

1574 68706

Building Address 3104 Stiles Way  
West Friendship MD 21794

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: GP04.47

Census Tract 60300 Subdivision TWIN PINES

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 1

Tax Map 22 Parcel 17 Grid 8

Zoning R1P2 Map Coordinates 1046 Lot size 1.09

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone 301-670-6144

Applicant's Name & Mailing Address, (if other than stated hereon):  
Victoria Meyer  
Maryland Bldg. Permits, Inc.

Phone 410-296-6900 Fax \_\_\_\_\_

Existing Use vacant lot

Proposed Use new single fam. dwelling

Estimated Construction Cost \$ 250,000

Description of Work Sonolet w/ side sunrm 16x22  
2 story, full Bsmt., 11R, 3FB, 1HB, FP  
SUNRM, F, 3LA GARAGE, opt. fin L/C

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

Contact Person \_\_\_\_\_

Address Janif

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 Benchmark Engineers  
John Carter (PAWS 511)

Contact Person FSH

Address 8316 Forest St.

City Ellicott City State MD Zip Code 21093

Phone 410-750-2251 Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" 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: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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"/> No. of Bedrooms <u>4</u>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
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 THERE TO, (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 V. Meyer

Print Name 1/25/05

Title/Company \_\_\_\_\_ Date \_\_\_\_\_

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*

**FOR OFFICE USE ONLY**

AGENCY	DATE	SIGNATURE (PRINT)	SETBACK INFORMATION	PROPERTY ID#
Public Development - DPZ			Front: _____	Filing fee \$ _____
Public Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
City Engineering - DPZ			Side St: _____	Add'l per fee \$ _____
Health			All minimum setbacks met? <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? <input type="checkbox"/> YES <input type="checkbox"/> NO	Sub-total paid \$ _____
Submittal Control approval required prior to issuance?			Historic District? <input type="checkbox"/> YES <input type="checkbox"/> NO	Balance due \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO			Lot Coverage for New Town Zone _____	Check \$ _____
CONTINGENTLY CONSTRUCTION START <input type="checkbox"/>			SDP/Red-line approval date _____	Validation \$ _____
ONE STOP SHOP <input type="checkbox"/>				Accepted by <u>[Signature]</u>