

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER  
B1000/1418

Building Address 13517 Mitchells way  
West Friendship Maryland 21794  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision Clawfield  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 19  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning FC Map Coordinates \_\_\_\_\_ Lot size 0.9/1.0

Property Owner's Name Clawfield Pefferkorn LLC  
 Address 11175 Stratfield Court  
 City Marriottsville State MD Zip Code 21104  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
 Proposed Use SFD w/ REAR DECK & STEPS  
 Estimated Construction Cost \$ 7500  
 Description of Work \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contractor Company \_\_\_\_\_  
 Contact Person Frank Potepan  
 Address 11175 Stratfield Court  
 City Marriottsville State MD Zip Code 21104  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
 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: _____ _____ 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 <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ _____ Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____	Sprinkler system: N/A <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ 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: _____ 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.

Applicant's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

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

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>6/3/10</u>	<u>R. Bucken</u>
Fire Protection		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

Distribution of Copies -  
 T:\forms\PERMIT.FRM

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

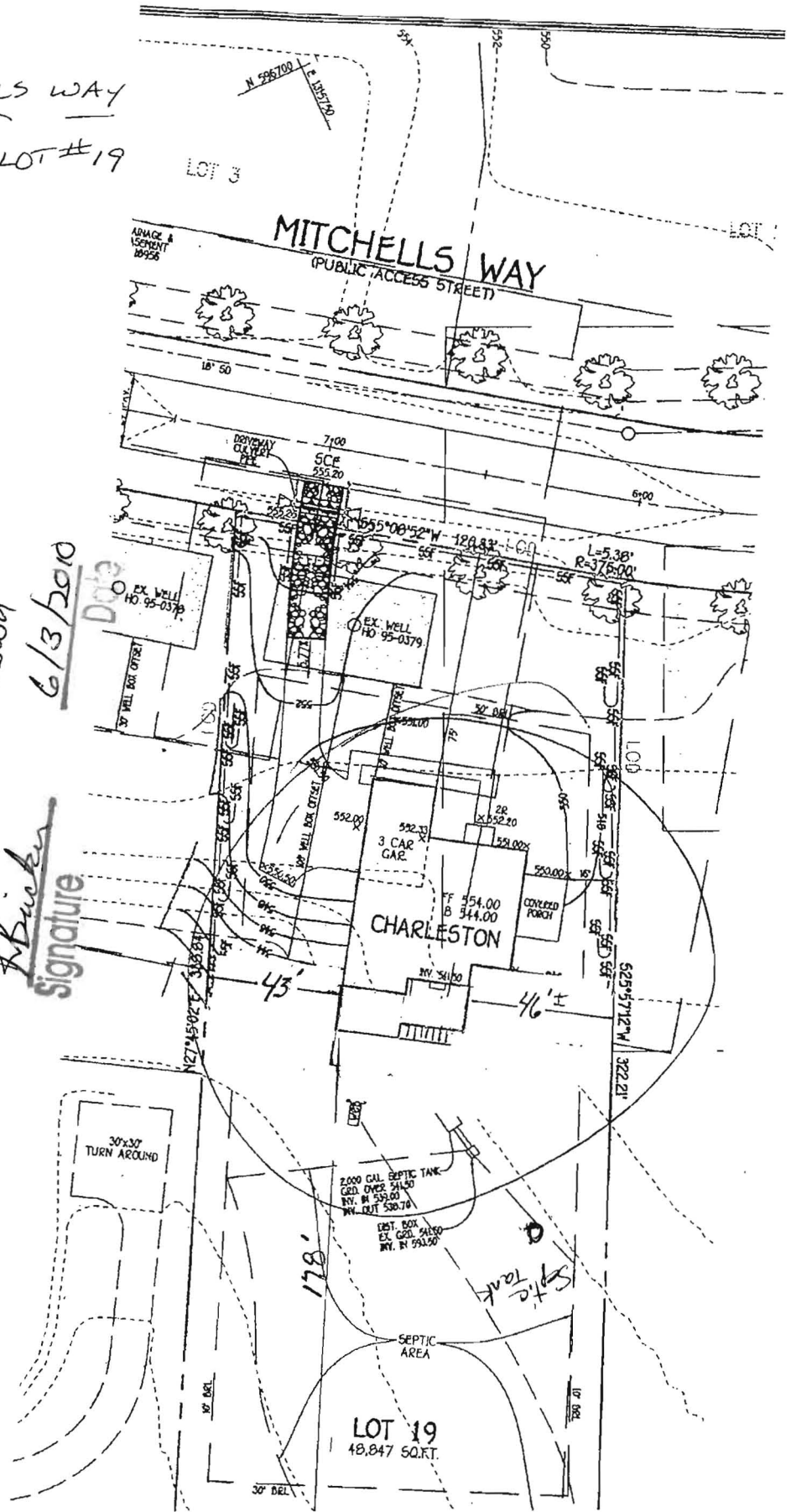
13517 MITCHELLS WAY  
CLOVEX FIELD LOT #19  
B1001418

