

Heaton Dept

4240 ->

DEPT. OF INSPECTION, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS: (410) 313-2455 INSPECTION: (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>Bo800 1528</b> <b>PERMIT NUMBER</b>
Building Address: <u>2140 LINTHICUM RD</u> <u>Dayton, MD 21034</u>		Property Owner's Name: <u>STEVEN PREITER</u> Address: <u>SAME</u> City: _____ State: _____ Zip Code: _____ Phone: _____ Phone: <u>410 222 3000</u> Applicant's Name & Mailing Address, (if other than stated herein): _____	
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract: _____ Subdivision: <u>LINTHICUM OAKS</u> Section: _____ Area: <u>2</u> Lot: <u>4</u> Tax Map: <u>22</u> Parcel: <u>50</u> Grid: <u>19</u>		Phone: _____ Fax: _____	
Zoning: _____ Map Coordinates: _____ Lot Size: <u>1.136</u> Existing Use: <u>RESIDENTIAL</u> Proposed Use: <u>RESIDENTIAL</u> Estimated Construction Cost \$: <u>2,000</u>		Contractor Company: <u>THOMPSON GAS</u> Contact Person: <u>DOUG MCMASTER</u> Address: <u>6708 OLD NATIONAL PIKE</u> City: <u>BOONSBORO</u> State: <u>MD</u> Zip Code: <u>21713</u> License No.: <u>GAS 09104</u> Phone: <u>301.432.6611</u> Fax: <u>301.432.7147</u>	
Description of Work: <u>INSTALL 1, NO BURIED PROPANE TANK</u>		Engineer or Architect Company: _____ Contact Person: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____	
Occupant or Tenant: _____ Contact Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____		City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____	

410.465.6861

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b> 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	<b>Utilities</b> 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 # of Heads: _____	<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth: _____ Width: _____ 1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> (Crawlspace <input type="checkbox"/> Stair on Girder <input type="checkbox"/> No. of Bedrooms: _____ 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	<b>Utilities</b> 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 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 checked="" type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

I, THE UNDERSIGNED, HEREBY CERTIFY THAT I AM THE OWNER OF THE ABOVE PROPERTY AND I AM AUTHORIZED TO MAKE THIS APPLICATION AND THAT THE INFORMATION IS COMPLETELY TRUE AND CORRECT. I AGREE TO PAY ALL FEES AND CHARGES AS REQUIRED BY THE HOWARD COUNTY DEPARTMENT OF INSPECTION, LICENSES AND PERMITS. I AGREE TO COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE TO THIS APPLICATION. I AGREE TO PERFORM ANY WORK ON MY PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION OR THAT I HAVE GRANTED COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND FOR TESTING PURPOSES.

\_\_\_\_\_  
 Applicant's Signature  
PROBIDENT  
 of Company

Doug J. Thompson  
 Print Name  
5/21/08  
 Date

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

AGENCY <input checked="" type="checkbox"/> Land Development DPZ <input checked="" type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Officials <input checked="" type="checkbox"/> Fire/Engineering DPZ <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Fire Protection <input checked="" type="checkbox"/> Sediment Control approval YES <input type="checkbox"/> NO <input type="checkbox"/> CONTINGENCY ONE STOP SERVICE	SIGNATURE APPROVAL <u>[Signature]</u> Construction Start: _____ Distribution of Copies: _____ Title: Building Officials Green: LDD, DPZ Yellow: DEB, DPZ Pink: Health Gold: SHA REV 10/28/04	DEZ 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 New Town Zone SDP/Red-line approval date: _____ Accepted by: _____	PROPERTY ID # Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Add'l per fee \$ _____ <b>TOTAL FEES \$ _____</b> Sub-total paid \$ _____ Balance due \$ _____ Check # _____ Validation # _____
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Handwritten note: "res variance OK LP tank" with an arrow pointing to a tank symbol.

