

CP 8964

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3400 COURT HOUSE DRIVE  
ELLSWORTH CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

Bop 154405 PM

Building Address 13592 Julia Mamen Way, West Friendship 21154  
Suite/Apt. #: 03-341941 CP Section #: 04-67  
Census Tract 603000 Subdivision Paddock EAST #16235  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 20  
Tax Map 22 Parcel 7 Grid 8  
Zoning R2YED Map Coordinates 958 Lot size 32933 #

Property Owner's Name Pulte Homes  
Address 1501 S. Edgewood St  
City Baltimore State Md Zip Code 21207  
Home Phone \_\_\_\_\_ Work Phone 410 644 5603  
Applicant's Name & Mailing Address, (if other than stated hereon):

Existing Use VACANT LOT  
Proposed Use SFD  
Estimated Construction Cost \$ 250,000  
Description of Work Compton 1 GR, 3 FB, 1 HB, 1 FP, 3 CAR, 4 BR, Opt: FinbsMT + bath walkout BSMT

Contractor Company Pulte  
Contact Person Dianna Wenzlaff  
Address same  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. 516 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

**Building Characteristics**  
Height: \_\_\_\_\_  
No. of stories: \_\_\_\_\_  
Gross area, sq. ft. per floor: \_\_\_\_\_  
Use group: \_\_\_\_\_  
Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

**Utilities**  
Water Supply:  
 Public  
 Private  
Sewage Disposal:  
 Public  
 Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system: N/A   
 Full  
 Partial  
 Other Suppression  
# of Heads \_\_\_\_\_

**Building Characteristics**  
SF Dwelling  SF Townhouse   
Depth \_\_\_\_\_ Width \_\_\_\_\_  
1st floor: 64 66'  
2nd floor: 36 66'  
Basement: 64 66'  
Finished Basement  Unfinished Basement   
Crawl space  Slab on Grade   
No. of Bedrooms 4  
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

**Utilities**  
Water Supply:  
 Public  
 Private  
Sewage Disposal:  
 Public  
 Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system: N/A   
 NFPA #13D  
 NFPA #13R  
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 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 Dianna Wenzlaff

Print Name DIANNA Wenzlaff  
Date 6-15-05

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>100.00</u> |
| State Highway  |      |                    | Rear: _____   | Permit fee \$ _____         |
| Building Official  |      |                    | Side: _____   | Excise tax \$ _____         |
| City Engineering DPZ   |      |                    | Side St: _____  | Add'l per. fee \$ _____     |
| Fire Protection  |      |                    | All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>    | TOTAL FEES \$ _____         |
| Is Sediment Control approval required prior to issuance? 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 SHOP: <input type="checkbox"/>  |      |                    | Lot Coverage for NewTown Zone _____   | Check # <u>105897</u>       |
| Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA                     |      |                    | BDP/Red-line approval date _____  | Validation # <u>93-58</u>   |