

**HOWARD COUNTY  
PERMIT APPLICATION**

PERMIT NUMBER

30027889

Building Address 3085 Emerald Valley Rd  
ELLCOTT CITY MD  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 6030 Subdivision HAWKFIELD  
Section - Area - Lot 3  
Tax Map 16 Parcel 258 Grid 20  
Zoning RC Map Coordinates 1041 Lot size \_\_\_\_\_

Property Owner's Name DAVE + JEAN LEANSOR  
Address 9468 SILVERTHORN RD  
City LABO State FL Zip Code 33777  
Home Phone 301 898 7025 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use UNIMPROVED LOT  
Proposed Use SINGLE FAMILY HOME  
Estimated Construction Cost \$ 85,000  
Description of Work SINGLE FAMILY 5 BEDROOM  
BRICK, 2 CAR GARAGE +  
2 CAR GARAGE W/ BRICKWAY 3 LANE PLACED  
5 FULL BATH + 2 1/2 BATH FULLY FINISHED

Contractor Company GREENFIELD HOMES INC  
Contact Person RICK / WAYNE  
Address 6656 LUSTER DR  
City HIGHLAND State MD Zip Code 20777  
License No. \_\_\_\_\_  
Phone 410 781-6792 Fax \_\_\_\_\_

Occupant or Tenant Owner  
Contact Name N/A  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company MARK BANDY  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone 750-2262 Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

| Building Characteristics  | Utilities   |
|---|---|
| Height: _____   | Water Supply: _____<br>Public _____<br>Private _____  |
| No. of stories: _____   | Sewage Disposal: _____<br>Public _____<br>Private _____   |
| Gross area, sq. ft. per floor: _____  | Electric Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Use group: _____  | Gas Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Construction type: _____<br>Reinforced Concrete _____<br>Structural Steel _____<br>Masonry _____<br>Wood Frame _____<br>State Certified Modular _____ | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/> |
|   | Sprinkler system: N/A <input type="checkbox"/><br>Full _____<br>Partial _____<br>Other Suppression _____<br># of Heads _____  |

| Building Characteristics   | Utilities  |
|--|--|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>  | Water Supply: _____<br>Public _____<br>Private <input checked="" type="checkbox"/>   |
| 1st floor: <u>65</u> Depth <u>118</u> Width <u>118</u>   | Sewage Disposal: _____<br>Public _____<br>Private <input checked="" type="checkbox"/>  |
| 2nd floor: <u>65</u>   | Electric Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Basement: <u>52</u> Depth <u>70</u> Width <u>70</u>  | Gas Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>   | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input checked="" type="checkbox"/><br>Propane Gas <input type="checkbox"/> |
| Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>  | Sprinkler system: N/A <input checked="" type="checkbox"/><br>NEPA #13D _____<br>NEPA #13R _____<br>Other: _____  |
| No. of Bedrooms <u>5</u>   |  |
| Multi-family dwellings:<br>No. of efficiency units: _____<br>No. of 1 BR units: _____<br>No. of 2 BR units: <u>N/A</u><br>No. of 3 BR units: _____ |  |
| Other Structure: _____<br>Dimensions: _____<br>Footings: _____<br>Roof: _____  |  |
| State Certified Modular _____<br>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 Wayne Greenfield  
Title/Company \_\_\_\_\_

