

Building Address 1430 Long Camino Road
MT. Airy, MD 21771
 Suite/Apt. #: 1111 SDP/WP/Petition #: N/A
 Census Tract 60046 Subdivision Wilets Property
 Section 11A Area 11A Lot 1
 Tax Map 6 Parcel 55 Grid 22
 Zoning RC-12B Map Coordinates _____ Lot size _____

Property Owner's Name KEVIN BIDEN
 Address 14799 Addison Way
 City Woodbine State MD Zip Code 21797
 Home Phone 410 489-9090 Work Phone 410 977 8925
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use Single Family Home
 Proposed Use (Live stock) Barn
 Estimated Construction Cost \$15,000.00
 Description of Work Black Building Truss and
Roof. Barn Eva Cow, pigs
Storage 24x24 (Storage Room) on Sky
 Occupant or Tenant _____
 Contact Name KEVIN BIDEN
 Address 14799 Addison Way
 City Woodbine State MD Zip Code 21797
 Phone 410 489 9090 Fax M 410 977 8925

Contractor Company DUTAN-12
 Contact Person _____
 Address SAME
 City _____ State _____ Zip Code _____
 License No. _____ Phone _____ Fax _____
 Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Electric Yes <input checked="" 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"/>	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 type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <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 THEREOF; (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.

Kevin Biden
 Applicant's Signature
Kevin Biden
 Title/Company

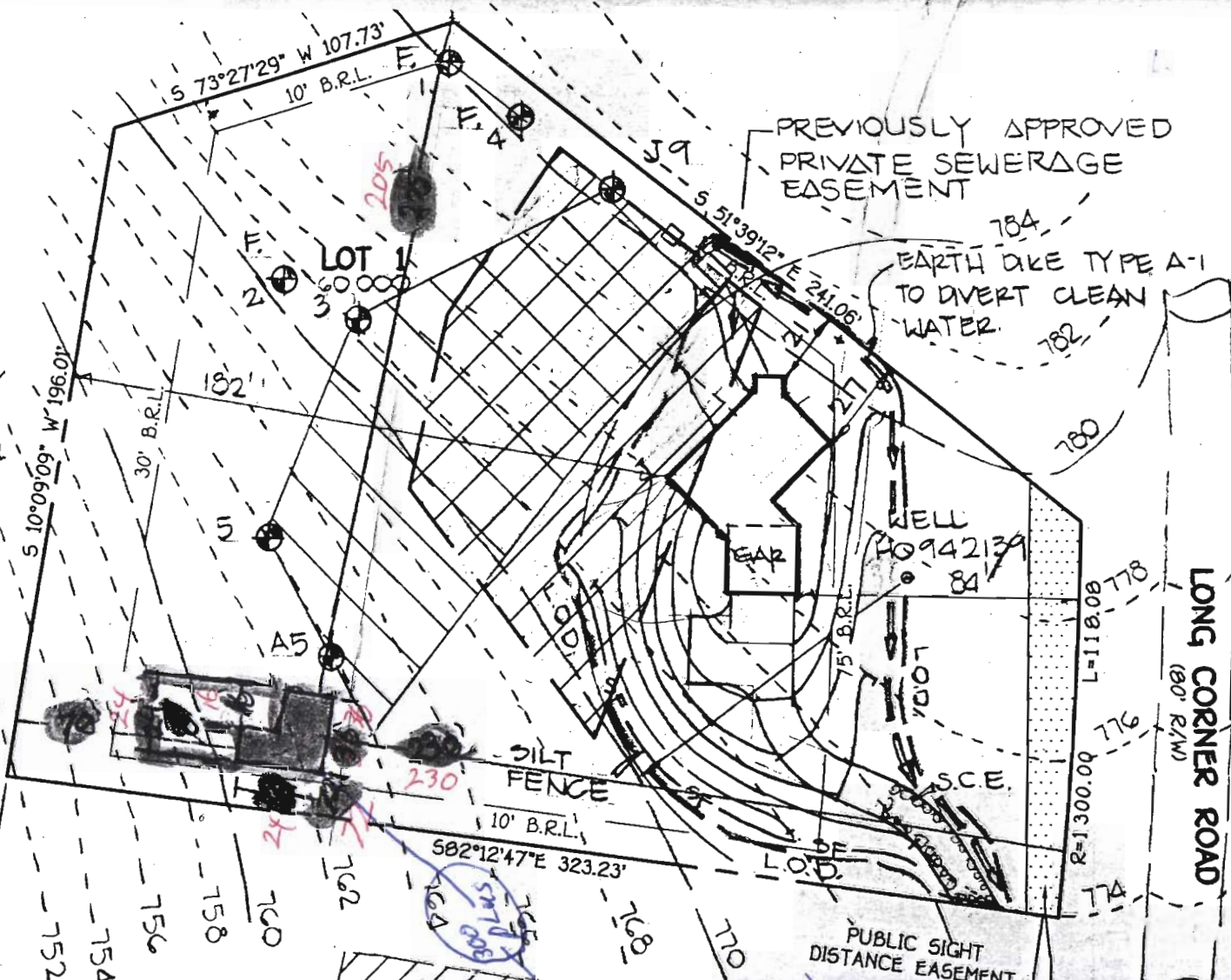
KEVIN BIDEN
 Print Name
2-15-01
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DEPT. SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	Filing fee \$ <u>25.00</u> Permit fee \$ _____ Excise tax \$ _____ Add'l per. fee \$ _____
Dev. Engineering DPZ	<u>2/26/01</u>	<u>Mark Ripka</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____ Sub-total paid \$ _____
Health			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____ Check # <u>1234</u>
Fire Protection			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	Accepted by _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				
ONE STOP SHOP: <input type="checkbox"/>				
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				

