

CPC4-39

319B Lorenzo Ln Lot 16

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
300 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2400 INSPECTIONS (410) 313-3810
AUTOMATED BY INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00145599 KN

Building Address 319B Lorenzo Lane, Woodlawn, MD

Property Owner's Name Tell MDJ Ltd Partnership

Suite/Apt. #: _____ SDP/WP/Petition #: CR 1005

Address 714 Columbia Gateway Dr #278

Census Tract Indale Subdivision Woodlawn Farms

City Columbia State MD Zip Code 21046

Section _____ Area _____ Lot #16

Home Phone _____ Work Phone 410-251-7216

Tax Map 0 Parcel 17 Grid _____

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

Zoning _____ Map Coordinates 36 Lot size _____

Phone _____ Fax _____

Existing Use VOL 164

Contractor Company Tell MDJ Ltd Partnership

Proposed Use Commercial

Contact Person Nathan Brandenburg

Estimated Construction Cost \$ 25,000

Address 714 Columbia Gateway Dr #278

Description of Work Commercial building

City Columbia State MD Zip Code 21046

License No. _____

Phone _____ Fax 443-535-9297

Occupant or Tenant Tell MDJ Ltd Partnership

Engineer or Architect Company _____

Contact Name Nathan Brandenburg

Contact Person Jack

Address 8313 Forest St

Address 714 Columbia Gateway Dr #278

City Columbia State MD Zip Code 21046

City Columbia State MD Zip Code 21043

Phone 410-251-7216 Fax 443-535-9297

Phone 410-783-2077 Fax 443-535-9297

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height _____	Water Supply: _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
No. of stories: _____	Public <input type="checkbox"/>	Depth _____ Width _____	Public <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Private <input type="checkbox"/>	1st floor: <u>69'2"</u> <u>66'</u>	Private <input checked="" type="checkbox"/>
Use group: _____	Sewage Disposal: _____	2nd floor: <u>69'2"</u> <u>65'</u>	Sewage Disposal: _____
Construction type: _____	Public <input type="checkbox"/>	Basement: <u>69'2"</u> <u>65'</u>	Public <input type="checkbox"/>
Reinforced Concrete <input type="checkbox"/>	Private <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Private <input checked="" type="checkbox"/>
Structural Steel <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Masonry <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	No. of Bedrooms <u>4</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Wood Frame <input type="checkbox"/>	Heating System: _____	Multi-family dwellings: _____	Heating System: _____
State Certified Modular <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of efficiency units: _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
	Natural Gas <input type="checkbox"/>	No. of 1 BR units: _____	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>	No. of 2 BR units: _____	Propane Gas <input checked="" type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/>
	Full <input type="checkbox"/>	Other Structure: _____	NFPA #13D <input type="checkbox"/>
	Partial <input type="checkbox"/>	Dimensions: _____	NFPA #13R <input type="checkbox"/>
	Other Suppression <input type="checkbox"/>	Footings: _____	Other: _____
	# of Heads _____	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 THERE TO; (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 Nathan Brandenburg Print Name Nathan Brandenburg

Construction Man. / Tell Brothers Date 10/23/03

Title/Company _____

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

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS	DEPARTMENT OF PUBLIC WORKS	DEPARTMENT OF HEALTH	DEPARTMENT OF ENVIRONMENTAL AFFAIRS	DEPARTMENT OF COMMUNITY DEVELOPMENT	DEPARTMENT OF PUBLIC SAFETY
Land Development, DPZ	Front: _____	DPZ SETBACK INFORMATION	Front: _____	Filing fee \$ <u>100</u>	Permit fee \$ _____
State Highways	Rear: _____	Side: _____	Rear: _____	Excise tax \$ _____	ADD'L PER. FEE \$ _____
Building Official	Side St: _____	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Side St: _____	TOTAL FEES \$ _____	Sub-total paid \$ _____
Dev. Engineering, DFZ	Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____	Check <u>7239</u>
Health	Lot Coverage for NewTown Zone _____	SDP/Red-line approval date _____	Lot Coverage for NewTown Zone _____	Validation <u>3974</u>	Accepted by <u>T</u>
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"/>					

