

Building Address 14025 BIG BRANCH DRIVE
DUNN, MARYLAND 21036

Suite/Apt. #: N/A SDP/WP/Petition #: N/A

Census Tract 6040 Subdivision Big Branch

Section N/A Area N/A Lot 5

Tax Map 27 Parcel 141 Grid 1

Zoning RC-DX Map Coordinates 9E13 Lot size _____

Property Owner's Name BIG BRANCH OVERLOOK LLC

Address 7124 COL. GATEWAY DR SUITE 330

City Columbia State _____ Zip Code 21046

Home Phone _____ Work Phone 410-872-9105

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

Phone _____ Fax _____

Existing Use VACANT LOT

Proposed Use CONVERT EXISTING HOUSE

Estimated Construction Cost \$ 200,000

Description of Work COVENTRY W/ 4 BR /
4 BATH EXPANDED FAMILY ROOM / PALLADIAN
KITCHEN

Contractor Company TOLL BROTHERS INC.

Contact Person GREG SHEPARD

Address 14203 HOWARD RD.

City Columbia State MD Zip Code 21046

License No. _____

Phone 413-535-896 Fax 410-872-9105

Occupant or Tenant BIG BRANCH OVERLOOK LLC.

Contact Name GREG SHEPARD

Address 14203 HOWARD RD. SUITE 330

City Columbia State MD Zip Code 21046

Phone 410-872-9105 Fax 410-872-9105

Engineer or Architect Company TRISTAR CONSULTANTS INC.

Contact Person TRISTAR

Address 9082 RAY JAMES DR SUITE 418

City ELICOTT CITY State MD Zip Code 21047

Phone 410-467-2105 Fax 410-465-1241

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	Depth: _____ Width: _____ 1st floor: 60'11" 74'8" 2nd floor: 13' 6'8" Basement: 60'4" 74'8"	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
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 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 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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/>	No. of Bedrooms <u>4</u>	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 _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	<input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
		<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 _____
 Title/Company _____

Print Name Greg Shepard
 Date 12/19/07

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

AGENCY <input checked="" type="checkbox"/> Land Development, DPZ <input checked="" type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Official <input checked="" type="checkbox"/> Dev. Engineering, DPZ <input checked="" type="checkbox"/> Health <input type="checkbox"/> Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE <u>1/9/07</u>	SIGNATURE APPROVAL <u>Mark Ruffin</u>	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 _____ Accepted by <u>[Signature]</u>	PROPERTY ID#: <u>49084</u> Filing fee \$ <u>26.00</u> Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # <u>1527</u> Validation # <u>35512</u>
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CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

