

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
000156719

Building Address **14340 Trindale Ln Rd**
Columbia, MD 21737

Suite/Apt #: _____ SDP/WP/Petition #: _____

Census Tract **6090.02** Subdivision **Trindale Park**

Section **2** Area _____ Lot **25**

Tax Map **21** Parcel **47** Grid **17**

Zoning **RC** Map Coordinates **9D10** Lot size **102 AC**

Property Owner's Name **Toll Bros Inc**

Address **704 Columbia Gateway Dr #30**

City **Columbia** State **MD** Zip Code **21737**

Home Phone _____ Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use **Vacant Lot**

Proposed Use **Single-Family Dwelling**

Estimated Construction Cost \$ _____

Description of Work **Garage 4 Bedrooms 4 1/2 Bathrooms**

Contractor Company **Toll Bros Inc**

Contact Person **Bill Roberts**

Address **704 Columbia Gateway Dr #30**

City **Columbia** State **MD** Zip Code **21737**

License No. _____

Phone **410 877 4155** Fax **410 877 4155**

Occupant or Tenant **Toll Bros Inc**

Contact Name **Bill Roberts**

Address **704 Columbia Gateway Dr #30**

City **Columbia** State **MD** Zip Code **21737**

Phone **410 877 4155** Fax **410 877 4155**

Engineer or Architect Company **Professional Engineers**

Contact Person **Dr. Thomas**

Address **8425 Bill Nall Rd #100**

City **Ellicott City** State **MD** Zip Code **21043**

Phone **410 421 1005** Fax **410 421 1005**

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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 Characteristics

SF Dwelling SF Townhouse

Depth _____ Width _____

1st floor: **21**

2nd floor: **65**

Basement: **21**

Finished Basement Unfinished Basement

Crawl space Slab on Grade

No. of Bedrooms **4**

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: _____

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 HERETO; (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 HIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature **Bill Roberts**

Title/Company **Construction Manager Toll Bros Inc**

Print Name **Bill Roberts**

Date **10/27/05**

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 Highway		
Building Official		
Dev. Engineering, DPZ		
Health	10/25/05	<i>[Signature]</i>
Fire Protection		
Soil Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ 100
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 # 1161508
Historic District?	Validation # 102510
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for New Town Zone _____	
SDP/Red-line approval date _____	Accepted by _____

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B06604055

Building Address 14340 Triadelphia Road
Glenelg, MD 21737

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Toll MDI LP

Address 14420 Triadelphia Rd

City Glenelg State MD Zip Code 21737

Home Phone 410-489-2275 Work Phone 301-370-0835

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use Single Family Dwelling

Proposed Use _____

Estimated Construction Cost \$ 24,000

Description of Work Finish Portion of Basement w/
Full Bath total square footage ~ 1450 sq ft

Contractor Company Toll MDI LP

Contact Person Brett Roberts

Address 7164 Columbia Gateway Dr. #230

City Glenelg State MD Zip Code 21737

License No. _____

Phone 410-489-2275 Fax 410-489-2278

Occupant or Tenant Toll MDI LP

Contact Name Brett Roberts

Address 14420 Triadelphia Rd

City Glenelg State MD Zip Code 21737

Phone 410-489-2275 Fax 410-489-2278

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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	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"/>
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 type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: Depth <u>65'</u> Width <u>87'</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>60'</u> <u>87'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: <u>85'</u> <u>87'</u>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" 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 type="checkbox"/>	
No. of Bedrooms <u>4</u>	
Height: <u>33'</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: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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Applicant's Signature Brett Roberts
Asst. Project Manager / Toll Bros, Inc.
Title/Company _____

