
Drawn:	J.B.V.