Approved Septic System Plan  
Howard County Health Department

12' x 39' Deck w/ 7 Steps  
Approved as Shown

Date  
6/3/2010

Signature  
R. Bunker



HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER  
**B09000715**

Building Address 13517 Mitchells Way  
West Friendship 21794  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 19  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size 76

Property Owner's Name Clearfield Pfefferkorn  
 Address Tax ID. -3348962  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
 Proposed Use \_\_\_\_\_  
 Estimated Construction Cost \$ \_\_\_\_\_  
 Description of Work \_\_\_\_\_

Contractor Company Catonsville Homes  
 Contact Person Frank Potjevan  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone (410) 442-2211 Fax (410) 442-2215

Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address Tax ID - 3348962  
 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: _____ _____ 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

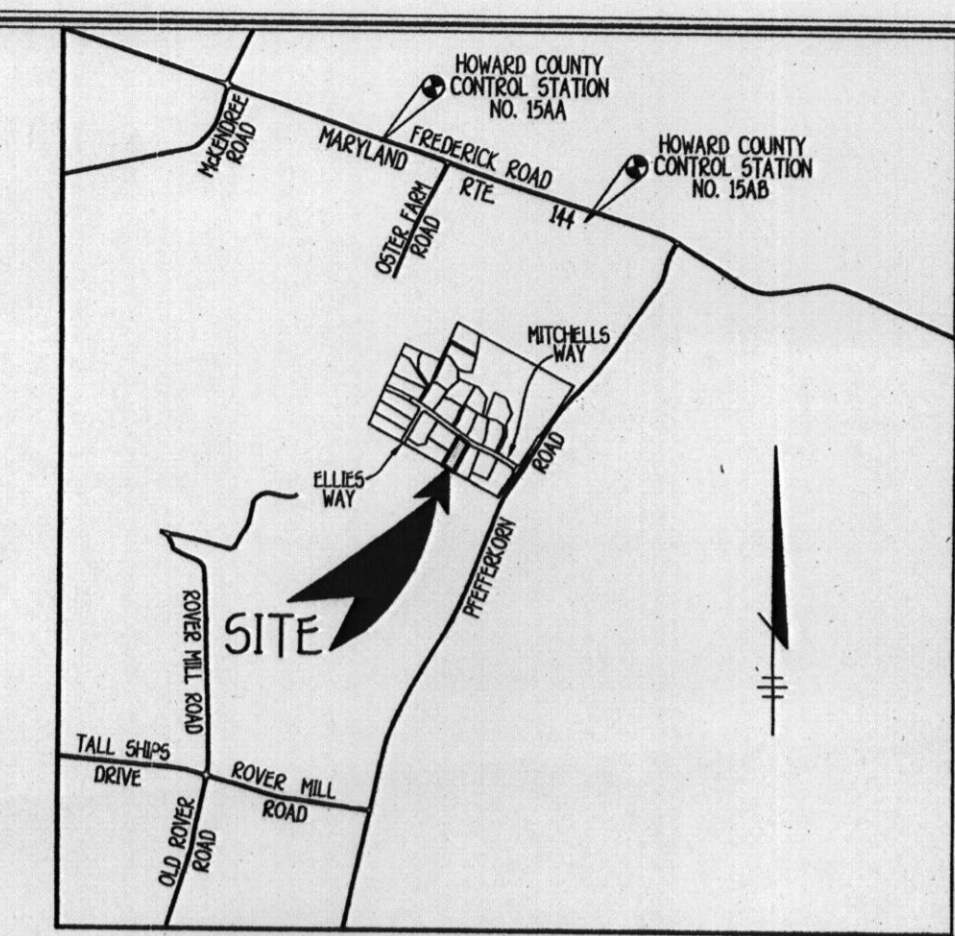
Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: <u>&gt; 3,501 ft<sup>2</sup></u> Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Water Supply: _____ _____ Public _____ Private Sewage Disposal: _____ _____ Public _____ Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ _____ State Certified Modular _____ Manufactured Home	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"/> _____ NFPA #13D _____ NFPA #13R Other: _____

