

600008478

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2466 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

BOOY44463 *me*

Building Address 11712 Pindell Chase Drive
Fulton, MD 20759
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 605102 Subdivision Pindell Chase
Section _____ Area _____ Lot 3
Tax Map 41 Parcel 59 Grid 14
Zoning PROFO Map Coordinates 15412 Lot size _____

Property Owner's Name Toll MD II
Address 7164 Columbia Gateway DR. suite #230
City Columbia State MD Zip Code 21045
Home Phone 443 829-4083 Work Phone 410 531-8471
Applicant's Name & Mailing Address, (if other than stated hereon):
Mike Fitzgerald
6830 cricketside Rd
Clarksville, MD 21029
Phone 410 531-8471 Fax 410 531-8472

Existing Use Vacant lot
Proposed Use SEU
Estimated Construction Cost \$ 250,000
Description of Work Construct SEU "Monroe"
2 story, Full basement, 10R, 3FB, HB, FC, E
3 car garage

Contractor Company Toll MD II
Contact Person Mike Fitzgerald
Address 6830 cricketside Rd
City Clarksville State MD Zip Code 21029
License No. 678
Phone 410 531-8471 Fax 410 531-8472

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

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ 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: 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 1st floor: <u>58</u> <u>60</u> 2nd floor: <u>36</u> <u>60</u> Basement: <u>45</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: <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"/>
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 type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: <u>16x8</u> Roof: <u>ASP Gable</u> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: 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 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.

Mike Fitzgerald
Applicant's Signature
Assistant Project Manager - Toll MD II
Title/Company

Mike Fitzgerald
Print Name
10/2/03
Date

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