

11202341

Building Address 1111 Melvin Court

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 4

Tax Map 11 Parcel 44 Grid _____

Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein):

 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ _____
 Description of Work Install 500 gallon underground propane tank

Occupant or Tenant _____

Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 * Phone _____ Fax _____

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 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: _____ _____ Public _____ Private |
| No. of stories: _____ | Sewage Disposal: _____ _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular | Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| | 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 _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____ | Water Supply: _____ _____ Public _____ Private |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> | Sewage Disposal: _____ _____ Public _____ Private |
| No. of Bedrooms _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ | Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ | Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> |
| _____ State Certified Modular _____ Manufactured Home | Sprinkler system: N/A <input type="checkbox"/> _____ 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 _____
 Email Address _____
 Title/Company _____

Print Name _____
 Date 8/13/10

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 Officials | | | |
| Dev. Engineering, DPZ | | | |
| Health | 8-23-10 | <u>Obenard</u> | |
| 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

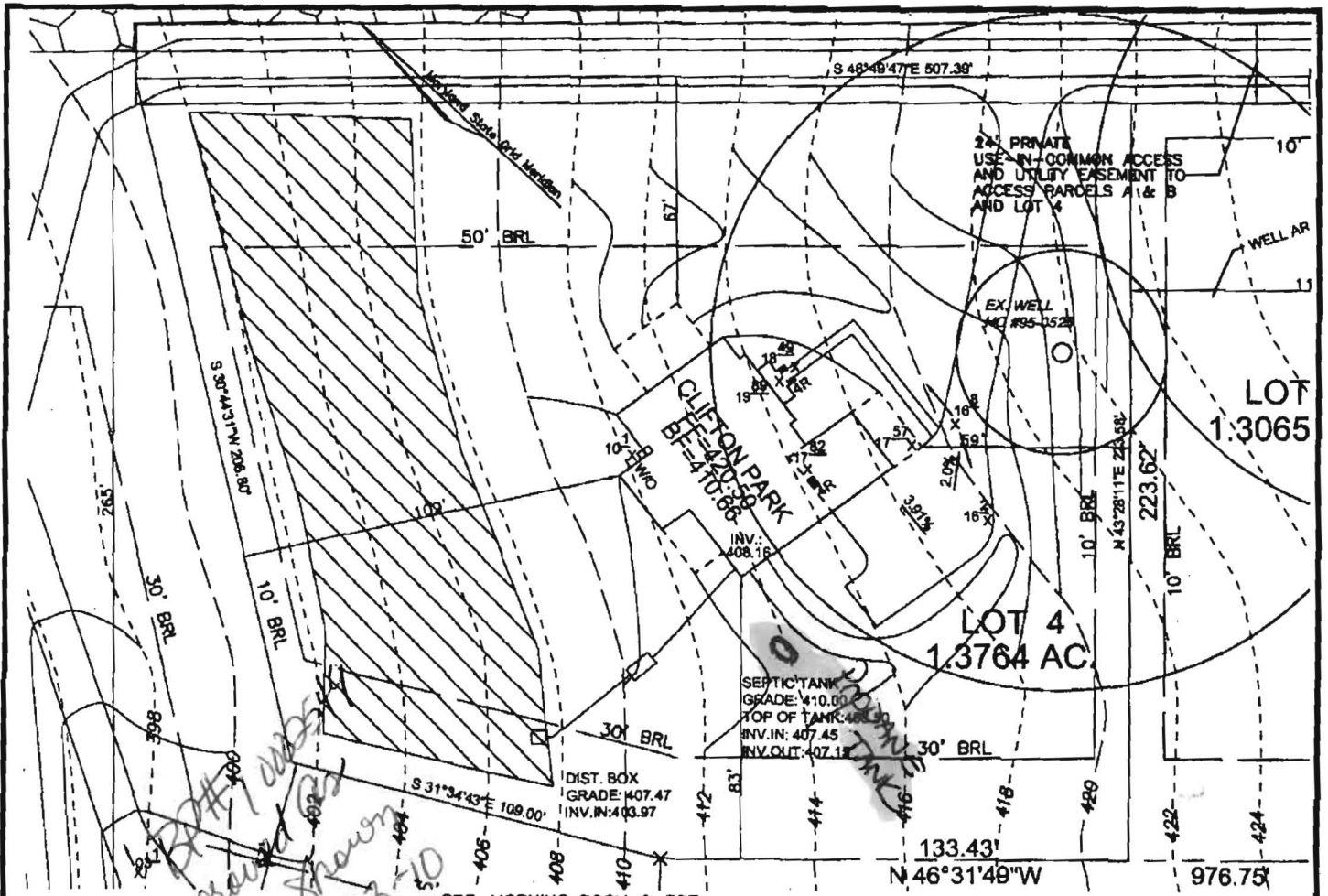
Lot Coverage for New Town Zone
 SDP/Red-line approval date _____

