

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B 00153905

Building Address 11810 FREDERICK RD.
ELLICOTT CITY, MD 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6030 Subdivision KINGS CREST
 Section _____ Area _____ Lot 1
 Tax Map 16 Parcel 318 Grid 8
 Zoning RCDEM Map Coordinates 10H4 Lot size 4.96 AC ±

Property Owner's Name DAN PARKER
 Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone 410 531 8105 Fax 410 531 8070

Existing Use VACANT LOT
 Proposed Use NEW SINGLE FAMILY
 Estimated Construction Cost \$ 325,000
 Description of Work CONSTRUCT 4 B.R., 2 1/2 BATH
HOME w/ UNFINISHED BASEMENT P/PLAN

Contractor Company THE GRIFFIN GROUP LLC
 Contact Person STEVE GRIFFIN
 Address 4074 LINTHICUM RD
 City DAYTON State MD Zip Code 21036
 License No. 1307
 Phone (410) 984-6944 Fax (410) 531-8070

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

Engineer or Architect Company FCC
 Contact Person ABOVE
 Address _____
 City _____ State _____ Zip Code _____
 Phone 410 461 2858 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>48'4"</u> <u>60'</u> 2nd floor: <u>43'4"</u> <u>60'</u> Basement: <u>48'4"</u> <u>60'</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>	Water Supply: _____ Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input 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 type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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 _____
 Title/Company Principal / Griffin Group LLC

Print Name STEPHEN GRIFFIN
 Date 5/20/05

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 type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>4/9/05</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Health		
<input type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____

PROPERTY ID# 65715

Filing fee \$ 100.00
 Permit fee \$ _____
 Excise tax \$ _____
 Add'l per. fee \$ _____
 TOTAL FEES \$ _____
 Sub-total paid \$ _____
 Balance due \$ _____
 Check # 4475
 Validation # 72883

Accepted by [Signature]

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

5 BASED
ARD COU
ONTRACT

LOT 1
4.9613 AC.±

519°05'57"W 359.99'

30' BRL

60' BRL

SEPTIC AREA

Distribution Box
Ex. Elev. 520.8
Inv. 517.8

Pump Tank
EX GRADE 510.5
Inv. In 508.0

1500 Gal. Septic Tank
Ex. Grade 510.8
Inv. In 508.4
Inv. Out 508.1

Proposed Level Spreader
For Way See Detail
This Sheet

1/17/06
OK SF
14x16
SUN200 M

L.O.D.

N70°35'00"W 600.32'

PARKER RESIDENCE
FF 521.4
B-512.40

12' SHOULDER AREA GRADED AT 4%
SLOPE FOR DISCONNECTION OF NON-
ROOFTOP RUNOFF CREDIT (WQV)

15' WQV
SLOPE
RUNOFF

520

520

L.O.D.



