

600009112

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3400 COURT HOUSE DRIVE  
ELLSWORTH CITY, MD 21043  
PERMITS (410) 313-3408 INSPECTIONS (410) 313-1810  
AUTOMATED 847-ORINATION (410) 313-3809

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

PO0154321 *pay*

Building Address 14238 Meadow Lake Dr  
Glencly, MD 21737

Suite/Apt. # TRAPERS 04 369211 SDPNWP/Petition # \_\_\_\_\_

Census Tract 604002 Subdivision Triadelphia Crossing

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 15

Tax Map 21 Parcel 97 Grid 17

Zoning RCOFO Map Coordinates 9D12 Lot size \_\_\_\_\_

Property Owner's Name Toll Bros, Inc.

Address 7164 Columbia Gateway Dr #230

City Columbia State MD Zip Code 21046

Home Phone 410-872-7105 Work Phone 410-872-7141

Applicant's Name & Mailing Address, (if other than stated hereon):  
(C) 151 37 7835

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Vacant Lot

Proposed Use Single Family Dwelling

Estimated Construction Cost \$ 325,000

Description of Work Chamberlain - County M...  
4 Bedrooms 4 1/2 Bath, Concrete Slab, Full  
Kitchen / Appliances, Full Bath, Kitchen, 4th  
+ Expanded Family Room

Contractor Company Toll M.D. II LP

Contact Person Bill Roberts

Address 7164 Columbia Gateway Dr #230

City Columbia State MD Zip Code 21046

License No. \_\_\_\_\_ Phone 410-872-7105 Fax 410-872-7141

Occupant or Tenant Toll Bros, Inc.

Contact Name Bill Roberts

Address 7164 Columbia Gateway Dr #230

City Columbia State MD Zip Code 21046

Phone 410-872-7105 Fax 410-872-7141

Engineer or Architect Company Benchmark Engineering

Contact Person David Thompson

Address 7164 Columbia Gateway Dr #230

City Columbia State MD Zip Code 21046

Phone 410-872-7105 Fax 410-872-7141

### 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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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"/>	Sprinkler system: <u>N/A</u> <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 checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: <u>61</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2nd floor: <u>61</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Basement: <u>41</u>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms: _____	
Height: <u>3</u>	
Multi-family dwellings:	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: <u>4</u>	
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 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 Bill Roberts  
Construction Manager / Toll Bros, Inc.  
Title/Company

Print Name Bill Roberts  
Date 2/10/05

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 \$100.00	
Public Highway			Rear: _____	Permit fee \$	
Public Official			Side: _____	Excise tax \$	
Public Engineering, DPZ			Side St: _____	Add'l per. fee \$	
Public Protection			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$	
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-Total paid \$	
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Let Coverage for New Town Zone	Check # <u>293000</u>	
ONE STOP SHOP: <input type="checkbox"/>			SLP/Red-Line approval date	Validation #	
Seal of Commissioner	White Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Print: Health	Gold: SHA

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER

B06008800

Building Address 14238 MEADOW LAKE DR Property Owner's Name Joe Ho UM  
4714 ELECTION DISTRICT HOWARD COUNTY MD 21737 Address 14238 MEADOW LAKE DR  
4TH ELECTION DISTRICT HOWARD COUNTY MD 21737  
 Suite/Apt. #: \_\_\_\_\_ SDPMP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_ City ELECTION State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 13-15 Home Phone 410-489-0590 Work Phone \_\_\_\_\_  
 Tax Map \_\_\_\_\_ Parcel 227 Grid \_\_\_\_\_ Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size 22'x18' Phone 443-520-0173 Fax \_\_\_\_\_  
 Existing Use SFD Contractor Company OWNER  
 Proposed Use SFD Contact Person \_\_\_\_\_  
 Estimated Construction Cost \$ 10000 Address \_\_\_\_\_  
 Description of Work Deck (add) City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
22'x18' w/steps License No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Occupant or Tenant \_\_\_\_\_ Engineer or Architect Company \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
 Address 121 OLIVER HEIGHTS RD Address \_\_\_\_\_  
WINDY MILLS MD 21117 City ELECTION State \_\_\_\_\_ Zip Code \_\_\_\_\_  
BALTIMORE City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone 410-489-0590 Fax 443-854-5180 Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities	
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input checked="" type="checkbox"/> Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public <input checked="" type="checkbox"/> Private _____
Gross area, sq. ft. per floor: <u>398</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ <input checked="" type="checkbox"/> Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
		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 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 [Signature] Print Name ZU YANG KIM  
 Title/Company \_\_\_\_\_ Date 12/13/06

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 \$ _____	
State Highways			Rear: _____ Permit fee \$ _____	
Building Official			Side: _____ Excise tax \$ _____	
Dev. Engineering DPZ			Side St.: _____ Add'l per. fee \$ _____	
Health	<u>12/28/06</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # <u>CASH</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by _____	

