

102-205971

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B07001283

11526 Fox Road

Building Address 11611 Fox Road Ct
Ellicott City MD 21042

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

Census Tract _____ Subdivision Brimwood Crossing

Section _____ Area _____ Lot 29

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Toll MD III LP

Address 7164 Columbia Gateway #230

City Columbia State MD Zip Code 21042

Home Phone _____ Work Phone 410-992-5978

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

Phone _____ Fax _____

Existing Use Local Lot

Proposed Use Residential Building

Estimated Construction Cost \$ 350,000

Description of Work Maintenance

Removal of old brick

Eligible Lexington w/ Colinao Kicker

Contractor Company Toll MD III LP

Contact Person Natasha Beidle

Address 7164 Columbia Gateway #230

City Columbia State MD Zip Code 21042

License No. 5048

Phone 410-992-5978 Fax 410-992-3234

Occupant or Tenant Toll MD III LP

Contact Name Natasha Beidle

Address 7164 Columbia Gateway #230

City Columbia State MD Zip Code 21046

Phone 410-992-5978 Fax 410-992-3234

Engineer or Architect Company Bechtel Inc

Contact Person Core Thompson

Address 8480 Bollinger Mill Dr #418

City Ellicott City State MD Zip Code 21043

Phone 410-465-6105 Fax 410-465-6419

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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
Depth _____ Height _____ Width _____	Sewage Disposal: _____ Public _____ Private _____
1st floor: 74' x 76'	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: 68' x 68'	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Basement: 74' x 76'	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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>3</u>	
Height: <u>42'</u>	
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 Natasha Beidle

Title/Company _____

Date 4/17/07

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

AGENCY	DATE	APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#	
Land Development DPZ			Front _____	Filing fee \$ _____	
Public Works			Rear _____	Permit fee \$ _____	
Building Dept			Side _____	Excise fee \$ _____	
Dev. Economics DPZ			Setback _____	App. per. fee \$ _____	
Health	<u>5/14/07</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____	
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____	
Is Sediment Control approval required prior to installation? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New/Town Zone _____	Check # <u>08746371</u>	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red line approval date _____	Accepted by <u>[Signature]</u>	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA