

GRADING PERMIT # G00009011

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
300 COURT HOUSE DRIVE  
ELLCOTT CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1610  
AUTOMATED INFORMATION (410) 313-3900

**HOWARD COUNTY  
PERMIT APPLICATION**

PERMIT NUMBER

D00152078 KJB

Building Address 13611 FOX STREAM WAY  
WEST FRIENDSHIP MD 21794  
Suite/Apt. #: TAX ID 03-342123 SDP/WP/Petition #: GPD498  
Census Tract 603000 Subdivision FOX MENDON  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 7  
Tax Map 15 Parcel 167 Grid 19  
Zoning RRDE2 Map Coordinates 944 Lot size 41,211

Property Owner's Name NORTHRIDGE DEV. LLC  
Address 14045 GABED DR.  
City GLENWOOD State MD Zip Code 21738  
Home Phone 410-992-8631 Work Phone 410-531-9930  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use VACANT LOT  
Proposed Use CUSTOM SFD  
Estimated Construction Cost \$ 350,000  
Description of Work 4BR 2.5BA 1 1/2 BA 1 FP  
FRNT PORCH 2 CAR GARAGE, 3pc. RT  
UNFINISHED BSMT  
Occupant or Tenant \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company JAMES H. SELPRIDGE BLDGS  
Contact Person NANCY BOONE  
Address 14045 GABED DR.  
City GLENWOOD State MD Zip Code 21738  
License No. 329  
Phone 410-531-9930 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: _____	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"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>50'</u> <u>57.9'</u> 2nd floor: <u>50'</u> <u>57.9'</u> Basement: <u>52.4'</u> <u>57.9'</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>  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: _____  <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	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"/>  Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" 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 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.

Susan Conklin  
Applicant's Signature  
Project Manager  
Title/Company

SUSAN CONKLIN  
Print Name  
1-31-05  
Date

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>2/3/05</u>	<u>[Signature]</u>
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  NO   
Is Entrance Permit required? YES  NO   
Historic District? YES  NO   
Lot Coverage for New Town Zone \_\_\_\_\_  
SDP/Red-line approval date \_\_\_\_\_

PROPERTY ID#: 64577  
Filing fee \$ 100.00  
Permit fee \$ \_\_\_\_\_  
Excise tax \$ \_\_\_\_\_  
Add'l per. fee \$ \_\_\_\_\_  
TOTAL FEES \$ \_\_\_\_\_  
Sub-total paid \$ \_\_\_\_\_  
Balance due \$ \_\_\_\_\_  
Check # 832  
Validation # 9285Y  
Accepted by [Signature]

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