

606005471

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B08001014

Building Address 1949 Old Annapolis Rd.
Woodbine, MD 21797

Suite/Apt. #: _____ SDP/WP/Petition #: 11 18520

Census Tract 604001 Subdivision Sussex Branch

Section _____ Area _____ Lot 3

Tax Map 7 Parcel 530 Grid 21

Zoning RC Map Coordinates _____ Lot size 3,437

Property Owner's Name Nathan Brundenburg
Nathan Brundenburg

Address 5167 Ilchester Rd.

City Ellicott City State MD Zip Code 21043

Home Phone 443.506.5273 Work Phone _____

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

Phone _____ Fax _____

Existing Use Vacant lot

Proposed Use Residential Home

Estimated Construction Cost \$ 450,000

Description of Work 2 story home with
garage, pool, deck, and
pull-out kitchen, expanded

Contractor Company Some Co. LLC

Contact Person Nathan Brundenburg

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant Nathan Brundenburg

Contact Name same as above

Address 5167 Ilchester Rd.

City Ellicott City State MD Zip Code 21043

Phone 443.506.5273 Fax _____

Engineer or Architect Company Bruckner Eng.

Contact Person Dave Thompson

Address 8480 Baltimore Natl. Pike #418

City Ellicott City State MD Zip Code 21043

Phone 410.465.6105 Fax _____

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

Title/Company _____

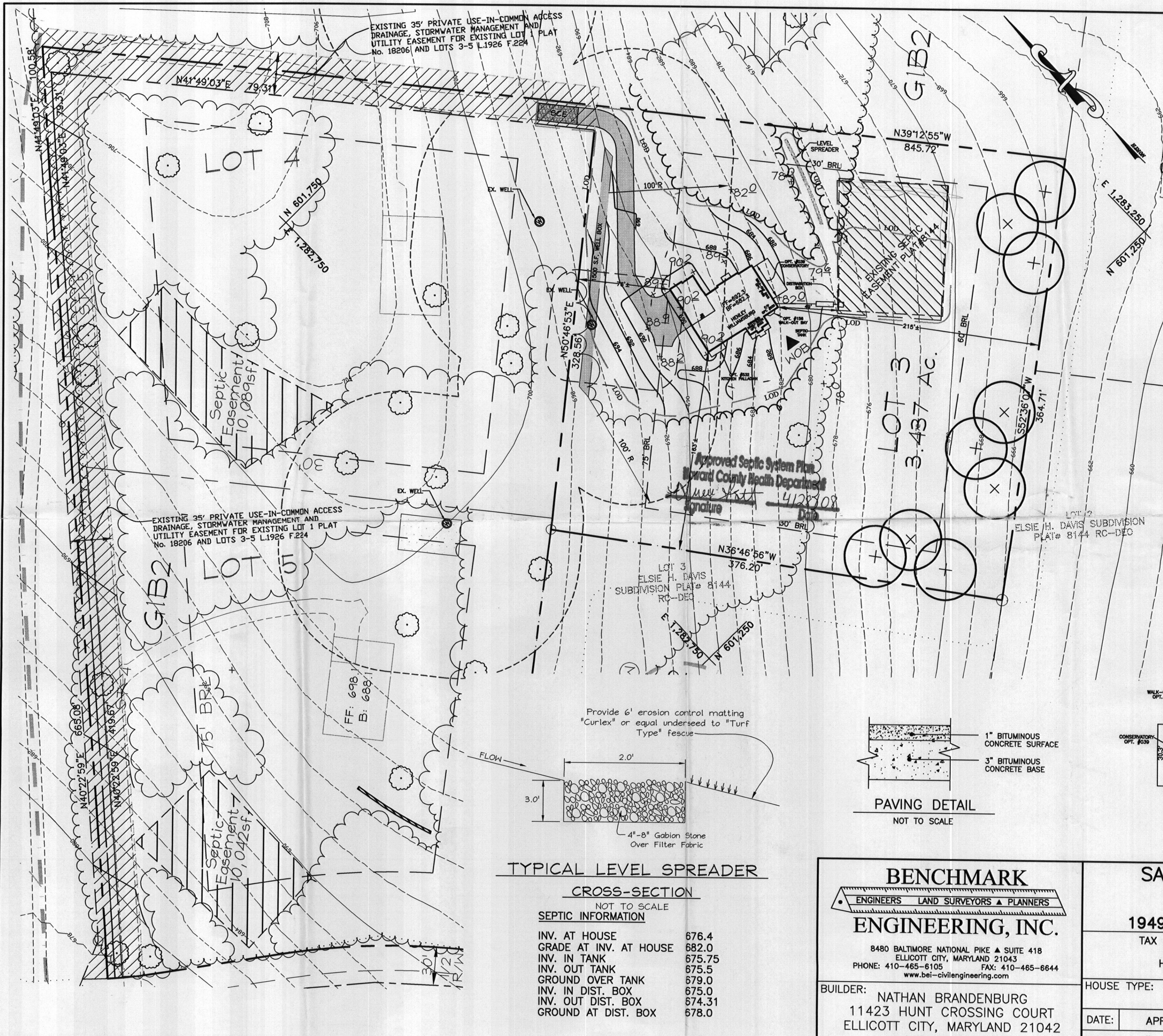
Print Name Nathan Brundenburg

Date 4/1/08

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: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>4/28/08</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____
			Yellow: DED, DPZ	
			Pink: Health	
			Gold: SHA	

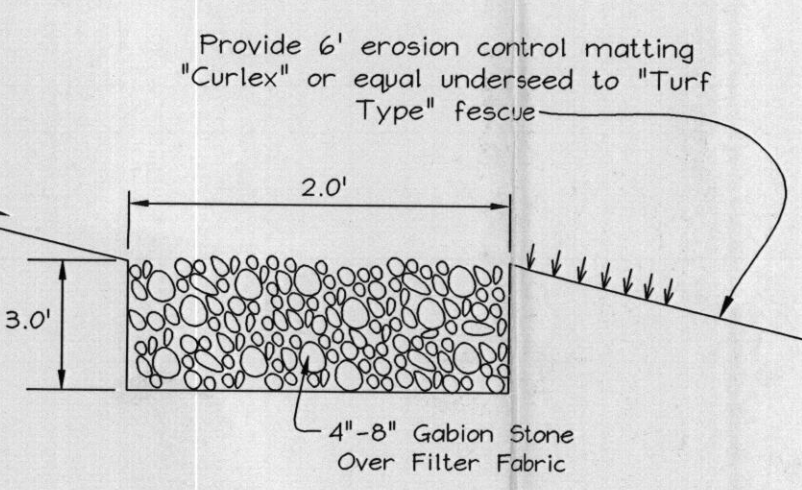


- NOTES:**
1. THE LOT SHOWN HEREON WAS RECORDED ON 08-24-2006 AS PLAT NUMBER 18520. REFER TO THIS PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
 2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
 3. EXACT LENGTH OF SEPTIC TRENCHES ARE BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PRECONSTRUCTION INSPECTION.
 4. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
 5. SEDIMENT AND EROSION CONTROLS SHALL COMPLY WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
 6. STORMWATER MANAGEMENT FOR THIS LOT WAS PROVIDED UNDER F-05-155.

LEGEND

- EXISTING CONTOURS
- EXISTING TREELINE
- EXISTING STREAM
- SOILS DELINEATION
- SOILS TYPE
- 1500 S.F. WELLBOX

Approved Septic System Plan
Howard County Health Department
Signature: *Mary Katt* 4/28/08
Date



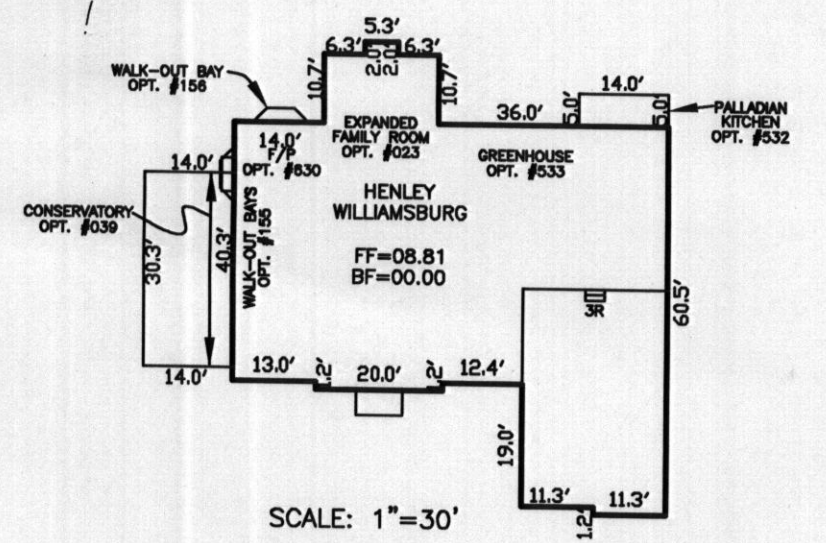
TYPICAL LEVEL SPREADER

CROSS-SECTION

NOT TO SCALE

SEPTIC INFORMATION

INV. AT HOUSE	676.4
GRADE AT INV. AT HOUSE	682.0
INV. IN TANK	675.5
INV. OUT TANK	675.5
GROUND OVER TANK	679.0
INV. IN DIST. BOX	675.0
INV. OUT DIST. BOX	674.31
GROUND AT DIST. BOX	678.0



BENCHMARK
ENGINEERS LAND SURVEYORS PLANNERS

ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418
ELLCOTT CITY, MARYLAND 21043
PHONE: 410-465-6105 FAX: 410-465-6644
www.bei-civilengineering.com

BUILDER: NATHAN BRANDENBURG
11423 HUNT CROSSING COURT
ELLCOTT CITY, MARYLAND 21042
410-992-5978

SARTORIO PROPERTY
PERMIT PLAN
LOT 3
1949 OLD ANNAPOLIS ROAD

TAX MAP: 7 GRID: 21 PARCEL: 536
ELECTION DISTRICT NO. 4
HOWARD COUNTY, MARYLAND
PLAT No. 18520

HOUSE TYPE: HENLEY WILLIAMSBURG

DATE:	APRIL, 2008	PROJECT NO.	2118
SCALE:	1" = 50'	DRAWING	1 OF 1

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B03000692

Building Address 1985 Old Annapolis Road
Woodbine MD 21797

Property Owner's Name Wayne and Heather Whitton
Address 1985 Old Annapolis Road

Suite/Apt. #: SDP/W/P/Petition #:

Census Tract 604001 Subdivision ELSIE H. DAVIS

City Woodbine State MD Zip Code 21797

Section Area Lot 2

Home Phone 301 452 7408 Work Phone 410 965 5719

Tax Map 7 Parcel 123 Grid 21

Applicant's Name & Mailing Address, (if other than stated hereon):
STEVENS BUILDERS INC. 4714 LINTHICUM RD

Zoning RC Map Coordinates Lot size 4A

Phone 410 531 2100 Fax 410 531 4100

Existing Use SINGLE FAMILY HOME

Contractor Company MYERS MINI BARN

Proposed Use

Contact Person GARY MYERS

Estimated Construction Cost \$ 17,000

Address ROUTE 144 + ROUTE 94

Description of Work 24x36 REMOVED SHED

City USBN State MD Zip Code 21765

264 SQ FT. 1 STORY

License No. Phone 410 489 5451 Fax

PRE-BUILT WOOD FRAME ON PT FOUNDATION

Occupant or Tenant WAYNE AND HEATHER WHITTON
Contact Name WAYNE WHITTON
Address 1985 OLD ANNAPOLIS RD
City WOODBINE State MD Zip Code 21797
Phone 410 965 5719 Fax

Engineer or Architect Company MYERS MINI BARN
Contact Person GARY MYERS
Address ROUTE 94 + ROUTE 144
City USBN State MD Zip Code 21765
Phone 410 489 5451 Fax

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

BUILDING CHARACTERISTICS		UTILITIES	
Height: <u>11'</u>	No. of stories: <u>1</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>864</u>	Use group: <u> </u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Construction type: <input checked="" type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>	Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads <u> </u>

BUILDING CHARACTERISTICS		UTILITIES	
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Depth <u> </u> Width <u> </u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u> </u>	2nd floor: <u> </u>	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: <u> </u>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	No. of Bedrooms <u> </u>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>	NFFA #13D <input type="checkbox"/> NFFA #13R <input type="checkbox"/> Other: <u> </u>
Height: <u> </u>	Multi-family dwellings: <u> </u>	Other Structure: <u>SHED</u>	Dimensions: <u>24x36</u>
No. of efficiency units: <u> </u>	No. of 1 BR units: <u> </u>	Footings: <u> </u>	Roof Height: <u>11'</u>
No. of 2 BR units: <u> </u>	No. of 3 BR units: <u> </u>	<input checked="" type="checkbox"/> State Certified Modular	<input type="checkbox"/> Manufactured Home

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Applicant's Signature V.P. STEVENSON BUILDERS
Title/Company

Print Name VARR STEVENSON
Date 2/1/08 3/1/08

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>4-3-08</u>	<u>[Signature]</u>
<input type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION		PROPERTY ID#:	
Front: <u> </u>	Filing fee	\$	<u>25</u>
Rear: <u> </u>	Permit fee	\$	<u> </u>
Side: <u> </u>	Excise tax	\$	<u> </u>
Side St.: <u> </u>	Add'l per. fee	\$	<u> </u>
All minimum setbacks met?	TOTAL FEES	\$	<u> </u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$	<u> </u>
Is Entrance Permit required?	Balance due	\$	<u> </u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check	\$	<u> </u>
Historic District?	Validation	\$	<u> </u>
YES <input type="checkbox"/> NO <input type="checkbox"/>			
Lot Coverage for New/Town Zone <u> </u>			
SDP/Red-line approval date <u> </u>	Accepted by <u> </u>		

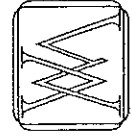
DATE	REVISIONS
5/4/07	SWM NOTES

PLOT PLAN
LOT 2

ELSIE H. DAVIS SUBDIVISION

PLAT No. 8144

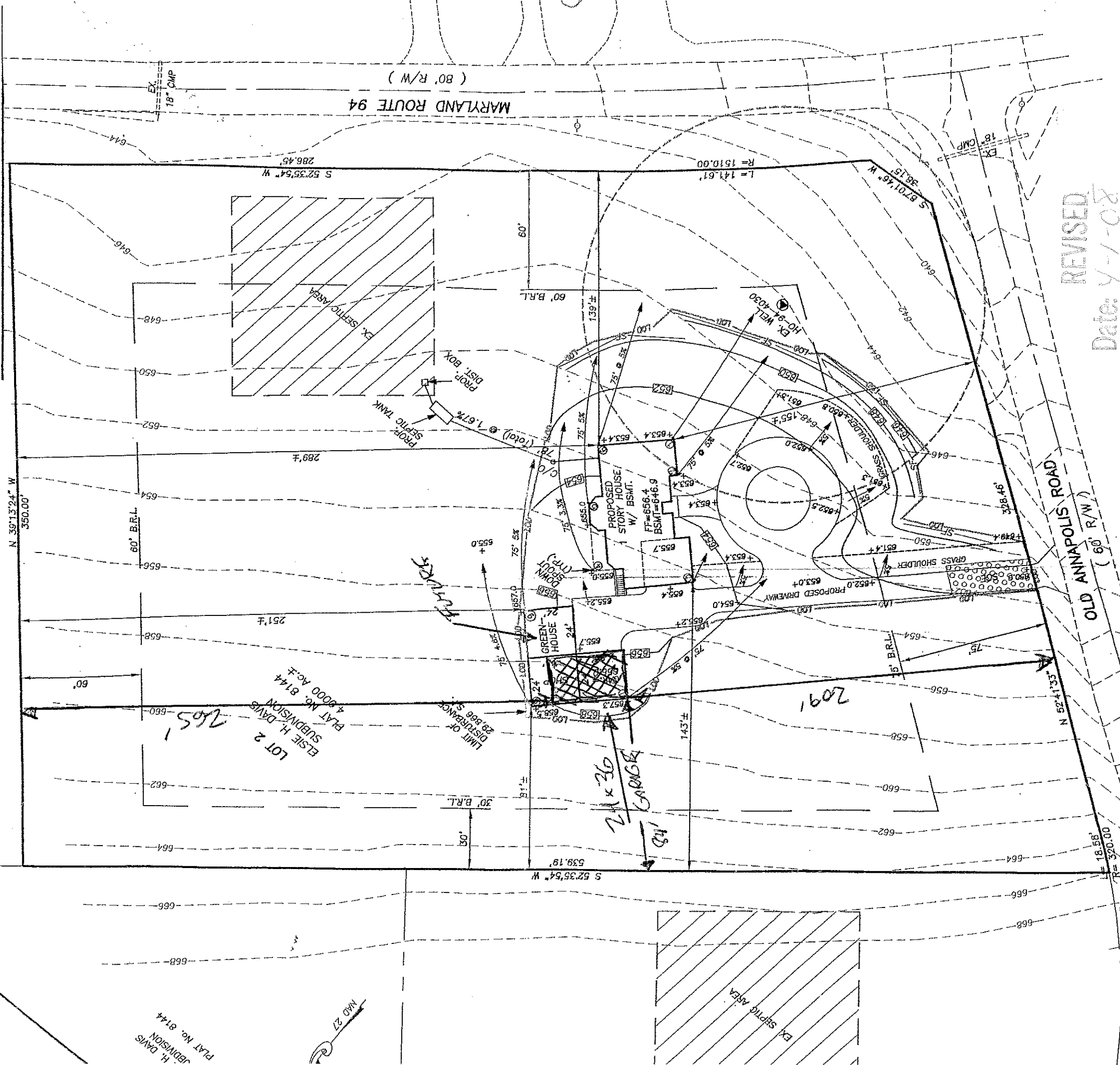
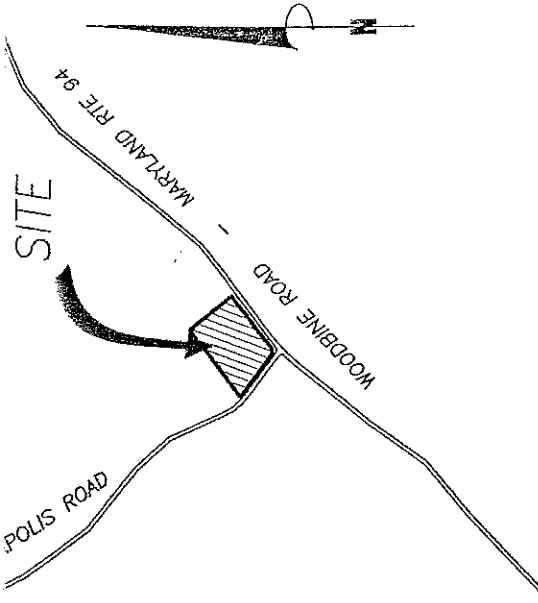
LIBER 8873 FOLIO 334
#1985 OLD ANNAPOLIS ROAD
ELECTION DISTRICT No. 4
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50', APRIL, 2006



