

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

PO7000835

Building Address 11543 Fox River Dr.  
4014 City, MD 21046  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: # 17891  
Census Tract 605101 Subdivision Remained Crossing  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 21  
Tax Map 29 Parcel 28 Grid 9  
Zoning RC Map Coordinates \_\_\_\_\_ Lot size 4556374

Existing Use Vacant Lot  
Proposed Use Residential Single  
Estimated Construction Cost \$ 350,000  
Description of Work Water Crossing  
of Palm Beach SARA

Occupant or Tenant Toll MD III LP  
Contact Name Nathan Bolte  
Address 7164 Columbia Gateway Dr #230  
City Columbia State MD Zip Code 21046  
Phone 410-682-5978 Fax 410-442-3234

Property Owner's Name Toll MD III LP  
Address 7164 Columbia Gateway Dr #230  
City Columbia State MD Zip Code 21046  
Home Phone \_\_\_\_\_ Work Phone 410-442-5978  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company Toll MD III LP  
Contact Person Nathan Bolte  
Address 7164 Columbia Gateway Dr #230  
City Columbia State MD Zip Code 21046  
License No. 5044  
Phone 410-442-5978 Fax 410-442-3234

Engineer or Architect Company Background Inc  
Contact Person Eric Thompson  
Address 4840 Balt West Pike  
City Ellicott City State MD Zip Code 21043  
Phone 410-465-6108 Fax 410-465-6644

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 _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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 <input checked="" type="checkbox"/>
1st floor: <u>86'</u> <u>4'</u> <u>6'</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>81'</u> <u>19'</u> <u>6'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>86'</u> <u>9'</u> <u>6'</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>4</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

Title/Company

Date

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

AGENCY	DATE	SIGNATURE APPROVAL	NET SETBACK INFORMATION	PROPERTY FEE
Land Development DPZ			Front: <u>17D</u>	Filing fee \$ <u>17.00</u>
State Dept			Rear: <u>3D</u>	Permit fee \$ _____
Electric Dept			Side: <u>1D</u>	Excise tax \$ _____
Dev. Engineering DPZ			Side 2: _____	Add'l per. fee \$ _____
Health	<u>4/4/07</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Eng. Protection			is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? 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"/>			Let Coverage for New Town Zone _____	Check \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Validation \$ _____
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by _____	

CRK 04120711