

Building Address **14333 Fox Creek Ct.**  
**Woodstock, MD 21163**

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract **60110-02** Subdivision **Monticello**

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot **34**

Tax Map **8** Parcel **110** Grid **18**

Zoning **RC** Map Coordinates **4E12** Lot size \_\_\_\_\_

Property Owner's Name **D. R. Horton, Inc.**

Address **1370 Piccard Dr., St. 230**  
**Rockville, MD 20850**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone **301-670-6144**

Applicant's Name & Mailing Address, (if other than stated hereon):  
**Victoria Meyer**  
**Maryland Bldg. Permits, Inc.**

Phone **410-602-8779** Fax \_\_\_\_\_

Existing Use **vacant lot**

Proposed Use **new single fam. dwelling**

Estimated Construction Cost \$ **250,000**

Description of Work **Somersetv/sunrm.**  
**2 story, full basmt. 11 R, 3 FB, 1HB, FP, Sunrm.**  
**& 3 Car Garage (4 BR) & fin. lower level basmt.**

Contractor Company **D. R. Horton, Inc.**

Address **1370 Piccard Dr., St. 230**  
**Rockville, MD 20850**

Contact Person \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. **535**

Phone **301-670-6144** Fax \_\_\_\_\_

Occupant or Tenant **See owner**

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company **Benchmark Eng.**

Contact Person **John Carney**

Address **8480 Balto. Nat'l Pike**  
**Ellicott City, MD 21043**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone **410-465-6105** Fax **465-6644**

**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	Sprinkler system: N/A <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads
_____ State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ _____ Public _____ Private
Depth: _____ Width: _____	Sewage Disposal: _____ _____ Public _____ Private
1st floor: 80' 52'	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: 80' 46'	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Basement: 80' 52'	Sprinkler system: N/A <input checked="" type="checkbox"/> _____ NFA #13D _____ NFA #13R _____ Other:
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <b>4</b>	
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: _____	
_____ State Certified Modular _____ 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.

**Victoria Meyer**  
**Maryland Bldg. Permits, Inc.**

Applicant's Signature **Victoria Meyer**

Title/Company \_\_\_\_\_

Print Name **5/14/01**

Date \_\_\_\_\_

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<b>7/6/01</b>	<b>Mark [Signature]</b>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		
<input checked="" type="checkbox"/> Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID#:	AMOUNT
<b>50674</b>	
Filing fee	\$ <b>25</b>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <b>401388</b>
Validation	# <b>38644</b>

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

