

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B-00149 223 KJB

Building Address 3765 Jennings Chapel Rd.
Wheaton MD 21797
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 60102 Subdivision Dennis Addition
Section _____ Area _____ Lot 1
Tax Map 20 Parcel 133 Grid 12
Zoning R1V Map Coordinates _____ Lot size 3.13

Property Owner's Name Toll MDZ LP
Address 7164 Columbia Gateway Dr #230
City Columbia State MD Zip Code 21046
Home Phone _____ Work Phone 442 535 9216
Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use VACANT LOT
Proposed Use Residential Home
Estimated Construction Cost \$ 300,000
Description of Work Hanley Georgian
Zoning, Naps 3.0 room, 4BRM.
4 1/2 bath.

Contractor Company Toll MDZ LP
Contact Person Nathan Brandenburg
Address 7164 Columbia Gateway Dr #230
City Columbia State MD Zip Code 21046
License No. 678
Phone 443 535 9296 Fax 443 535 9297

Occupant or Tenant Toll MDZ LP
Contact Name Nathan Brandenburg
Address 7164 Columbia Gateway Dr
City Columbia State MD Zip Code 21046
Phone 443 535 9296 Fax 442 535 9297

Engineer or Architect Company FST Associates
Contact Person Zach Deuel
Address 5815 Fries St. 2nd Fl. Baltimore
City Ellicott City State MD Zip Code 21043
Phone 411 750 7251 Fax 411 750 7351

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: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	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"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/> No. of Bedrooms: _____ Multi-family dwellings: <u>4</u> No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #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 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
CM / TOLL BUILDINGS
Title/Company

Nathan Brandenburg
Print Name
6.17.04
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>7/1/04</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Health		
<input type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance?	YES <input checked="" 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 <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#	AMOUNT
<u>62702</u>	
Filing fee \$	<u>100</u>
Permit fee	\$ _____
Excise tax	\$ _____
Add'l per. fee	\$ _____
TOTAL FEES	\$ _____
Sub-total paid	\$ _____
Balance due	\$ _____
Check #	<u>356963</u>
Validation #	<u>71603</u>
Accepted by	<u>[Signature]</u>