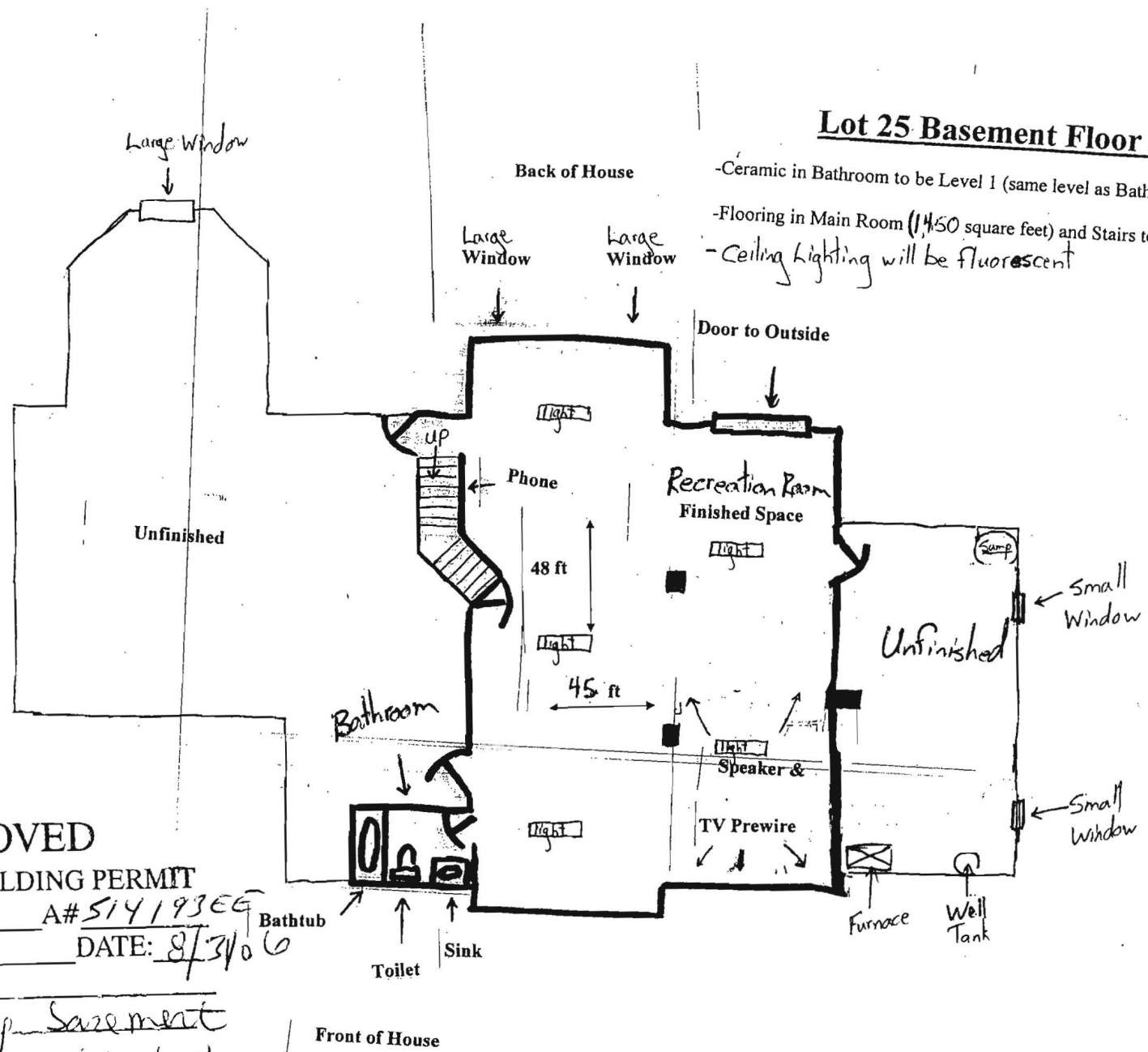
Print Name Brett Roberts
Date 8/31/06

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#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>8/31/06</u>	<u>[Signature]</u>	Side St.: _____	Add'l per. fee \$ _____
Health			All minimum setbacks met?	TOTAL FEES \$ _____
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	Lot Coverage for NewTown Zone _____	
T:\home\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____
			Yellow: DED, DPZ	Pink: Health
				Gold: SHA

Lot 25 Basement Floor Plan

- Ceramic in Bathroom to be Level 1 (same level as Baths 2, 3, & 4 upstairs)
- Flooring in Main Room (1450 square feet) and Stairs to be Berber Level 3
- Ceiling Lighting will be fluorescent



APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# 514193EG

APP. SAN SF DATE: 8/31/06

DESC. OF WORK:

*finishing basement
and adding a full bath.*

Front of House