

K B

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00132831

Building Address 11613 Masters Run
Ellicott City, MD 21042
Suite/Apt. #: N/A SDP/WP/Petition #: F-57-108
Census Tract 10501 Subdivision The Oaks
Section - Area - Lot 2
Tax Map 29 Parcel 24 Grid 2
Zoning RC-DEC Map Coordinates 1451 Lot size 2.8528 AC

Property Owner's Name Mr. & Mrs. Joseph Chinnici
Address 5101 Morningside Lane
City Ellicott City State MD Zip Code 21043
Home Phone 410-203-0457 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Martin J. Niessner Const. Inc.
4839 Rollintop Road
Ellicott City, MD 21043
Phone 410-465-0435 Fax 410-461-8390

Existing Use SFD
Proposed Use SFD W/Deck
Estimated Construction Cost \$ 100,000.00
Description of Work Build two-story addition approx. 400 s.f. & interior renovations including new kitchen, remodeling of bathrooms & removal of some inter. walls. Build retain. wall with foundation under existing deck.

Contractor Company Martin J. Niessner Const. Inc.
Contact Person Martin J. Niessner, Sr.
Address 4839 Rollintop Road
City Ellicott City State MD Zip Code 21043
License No. 9080
Phone 410-465-0435 Fax 410-461-8390

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

Engineer or Architect Company Alt Breeding Schwarz
Contact Person Scarlett Breeding
Address 209 Main Street
City Annapolis State MD Zip Code 21401
Phone 410-268-1213 Fax 410-268-2965

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: _____ <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	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	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 _____ <input checked="" type="checkbox"/> Private
1st floor: <u>9'8"</u> Depth <u>14' 6 1/2"</u> Width	Sewage Disposal: _____ Public _____ <input checked="" type="checkbox"/> Private
2nd floor: <u>9'6"</u>	Electric: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>9'8"</u> <u>14' 6 1/2"</u>	Gas: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input checked="" 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: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>n/a</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: <u>24" x 12" trench</u>	
Roof: <u>hip-type</u>	
_____ 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.

Martin J. Niessner, Sr.
Applicant's Signature
President
Title/Company

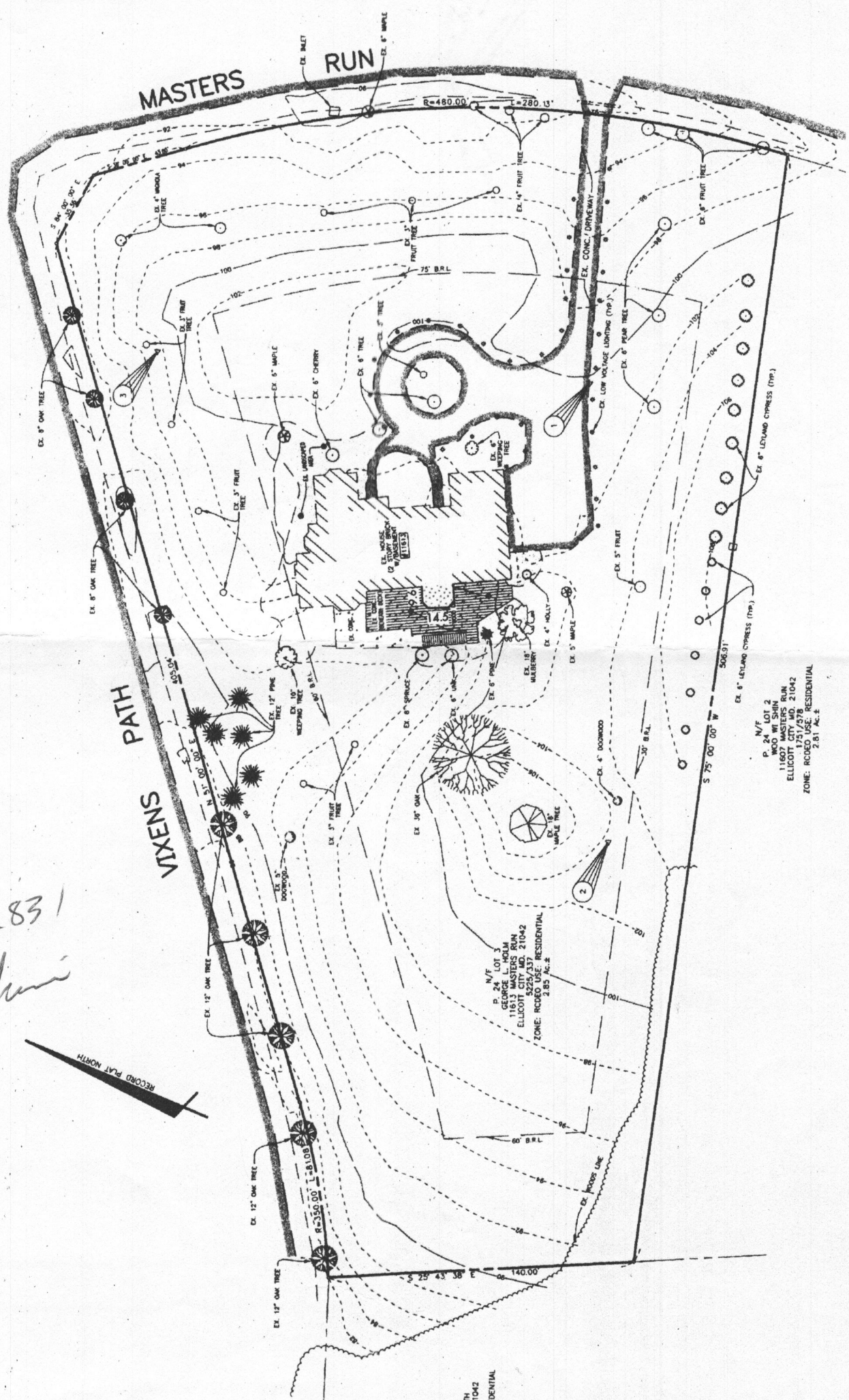
Martin J. Niessner, Sr.
Print Name
10-17-01
Date

