

GRADING PMT # G00009011

DEPARTMENT OF PROFESSIONAL LICENSES AND PERMITS
 1000 COURT HOUSE DRIVE
 BELLEVILLE CITY, MO 63103
 PERMITS IN MO 930 AND INSPECTIONS 1442 913 1400
 PERMITTED BY ORDINANCE 1988 313 1400

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER
 B00/54725 VJB

note also

Building Address 13607 FOX STREAM WAY
WEST FRIENDSHIP, MARYLAND 21794
 Section 16865 SDP/WP/Petition #: GPO498
 Census Tract 60300 Subdivision FOX MEADOW
 Area THIRD @ 3RD Lot 6
 Tax Map 15 Parcel 167 Grid 19
 Zoning AC-050 Map Coordinates 9H4 Lot size 40793 SF

Property Owner's Name NORTHBRIDGE DEV. LLC
 Address 14045 GARET DR, GLENWOOD
 City GLENWOOD State MD Zip Code 21738
 Home Phone 410-992-8631 Work Phone 410-531-8930
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use VACANT LOT
 Proposed Use CUSTOM 5FD
 Estimated Construction Cost \$ 350000
 Description of Work 6 BR, 4 1/2 BA, 1/2 BA, 1 FP,
FRONT PORCH, PATIO, 3-CAR GARAGE
PART FIN. BSMT

Contractor Company JAMES H. SELFRIDGE BLDG
 Contact Person SUE CONKLIN
 Address 14045 GARET DR.
 City GLENWOOD State MD Zip Code 21738
 License No. 329
 Phone 410-531-8930 Fax 410-531-8939

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

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
1st floor: Depth <u>41'</u> Width <u>64'</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
2nd floor: <u>35'10"</u> <u>64'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>41'</u> <u>64'</u>	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"/> 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: <u>6</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: _____	
State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

THE SIGNOR/ISSUED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/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 THE WORK ON THE ABOVE DESCRIBED PROPERTY AND SOLELY AS DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF CONDUCTING THE WORK INSPECTED AND PAYING FEES.

Sue Conklin
 Applicant's Signature
Project Manager
 Title/Company

SUSAN CONKLIN
 Print Name
6-30-05
 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		
Public Highway		
Building Official		
Dev. Entitlement DPZ		
Health	<u>7/5/05</u>	<u>[Signature]</u>
Fire Protection		
Is a fire department approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONCURRENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID: <u>66255</u>
Front: _____	Filing fee \$ <u>100</u>
Side: _____	Permit fee \$ _____
Side St: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>2045</u>
	Validation # <u>7762</u>
	Accepted by <u>[Signature]</u>

