

Building Address 14033 BIG BRANCH DRIVE
DAYTON, OHIO 45424

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

Densur Tract C400 Subdivision Big Branch

Section N/A Area N/A Lot 7

Tax Map 27 Parcel 141 Grid 1

Zoning RC-100 Map Coordinates 9E13 Lot size

Property Owner's Name BIG BRANCH OVERLOOK LLC

Address 7164 Col. GATEWAY DR #230

City Dayton State OH Zip Code 45424

Home Phone 937-233-1111 Work Phone 937-233-1111

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

Phone _____ Fax _____

Existing Use LOT

Proposed Use CONSERVATORY

Estimated Construction Cost \$ 100,000

Description of Work COVENTRY 4BR/4BATH/
EXT FAMILY CONSERVATORY/ALLADIAN KITCHEN
Needs new worksheet

Contractor Company TOLL BROS.

Contact Person MARK

Address HOWARD RD

City Dayton State OH Zip Code 45424

License No. _____

Phone 443-535-9296 Fax 937-535-9297

Occupant or Tenant Big Branch Overlook LLC

Contact Name MARK

Address 7164 Col. GATEWAY DR #230

City Dayton State OH Zip Code 45424

Phone 937-233-1111 Fax 937-233-1111

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: <u>60'0"</u> <u>48'8"</u> 2nd floor: <u>48'0"</u> <u>48'8"</u> Basement: <u>60'8"</u> <u>48'8"</u>	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of Bedrooms: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
State Certified Modular _____	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: _____	Natural Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/>	Other Structure: _____	Propane Gas <input type="checkbox"/>
	Full _____	Dimensions: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
	Partial _____	Footings: _____	NFPA #13D _____
	Other Suppression _____	Roof: _____	NFPA #13R _____
	# of Heads _____	State Certified Modular _____	Other: _____
		Manufactured Home _____	

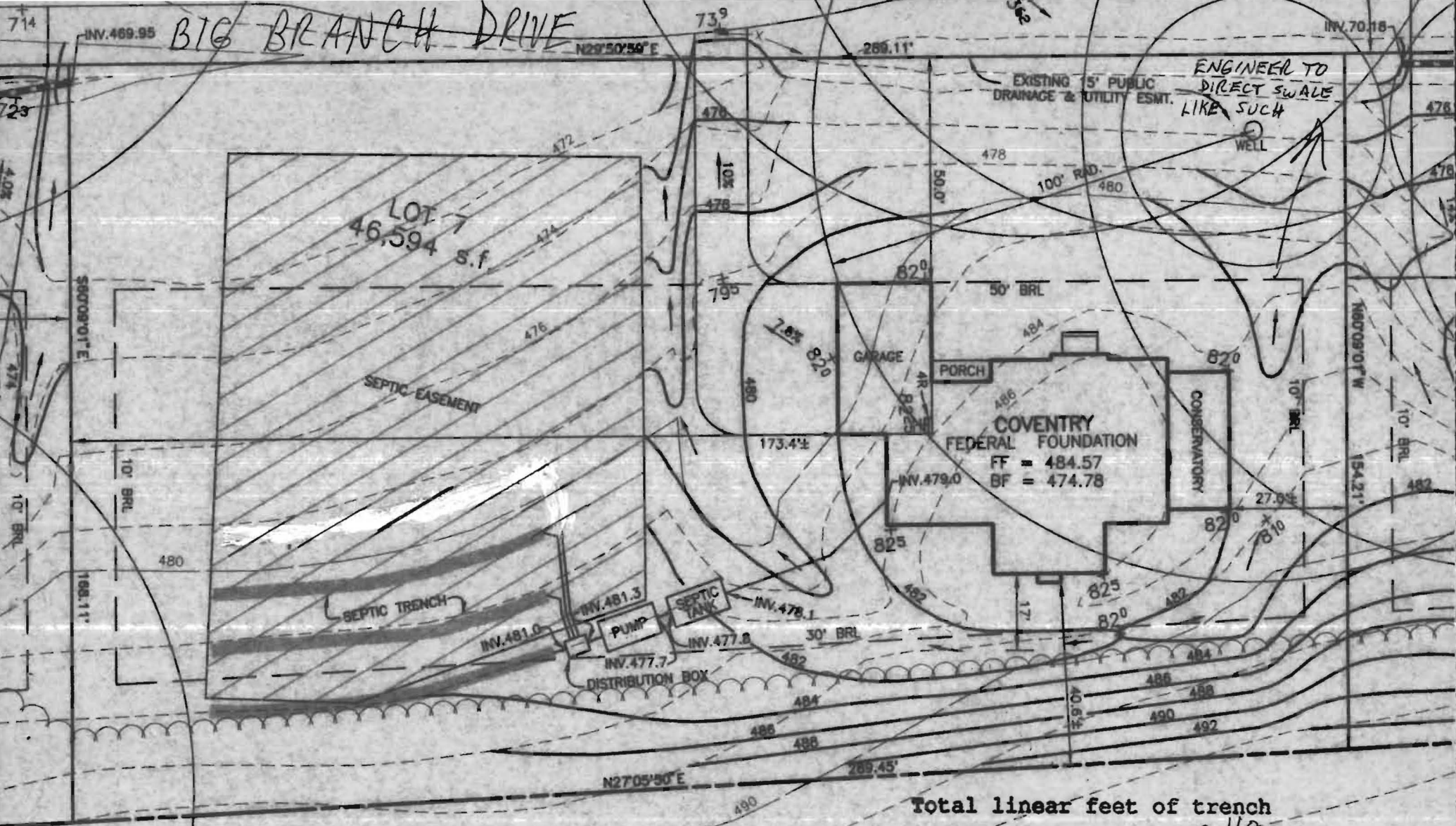
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREIN; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature MARK Print Name MARK

Title/Company TOLL BROS. Date 12/14/00

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#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	49083
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing fee \$ <u>25.00</u>
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>1/19/01</u>	<u>Mark Riffin</u>	Side St: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>348201526</u>
			Accepted by <u>Mark Riffin</u>	Validation # <u>35572</u>



1:30
 PLAN BY
 BENCHMARK

Approved Septic System Plan
 Howard County Health Department

Mark Pifkin
 Signature Date 4/19/01

Total linear feet of trench
 required 240 feet
 Width of trench(es) 3 feet
 Depth of trench(es) 6 feet
 Depth of stone required below
 distribution pipe 4 feet