

Permits: 410-313-2455
 Inspections: 410-313-1810
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
 Department of Inspections, Licenses & Permits
 3430 Court House Drive
 Ellicott City, MD 21043

Permit Number:

B11001534

Building Address: 14095 Patterson Farm Ct Ellicott City MD 21137
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Hopkins Choice
 Section: _____ Area: _____ Lot: _____
 Tax Map: 21 Parcel: 111 Grid: 18
 Zoning: _____ Map Coordinates: _____ Lot Size: 33654

Property Owner's Name: Tsili MD
 Address: _____
 City: _____ State: VA Zip Code: _____
 Home Phone: _____ Work Phone: _____
 Applicant's Name & Mailing Address, (If other than stated herein):

 Phone: _____ Fax: _____
 Email: _____

Existing Use: SID
 Proposed Use: SID
 Estimated Construction Cost: \$ 8000
 Description of Work:
Install a 1000gal inground propane tank

Contractor Company: V. H. H. Co.
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
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 & LEGIBLY

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>6-13-11</u>	<u>Adrian Smith</u>
Fire Protection		

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

B11001589 up tank OK
MS 6-13-11

THIS LOT SERVICED BY SHARED SEPTIC EASEMENT BASEMENT DOES NOT SEWER BY GRAVITY.

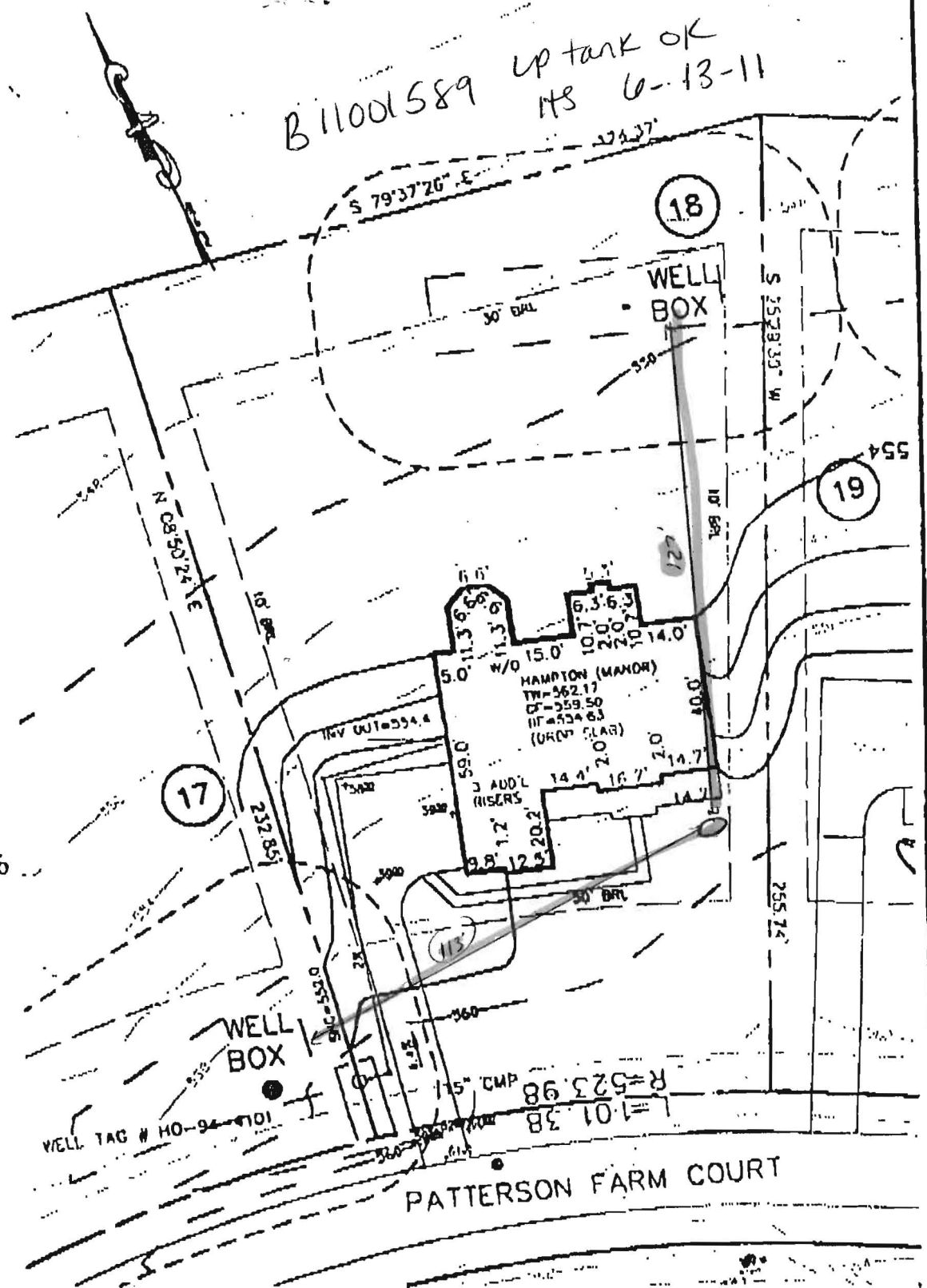
THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER(HO-95-4902) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC.- PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPMENT PLAN SETBACK DISTANCES SHOWN HEREON AS HAVE AN ACCURACY OF ±0.1' FOOT

THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR HOPKINS CHOICE, PLAT No 17-903. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

SWM IS PROVIDED AS SHOWN ON THE APPROVED PLANS F-05-29

CULVERT PIPE IS TO BE INSTALLED AS SHOWN

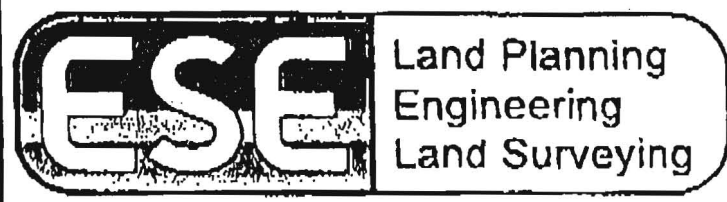


ADDRESS: 14005 PATTERSON FARM COURT
C-FN/CLG, MD 21737

PERMIT PLOT PLAN
LOT #18
GLENELG ESTATES
LIBER 07504, FOLIO 0437
PLAT No. 17903
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

TYPE: HAMPTON (MANOR)-
WALKOUT BASEMENT
EXPANDED FAMILY ROOM
NAPLES SUN ROOM

OPTION No. 017
OPTION No. 023
OPTION No. 529



ESE Consultants Inc.
7164 Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-1170

DATE: 08/26/10 SCALE: 1"=40' FILE: 2975_LOT_18 HAMPTON
CHK'D: MJB JOB#: 1498 DRAWN: GVS/MJB

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

D10000472

Building Address <u>14025 Patterson Farm Ct.</u>	Property Owner's Name <u>Toll MD II LP</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>7164 Columbia Gateway Drive</u>
Census Tract _____ Subdivision <u>Hopkins Choice II</u>	City <u>Columbia</u> State <u>MD</u> Zip Code <u>21046</u>
Section _____ Area _____ Lot <u>18</u>	Phone _____ Phone _____
Tax Map _____ Parcel _____ Grid _____	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning _____ Map Coordinates _____ Lot size _____	Phone _____ Fax _____

Existing Use <u>Vacant lot</u>	Contractor Company <u>Toll MD II LP</u>
Proposed Use <u>Single family Dwelling</u>	Contact Person <u>Mike Martin</u>
Estimated Construction Cost \$ <u>350,000</u>	Address _____
Description of Work _____	City _____ State _____ Zip Code _____
_____	License No. <u>3630</u>
_____	Phone _____ Fax _____

Occupant or Tenant <u>Toll MD II</u>	Engineer or Architect Company _____
Contact Name <u>Mike Martin</u>	Contact Person _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone _____ Fax _____	Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	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 _____	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: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____	
		State Certified Modular _____ Manufactured Home _____	

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** PLEASE WRITE NEATLY AND LEGIBLY. **

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>9/24/00</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 checked="" 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 Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	

