



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 14524 Edgewoods Way
 City: Glenelg State: MD Zip Code: 21737
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SDF-SFD
 Proposed Use: SFD w/deck & w/steps
 Estimated Construction Cost: \$ 10,000
 Description of Work: Sundeck with stairs
21' 9" x 14' 8"

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: TOLL MDV, LP
 Address: 7164 Columbia Gateway Dr # 230
 City: Columbia State: MD Zip Code: 21046
 Phone: 301 252 1609 Fax: 410 489 2278
 Email: derat@tollbrothersinc.com

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: TOLL Brothers
 Contact Person: David Erat
 Address: 14540 Edgewoods Way
 City: Glenelg State: MD Zip Code: _____
 License No.: 3630
 Phone: 301 252 1609 Fax: 410 489 2278
 Email: derat@tollbrothersinc.com

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

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	<u>Depth</u>	<u>Width</u>
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<u>Construction type:</u>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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: [Signature]
 Email Address: derat@tollbrothersinc.com
 Title/Company: manager

Print Name: David Erat
 Date: 9/12/12

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

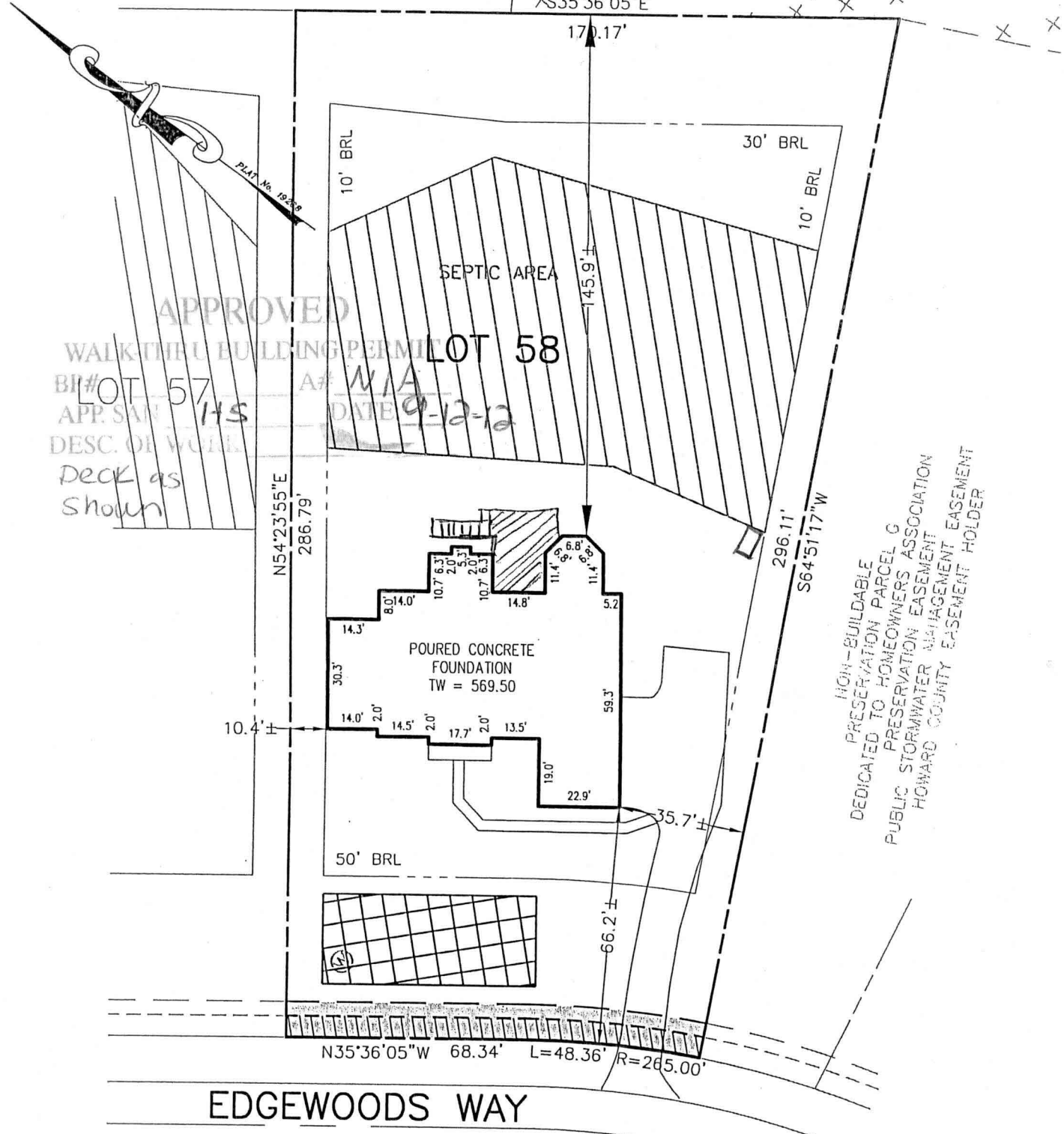
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>9-12-12</u>	<u>David Scott</u>