VANMAR ASSOCIATES, INC.
Engineers Surveyors Planners
310 South Main Street P.O. Box 328 Mount Airy, Maryland 21771
(301) 829 2890 (301) 831 5015 (410) 549 2751



VICINITY MAP
SCALE: 1" = 1200'



REVISED

Date: 4-1-08

Comments: B08000692

B08000692 garage
4-3-08 HS OK

B08000692

OWNERS:
WAYNE R. & HEATHER J. WHITTEN
C/O STEVENS BUILDERS INC.
3905 NATIONAL DRIVE
SUITE 100
BURTONVILLE, MARYLAND 20866

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

Building Address 1949 Old Annapolis Rd
Woodbine, MD 21797

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 3

Tax Map 7 Parcel 536 Grid 21

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Nathan + Heather
Brandenburg

Address 1949 Old Annapolis Rd

City Woodbine State MD Zip Code 21797

Phone 443-506-5273 Pr One _____

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

Phone _____ Fax: _____

Existing Use SFD

Proposed Use SFD w/ deck

Estimated Construction Cost \$ 18,863

Description of Work Construct approx.
16 x 28 deck w/ steps
to grade

Contractor Company Probuild Construction
Edward Pacylowski Inc

Contact Person Edward Pacylowski

Address 13330 Clarksville Pike

City Highland State MD Zip Code 2077

License No. 00247

Phone 301-854-0821 Fax 301-854-0632

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ 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"/>	
		Full _____	
		Partial _____	
		Other Suppression _____	
		# of Heads _____	

Building Characteristics		Utilities	
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>		Water Supply:	
Depth _____ Width _____		Public _____	
1st floor:		Private <input checked="" type="checkbox"/>	
2nd floor:		Sewage Disposal:	
Basement:		Public _____	
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	
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"/>	
Height: _____		Heating System:	
Multi-family dwellings:		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
No. of efficiency units: _____		Natural Gas <input type="checkbox"/>	
No. of 1 BR units: _____		Propane Gas <input type="checkbox"/>	
No. of 2 BR units: _____		Sprinkler system: N/A <input type="checkbox"/>	
No. of 3 BR units: _____		NFPA #13D _____	
Other Structure: _____		NFPA #13R _____	
Dimensions: _____		Other: _____	
Footings: <u>Post + piers</u>			
Roof Height: _____			
State Certified Modular _____			
Manufactured Home _____			

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Applicant's Signature [Signature] Title/Company President

Print Name Edward Pacylowski Date 9/10/08

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: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>9/24/08</u>	<u>[Signature]</u>	Side St.: _____	Add'l per. fee \$ _____
Health			All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	