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

T: form/ PERMIT FRM

LORENZO LANE
PUBLIC ACCESS PLACE

Approved Septic System Plan
Howard County Health Department

Kaci Noonan
Signature 1/6/03
Date

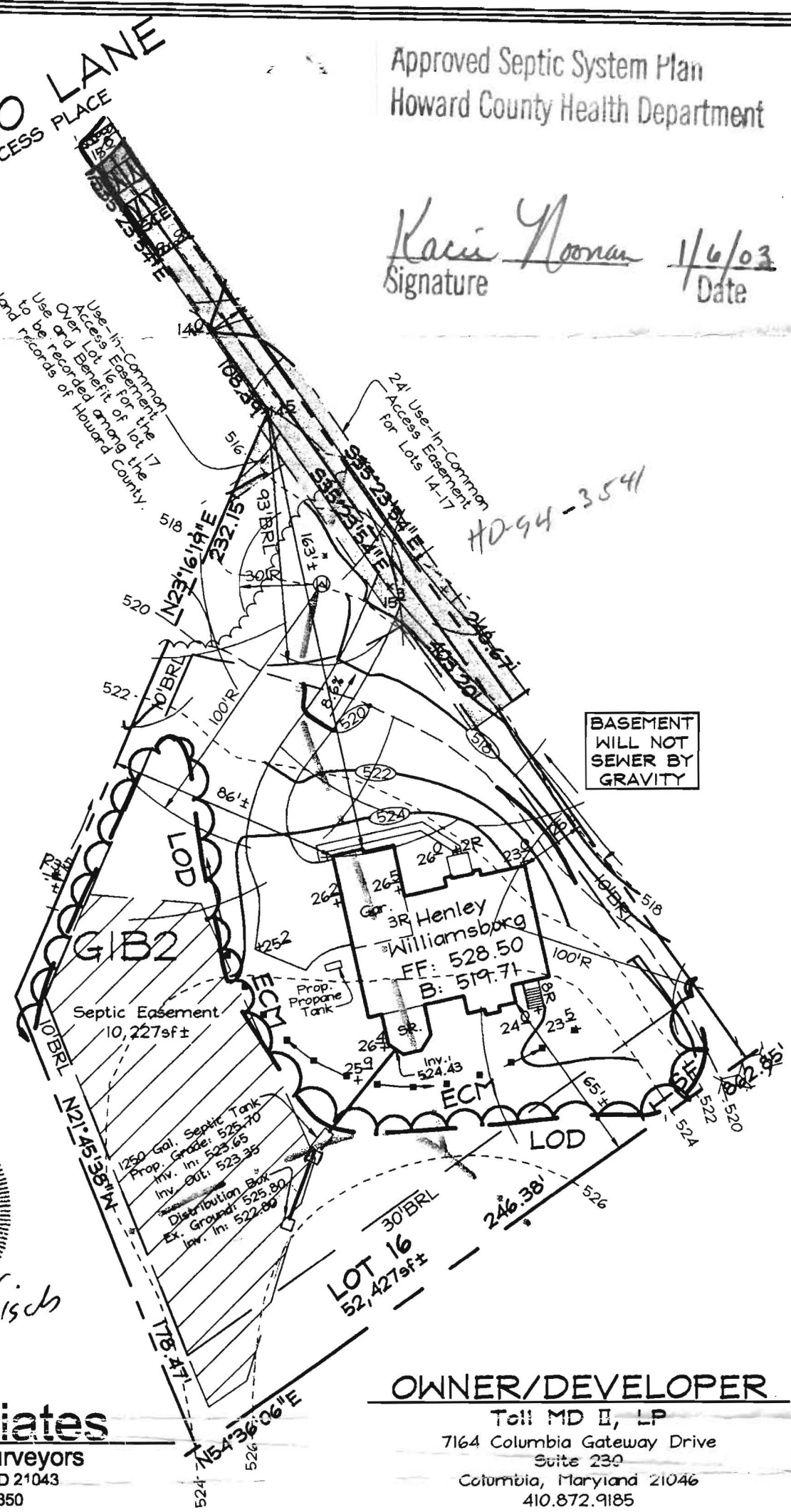
Use-In-Common
Access Easement
Over Lot 16 for the
Use and Benefit of the
land records of Howard County.

24' Use-In-Common
Access Easement
for Lots 14-17

HD-94-3541

Maryland State Grid (NAD 83/91)

BASEMENT
WILL NOT
SEWER BY
GRAVITY



Zacharia Y. Fisch
12/24/03

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

OWNER/DEVELOPER

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

Note: See Approved Grading Plan GP-04-39 for Entire Site.

DESIGN BY: PS
DRAWN BY: KSZ
CHECKED BY: ZYF
SCALE: 1"=50'
DATE: Dec. 06, 2003
W.O. No.: 3217
SHEET No.: 1 OF 1

LOT RESITE
LOT 16
CATTAIL TRACE

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

PARCELS 20, 67 & 312
HOWARD COUNTY, MARYLAND