

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B00145603MEK

Building Address 3121 Col. Geo. Co.
Rockville, MD
Suite/Apt. #: _____ SDP/WP/Petition #: 090035
Census Tract Columbia Subdivision Northwood Farms
Section _____ Area _____ Lot 2
Tax Map _____ Parcel _____ Grid _____
Zoning R-100 Map Coordinates _____ Lot size _____

Property Owner's Name Tell MDZ Limited Partnership
Address 7114 Columbia Gateway Dr #230
City Columbia State MD Zip Code 21111
Home Phone _____ Work Phone 443 535 9297
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use VACANT LOT
Proposed Use Residential Home
Estimated Construction Cost \$ 200,000
Description of Work Multifamily with 530 sq ft, Full basement, 2 bedrooms, 530 sq ft, 4 1/2 baths

Contractor Company Tell MDZ Limited Partnership
Contact Person Matthew Brackenberg
Address 7164 Columbia Gateway Dr #230
City Columbia State MD Zip Code 21111
License No. _____
Phone 443 535 9296 Fax 443 535 9297

Occupant or Tenant Tell MDZ Limited Partnership
Contact Name Matthew Brackenberg
Address 7114 Columbia Gateway Dr #230
City Columbia State MD Zip Code 21111
Phone 443 535 9296 Fax 443 535 9297

Engineer or Architect Company FBI Architects
Contact Person Zach
Address 9313 Forest St.
City Forest City State MD Zip Code 21113
Phone 410 751 2251 Fax 410 751 4251

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: 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 _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input checked="" type="checkbox"/>
No. of Bedrooms <u>5</u>	Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: N/A <input type="checkbox"/>
No. of efficiency units: _____	NFPA #13D _____
No. of 1 BR units: _____	NFPA #13R _____
No. of 2 BR units: _____	Other: _____
No. of 3 BR units: _____	
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.

Applicant's Signature Matthew Brackenberg
Title/Company Construction Manager / Tell Brothers

Print Name Matthew Brackenberg
Date 10/23/03

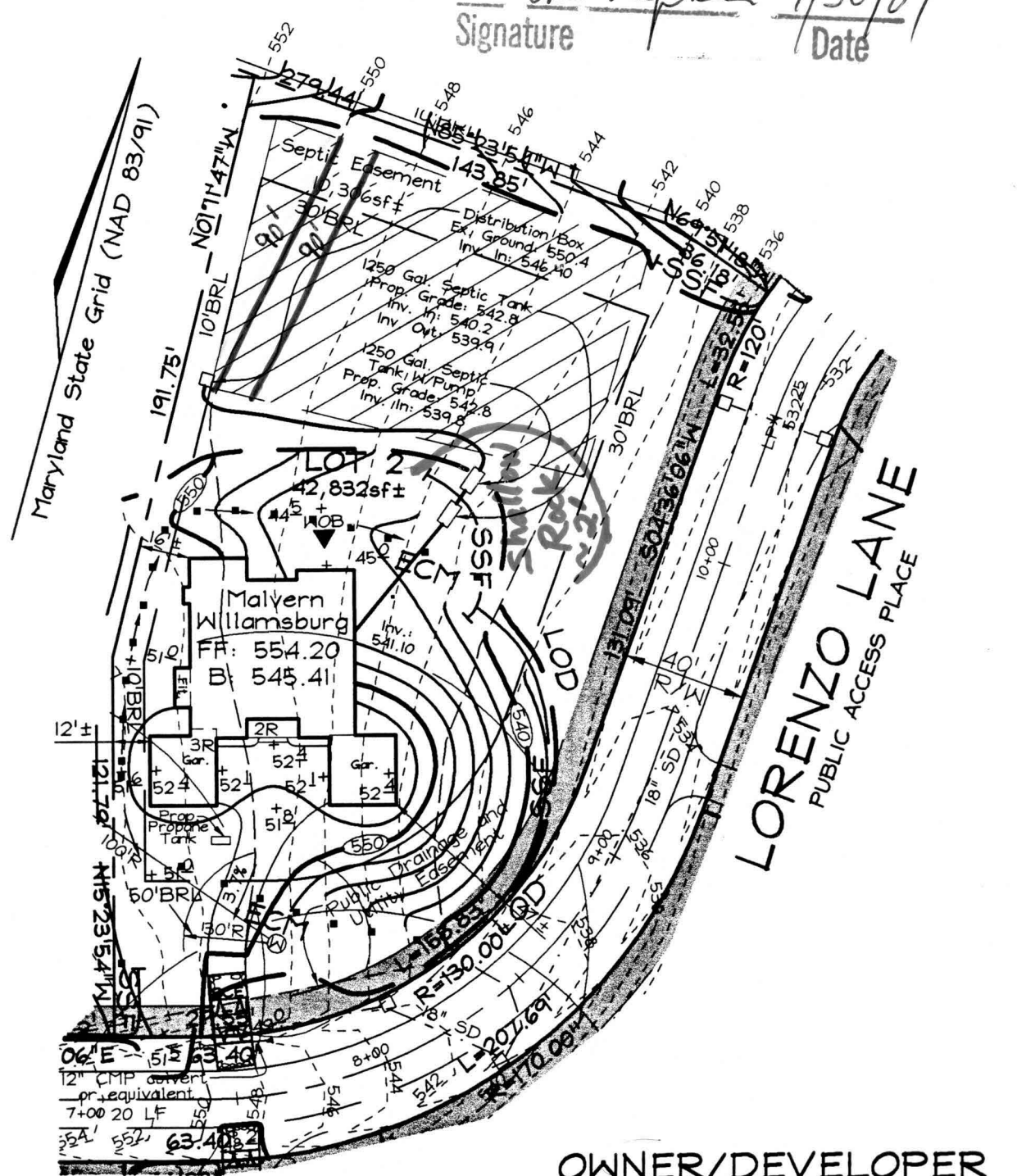
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>1/30/04</u>	<u>Mark R. [Signature]</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#: <u>60538</u>
Front: _____	Filing fee \$ <u>100.00</u>
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>7635</u>
SDP/Red-line approval date _____	Validation # <u>31566</u>
	Accepted by <u>[Signature]</u>

Approved Septic System Plan
Howard County Health Department

Mark Rife 1/30/04
Signature Date



OWNER/DEVELOPER
Toll MD II, LP
7164 Columbia Gateway Drive
Suite 230
Columbia, Maryland 21046
410.872.9185

FSH Associates

Engineers Planners Surveyors
8318 Forrest Street Ellicott City, MD 21043
Tel: 410-750-2251 Fax: 410-750-7350
E-mail: FSHAssociates@cs.com

Note: 1. See Approved Grading Plan GP-04-39 for Entire Site.
2. The existing well shown on this plan (identified with the attached well tag number: HO-94-3526) has been field located by C. B. Miller professional surveyor and is accurately shown.

DESIGN BY: PS
DRAWN BY: AY
CHECKED BY: ZYF
SCALE: 1"=50'
DATE: Dec. 19, 2003
W.O. No.: 3217
SHEET No.: 1 OF 1

LOT RESITE
LOT 2
CATTAIL TRACE

TAX MAPS 13, 14, 20 & 21
GRIDS 7, 12, 19 & 24
4TH ELECTION DISTRICT

PARCELS 20, 67 & 312
HOWARD COUNTY, MARYLAND