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

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B-160142

Building Address 11519 Fox River Drive  
Ellicott City, MD 21042

Suite/Apt. #: 05-441390 SDP/WP/Petition #:

Census Tract 6051.01 Subdivision Homewood Crossing

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 10

Tax Map 29 Parcel 28 Grid 9

Zoning RC Map Coordinates 1753 Lot size 1.11Ac

Existing Use Vacant Lot

Proposed Use Residential Dwelling

Estimated Construction Cost \$ 350,000

Description of Work Henry Williamsburg  
W/ Solarium

Occupant or Tenant Toll MD 3 LP

Contact Name Nathan Bridle

Address 7164 Columbia Gateway Dr #230

City Columbia State MD Zip Code 21046

Phone 410-484-6242 Fax 410-484-6243

Property Owner's Name Toll MD 3 LP

Address 7164 Columbia Gateway Dr #230

City Columbia State MD Zip Code 21046

Home Phone \_\_\_\_\_ Work Phone 410-484-6242

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

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

Contractor Company Toll MD 3 LP

Contact Person Nathan Bridle

Address 7164 Columbia Gateway Dr #230

City Columbia State MD Zip Code 21046

License No. 77856416

Phone 410-484-6242 Fax 410-484-6243

Engineer or Architect Company Joe Thompson

Contact Person Joe Thompson

Address 8480 Belknap Mill Place #18

City Ellicott City State MD Zip Code 21043

Phone 410-484-6105 Fax 410-484-6649

### BUILDING DESCRIPTION - COMMERCIAL

#### Building Characteristics

Height: \_\_\_\_\_  
No. of stories: \_\_\_\_\_  
Gross area, sq. ft. per floor: \_\_\_\_\_  
Use group: \_\_\_\_\_  
Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

#### Utilities

Water Supply:  
 Public  
 Private  
Sewage Disposal:  
 Public  
 Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system: N/A   
 Full  
 Partial  
 Other Suppression  
# of Heads \_\_\_\_\_

### BUILDING DESCRIPTION - RESIDENTIAL

#### Building Characteristics

SF Dwelling  SF Townhouse   
Depth \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_  
1st floor: 72 08 12  
2nd floor: 72 08 10  
Basement: 72 08 10  
Finished Basement  Unfinished Basement   
Crawl space  Slab on Grade   
No. of Bedrooms 4  
Height: 40  
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

#### Utilities

Water Supply:  
 Public  
 Private  
Sewage Disposal:  
 Public  
 Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system: N/A   
 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>6/29/06</u>	<u>Laabel</u>	
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 \$ <u>100.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
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>8631677</u>
SDP/Red-line approval date _____	Validation # <u>116474</u>

Distribution of Copies -  
Normal PERMIT FORM

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

Accepted by [Signature]

