

600009112

M/R 8/12/05

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3400 COURT HOUSE DRIVE  
ELLCOTT CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1010  
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

500155464 KTB

Building Address 1423A  
4524 Mountain Lake Dr.  
Glennville MD 21737  
Suite/Apt. #: THP 2D out 369238 SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 6041002 Subdivision TRAXELVILLE CND  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 16  
Tax Map 21 Parcel 97 Grid 917+25  
Zoning RC-DEO Map Coordinates 9D12 Lot size \_\_\_\_\_

Property Owner's Name Toll Bros Inc (Toll Bros)  
Address 7164 Columbia Gateway Dr #230  
City Columbia State MD Zip Code 21046  
Home Phone \_\_\_\_\_ Work Phone 410 572-7145  
Applicant's Name & Mailing Address, (if other than stated hereon):  
(C) 301-370-0555  
Phone \_\_\_\_\_ Fax 410-572-9141

Existing Use Vacant Lot  
Proposed Use Single Family Dwelling  
Estimated Construction Cost \$ 1325000  
Description of Work Hoply Withamsburg SB beams,  
5 1/2 Baths, Expansive Family Rm, Great Deck  
Suite w/ Bedroom Suite Above,

Contractor Company Toll Bros  
Contact Person Bill Roberts  
Address 7164 Columbia Gateway Dr #230  
City Columbia State MD Zip Code 21046  
License No. \_\_\_\_\_  
Phone 410 572-7145 Fax 410 572-7141

Occupant or Tenant Toll Bros Inc.  
Contact Name Bill Roberts  
Address 7164 Columbia Gateway Dr #230  
City Columbia State MD Zip Code 21046  
Phone 410 572-7145 Fax 410 572-9141

Engineer or Architect Company Bachman Engineering  
Contact Person Don Thompson  
Address 8480 Balt. Nat'l Pike #118  
City Ellicott City State MD Zip Code 21043  
Phone 410 465-4165 Fax 410 465-4194

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

**Building Characteristics**  
Height: \_\_\_\_\_  
No. of stories: \_\_\_\_\_  
Gross area, sq. ft. per floor: \_\_\_\_\_  
Use group: \_\_\_\_\_  
Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

**Utilities**  
Water Supply:  
 Public  
 Private  
Sewage Disposal:  
 Public  
 Private  
Electric: Yes  No   
Gas: Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system: N/A   
 Full  
 Partial  
 Other Suppression  
# of Heads \_\_\_\_\_

**Building Characteristics**  
SF Dwelling  SF Townhouse   
Depth \_\_\_\_\_ Width \_\_\_\_\_  
1st floor: 71'  
2nd floor: 71'  
Basement: 71'  
Finished Basement  Unfinished Basement   
Crawl space  Slab on Grade   
No. of Bedrooms 5  
Height: 33'  
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 Height: \_\_\_\_\_  
 State Certified Modular  
 Manufactured Home

**Utilities**  
Water Supply:  
 Public  
 Private  
Sewage Disposal:  
 Public  
 Private  
Electric: Yes  No   
Gas: Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system: N/A   
 NFPA #13D  
 NFPA #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.

Applicant's Signature Bill Roberts  
Title/Company Construction Manager / Toll Bros Inc

Print Name Bill Roberts  
Date 8/3/05

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: <u>50'</u>	Filing fee \$ <u>100.00</u>
State Highways			Rear: <u>50'</u>	Permit fee \$ _____
Building Official			Side: <u>50'</u>	Excise tax \$ _____
Dev. Engineering DPZ			Side St: <u>50'</u>	Add'l per. fee \$ _____
Health	<u>8/16/05</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 \$ _____
Is Sediment Control approval required prior to issuance?			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>1206</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Rad-line approval date _____	Validation \$ _____
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by _____	

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