

B00129517

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COUNTY HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410)313-2459 INSPECTIONS (410)313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
 B00129519

Building Address 1729 Old Dale Rd
Rockville, MD 21723

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

Census Tract 60001 Subdivision Monticello

Section N/A Area N/A Lot 26

Tax Map 8 Parcel 110 Grid 1

Zoning RC-100 Map Coordinates 44.12 Lot size

Property Owner's Name D. R. Horton, Inc.
1370 Piccard Dr., St. 230
Rockville, MD 20850

Address _____
 City _____ State _____ Zip Code _____

Home Phone _____ Work Phone 301-771-1144

Applicant's Name & Mailing Address, (if other than stated hereon):
Victoria Meyer
Maryland Bldg. Permits, Inc.

Phone 410-485-6777 Fax 410-485-6777

Existing Use Commercial

Proposed Use SFD

Estimated Construction Cost \$ 12,000

Description of Work Balwood model
2 1/2 stories full brick, 12 ft. x 15 ft.
NIB, full brick, full brick, full brick

Contractor Company D. R. Horton, Inc.
1370 Piccard Dr., St. 230
Rockville, MD 20850

Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____

License No. 525 Phone 301-676-1114 Fax _____

Occupant or Tenant _____

Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company FORNATH, INC.

Contact Person John Fornath
 Address 2400 BAHO NW 1 Pk
 City Atlanta, GA State GA Zip Code 30328

Phone 410-485-6100 Fax 410-485-6144

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage 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: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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: <u>N/A</u> <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 type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: <u>51'</u> <u>57'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>59'</u> <u>47'</u>	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms <u>4</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: _____	
<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 APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES

Applicant's Signature _____

Print Name Victoria Meyer

Title/Company _____

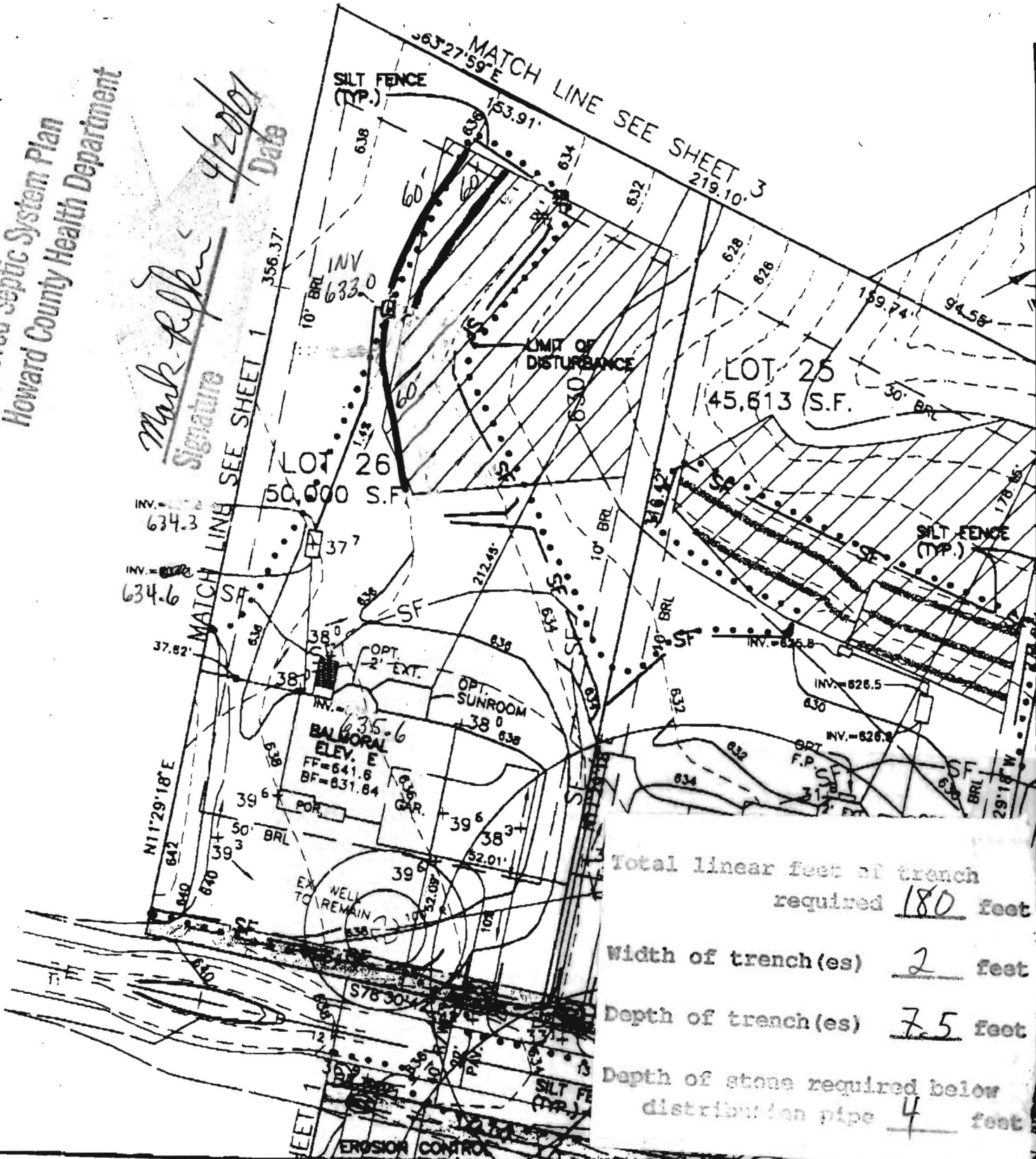
Date _____

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	7033
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ <u>25</u>
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
Dev. Engineering DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ _____
Health	<u>4/20/01</u>	<u>Mark RFB</u>	Lot Coverage for New Town Zone _____	Add'l per. fee \$ _____
Fire Protection			SDP/Red-line approval date _____	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Check # <u>441244</u>
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				Validation # <u>3702</u>
				Accepted by _____

Approved Septic System Plan
Howard County Health Department

Signature Mark Ruffin 4/20/01
Date



Total linear feet of trench required 180 feet
 Width of trench(es) 2 feet
 Depth of trench(es) 7.5 feet
 Depth of stone required below distribution pipe 4 feet

FIRST FLOOR ELEVATION = 641.6
 BASEMENT ELEVATION = 631.64
 SPOT ELEVATION AT GARAGE = 639.6

SLOPE OF DRIVEWAY = 4.0%
 NUMBER OF RISERS IN GAR. = 3
 NUMBER OF RISERS ON LEAD WALK = 3

BENCHMARK
 ENGINEERING, INC.

MONTICELLO
 LOT 26

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043
 PHONE: 410-485-8105 FAX: 410-485-8844

FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: 3/27/01