

G-00008713

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B0055050

Building Address 3263 Eleanor's Gardens
Way, Woodbine MD 21797
 Suite/Apt. #: TAX ID 04 365045 SDP/WP/Petition #: PLAT # 16167
 Census Tract: 604002 Subdivision: Waterford Farms
 Section _____ Area _____ Lot: 38
 Tax Map 20 Parcel 139 Grid 12
 Zoning R-1-D Map Coordinates _____ Lot size 1.15 ACRES

Property Owner's Name Tall MDZ LP
 Address 3130 Lanza Ln.
 City Woodbine State MD Zip Code 21797
 Home Phone 410 489 6292 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use Vacant lot
 Proposed Use Residential home
 Estimated Construction Cost \$ 400,000
 Description of Work Woolley Federal, 2 story,
4 Bedrm, 4 1/2 bath, 6 car garage
Also - site work.

Contractor Company Tall MDZ LP
 Contact Person Nathan
 Address 7104 Columbia Gateway Dr.
3130 Lanza Ln.
 City Woodbine State MD Zip Code 21797
 License No. 678
 Phone 410 489 6292 Fax 410 489 6293

Occupant or Tenant Tall MDZ LP
 Contact Name Nathan
 Address 3130 Lanza Ln.
 City Woodbine State MD Zip Code 21797
 Phone 410 489 6293 Fax 410 489 6293

Engineer or Architect Company FSM
 Contact Person Zach
 Address 8318 First St.
 City Ellicott City State MD Zip Code 21043
 Phone 410 752 2251 Fax 410 752 7050

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>68'</u> <u>82'</u> 2nd floor: <u>68'</u> <u>68'</u> Basement: <u>68'</u> <u>68'</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Height: _____ 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: _____ Roof Height: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private _____ Sewage Disposal: _____ Public _____ Private _____ Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

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 _____
 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			
Health	<u>8/16/05</u>	<u>[Signature]</u>	
Fire Protection			

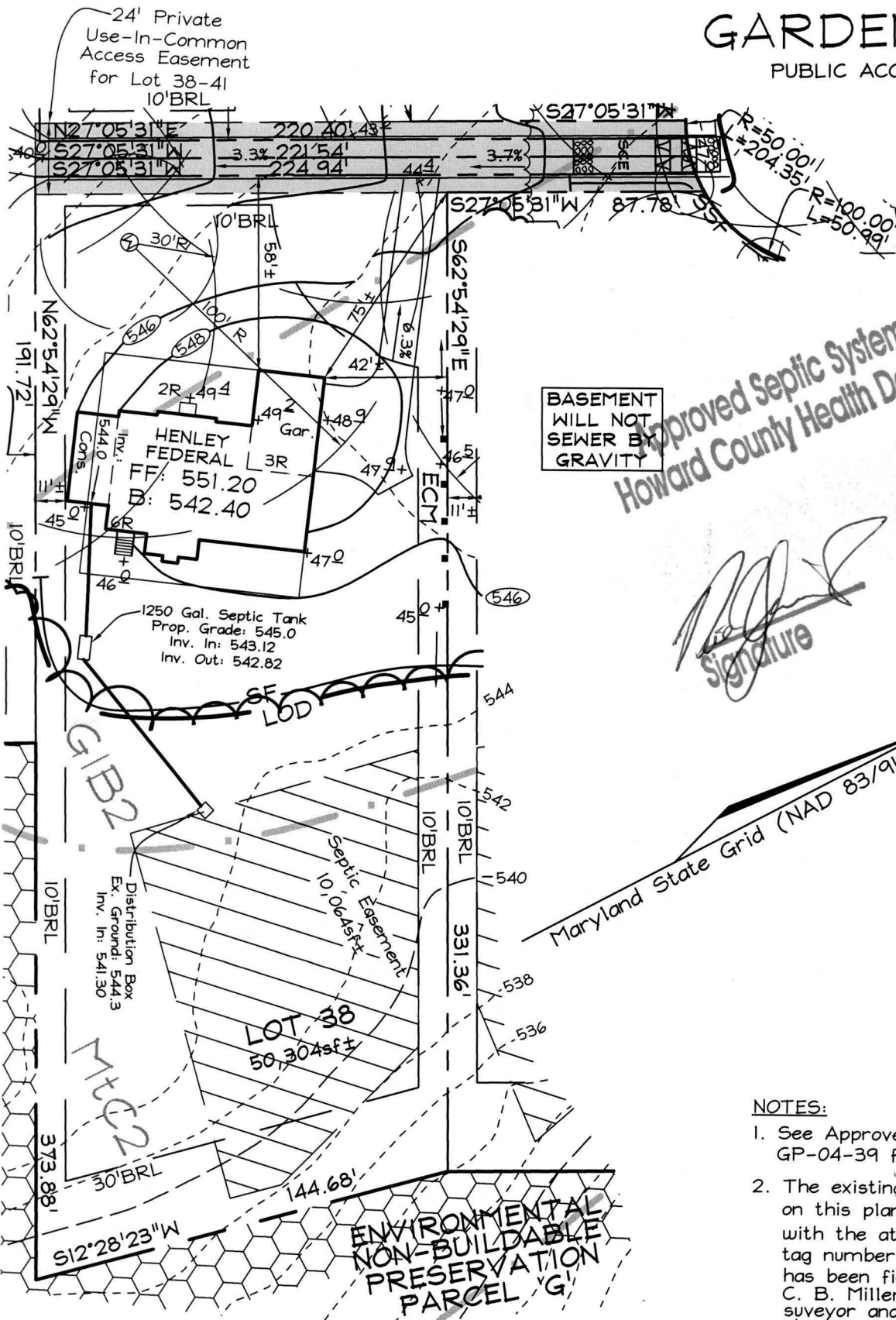
DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	\$ <u>100</u>
Rear: _____	\$ _____
Side: _____	\$ _____
Side St: _____	\$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check \$ <u>11,344.70</u>
SDP/Red-line approval date _____	Validation \$ <u>94,508</u>

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA Accepted by [Signature]

ELEANORS GARDEN WAY

PUBLIC ACCESS PLACE



Approved Septic System Plan
Howard County Health Department

8/2/05
Date

[Signature]
Signature

- NOTES:**
1. See Approved Grading Plan GP-04-39 for Entire Site.
 2. The existing well shown on this plan (identified with the attached well tag number: HO-94-3574) has been field located by C. B. Miller professional surveyor and is accurately shown.

FSH Associates

Engineers Planners Surveyors
8318 Forrest Street Ellicott City, MD 21043
Tel: 410-750-2251 Fax: 410-750-7350
E-mail: info@fsha.biz

OWNER/DEVELOPER

Toll MD II, LP
7164 Columbia Gateway Drive
Suite 230
Columbia, Maryland 21046
410.872.9185

DESIGN BY: PS
DRAWN BY: SC
CHECKED BY: ZYF
SCALE: 1"=50'
DATE: July 26, 2005
W.O. No.: 3217
SHEET No.: 1 OF 1

LOT RESITE
LOT 38
CATTAIL TRACE

3203 EG

TAX MAPS 13, 14, 20 & 21
GRIDS 7, 12, 19 & 24
4TH ELECTION DISTRICT

PARCELS 20, 67 & 312
HOWARD COUNTY, MARYLAND

GP-04-39