(Health)

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

HOWARD COUNTY PERMIT APPLICATION

B0700 3586
PERMIT NUMBER

Building Address 8215 HUNTERBROOKE LN FULTON, MD 20759
Suite/Apt. #: — SDP/WP/Petition #: F-07-025
Census Tract 605102 Subdivision PRINCE PROPERTY
Section ____ Area ____ Lot 2
Tax Map 46 Parcel 104 Grid 01
Zoning RR-DEO Map Coordinates ____ Lot Size 3.924 Acres

Property Owner's Name JAMES XANTHOS
Address 10673 GLEN HANNAH DR.
City LAUREL State MD Zip Code 20723
Phone ____ Phone (301) 801-3339
Applicant's Name & Mailing Address, (if other than stated herein):
SAME AS ABOVE

(301) 801-3339
Phone Fax
BUILDER

Existing Use UNDEVELOPED LAND
Proposed Use NEW SINGLE FAMILY HOME
Estimated Construction Cost $ 530K
Description of Work CONSTRUCTION OF NEW SFH

~~Contractor~~ Company CLASSIC HOMES
Contact Person DINESH JAIN
Address 50 W. EDMONSTON DR.
City ROCKVILLE State MD Zip Code 20852
License No. BC 3900, MHBR 5421
Phone (301) 256-4110 Fax (301) 340-8125

Occupant or Tenant SEE PROP. OWNER
Contact Name ____
Address ____
City ____ State ____ Zip Code ____
Phone ____ Fax ____

Engineer or Architect Company PRICE CONSULTANTS
Contact Person BYRON PRICE
Address 5920 COLCHESTER RD.
City FAIRFAX State VA Zip Code 22030
(703) 818-9499
Phone Fax
MD LICENSE # 18798

BUILDING DESCRIPTION – *COMMERCIAL*

Building Characteristics

Height:
No. of stories:
Gross area, sq. ft. per floor:
Use group:
Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame
____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private
Sewage Disposal:
____ Public
____ Private
Electric Yes ☐ No ☐
Gas Yes ☐ No ☐
Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐
Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION – *RESIDENTIAL*

Building Characteristics

SF Dwelling X SF Townhouse ☐
Depth Width
1st floor: 64'6" 74'
2nd floor: 59'4.5" 60'
Basement: 64'6" 74'
Finished Basement ☐ Unfinished Basement X
Crawl space ☐ Slab on Grade X
No. of Bedrooms 4
Multi-family dwellings: N/A
No. of efficiency units: ____
No. of 1 BR units: ____
No. of 2 BR units: ____
No. of 3 BR units: ____
Other Structure: N/A
Dimensions: ____
Footings: ____
Roof Height: ____
N/A
____ State Certified Modular
____ Manufactured Home

Utilities

Water Supply:
____ Public
✓ Private – WELL
Sewage Disposal:
____ Public
✓ Private – SEPTIC
Electric Yes X No ☐
Gas Yes X No ☐
Heating System:
Electric ☐ Oil ☐
Natural Gas X
Propane Gas ☐
Sprinkler system: N/A ☐
✓ 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 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 — JAMES XANTHOS, Print Name
HOME OWNER, Title/Company — 29 AUG 07, 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 Officials		
✓ Dev. Engineering, DPZ		
✓ Health	10/19/2007	
✓ Fire Protection		

Is Sediment Control approval required prior to issuance?
YES X NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

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: ____ Accepted by: ____

PROPERTY ID #
Filing fee $ 100.00
Permit fee $ ____
Excise tax $ ____
Addl. plot fee $ ____
TOTAL FEES $ ____
Sub-total paid $ ____
Balance due $ ____
Check # 893
Validation # ____

Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
T:forms/buildingpermitapplication
REV 10/28/04