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

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	\$
Check	#

PROFESSIONAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 21328, EXPIRATION DATE 1/8/13.



APPROVED
 WALK THE U BUILDING PERMIT
 LOT 57 AS N/A
 APP. SAN. 145 DATE 9-12-12
 DESC. OF WORK Deck as shown

NON-BUILDABLE
 PRESERVATION PARCEL C
 DEDICATED TO HOMEOWNERS ASSOCIATION
 PUBLIC STORMWATER EASEMENT
 HOWARD COUNTY EASEMENT HOLDER

EDGEWOODS WAY

THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR HOPKINS CHOICE, PLAT No 19268. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

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



ADDRESS: 14524 EDGEWOODS WAY
 GLENELG, MD 21737

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE POSITION OF THE EXISTING IMPROVEMENTS SHOWN HEREON HAVE BEEN CAREFULLY ESTABLISHED BY ACCEPTED LAND SURVEYING PRACTICES AND THAT, UNLESS SHOWN, THERE ARE NO VISIBLE ENCROACHMENTS EITHER WAY ACROSS THE PROPERTY LINES. THE PLANS IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR REFINANCING. THE PLAN IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS. THE PLAN DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS DRAWING WAS PREPARED W/O THE BENEFIT OF A TITLE REPORT.

SIGNATURE: MICHAEL JOE BOYCE
 MD. LIC NO. 21328
 DATE 2/13/12

LOCATION DRAWING
 LOT # 58
EDGEWOOD FARM
 LIBER 4174, FOLIO 0436
 PLAT No. 19268
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND



ESE Land Planning
 Engineering
 Land Surveying

ESE Consultants Inc.
 7164 Columbia Gateway Dr.
 Suite 203
 Columbia, MD 21046
 TEL: 410-872-9105
 FAX: 410-872-4870

DATE: 08/31/12 SCALE: 1"=40' FILE: FC-58
 CHK'D: M.J.B. JOB#: 1498 DRAWN: MJB

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:

B12001338

Building Address: 14524 Edgewoods way Glenelg md 21737
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Edgewood Farm
 Section: _____ Area: 2 Lot: 58
 Tax Map: 21 Parcel: 90 Grid: 22
 Zoning: _____ Map Coordinates: _____ Lot Size: 41,452 sq ft

Existing Use: SFD
 Proposed Use: SFD w/ propane tank
 Estimated Construction Cost: \$ 8000

Description of Work:
Install 1000 gal in-ground propane tank

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

Property Owner's Name: Toil MD V Limited Partnership
 Address: 7164 Columbia Craterway Dr
 City: Columbia State: md Zip Code: 21046
 Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein):
Jeremy Clancy PO Box 1253
Eldersburg md 21754
 Phone: (443)340-1229 Fax: _____
 Email: Jeremy@AppliedandApproved.com

Contractor Company: Valley National Cray
 Contact Person: William Greening
 Address: 7201 Montverde Rd
 City: Jessup State: md Zip Code: 20794
 License No.: 67793
 Phone: 410-799-1114 Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: contractor
 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 checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" 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 checked="" 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:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<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: Jeremy Clancy Print Name: Jeremy Clancy
 Email Address: Jeremy@AppliedandApproved.com Date: 4/24/12
 Title/Company: Permits

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 FOR OFFICE USE ONLY:

