

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B07024467

Building Address 4880, MANOR LANE
ELLCOTT CITY MD 21042

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

Census Tract _____ Subdivision DOLLINGHORE GARDENS

Section _____ Area _____ Lot 11

Tax Map 29 Parcel 121 Grid _____

Zoning _____ Map Coordinates _____ Lot size 1 ACRE

Property Owner's Name BHARATH KORT

Address 4880, MANOR LANE

City ELLCOTT CITY State MD Zip Code 21042

Home Phone 301-602-2247 Work Phone 202-391-2405

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

Phone _____ Fax _____

Existing Use RESEMENTH

Proposed Use GARAGE

Estimated Construction Cost \$ 45,000

Description of Work Garage with storage on the top. All drawings enclosed. 24 x 36 8' x 8'

Contractor Company BHARATH KORTAGE

Contact Person OWNER

Address 4880, MANOR LANE

City ELLCOTT CITY State MD Zip Code 21042

License No. _____ Phone 301-602-2247 Fax _____

Occupant or Tenant BHARATH KORTAGE

Contact Name _____

Address 4880, MANOR LANE

City ELLCOTT CITY State MD Zip Code 21042

Phone 202-391-2405 Fax _____

Engineer or Architect Company SYNERGY DESIGN

Contact Person DENNIS COTRARI

Address 708, 5th Street, SE

City Washington State DC Zip Code 20003

Phone 202-410-5377 Fax 202-318-4931

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 type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>34x</u> Width <u>36</u>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input 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 _____ Height: _____	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"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: <u>Garage</u> Dimensions: _____ Footings: _____ Roof Height: _____	State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>

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.P. Mentley
Applicant's Signature
OWNER
Title/Company

BHARATH KORTAGE
Print Name
Oct 29/07
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	_____	_____
<input checked="" type="checkbox"/> Fire Protection	_____	_____

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

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 # <u>149</u>
SDP/Red-line approval date _____	Validation # _____

November 22, 2007

Sara Sappington

Howard County Department of Health

Bureau of Environmental Health

7178, Columbia gateway drive, MD 21046

Re: B07004467 , 4880 Manor lane

Sir/ madam,

I am building 3 car storage with storage area on the top. I am not adding any bathrooms in this addition. So I request a waiver on a percolation certification plan. Also there is no impact on existing site conditions or grading. If you have any questions, please call me at 301-603-2247.