PROPERTY ID #

Filing fee \$ _____
 Permit fee \$ 100
 Excise tax \$ _____
 Add'l per fee \$ 100
 TOTAL FEES \$ _____
 Sub-total paid \$ _____
 Balance due \$ _____
 Check # 7115
 Validation # _____

Accepted by _____

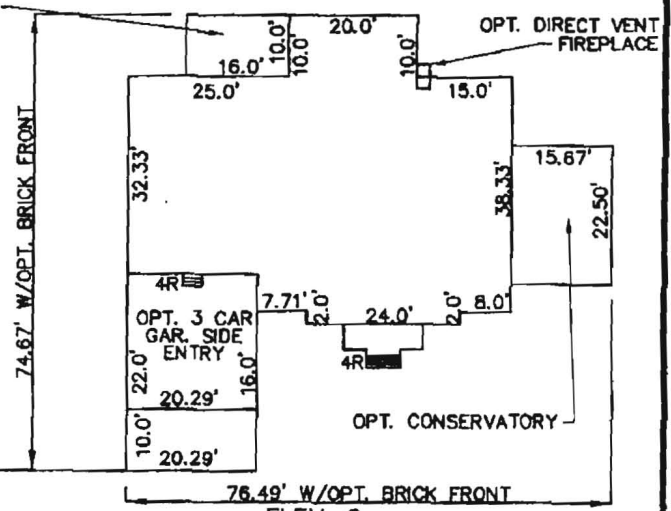
CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:



*Approved
8-23-10*

OPT. MORNING ROOM & OPT. SECOND FLOOR SITTING AREA
OPT. MORNING ROOM

THE EXISTING WELL SHOWN ON LOT 4 TAG NO. HO-95-0525 HAVE BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC.
BUILDING OF LOT 4
GROSS FLOOR AREA: 4,576 SE.



CLIFTON PARK

ROBERT H. VOGEL ENGINEERING, INC.
ENGINEERS • SURVEYORS • PLANNERS
8407 MAIN STREET TEL: 410.461.7666
ELLCOTT CITY, MD 21043 FAX: 410.461.8961

NV HOMES
SCAGGSVILLE KNOLLS

SCALE: 1"=50'
DRAWN BY: KG/HS
CHECKED BY: RHV
DATE: JUNE 2010
W. O. #: 04-49
SHEET # 1 OF 1

F-06-091
LOT 4

11223 MELVIN COURT

TAX MAP 46 BLOCK 3&9
5TH ELECTION DISTRICT

PARCEL 118
HOWARD COUNTY, MARYLAND

BL-201690

Building Address 11223 Melvin Court
Laurel MD 20723
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision Seagoville
Knolls
 Section _____ Area _____ Lot 4
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name NVP INC
 Address 6085 Marshalee Dr
 City Elkridge State MD Zip Code 21745
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein):
Jim Kerwin
P.O. Box 532
Woodbine, MD 21797
 Phone _____ Fax _____

Existing Use Vacant lot
 Proposed Use Single Family Home
 Estimated Construction Cost \$ 250,000
 Description of Work New 2 Story Clifftop Park
with 2 car garage, Maching Room
 Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____
 Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics | Utilities |
|--|--|
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| | Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____ |

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| 2 nd floor: _____ | Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Basement: _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
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| 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: _____ | |
| <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home | |

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Email Address _____

Title/Company _____

Date _____

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| State Highways | | | |
| Building Officials | | | |
| Dev. Engineering, DPZ | | | |
| Health | <u>6-29-10</u> | <u>OBernard</u> | |
| Fire Protection | | | |

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met?
 YES NO

| PROPERTY ID # |
|-------------------------|
| Filing fee \$ _____ |
| Permit fee \$ _____ |
| Excise tax \$ _____ |
| Add'l per fee \$ _____ |
| TOTAL FEES \$ _____ |
| Sub-total paid \$ _____ |
| Balance due \$ _____ |
| Check # _____ |
| Validation # _____ |

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