

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

707000458

Building Address 13603 Fox Stream Way
West Friendship, MD 21794

Suite/Apt. #: _____ SDP/WP/Petition #: 11015

Census Tract 110100 Subdivision Fox Meadow

Section _____ Area _____ Lot 5

Tax Map 15 Parcel 167 Grid 11

Zoning _____ Map Coordinates _____ Lot size 1 acre

Existing Use VACANT LOT (GP-9011)

Proposed Use New Single Family Dwelling

Estimated Construction Cost \$ 900,000

Description of Work 2 story SFD, Partial Finished

BSATT 12 ROOMS, 5 FD, 1 HD, P, TAB

GAS F/P, 3 CAR GARAGE

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name Northridge Development LLC

Address 4781 TEN OAKS ROAD

City Dayton State MD Zip Code 21036

Home Phone N/A Work Phone 410-531-8930

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax 410-531-8931

Contractor Company JAMES H. Selfridge Builders, Inc

Contact Person TIM RAGEN

Address 4781 TEN OAKS ROAD

City Dayton State MD Zip Code 21036

License No. HBL00929

Phone 410-531-8930 Fax 410-531-8939

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

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

Utilities

SF Dwelling SF Townhouse
Depth Width
1st floor: 42 68
2nd floor: 42 68
Basement: 42 68
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms 4
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

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

Tim Ragen
Applicant's Signature
J.H. Selfridge Builders
Title/Company

TIM RAGEN
Print Name
2/9/07
Date

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 type="checkbox"/> Building Official		
<input type="checkbox"/> Dev. Engineering, DPZ		
<input type="checkbox"/> Health	<u>2/16/07</u>	<u>[Signature]</u>
<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 <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#:
Filing fee \$ <u>100.00</u>
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # <u>20685</u>
Validation # _____

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

BUILDING PERMIT

HOWARD COUNTY
INSPECTIONS, LICENSES & PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY MD 21043-4395
(410) 313-3800

PERMIT NBR: B00148019
PROJECT NBR:
CENSUS TRACT: 6030
APPLIC DATE: 05/10/04
ISSUE DATE: 05/10/04

MAP COORDINATES: 9H4
BUILDING ADDRESS:
13613 FOX STREAM WAY
WEST FRIENDSHIP, MD 21794

OWNER INFORMATION:
NORTHEDGE DEVELOPMENT LLC
14045 GARED DR
GLENWOOD, MD 21738

SUBDIVISION: FOX MEADOW
TAX MAP: 15 ACREAGE 0.00
BLK(ST): LOT:5 BLK:19
PARCEL: 167 SECTION:
AREA: DISTRICT: 3
PROPERTY ID NUMBER: 0000-0006-1987
SDP: FILE:

WRK:(410) 531-8930 HM:
APPLC: NANCY M BOONE

CONTRACTOR INFORMATION:
JAMES H SELFRIDGE BUILDERS INC
14045 GARED DR
GLENWOOD MD 21738-
PHONE: (410) 992-8282
COUNTY LICENSE: CTR02282
STATE LICENSE:
LICENSEE:
PHONE: (410) 992-8282

SUITE/APT:

IMPROVEMENT TYPE.: TEMPORARY
USE TYPE.....: TEMPORARY RESIDENTIAL TRLR(SALES OFFICE)
EXISTING USE.....: VACANT LOT
PROPOSED USE.....: TEMPORARY SALES TRAILER 60 X 23'6"
PROPOSED WORK.....: TEMPORARY SALES TRAILER

=====
DESCRIPTION OF WORK
=====

=====
LOT CHARACTERISTICS
=====

AREA OF LOT
AREA DISTURBED
ENTRANCE PERMIT
STATE CERTIFIED

=====
OCCUPANT INFORMATION
=====

NAME
ADDRESS
CITY/ST/ZIP
()

=====
ENGINEER OR ARCHITECT
=====

NAME
ADDRESS
CITY/ST/ZIP
()

=====
BUILDING CHARACTERISTICS
=====

BUILDING HEIGHT (FT)
NUMBER OF STORIES
USE GROUP
TYPE OF CONSTRUCTION
MODULAR BUILDING
MOBILE HOME
SEWAGE DISPOSAL TYPE
WATER SUPPLY TYPE
HEATING FUEL
SPRINKLERS
NBR OF TANKS
GROSS AREA SQ FT
OCCUP. SQ FT (.80)
OCCUP. SQ FT (.40)
COST OF CONSTR. \$ 2000