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		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>11-21-01</u>	<u>Frank Shuman</u>
<input checked="" type="checkbox"/> 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#: <u>49340</u>
Front: _____	Filing fee \$ <u>25</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit 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"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # <u>16527</u>
SDP/Red-line approval date _____	Validation # <u>45771</u>
	Accepted by <u>[Signature]</u>

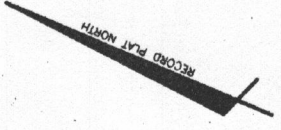
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



P. 24 N/T LOT 2
 WOO W/ SHIN
 11607 MASTERS RUN
 ELICOTT CITY, MD 21042
 171/270
 ZONE: RCD00 USE: RESIDENTIAL
 2.81 AC.±

P. 24 N/T LOT 4
 PAUL M. SILVER
 11607 MASTERS RUN
 ELICOTT CITY, MD 21042
 4426/1
 ZONE: RCD00 USE: RESIDENTIAL
 2.86 AC.±

11-21-01
 Plan ok for
 BP 600 132831
 Kitchen etc
 G. Shinn



M A U C B

KB

Building Address <u>11613 Masters Run Rd</u> <u>Ellicott City, MD 21042</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>1001</u> Subdivision <u>The Chase</u> Section _____ Area _____ Lot <u>3</u> Tax Map <u>29</u> Parcel <u>311</u> Grid <u>2</u> Zoning <u>M12D</u> Map Coordinates _____ Lot size _____	Property Owner's Name <u>Joseph Chomari</u> <u>5101</u> Address <u>Marionade Ln</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u> Home Phone <u>410.203.0457</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
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Existing Use <u>Single Family Dwelling</u> Proposed Use <u>Underground Storage Tank</u> Estimated Construction Cost \$ <u>3000.00</u> Description of Work <u>Install 500 GAL. UG UPTANK</u> <u>Gather Underground Tank in</u> <u>cellar with NEED 38</u>	Contractor Company <u>Suburban Propane</u> Contact Person <u>Lisa Tord</u> Address <u>31 Derwood Circle</u> City <u>Rockville</u> State <u>MD</u> Zip Code <u>20850</u> License No. _____ Phone <u>301 251 0606</u> Fax _____
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Occupant or Tenant <u>Same as owner</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
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	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 _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u> 1st floor: _____ 2nd floor: _____ 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 _____ 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" 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 checked="" 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 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.

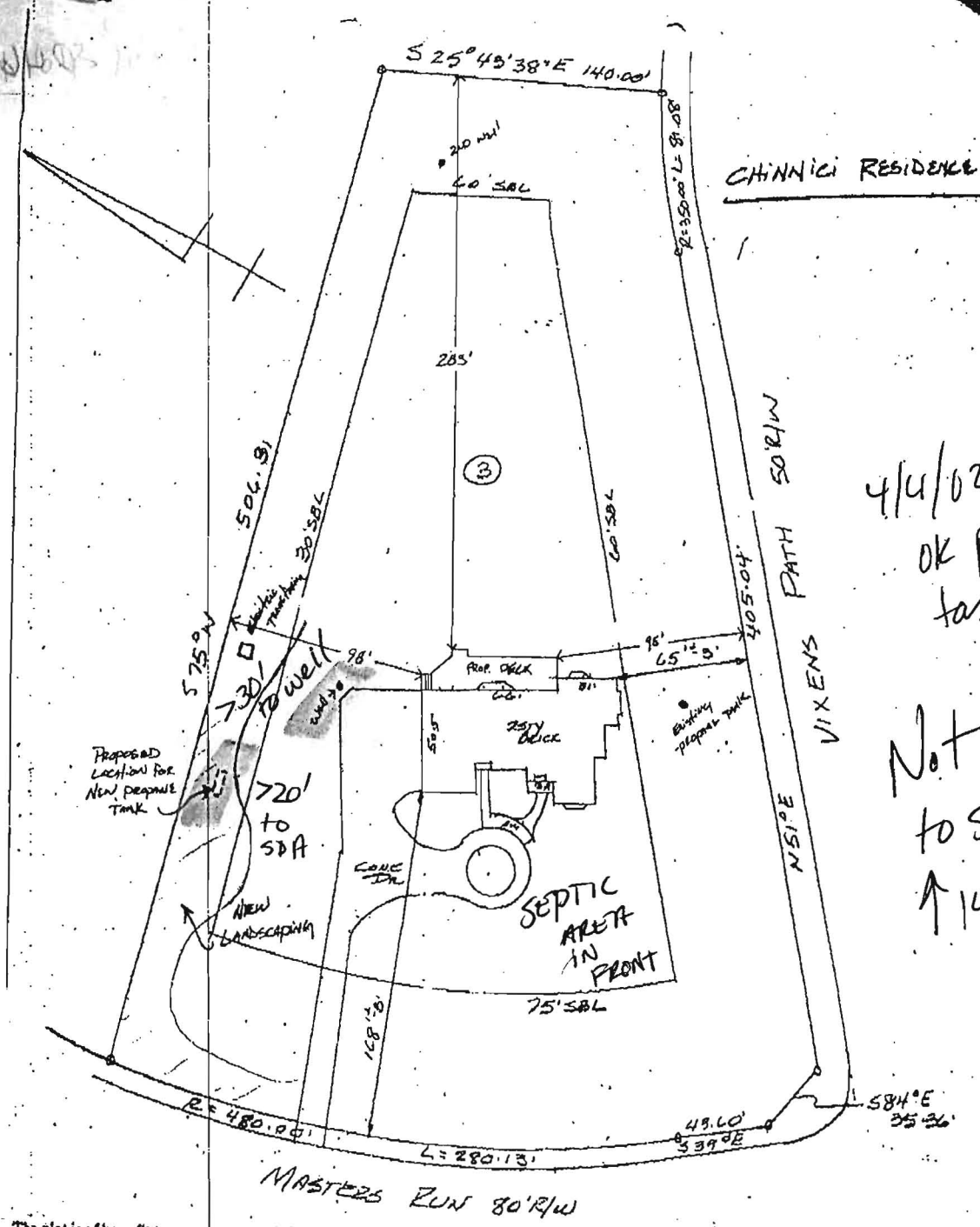
<u>Joseph Chomari</u> Applicant's Signature	<u>Lisa Tord</u> Print Name
<u>Suburban Propane</u> Title/Company	<u>4-2-02</u> Date

