

G-8964

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3420 COURT HOUSE DRIVE  
ELICOTT CITY, MD 21043  
PERMITS (410) 313-2450; INSPECTIONS (410) 313-1810  
AUTOMATED RE-CORRECTION (410) 313-3900

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

BC00153012

Building Address 13584 Julia Manor Wy, West Friendship 21794 Property Owner's Name Pulte Homes  
 Suite/Apt. # 03-3-11925 Subdivision # 04-67 Address 1501 S. Edgewood Street  
 Census Tract 003000 Subdivision Paddock EAST City Baltimore State Md Zip Code 21227  
 Section 18 Area 18 Lot 18 Home Phone --- Work Phone 410 644 5603  
 Tax Map 22 Parcel 7 Grid 8 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Zoning RR Map Coordinates 958 Lot size 33,316 sq ft Phone --- Fax ---  
 Existing Use VACANT LOT Contractor Company Pulte Homes Inc  
 Proposed Use SFD Contact Person Dianna Wenzlaff  
 Estimated Construction Cost \$ 250,000 Address 1501 S. Edgewood St  
 Description of Work "Compton" 2 sty, full bsmt City Baltimore State Md Zip Code 21227  
QR, 3FB, 1HB, 1FP, 3 car License No. 516 Phone --- Fax ---  
4BR, OPT: finish bsmt + BATH  
, WALKOUT bsmt  
 Occupant or Tenant \_\_\_\_\_ Engineer or Architect Company \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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"/> Depth _____ Width _____ 1st floor: <u>64</u> <u>66'</u> 2nd floor: <u>36'</u> <u>66'</u> Basement: <u>64</u> <u>66'</u> <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Height: <u>32</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: _____ Roof Height: _____ <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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input 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.

Applicant's Signature Dianna Wenzlaff Print Name DIANNA Wenzlaff  
Pulte Homes Date 4-7-05  
 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 \$ <u>100</u>
State Highways			Rear: _____	Permit fee \$ <u>1408</u>
Building Official <u>4/15/05</u>			Side: _____	Excise tax \$ <u>6258</u>
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ <u>191</u>
Health <u>10/12/05</u>			All minimum setbacks met?	TOTAL FEES \$ <u>7823</u>
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>103870</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # <u>88953</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	

65170



INP3PPC

PLAN REVIEW APPROVAL

BUILDING

09/28/05

PERMIT NBR: B00153012 ADDRESS: 00013584 JULIA MANOR WAY APPLC DT  
 PROJECT NBR: WEST FRIENDSHIP, MD 21794 04/07/05  
 PERMIT CATEGORY: IMPR = NEW USE = SFD CLASS =

===== REVIEW =====

...DEPARTMENT.. RECEIVED .ACTION. DUE DATE ASSGN TO STAT P/T REV  
 ENVIR. HEALTH 00/00/00 00/00/00 00/00/00

COMMENTS: PERMIT COMMENT CODES: X \_ \_ \_ \_  
 APPROVAL UPDATE NOT PERMITTED

===== ADDITIONAL REVIEW INFORMATION =====

PERC APPLICATION NBR	
APPROVED BY	WELL NBR -
APPROVED DT	SEPTIC TNK CAPACITY 00000 (GAL)
	BEDROOMS 4
	LIVE SQ FT 7823

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PF5=VIEW PERMIT PF8=COMMENTS PF9=BLOCK UPD PF11=RTN PF12=EXIT