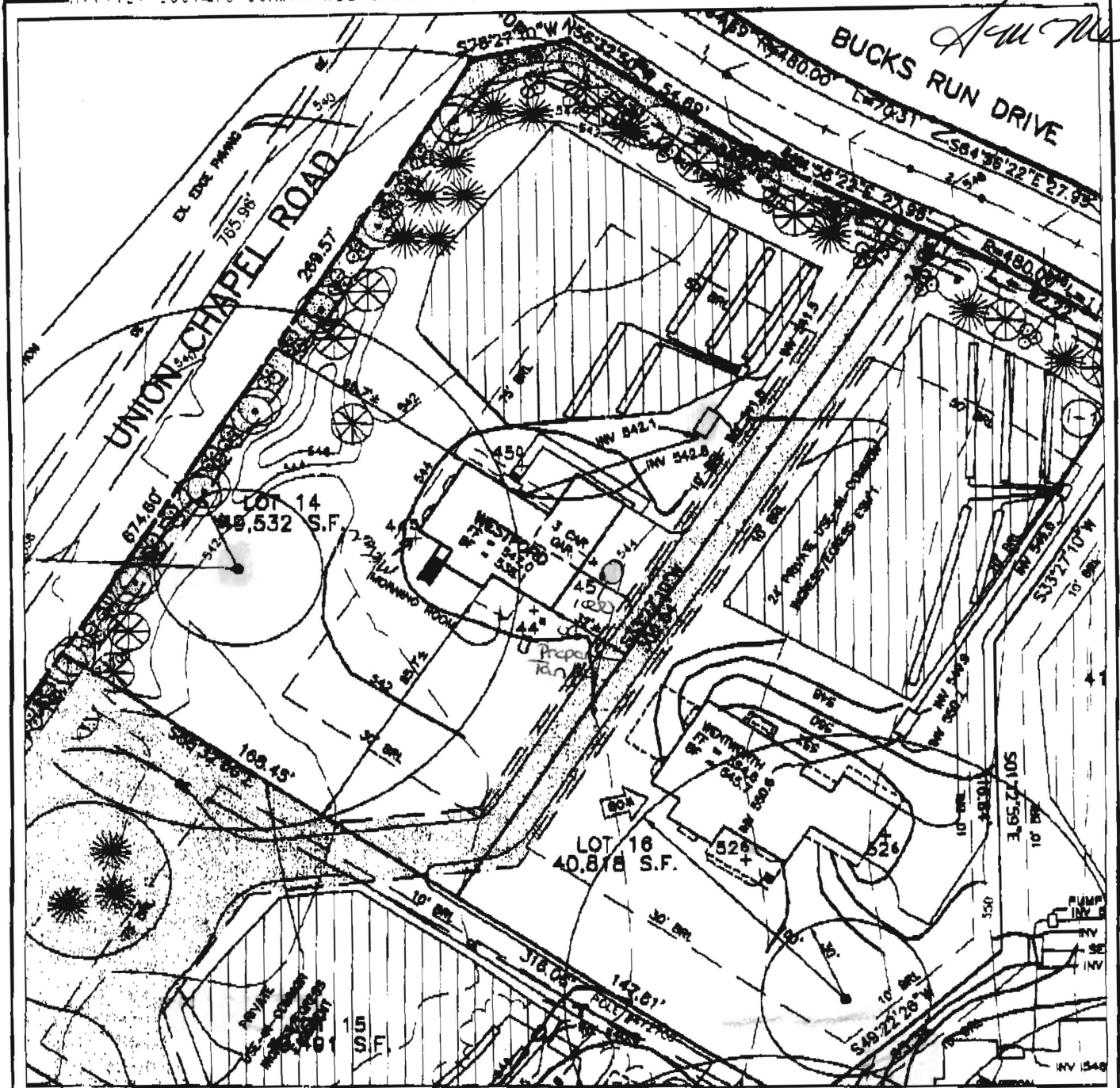


6/2/01
 B00030466
 Proposed fault location OK
 1000 galle
 New Well

APR 12 2001 10:35AM BENCHMARK ENG.

No. 2058 P. 2



FIRST FLOOR ELEVATION = 547.0
 FOYER ELEVATION = NA
 BASEMENT ELEVATION = 535.1
 SPOT ELEVATION AT GARAGE = 545.0

SLOPE OF DRIVEWAY = NA
 NUMBER OF RISERS IN GAR. = NA
 NUMBER OF RISERS ON LEAD WALK = NA

BENCHMARK
 ENGINEERING, INC.

6480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043
 PHONE: 410-465-6105 FAX: 410-465-6644

WELLINGTON WEST SECTION 2
 LOT 14
 4th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 11/13/00
 REV: 1/18/01

\\ts2\vol1\engineer\projects\1222\dwg\5078\51.dwg, 04/12/01 08:39:55 AM

Building Address 15200Bucks Run Dr.
Woodbine ,MD 21797

Suite/Apt.#: n/a SDP/WP/Petition #: GP-99-180

Census Tract 6040 Subdivision Wellington West

Section 2 Area 2 Lot 14

Tax Map 14 Parcel 69 Grid 20

Zoning RCDEO Map Coordinates 9A5 Lot size _____

Property Owner's Name Pulte Home Corp.

Address 1501 S. Edgewood St. Ste#K

City Baltimore State MD Zip Code 21227

Home Phone _____ Work Phone 410-644-5603

Applicant's Name & Mailing Address, (if other than stated hereon):
Building Permit Services, Inc. - Pat Orla
7806 Deboy Ave., Baltimore, MD 21222

Phone 410-477-9666 Fax 410-4778437

Existing Use Vacant Lot

Proposed Use SFD

Estimated Construction Cost \$ 150,000.00

Description of Work Const.SFD-"Westford" w/3 car gar.,Morn.
Rm. - 2sty,full bsmt,11R,2FB,1HB,1FPMorn.Rm.& Garage
(4Br), Opt Fin L.L. w/bath

Contractor Company Pulte Home Corp.

Contact Person Dianna Wenzlaff

Address _____

City _____ State _____ Zip Code _____

License No. MHBR# 516

Phone _____ Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	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"/>
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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # 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
1st floor: <u>60'</u> _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>36'</u> _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Basement: <u>42'</u> _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA # 13D <input type="checkbox"/> NFPA#13R <input type="checkbox"/> Other: _____
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
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: <u>16"X8"</u>	
Roof: <u>Asp/Gable</u>	
State Certified Modular <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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 HERETO; (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 Agent Building Permit Services, Inc. - Pat Orla

Title/Company _____ Print Name

_____ Date

_____ 4/24/01

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#:
Land Development DPZ			Front: _____	Filling fee \$25.00
State Highways			Rear: _____	Permit fee \$
Building Official			Side: _____	Excise tax \$
Dev. Engineering DPZ			Side St: _____	Subtotal paid \$
Health	<u>5/9/01</u>	<u>Mark R. P...</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$
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"/>	Balance due \$
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line, approval date _____	Validation # _____
			Accepted by _____	