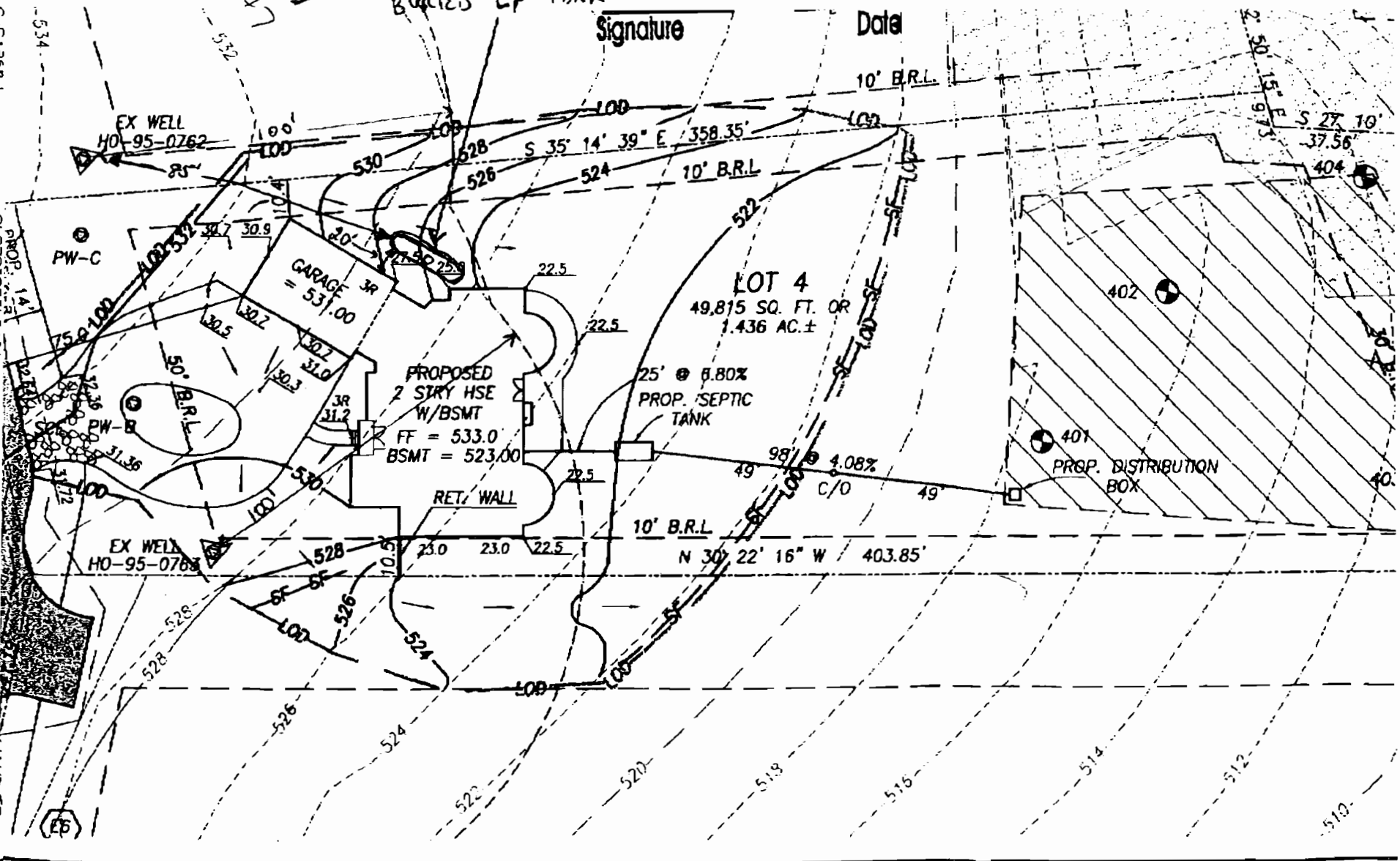
SCALE : 1" = 35'

4240 LINTHicum Rd.  
DAYTON, MD

Page: 3 of 5

To: 14103132648

From: JUN-17-2008 13:46



607003260

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELICOTT CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