Thanks

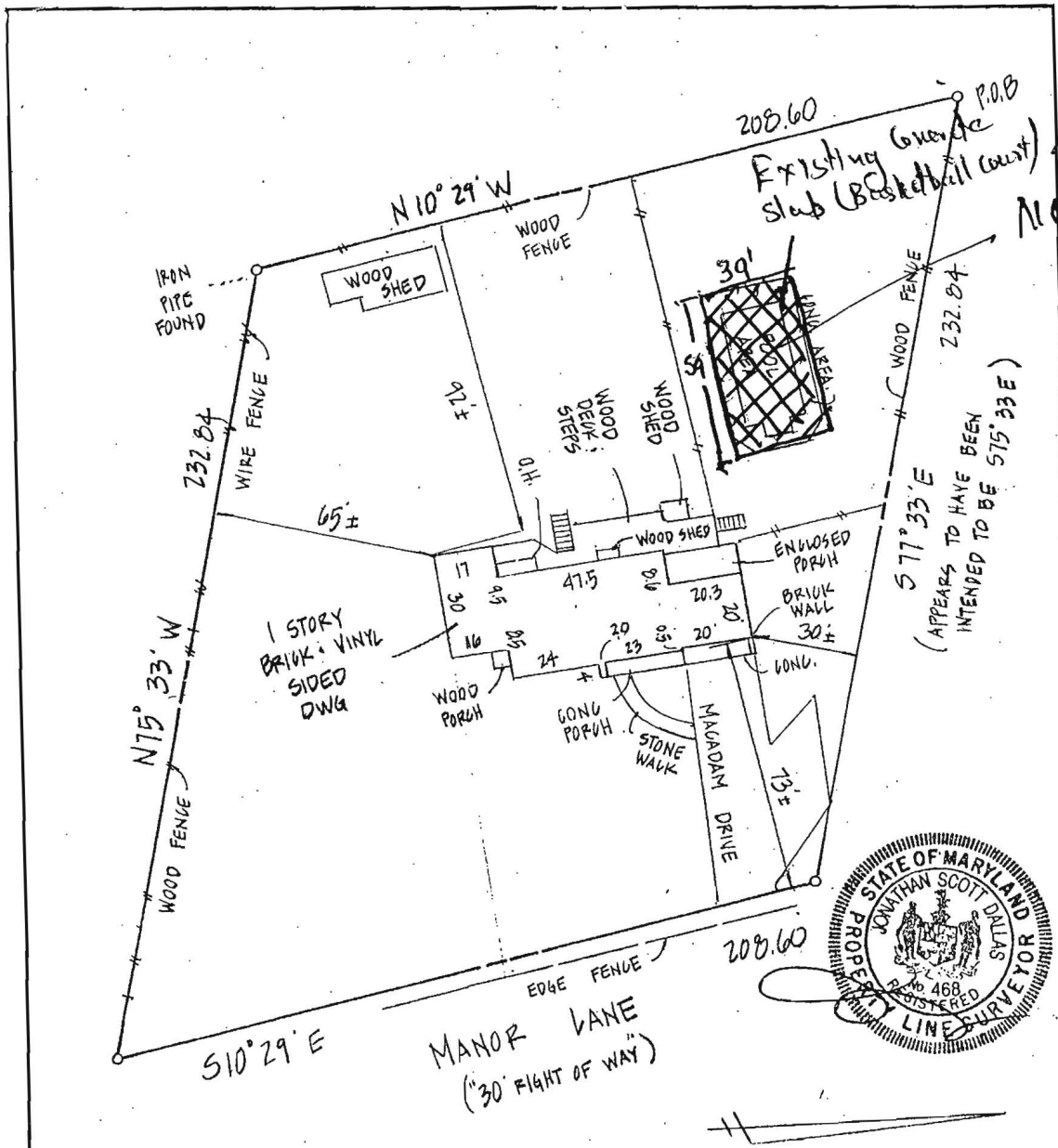
Law

Truly,

A handwritten signature in black ink, appearing to read 'Bharath Kortagere', with a horizontal line drawn through the middle of the signature.

Bharath Kortagere

Enclosed : site Plan



NO POOL.

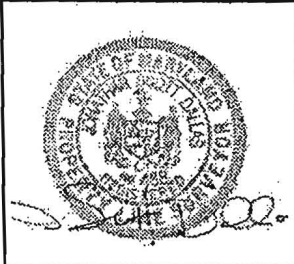


1. THE PLAT IS IF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE COMPANY OR IT'S AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER FINANCING OR RE-FINANCING.
2. THE PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDING, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. 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 RE-FINANCING.
4. I HAVE EXAMINED FLOOD INSURANCE RATE MAP PANEL NUMBER 2400440027C FOR THE SUBJECT PROPERTY AND IT APPEARS TO LIE WITHIN ZONE C PER SAID MAP.
5. DIMENSIONS SHOWN TO APPARENT LOT LINE ARE ± 3'
6. DATE OF FIELD WORK: 7-22-05

DEED REFERENCE
 10340-600
 3RD ELECTION-DISTRICT
 HOWARD COUNTY MD

① need plan showing garage
 ② can request variance

LOCATION DRAWING



4880 MANOR LANE
J.S. DALLAS, INC.
 SURVEYING & ENGINEERING
 P.O. BOX 26
 BALDWIN, MD. 21013
 (410) 817-4600

DATE: 7-26-05
 SCALE: 1"=40'
 JOB NUMBER: Misc 1501
 DRAWN BY: SS
 CHECKED BY: JSD

B10000433

Building Address 4880, MANOR LANE
ELLCOTT CITY MD 21042

Property Owner's Name BHARATH KORTAGERE
Address 4880, MANOR LANE
City ELLCOTT CITY State MD Zip Code 21042
Home Phone 301-602-2247 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated herein):

