

600009340

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELICOTT CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B07003010

Building Address 11226 Kingsale Court  
Ellicott City, Md. 21042

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 603000 Subdivision Riverwood

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 35

Tax Map 29 Parcel 20 Grid 4

Zoning RCD<sup>EU</sup> Map Coordinates \_\_\_\_\_ Lot size 44391.01

Property Owner's Name Winchester Homes

Address 6905 Rockledge Dr. #800

City Bethesda State Md Zip Code 20817

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):  
410 Carol U.ers

Phone 279-1624 Fax \_\_\_\_\_

Existing Use Vacant

Proposed Use SFD

Estimated Construction Cost \$ 600,000

Description of Work Nat'l.ingham w/3 car  
garage Rear addition full bent, 14R  
4FB 248 Fl porch 4BR

Contractor Company Winchester Homes

Contact Person ROD O'BRIEN

Address Same As Above

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. 57

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

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Engineer or Architect Company Benchmark Eng.

Contact Person John Carey

Address 8480 Baltimore National Pk

City Ellicott City State Md Zip Code 21042

Phone 410 465-6105 Fax 410 465-6641

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics   | Utilities  |
|--|--|
| Height: _____  | Water Supply: _____<br>Public <input type="checkbox"/> Private <input type="checkbox"/>  |
| No. of stories: _____  | Sewage Disposal: _____<br>Public <input type="checkbox"/> Private <input type="checkbox"/>   |
| Gross area, sq. ft. per floor: _____   | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Use group: _____   | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>                         |
| Construction type: _____<br>Reinforced Concrete <input type="checkbox"/><br>Structural Steel <input type="checkbox"/><br>Masonry <input type="checkbox"/><br>Wood Frame <input type="checkbox"/><br>State Certified Modular <input type="checkbox"/> | Sprinkler system: <u>N/A</u> <input type="checkbox"/><br>Full <input type="checkbox"/><br>Partial <input type="checkbox"/><br>Other Suppression <input type="checkbox"/><br># of Heads _____ |

| Building Characteristics  | Utilities   |
|---|---|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>   | Water Supply: _____<br>Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>  |
| 1st floor: <u>78</u> Depth <u>30</u> Width <u>30</u>  | Sewage Disposal: _____<br>Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>   |
| 2nd floor: <u>67</u> <u>30</u> <u>30</u>  | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Basement: <u>88</u> <u>81</u>   | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/><br>Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> | Sprinkler system: <u>N/A</u> <input type="checkbox"/><br>NFPA #13D <input type="checkbox"/><br>NFPA #13R <input type="checkbox"/><br>Other: _____                               |
| No. of Bedrooms <u>2</u>  |   |
| Height: _____   |   |
| 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: <u>1</u>  |   |
| Roof Height: _____  |   |
| State Certified Modular <input type="checkbox"/><br>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 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.

