

G-07020359

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

B09001154

Building Address 13575 Greenline Way
Beltsville MD 21029
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Brighton Mill
Section _____ Area _____ Lot 17
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name NVR Inc
Address 6055 Manakota Dr S-130
City Elkridge State MD Zip Code 21075
Phone 410 379 5956 Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Jim Keenan PO Box 552
Woodsie MD 21797
Phone _____ Fax _____
410 379 5956 410 379 2530

Existing Use Vacant Lot
Proposed Use Single Family Home
Estimated Construction Cost \$ 300,000
Description of Work New 2 Story Remington
Phase with 2 car garage, 4' x 10'
to back, Room, Master Room and
partial basement.

Contractor Company NVR Home
Contact Person Matt Atwell
Address 6055 Manakota Dr S-130
City Elkridge State MD Zip Code 21075
License No. 36
Phone 410 379 5956 Fax 410 379 2420

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 _____ 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 _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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 _____	Water Supply: _____ Public _____ Private _____
1st floor: <u>56</u> x <u>54</u>	Sewage Disposal: _____ Public _____ Private _____
2nd floor: <u>54</u> x <u>54</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>56</u> x <u>54</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
No. of Bedrooms <u>4</u>	
Height: <u>35'</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 Height: _____	
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 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.

Jim Keenan
Applicant's Signature
Agent NVR Home
Title/Company

Jim Keenan
Print Name
5/26/09
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY. **
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:	
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____ Filing fee \$ _____		
<input checked="" type="checkbox"/> State Highways			Rear: _____ Permit fee \$ _____		
<input checked="" type="checkbox"/> Building Official			Side: _____ Excise tax \$ _____		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____ Add'l per. fee \$ _____		
<input checked="" type="checkbox"/> Health	<u>7-29-09</u>	<u>D. Beward</u>	All minimum setbacks met? TOTAL FEES \$ _____		
<input checked="" type="checkbox"/> Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/> Sub-total paid \$ _____		
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required? Balance due \$ _____		
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/> Check # _____		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District? Validation # _____		
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Distribution of Copies -	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA
T:\forms\PERMIT.FRM			Lot Coverage for NewTown Zone _____		
			SDP/Red-line approval date _____	Accepted by _____	