

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

1300151029

Building Address 12135 Mt. Albert Road
Ellicott City MD 21042
Suite/Apt. # 03-209731 SDP/WP/Petition #: _____
Census Tract 603000 Subdivision _____
Section 1 Area B. D Lot 9
Tax Map 22 Parcel 168 Grid 12
Zoning RR-DEP Map Coordinates 1019 Lot size 2.214

Property Owner's Name C. Knudsen Development LLC
Address 8455 Baltimore National Pike
City Ellicott City State MD Zip Code 21043
Home Phone _____ Work Phone 410-465-2222
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Vacant Lot
Proposed Use Single Family Dwelling
Estimated Construction Cost 1,100,000
Description of Work 8 rm, 5/2 bedr, 3 1/2 bath, lr, dr
kitchen, unfinished basement, 3 car garage

Contractor Company C. Knudsen Builders LLC
Contact Person Christian S. Knudsen, Jr.
Address 8455 Baltimore National Pike
City Ellicott State MD Zip Code 21043
License No. _____
Phone 410-465-2222 Fax 410-465-2231

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: _____ Public _____ Private _____ |
| No. of stories: _____ | Sewage Disposal: _____ Public _____ Private _____ |
| Gross area, sq. ft. per floor: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Use group: _____ | Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____ |

| Building Characteristics | Utilities |
|--|---|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: Depth <u>66'8"</u> Width <u>60'8"</u> 2nd floor: <u>42'9"</u> <u>60'8"</u> Basement: <u>66'8"</u> <u>60'8"</u> Finished Basement <input type="checkbox"/> Unfinished Basements <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>5</u> 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 _____ | Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> 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.

Applicant's Signature Christian S. Knudsen, Jr.
President/Member, C. Knudsen Development
Title Company

Print Name Christian S. Knudsen, Jr.
Date 2-1-06

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

| AGENCY | DATE | SIGNATURE APPROVAL |
|--|---------------|--------------------|
| Land Development, DPZ | | |
| State Highways | | |
| Building Official | | |
| Dev. Engineering, DPZ | | |
| Health | <u>3/7/06</u> | <u>[Signature]</u> |
| Fire Protection | | |
| Is Sediment Control approval required prior to issuance? | | |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

| DPZ SETBACK INFORMATION | PROPERTY ID# |
|---|-------------------------|
| Front: _____ | Filing fee \$ _____ |
| 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 \$ _____ |
| SDP/Red-line approval date _____ | Validation \$ _____ |

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ
T:\ams\PERMIT.FRM

Accepted by _____
Phnic Health Gold: SHA