

Building Address 1733 Oakdale Dr.
COMPANION, MD 21223

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

Census Tract 10044 Subdivision Monticello

Section _____ Area _____ Lot 25

Tax Map 0 Parcel 110 Grid 10

Zoning RP Map Coordinates 4E'2 Lot size _____

Owner's Name D. R. Horton Custom Homes
 Address 1370 Piccard Dr., St. 230
Rockville, MD 20850

City _____ State _____ Zip Code _____

Home Phone 301-670-1144 Work Phone _____

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

Phone 410-602-8779 Fax _____

Existing Use vacant lot

Proposed Use ~~vacant lot~~ new single Fam. Dwell.

Estimated Construction Cost \$ 150,000

Description of Work Remodel - 2 stories, full
BSMT, HR, 3TB, 1HB, FLS, INTAK
(5 BR) IN P. 111

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

Contact Person _____

Address _____

City 535 State _____ Zip Code _____

License No. _____

Phone 301-670-1144 Fax _____

Occupant or Tenant See owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company Benchmark Eng.

Contact Person JOHN CRANEY

Address 5480 Hillside Park Dr

City 11111111 State MD Zip Code 21048

Phone 410 415 1105 Fax _____

BUILDING DESCRIPTION - COMMERCIAL **BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics		Utilities	
Height:		Water Supply:	
No. of stories:		Public _____	
Gross area, sq. ft. per floor:		Private _____	
Use group:		Sewage Disposal:	
Construction type:		Public _____	
Reinforced Concrete _____		Private _____	
Structural Steel _____		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
Masonry _____		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Wood Frame _____		Heating System:	
State Certified Modular _____		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"/>	
		NFPA #13 _____	
		Full _____	
		Partial _____	
		Other Suppression _____	

Building Characteristics		Utilities	
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>		Water Supply:	
Depth _____ Width _____		Public _____	
1st floor:		Private _____	
2nd floor:		Sewage Disposal:	
Basement:		Public _____	
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>		Private _____	
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
No. of Bedrooms _____		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Multi-family dwellings:		Heating System:	
No. of efficiency units: _____		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
No. of 1 BR units: _____		Natural Gas <input type="checkbox"/>	
No. of 2 BR units: _____		Propane Gas <input type="checkbox"/>	
No. of 3 BR units: _____		Sprinkler system: N/A <input type="checkbox"/>	
Other: _____		NFPA #13D _____	
Dimensions: _____		NFPA #13R _____	
Footings: _____		Other: _____	
Roof: _____			
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 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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

V. Meyer Victoria Meyer
 Applicant's Signature Print Name

MD Bldg Permits, Inc. _____
 Title/Company Date

VALIDATION

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

AGENCY DATE SIGNATURE APPROVAL

Land Development, DPZ 1/31/01 _____

State Highways _____

Building Official _____

Dev. Engineering, DPZ 2/7/01 Mark Ruffin

Health _____

Fire Protection _____

Is Sediment Control approval required prior to issuance?
 YES NO

PROPERTY ID#: 49368

Filing Fee \$ 25

Permit Fee \$ _____

(10 sq. ft. (15 sq. ft.)

Excise Tax \$ _____

(40 sq. ft. (.80 sq. ft.)