D07003640

Building Address 4240 Lanthicum Rd  
NANTON, MD 21036

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: 607.067.1928  
12942

Census Tract \_\_\_\_\_ Subdivision LANTHICUM OAKS

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 4

Tax Map 22 Parcel 50189 Grid \_\_\_\_\_

Zoning RC Map Coordinates \_\_\_\_\_ Lot size 1.436 ACRES

Property Owner's Name STEPHEN GRIFFIN

Address 4074 Lanthicum Rd

City NANTON State MD Zip Code 21036

Home Phone 410-981-6944 Work Phone \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use VACANT LOT

Proposed Use CUSTOM Single Family Dwelling

Estimated Construction Cost \$ 300,000

Description of Work NEW SFD, 3 BR, 5 1/2 BATH  
3 CAR GARAGE, FINISHED BASEMENT,  
12x47 DECK WITH ROOF 12x47 PATIO, PATIO  
24x54 ATTACHED GARAGE WITH FINISH ATTIC

Contractor Company THE GAFFNER GROUP

Contact Person Bill Demarco

Address 13554 TRIANELPHIA RD

City ELICOTT CITY State MD Zip Code 21042

License No. \_\_\_\_\_

Phone 410-531-3105 Fax 410-531-3070

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company MADEIRA BUNGE ARCH

Contact Person HUGH WINSTED

Address 9495-B SILVER KING CT.

City FARMHUX State VA Zip Code 22031

Phone 703-934-2930 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: <u>N/A</u> <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>55</u> Depth <u>67</u> Width <u>67</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>55</u> Depth <u>69</u> Width <u>67</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>55</u> Depth <u>67</u> Width <u>67</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>3</u>	
Height: <u>36</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: _____	
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.

