

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

201128617

Building Address 3801 Headplay Ct.  
Glenelg, MD 21738

Suite/Apt.#: N/A SDP/WP/Petition #: GP-01-42

Census Tract 0030 Subdivision The Paddocks

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 17

Tax Map 22 Parcel 234 Grid 1

Zoning RR-DEC Map Coordinates 9B7 Lot size \_\_\_\_\_

Property Owner's Name Pulte Home Corp.

Address 1505 S. Edgewood St. Ste# K

City Baltimore State Md Zip Code 21227

Home Phone \_\_\_\_\_ Work Phone 410-644-5603

Applicant's Name & Mailing Address, (if other than stated hereon):  
Building Permit Services, Inc. - Pat Orla  
7806 Deboy Ave., Balto., MD 21222

Phone 410-477-9666 Fax 410-477-8437

Existing Use Vacnat Lot

Proposed Use SFD

Estimated Construction Cost \$ 150,000.00

Description of Work Const.SFD-"Wentworth"w/Florida.Rm.  
2sty,full bsmt,11R,3FB,1HB,FP& Garage(4Br)opt Deck, Fin.  
L.L. w/bath

Contractor Company Pulte Home Corp.

Contact Person Dianna Wenzlaff

Address \_\_\_\_\_

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

License No. MHBR# 516

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

Occupant or Tenant Pulte Home Corp.

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

Address \_\_\_\_\_

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

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

Engineer or Architect Company \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>50'</u> <u>78'</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>44'</u> <u>56'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>50'</u> <u>57'</u>	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA # 13D <input type="checkbox"/> NFPA#13R <input type="checkbox"/> Other:
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: <u>16"x 8'</u> Roof: <u>Asp/Gable</u>	
<input type="checkbox"/> State Certified Modular <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 HERETO; (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.

[Signature]  
 Applicant's Signature  
 \_\_\_\_\_  
 Agent

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

Building Permit Services, Inc. - Pat Orla  
 Print Name  
2/21/01  
 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	<u>3/7/01</u>	<u>A M Mille</u>	
Health			
Fire Protection			

Is Sediment Control approval required prior to issuance?  
 YES  NO

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 NewTown Zone \_\_\_\_\_

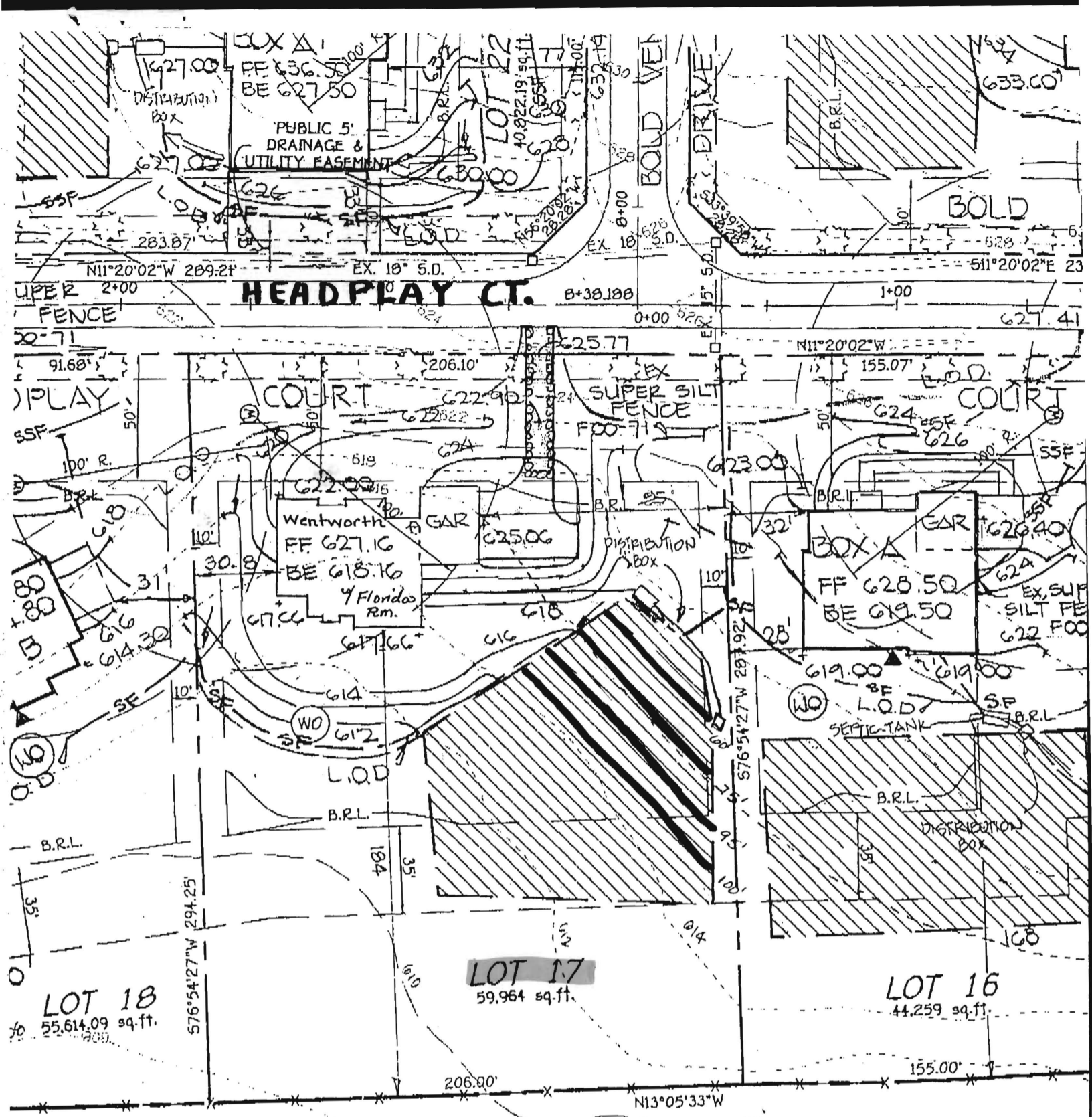
SDP/Red-line, approval date \_\_\_\_\_

PROPERTY ID#: 49724

Filling fee	\$ 25.00
Permit fee	\$ 876.00
Excise tax	\$ 5842.00
Subtotal paid	\$ 25.00
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# 76822
Validation	# _____

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold SHA



B00128617

- INV OF SEPTIC HOUSE 616.66
- INV. IN @ TANK 615.20
- INV. OUT @ TANK 614.90
- GRD OVER BOX 617.50
- INV. IN @ BOX 614.50

ION CHART	LOT 11	LOT 12	LOT 13	LOT 14	LOT 15	LOT 16	LOT 17	LOT 18
SYSTEM	639.50	633.50	624.00	630.00	627.10	619.40	615.60	613.66
SEPTIC TANK	621.30	632.55	633.44	628.90	622.20	617.70	614.80	612.50

20/02 P.02/02 410 750 3784 FISHER, COLLINS & CARTER

Total linear feet of trench required 320 feet  
 Width of trench(es) 3 feet  
 Depth of trench(es) 5 feet  
 Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan  
 Howard County Health Department

*Amy M. Miller* 3/7/01 (SRK)  
 Signature Date