

G00009112

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3400 COURT HOUSE DRIVE
ELLSWORTH CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1910
AUTOMATED INFORMATION (410) 313-3600

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

1300153582 **KBP**

Building Address 14226 Meadow Lake Dr.
Glenridge MD 21737
SUITE/APT. # TAXED # 04-369254 SDP/W/P/Petition #: _____
Census Tract 604002 Subdivision Triadelphia Crossing Columbia State MD Zip Code 21046
Section _____ Area _____ Lot 18
Tax Map 726 Parcel 97 Grid 17
Zoning RCOEB Map Coordinates 9D10 Lot size _____

Property Owner's Name Toll Bros. Inc.
Address 7104 Columbia Gateway Dr. #230
Home Phone _____ Work Phone 410-872-9105
Applicant's Name & Mailing Address, (if other than stated hereon):
Call 301-370-0835 410-489-2278
Phone 410-872-9141 Fax _____

Existing Use Vacant Lot
Proposed Use Single Family Home
Estimated Construction Cost \$ _____
Description of Work Minor Vacant - 4 Bedrooms
4 1/2 Baths Expanded Family Room Great
Rm Elite Addition Subdivision Addition

Contractor Company Toll Bros. Inc.
Contact Person Britt Roberts
Address 7104 Columbia Gateway Dr. #230
City Columbia State MD Zip Code 21046
License No. _____ Phone 410-872-9105 Fax 410-872-9141

Occupant or Tenant Toll Bros. Inc.
Contact Name Britt Roberts
Address 7104 Columbia Gateway Dr. #230
City Columbia State MD Zip Code 21046
Phone _____ Fax _____

Engineer or Architect Company Benchmark Engineering
Contact Person Dave Thompson
Address 8430 Ball Nall Pl. #116
City Mount Airy State MD Zip Code 21043
Phone 410-465-0105 Fax 410-465-0111

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 _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	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"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>77</u> Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>77</u>	Electric Yes <input checked="" 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 type="checkbox"/>
No. of Bedrooms <u>4</u>	Propane Gas <input checked="" type="checkbox"/>
Height: _____	Sprinkler system: N/A <input checked="" type="checkbox"/>
Multi-family dwellings: _____	NFPA #13D _____
No. of efficiency units: _____	NFPA #13R _____
No. of 1 BR units: _____	Other: _____
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
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 HERETO, (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 Britt Roberts
Construction Manager / Toll Bros. Inc.
Title/Company _____

Print Name Britt Roberts
Date 5/15/05

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		
Env. Engineering, DPZ		
Health	<u>5/16/05</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 SHQP: <input type="checkbox"/>		
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ
Yellow: DED, DPZ	Pink: Health	Gold: SHA

DPZ SETBACK INFORMATION	PROPERTY INFO
Front: _____	Filing fee \$ <u>100</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 New/Town Zone _____	Check # <u>9470701</u>
BDP/Red-line approval date _____	Validation # <u>60913</u>
Accepted by _____	

