

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B07000568

Building Address 6828 Green Hollow Way
Hyattsville MD 20777
Suite/Apt. #: _____ SDP/WP/Petition #: 18331
Census Tract 68501 Subdivision Manor Plaines
Section _____ Area _____ Lot 10 Prop.
Tax Map 40 Parcel 44 Grid 4
Zoning RL Map Coordinates _____ Lot size .83/A

Property Owner's Name Funding Plaza LLC
Address 6200 Woodside Court Suite A
City Adelphi State MD Zip Code 20610
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use vacant lot
Proposed Use new building
Estimated Construction Cost \$ 700,000
Description of Work new building

Contractor Company Design-Thru-Build Partners
Contact Person John Powell
Address 6200 Woodside Court
City Adelphi State MD Zip Code 20610
License No. _____
Phone 410 947 7200 Fax 410 281 8700

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

Engineer or Architect Company _____
Contact Person _____
Address ATMC Architects
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
Water Supply: _____
 Public
 Private
Sewage Disposal: _____
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads

Building Characteristics
SF Dwelling SF Townhouse
Depth _____ Width _____
1st floor: _____
2nd floor: _____
Basement: _____
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms _____
Height: _____
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 Height: _____
 State Certified Modular
 Manufactured Home

Utilities
Water Supply: _____
 Public
 Private
Sewage Disposal: _____
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 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 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.

John Powell
Applicant's Signature

John Powell
Print Name

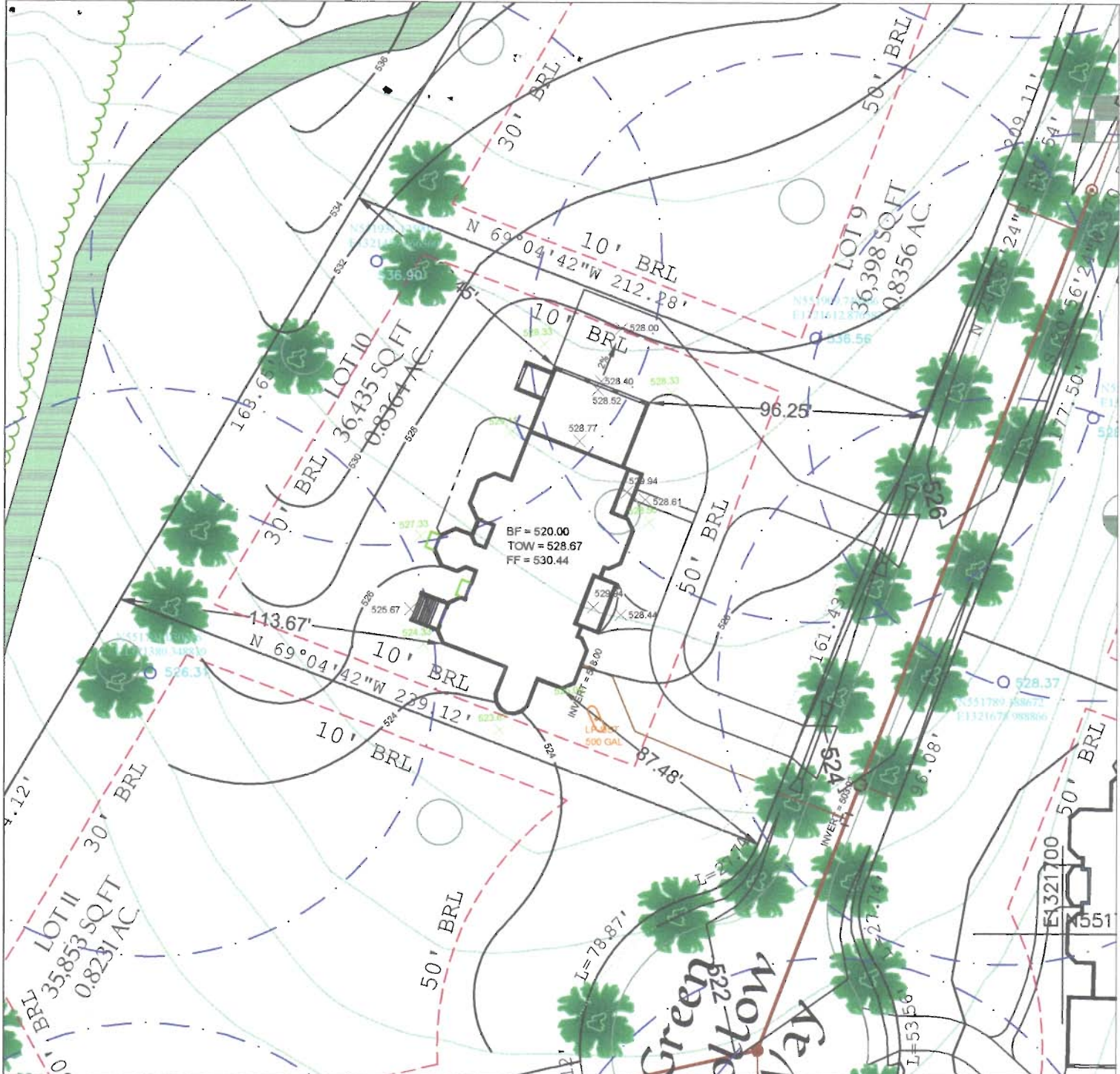
Design-Thru-Build Partners
Title/Company

