

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B-148079 *VB*

Building Address **15509 PATTALUM OAKS
GLENWOOD 21738**

Suite/Apt. #: _____ SDP/WP/Petition #: **GPO1-LL**

Census Tract _____ Subdivision **PLUMMER HILLS AT CANTON CREEK**

Section _____ Area _____ Lot **Prop Parcel B**

Tax Map **31** Parcel **#103** Grid **10**

Zoning _____ Map Coordinates **9A8** Lot size **10.036**

Property Owner's Name **TRINITY QUALITY HOME S**

Address **5675 PARK AVE #301**

City **ELLSWORTH CITY** State **MD** Zip Code **21043**

Home Phone _____ Work Phone **410-313-5731**

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

Phone _____ Fax **410-313-5731**

Existing Use **VACANT LOT**

Proposed Use **SFD**

Estimated Construction Cost **\$ 355,000**

Description of Work **ELLIOTT MANOR - 2 STORY,
FULL BSMT, 1DR, 3FO, 111A, FPA
GARAGE (LDR)**

Contractor Company **SAME**

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. **699**

Phone _____ Fax _____

Occupant or Tenant **N/A**

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company **SAME**

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"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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 _____	

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 THEREIN; (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.

Sally L. Hodge
Applicant's Signature

VP OPERATIONS - TRINITY
Title/Company

SALLY HODGE
Print Name

5/12/04
Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID: 62046
Land Development, DPZ			Front: _____	Filing fee: \$ _____
State Highways			Rear: _____	Permit fee: \$ _____
Building Official			Side: _____	Excise tax: \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee: \$ _____
Health	6/1/04	<i>[Signature]</i>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES: \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid: \$ _____
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due: \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check: \$ 47.00
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation: \$ 423.36

Accepted by: *[Signature]*