

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

000158381

Health

0172

Building Address 2954 Evergreen Way
Ellicott City Md. 21042
Suite/Apt. # 03-291103 SDP/WP/Petition #:
Census Tract 6030.00 Subdivision GREEN HEDGE
Section _____ Area _____ Lot 25
Tax Map 16 Parcel 257 Grid 19
Zoning RR Map Coordinates 60/0P5 Lot size .93 ACRE

Property Owner's Name MUELLER HOMES, INC.
Address P.O. Box 115
7520 MAIN STREET SUITE 201
WEST FRIENDSHIP
City SYKESVILLE State MD Zip Code 21784
Home Phone _____ Work Phone 410 549 4444
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone 443 324 7068 Fax 410 549 4440

Existing Use NONE
Proposed Use SFH
Estimated Construction Cost \$ 400,000
Description of Work BUILD NEW HOME
3 CAR
N/4 BED, 4 BATH, ATTACHED GARAGE,
UNFINISHED BASEMENT w/ ROUGH IN
2 FP, FRONT PORCH

Contractor Company MUELLER HOMES, INC.
Contact Person CARSON ARNOLD
Address P.O. Box 115
7520 MAIN STREET SUITE 201
City SYKESVILLE State MD Zip Code 21784
License No. 22
Phone 443 324 7058 Fax 410 549 4440

Occupant or Tenant NONE
Contact Name CARSON ARNOLD
Address 7520 MAIN STREET SUITE 201
City SYKESVILLE State MD Zip Code 21784
Phone 443 324 7058 Fax 410 549 4440

Engineer or Architect Company MUELLER HOMES, INC.
Contact Person TONY LETKE
Address 7520 MAIN STREET SYKESVILLE
City SUITE 201 State MD Zip Code 21784
Phone 410 549 4444 Fax 410 549 4440

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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>88'8"</u> <u>66'4"</u> 2nd floor: <u>35'0"</u> <u>45'8"</u> Basement: <u>88'8"</u> <u>68'</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Height: <u>42'</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <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
PROJECT MANAGER, MUELLER HOMES, INC.
Title/Company

Print Name CARSON ARNOLD
Date 3.7.06

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 checked="" type="checkbox"/> State Highways			
<input checked="" type="checkbox"/> Building Official			
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			
<input checked="" type="checkbox"/> Health	<u>3/7/06</u>	<u>[Signature]</u>	
<input checked="" type="checkbox"/> Fire Protection			
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			
ONE STOP SHOP: <input type="checkbox"/>			

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>100</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>120</u>
SDP/Red-line approval date _____	Validation # <u>108387</u>

A 70770

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3400 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-3655 INSPECTIONS (410) 313-1810
UNIFORMED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

EO6000428

Building Address 2854 EVERGREEN WAY
ELLCOTT CITY, MD. 21042

Property Owner's Name MUELLER HOMES INC.

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

Address
P.O. BOX 115

Census Tract 602000 Subdivision GILLEN HUNTER

City WEST FRIENDSHIP State MD. Zip Code 21794

Section _____ Area _____ Lot 25

Home Phone _____ Work Phone 410 442-1455

Tax Map 16 Parcel 257 Grid 19

Applicant's Name & Mailing Address, (if other than stated hereon):
SCOTT ANTKOWIAK (SAME AS BELOW)

Zoning RR 10 Map Coordinates H10/65 Lot size 40675 sq ft

Phone _____ Fax _____

Existing Use SFU

Contractor Company TEVIS OIL & PROPANE

Proposed Use 2-FURNACES 2 GAS PIPELINES

Contact Person
SCOTT ANTKOWIAK

Estimated Construction Cost \$ 2,975.00

Address
832 JOHN ST.

Description of Work FURNISH AND INSTALL ONE

City WESTMINSTER State MD. Zip Code 21158

1000 GAL. UNDERGROUND PROPANE
TANK. RUN SUPPLY LINE TO EXIST-
ING TRUNKLINE SERVICE CUT.

License No. CTRO102
Phone 410 848-4433 Fax 410 848-8580

Occupant or Tenant _____

Engineer or Architect Company _____

Contact Name _____

Contact Person _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - **COMMERCIAL**

BUILDING DESCRIPTION - **RESIDENTIAL**

Building Characteristics

Utilities

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

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 UPON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