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>5-7-12</u>	<u>[Signature]</u>
Fire Protection		

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

DPZ SETBACK INFORMATION

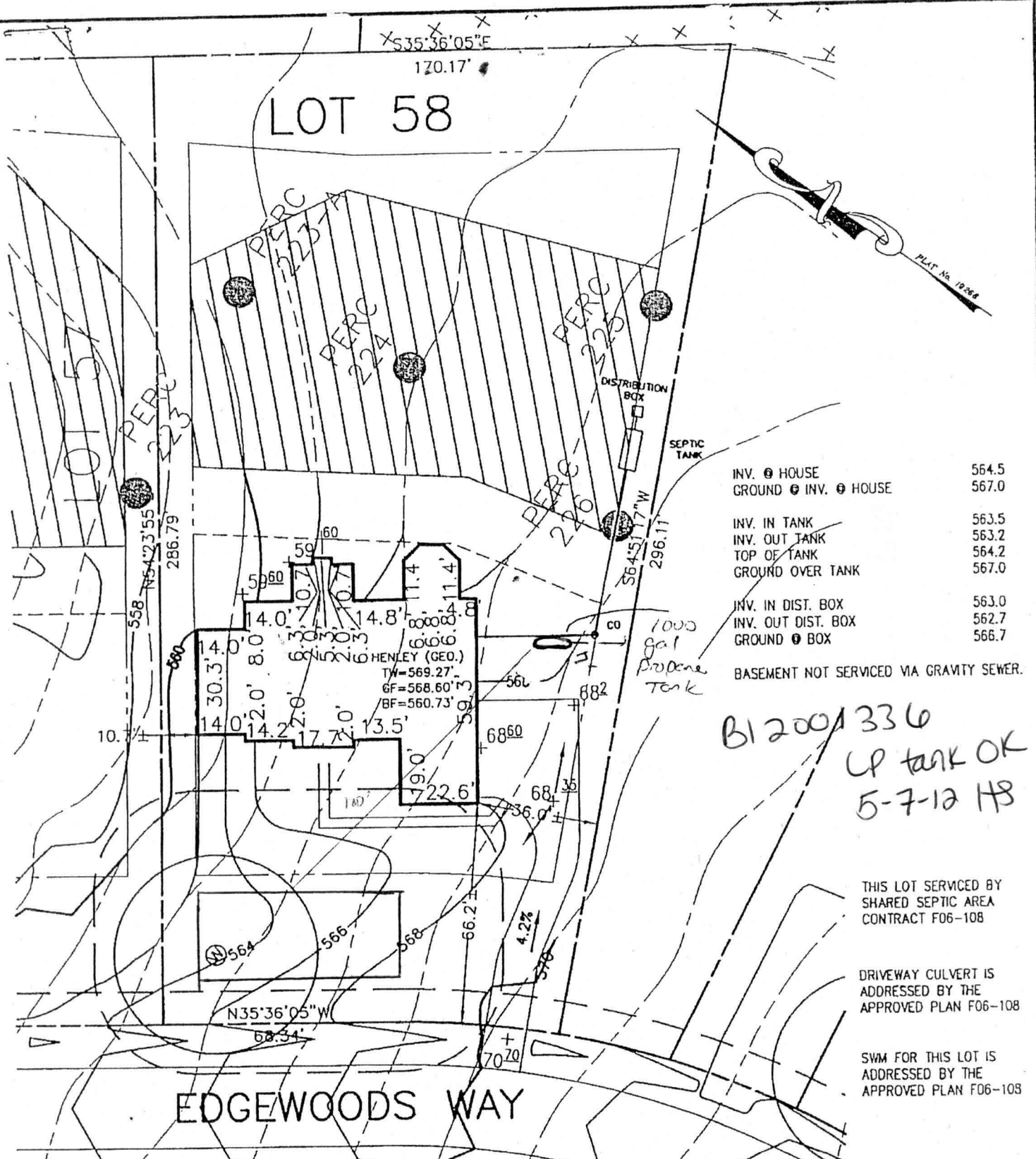
Front: _____
 Rear: _____
 Side: _____
 Side St.: _____

All minimum setbacks met? Yes No
 Is Entrance Permit Required? Yes No
 Historic District? Yes No
 Lot Coverage for New Town Zone: _____
 SDP/Red-line approval date: _____