TOTAL FEES _____

Check # 40168

Validation # _____

Accepted by: _____

All minimum setbacks met? YES NO

Is Entrance Permit required? YES NO

Historic District? YES NO

Lot Coverage for NewTown Zone 100

SDP/Red-line approval date: 1/31

Rec'd 1/22/01

Approved Septic System Plan
Howard County Health Department

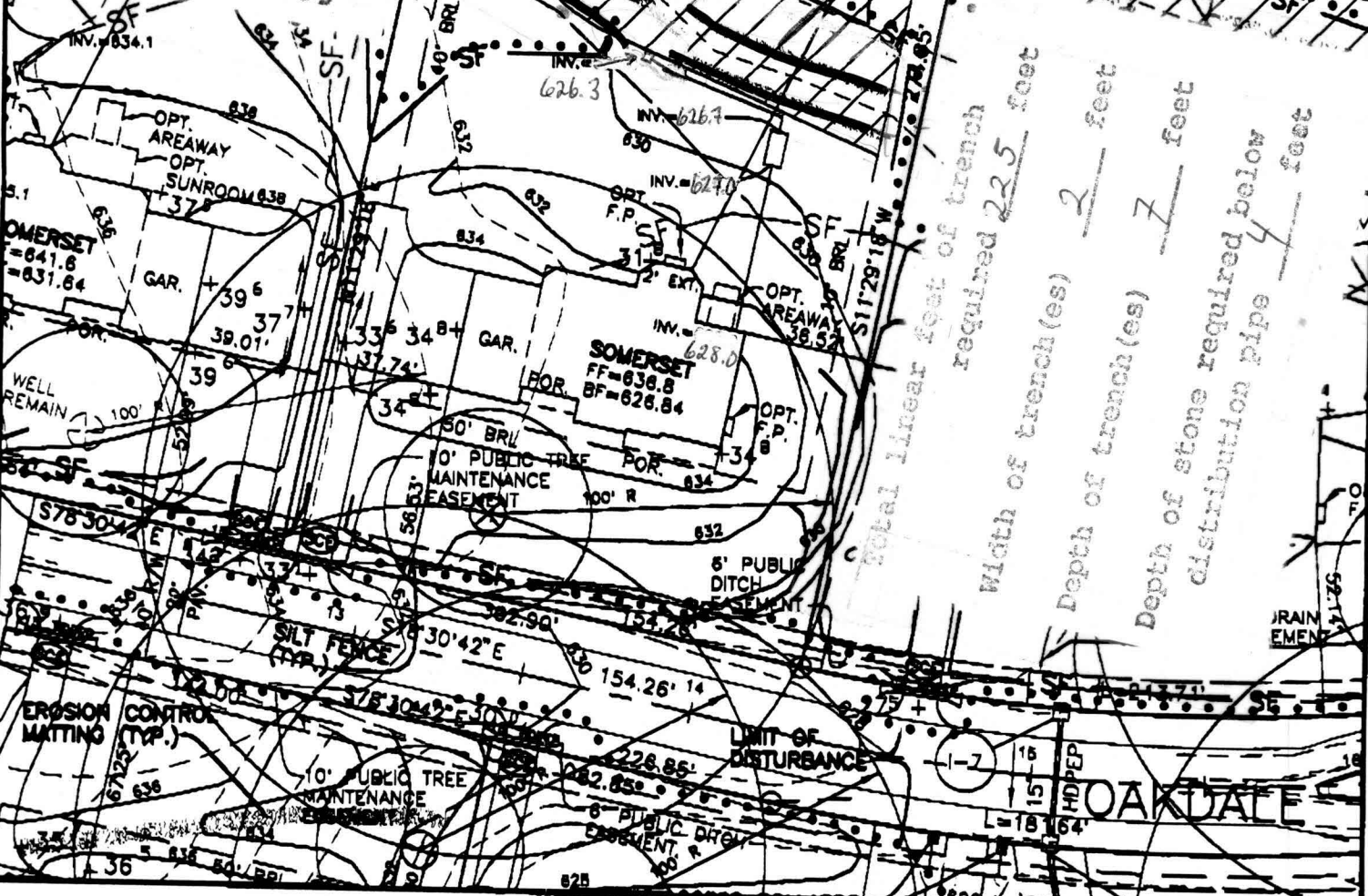
Mark Riffin
Signature

2/7/01
Date

LOT 25
45,613 S.F.

EX. CLEANWATER
DIVERSION DIKE A-3
INSTALLED UNDER F-99-133
TO BE REMOVED

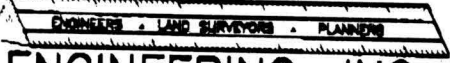
LOT 24
48,187 S.F.



FIRST FLOOR ELEVATION = 636.8 635.8
BASEMENT ELEVATION = 626.84 625.84
SPOT ELEVATION AT GARAGE = 634.8

SLOPE OF DRIVEWAY = 3.6%
NUMBER OF RISERS IN GAR. = 3
NUMBER OF RISERS ON LEAD WALK = 3

BENCHMARK



ENGINEERING, INC.

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

MONTICELLO
LOT 25

FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: 12/28/00