2/20/12
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: _____	Filing fee \$ <u>700</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health <u>4/13/07</u>		<u>John Powell</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: _____			Lot Coverage for New/Town Zone _____	Accepted by _____
White: Building Official			SDP/Red-line approval date _____	
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				



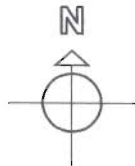
The existing well(s) shown on this plan have been field located by a Professional Land Surveyor, and is (are) accurately shown. All drilled wells and SDA's within the boundaries of this property are shown.

TAGGED WELL DATA	
TAG NUMBER:	HO-94-3676
NORTHING:	551936.125903
EASTING:	1321459.066380

PERCOLATION TEST PASSED
 PERCOLATION TEST FAILED

TITLE:
**PERCOLATION PLAT
 PLOT PLAN**

DATE: 02-21-07
 SCALE: 1: 50



OWNER/ BUILDER:
Dale Thompson Builders, Inc.
 6300 Woodside Court
 Suite A
 Columbia, MD 21046

PROPOSED ELEVATIONS:	
TOP OF BASEMENT SLAB:	520.00
TOP OF FOUNDATION WALL:	528.67
TOP OF FIRST SUBFLOOR:	530.44
INVERT OUT OF HOUSE:	518.00
INVERT INTO TANK:	N/A
INVERT OUT OF TANK:	N/A
INVERT INTO PUMP:	N/A
INVERT OUT OF PUMP:	N/A
INVERT @ SHIC:	503.30
INVERT INTO DISTRIBUTION BOX:	N/A
INVERT INTO TRENCHES:	N/A
GRADE AT HOUSE INVERT:	528.00
GRADE AT SEPTIC TANK:	N/A
GRADE AT PUMP:	N/A
GRADE AT DISTRIBUTION BOX:	N/A
GRADE AT TRENCHES:	N/A

PROJECT NAME:
 SINGLE-FAMILY DWELLING
 HIGHLAND OVERLOOK
 LOT 10
 FULTON, HOWARD COUNTY
 MARYLAND

APPROVED FOR PRIVATE WATER AND PRIVATE/PUBLIC SEWERAGE SYSTEMS IN CONFORMANCE WITH THE MASTER PLAN OF HOWARD COUNTY.

Penny E. Borenstein, M.D., M.P.H., HOWARD COUNTY HEALTH OFFICER

DATE

PAVING SPECIFICATIONS: 2" ASPHALT OVER 4" CR-6 OR 2.5" ASPHALT OVER 1.5" OVERLAY