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: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ <u>100.00</u>
Building Official			Side: _____	Excise tax \$ _____
Dev Engineering/DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>4/14/02</u>	<u>Racie Gaddy</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
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 type="checkbox"/>	Check # <u>000000</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by _____

4470111
04-3310

0780/003



CHINNICI RESIDENCE

4/4/02
OK propane
tank site

Not
to scale
↑ 140%
for
1:60
Scale

MASTERS RUN 80' R/W

The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The 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.

#11612 MASTERS RUN
LOT 3 "THE CHASE"
Plot # 7259
Howard Co. MD

THE LOT SHOWN HEREON IS IN FLOOD ZONE C PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL # 240044-0027C

SCALE 1"=60'	LOCATION CERTIFICATION	
DATE 7-23-01		
JOB No. 01-751	WITZ & ASSOCIATES GENERAL SURVEYING CO. 1009 Frederick Road Baltimore, MD 21228 Phone 410-869-3536 Fax 410-869-3538	

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

600135223

Building Address 11613 Masters Run
Ellicott City, MD 21043

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

Census Tract 605101 Subdivision The Chase

Section _____ Area _____ Lot 3

Tax Map 29 Parcel 24 Grid 2

Zoning RC Map Coordinates 14 J 1 Lot size 2.85 A

Property Owner's Name Joe & Susan Chinnki

Address 11613 Masters Run

City Ellicott City State MD Zip Code 21043

Home Phone 410-203-0457 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
Victoria Meyer
Maryland Bldg. Permits, Inc.
410-602-8779

Phone _____ Fax _____

Existing Use Single Fam. Dwelling

Proposed Use Single Fam. Dwelling w/brick walls

Estimated Construction Cost \$ 4,000

Description of Work Re-build existing walls
5 1/2' hght. x 2' wide Brick 30' Long
28" Hght

Contractor Company Town Creek Inc.

Contact Person Mike Prokopchak

Address P. O. Box 735
Clarksville, MD 21029

City _____ State _____ Zip Code _____

License No. CTR 04375

Phone 410-224-2077 Fax 410-224-1136

Occupant or Tenant see owner

Contact Name _____

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	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: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <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: <u>N/A</u> <input type="checkbox"/> NFFPA #13D _____ NFFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	