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel 121 Grid _____

Zoning _____ Map Coordinates _____ Lot Size _____

Existing Use RESIDENCE

Proposed Use _____

Estimated Construction Cost \$ 2,800

Description of Work Deck, 9x11 on the

side of Bldg. w/steps.

Occupant or Tenant BHARATH KORTAGERE

Contact Name BHARATH KORTAGERE

Address 4880, MANOR LANE

City ELLCOTT CITY State MD Zip Code 21042

Phone 301-602-2247 Fax _____

Phone _____ Fax _____

Contractor Company Owner Above

Contact Person _____

Address _____

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
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: N/A <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"/>
Depth _____ Width _____ 1 st floor: <u>75x35</u> 2 nd floor: <u>75x35</u> Basement: <u>60x20</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"/>	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u>4</u>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFA #13D <input type="checkbox"/> NFA #13R <input type="checkbox"/> Other: _____
Other Structure: <u>Storage shed</u> Dimensions: <u>20x10</u> Footings: _____ Roof: _____	
State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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 _____

Print Name BHARATH KORTAGERE

Email Address KORTAC@GMAIL.COM

Date 2/22/2010

Title/Company _____

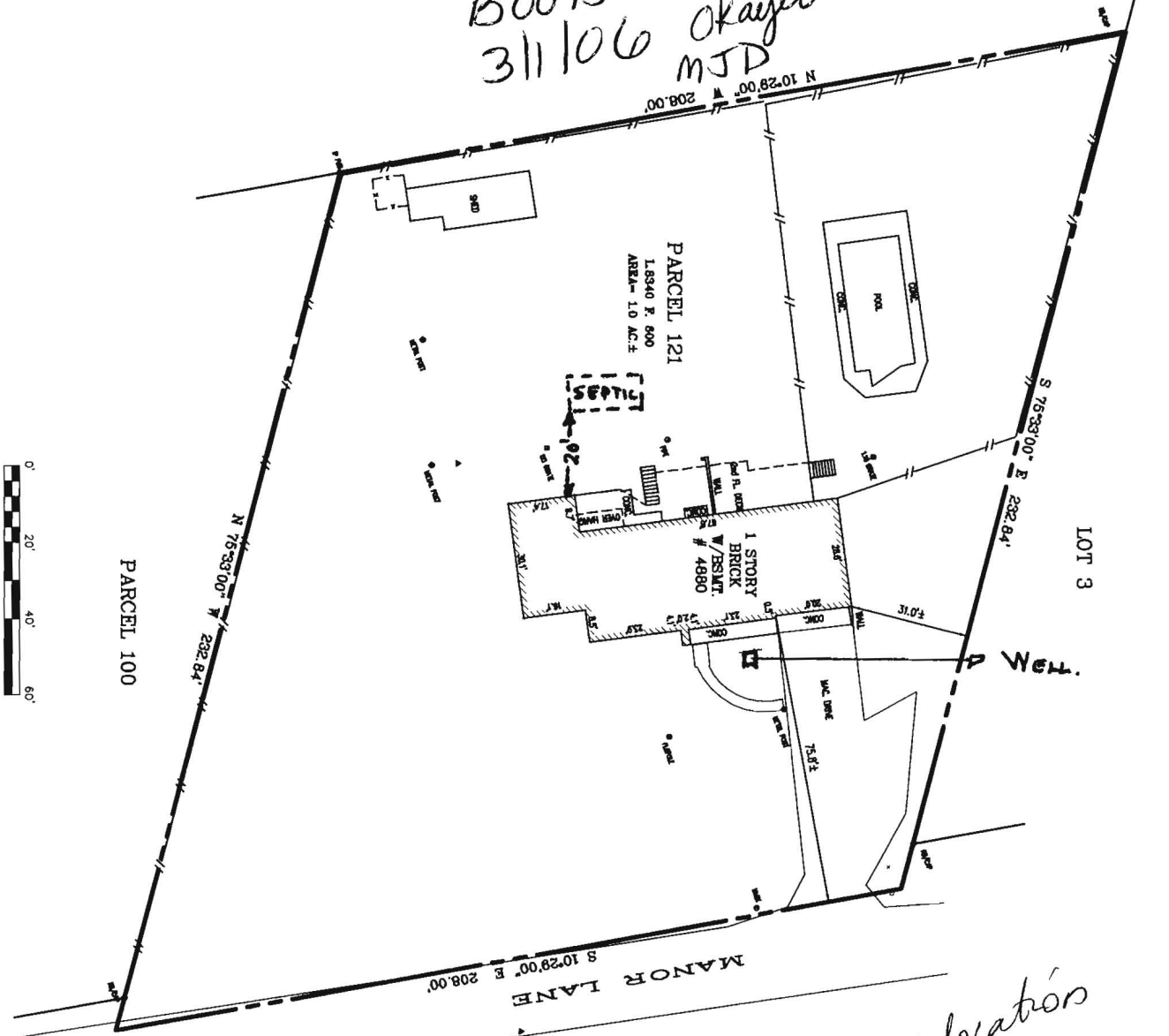
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