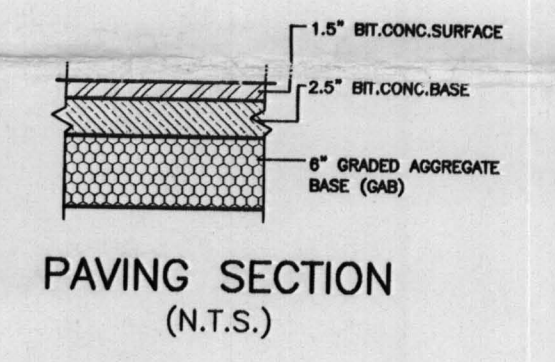
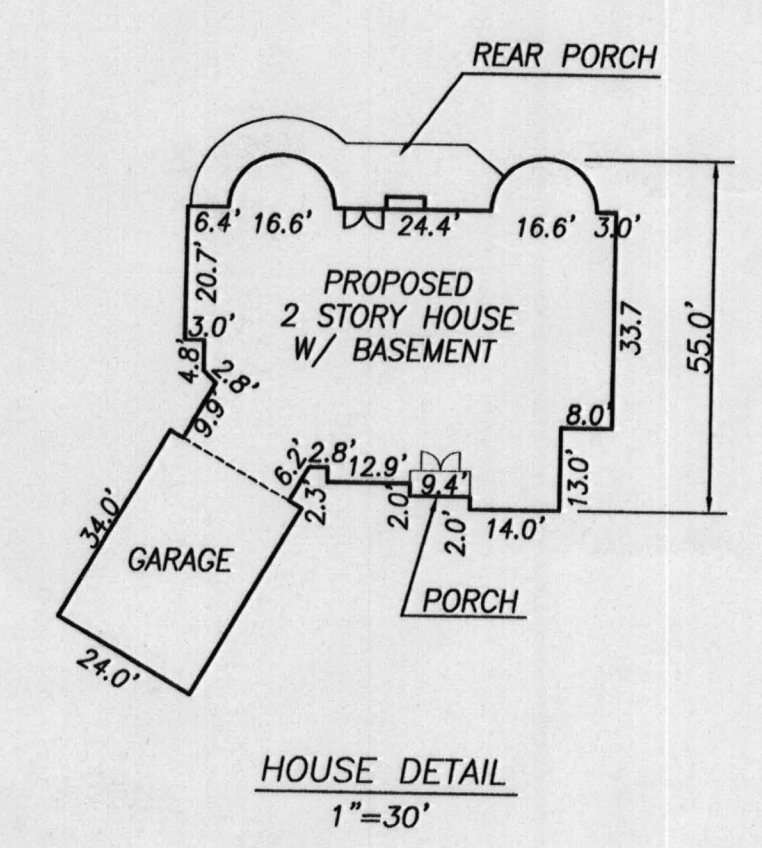
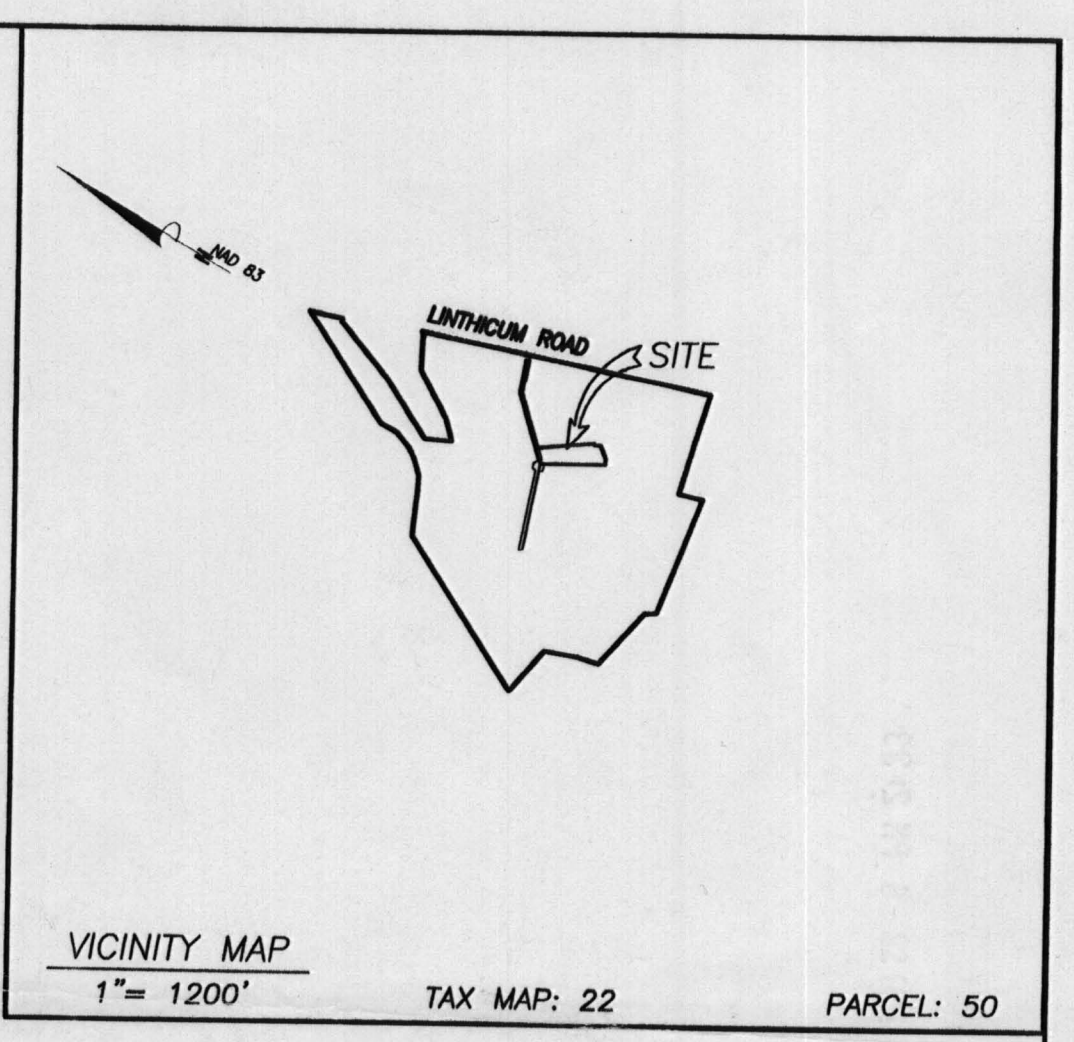
