

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B07001665

Building Address 3905 Fox Valley Dr
11070 Old Annapolis Rd
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Old Annapolis
Section 2 Area _____ Lot 92
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Chick & Emily Smith
Address 3905 Fox Valley Dr
City MD State MD Zip Code 21774
Home Phone 410-489-1110 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Office
Proposed Use Office
Estimated Construction Cost \$ 10,000.00
Description of Work 11,110 sq ft office building
Remove part of building to 14517'
Remainder of building

Contractor Company DCI Construction Inc.
Contact Person Chick Smith
Address 11070 Old Annapolis Rd
City MD State MD Zip Code 21774
License No. 104542
Phone 301-721-0000 Fax 301-721-5000

Occupant or Tenant _____
Contact Name Chick Smith
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: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: <u>1</u>	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads

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 type="checkbox"/> No. of Bedrooms _____ Height: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

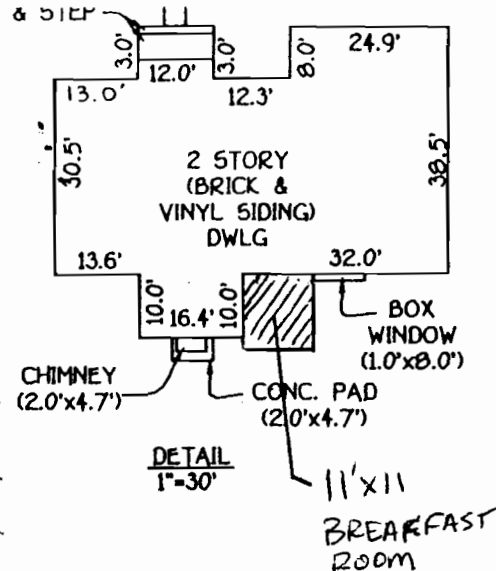
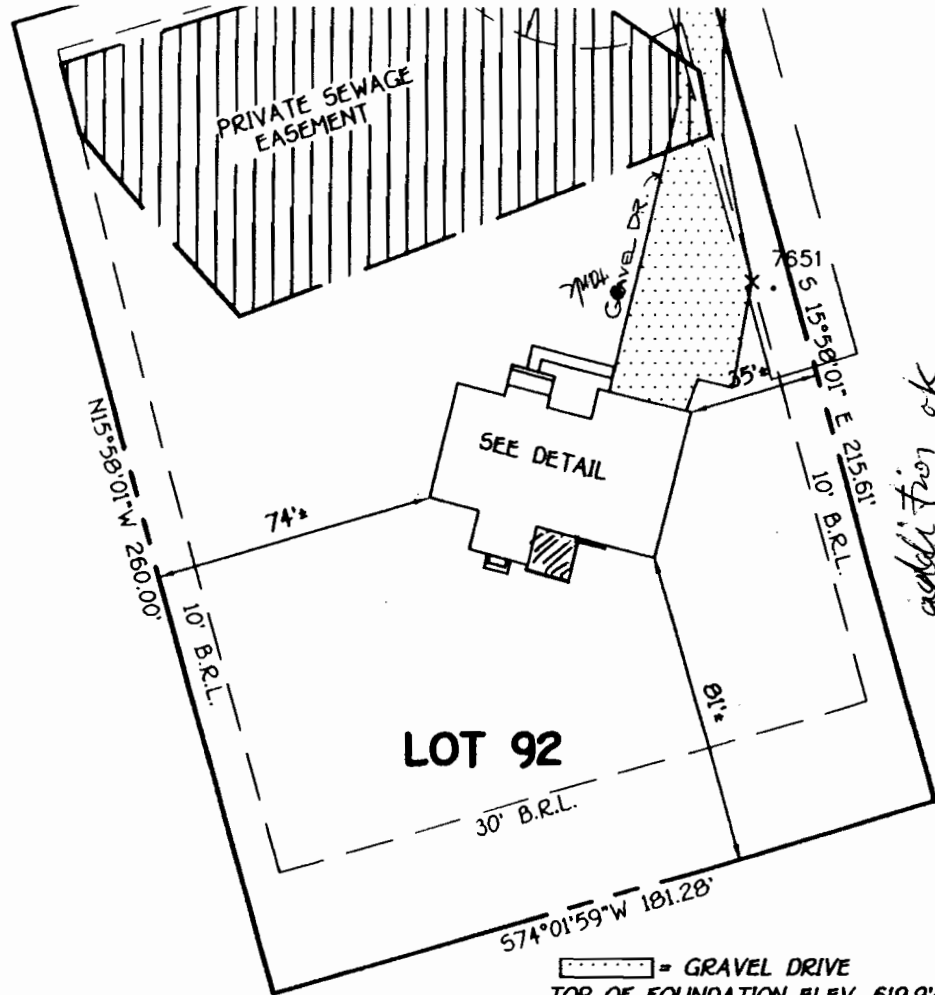
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

[Signature]
Applicant's Signature
Chick Smith
Title/Company

[Signature]
Print Name
Chick Smith
Date 4/11/07

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

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>3/18/07</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 # <u>15799</u>
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 _____	Accepted by _____
Yellow: DED, DPZ	Pink: Health	Gold: SHA	SDP/Red-line approval date _____	



addition ok
 BC 700 1665
 5/19/07 SF

[Dotted Line] = GRAVEL DRIVE
 TOP OF FOUNDATION ELEV. 619.9'±
 B.R.L. = BUILDING RESTRICTION LINE

LOT 92
 WEST FRIENDSHIP ESTATES
 SECTION 2
 LOTS 57 THRU 100 PARCELS 'E' THRU 'Q'
 THIRD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 PLAT REF. 12455

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELlicOTT CITY, MARYLAND 21042
 (410) 461 - 2075

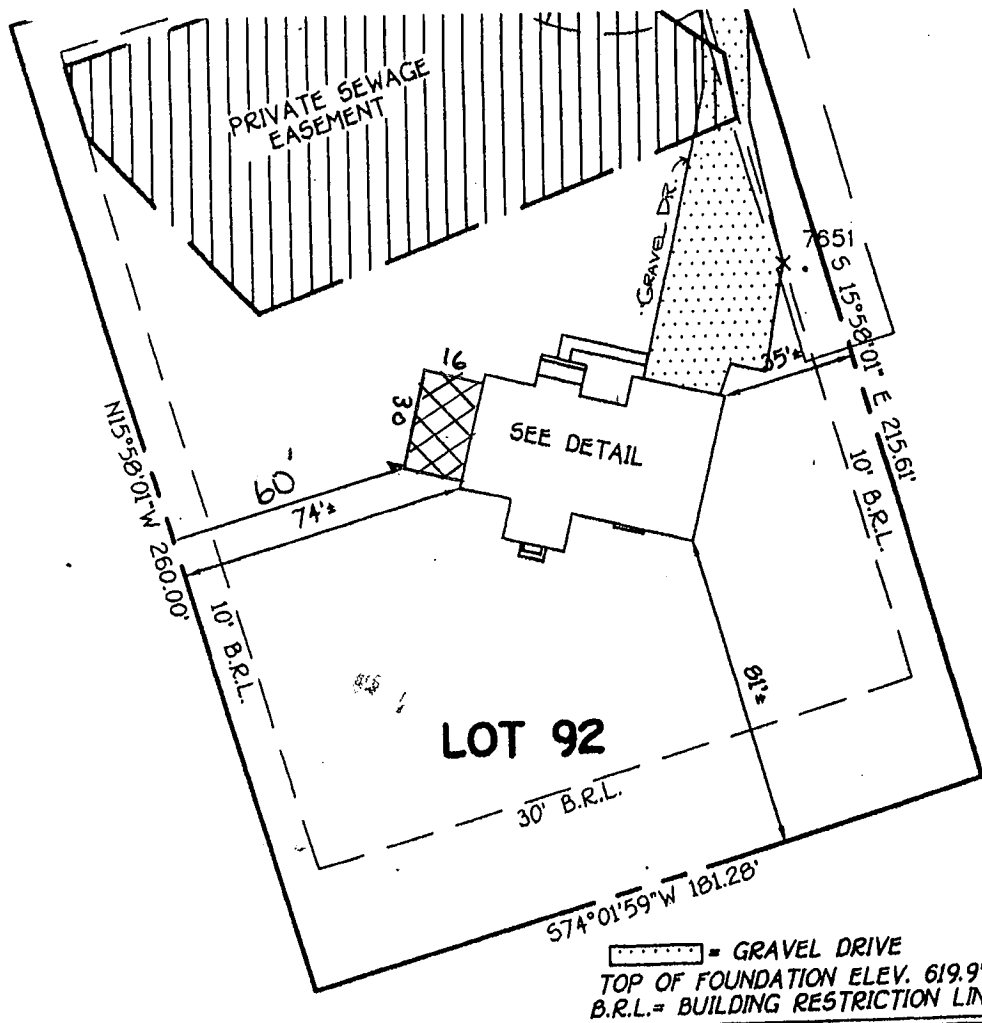


[Signature]
 PROFESSIONAL LAND SURVEYOR DATE
 REG. • [Signature]