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 Officials			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____
Health <u>2-24-10 DBernard</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"/>			Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>1034</u>
			Lot Coverage for New Town Zone _____	Validation # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by _____

B00157212 - 2nd story
 311106 okayed
 MJD
 ADDITION



* well location
 ok
 12/20/05
 SF
 Needs to be raised
 above grade
 12/20/05

• Building permit on hold until well is brought up to code and we have record in file.

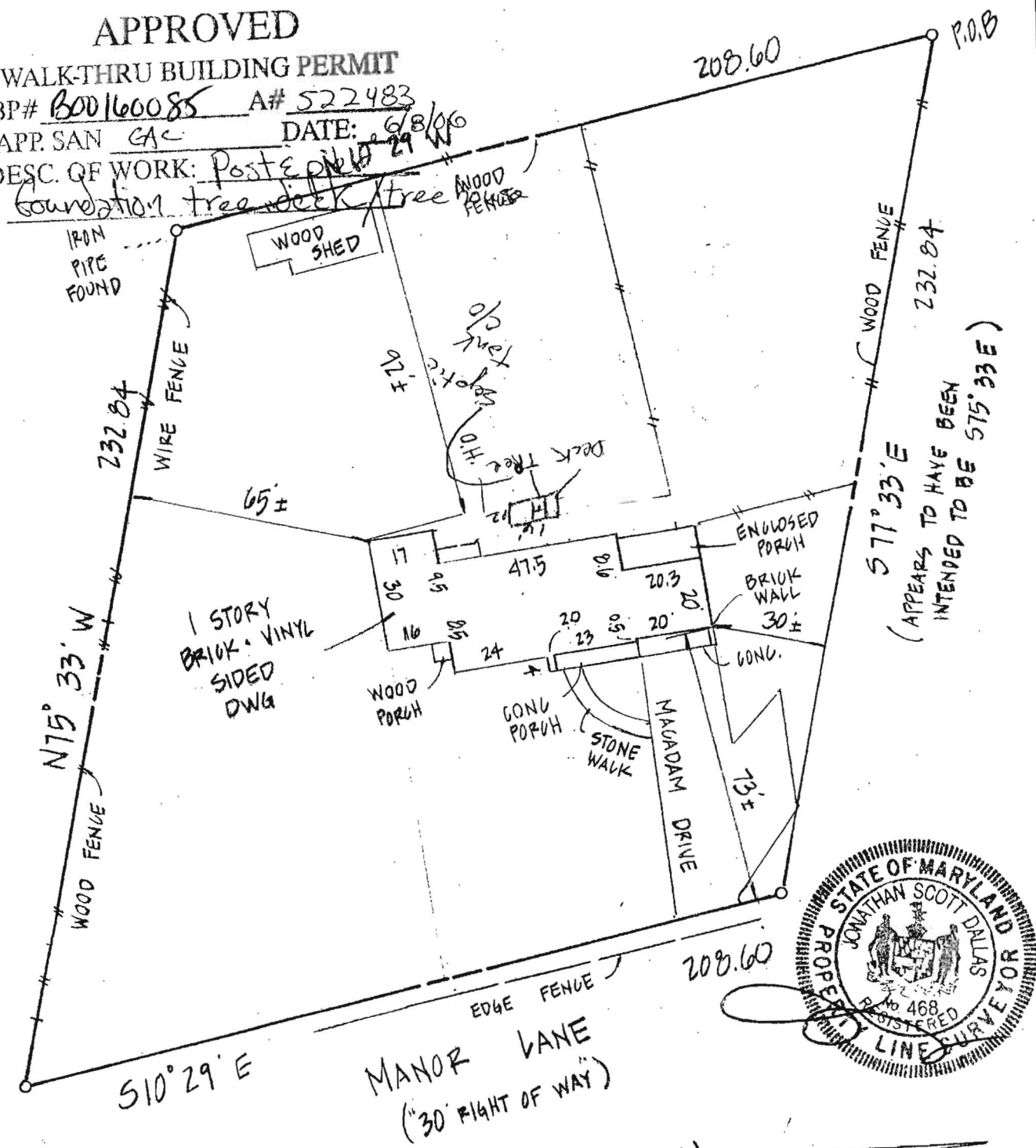
Revised for well location

LOCATION DRAWING			
DATE	DATE	PROJECT NO.	
07/14/06	4880 MANOR LANE	06-266	
DATE	APPROVED		
	HOWARD COUNTY		
	MARYLAND		
	1 OF 1		
	SCALE		
	1" = 20'		

APPROVED

WALK-THRU BUILDING PERMIT

BP# B00160085 A# 522483
 APP. SAN GAC DATE: 6/8/06
 DESC. OF WORK: Poste pld
foundation tree deck tree