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Applicant's Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
 Title/Company \_\_\_\_\_ Date \_\_\_\_\_

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
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AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>4/21/09</u>	<u>Brian Baker</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation \$ _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- White: Building Official			Lot Coverage for NewTown Zone _____	
Green: LDD, DPZ			SDP/Red-line approval date _____	Accepted by _____
T:Forms\PERMIT.FRM			Yellow: DED, DPZ	Pink: Health
				Gold: SHA



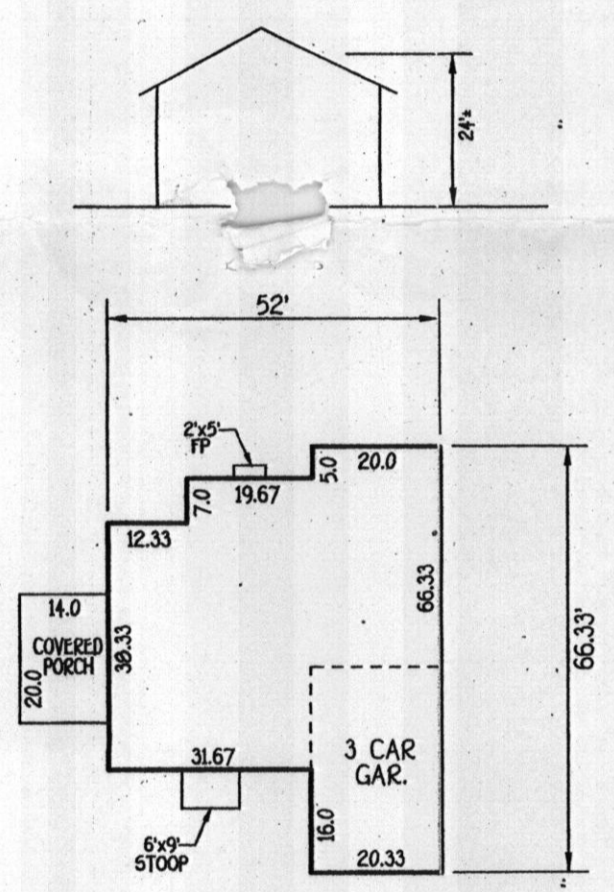
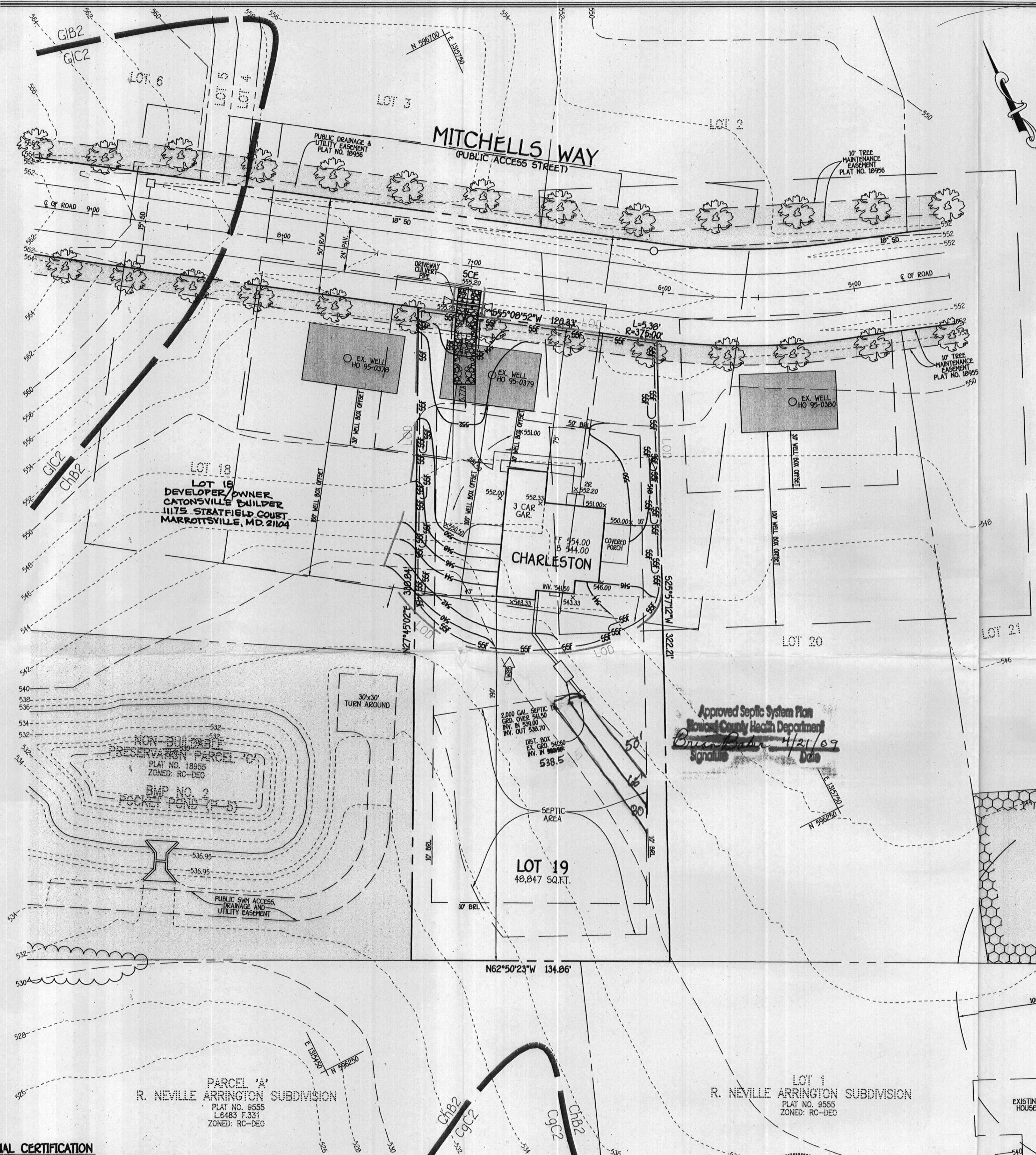
VICINITY MAP  
SCALE: 1" = 2,000'

