

G00009112

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
5430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 513-2455 INSPECTIONS (410) 513-1810
AUTOMATED INFORMATION (410) 513-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00153491 **KIB**

Building Address 14222 Meadow Lake Dr
Glenn Dale, MD 21737
Suite/Apt. # TWO PD #04-369-262 SDP/WP/Petition # _____
Census Tract 6090.02 Subdivision Triadle/Phid Crossing
Section 1 Area _____ Lot 19
Tax Map 21 Parcel 97 Grid 17
Zoning RC Map Coordinates 9D12 Lot size 42,959P

Property Owner's Name Toll Bros. Inc.
Address 7104 Columbia Gateway Dr #230
City Columbia State MD Zip Code 21046
Home Phone # _____ Work Phone 410-570-1155
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax 410-489-2278

Existing Use Vacant
Proposed Use Single Family Dwelling
Estimated Construction Cost \$ 525,000
Description of Work Chamberlain County Manor
4 Bedrooms 4 1/2 Baths, Full Kitchen,
Great Iron Elite w/Bedroom Suites Above

Contractor Company Toll Bros Inc
Contact Person Bill Roberts
Address 7104 Columbia Gateway Dr #230
City Columbia State MD Zip Code 21046
License No. _____
Phone 410-570-1155 Fax 410-570-1155

Occupant or Tenant Toll Bros Inc
Contact Name Bill Roberts
Address 7104 Columbia Gateway Dr #230
City Columbia State MD Zip Code 21046
Phone 410-489-2275 Fax _____

Engineer or Architect Company Benchmark Engineering
Contact Person Dave Thompson
Address 8470 Ball Mill Pl #1118
City Ellicott City State MD Zip Code 21043
Phone 410-465-0165 Fax 410-465-6644

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: <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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>8'</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>6'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: <u>60'</u>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <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: _____
No. of Bedrooms <u>4</u> Height: <u>30'</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	

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.

Bill Roberts
Applicant's Signature
Construction Manager, Toll Bros.
Title/Company

Bill Roberts
Print Name
5-3-05
Date

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Department, DPZ		
State Highway		
Building Official		
Dev. Engineering, DPZ		
Health	<u>5/13/05</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY IDE
Front: _____	Filing fee \$ <u>100</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>54635</u>
Historic District?	Validation # <u>70861</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by _____

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:
Distribution of Copies: Write: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
External PERMIT FROM _____
Rev. 11/14/04

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B070-1151

Building Address 1422 Meadow Lake Dr
Glenelg MD 21737
 Suite/Apt. #: _____ SDP/WP/Petition #: 18395
 Census Tract 604002 Subdivision Triadelphia Crossing
 Section _____ Area _____ Lot 19
 Tax Map 21 Parcel 97 Grid 17
 Zoning RC Map Coordinates _____ Lot size 42,959

Property Owner's Name Clemons
 Address 1422 Meadow Lake Dr
 City Glenelg State MD Zip Code 21787
 Home Phone 410-489-2848 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use open
 Proposed Use deck
 Estimated Construction Cost \$ 15000.00
 Description of Work 654' Evergreen deck
w/ 10 x 10 tea house

Contractor Company Advanced Deck Design
 Contact Person Steve / Colleen
 Address 5317 Brockville Rd
 City Laymansville State MD Zip Code 20882
 License No. 21770
 Phone 301-947-5772 Fax _____

Occupant or Tenant Clemons
 Contact Name Colleen
 Address 5317 Brockville Rd
 City Laymansville State MD Zip Code 20882
 Phone 301-947-5772 Fax 301-947-5774

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	Sprinkler system: N/A <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads
_____ State Certified Modular	

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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other:
No. of Bedrooms _____	
Height: _____	
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: _____	
_____ State Certified Modular	
_____ Manufactured Home	

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Colleen Swisher
 Applicant's Signature

Colleen Swisher
 Print Name

_____ Title/Company

4/15/07
 Date

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	<u>4/5/07</u>	<u>[Signature]</u>
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>4/9/2007</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: <u>50</u>	Filing fee \$ _____
Rear: <u>30</u> <u>100</u>	Permit fee \$ _____
Side: <u>10</u> <u>43</u> <u>106</u>	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>7428</u>
SDP/Red-line approval date _____	Valuation # _____
Accepted by _____	