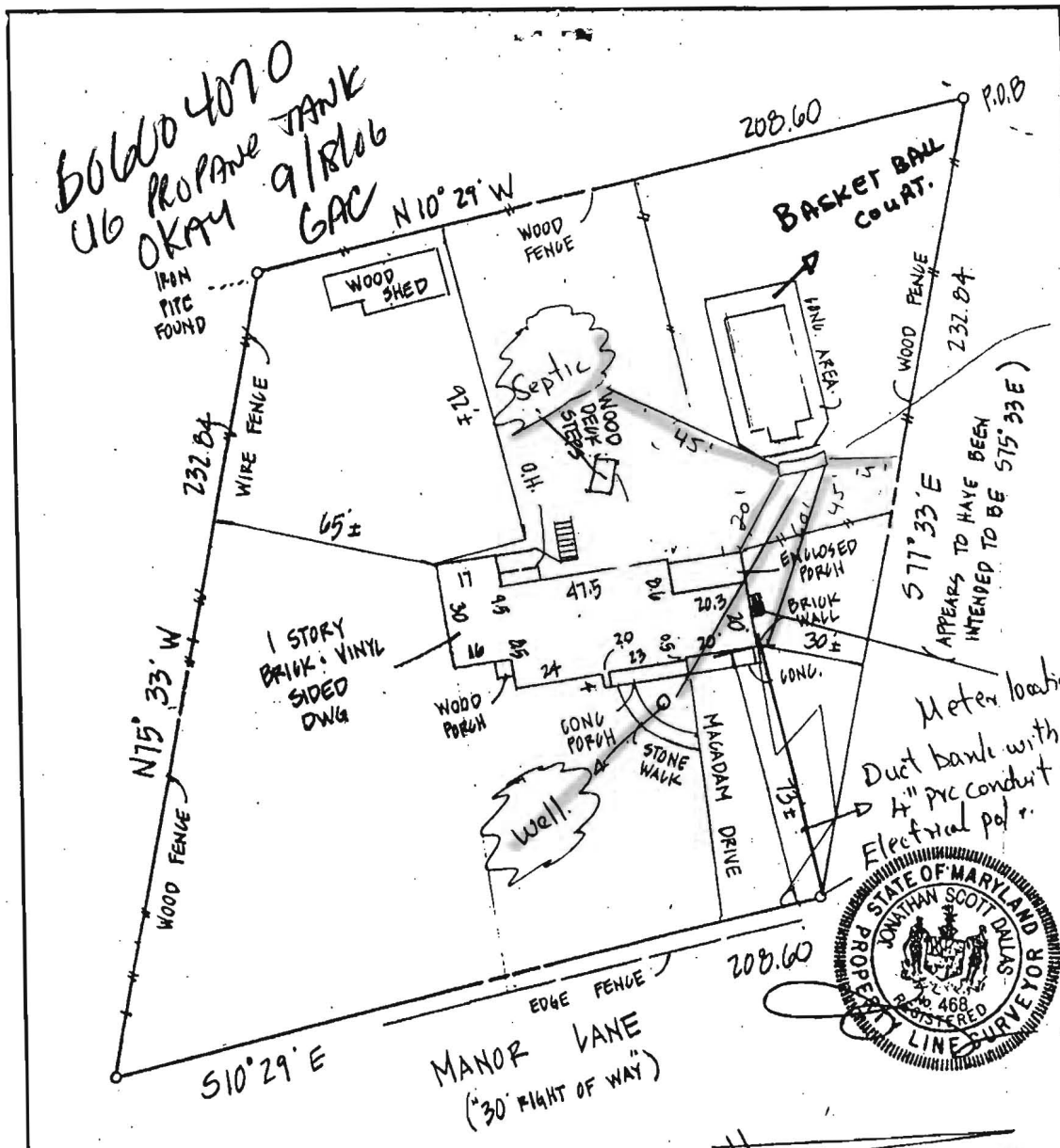


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4. I HAVE EXAMINED FLOOD INSURANCE RATE MAP PANEL NUMBER 2A00440027C FOR THE SUBJECT PROPERTY AND IT APPEARS TO LIE WITHIN ZONE C PER SAID MAP.
5. DIMENSIONS SHOWN TO APPARENT LOT LINE ARE $\pm 3'$
6. DATE OF FIELD WORK: 7-22-05

DEED REFERENCE:
18340-600
 3RD ELECTION DISTRICT
 HOWARD COUNTY MD

LOCATION DRAWING

	# <u>4880</u> <u>MANOR LANE</u>	DATE: <u>7-26-05</u>
	J.S. DALLAS, INC. SURVEYING & ENGINEERING P.O. BOX 26 BALDWIN, MD. 21013 (410) 817-4600	SCALE: <u>1"=40'</u>
		JOB NUMBER: <u>M196 1501</u>
		DRAWN BY: <u>SS</u>
		CHECKED BY: <u>JSD</u>



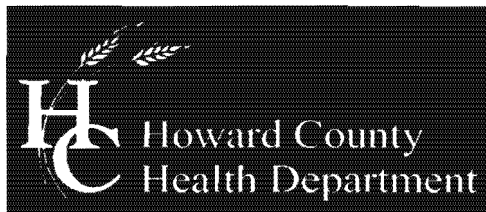
1800 Gallon
LP TANK
UNDER GRASS

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3RD ELECTION DISTRICT
HOWARD COUNTY MD