=====
BUILDING DIMENSIONS
=====

UNFIN. BASEMENT
FIN. BASEMENT
1ST FLOOR
2ND FLOOR
GARAGE
CARPORT
PORCH
DECK

=====
UNITS
=====

SINGLE FAMILY
NBR BEDRMS
MULTI FAMILY
EFFICIENCY
1 BEDROOM
2 BEDROOM
3+ BEDROOM
TOTL UNITS

=====
IMPROVEMENTS
=====

CENTRAL A-C
ELECTRIC
FIREPLACE
PLUMBING
BATH (NBR)
OTHER
DRYWELL

ZONING RCDEO
ALL MINIMUM SETBACK REQUIREMENTS MET? Y
==MINIMUM==SETBACKS====
FRONT
REAR
SIDE
SIDE ST

=====
COMMENTS
=====

CASH RECEIPT NBR. : 47467
FEE PAYMENT HISTORY: \$ 110.00

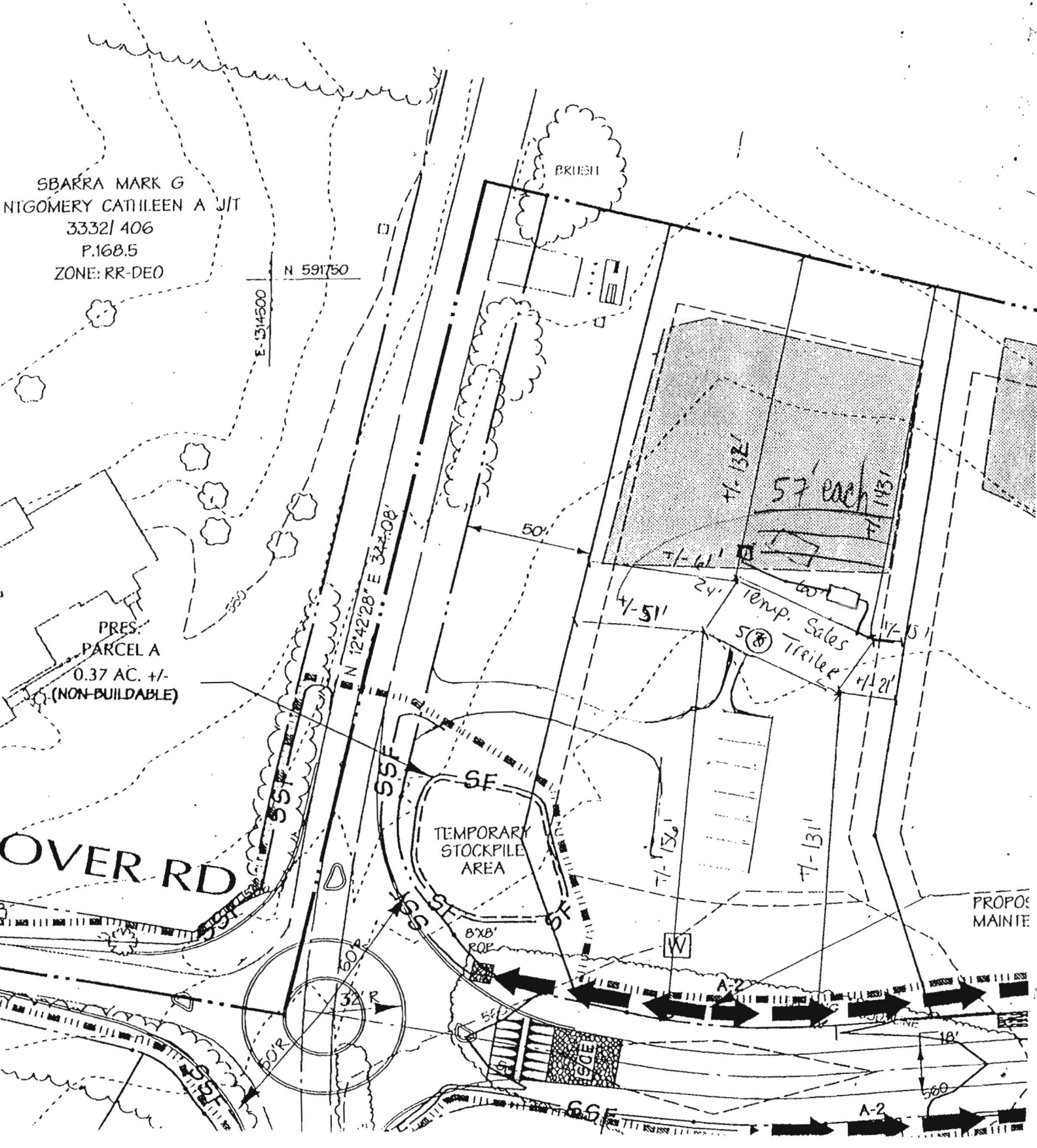
APPROVED BY DIRECTOR OF INSPECTIONS, LICENSES, AND PERMITS: J. MICHAEL EVANS

Fox Meadow Subdivision Temp. Sales Trailer

SBARRA MARK G
MONTGOMERY CATHELEEN A J/T
33321 406
P.168.5
ZONE: RR-DEO

PRES.
PARCEL A
0.37 AC. +/-
(NON-BUILDABLE)

OVER RD



PROPOS
MAINT

A-2

500

18'