

DC 200A 11/5/09 9X

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

B09002492

Building Address 11602 Fox Chase Court
Ellicott City, MD 21142

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 60510 Subdivision Hawtree/Canning

Section _____ Area _____ Lot 18

Tax Map 29 Parcel 28 Grid 9

Zoning RC-DE2 Map Coordinates _____ Lot size 1,093A

Property Owner's Name Tell MD III LP

Address 7164 Columbia Gateway Dr. #230

City Columbia State MD Zip Code 21075

Phone _____ Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone 410 992 5978 Fax _____

Existing Use Vacant lot

Proposed Use Residential Home

Estimated Construction Cost \$ 400,000

Description of Work Hampton Georgian, 4 Bedroom
Swim, 3-6' garage

Contractor Company Tell MD III LP

Contact Person Nathan Brandenburg

Address 7164 Columbia Gateway Dr. #230

City Columbia State MD Zip Code 21075

License No. SC48

Phone 410 992 5978 Fax _____

Occupant or Tenant Tell MD III LP

Contact Name Nathan Brandenburg

Address 7164 Columbia Gateway Dr. #230

City Columbia State MD Zip Code 21075

Phone 410 992 5978 Fax _____

Engineer or Architect Company ESE

Contact Person Mike Boyce

Address 411 E. Ethel Malboro

City Upper Meriden State MD Zip Code 20772

Phone 410 365 4175 Fax 301 027 7985

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u>4</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Height: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D <input type="checkbox"/> NFA #13R <input type="checkbox"/> Other: _____
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 <input type="checkbox"/>	
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 ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Tell Builders

Title/Company _____

Print Name Nathan Brandenburg



Date 11/4/09

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 \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>12/10/09</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 type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- White: Building Official			Loi Coverage for NewTown Zone _____	Accepted by _____
Green: LDD, DPZ			SDP/Red-line approval date _____	
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

NOTES:

1. THE LOT SHOWN HEREON WAS RECORDED ON MAY 2, 2006 AS PLAT NUMBER 18245. REFER TO THIS PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
3. EXACT LENGTH OF SEPTIC TRENCHES ARE BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PRECONSTRUCTION INSPECTION.
4. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
5. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER F-05-069 AND GP-07-067 AND SHALL COMPLY WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
6. STORMWATER MANAGEMENT FOR THIS LOT WAS PROVIDED UNDER F-05-069.
7. THE EXISTING WELL (TAG NO. HO-95-0492) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.
8. THE PURPOSE OF THIS PERCOLATION CERTIFICATION PLAN IS TO ADJUST THE SEPTIC EASEMENT AND WELL BOX IN SUPPORT OF A BUILDING PERMIT APPLICATION FOR NEW CONSTRUCTION AT 11115 OLD HOMEWOOD COURT, ELLICOTT CITY, MARYLAND 21043.