LOCATION DRAWING

	# 4880 MANOR LANE	DATE: <u>7-26-05</u>
	J.S. DALLAS, INC. SURVEYING & ENGINEERING P.O. BOX 26 BALDWIN, MD. 21013 (410) 817-4600	SCALE: <u>1"=40'</u> JOB NUMBER: <u>M192 1501</u> DRAWN BY: <u>SS</u> CHECKED BY: <u>JSD</u>



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

November 19, 2007

Bharath Korthgere
4880 Manor Lane
Ellicott City, MD 21042

RE: B07004467
4880 Manor Lane

Dear Mr. Korthgere,

Building permit application #B07004467 for the referenced property has been reviewed by our office. A scaled site plan must be submitted to the Health Department indicating the location of the proposed garage. In addition, our file indicates percolation testing has not been completed to establish a sewage disposal area nor was a percolation certification plan approved. A percolation certification plan is required prior to building permit approval (Howard County Code, Title 3 Buildings, Subtitle 8 On-site Sewage Disposal Systems 3.805 A(1) and A(2)).

A variance to waive the percolation certification requirement may be submitted in writing by the homeowner. Variance reviews are subject to a three week review period, at which time an approval or disapproval will be granted. A scaled site plan must be submitted with the request.

If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-4261. Information is available online at:

http://www.howardcountymd.gov/Health/HealthMain/EnvironmentalHealth/EnvironmentalHealth_WaterSewerage.htm

Sincerely,

Sara Sappington, R.S.
Well and Septic Program
Development Coordination Section

Permit # B0700446;