**GENERAL NOTES**

- SUBJECT PROPERTY ZONED: RC-DEO
- TOTAL AREA OF PROPERTY: 40,847 SQ.FT.
- SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT REVIEW.
- LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
- CONTRACTOR/BUILDER TO VERIFY ELEVATION IN THE FIELD BEFORE BEGINNING ANY CONSTRUCTION.
- TOPOGRAPHIC SURVEY WAS BASED ON 2' CONTOUR SURVEY PROVIDED BY 3DI LLC, DATED APRIL, 2001 AND SUPPLEMENTED BY FIELD RUN SURVEY PREPARED BY FISHER, COLLINS & CARTER, INC. DATED APRIL, 2002.
- NO WETLANDS CURRENTLY EXIST ON THE PROPERTY.
- DRIVEWAY CULVERTS SHALL BE CONSTRUCTED AT SITE DEVELOPMENT PLAN STAGE.
- STORMWATER MANAGEMENT IS PROVIDED UNDER F-06-110.

**NOTE**

THE EXISTING WELL SHOWN ON THIS PLAN, TAG NO. HO 95-0379 HAS BEEN FIELD LOCATED BY FISHER, COLLINS & CARTER, INC., PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.



CHARLESTON CF-19  
SCALE: 1" = 30'

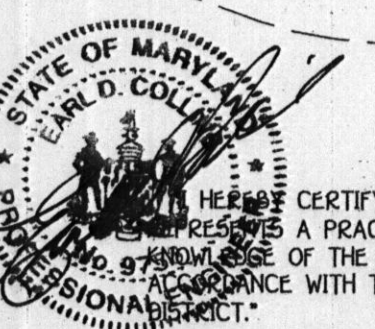
SYMBOL	DESCRIPTION
- - - -	EXISTING CONTOUR 2' INTERVAL
- - - -	PROPOSED CONTOUR 2' INTERVAL
+362.5	SPOT ELEVATION
WALK OUT	WALK OUT BASEMENT
SEF	SUPER SILT FENCE
---	LIMITS OF DISTURBANCE
---	EXISTING STREET TREES FROM F-06-110

**PROFESSIONAL CERTIFICATION**  
I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 9753, EXPIRATION DATE: 2/28/10.  
*Earl D. Collins*  
EARL D. COLLINS 4/7/09  
DATE

THIS DEVELOPMENT IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT.  
*John R. Robertson*  
JOHN R. ROBERTSON 4/14/09  
DATE  
HOWARD SOIL CONSERVATION DISTRICT

**BUILDER/DEVELOPER**  
CATONSVILLE BUILDERS  
1175 STRATFIELD COURT  
MARRIOTTSVILLE, MARYLAND 2104  
410-442-2211

**DEVELOPER'S CERTIFICATE**  
I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN AND THAT ANY RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF THE ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT.  
*Earl D. Collins*  
EARL D. COLLINS 4/8/09  
DATE  
SIGNATURE OF DEVELOPER CATONSVILLE BUILDER



**ENGINEER'S CERTIFICATE**  
I HEREBY CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL IS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL OBSERVATION OF THE SITE CONDITION AND THAT IT IS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.  
*Earl D. Collins*  
EARL D. COLLINS 4/7/09  
DATE

**SITE DEVELOPMENT, SEDIMENT/EROSION CONTROL PLAN CLOVERFIELD LOT 19**  
ZONED: RC-DEO PLAT NO. 18955  
TAX MAP NO: 15 PARCEL NO: 4 GRID NO: B  
3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
SCALE: 1" = 30' DATE: MARCH, 2009  
SHEET 1 OF 2

GP 09-066

K:\Drawings\330757 Matthews Property\FINAL PLANS-CLOVERFIELD\330757 5dp Lot 19.dwg, 4/8/2009 2:38:07 PM, bamp.

609000715

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLCOTT CITY, MD 21043  
PERMITS: (410) 313-2155 INSPECTIONS: (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

## PERMIT NUMBER B09000715

Building Address 13517 Mitchells Way  
West Friendship 21794

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: 1155

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot B19

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Existing Use \_\_\_\_\_

Proposed Use \_\_\_\_\_

Estimated Construction Cost \$ \_\_\_\_\_

Description of Work \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

Property Owner's Name Clarefield Pfeffer Korn

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

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

Contractor Company Catonsville Homes

Contact Person Frank Potepen

Address \_\_\_\_\_

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

License No. \_\_\_\_\_

Phone (410) 442-2211 Fax (410) 442-2215

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

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

Address \_\_\_\_\_

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

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

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

#### Building Characteristics

#### Utilities

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

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 Characteristics

#### Utilities

SF Dwelling  SF Townhouse   
Depth \_\_\_\_\_ Width \_\_\_\_\_  
1st floor: \_\_\_\_\_  
2nd floor: > 3,501 ft<sup>2</sup>  
Basement: \_\_\_\_\_  
Finished Basement  Unfinished Basement   
Crawl space  Slab on Grade   
No. of Bedrooms 4  
Height: \_\_\_\_\_  
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

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:

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Applicant's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

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

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 4/21/09 Brian Baker

Fire Protection \_\_\_\_\_

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

T:\norma\PERMIT.FRM

#### DPZ SETBACK INFORMATION

#### PROPERTY ID#:

Front: \_\_\_\_\_ Filing fee \$ 1000

Rear: \_\_\_\_\_ Permit fee \$ \_\_\_\_\_

Side: \_\_\_\_\_ Excise tax \$ \_\_\_\_\_

Side St.: \_\_\_\_\_ Add'l per. fee \$ \_\_\_\_\_

All minimum setbacks met? TOTAL FEES \$ \_\_\_\_\_

YES  NO

Is Entrance Permit required? Sub-total paid \$ \_\_\_\_\_

YES  NO

Balance due \$ \_\_\_\_\_

Historic District? Check # \_\_\_\_\_

YES  NO

Lot Coverage for NewTown Zone Validation # \_\_\_\_\_

SDP/Red-line approval date \_\_\_\_\_ Accepted by \_\_\_\_\_