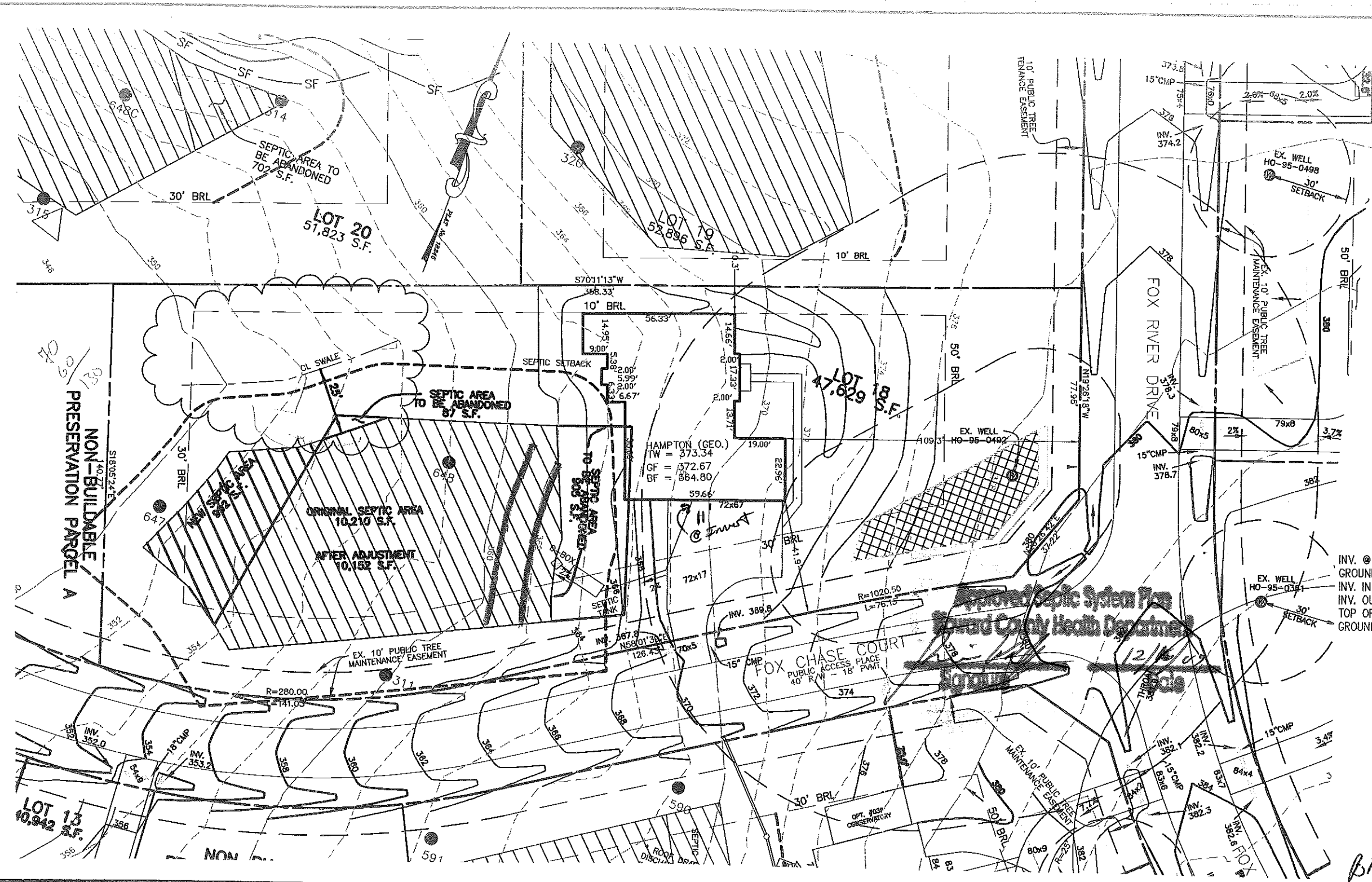
	DENOTES AREA TO BE ADDED TO SEPTIC AREA
	DENOTES NEW WELL BOX LOCATION

INV. @ HOUSE	361.80	INV. IN DIST. BOX	360.00
GROUND @ INV. @ HOUSE	372.67	INV. OUT DIST. BOX	359.70
INV. IN TANK	360.80	GROUND @ BOX	363.00
INV. OUT TANK	360.50	WELL No.	HO-95-0492
TOP OF TANK	361.50		
GROUND OVER TANK	364.00		

ADDRESS: 11602 FOX CHASE COURT
ELLICOTT CITY, MD 21042

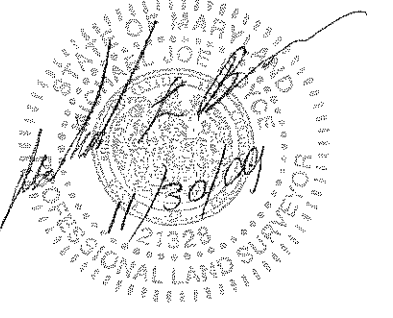
TYPE: HAMPTON (GEORGIAN)-	
WALK OUT BASEMENT	OPTION No. 017
PALM BEACH SUNROOM	OPTION No. 026
ADD'L 1' TO HEIGHT OF BASEMENT	OPTION No. 070
BRICK SIDES AND REAR OF HOME	OPTION No. 673

APPROVED FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT
B. Wilson for Peter Beilensen 12/14/09
COUNTY HEALTH OFFICER (Signature) DATE

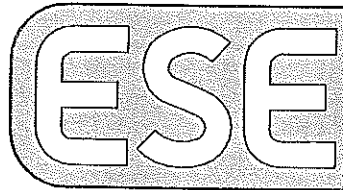


TO BE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, THE FOLLOWING STATEMENTS ARE TRUE:

- 1) ALL EXISTING WELLS, SEPTIC SYSTEMS AND SEWAGE DISPOSAL EASEMENTS WITH IN 100' OF THE PROPERTY BOUNDARIES HAVE BEEN SHOWN. ALL EXISTING AND PROPOSED WELLS THAT ARE LOCATED WITHIN 200 FEET DOWNGRADIENT OF ANY EXISTING OR PROPOSED SEPTIC SYSTEM AND SEWAGE DISPOSAL EASEMENTS HAVE BEEN SHOWN. THE ENGINEER HAS USED ALL EFFORTS TO FIND THE LOCATIONS OF ALL SURROUNDING WELLS AND SEPTIC SYSTEMS
- THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTHS AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT AS SHOWN ON THE RECORD PLAT 18240 GENERAL NOTES ITEM 2.
- ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN
- THE ENTIRE SUBJECT PROPERTY IS WITHIN SOIL MAP UNIT _____



PERMIT PLOT PLAN & Revised
PERCOLATION CERTIFICATION PLAN
LOT #18
HOMWOOD CROSSING
D.B. 9808, PG. 204
PLAT No. 18245
THIRD ELECTION DISTRICT
HOWARD COUNTY



**Land Planning
Engineering
Land Surveying**

ESE Consultants Inc.
7164 Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-4870

DATE: 11/25/09 SCALE: 1"=40' FILE: LOT 18 PP
CHK'D: MJB JOB#: 1214 DRAWN: MJB

806005971

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

D0800009

Building Address 11017 Hwy 7601
Ellicott City, MD 21043

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision Howard Crossing

Section _____ Area _____ Lot 1E

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size 0.1

Property Owner's Name Some CS Tenant

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use Vacant lot

Proposed Use Residential

Estimated Construction Cost \$ 450,000

Description of Work Build 4 bedroom
4.5 baths

Contractor Company TELL MD III LP

Contact Person Nathan Rindler

Address Some CS Tenant

City _____ State _____ Zip Code _____

License No. 5048

Phone _____ Fax _____

Occupant or Tenant TELL MD III LP

Contact Name Nathan Rindler

Address 71601 Columbia Gateway Dr #220

City Columbia State MD Zip Code 21046

Phone 410-992-5516 Fax _____

Engineer or Architect Company Barlock Eng.

Contact Person Don Thompson

Address 8480 Rte. 1, N. Arden #418

City Ellicott City State MD Zip Code 21043

Phone 410-406-6105 Fax _____

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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	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"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFFA #13D _____ NFFA #13R _____ Other: _____
No. of Bedrooms <u>4</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: _____	
Roof Height: _____	
State Certified Modular _____	
Manufactured Home _____	

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.

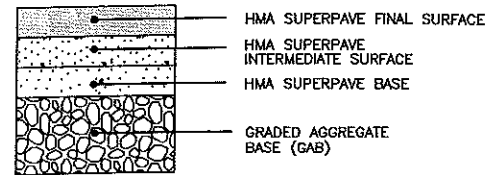
Nathan Rindler
Applicant's Signature
TELL BUILDERS
Title/Company

Nathan Rindler
Print Name
7/21-08
Date

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 \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>7/21/08</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 type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>0882447</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
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 NewTown Zone _____	Accepted by: _____
T:\norma\PERMIT.FRM			SDP/Red-line approval date _____	
			Yellow: DED, DPZ	
			Pink: Health	
			Gold: SHA	

SECTION NUMBER	ROAD AND STREET CLASSIFICATION	CALIFORNIA BEARING RATIO (CBR)							
		3 TO <5	5 TO <7	≥7	3 TO <5	5 TO <7	≥7		
P-1	PARKING BAYS: RESIDENTIAL AND NON-RESIDENTIAL PARKING DRIVE AISLES: RESIDENTIAL AND NON-RESIDENTIAL WITH NO MORE THAN 2 HEAVY TRUCKS PER DAY	PAVEMENT MATERIAL (INCHES)		MIN HMA WITH GAB		HMA WITH CONSTANT GAB			
		HMA SUPERPAVE FINAL SURFACE 9.5 MM PG 64-22, LEVEL 1 (ESAL)		1.5	1.5	1.5	1.5	1.5	
		HMA SUPERPAVE INTERMEDIATE SURFACE (NA)		NA	NA	NA	NA	NA	
		HMA SUPERPAVE BASE 19.0 MM PG 64-22, LEVEL 1 (ESAL)		2.0	2.0	2.0	3.5	3.0	
		GRADED AGGREGATE BASE		8.5	7.0	5.0	4.0	4.0	4.0



