

Scanned 5/29/09 24

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
309001205

Building Address 14354 Musgrove Farm Ct
Glenwood, MD 21738

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

Census Tract 605601 Subdivision Musgrove Farm (MF)

Section _____ Area _____ Lot 14

Tax Map 21 Parcel _____ Grid 21-12

Zoning RR-DEO Map Coordinates _____ Lot size _____

Property Owner's Name Ryan Homes
Address 6031 University Blvd, Suite 250

City Ellicott City State MD Zip Code 21043

Phone 410.796.0980 Phone _____

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

Phone _____ Fax _____

Existing Use Vacant Lot

Proposed Use New - Single Family Home

Estimated Construction Cost \$250,000

Description of Work Model Courtland w/Morn Rm
2 Story, Full Bsmt, 11R, 2FB, 1HB
& Garage (4-BR) Opt-FP

Contractor Company Ryan Homes

Contact Person Kevin Bowser

Address 6031 University Blvd, Suite 250

City Ellicott City State MD Zip Code 21043

License No. 56

Phone 410.796.0980 Fax 410.796.7094

Occupant or Tenant Ryan Homes

Contact Name Kevin Bowser

Address 6031 University Blvd, Suite 250

City Ellicott City State MD Zip Code 21043

Phone 410.796.0980 Fax 410.796.7094

Engineer or Architect Company Gutschick Little & Weber

Contact Person _____

Address 3909 National Drive, Suite 250

City Burtonsville State MD Zip Code 20866

Phone 301.421.4024 Fax 301.421.4186

BUILDING DESCRIPTION - COMMERICAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewer 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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # 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
1 st Floor: Depth <u>52</u> Width <u>56</u>	Sewer Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2 nd Floor: Depth <u>32</u> Width <u>56</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: Depth <u>44</u> Width <u>56</u>	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"/>	Sprinkler System: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
Unfinished Basement <input checked="" type="checkbox"/>	
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms: <u>4</u>	
Height: <u>30</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: _____	
<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 APPLCATION; (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.

Ben Mucci
Applicant's Signature

Project Manager

Title/Company

Ben Mucci
Print Name

05/11/2009
Date

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE	DPZ SETBACK INFORMATION	PROPERTY ID#
APPROVAL			Front _____	Filing Fee \$ <u>100.00</u>
and Development, DPZ			Rear _____	Permit Fee \$ _____
are Highways			Side _____	Excise tax \$ _____
Building Official			Side St _____	Add per fee \$ <u>30.00</u>
City Engineering, DPZ			All minimum setbacks met?	TOTAL FEES \$ _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Fire Protection			Is Entrance Permit required?	Balance due \$ _____
Sediment Control Approval required prior to issuance?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>30547480</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
			Lot coverage for New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				
ONE STOP SHOP <input type="checkbox"/>				
Distribution of Copies - Write Building Official			Green: LDD, DPZ	Yellow: DED, DPZ
			Pink: Health	Gold: SHA
Permit Form				