Filing Fee	\$ <u>1000</u>
Permit Fee	\$
Tech Fee	\$ <u>1000</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>11000</u>
Sub- Total Paid	\$ <u>11000</u>
Balance Due	\$ <u>0</u>

check 2848

LOT 58



INV. @ HOUSE	564.5
GROUND @ INV. @ HOUSE	567.0
INV. IN TANK	563.5
INV. OUT TANK	563.2
TOP OF TANK	564.2
GROUND OVER TANK	567.0
INV. IN DIST. BOX	563.0
INV. OUT DIST. BOX	562.7
GROUND @ BOX	566.7

*BI 2001 336
UP tank OK
5-7-12 HS*

THIS LOT SERVICED BY SHARED SEPTIC AREA CONTRACT F06-108
DRIVEWAY CULVERT IS ADDRESSED BY THE APPROVED PLAN F06-108
SWM FOR THIS LOT IS ADDRESSED BY THE APPROVED PLAN F06-108

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER(HO-95-1058) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC. - PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

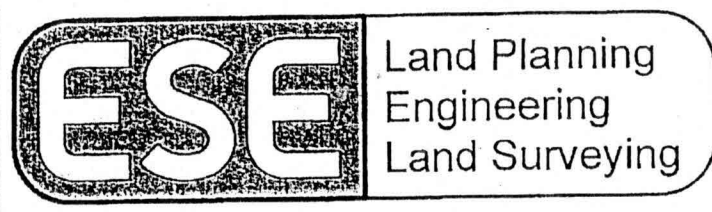
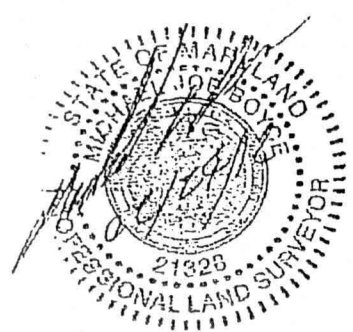
BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR HOPKINS CHOICE, PLAT No 19268. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

ADDRESS: 14524 EDGEWOODS WAY
GLENELG, MD 21737

PLOT PLAN
LOT # 58
EDGEWOOD FARM
LIBER 4174, FOLIO 0436
PLAT No. 19268
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

- HENLEY: HOUSE ELEVATION - VERSAILLES
- EXPANDED FAMILY ROOM OPTION No. 023
 - CONSERVATORY ELITE ADDITION OPTION No. 039
 - NAPLES SUNROOM ADDITION OPTION No. 529



ESE Consultants Inc.
7164 Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-4870

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 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:

B12000643

Building Address: 14524 Edgewood Way
Glenelg MD 21737

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: Edgewood Farm

Section: _____ Area: _____ Lot: 58

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Toll MD V LP

Address: 7164 Columbia Gateway Drive #230

City: Columbia State: MD Zip Code: 21046

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein):

Phone: _____ Fax: _____

Email: _____

Existing Use: _____

Proposed Use: _____

Estimated Construction Cost: \$ _____

Description of Work: _____

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License No. : _____

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 checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	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:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<input type="checkbox"/> Manufactured Home	

HE 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 HIS 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>3-14-12</u>	<u>[Signature]</u>
Fire Protection		

