

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00159886

Building Address 4903 Valley View overlook  
Ellicott City MD 21042  
Suite/Apt. #: 05-441293 SDP/WP/Petition #: # 17896  
Census Tract 605101 Subdivision Homerwood  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 1  
Tax Map 29 Parcel 28 Grid 9  
Zoning RCDP Map Coordinates 14163 Lot size 40368 sq ft

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 410-489-6292  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Vacant Lot  
Proposed Use Residential Home  
Estimated Construction Cost \$ 350,000  
Description of Work Hardy Versailles w/  
Construction Custom SFD

Contractor Company Toll MD 3 LP  
Contact Person Nathan Bedke  
Address 7164 Columbia Gateway Dr #230  
City Columbia State MD Zip Code 21046  
License No. 5076  
Phone 410-489-6292 Fax 410-489-6293

Occupant or Tenant Toll MD 3 LP  
Contact Name Nathan Bedke  
Address 7164 Columbia Gateway Dr #230  
City Columbia State MD Zip Code 21046  
Phone 410-489-6292 Fax 410-489-6293

Engineer or Architect Company Brockmole Eng.  
Contact Person Dave Thompson  
Address 8480 Baltimore North Pkwy #410  
City Ellicott City State MD Zip Code 21043  
Phone 410-465-6105 Fax 410-465-6644

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

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: <u>67</u> <u>21</u> <u>11</u>	Sewage Disposal: _____ Public _____ Private _____
2nd floor: <u>65</u> <u>68</u> <u>21</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: <u>65</u> <u>21</u> <u>9</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFFA #13D _____ NFFA #13R _____ Other: _____
No. of Bedrooms <u>4</u> Height: <u>40</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ 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.

[Signature]  
Applicant's Signature  
Title/Company \_\_\_\_\_

Nathan Bedke  
Print Name  
5/14/06 5/31/06  
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>5/14/06</u>	<u>[Signature]</u>
Fire Protection		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: <u>50</u>	Filing fee \$ _____
Rear: <u>75</u>	Permit fee \$ _____
Side: <u>10</u>	Excise tax \$ _____
Side St.: <u>30</u>	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>#1234389</u>
SDP/Red-line approval date _____	Validation <u>#114090</u>

Is Sediment Control approval required prior to issuance?  
YES  NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

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