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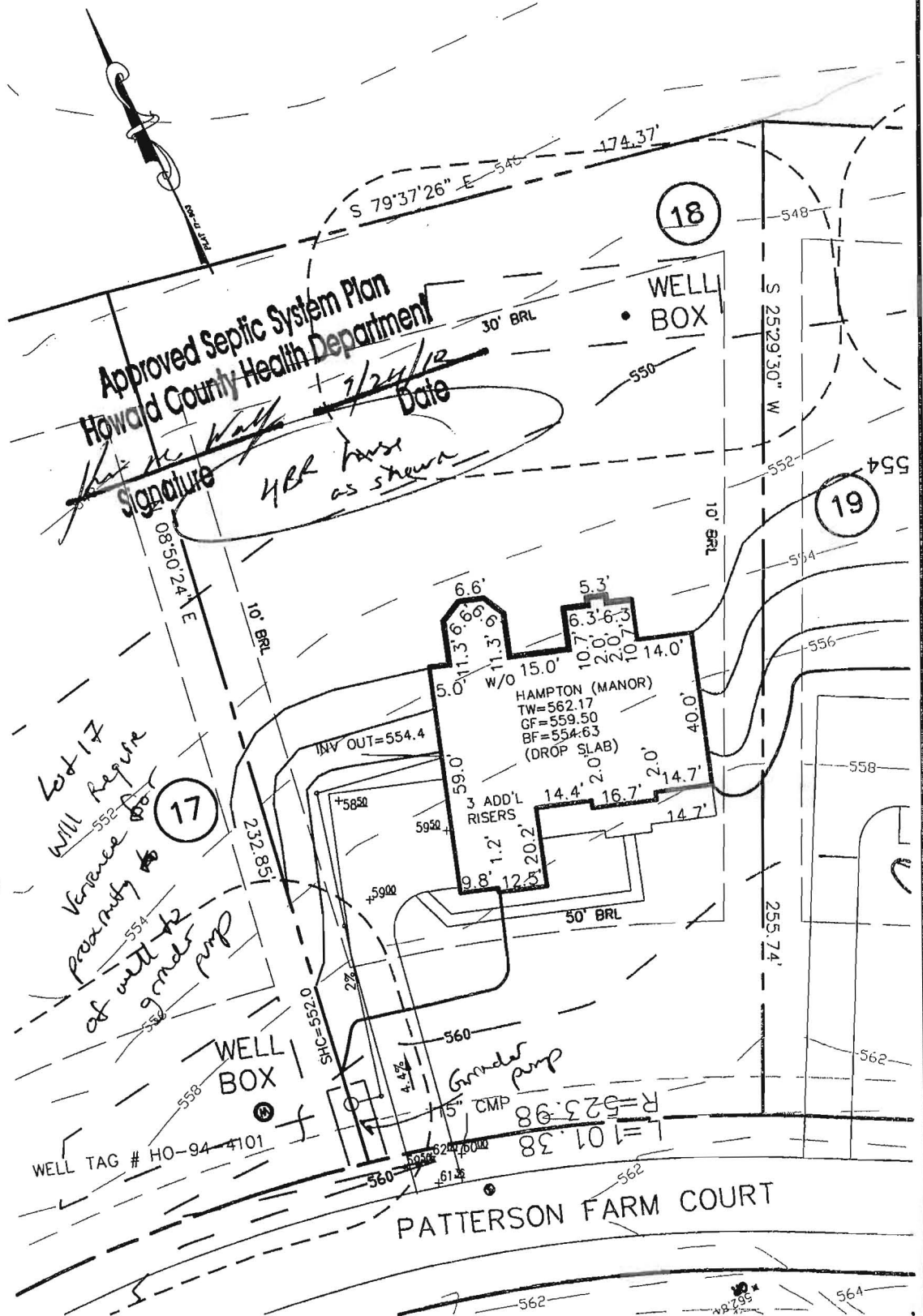
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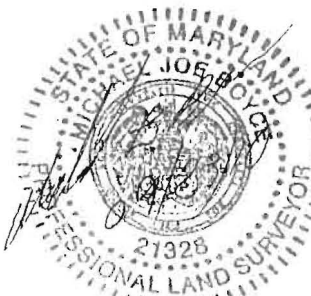


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