NOTES:

1. THE LOT SHOWN HEREON WAS RECORDED ON 12-13-05 AS PLAT NUMBER 17891. REFER TO THIS PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
3. EXACT LENGTH OF SEPTIC TRENCHES ARE TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PRECONSTRUCTION INSPECTION.
4. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
5. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER F-05-031 AND GP-06-94 AND SHALL COMPLY WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
6. STORMWATER MANAGEMENT FOR THIS LOT WAS PROVIDED UNDER F-05-031.
7. THE EXISTING WELL (TAG NO. HO-95-0492) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. ON 9-7-06 AND IS ACCURATELY SHOWN.
8. DRIVEWAY CULVERT COMPUTATIONS HAVE BEEN PROVIDED WITH THIS BUILDING PERMIT PLOT PLAN. THE CULVERT SHALL BE 15" CMP OR ELLIPTICAL EQUIVALENT.

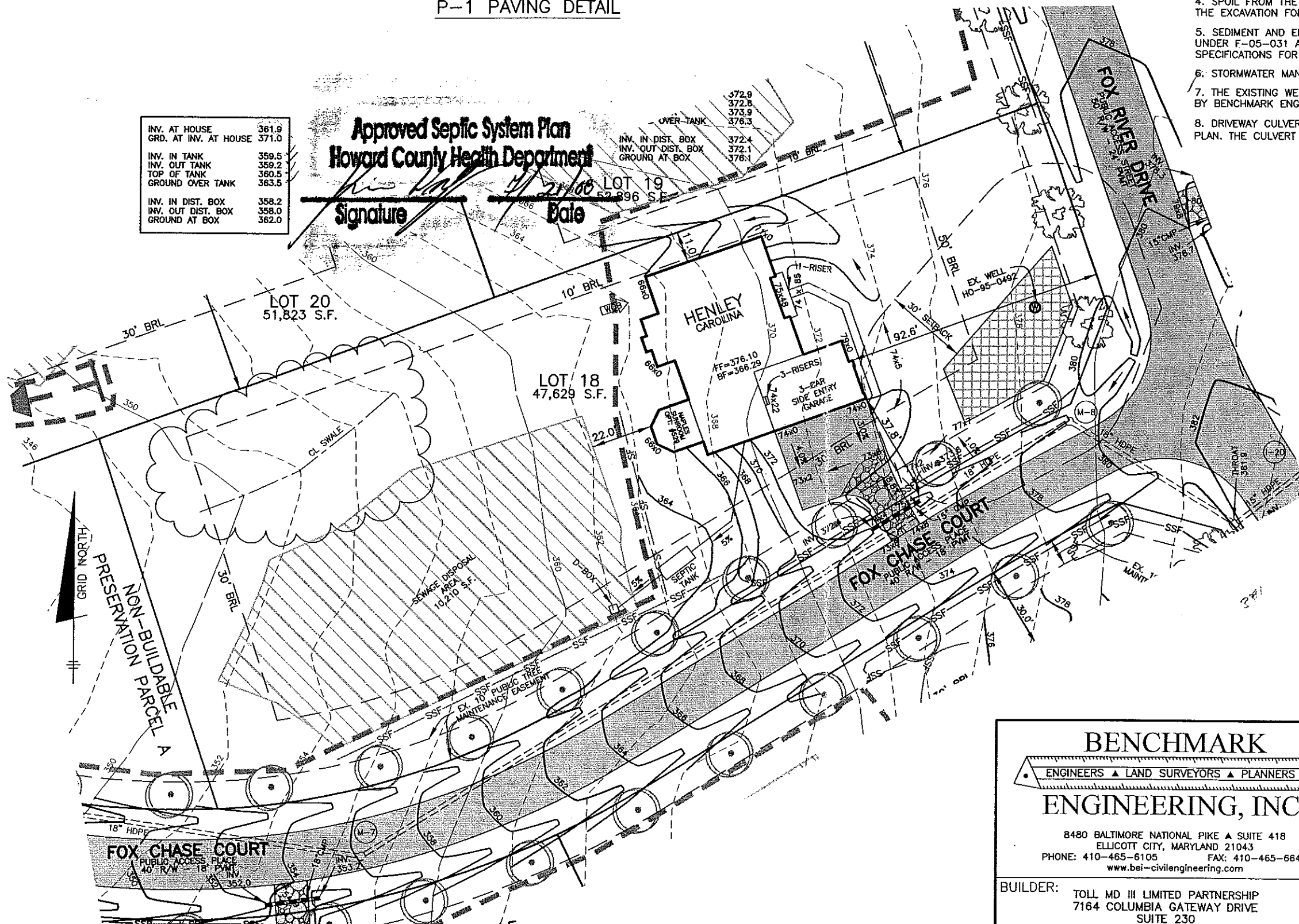
P-1 PAVING DETAIL

INV. AT HOUSE	361.9
GRD. AT INV. AT HOUSE	371.0
INV. IN TANK	359.5
INV. OUT TANK	359.2
TOP OF TANK	360.5
GROUND OVER TANK	363.5
INV. IN DIST. BOX	358.2
INV. OUT DIST. BOX	358.0
GROUND AT BOX	362.0

Approved Septic System Plan
Howard County Health Department

Signature

Date



LEGEND

- EXISTING CONTOURS ESTABLISHED UNDER F-05-031
- FIELD SURVEYED WELL LOCATION
- STREET TREES INSTALLED UNDER F-05-031
- INDICATES WALK-OUT BASEMENT LOCATION
- 1500 S.F. WELL BOX PER SP-02-013
- STABILIZED CONSTRUCTION ENTRANCE INSTALLED UNDER GP-06-94
- SUPER SILT FENCE INSTALLED UNDER F-05-031
- SUPER SILT FENCE INSTALLED UNDER GP-06-94
- SILT FENCE INSTALLED UNDER F-05-031
- LIMIT OF DISTURBANCE UNDER F-05-031

BENCHMARK
ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418
ELLCOTT CITY, MARYLAND 21043
PHONE: 410-465-6105 FAX: 410-465-6844
www.bei-civilengineering.com

HOMEWOOD CROSSING
PLOT PLAN
LOT 18

11602 FOX CHASE COURT
TAX MAP 29, GRID 9 - PARCEL 28
3rd ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

HOUSE TYPE: **HENLEY CAROLINA ELEVATION**

DATE:	JUNE 24, 2008	PROJECT NO.	1913
SCALE:	1" = 40'	DRAWING	1 OF 1

BUILDER: TOLL MD III LIMITED PARTNERSHIP
7164 COLUMBIA GATEWAY DRIVE
SUITE 230
COLUMBIA, MARYLAND 21046
410-872-9105

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B07004711