Carol U.ers  
Applicant's Signature  
Permit Reviewer  
Title/Company

Carol U.ers  
Print Name  
7/23/02  
Date

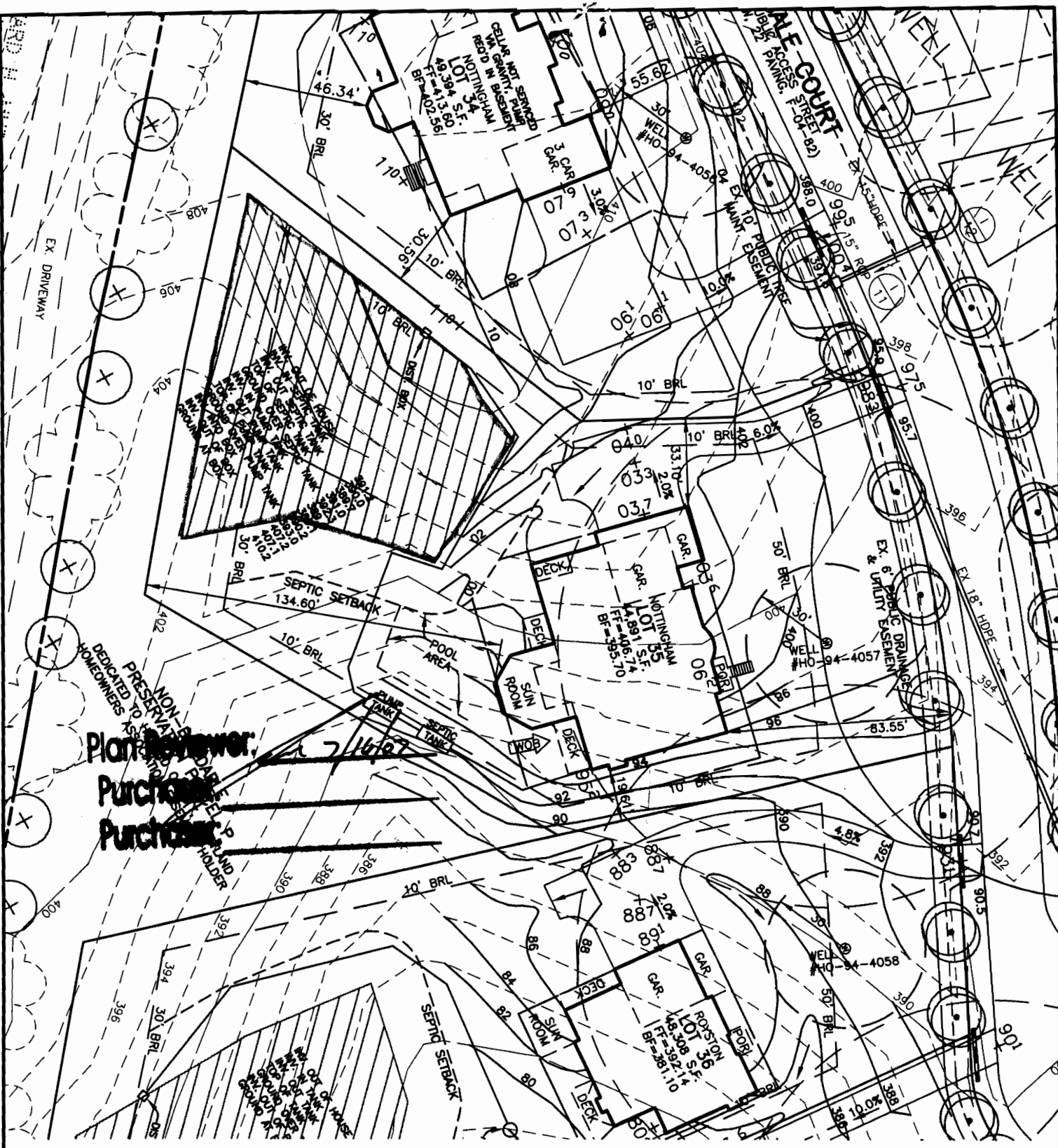
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

FOR OFFICE USE ONLY

| AGENCY   | DATE  | SIGNATURE APPROVAL |
|--|---|--------------------|
| Land Development, DPZ                                    |   |                    |
| State Highways   |   |                    |
| Building Official  |   |                    |
| Dev. Engineering, DPZ                                    |   |                    |
| Health   | <u>8/17/02</u>  | <u>[Signature]</u> |
| Fire Protection  |   |                    |
| Is Sediment Control approval required prior to issuance? | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                    |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> |   |                    |
| ONE STOP SHOP: <input type="checkbox"/>                  |   |                    |

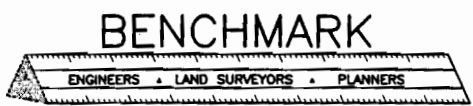
| DPZ SETBACK INFORMATION  | PROPERTY ID#:           |
|--|-------------------------|
| Front: _____   | Filing fee \$ _____     |
| Rear: _____  | Permit fee \$ _____     |
| Side: _____  | Excise tax \$ _____     |
| Side St.: _____  | Add'l per. fee \$ _____ |
| All minimum setbacks met?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>    | TOTAL FEES \$ _____     |
| Is Entrance Permit required?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| Historic District?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>           | Balance due \$ _____    |
| Lot Coverage for NewTown Zone _____  | Check # <u>19259</u>    |
| SDP/Red-line approval date _____   | Validation # _____      |

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



Plan Review:  
 Purchase:  
 Purchase:

RIVERWOOD  
 LOT 35



**BENCHMARK**  
**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043  
 PHONE: 410-465-6105 FAX: 410-465-6644

THIRD ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 50' DATE: 7/12/07