

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B-00147500 *MEM*

Building Address 3128 Stiles #3 Way
West Friendship, MD 21794

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

Census Tract 6030 Subdivision Twin Pines

Section _____ Area _____ Lot 4

Tax Map 22 Parcel 17 Grid 3

Zoning _____ Map Coordinates 50 Lot size _____

Property Owner's Name D. R. Horton, Inc.
1370 Piccard Dr., St. 230
Rockville, MD 20850

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone 301 670 6144

Applicant's Name & Mailing Address, (if other than stated hereon):
D. R. Horton, Inc. Vicky Meyer, Agent
1370 Piccard Dr., St. 230
Rockville, MD 20850
Phone 410-602-8779 Fax _____

Existing Use vacant lot

Proposed Use new single fam. dwelling

Estimated Construction Cost \$ 300,000

Description of Work COVENTRY w/Rear Surica.

Contractor Company D. R. Horton, Inc.
1370 Piccard Dr., St. 230
Rockville, MD 20850

Contact Person _____ 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 FSA ASSOC

Contact Person PAU

Address 8318 Forest 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 _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
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 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"/>	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.

Applicant's Signature _____
Title/Company _____

Vicky Meyer, Agent 410- 602-8779

Print Name _____
Date _____

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 type="checkbox"/> Building Official		
<input type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>5/3/04</u>	<u>Mark Kiefer</u>
<input type="checkbox"/> Fire Protection		

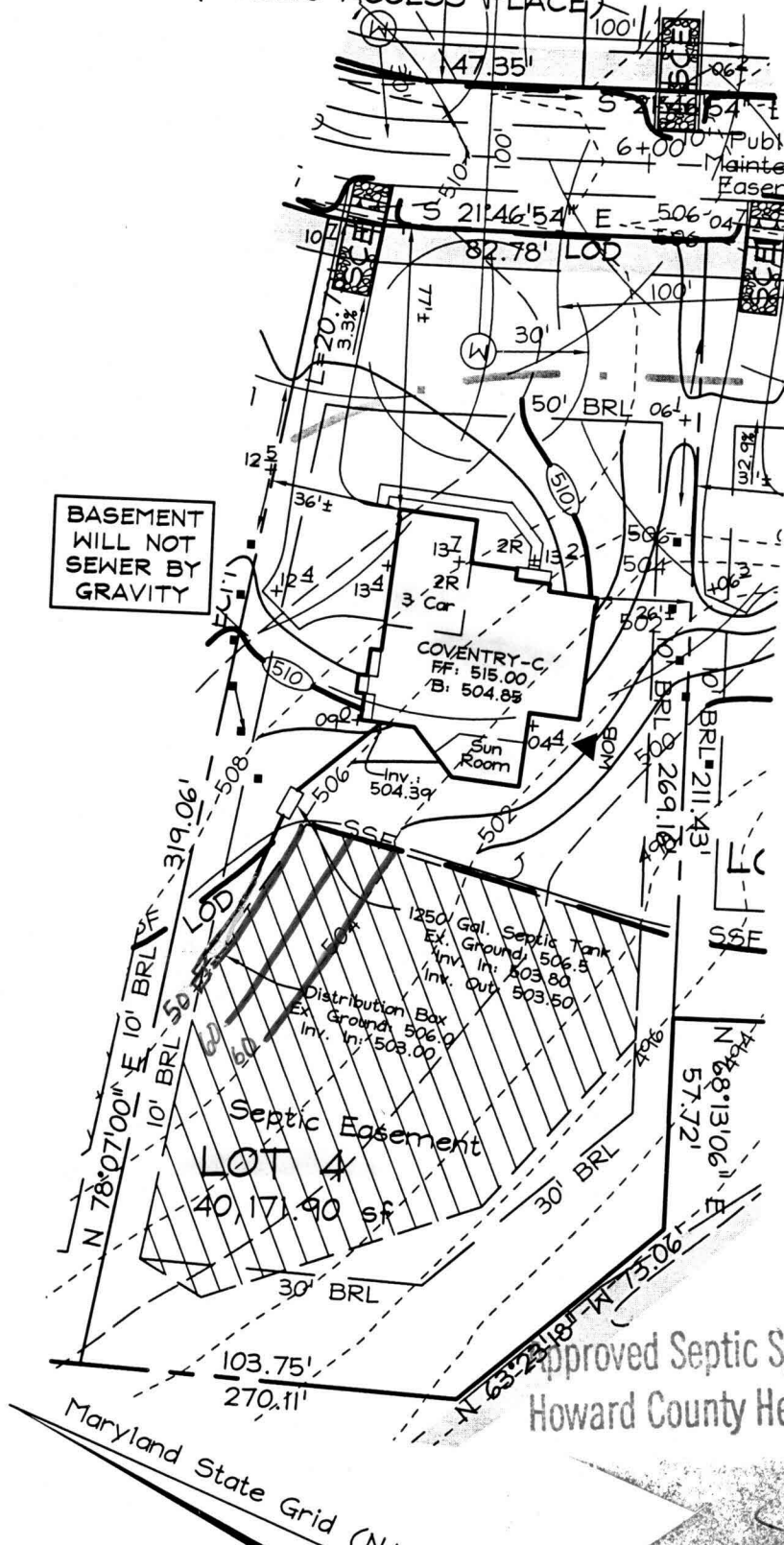
Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	<u>61692</u>
Rear: _____	Filing fee \$ <u>100</u>
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>402556</u>
	Validation # _____
	Accepted by _____