Building Address 1101 E. Fox Chase CT,
Ellicott City, MD 21042
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6051.2 Subdivision Howard County
Section _____ Area _____ Lot 18
Tax Map 29 Parcel 28 Grid 9
Zoning RCOEP Map Coordinates _____ Lot size _____

Property Owner's Name Toll MD 3 LP
Address Some contact
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Vacant lot
Proposed Use Residential home
Estimated Construction Cost \$ 400,000
Description of Work 4 Bedroom, 3.5 baths, granite kitchen,

Contractor Company Toll MD 3 LP
Contact Person Some contact
Address _____
City _____ State _____ Zip Code _____
License No. 5048
Phone _____ Fax _____

Occupant or Tenant Toll MD 3 LP
Contact Name Nathan B. Building
Address 7109 Calhoun Gateway Dr. #230
City Ellicott City State MD Zip Code 21042
Phone 410 992 5978 Fax _____

Engineer or Architect Company Boehm & Eng.
Contact Person Don Thompson
Address 8480 Belt Rd. N.W. Pk. #418
City Ellicott City State MD Zip Code 21043
Phone 410 415 0105 Fax _____

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: _____
2nd floor: 5210
Basement: _____
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms 4
Height: 42
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 ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____

Print Name Nathan B. Building

Title/Company _____

Date 11/26/07

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>12/12/07</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

DPZ SETBACK INFORMATION		PROPERTY ID#:
Front: _____	Filing fee	\$ <u>100.00</u>
Rear: _____	Permit fee	\$ _____
Side: _____	Excise tax	\$ _____
Side St.: _____	Add'l per. fee	\$ _____
All minimum setbacks met?	TOTAL FEES	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$ _____
Is Entrance Permit required?	Balance due	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check	<u>#08831727</u>
Historic District?	Validation	# _____
YES <input type="checkbox"/> NO <input type="checkbox"/>		
Lot Coverage for NewTown Zone _____		
SDP/Red-line approval date _____		

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

Distribution of Copies -
T:\forms\PERMIT.FRM

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

Accepted by [Signature]