PROPERTY
PRESERVATION
LOT A

State park.



PREVIOUSLY APPROVED
PRIVATE SEWERAGE
EASEMENT

EARTH DIKE TYPE A-1
TO DIVERT CLEAN
WATER.

FF 704.20
BE 775.30

PROPOSED BARN
OK
MR [Signature]

LONG CORNER ROAD
(80' R/W)

752
754
756
758
760
762

WILETS
PROPERTY
LOT 2

SCALE

1" = 50'
EX. 24' USE-IN-COMMON
DRIVEWAY EASEMENT
FOR LOTS 1-3.

PUBLIC SIGHT
DISTANCE EASEMENT

PERCOLATION TEST
CERTIFICATION PLAN

PLAN TO ACCOMPANY APPLICATION
FOR BUILDING PERMIT

WILETS PROPERTY

LOTS 1 THRU 3
AND PRESERVATION PARCEL A & B

ZONING: 'RC'
TAX MAP No. 6 PARCEL 55
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

APPROVED: FOR PRIVATE WATER AND SEWERAGE
SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT

COUNTY HEALTH OFFICER:

DATE

02-01-025

Building Address 1930 LONG CORNER ROAD
MT AIRY 112 (100) 21771

Property Owner's Name KEVIN BIDEN
 Address 14799 Addison Way
 City Woodbine State MD Zip Code 21792

Suite/Apt. #: N/A SDP/WP/Petition #: 111
 City Woodbine State MD Zip Code 21792

Census Tract 6010 Subdivision Wildets Property
 Home Phone 410 489-9090 Work Phone 410 977-8925
 Applicant's Name & Mailing Address, (if other than stated hereon):

Section N/A Area N/A Lot 1
 Tax Map 6 Parcel 55 Grid 22
 Zoning PC-088 Map Coordinates 710 Lot size

Phone _____ Fax _____

Existing Use Vacant lot
 Proposed Use House
 Estimated Construction Cost \$ 200,000.00

