

**B 00151921 KOB**

Building Address **13583 Julia Manor Way**  
**West Friendship 21794**  
Suite/Apt. # **1407D 03-341763** SDP/WP/Petition # **CP 04 07**  
Census Tract **603000** Subdivision **Paddock Court**  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot **4**  
Tax Map **22** Parcel **7** Grid **4**  
Zoning **RPIE** Map Coordinates **20V** Lot size **3111007**

Property Owner's Name **Pulte Homes Inc**  
Address **1501 S. Edgewood Street**  
City **Baltimore** State **Md** Zip Code **21227**  
Home Phone \_\_\_\_\_ Work Phone **410 444 3003**  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use **VACANT LOT**  
Proposed Use **SFP**  
Estimated Construction Cost \$ **240,000**  
Description of Work **"Companion" 2 story full basement**  
**9R, 3FB, 1HB, 1FP, 3COR, 4BED**  
**OPT: sub-bmt + bath - walkout**

Contractor Company **Pulte Homes Inc**  
Contact Person **Dianna Wenzelaff**  
Address **1501 S. Edgewood St.**  
City **Baltimore** State **Md** Zip Code **21227**  
License No. **516** Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
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 _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <b>4</b>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private _____ Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <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 checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

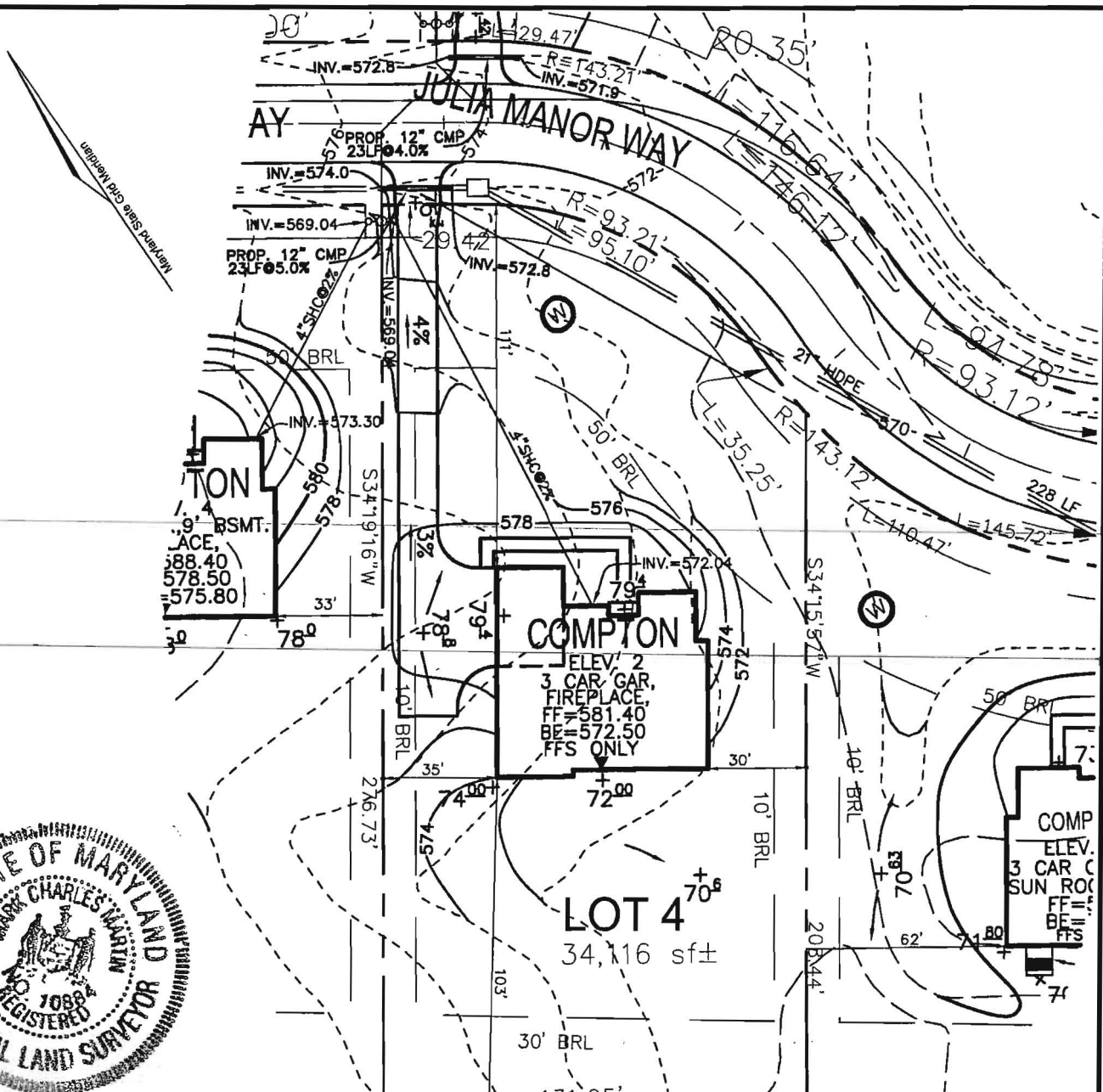
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

*Dianna Wenzelaff*  
Applicant's Signature  
**Pulte Homes Inc**  
Title/Company

**DIANNA WENZELAFF**  
Print Name  
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: _____	64461
State Highways			Rear: _____	Filing fee \$ <b>100.00</b>
Building Official			Side: _____	Permit fee \$ _____
Env. Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health	<b>1/24/05</b>	<i>[Signature]</i>	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 checked="" type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <b>102418</b>
				Validation # <b>82772</b>
				Accepted by <i>[Signature]</i>



THE EXISTING WELL SHOWN ON THIS PLAN (HO-94-3903) HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC. PROFESSIONAL LAND SURVEYORS, AND IS ACCURATELY SHOWN.

*Mark C. Martin* 1/4/05  
 MARK C. MARTIN, LS #10884 DATE 580

Sanitary Drainage System Plan  
 Howard County Health Department

*[Signature]* 1/24/05  
 Date

SCALE 1"=50'  
 DRAWN BY JCO  
 CHECKED BY JCO  
 DATE JANUARY, 2005  
 W. O. # 2034058  
 SHEET# 1 OF 1

TAX MAP 22 3RD ELECTION DISTRICT PULTE HOMES PADDOKS EAST LOT 4 PARCEL 7 HOWARD COUNTY, MARYLAND

**ROBERT H. VOGEL ENGINEERING, INC.**  
 ENGINEERS • SURVEYORS • PLANNERS  
 8407 MAIN STREET ELLICOTT CITY, MD 21043 TEL: 410.461.7666 FAX: 410.461.8961