4880 Manor Lane

To

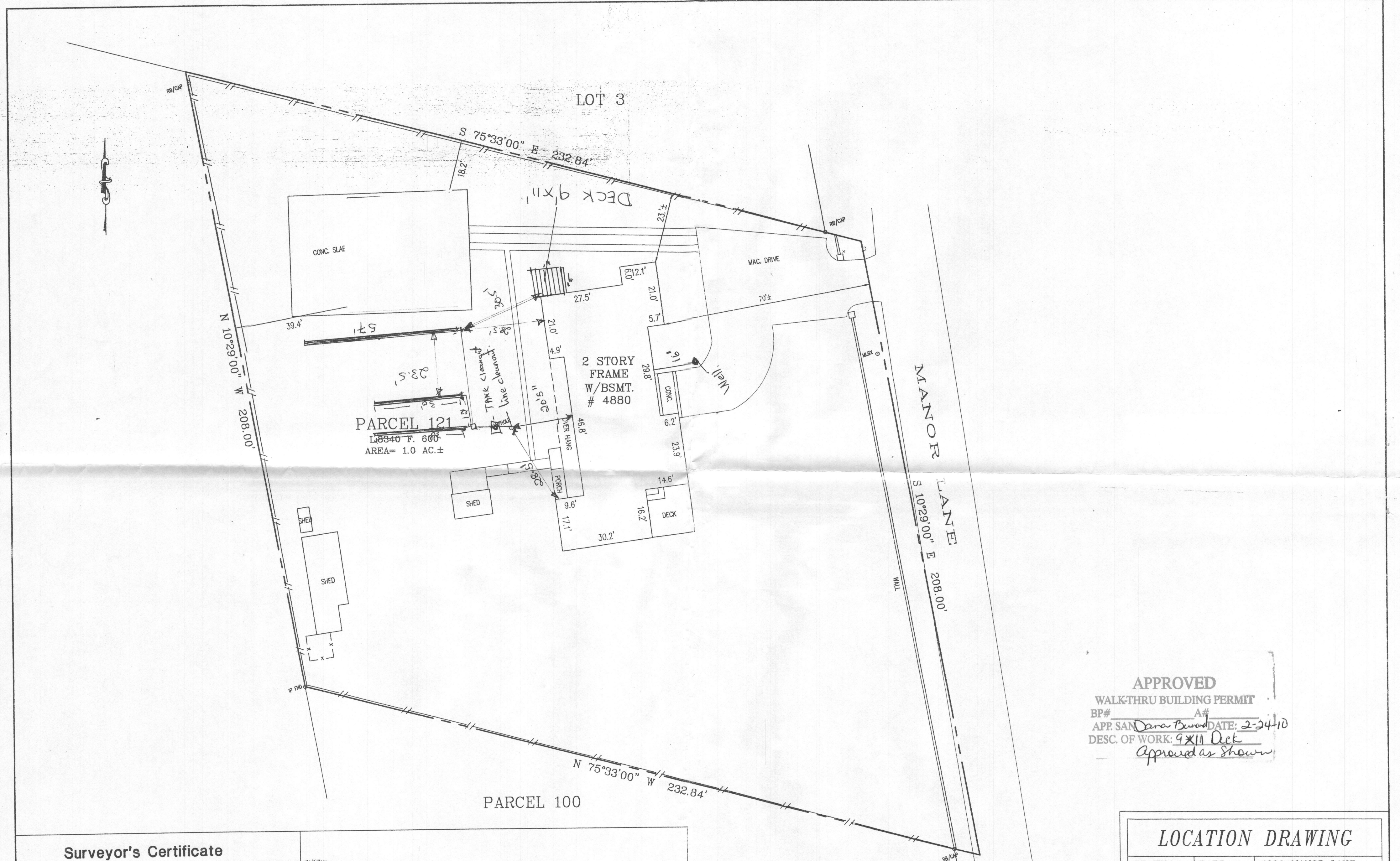
Ms. AVIS L. Corbin

I was advised by Planning &
Zoning to bring in the revised Plot

Plan.

Person

Thank you
Kueserhart



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SAN Dana Beward DATE: 2-24-10
 DESC. OF WORK: 9x11 Deck
Approved as Shown

Surveyor's Certificate

I hereby certify to the best of my knowledge and belief that the information shown hereon is based on actual field measurements and that there are no encroachments across the property, unless otherwise shown.

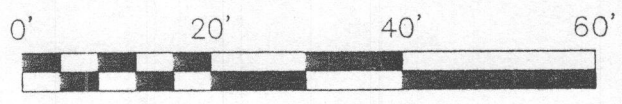
[Signature]
 ANTHONY G. CURRIE, PLS
 MD REG. NO. 560

11/26/07
 DATE



KNTK CONSULTANTS, LLC

1813 ELTON ROAD, ADELPHI, MD. 20783
 TEL: (301) 637-5632 FAX: (301) 439-5636
 EMAIL: KNTK1813@AOL.COM