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? Yes No

Is Entrance Permit Required? Yes No

Historic District? Yes No

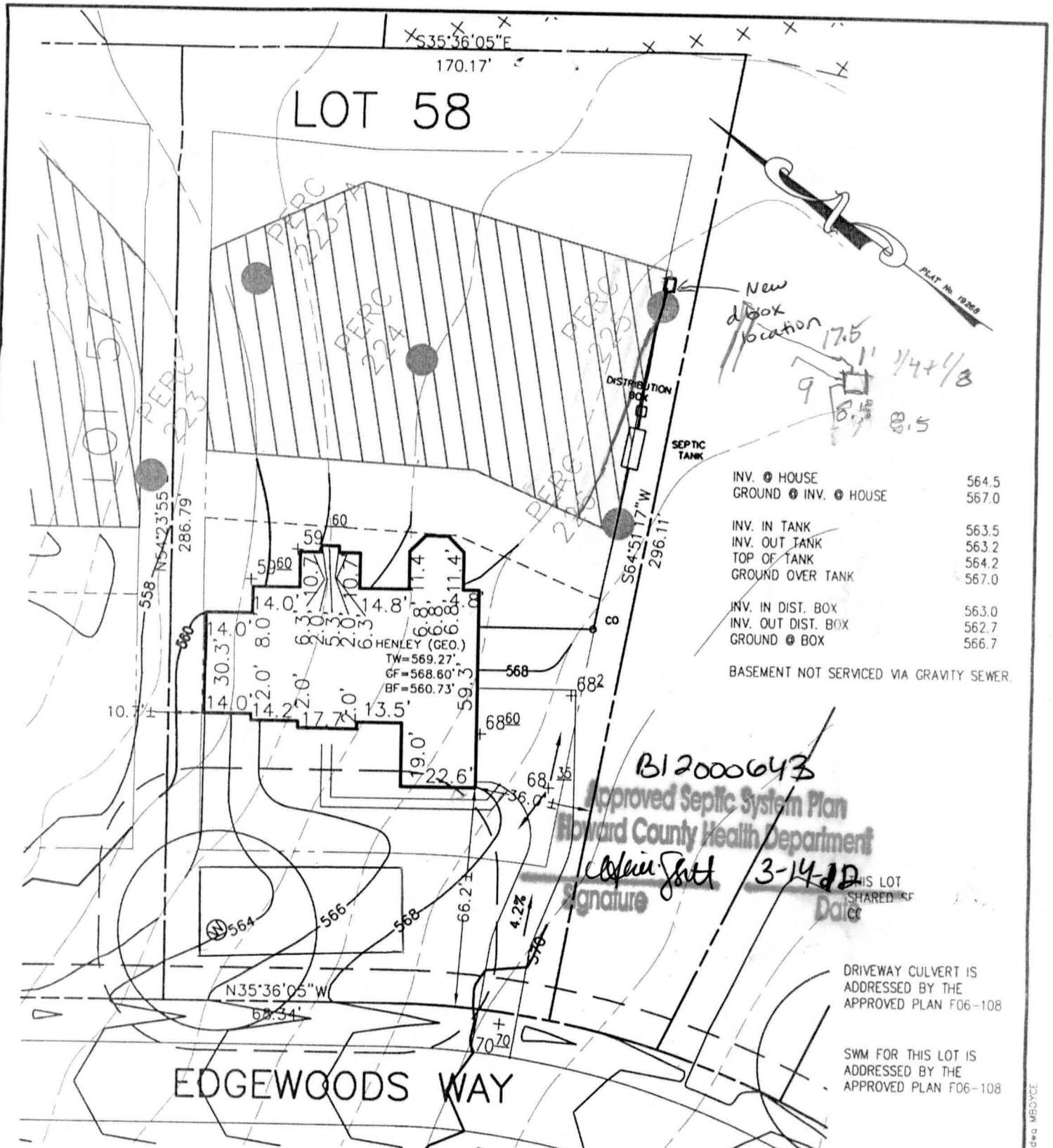
Lot Coverage for New Town Zone: _____

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

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



INV. @ HOUSE	564.5
GROUND @ INV. @ HOUSE	567.0
INV. IN TANK	563.5
INV. OUT TANK	563.2
TOP OF TANK	564.2
GROUND OVER TANK	567.0
INV. IN DIST. BOX	563.0
INV. OUT DIST. BOX	562.7
GROUND @ BOX	566.7

BASEMENT NOT SERVICED VIA GRAVITY SEWER.

