

60000 9011

Building Address 13606 Fox Stream Way
West Friendship MD 21794
 Suite/Apt. # TW 20 # 03-1342220 SDF/WP/Petition #: PLAT #16567
 Census Tract 00300 Subdivision FOX MEADOW
 Section _____ Area _____ Lot 16
 Tax Map 15 Parcel 167 Grid 19
 Zoning RC-DEO Map Coordinates 914 Lot size _____

Property Owner's Name Ward, Melank Steary
 Address 1760 Heatherwood Way
 City Sylkesville State MD Zip Code 21784
 Home Phone _____ Work Phone 410 744 2000
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use VACANT LOT
 Proposed Use NEW SINGLE FAMILY DWELLING
 Estimated Construction Cost \$ 1,200,000
 Description of Work 2 story custom, 3 car GAR,
4 BR, 4 FB, 2 HB, 3 Fireplaces,
Finished Basement

Contractor Company JAMES H. SELFRIDGE BUILDERS, INC.
 Contact Person TIM RAGEN
 Address 14045 GARET DRIVE
 City Greenwood State MD Zip Code 21738
 License No. HBL00729 Phone _____ Fax _____

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 Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
1st floor: Depth <u>40</u> Width <u>76</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
2nd floor: <u>40</u> <u>76</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>40</u> <u>76</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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"/> NFA #13D <input type="checkbox"/> NFA #13R <input type="checkbox"/> 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: _____	
State Certified Modular <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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 TO THIS PROJECT, (4) THAT HE/SHE WILL PERFORM ALL WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DECREASED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Tim Ragen
 Title/Company VP of Production

Print Name TIM RAGEN
 Date 7/8/05

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	FEES/RETRIBUTION INFORMATION	PROPERTY ID#
_____	_____	_____	Front: _____	<u>66342</u>
_____	_____	_____	Rear: _____	Permit fee \$ _____
_____	_____	_____	Side: _____	Excise tax \$ _____
_____	_____	_____	State St: _____	Add'l fee \$ _____
_____	_____	_____	Administrative fee \$ _____	Inspection fee \$ _____
_____	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
_____	_____	_____	B Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
_____	_____	_____	Higher District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>3341</u>
_____	_____	_____	Lot Coverage for New Use Zone _____	Validation # <u>93317</u>
_____	_____	_____	State/Local approval that _____	Accepted <u>[Signature]</u>