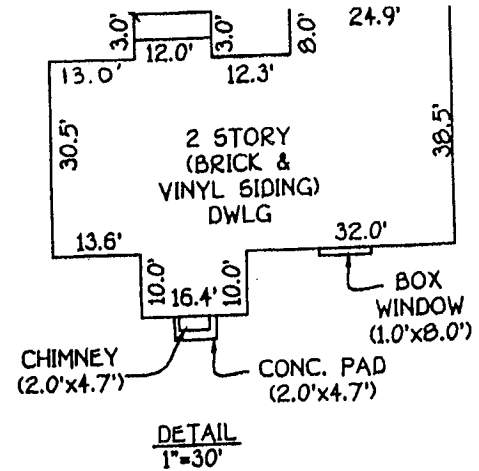
HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 4/14/00
 FINAL LOCATION: 6/30/00
 BOUNDARY SURVEY: _____

SCALE: 1"=50'
 DATE: 7/3/00
 DRAWN BY: T.P.F.
 CHECKED BY: C.C.
 PROJECT No.: 60904



..... = GRAVEL DRIVE
 TOP OF FOUNDATION ELEV. 619.9'
 B.R.L. = BUILDING RESTRICTION LINE



4-15-04
 well & septic tank &
 SDA OK - meet COMAR
 BO0147471 KN
 Sunroom

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 HOWARD COUNTY, MARYLAND
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 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2835

FCC •



[Signature]
 PROFESSIONAL LAND SURVEYOR DATE 7/3/00
 REG. # 10763

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 4/14/00
 FINAL LOCATION: 6/30/00
 BOUNDARY SURVEY: _____

SCALE: 1"=50'
 DATE: 7/3/00
 DRAWN BY: T.P.F.
 CHECKED BY: C.C.
 PROJECT No.: 60904

PERMIT APPLICATION

150022887

Building Address 3305 Fox Valley Drive
West Friendship, MD 21794
 Suite/Apt. # _____ SDP/WP/Petition # CP 12-1501
 Census Tract 6030 Subdivision West Friendship
 Section 2 Area N/A Lot 92
 Tax Map 22 Parcel 556 Grid 2
 Zoning RC-100 Map Coordinates 9H7 Lot size 1.32 ac

Property Owner's Name Altieri Homes
 Address 9017 Red Branch Rd, Suite 201
 City Columbia State MD Zip Code 21045
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone 410-715-4500 Fax 410-7140-5809

Existing Use Vacant lot
 Proposed Use New Single Family Dwelling
 Estimated Construction Cost \$ 125,000
 Description of Work Harvard (MOD) 2 story, Full
rent, 900sq, 2 1/2 bath, 4 bedrooms, 2 Car Carport

Contractor Company Altieri Homes
 Contact Person Daren B. Altieri
 Address 9017 Red Branch Rd, Suite 201
 City Columbia State MD Zip Code 21045
 License No. _____
 Phone 410-715-4500 Fax 410-7140-5809

Occupant or Tenant Altieri Homes
 Contact Name Daren B. Altieri
 Address 9017 Red Branch Rd, Suite 201
 City Columbia State MD Zip Code 21045
 Phone 410-715-4500 Fax 410-7140-5809

Engineer or Architect Company Fisher, Collins & Carter
 Contact Person _____
 Address 10913 Baltimore National Pike
 City Ellicott City State MD Zip Code 21043
 Phone 410-461-2555 Fax 410-7150-3784

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"/> 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
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1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	State Certified Modular _____ Manufactured Home _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

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Applicant's Signature [Signature]
 Title/Company Altieri Homes