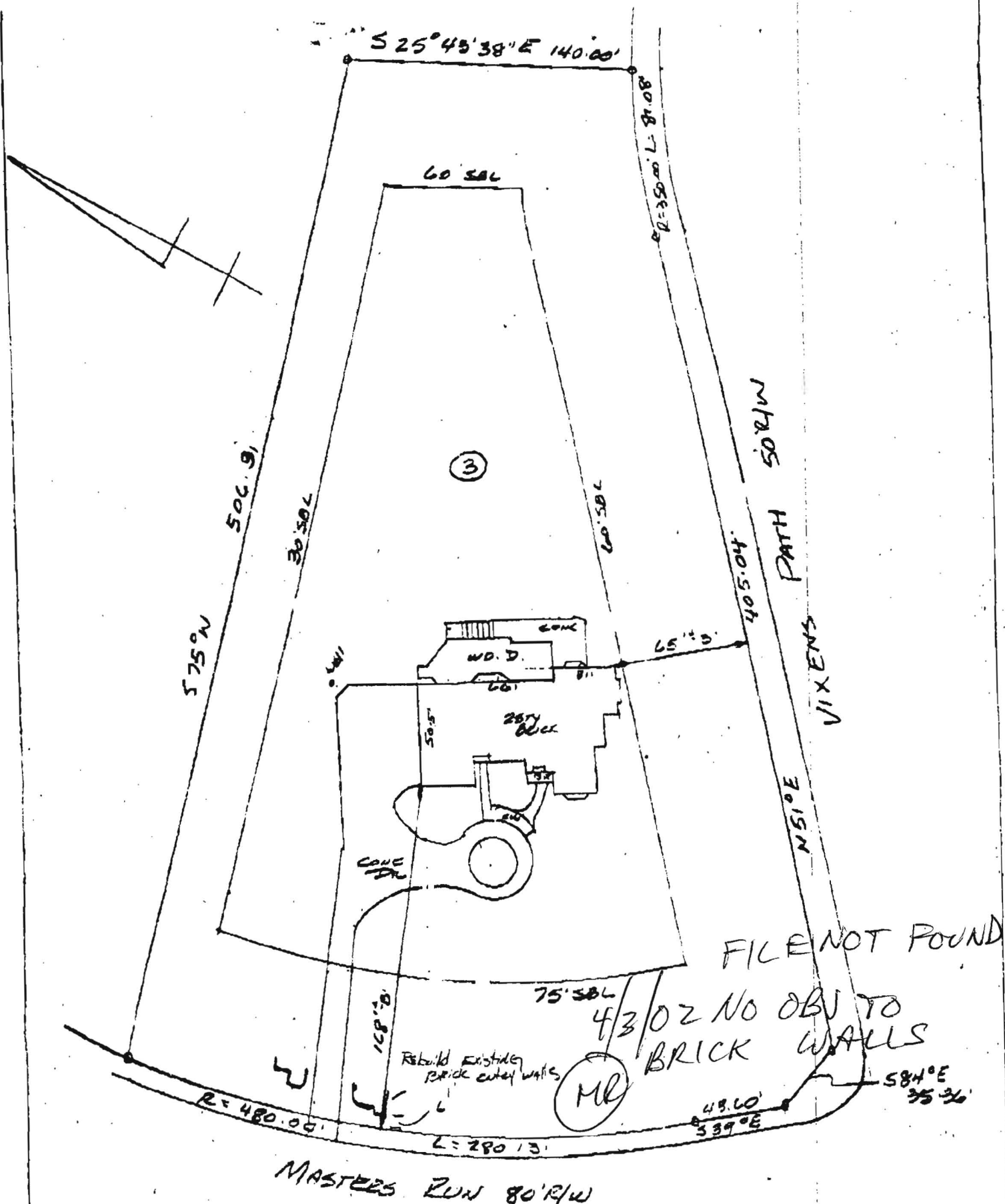
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED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

V. Meyer
Applicant's Signature
Agent
Title/Company

Victoria Meyer
Print Name
4/3/02
Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	49340
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ	<u>4/3/02</u>	<u>Mark T. [Signature]</u>	Side St: _____	Excise tax \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # _____
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				Validation # _____
				Accepted by _____



FILE NOT FOUND

#11613 MASTERS RUN
 LOT 3 "THE CHASE"
 PLAT # 7259
 HOWARD CO MD

The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The 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.

THE LOT SHOWN HERON IS IN FLOOD ZONE C PER P.E.M.A. FLOOD INSURANCE RATE MAP PANEL # 240004-00276

SCALE 1"=60'	LOCATION CERTIFICATION		
DATE 7-23-01	WITZ & ASSOCIATES GENERAL SURVEYING CO.		
JOB No. 01-751	1009 Frederick Road Baltimore, MD 21228 Phone 410-889-3538 Fax 410-869-3538		

Building Address <u>11613 Masters Run Rd</u> <u>Ellicott City MD 21043</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>605101</u> Subdivision <u>The Cruise</u> Section _____ Area _____ Lot <u>3</u> Tax Map <u>29</u> Parcel <u>24</u> Grid <u>2</u> Zoning <u>RC</u> Map Coordinates <u>14J1</u> Lot size _____	Property Owner's Name <u>Chinnici, Susan</u> Address <u>11613 Masters Run</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u> Home Phone <u>410-266-3045</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>Shore Circus + Ocean Bed</u> <u>2501 Solomons Island Rd</u> <u>Annapolis MD 21401</u> Phone <u>410-266-5100</u> Fax <u>410-266-8300</u>
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Existing Use <u>Single Family Dwelling</u> Proposed Use <u>Retaining Walls</u> Estimated Construction Cost \$ <u>20000</u> Description of Work <u>Install a 37"-48" high</u> <u>retaining wall - 205' long</u>	Contractor Company <u>Shore Circus + Ocean Bed</u> Contact Person <u>Megan Stumber</u> Address <u>2501 Solomons Island Rd</u> City <u>Annapolis</u> State <u>MD</u> Zip Code <u>21401</u> License No. <u>3150</u> Phone <u>410-266-5100</u> Fax <u>410-266-8300</u>
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Occupant or Tenant <u>Some</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>James Drury</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone <u>410-544-9010</u> Fax _____
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BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
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	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 <input type="checkbox"/> # of Heads	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ 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 _____ 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	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 type="checkbox"/> Sprinkler system: N/A <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 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 ON TO THIS PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature <u>Megan Stumber</u> <u>Shore Circus + Ocean Bed</u>	Print Name <u>Megan Stumber</u> Date <u>12-26-01</u>
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Title/Company _____ Date _____

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front _____	49343
State Highways			Rear _____	Filing fee \$ <u>50</u>
Building Official			Side _____	Permit fee \$ _____
Dev. Engineering, DPZ	<u>12/27/01</u>	<u>M. C. [Signature]</u>	Side St. _____	Excise tax \$ _____
Health			All minimum setbacks met?	Add'l per fee \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Check <u>18762</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

800134721

Building Address 11613 MASTERS RUN
ELLCOTT CITY, MD 21043
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 605101 Subdivision THE CHASE
Section — Area — Lot 3
Tax Map 29 Parcel 24 Grid 2
Zoning RC Map Coordinates 14J1 Lot size 2.85 AC.

