

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00148590KN

Building Address ~~11807~~ **11807 FREDERICK RD**
ELLICOTT CITY MD 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract **6030** Subdivision **MEADOW SPRINGS**
 Section _____ Area _____ Lot **2**
 Tax Map **16** Parcel **283** Grid **14**
 Zoning **R1000** Map Coordinates **1044** Lot size _____

Property Owner's Name **GREENFIELD HOME, INC**
 Address **6650 LUSTER DR**
 City **HIGHLAND** State **MD** Zip Code **20777**
 Home Phone _____ Work Phone **410-781-6782**
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone **410-781-6782** Fax **443-535-0551**

Existing Use **VACANT LOT**
 Proposed Use **LOCATION FOR TEMP. SALES TRAILER**
 Estimated Construction Cost **\$ 1000.**
 Description of Work **LOCATE & INSTALL**
TEMPORARY SALES TRAILER
12450

Contractor Company **GREENFIELD HOMES INC**
 Contact Person **RICK MINOR**
 Address **6650 LUSTER DR.**
 City **HIGHLAND** State **MD** Zip Code **20777**
 License No. **361**
 Phone **410-781-6782** Fax **443-535-0551**

Occupant or Tenant **GREENFIELD HOMES INC.**
 Contact Name **RICK MINOR**
 Address **6650 LUSTER DR.**
 City **HIGHLAND** State **MD** Zip Code **20777**
 Phone **410-781-6782** Fax **443-535-0551**

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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: 50 12 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ 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 type="checkbox"/> No <input type="checkbox"/> Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 THEREON; (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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Rick Minor GREENFIELD HOMES
 Applicant's Signature
PROJ. MGR.
 Title/Company

RICK MINOR
 Print Name
6-1-04
 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	6/4/04	Karen Thomas
Fire Protection		
Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION
 Front: _____
 Rear: _____
 Side: _____ **Tch**
 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# 62297

Filing fee	\$
Permit fee	\$ 100.00
Excise tax	\$ 10.00
Sub-total paid	\$
Add'l permit fee	\$
TOTAL FEES	\$ 110.00
Balance due	\$
Check	# CASH
Validation	# 70007

Accepted by **[Signature]**

OLD AP# B00151876-CANCELLED

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B00152955 PPA

Building Address 11815 FREDERICK RD
ELLCOTT CITY MD
Suite/A it. #: _____ SDP/WP/Petition #: _____
Census Tract 6030 Subdivision MEADOWS SPAINES
Section _____ Area _____ Lot 2
Tax Map 16 Parcel 283 Grid 14
Zoning RR Map Coordinates _____ Lot size 1 AC

Property Owner's Name GREENFIELD HOMES INC
Address 6656 LUSTER DR
City HIGHLAND State MD Zip Code 20777
Home Phone 410 781-6782 Work Phone 443 535-0551
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone 410 781-6782 Fax 443 535-0551

Existing Use VACANT LOT
Proposed Use NEW SPD
Estimated Construction Cost \$ 500,000
Description of Work 2 STORY SINGLE FAMILY -
2 FIRE PLACE, 4 BEDROOM + BATHS
UNFINISHED BASEMENT. 3 CAR GARAGE

Contractor Company GREENFIELD HOMES INC
Contact Person RIK MINOR
Address 6656 LUSTER DR
City HIGHLAND State MD Zip Code 20777
License No. HBL #361
Phone 410 781-6782 Fax 443 535-0551

Occupant or Tenant _____
Contact Name N/A
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company MARK BARRY
Contact Person MARK
Address _____
City _____ State _____ Zip Code _____
Phone 410-750-2262 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Depth Width	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: <u>76</u> <u>54</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>78</u> <u>54</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>48</u> <u>54</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFA #13D <input type="checkbox"/> NFA #13R <input type="checkbox"/> Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>4</u>	
Multi-family dwellings: _____	
No. of 1 BR units: _____	
No. of 2 BR units: <u>N/A</u>	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
State Certified Modular <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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 _____
Title/Company _____

Print Name WAYNE GREENFIELD
Date 3/9/05

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	<u>4-6-05</u>	<u>[Signature]</u>	Front: _____	<u>64443</u>
State Highway			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering DPZ			Side St: _____	Excise tax \$ _____
Health <u>4-6-05</u>		<u>[Signature]</u>	All minimum setbacks met?	Add'l. per. fee \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Sub-total paid \$ _____
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Historic District?	Check # <u>25</u>
ONE STOP SHOP <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>28338</u>
			Lot Coverage for NewTown Zone _____	Accepted by <u>[Signature]</u>
			SDP/Red-line approval date _____	