

B12000043

Building Address: 2917 Florence Road
Woodbine MD 21797

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

Census Tract: _____ Subdivision: Florenceville

Section: _____ Area: _____ Lot: _____

Tax Map: 07 Parcel: 117 Grid: 22

Zoning: _____ Map Coordinates: _____ Lot Size: 3.14A

Existing Use: VACANT LOT

Proposed Use: Single Family Home

Estimated Construction Cost: \$ 330,000.00

Description of Work: NEW CONSTRUCTION
insulated concrete forms -
perimeter walls

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Francisco + Lisa Martinez

Address: 6775 Old Waterloo Rd #634

City: Elkridge State: MD Zip Code: 21075

Home Phone: _____ Work Phone: 571-490-2300

Applicant's Name & Mailing Address, (If other than stated herein):

Phone: _____ Fax: _____

Email: frankmartinez@verizon.net

Contractor Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License No.: _____

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor: _____	<input type="checkbox"/> Private
2 nd floor: _____	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input checked="" type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>4</u>	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<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.

Applicant's Signature

Print Name

Email Address

Date

Title/Company

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

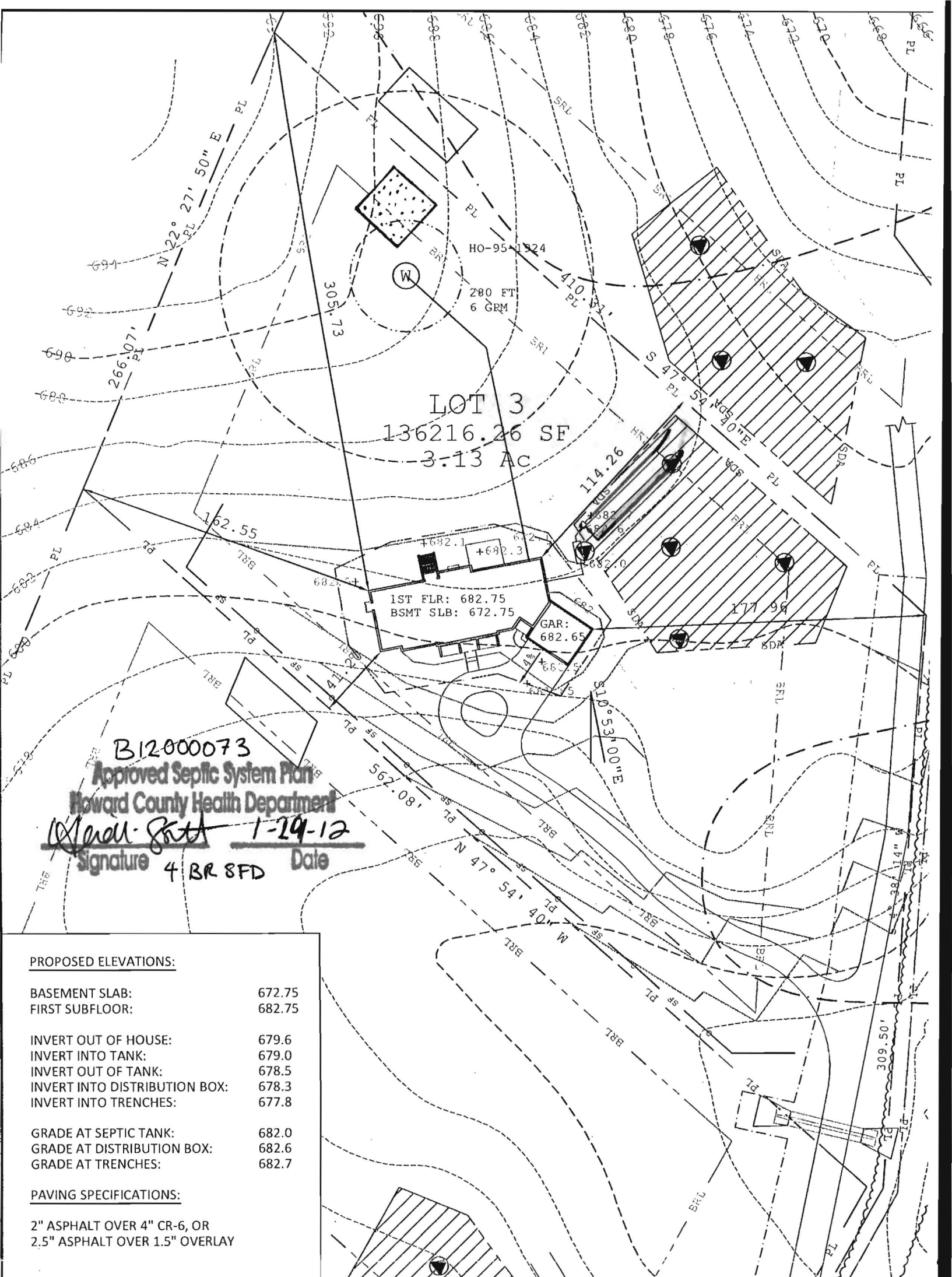
PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>1-24-12</u>	<u>Heidi Sall</u>
Fire Protection		

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$



PROPOSED ELEVATIONS:

BASEMENT SLAB:	672.75
FIRST SUBFLOOR:	682.75
INVERT OUT OF HOUSE:	679.6
INVERT INTO TANK:	679.0
INVERT OUT OF TANK:	678.5
INVERT INTO DISTRIBUTION BOX:	678.3
INVERT INTO TRENCHES:	677.8
GRADE AT SEPTIC TANK:	682.0
GRADE AT DISTRIBUTION BOX:	682.6
GRADE AT TRENCHES:	682.7

PAVING SPECIFICATIONS:


2" ASPHALT OVER 4" CR-6, OR
2.5" ASPHALT OVER 1.5" OVERLAY

APPROVED: HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING.

Chief, Development Engineering Division _____ Date _____
Director _____ Date _____

PROJECT NAME AND ADDRESS:

THE MARTINEZ RESIDENCE
2917 FLORENCE ROAD
WOODBINE, MD 21797
LOT NO. 3 FLORENCE VISTA
MAP 07, GRID 20, PARCEL 117
PLAT NO. 21364

 This area designates a private sewer easement of at least 10,000 sf as required by the Maryland Department of Environment for individual sewage disposal. Improvements of any nature in area are restricted. This easement shall become void upon connection to a public sewerage system. The county Health Officer shall have authority to grant adjustments to the private sewer easement. Recordation of a revised sewerage easement shall not be necessary.

APPROVED: FOR PUBLIC/PRIVATE WATER AND PUBLIC/PRIVATE SEWERAGE SYSTEMS- HOWARD COUNTY HEALTH DEPARTMENT.

Howard County Health Officer _____ Date _____

KEYDESIGNS LLC

www.keydesignsllc.com
Westminster, MD 410.751.2534

TITLE:

SITE PLAN

DATE: 31-Oct-11	SCALE: 1" = 60'	SHT: 0 1
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