Property Owner's Name JOE & SUSAN CHIRNICKI
Address 11613 MASTERS RUN
City ELLCOTT CITY State MD Zip Code 21043
Home Phone (410) 203-0457 Work Phone (410) 409-4020
Applicant's Name & Mailing Address, (if other than stated hereon): _____

Existing Use _____
Proposed Use YFD
Estimated Construction Cost \$ 25,000.00
Description of Work CONSTANT A 6X17 DECK
TO MEET ALL LOCAL CODES
W/STEPS

Contractor Company TOWN CREEK, INC.
Contact Person TED CONROY
Address PO BOX 735
City LEANS VILLE State MD Zip Code 21029
License No. 49986
Phone 301 370-1452 Fax (410) 224-1136

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

Engineer or Architect Company ALT RECORDS SURVEYING, INC.
Contact Person SCARLETT FOREMAN, AIA
Address 209 MAIN STREET
City ANNAPOLIS State MD Zip Code 21401
Phone 410 266-1213 Fax 410 266-2965

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input 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"/>
Use group: _____	Heating System: Electric <input checked="" 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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input 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 _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: <u>DECK</u> Dimensions: <u>6' x 17'</u> Footings: <u>2" x 3"</u> Roof: _____	
<input type="checkbox"/> State Certified Modular <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 T. Conroy
Title/Company OWNER MANAGER TOWN CREEK, INC.