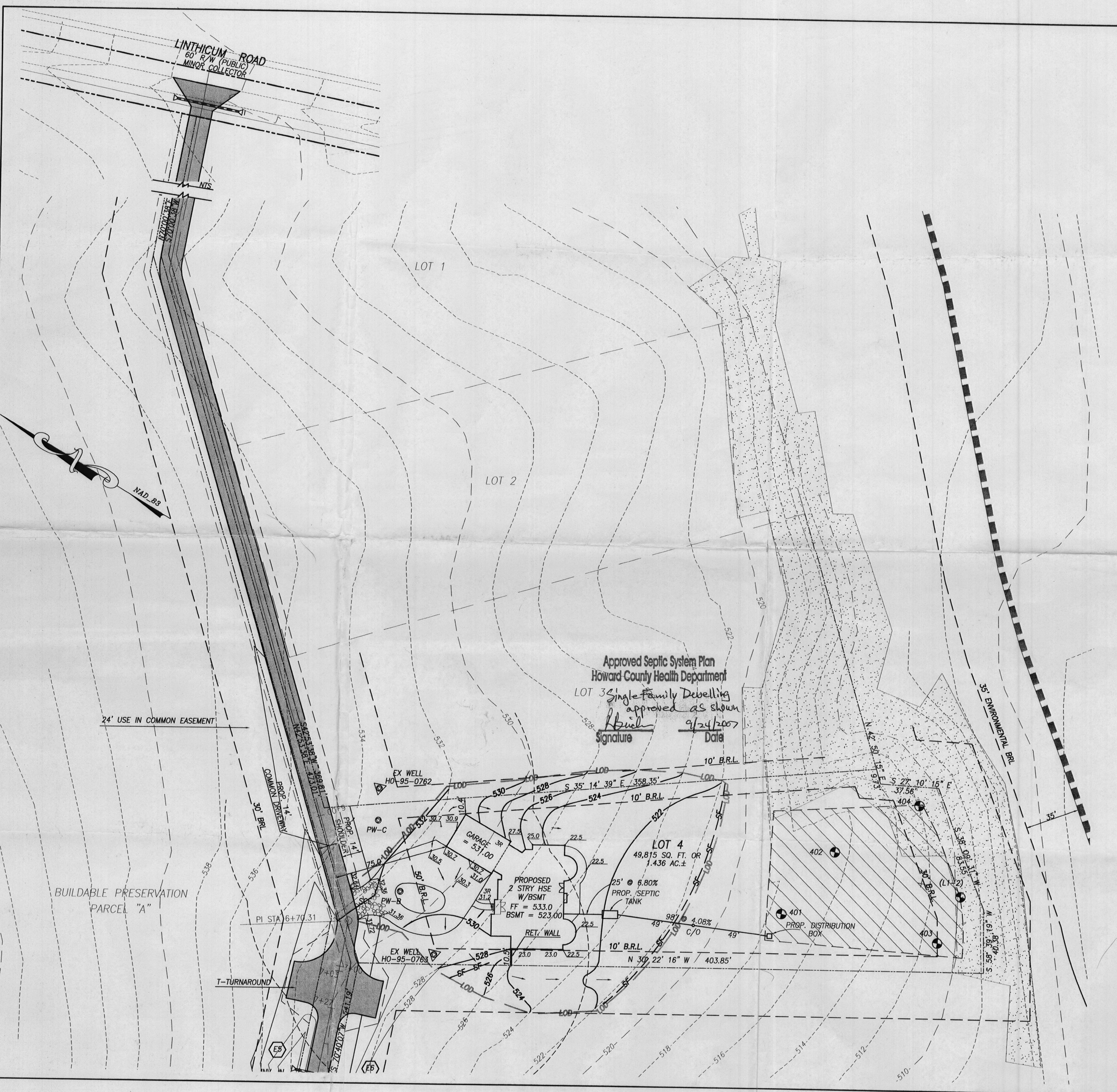
Mark R. Oxley  
Applicant's Signature  
AUTHORIZED AGENT / THE GAFFNER GROUP  
Title/Company

