

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B06004107

Building Address 11542 Fox River Dr
Ellicott City, MD 21042
Suits/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot 25
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Tell MD 3 LP
Address 7160 Columbia Parkway #230
City Ellicott City State MD Zip Code 21042
Home Phone _____ Work Phone 410-442-5978
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use _____
Proposed Use _____
Estimated Construction Cost \$ 200,000
Description of Work Custom SFD

Contractor Company Tell MD 3 LP
Contact Person Natasha Bault
Address 7160 Columbia Parkway #230
City Columbia State MD Zip Code 21042
License No. 50418
Phone 410-442-5978 Fax 410-442-3234

Occupant or Tenant Tell MD 3 LP
Contact Name Natasha Bault
Address 7160 Columbia Parkway #230
City Ellicott City State MD Zip Code 21042
Phone 410-442-5978 Fax 410-442-3234

Engineer or Architect Company Subermark Inc
Contact Person John Thomas
Address 2180 Baltimore Ave #418
City Ellicott City State MD Zip Code 21043
Phone 410-465-6105 Fax 410-465-6641

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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private _____
1st floor: <u>9'1"</u> <u>20'</u> <u>77'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>9'1"</u> <u>20'</u> <u>77'</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>9'1"</u> <u>20'</u> <u>77'</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>3</u>	
Height: <u>34'</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.

[Signature]
Applicant's Signature
Title/Company _____

Natasha Bault
Print Name
Date _____

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

APPROVED	SIGNATURE	DATE	DEPARTMENT	PERMIT FEE	STAMP FEE	EXAMINER FEE	ADDITIONAL FEE	TOTAL FEES	OFFICIAL USE	REMARKS
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<u>[Signature]</u>	<u>[Date]</u>	<u>[Dept]</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>										
ONE STOP SHOP <input type="checkbox"/>										
Approved by _____										