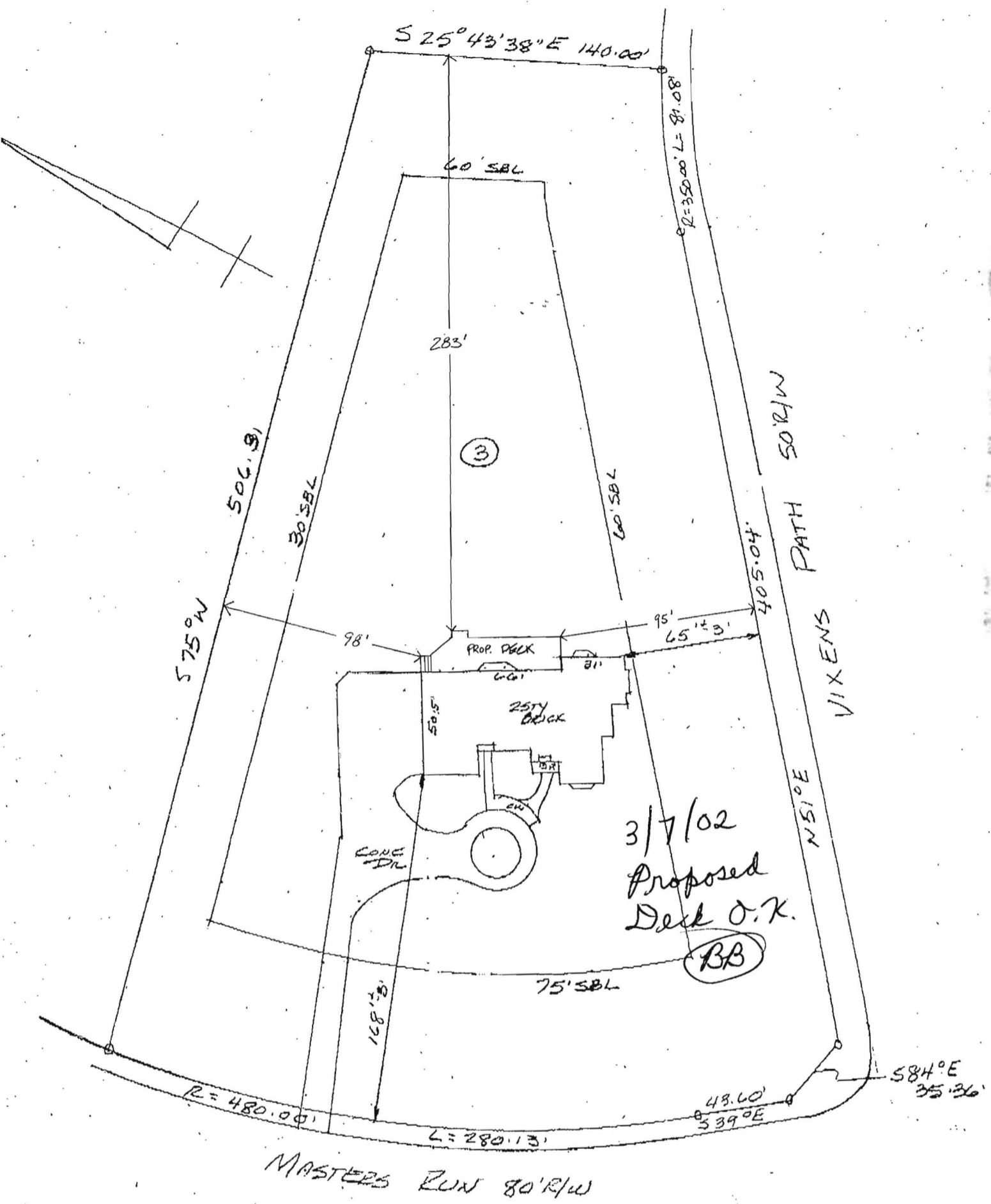
Print Name TED CONROY
Date 3-7-02

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: _____	49340
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering DPZ			Side St: _____	Excise tax \$ _____
Health	<u>3/7/02</u>	<u>Brian Baker</u>	All minimum setbacks met?	Add'l per. fee \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Is Entrance Permit required?	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>6401</u>
			Historic District?	Validation # <u>01603</u>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for NewTown Zone _____	Accepted by _____
			SDP/Red-line approval date _____	

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



The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The 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.

#11613 MASTERS RUN
 LOT 3 "THE CHASE"
 PLAT # 7259
 HOWARD CO. MD.

THE LOT SHOWN HEREON IS IN FLOOD ZONE C PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL # 240044-0027C

SCALE
 1" = 60'
 DATE
 7-23-01
 IOB No.
 01-751

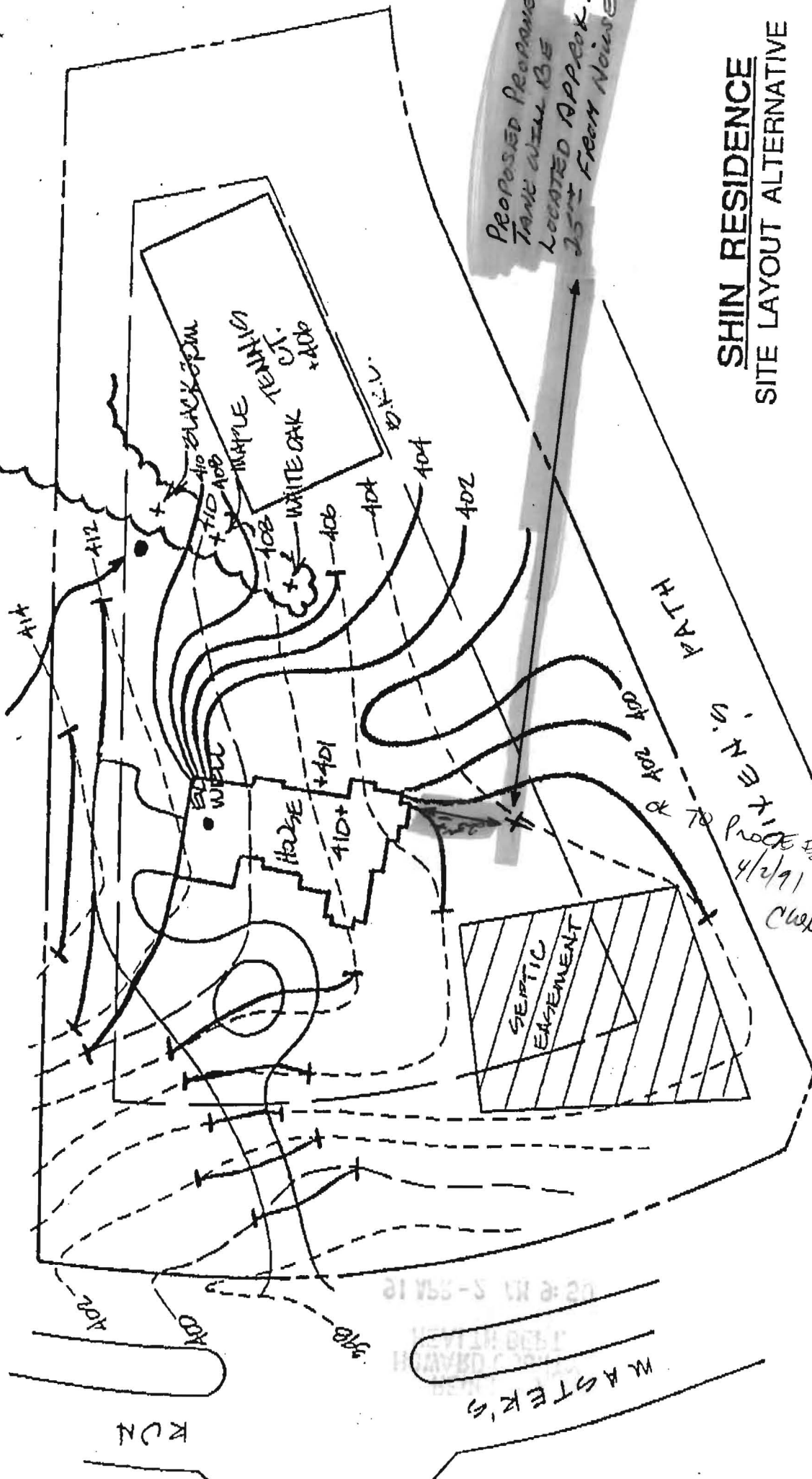
LOCATION CERTIFICATION

**WITZ & ASSOCIATES
 GENERAL SURVEYING CO.**

1009 Frederick Road
 Baltimore, MD 21228
 Phone 410-869-3536
 Fax 410-869-3538



PROPOSED LOCATION FOR WELL.



PROPOSED PERMANENT TANK WILL BE LOCATED APPROX. 25 FT FROM NOISE

SHIN RESIDENCE SITE LAYOUT ALTERNATIVE

Slater Associates

11/17/09

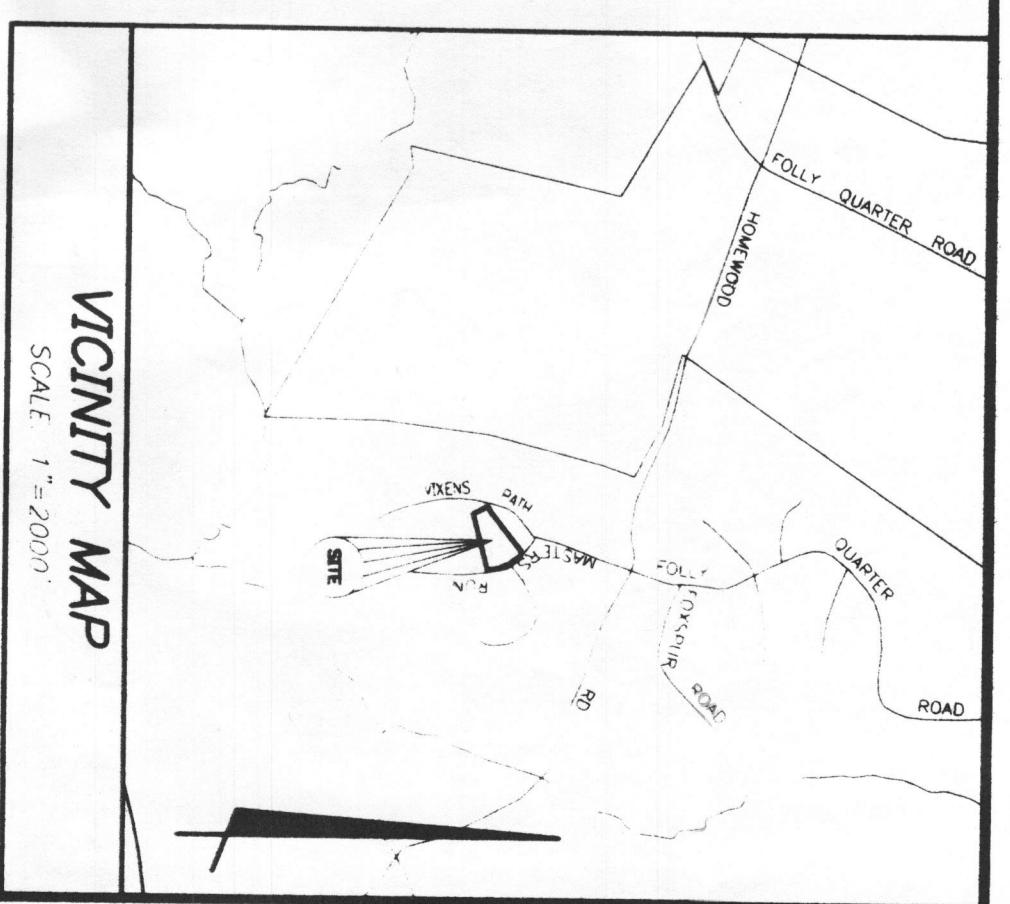
NOTE:
EX. WELL TO BE RELOCATED.



PROPOSED PERMANENT TANK WILL BE LOCATED APPROX. 25 FT FROM NOISE
4/2/91
C.W.