STILES WAY
(PUBLIC ACCESS PLACE)



**BASEMENT
WILL NOT
SEWER BY
GRAVITY**

Approved Septic System Plan
Howard County Health Department

Maryland State Grid (NAD 83/91)

Mark Lippin 5/3/04
Signature Date

OWNER/ DEVELOPER

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

FSH Associates

Engineers Planners Surveyors
8 Forrest Street Ellicott City, MD 21043
410-750-2251 Fax: 410-750-7350
Email: 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-94-3638) has been field located by C. B. Miller professional surveyor and is accurately shown.

SIGN BY: PS
DRAWN BY: Slim
CHECKED BY: ZYF
SCALE: 1"=50'
DATE: March 09, 2004

3128 Stiles Way

**LOT RESITE
LOT 4
TWIN PINES**

TAX MAP 22, GRID 8
3RD ELECTION DISTRICT

PARCEL 17
HOWARD COUNTY, MARYLAND

No.: 3211
SHEET No.: 1 OF 1

\\mfiles-horton\3211\dwg\resites\lot_4\030904\3211_51_4A.dwg, 4/7/2004 3:20:17 PM, psll

STILES WAY
(PUBLIC ACCESS PLACE)

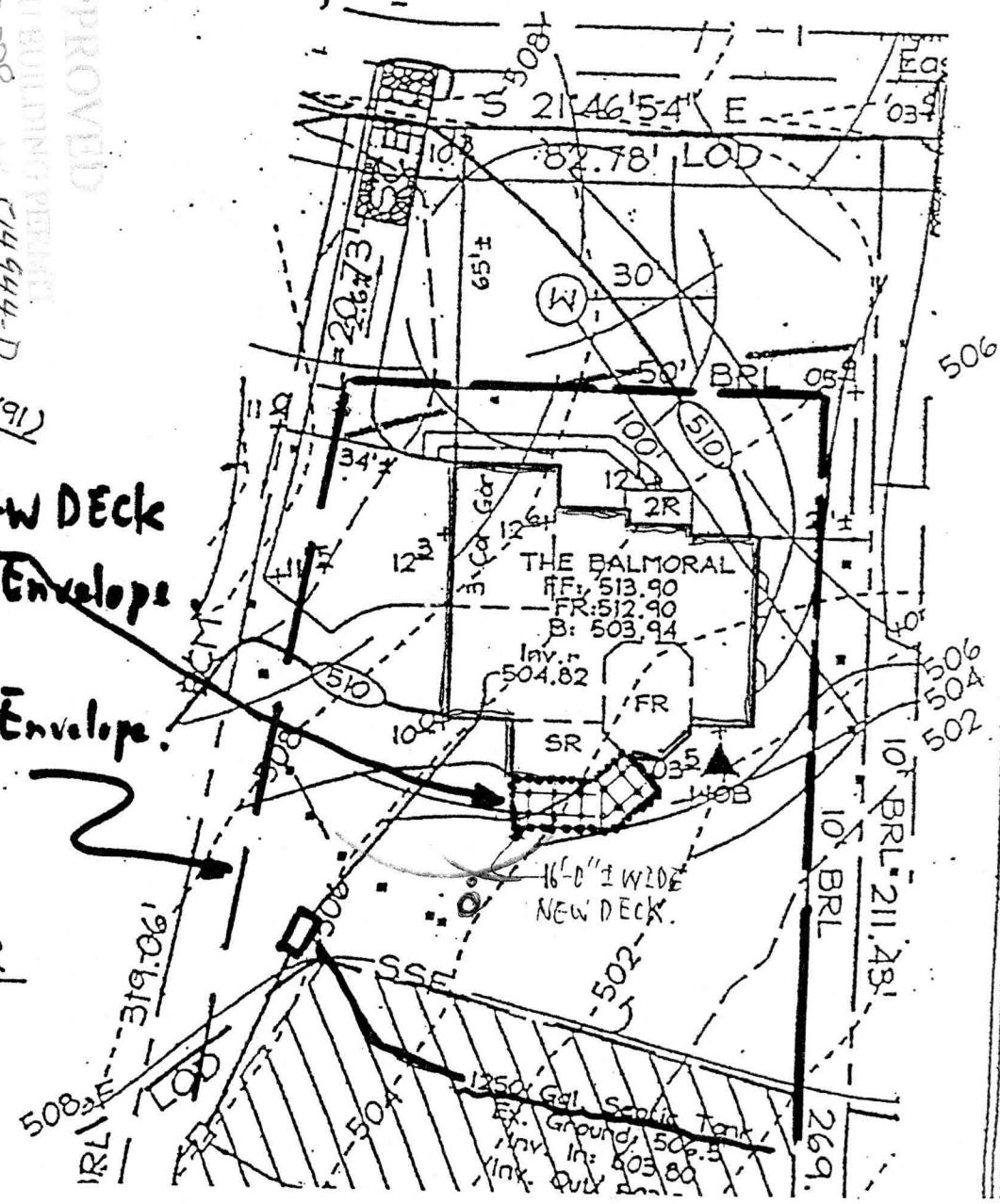
APPROVED
 BOD/BA339
 DATE: 10/30/04
 16' x 26' Deck
 (19/08)