Contractor Company KEVIN BIDEN
 Contact Person KEVIN BIDEN
 Address 14799 Addison Way
 City Woodbine State MD Zip Code 21792
 License No. _____ Phone 410 977 8925 Fax _____

Description of Work Single Family House 1st story
with 1/2 finished basement Attached 2 car
Garage 2 Porch 2 1/2 Bdrly Front Porch 6x8

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

Engineer or Architect Company John Collier Inc
 Contact Person John Collier
 Address 10272 Pathway Mill Pike
 City Ellicott State MD Zip Code 21112
 Phone 410 461 2555 Fax _____

BUILDING DESCRIPTION - COMMERCIAL **BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics		Utilities	
Height:		Water Supply:	
No. of stories:		<input type="checkbox"/> Public	
Gross area, sq. ft. per floor:		<input type="checkbox"/> Private	
Use group:		Sewage Disposal:	
Construction type:		<input type="checkbox"/> Public	
<input type="checkbox"/> Reinforced Concrete		<input type="checkbox"/> Private	
<input type="checkbox"/> Structural Steel		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Masonry		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Wood Frame		Heating System:	
<input type="checkbox"/> State Certified Modular		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	

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 WRITING APPLICABLE THEREOF; (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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Kevin Biden Print Name KEVIN BIDEN
 Title/Company _____ Date 1/12/01

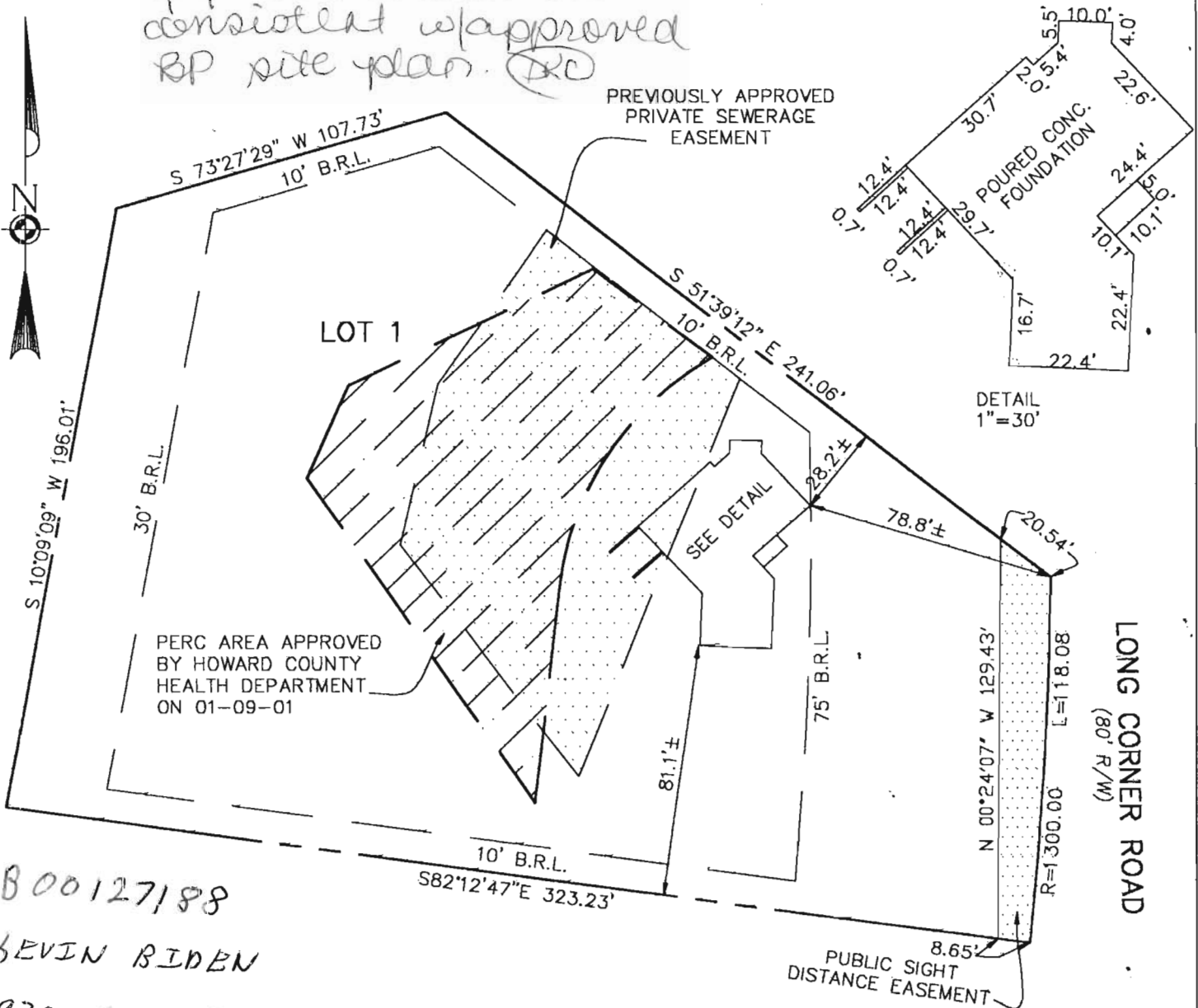
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ	<u>1/12/01</u>	<u>[Signature]</u>	Front: <u>0'</u>	Filing fee \$ <u>25</u>
State Highways			Rear: <u>3'</u>	Permit fee \$ _____
Building Official			Side: <u>10'</u>	Excise tax \$ _____
Dev. Engineering, DPZ	<u>1/12/01</u>	<u>Mark Kiffin</u>	Side St.: <u>N</u>	Sub-total paid \$ _____
Health			All minimum setbacks met?	Add'l permit fee \$ _____
Fire Protection			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
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 checked="" type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
			Lot Coverage for New Town Zone <u>1.1%</u>	
			SDP/Red-line approval date <u>1/12/01</u>	Accepted by <u>[Signature]</u>

GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar as it is required by a LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240044 0006 B, EFFECTIVE DATE: DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).
- 4) NO TITLE REPORT FURNISHED, SUBJECT TO ALL EASEMENTS AND CONDITIONS OF RECORD.

*33001 house location
consistent w/ approved
BP site plan. DC*



PERC AREA APPROVED BY HOWARD COUNTY HEALTH DEPARTMENT ON 01-09-01

B00127188
KEVIN BIDEN
1930 Long Corner Rd
MT. AIRY MD 21771
DAY Phone (410) 977-8925
B.R.L. = BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. = 781.8±

LOT 1
WILETS PROPERTY
LOTS 1 THRU 3
AND PRESERVATION PARCELS A & B
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 13941

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2855



Charles J. Crovo, Sr.
PROFESSIONAL LAND SURVEYOR DATE 3/19/01
REG. # 10763

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 3/19/01
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1" = 50'
DATE: 3/19/01
DRAWN BY: I.P.E.
CHECKED BY: S.R.P.
PROJECT No.: 61491



Providing Quality Systems for Over 20 Years
Commercial & Residential Water Well Drilling
Test Borings & Consulting • Geothermal Drilling & Systems
NCEM & IATSE Certified

Attention Mr. Mark Rickin
Howard County Health Dept
Fax # 313-2648.

August 2, 1999.

Dear Mr. Rickin,

Please transfere the Wellits

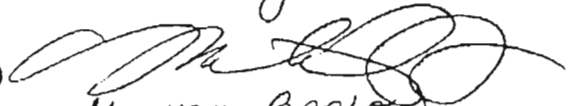
Property permits to Ralph Mayne.

If you should have any questions
concerning this, please give me a call.

8/2/99 OK - VERBAL

NOTIFICATION
REC'D FROM
R. MAYNE (R)

Thank you.


MICHAEL BARLOW.

