

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B.00147511 *me*

Building Address 3112 Stiles Way
West Friendship, MD 21794

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

Census Tract 4030 Subdivision Twin Pines

Section _____ Area _____ Lot 2

Tax Map 22 Parcel 17 Grid 3

Zoning RR 250 Map Coordinates _____ Lot size _____

Property Owner's Name D. R. Horton, Inc.

Address 1370 Piccard Dr., St. 230
Rockville, MD 20850

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone 301 670-6144

Applicant's Name & Mailing Address, (if other than stated hereon):
Vicky Meyer, Agent 410- 602-8779

Phone 410-602-8779 Fax _____

Existing Use vacant lot

Proposed Use new single fam. dwelling

Estimated Construction Cost \$200,000 300,000

Description of Work BALMORAL w/rear & side Sunrm.
2 Car Garage
2 story, full bsmt, 12R, 31R, FP Sunrm
Fin. lower level basement (4BR)

Contractor Company D. R. Horton, Inc.

Contact Person 1370 Piccard Dr., St. 230
Rockville, MD 20850

Address _____

City _____ State _____ Zip Code _____

License No. 535

Phone 301-670-6144 Fax _____

Occupant or Tenant see owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company FSH Assoc.
Paul Sills

Contact Person _____

Address 8318 Forrest St.

City Ellicott City State MD Zip Code 21043

Phone 410-750-2251 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input 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 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: N/A <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: _____	_____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	_____
_____ State Certified Modular _____ _____ Manufactured Home _____	_____

I, 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 HIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature V. Meyer
Vicky Meyer, Agent 410- 602-8779

Print Name Vicky Meyer, Agent 410- 602-8779
4/10/2004

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
Land Development, DPZ		
State Highways		
Building Official		
City Engineering, DPZ	<u>5/3/04</u>	<u>Mark Ripstein</u>
Health		
Fire Protection		

Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met?
 YES NO

Is Entrance Permit required?
 YES NO

Historic District?
 YES NO

Lot Coverage for New Town Zone _____

SDP/Red-line approval date _____

PROPERTY # 59686

Filing fee \$ _____

Permit fee \$ _____

Excise tax \$ _____

Add'l per. fee \$ _____

TOTAL FEES \$ _____

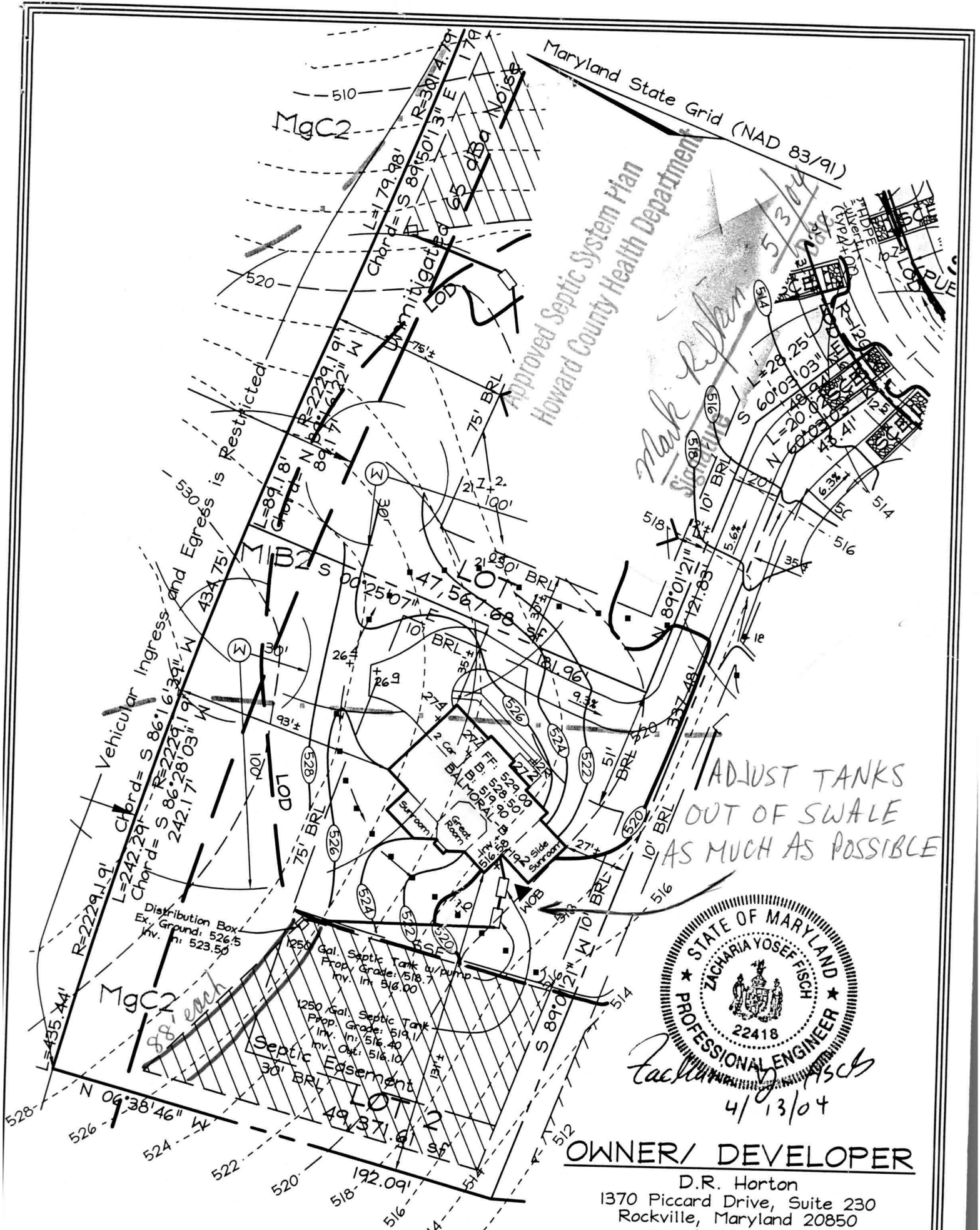
Sub-total paid \$ _____

Balance due \$ _____

Check # 402596

Validation # 402596

Accepted by _____



Zacharia Yosef Fisch
4/13/04

OWNER/ DEVELOPER

D.R. Horton
1370 Piccard Drive, Suite 230
Rockville, Maryland 20850
Tel: (301)-670-6144

FSH Associates

Engineers Planners Surveyors
8318 Forrest Street Ellicott City, MD 21043
Tel: 410-750-2251 Fax: 410-750-7350
E-mail: FSHAssociates@cs.com

- Note: 1. See Approved Grading Plan GP-04-47 for Entire Site.
2. The existing well shown on this plan (identified with the attached well tag number: HO-94-3636) has been field located by C. B. Miller professional surveyor and is accurately shown.

DESIGN BY:	PS
DRAWN BY:	Slim
CHECKED BY:	ZYF
SCALE:	1"=50'
DATE:	March 04, 2004
N.O. No.:	3211
SHEET No.:	1 OF 1

LOT RESITE
LOT 2
TWIN PINES

3112 Stiles Way

TAX MAP 22, GRID 8
3RD ELECTION DISTRICT

PARCEL 17
HOWARD COUNTY, MARYLAND