

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B00155552

Building Address 1305 Crows Foot Rd
Marriottsville MD 21104
Suite/Apt. #: 03-317196 SDP/WP/Petition #: PLAT 14/0239
Census Tract 603000 Subdivision Meadowood
Section 3 Area 3 Lot 51
Tax Map 10 Parcel 312 Grid 7
Zoning RR-DDD Map Coordinates 5F10 Lot size 3.4429 AC

Property Owner's Name Angela Weber & Steve Kennedy
Address 9454 Common Brook Rd Apt 101
City Owings Mills State MD Zip Code 21117
Home Phone 410-356-0985 Work Phone 410-965-5537
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone Fax

Existing Use Vacant Lot
Proposed Use NEW 5FD
Estimated Construction Cost \$ 700,000.00
Description of Work Single Family home - rancher
4 BR / 2 1/2 Bath Finished Bsmt
Attached 2 car garage / Screen Porch / Deck

Contractor Company Messinger Bros., INC
Contact Person Jon Messinger (cell)
410-241-2645
Address 2616 Cape Horn Rd
City Westminster State MD Zip Code 21157
License No. 693
Phone 410-239-0905 Fax 410-239-1901

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

Engineer or Architect Company Ron Johnston
Contact Person Ron Johnston
Address 11407 Barley Field Way
City Marriottsville State MD Zip Code 21104
Phone 410-442-3667 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
Height: 20'
No. of stories: 2
Gross area, sq. ft. per floor: 2415
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 Characteristics
SF Dwelling SF Townhouse
Depth 30 Width 63
1st floor: _____
2nd floor: _____
Basement: 30 63
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms 4
Height: 20
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

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
 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 [Signature]
Messinger Bros. Inc. Pres
Title/Company

Print Name Jon Messinger
3/22/06 4:30:06
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 IDE
Land Development DPZ			Front: _____	Filing fee \$ <u>100</u>
State Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health			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>6213</u>
			Historic District?	Validation \$ <u>11.05</u>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Let Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by _____

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
Rev. 11/4/04

John Messinger 4/25/06
410 241-2645

Need perc
cert. plat to
relocate SDA

5/5/06
Spoke to Dan Stalby / Mike
Faxed perc cert. req. list.