

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B00156805

Building Address 3202 Elcomas Garden Way, Woodbine, MD 21797
Suite/Apt. #: 04-368088 SDP/WP/Petition #: 16167
Census Tract 64002 Subdivision Waterford Farms
Section _____ Area _____ Lot 41
Tax Map 20 Parcel 139 Grid 12
Zoning R1-DC-O Map Coordinates 3677 Lot size 1000

Property Owner's Name Toll MDZ LP
Address 3130 Lawrence Lane
City Woodbine State MD Zip Code 21797
Home Phone 410 489 6292 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Vacant lot
Proposed Use Residential Home
Estimated Construction Cost \$ 400,000
Description of Work Monkey Colonial, 2 story
4 Bedrooms, 4 1/2 baths, Pella doors
Kitchen, Greenhouse

Contractor Company Toll MDZ LP
Contact Person Nathan Brackelberg
Address 7164 Columbia Gateway Dr #230
City Columbia State MD Zip Code 21046
License No. 678
Phone 410 489 6292 Fax _____

Occupant or Tenant Toll MDZ LP
Contact Name Nathan Brackelberg
Address 3130 Lawrence Lane
City Woodbine State MD Zip Code 21797
Phone 410 489 6292 Fax 410 489 6293

Engineer or Architect Company FSH Associates
Contact Person Zach or Paul
Address 8318 Forest Street
City Ellicott City State MD Zip Code 21043
Phone 410 750 2251 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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: Depth <u>68'</u> Width <u>68'</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>68'</u> <u>68'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: <u>68'</u> <u>68'</u>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	
No. of Bedrooms <u>4</u>	
Height: _____	
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: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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.

Applicant's Signature Nathan Brackelberg
Title/Company Toll Builders

Print Name Nathan Brackelberg
Date 11/1/05

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	<u>11/08/05</u>	<u>[Signature]</u>
Health		
Fire Protection		
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"/>		

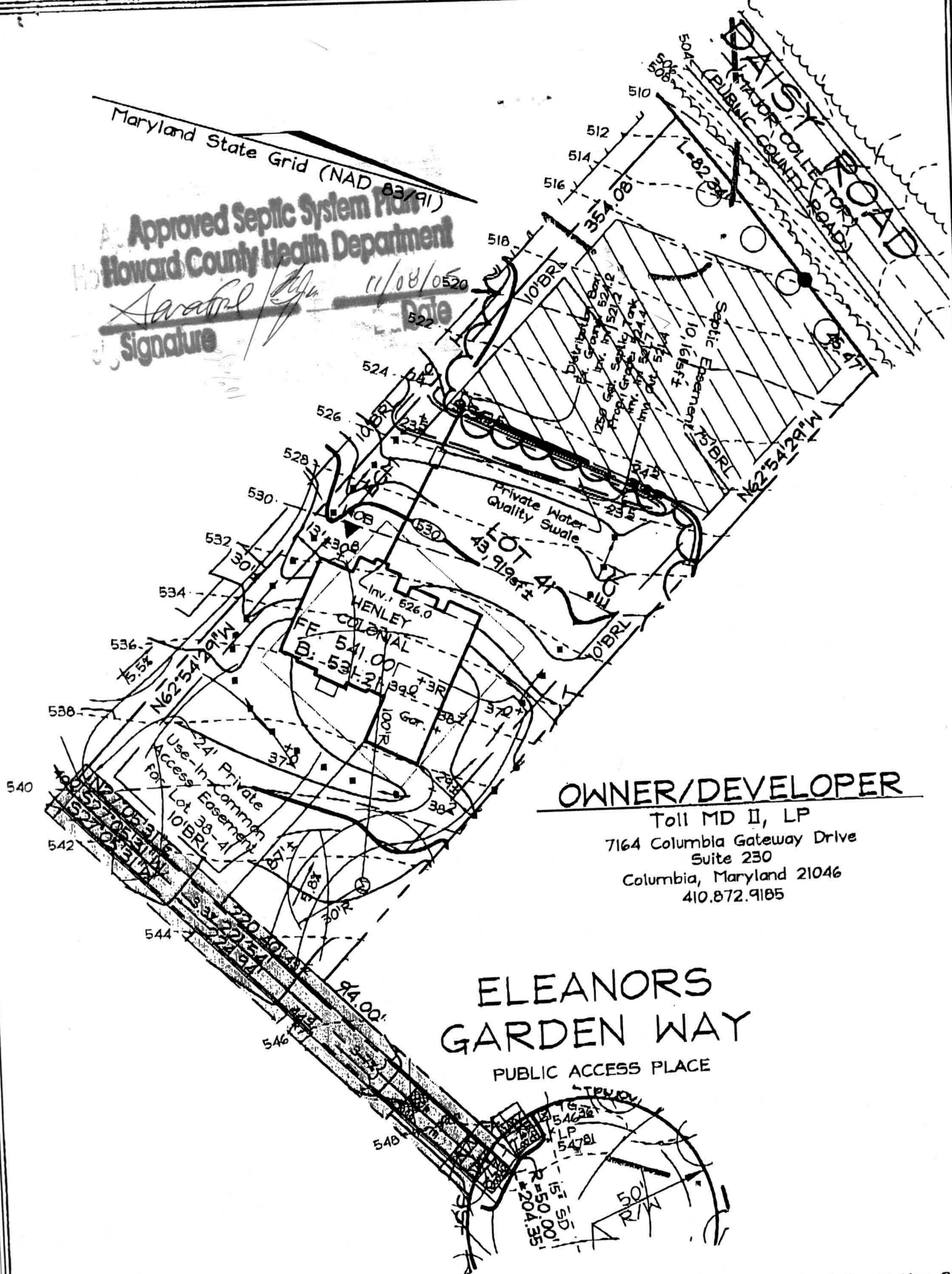
DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>100.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>11/05/05</u>
Historic District?	Validation # <u>10057</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for New/Town Zone _____	
SDP/Red-line approval date _____	

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
Accepted by [Signature]

Maryland State Grid (NAD 83/91)

Approved Septic System Plan
 Howard County Health Department

Sarah J. F...
 Signature
 11/08/05
 Date



OWNER/DEVELOPER

Toll MD II, LP
 7164 Columbia Gateway Drive
 Suite 230
 Columbia, Maryland 21046
 410.872.9185

**ELEANORS
 GARDEN WAY**
 PUBLIC ACCESS PLACE

FSH Associates

Engineers Planners Surveyors
 8318 Forrest Street Ellicott City, MD 21043
 Tel: 410-750-2251 Fax: 410-750-7350
 E-mail: info@fsha.biz

- Note: 1. See Approved Grading Plan GP-04-39 for Entire Site.
 2. The existing well shown on this plan (identified with the attached well tag number: HO-94-3577) has been field located by FSH Associates and is accurately shown.

DESIGN BY: PS
 DRAWN BY: MY
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: Oct 12, 2005
 W.O. No.: 3217
 SHEET No.: 1 OF 1

**LOT RESITE
 LOT 41
 CATTAIL TRACE**

TAX MAPS 13, 14, 20 & 21
 GRIDS 7, 12, 19 & 24
 4TH ELECTION DISTRICT

PARCELS 20, 67 & 312
 HOWARD COUNTY, MARYLAND

GP-04-39