16'-0" WIDE NEW DECK
 Within Building Envelope

Building Envelope

OPER

e 230
 2850
 4



FSH Associates

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

Site Plan for New Deck

5128 STILES WAY, WEST BACOND SHRP, MD

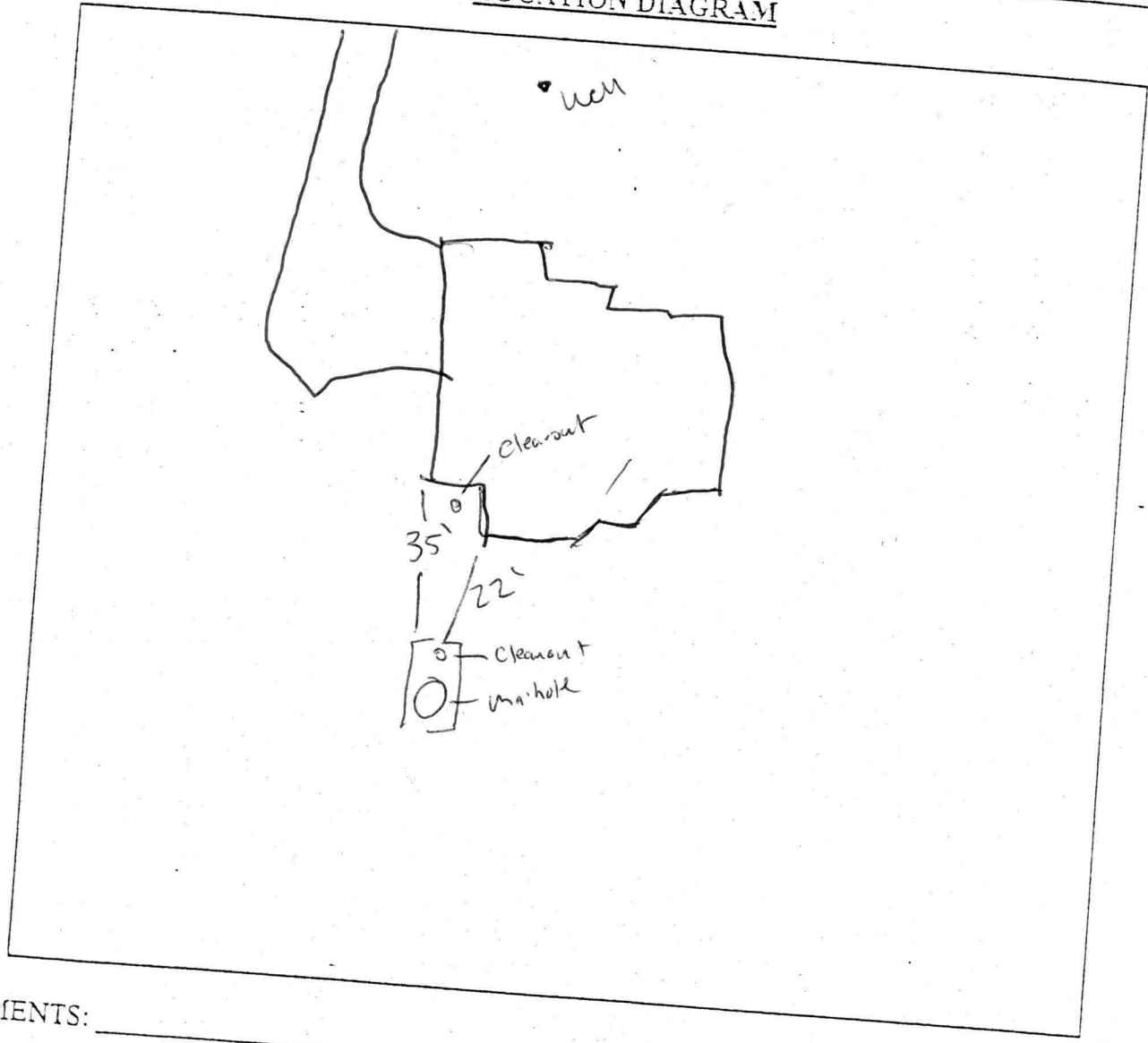
DESIGN BY: PS
 DRAWN BY: BB
 CHECKED BY: ZYF
 SCALE: 1"=40'
 DATE: May 13, 2004
 W.O. No.: 3211

LOT RESITE
 LOT 4
 TWIN PINES

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____
ADDRESS: 3120 Stiles Way CONTRACTOR: _____
SUBDIVISION: _____ LOT: _____ WELL TAG #: _____
PROPOSAL: _____ COUNTY #: _____

LOCATION DIAGRAM



COMMENTS: _____

DATE: 9/30/05 INSPECTOR: (Signature)