

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

1900156979

Building Address 4329 Buckskin Wood Drive
Ellicott City, MD 21043
Suite/Apt. #: N.A. SDP/WP/Petition #: GP-06-45
Census Tract 6051.01 Subdivision Buckskin Ridge
Section N.A. Area N.A. Lot 8
Tax Map 22 Parcel 74 Grid 21
Zoning RR-DEO Map Coordinates 10 A-12 Lot size 40,142 SF.

Property Owner's Name Columbia Builders, Inc.
Address P.O. Box 999
City Columbia State MD Zip Code 21044
Home Phone _____ Work Phone (410) 730-3939
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Vacant Lot
Proposed Use Single Family Dwelling
Estimated Construction Cost \$ 200,000.00
Description of Work Model "0-0" house
4 FB, 1 HB, 4 BR, (9 Rms), Library, FP, 4 car
Garage, Front Porch 24'x6.5', W.O. Base.

Contractor Company Columbia Builders, Inc.
Contact Person Don Spurling
Address Same
City _____ State _____ Zip Code _____
License No. 254
Phone _____ Fax (410) 992-3020

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

Engineer or Architect Company Fisher, Collins & Carter
Contact Person Joey Ecker
Address 10272 Baltimore Natl. Pike
City Ellicott City State MD Zip Code 21042
Phone (410) 861-2855 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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 DESCRIPTION - RESIDENTIAL

Building Characteristics
SF Dwelling SF Townhouse
1st floor: _____
2nd floor: _____
Basement: _____
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms _____
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 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.

B. James Greenfield
Applicant's Signature
Pres., Columbia Builders, Inc.
Title/Company

B. James Greenfield
Print Name
7/10/05
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 ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>11-28-05</u>	<u>Karen Hoover</u>	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 # <u>1900156979</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies:			Lot Coverage for New/Town Zone _____	
White: Building Official			SDP Red-line approval date _____	Accepted by _____
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				