

G-9100

Building Address 3161 OLD OAK DR  
ELLICOTT CITY, MD 21042

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6030 Subdivision HANCOCK EST

TAX ID # 03-317608

Section Area Lot 11

Tax Map 16 Parcel 40 Grid 20

Zoning RCDEO Map Coordinates 1044 Lot size \_\_\_\_\_

Property Owner's Name MIRZA + NIS HAT NUS

Address 8392 SCARLET GLEN CT

City MILLERSVILLE State MD Zip Code 21108

Home Phone 410-531-8473 Work Phone \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use LOT

Proposed Use NEW HOME

Estimated Construction Cost \$ 750,000

Description of Work NEW ALL ASBIC W/ FINISHES  
BASEMENT 3 CAR GARAGE 5 ACORINGS  
7 FULL BATHS 11 FIRE PLACES + 3 BALCONIES

Contractor Company GREENFIELD HOMES INC.

Contact Person RIK MIMUK

Address 6656 LUSTER DR

City HIGHLAND State MD Zip Code 20999

License No. \_\_\_\_\_

Phone 410-751-6782 Fax 443-585-0551

Occupant or Tenant \_\_\_\_\_

Contact Name N/A

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company MARC BANIK

Contact Person MARC

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone 410-750-2262 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: <u>N/A</u>	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 _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>66</u> Depth <u>78</u> Width <u>98</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>66</u> Depth <u>98</u> Width <u>98</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>66</u> Depth _____ Width _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFFPA #13D _____ NFFPA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>5</u>	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: <u>N/A</u>	
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 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.

Wayne Greenfield  
 Applicant's Signature  
Wayne Greenfield  
 Title/Company

WAYNE GREENFIELD  
 Print Name  
1/15/04  
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: <u>25'</u>	64023
State Highways			Rear: <u>65'</u>	Filing fee \$ <u>100.00</u>
Building Official			Side: <u>37'</u>	Permit fee \$ _____
Dev Engineering DPZ			Side St. _____	Excise tax \$ _____
Health <u>12-8-04</u> <u>Shelley S</u>			All minimum setbacks met? <input checked="" type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? <input checked="" type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? <input checked="" type="checkbox"/>			Historic District? <input checked="" type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE-STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>15733</u>
				Validation # <u>7770</u>
				Accepted by <u>[Signature]</u>