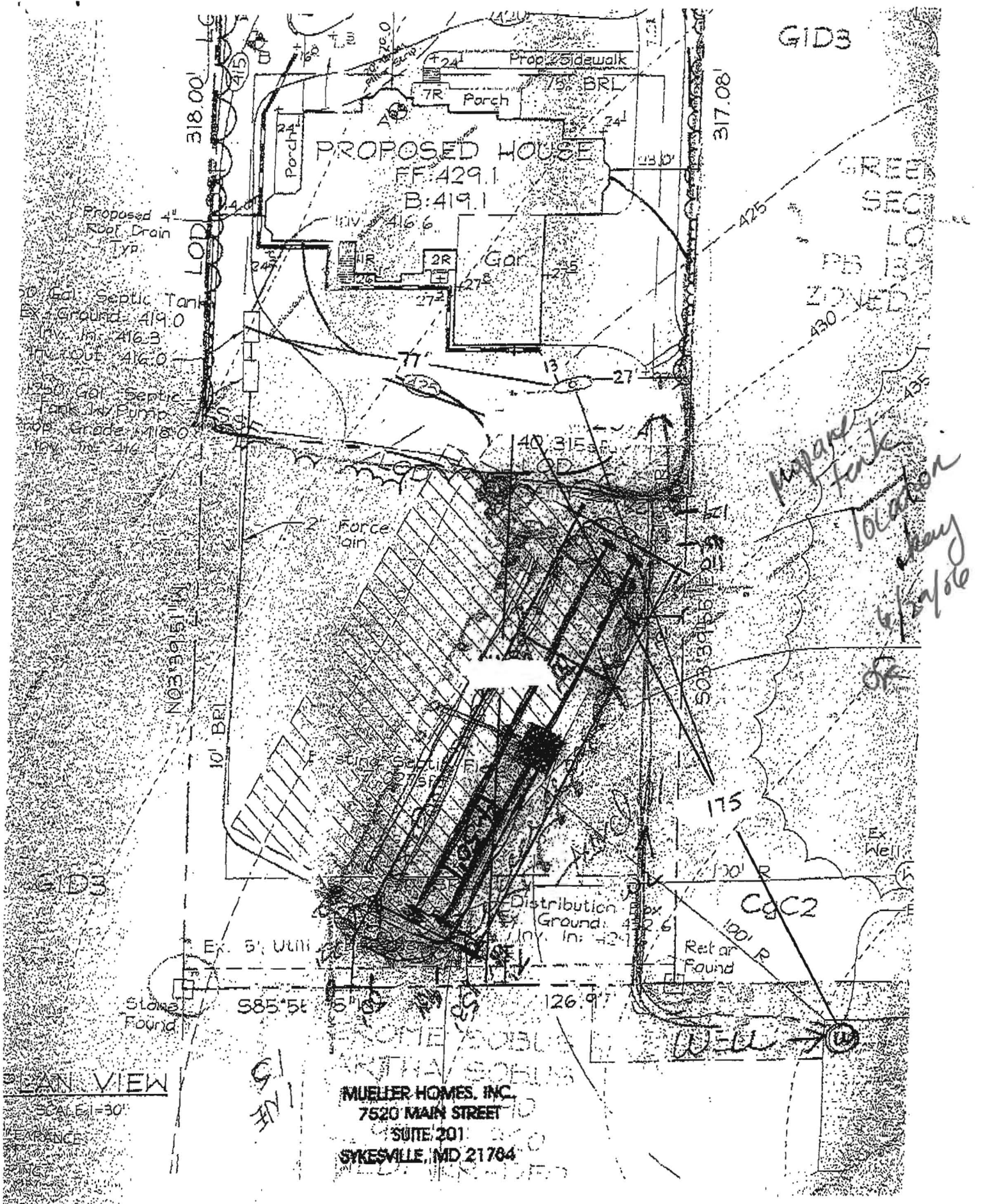
TEVIS OIL & PROPANE
Applicant's Signature
Title/Company

SCOTT ANTKOWIAK
Print Name
6/20/06
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
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AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ <u>100.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St. _____	Add'l per. fee \$ <u>1000</u>
Health	<u>6/29/06</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ <u>1100</u>
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District?	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	
Department of Copies: _____	White: Building Official	Green: LDD, DPZ	SDP/Red-line approval date _____	Accepted by _____
Yellow: DED, DPZ	Pink: Health	Gold: SHA		

Rev. 11/4/04



PLAN VIEW

SCALE: 1"=30'

EXPLANANCE

DATE

BY

MUELLER HOMES, INC.
7520 MAIN STREET
SUITE 201
SYKESVILLE, MD 21784

prepare tank location change 6/27/06

WELL 10