B12000643
 Approved Septic System Plan
 Howard County Health Department
Signature 3-14-12
 Date

DRIVEWAY CULVERT IS
 ADDRESSED BY THE
 APPROVED PLAN F06-108

SWM FOR THIS LOT IS
 ADDRESSED BY THE
 APPROVED PLAN F06-108

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER(HO-95-1058) 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 DEVELOPEMENT 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 19268. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

ADDRESS: 14524 EDGEWOODS WAY
 GLENELG, MD 21737

PLOT PLAN
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EDGEWOOD FARM
 LIBER 4174, FOLIO 0436
 PLAT No. 19268
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

HENLEY: HOUSE ELEVATION - VERSAILLES
 EXPANDED FAMILY ROOM OPTION No. 023
 CONSERVATORY ELITE ADDITION OPTION No. 039
 NAPLES SUNROOM ADDITION OPTION No. 529



ESE Land Planning
 Engineering
 Land Surveying

ESE Consultants Inc.
 7164 Columbia Gateway Dr.
 Suite 203
 Columbia, MD 21046
 TEL: 410-872-9105
 FAX: 410-872-4870

DATE: 02/24/2012 SCALE: 1"=40' FILE: LOT_58 - Henley Ver.
 CHK'D: MJB JOB#: 1498 DRAWN: WST/MJB

Feb 24, 2012 - 2:36 pm P:\Projects\1498 Edgewood Farm\Acad\Drawings\Surv Deal\Lot Plans\Lot 58\Plat 19268.dwg Henley Ver.dwg MBOYCE

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:

B12000643

Building Address: 14524 Edgewoods Way
Manely MD 21737
 Suite/Apt. # _____ SDP/WP/BA #: (607000150)
 Census Tract: _____ Subdivision: Edgewood Farm
 Section: _____ Area: _____ Lot: 58
 Tax Map: Z1 Parcel: 090 Grid: Z2
 Zoning: _____ Map Coordinates: _____ Lot Size: 41,456

Existing Use: Vacant lot
 Proposed Use: Residential Home
 Estimated Construction Cost: \$ \$520,000
 Description of Work: Henry Georgian, 4Bdrm,
4.5 baths, construction, surround,
Back Grant,

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

Property Owner's Name: Toll MD V LP
 Address: 7164 Columbia Gateway Dr. #230
 City: Columbia State: MD Zip Code: 21046
 Home Phone: _____ Work Phone: 410 489 2275

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

 Phone: _____ Fax: _____
 Email: Nbrendenburg@Tollbrothersinc.com

Contractor Company: Toll MD V LP
 Contact Person: Nathan Brandenburg
 Address: 7164 Columbia Gateway Dr. #230
 City: Columbia State: MD Zip Code: 21046
 License No.: 3630
 Phone: 410 489 2275 Fax: _____
 Email: Nbrendenburg@Tollbrothersinc.com

Engineer/Architect Company: ESE
 Responsible Design Prof.: Mike Boyce
 Address: 7164 Columbia Gateway Dr #230
 City: Columbia State: MD Zip Code: 21046
 Phone: 410 365 4175 Fax: _____
 Email: MBoyce@ESEEng.com

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
Area of construction (sq. ft.):	<u>Sewage Disposal</u>
Use group:	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
	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 checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth: _____ Width: _____	<input type="checkbox"/> Public
1 st floor: <u>75'</u> <u>82'</u>	<input checked="" type="checkbox"/> Private
2 nd floor: <u>75'</u> <u>82'</u>	<u>Sewage Disposal</u>
Basement: _____	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input checked="" type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>4</u>	<input checked="" 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 checked="" type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<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; AND 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: Nathan Brandenburg Print Name
 Email Address: Nbrendenburg@Tollbrothersinc.com Date: 2/29/12
 Title/Company: Toll Brothers

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 FOR OFFICE USE ONLY.

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		

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

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	\$ <u>1000</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>500</u>
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

Permits: 410-313-2455
 Applications: 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:

B11000: 133

Building Address: 14524 Edge Woods Way

Site/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: Edgewood Farm

Section: _____ Area: _____ Lot: 58

Index Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Vacant lot

Proposed Use: Single family dwelling

Estimated Construction Cost: \$ _____

Description of Work: _____

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Toll MDTL LP

Address: 7114 Columbia Gateway Dr

City: Columbia State: MD Zip Code: 21046

Home Phone: _____ Work Phone: _____

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

Phone: _____ Fax: _____

Email: _____

Contractor Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License No.: _____

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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Roof:	
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Applicant's Signature _____

Email Address _____

Title/Company _____

Print Name _____

Date _____

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Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	12-11	[Signature]
Fire Protection		

DPZ SETBACK INFORMATION

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Rear: _____

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Side St.: _____

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