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HO-94-4135

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
348 COURT WISE DRIVE
ELKLOTT CITY, MD 21041
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

100055323 KSB

Building Address 14242 Meadow Lake Dr
Glenn MD 21737
Suite/Apt. # 04-369203 SDPWP/Petition #: _____
Census Tract 1090.02 Subdivision Terrace/Ph. 2 Crossing
Section 1 Area _____ Lot 14
Tax Map 21 Parcel 97 Grid 17
Zoning RC Map Coordinates 9D12 Lot size 1.18Ac

Property Owner's Name Tell Bros Inc.
Address 7164 Columbia Gateway Dr #300
City Columbia State MD Zip Code 21046
Home Phone _____ Work Phone 410 577-9105
Applicant's Name & Mailing Address, (if other than stated hereon):
(C) 301 370-0535 410-487-2278
Phone _____ Fax 410-877-7141

Existing Use Vacant Lot
Proposed Use Single Family Dwelling
Estimated Construction Cost \$ 135,000
Description of Work Utility Engineering w/ Foundation work
As per plan for 11/11/11 w/ 4BR
Substation, 11/11/11 Sun. 4BR

Contractor Company Tell MD I
Contact Person Brent Roberts
Address 7164 Columbia Gateway Dr #300
City Columbia State MD Zip Code 21046
License No. _____
Phone 410 577-9105 Fax 410 577-7141

Occupant or Tenant Tell Bros Inc.
Contact Name Brent Roberts
Address 7164 Columbia Gateway Dr #300
City Columbia State MD Zip Code 21046
Phone 410-577-9105 Fax 410-877-7141

Engineer or Architect Company Benchmark Engineering
Contact Person Dave Thompson
Address 5180 Balt Nati Pl
City Ellicott City State MD Zip Code 21043
Phone 410-415-1155 Fax 410-415-1155

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
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: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____ 2nd floor: _____ Basement: <u>76'</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
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 <u>4</u> Height: <u>33'</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 UNLESS SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Brent Roberts
Title/Company Construction Manager, Tell Bros Inc.

Print Name Brent Roberts
Date 6/10/15

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 FEE
Land Department DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ _____ Submittal paid \$ _____ Balance due \$ _____ Check # <u>10615</u> Validation # _____
City Engineering DPZ	<u>9/10/15</u>	<u>Rachel Norman</u>	Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Fire Protection			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is Submittal Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for New Town Zone _____ SDP/Red line approval date _____	Accepted by _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				
ONE STOP SHOP: <input type="checkbox"/>				
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Phic: Health
				Gold: SHA