

OP-8964

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3400 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2466 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-5900

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B0050522 K5B

Building Address **13553 Julia Manor Way, West Friendship 21794**
Suite/Apt. #: _____ SDP/WF/Petition #: **04-67**
Census Tract **603000** Subdivision **Paddocks EAST**
TAYLOR # 03-341852
Section _____ Area _____ Lot **11**
Tax Map **22** Parcel **7** Grid **8**
Zoning _____ Map Coordinates **718** Lot size _____

Property Owner's Name **Pulte Homes Inc**
Address **1501 S. Edgewood Street**
City **Bald.** State **Md** Zip Code **21227**
Home Phone _____ Work Phone **410 645 5003**
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use **VACANT LOT**
Proposed Use **SFD**
Estimated Construction Cost \$ **225,000**
Description of Work **CONSTRUCT "CHATEAUX" 2 story, full bsmt, 10R, 2FB, 1 HB FP, 3 car gar. BSMT BL - (4 BR)**

Contractor Company **Pulte Homes Inc**
Contact Person **DIANNA WENZLAFF**
Address **same**
City _____ State _____ Zip Code _____
License No. **516** Phone _____ Fax _____

Occupant or Tenant **OPT: WELLED EX. T. LL BSMT + BAL.**
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	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: Depth 62 Width 72	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: 41 58	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: 62 58	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms 4	
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: _____	
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 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*
Title/Company _____

Print Name **DIANNA WENZLAFF**
Date **9/29/01**

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		
Dev. Review Board, DPZ		
Health		
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

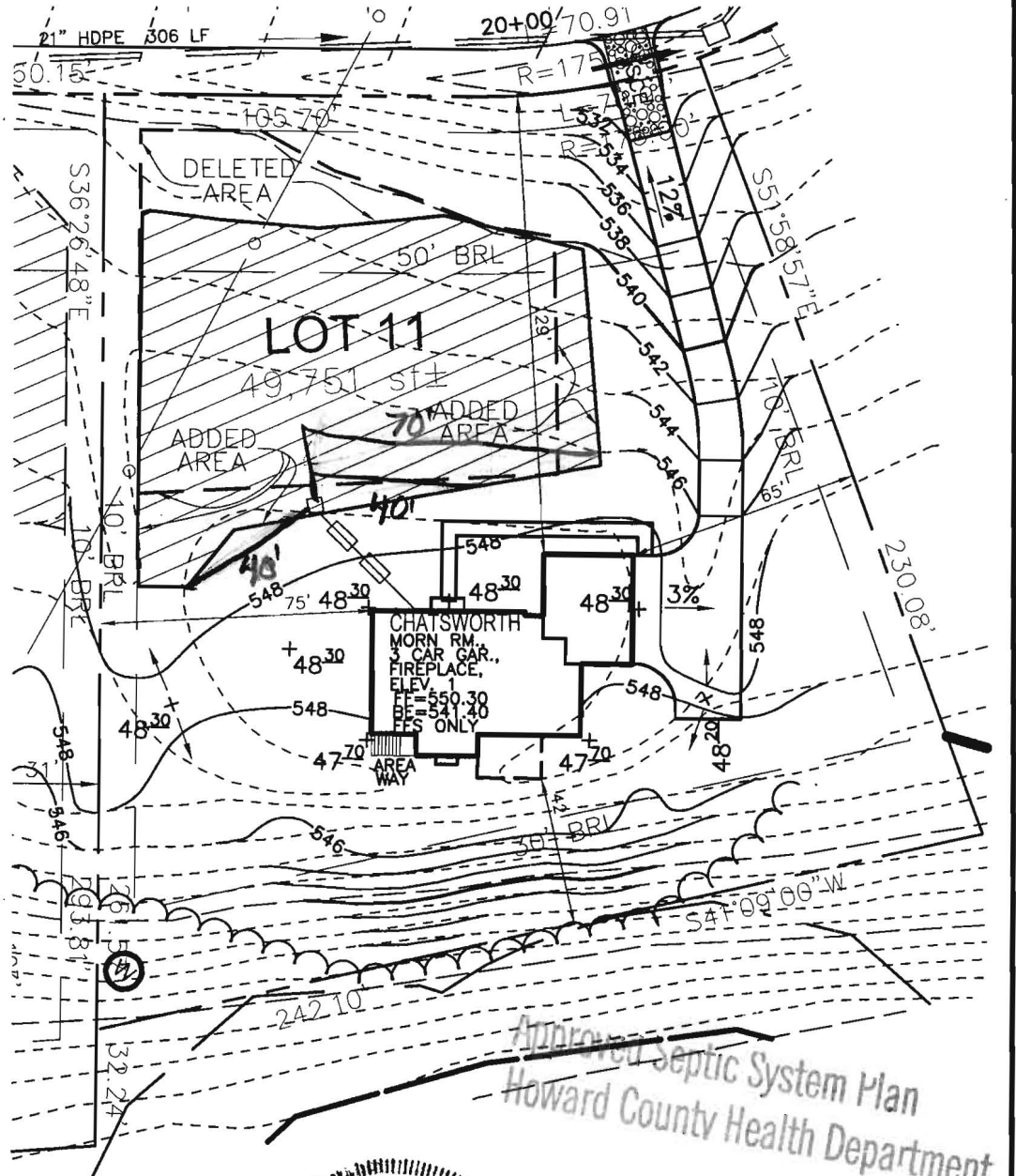
Front: _____
Rear: _____
Side: _____
Side St: _____
All minimum setbacks met? YES NO
Is Entrance Permit required? YES NO
Historic District? YES NO
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID# **63547**

Filing fee \$ **100**
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # **98637**
Validation # **7173**

Accepted by _____

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



SEPTIC DATA:
 HOUSE:
 INV. OUT=546.1
 SEPTIC TANK(1250GAL)
 TOP GRADE:548.2
 INV. IN=545.7
 INV. OUT=545.4
 PUMP TANK(1250GAL)
 TOP GRADE:548.1
 INV. IN=545.3
 INV. OUT=545.2
 DISTRIBUTION BOX:
 TOP GRADE:547.5
 INV. IN=544.5
 INV. OUT=544.0

THE EXISTING WELL SHOWN ON THIS PLAN(HO-94-3910) HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC. PROFESSIONAL LAND SURVEYORS, AND IS ACCURATELY SHOWN.

Approved Septic System Plan
 Howard County Health Department



Mark C. Martin 10/21/04
 MARK C. MARTIN, LS #10884 DATE

[Signature]
 Date 10/21/04

SCALE 1"=50'
 DRAWN BY CMH
 CHECKED BY JCO
 DATE OCT.18, 2004
 W. O. # 2034058
 SHEET# 1 OF 1

TAX MAP 22 3RD ELECTION DISTRICT PULTE HOMES PADDOCKS EAST PARCEL 7 HOWARD COUNTY, MARYLAND
 LOT 11
ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET ELLICOTT CITY, MD 21043 TEL: 410.461.7666 FAX: 410.461.8961