Print Name WAYNE GREENFIELD  
Date 12/16/00

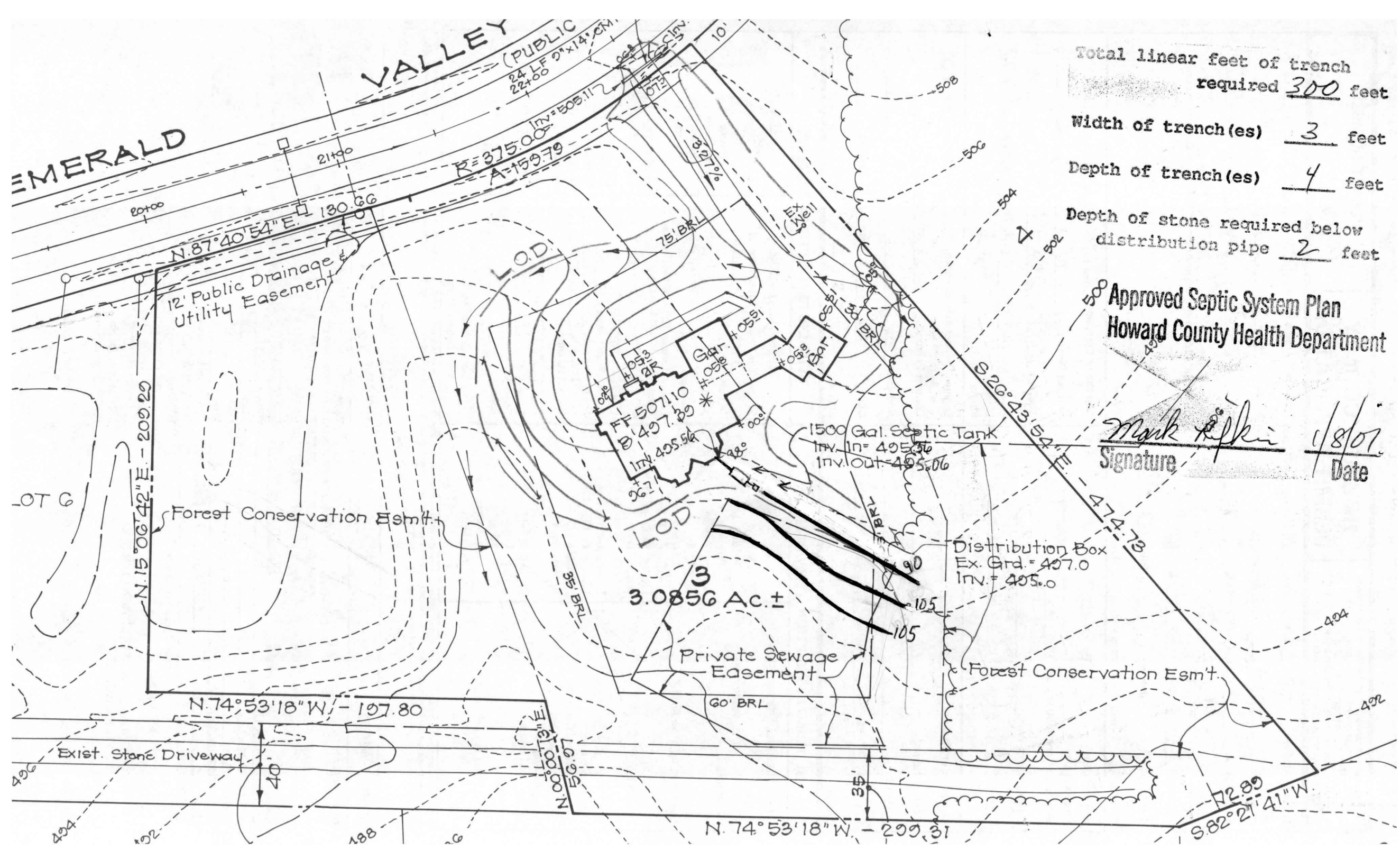
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
- FOR OFFICE USE ONLY -

| AGENCY                | DATE          | SIGNATURE APPROVAL |
|-----------------------|---------------|--------------------|
| Land Development, DPZ |               |                    |
| State Highways        |               |                    |
| Building Official     |               |                    |
| Dev. Engineering, DPZ | <u>1/8/01</u> | <u>Mark Riffin</u> |
| Health                |               |                    |
| Fire Protection       |               |                    |

Is Sediment Control approval required prior to issuance?  
YES  NO

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

| DPZ SETBACK INFORMATION   | PROPERTY ID#:             |
|---|---------------------------|
| Front: _____  | Filing fee \$ _____       |
| Rear: _____   | Permit fee \$ _____       |
| Side: _____   | Excise tax \$ _____       |
| Side St.: _____   | Sub-total paid \$ _____   |
| All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>    | Add'l permit fee \$ _____ |
| Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ _____       |
| Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>           | Balance due \$ _____      |
| Lot Coverage for NewTown Zone _____   | Check # <u>11769</u>      |
| SDP/Red-line approval date _____  | Validation # <u>30161</u> |
| Accepted by _____   |                           |



Total linear feet of trench required 300 feet  
 Width of trench(es) 3 feet  
 Depth of trench(es) 4 feet  
 Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan  
 Howard County Health Department

*Mark R. Riker* 1/8/07  
 Signature Date