MASTERS

KCN



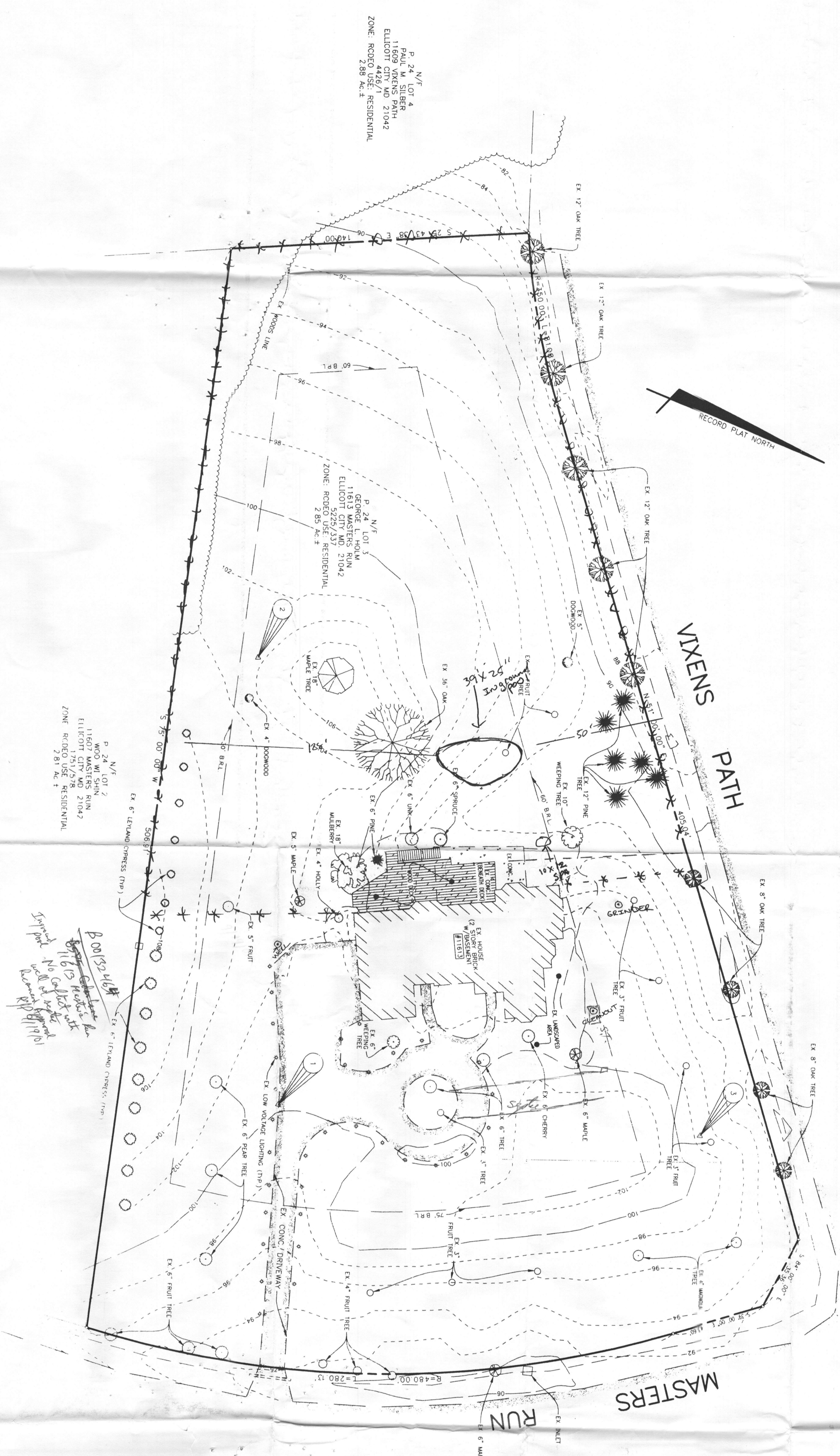
VICINITY MAP
SCALE 1"=2000'

LEGEND

- 99-- EXISTING CONTOURS
- 99-- PROPOSED CONTOURS
- 100+4 EXISTING SPOT ELEVATION
- 100x4 PROPOSED SPOT ELEVATION
- METAL FENCE
- LIMIT OF DISTURBANCE (L.O.D.)
- SILT FENCE
- WOOD FENCE
- BENCH MARK
- S.C.E. STABILIZED CONSTRUCTION ENTRANCE
- (SF-1) DETAIL IDENTIFIER
- (4) SHEET NUMBER
- OVERLAND FLOW
- NOW OR FORMERLY
- EX PAVEMENT
- EX GRAVEL
- PROP PAVEMENT
- PROP GRAVEL

BENCH MARK TABLE	
B.M. #	ELEV. DESCRIPTION
1	100.00' IRON ROD CAP SET
2	103.50' IRON ROD CAP SET
3	97.90' IRON ROD CAP SET

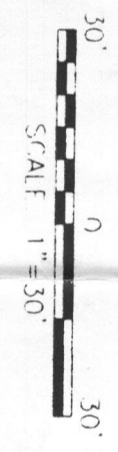
- NOTES**
- FOR TITLE SEE P. 24, SUBSET 11693 MASTERS RUN, ELLICOTT CITY, MD. 21042 SHEET 2
 - VERTICAL DATUM IS ASSUMED.
 - THIS IS NOT A BOUNDARY SURVEY.



N/E
P. 24, SUBSET 11693 MASTERS RUN, ELLICOTT CITY, MD. 21042 ZONE: RCDU USE - RESIDENTIAL 2.88 AC. ±

N/E
P. 24, LOT 2 WOOD WILSON ROAD, ELLICOTT CITY, MD. 21042 ZONE: RCDU USE - RESIDENTIAL 2.81 AC. ±

OWNER/CONTRACTOR TO CONTACT MISS UTILITY AT 1-800-257-7777 FOR EXISTING UTILITY INFORMATION PRIOR TO THE START OF CONSTRUCTION FOR LOCATION OF EXISTING UTILITY SERVICES UTILITIES



C. D. MEEKINS & ASSOCIATES, INC.
CONSULTING ENGINEERS AND SURVEYORS
159 MAIN ST., SECOND FLOOR
ANNAPOLIS, MD.
ANNAPOLIS, MD. 21404-2151
ANNAPOLIS (410) 291-0144 BALTIMORE (410) 286-7877 PRESHAM (410) 287-4038

NO.	REVISIONS	BY	DATE



PREPARED UNDER THE SUPERVISION OF
C. DOUGLAS MEEKINS
6/7/08
P.E. NO. 91531
DESIGNED W.D.W.
CHECKED A.V.B.
DATE 8-21-01
SCALE AS SHOWN

PREPARED FOR
OWNER
GEORGE I. HOLM
11613 MASTERS RUN
ELLICOTT CITY, MD. 21042
ARCHITECT
AT BEETHOVEN
2000 W. MAIN STREET
ANNAPOLIS, MD. 21401
TOPOGRAPHIC SURVEY
LOT 3 THE CHASE SUBDIVISION
TAX MAP 29, BLOCK 2, PARCEL 24
11613 MASTERS RUN, ELLICOTT CITY
HOWARD COUNTY, MD. 21042-1524
SHEET NO. 1
OF 1 SHEETS