

G06005971

Health Dept.

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>		<b>PERMIT NUMBER</b> <b>B07004950</b>	
Building Address <u>11279 Independence Way</u> <u>Ellicott City, MD 21042</u>			Property Owner's Name <u>Toll MD III LP</u> Address <u>7164 Columbia Gateway Dr. #230</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>Honewood Crossing</u> City <u>Columbia</u> State <u>MD</u> Zip Code <u>21042</u>			Home Phone _____ Work Phone <u>410.992.5978</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____		
Section _____ Area _____ Lot <u>60</u> Tax Map <u>29</u> Parcel <u>28</u> Grid <u>9</u> Zoning _____ Map Coordinates _____ Lot size <u>1.02Ac.</u>			Contractor Company <u>Toll MD III LP</u> Contact Person <u>Nathan Brandenburg</u> Address <u>7164 Columbia Gateway Dr. #230</u> City <u>Columbia</u> State <u>MD</u> Zip Code <u>21042</u> License No. <u>5048</u> Phone <u>410-992-5978</u> Fax <u>410-992-3234</u>		
Existing Use <u>Vacant lot</u> Proposed Use <u>Residential lot (SFD)</u> Estimated Construction Cost \$ <u>400,000</u> Description of Work <u>Covington Heritage,</u> <u>4 bedroom, 3.5 Baths.</u>			Occupant or Tenant <u>Toll MD III LP</u> Contact Name <u>Nathan Brandenburg</u> Address <u>7164 Columbia Gateway Dr. #230</u> City <u>Columbia</u> State <u>MD</u> Zip Code <u>21046</u> Phone <u>410.992.5978</u> Fax _____		
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			Engineer or Architect Company <u>Benchmark Eng.</u> Contact Person <u>Dave Thompson</u> Address <u>8480 Baltimore Natl. Pike #418</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u> Phone <u>410.465.6105</u> Fax _____		

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics		Utilities	
Height:		Water Supply:	
No. of stories:		Public <input type="checkbox"/>	Private <input type="checkbox"/>
Gross area, sq. ft. per floor:		Sewage Disposal:	
Use group:		Public <input type="checkbox"/>	Private <input type="checkbox"/>
Construction type:		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Reinforced Concrete		Heating System:	
<input type="checkbox"/> Structural Steel		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
<input type="checkbox"/> Masonry		Natural Gas <input type="checkbox"/>	
<input type="checkbox"/> Wood Frame		Propane Gas <input type="checkbox"/>	
<input type="checkbox"/> State Certified Modular		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:	
Depth _____ Width _____		Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>
1st floor:		Sewage Disposal:	
2nd floor:		Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>
Basement:		Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>		Heating System:	
Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
No. of Bedrooms <u>4</u>		Natural Gas <input checked="" type="checkbox"/>	
Height: _____		Propane Gas <input type="checkbox"/>	
Multi-family dwellings:		Sprinkler system: N/A <input type="checkbox"/>	
No. of efficiency units: _____		NFPA #13D _____	
No. of 1 BR units: _____		NFPA #13R _____	
No. of 2 BR units: _____		Other: _____	
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.

Nathan Brandenburg  
 Applicant's Signature  
Project Manager  
 Title/Company

Nathan Brandenburg  
 Print Name  
12/20/07  
 Date

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

- FOR OFFICE USE ONLY -

Selma 6662.09

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development. DPZ			Front: _____	Filing fee \$ <u>100</u>
Highways			Rear: _____	Permit fee \$ <u>1164.24</u>
Engineering Official	<u>3/12/08</u>	<u>[Signature]</u>	Side: _____	Excise tax \$ <u>579.40</u>
Dev. Engineering. DPZ			Side St.: _____	Add'l per. fee \$ <u>116.92</u>
Health	<u>3/28/08</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>08838627</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for NewTown Zone _____	
			SDP/Red-line approval date _____	Accepted by _____