

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

130047216 *KB*

Building Address 3127 Stiles Way
WEST FRIENDSHIP RD 21714
 Suite/Apt. #: _____ SDP/WP/Petition #: (P-044)
 Census Tract 103 Subdivision TWIN PINES
 Section _____ Area _____ Lot 9
 Tax Map 22 Parcel 17 Grid 8
 Zoning REDEO Map Coordinates 5PK Lot size 40x50

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 3016706144
 Applicant's Name & Mailing Address, (if other than stated hereon):
Vicky Meyer, Agent 410- 602
 Phone 410-602-8779 Fax _____

Existing Use vacant lot
 Proposed Use new single fam. dwelling
 Estimated Construction Cost \$ 275,000
 Description of Work Christopher Wren w/rear & side
Side (16'x22') - 3 car side load garage
Fin. Lower level - Rec. Rm. & Bathrm. & under Storage

Contractor Company D. R. Horton, Inc.
1370 Piccard Dr., St. 230
Rockville, MD 20850
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
3016706144 Fax _____

Occupant or Tenant see owner SUNCR.
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company PSI ENG
 Contact Person PAUL SILLS
 Address 8318 Towrest St.
 City ELlicott City State MD Zip Code 21043
 Phone 410-750-2251 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"/> 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 _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input 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 checked="" 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 checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>4</u>	
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 _____	

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.

VICKY MEYER
 Applicant's Signature
Agent
 Title/Company

Vicky Meyer
 Print Name
4/5/04
 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			
Dev. Engineering, DPZ			
Health	<u>4/7/04</u>	<u>[Signature]</u>	
Fire Protection			

Is 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 <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

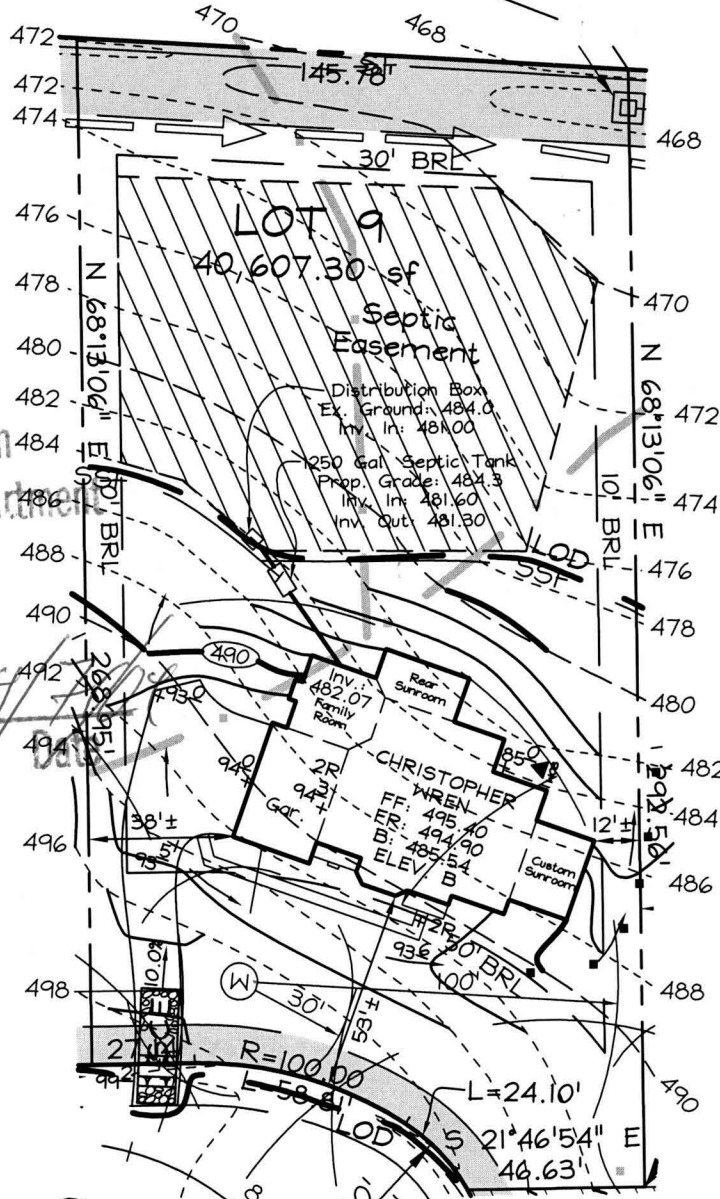
PROPERTY ID#:	PROPRIETOR
<u>130047216</u>	
Filing fee \$ <u>100</u>	
Permit fee \$ _____	
Excise tax \$ _____	
Add'l per. fee \$ _____	
TOTAL FEES \$ _____	
Sub-total paid \$ _____	
Balance due \$ _____	
Check # <u>402555</u>	
Validation # <u>402555</u>	

Accepted by [Signature]

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

40/61

Maryland State Grid (NAD 83/91)



Approved Septic System Plan
Howard County Health Department

[Signature]
Signature

STILES WAY
(PUBLIC ACCESS PLACE)

OWNER/ DEVELOPER

D.R. Horton
1370 Piccard Drive, Suite 230
Rockville, Maryland 20850
(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-94-3643) has been field located by C. B. Miller professional surveyor and is accurately shown.

DESIGN BY: PS
 DRAWN BY: GS
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: Mar. 30, 2004
 W.O. No.: 3211
 SHEET No.: 1 OF 1

LOT RESITE
LOT 9
TWIN PINES

TAX MAP 22, GRID 8
3RD ELECTION DISTRICT

PARCEL 17
HOWARD COUNTY, MARYLAND

GP-04-47