

600109112

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3000 COLLETT HOUSE DRIVE  
ELLSWORTH CITY, MD 21033  
PERMITS (410) 313-3400 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
**B00153581**

Building Address 14219 Meadowdale Rd  
Glenn Dale MD 21737  
Suite/Apt. # TWOED #04-3691108 SDP/NWP/Petition #:  
Census Tract 604002 Subdivision Tridellphia Crossing  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 11  
Tax Map 21 Parcel 97 Grid 17  
Zoning RCODE2 Map Coordinates 7112 Lot size \_\_\_\_\_

Property Owner's Name Toll Bios. Inc.  
Address 7164 Columbia Gateway Dr #230  
City Columbia State MD Zip Code 21046  
Home Phone \_\_\_\_\_ Work Phone 410-872-9115  
Applicant's Name & Mailing Address, (if other than stated hereon):  
\* Brett Roberts Col 410-488-2278  
Phone 301-370-8835 Fax 410-872-9141  
301-370-0835

Existing Use Vacant Lot  
Proposed Use Single Family Dwelling  
Estimated Construction Cost \$ 1375.000  
Description of Work Hardywooden 5 Bedroom 05 Baths  
High Ceilings Super Expanded Family Room  
6 Car Garage Above Attached to South Side

Contractor Company Toll Bios. Inc  
Contact Person Brett Roberts  
Address 7164 Columbia Gateway Dr #230  
City Columbia State MD Zip Code 21046  
License No. \_\_\_\_\_  
Phone 410-872-9115 Fax 410-872-9141

Occupant or Tenant Toll Bios. Inc  
Contact Name Brett Roberts  
Address 7164 Columbia Gateway Dr #230  
City Columbia State MD Zip Code 21046  
Phone 410-872-9115 Fax 410-872-9141

Engineer or Architect Company Benchmark Engineering  
Contact Person Dave Thompson  
Address 8480 Balt. Nat'l. Pike #418  
City Ellicott City State MD Zip Code 21093  
Phone 410-465-0105 Fax 410-465-1891

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	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 <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
No. of Bedrooms: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Height: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFFA #13D _____ NFFA #13R _____ Other: _____
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 <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 THEREOF, (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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Brett Roberts  
Title/Company Construction Manager/Toll Bios. Inc

Print Name Brett Roberts  
Date 4/13 5 5 05

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

AGENCY	DATE	SIGNATURE APPROVAL	DEZ SETBACK INFORMATION	PROPERTY INFO
Fire			Front _____	Filing fee \$ _____
Building Official			Rear _____	Permit fee \$ _____
City Engineering DEZ			Side _____	Excise tax \$ _____
Fire Protection			Side St. _____	Add'l per. fee \$ _____
Sanitation Control approval required prior to issuance?			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
ONE STOP EXCISE: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # <u>3120700</u>
Distribution of copies: _____ Building Official _____			SDP/100-line approval date _____	Validation \$ _____
_____ City Engineer _____			Accepted by _____	
			Yeller, DEZ, DPZ _____	
			Perk. Health _____	
			Geol. S&A _____	

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3120700