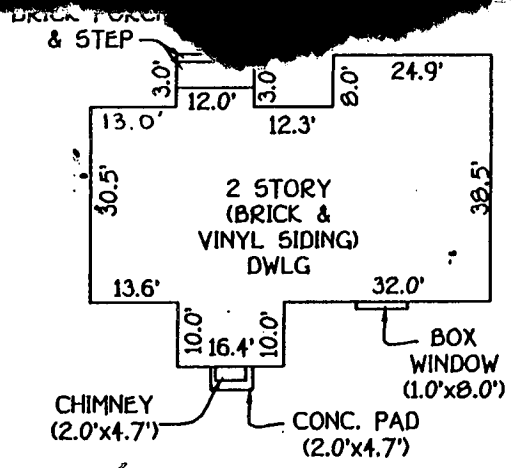
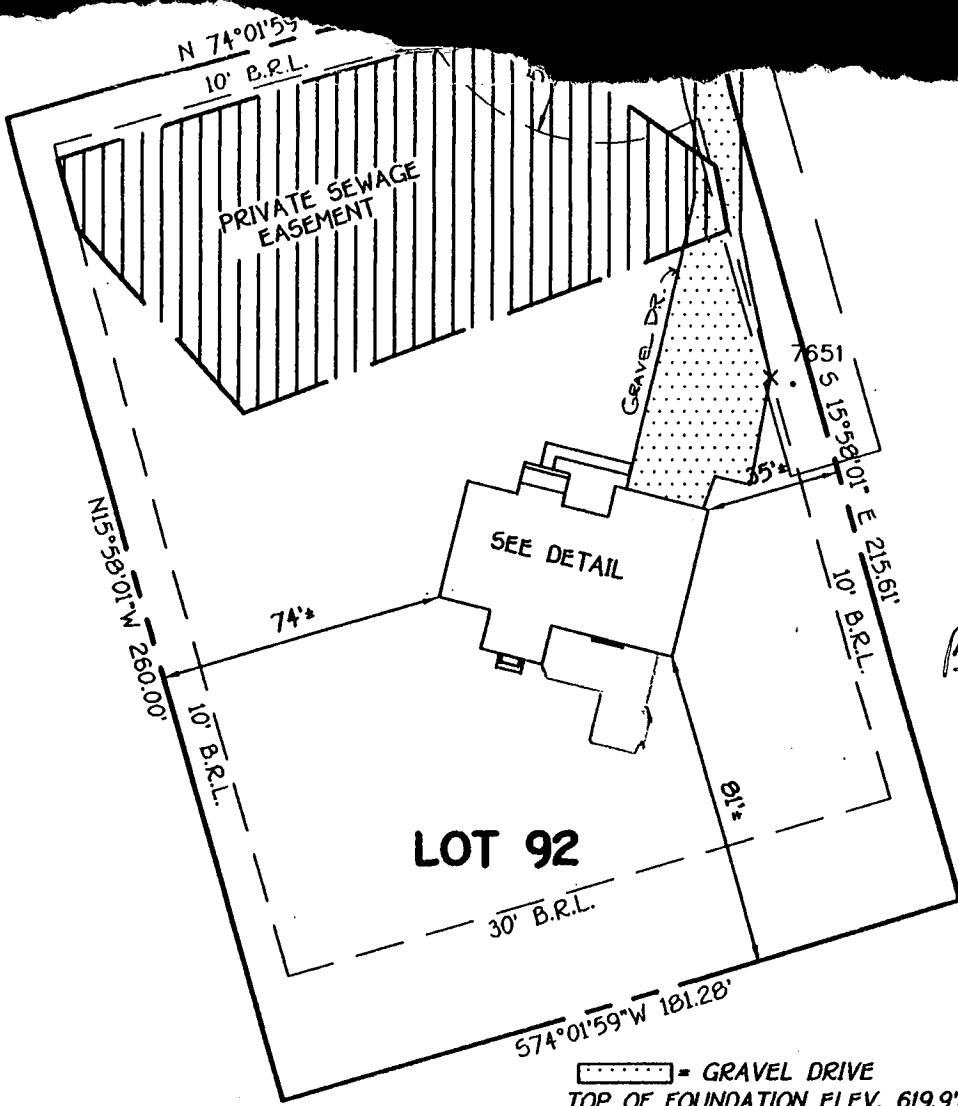
Print Name Daren B. Altieri
 Date 3-16-2000

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		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>3/31/00</u>	<u>Mark Riffin</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?	YES <input checked="" 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>50' min</u>	<u>45337</u>
Rear: <u>30' min</u>	Filing fee \$ <u>25</u>
Side: <u>10' min</u>	Permit fee \$ _____
Side St: <u>N/A</u>	Excise tax \$ _____
All minimum setbacks met?	Sub-total paid \$ _____
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Balance due \$ _____
Historic District? <u>20</u>	Check # <u>76055</u>
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Validation # <u>29411</u>
Lot Coverage for New Town Zone _____	
SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



B00125585

7/20/00
 Shown deck
 location will have
 no impact to existing
 well and septic
 du

DETAIL
 1"=30'

..... = GRAVEL DRIVE
 TOP OF FOUNDATION ELEV. 619.9±
 B.R.L. = BUILDING RESTRICTION LINE

LOT 92
 WEST FRIENDSHIP ESTATES
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 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855



Charles J. Crovo, Sr.
 PROFESSIONAL LAND SURVEYOR DATE 7/20/00
 REG. • 10763

**HOUSE LOCATION
 DRAWING**

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