

00147512 KB

Building Address **3119 Stiles Way**
West Friendship, MD 21794

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

Census Tract **6030** Subdivision **TWIN PINE**

Section _____ Area _____ Lot **10**

Tax Map **22** Parcel **17** Grid **3**

Zoning **RA-DEO** Map Coordinates **505** 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 _____

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

Phone **410-602-8779** Fax _____

Existing Use **vacant**

Proposed Use **new Single Fam. Dwelling.**

Estimated Construction Cost \$ **300,000**

Description of Work **Christopher Nren w/rear & Side**
Sunrm.
Pin. lower level bath, Rec. Rm. under rear

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-** Fax _____

Occupant or Tenant **see owner**

Contact Name _____

Address **(see attached) SUNRM**

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company **FSH Assoc.**

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
State Certified Modular _____	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 type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private _____
1st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Propane Gas <input type="checkbox"/>
No. of Bedrooms 4	Sprinkler system: N/A <input type="checkbox"/>
Multi-family dwellings: _____	Full _____
No. of efficiency units: _____	Partial _____
No. of 1 BR units: _____	Other Suppression _____
No. of 2 BR units: _____	# of Heads _____
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
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 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 **V. Meyer**
agent

Title/Company _____

Vicky Meyer, Agent 410- 602-8779

Print Name _____

Date **4/16/04**

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		
Health	4/29/04	[Signature]
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

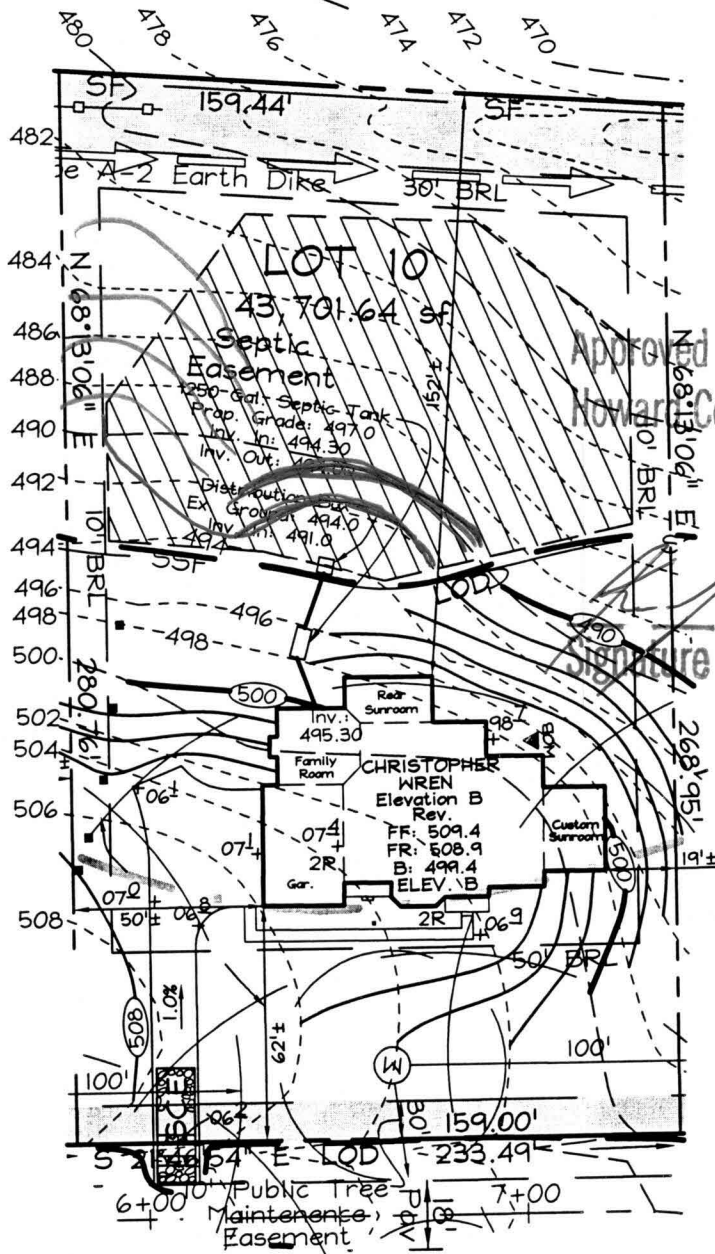
DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	61693
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # 402545
SDP/Red-line approval date _____	Validation # 42042

Accepted by **[Signature]**

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

Maryland State Grid (NAD 83/91)

(2) 50's



Approved Septic System Plan
Howard County Health Department

[Signature]
Signature
4/22/04
Date

STILES WAY
(PUBLIC ACCESS PLACE)

OWNER/ DEVELOPER

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



Zacharia Yosef Fisch
4/13/04

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-94-3644) has been field located by C. B. Miller professional surveyor and is accurately shown.

DESIGN BY: PS
 DRAWN BY: KSZ
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: Mar. 07, 2004
 W.O. No.: 3211
 SHEET No.: 1 OF 1

LOT RESITE
LOT 10
TWIN PINES

TAX MAP 22, GRID 8
3RD ELECTION DISTRICT

PARCEL 17
HOWARD COUNTY, MARYLAND

GP-04-47