

Building Address 3120 ARGENT PATH
ELLICOTT CITY, MD 21042

Suite/Apt. #: N/A SDP/WP/Petition #: SP01-06

Census Tract 6030 Subdivision BRANTWOOD

Section 2 Area 2 Lot 13

Tax Map 23 Parcel 118 Grid 4

Zoning SEO Map Coordinates 11A7 Lot size 40,417

Property Owner's Name WILLIAMS BURG GROUP

Address P.O. Box 1012
5475 HARRIS FARM RD, # 500
COLUMBIA State MD Zip Code 21044

Home Phone --- Work Phone 410/77-8800EXT.

Applicant's Name & Mailing Address, (if other than stated hereon): 13 Birch

Phone _____ Fax _____

Existing Use VACANT LOT

Proposed Use SFD

Estimated Construction Cost \$ 100,000

Description of Work MODEL: CUSTOM PLANS
2 SETS SUBMITTED
W/ 30' X 60' SPORTS COURT-SEE SITE PLAN

Contractor Company SAME AS OWNER

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. 155 Phone _____ Fax _____

Occupant or Tenant SAME AS OWNER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company PLYMOUTH ROAD ARCHITECTS

Contact Person LISA SUNDENWIRTH

Address 640 PLYMOUTH RD.

City STONKSVILLE State MD Zip Code 21229

Phone 410/761-0221 Fax SAME

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input checked="" 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"/>	No. of efficiency units: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
State Certified Modular _____	Natural Gas <input type="checkbox"/>	No. of 1 BR units: _____	Natural Gas <input checked="" type="checkbox"/>
	Propane Gas <input type="checkbox"/>	No. of 2 BR units: _____	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	No. of 3 BR units: _____	Sprinkler system: N/A <input checked="" type="checkbox"/>
	Full _____	Other Structure: _____	NFPA #13D _____
	Partial _____	Dimensions: _____	NFPA #13R _____
	Other Suppression _____	Footings: _____	Other: _____
	# of Heads _____	Roof: _____	
		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 THERE TO; (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.

Myra K. Davis
 Applicant's Signature
AGENT / 019112
 Title/Company

SUZANNE P. DAVIS
 Print Name
5/10/01
 Date

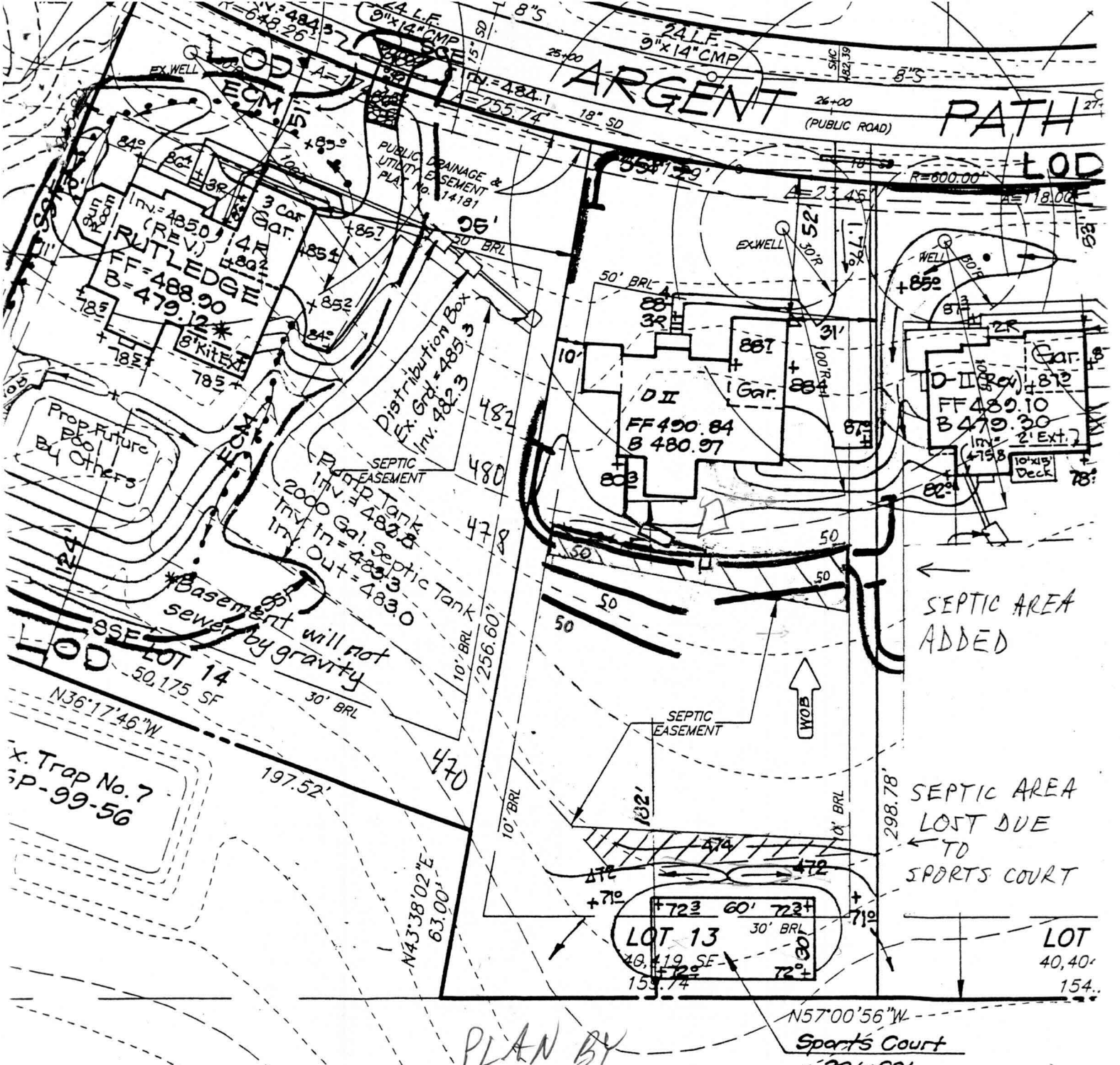
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>5/31/01</u>	<u>Mark [Signature]</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START:	<input type="checkbox"/>	
ONE STOP SHOP:	<input type="checkbox"/>	

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

PROPERTY ID#:	50602
Filing fee	\$ <u>25</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check #	<u>2739</u>
Validation #	<u>35495</u>
Accepted by	<u>[Signature]</u>

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



Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 4 feet

Depth of stone required below distribution pipe 2 feet

INV. AT HOUSE 478.6
 S.T. IN 478.0
 S.T. OUT 477.7
 EX. GR AT S.T. 479.9
 D.B. IN 477.5
 EX. GR AT D.B. 479.5

Approved Septic System Plan
 Howard County Health Department

Mark R. [Signature]
 Signature 5/31/07
Date