

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

5100001953

Building Address 5115 Holly Creek Lane
Clarksville Md. 21029

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

Census Tract _____ Subdivision Walnut Grove

Section _____ Area _____ Lot 63

Tax Map _____ Parcel A Grid _____

Zoning _____ Map Coordinates _____ Lot Size 41,104 SF

Property Owner's Name Woodbridge Homes at Walnut Grove
 Address 9067 Phillip Dorsey Way
 City Columbia State Md. Zip Code 21045
 Home Phone (410) 740-5063 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein):
Brian and Evelyn Callahan

Phone _____ Fax _____

Existing Use Vacant Lot
 Proposed Use Single Family House
 Estimated Construction Cost \$ 600,000.00
 Description of Work Construction of single family Home.

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Contractor Company Woodbridge Homes, LLC.
 Contact Person Matt Matthias
 Address 21000 Woodbridge Court
 City Hagerstown State Md. Zip Code 21743
 License No. MHBR 560
 Phone 301-745-4082 Fax 301-745-4082

Engineer or Architect Company Stewart McGready Arch.

Contact Person Craig Stewart

Address 8329 Main Street

City Ellicott City State Md. Zip Code 21043

Phone 410-465-7687 Fax 410-465-7737

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <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	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"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1 st floor: <u>79'D x 65'W</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2 nd floor: <u>53'D x 65'W</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>79'D x 65'W</u>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <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: _____
No. of Bedrooms <u>4</u>	
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: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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.

Applicant's Signature _____

Email Address _____

Title/Company _____

Print Name _____

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 Officials			
Dev. Engineering, DPZ			
Health	<u>7-7-10</u>	<u>Walter Smith</u>	
Fire Protection			

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met?
 YES NO

Is Entrance Permit Required?
 YES NO

Historic District?
 YES NO

Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____

Accepted by _____

Filing fee \$ 150

Permit fee \$ _____

Excise tax \$ _____

Add'l per fee \$ _____

TOTAL FEES \$ _____

Sub-total paid \$ _____

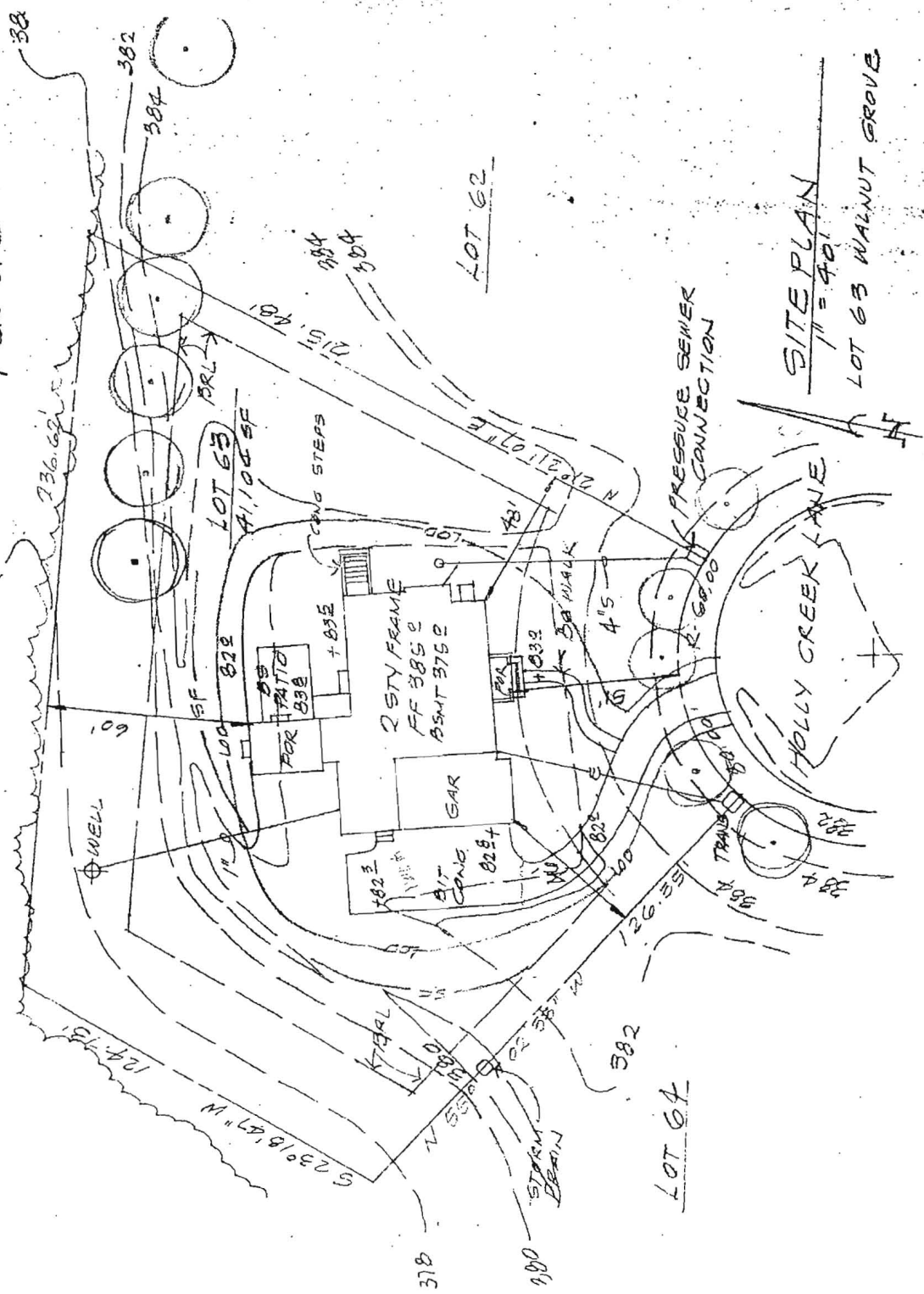
Balance due \$ _____

Check # 115

Validation # _____

Approved Septic System Plan
Howard County Health Department

[Signature]
Signature 4 BR SFD Date 7-7-10



B10001953
5115 Holly Creek Lane