

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

1300157829

Building Address 12126 Frederic Rd.
Ellicott City, MD 21042
 Suite/Apt. #: 03-343723 SDP/WP/Petition #: _____
 Census Tract 603000 Subdivision Frederick Overlook
 Section _____ Area n/a Lot 2
 Tax Map 16 Parcel 23 Grid 13
 Zoning RR-DEC Map Coordinates _____ Lot size 1.026ac

Property Owner's Name Dorsey Family Homes, Inc.
 Address 10717-B Birmingham Way
 City Woodstock State MD Zip Code 21163
 Home Phone _____ Work Phone 410-465-7200
 Applicant's Name & Mailing Address, (if other than stated hereon):
Building Permit Services, Inc. - Pat Orla
7806 Deboy Ave., Balto., MD 21222
 Phone 410-477-9666 Fax 410-477-8437

Existing Use Vacant Lot
 Proposed Use SFD
 Estimated Construction Cost \$ 300,000.00
 Description of Work Const.SFD-"Cairmont"w/SunRm& Conservatory
3 car sideload, 2sty, fullbsmt, R,4FB,1HB,& Gar(4Br)opt FP,
Fin.L/Lw/bath

Contractor Company Dorsey Family Homes, Inc.
 Contact Person Rob. Dorsey Beverly Little
 Address 10717-B Birmingham Way
 City Woodstock State MD Zip Code 21163
 License No. MHBR# 101
 Phone 410-465-7200 Fax 410-465-0488

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company MBA
 Contact Person DAN
 Address _____
 City _____ State _____ Zip Code _____
 Phone 410-997-0296 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> NFPA # 13D <input type="checkbox"/> NFPA # 13R <input type="checkbox"/> Other

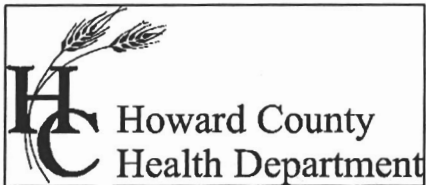
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE HERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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 _____
 Agent
 Title/Company _____

Building Permit Services, Inc. - Pat Orla
 Print Name _____
 1/23/06
 Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filling fee \$ 100.00
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Subtotal paid \$ _____
Health	<u>3/16/06</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # <u>1500</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line, approval date _____	Validation # _____
			Accepted by _____	



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein. M.D.. M.P.H.. Health Officer

August 29, 2006

Dorsey Family Homes, Inc.
10717-B Birmingham Way
Woodstock, MD 21163

SENT VIA FAX TO 410-477-8437

RE: Frederick Overlook, Lot 2
12126 Frederick Road
Ellicott City, MD 21042
BP# B00157829
PUBLIC WATER

Dear Sir/Madam:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 07/24/2006.**

The property is served by public water and is therefore exempt from the Health Department water sampling requirements.

By issuance of this letter, this office recommends release of the Use and Occupancy permit for the referenced property.

Approving Authority,

Brian Baker, R. S.
Well & Septic Program

mlb
cc: Building Inspector's Office
File