Mark R. Oxley  
Print Name  
8/31/07  
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 \$ <u>100.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering. DPZ			Side St.: _____	Add'l per. fee \$ _____
Health <u>R. Bush</u>	<u>9/24/2007</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 \$ <u>7039</u>
YES <input type="checkbox"/> NO <input checked="" 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 _____	Accepted by <u>ea</u>
White: Building Official			SDP/Red-line approval date _____	
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				



SEPTIC ELEVATIONS

PROPOSED HOUSE:  
F.F. ELEV. = 533.0  
BSMT. ELEV. = 523.00  
GARAGE ELEV. = 531.0  
INV. OUT = 521.00

PROPOSED SEPTIC TANK:  
EX GRD. ELEV. = 524.2  
PROP. GRD. ELEV. = 521.8  
INV. IN = 519.3  
INV. OUT = 519.1

PROPOSED DISTRIBUTION BOX:  
EX GRD. ELEV. = 517.6  
INV. IN = 515.1  
INV. OUT = 514.8

NOTES:

1. TOPOGRAPHY IS FIELD RUN BY VANMAR ASSOC., INC.
  2. ACTUAL LENGTH AND NUMBER OF TRENCHES FOR SEWERAGE ARE TO BE DETERMINED AT THE TIME OF SEPTIC SYSTEM PERMIT ISSUANCE.
  3. PROPOSED HOUSE IS 3 BEDROOM.
  4. LIMIT OF DISTURBANCE: (LOD) 26,640 Sq. Ft.
  5. THE EXISTING WELL SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY VANMAR ASSOCIATES, INC.
- PROFESSIONAL LAND SURVEYORS AND ACCURATELY SHOWN.

STORM WATER MANAGEMENT NOTE:  
STORM WATER MANAGEMENT FOR LOT 4 WAS PREVIOUSLY APPROVED UNDER FILE NUMBER F-07-087. WATER QUALITY REQUIREMENTS WERE MET USING NATURAL AREA CONSERVATION & SHEET FLOW TO BUFFER CREDITS. CPV WAS SATISFIED BY USING THE ABOVE CREDITS TO REDUCE THE POST DEVELOPMENT CN TO BELOW THE PRE-DEVELOPMENT VALUE. QUANTITY CONTROL IS NOT REQUIRED BECAUSE THE SITE DRAINS TO A RECORDED 100 YEAR FLOODPLAIN EASEMENT.

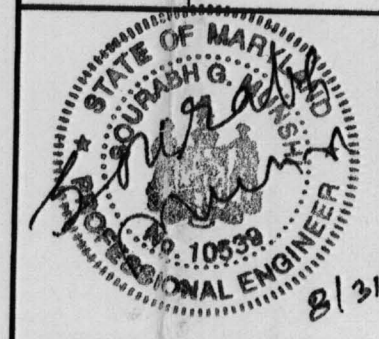
OWNER:  
STEPHEN P. GRIFFIN  
TRACY D. GRIFFIN  
4074 LINTHICUM ROAD  
DAYTON, MARYLAND 21036  
(410) 984-6944

RECORDED AS PLAT 19288 THRU 19290 ON AUGUST 8, 2007  
AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND

DATE	REVISIONS

PLOT PLAN  
LOT 4  
LINTHICUM OAKS

SITUATED ON THE WEST SIDE OF LINTHICUM ROAD  
FIFTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
T.M.: 22, GRID: 19, PARCEL: 50  
SCALE: 1" = 30' AUGUST, 2007



VANMAR ASSOCIATES, INC.  
Engineers Surveyors Planners  
310 South Main Street 210, Box 328 Mount Airy Maryland 21771  
(301) 829 2880 (301) 831 5015 (410) 548 2761