LOCATION DRAWING

DRAWN K.S.	DATE 11/14/07	4880 MANOR LANE ELLICOTT CITY, MD.
APPROVED	DATE	HOWARD COUNTY MARYLAND
SCALE 1"=20'	SHEET 1 OF 1	PROJECT NO. 05-255



Surveyor's Certificate

I hereby certify to the best of my knowledge and belief that the information shown hereon is based on actual field measurements and that there are no encroachments across the property, unless otherwise shown.

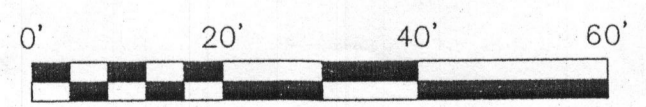
[Signature]
ANTHONY G. CURRIE, PLS
MD REG. NO. 560

11/26/07
DATE



KNTR CONSULTANTS, LLC

1813 ELTON ROAD, ADELPHI, MD. 20783
 TEL: (301) 637-5632 FAX: (301) 439-5636
 EMAIL: KNTR1813@AOL.COM



LOCATION DRAWING

DRAWN K.S.	DATE 11/14/07	4880 MANOR LANE ELLICOTT CITY, MD.
APPROVED	DATE	HOWARD COUNTY MARYLAND
SCALE 1"=20'	SHEET 1 OF 1	PROJECT NO. 05-255