

Logged

Building Address 23370 CLAREVILLE FIRE
 Suite/Apt. #: _____ SDP/NP/Petition #: _____
 Census Tract 605101 Subdivision HIGHLAND CROSSING
 Section _____ Area 2.85 Ac. Lot
 Tax Map 40 Parcel 23370, 23371, 23372 Grid 5
 Zoning R-1 Map Coordinates 141C12 Lot size _____

Property Owner's Name HIGHLAND CROSSING LLC
 Address 7335 Old Seagraveville Rd
 City LAUREL State MD Zip Code 20723
 Home Phone _____ Work Phone 301/725-5772
 Applicant's Name & Mailing Address, (if other than stated hereon):
ARON I. POLANKIN, AIP ARCHITECTS
3029 MITCHELLVILLE RD, SUITE 104, BOWIE, MD 20716
 Phone 301/249-5800 Fax _____

Existing Use VACANT
 Proposed Use RESTAURANT
 Estimated Construction Cost \$ 570,000
 Description of Work FREE STANDING FULL SERVICE RESTAURANT - NEW CONSTRUCTION - STREET WET FIRE

Contractor Company SCUDER BUILDERS INC
 Contact Person DONALD SCUDER
 Address 7335 Old Seagraveville Rd
 City LAUREL State MD Zip Code 20723
 License No. 2980
 Phone 301/725-5772 Fax 301/725-5774

Occupant or Tenant OWNER
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____

Engineer or Architect Company AIP ARCHITECTS
 Contact Person ARON I. POLANKIN
 Address 3029 MITCHELLVILLE RD, SUITE 104
 City BOWIE State MD Zip Code 20716
 Phone 301/249-5800 Fax 301/249-5802

CHANGED TO SHELL FOR RESTAURANT ONLY - NOT FOR RESTAURANT

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: <u>17</u> No. of stories: <u>1 1/2</u> Gross area, sq. ft. per floor: <u>LOWERS 4150</u> <u>UPPER 2224</u> Use group: <u>A-2</u> Construction type: <input type="checkbox"/> Reinforced Concrete <input checked="" type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input 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 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: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private 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 type="checkbox"/> Sprinkler system: <u>N/A</u> <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 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 ARON I. POLANKIN Title/Company ARCHITECT/AIP ARCHITECTS
 Print Name ARON I. POLANKIN
 Date 5/18/06

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 \$ <u>300</u>
State Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>9/12/06 Review not required</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check \$ <u>1121</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation \$ <u>1121.00</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Lot Coverage for New/Town Zone _____	Accepted by _____
Yellow: DED, DPZ	Phic: Health	Gold: SHA	SDP/Red-line approval date _____	