

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3930 COURT HOUSE DRIVE
ELLSWORTH CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3900

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

300158069

Building Address 13615 FOX STREAM WAY
WEST FRIENDSHIP MARYLAND 21794
Suite/Apt. #: 03-342/31 SDP/WP/Petition #: GPD498
Census Tract 603000 Subdivision FOX MEADOW
Section _____ Area _____ Lot 8
Tax Map 15 Parcel 1167 Grid 19
Zoning R-1 Map Coordinates 9114 Lot size 40022

Property Owner's Name NORTHBRIDGE DEV. LLC
Address 14045 GARED DR.
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 SFD
Estimated Construction Cost \$ 750000
Description of Work 4BR, 7FDB, 2 HALF BATHS,
3CAR GAR, 3FP, COVERED DECK,
SCREENED PORCH, FIN. BSMT

Contractor Company JAMES H. SELFRIDGE BLDRS
Contact Person SUE CONKLIN
Address 14045 GARED 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: <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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	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"/>
<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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: Depth <u>55'</u> Width <u>77'</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>48'</u> <u>68'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>50'</u> <u>77'</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <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>4</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: _____	
<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 THERE TO; (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.

Suzanne Conklin
Applicant's Signature
PROJECT MANAGER
Title/Company

SUZANNE CONKLIN
Print Name
2-9-06
Date

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

AGENCY	DATE	SIGNATURE APPROVAL
and Development, DPZ		
State Highways		
Building Official		
City Engineering, DPZ	<u>01/15/06</u>	<u>Racine Jordan</u>
Health		
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	PROPERTY ID#
Front: _____	<u>62638</u>
Rear: _____	Filing fee \$ <u>100.00</u>
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met?	Add'l per. fee \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required?	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Historic District?	Check # <u>3022</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
Lot Coverage for New Town Zone _____	
SDP/Red-line approval date _____	Accepted by _____