

G 9458

1/12/05

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
SERVICES WITH HOUSE DRIVE  
ELLSWORTH CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
AUTOMATED PERMITTING (410) 313-2820

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
**300156588**

Building Address 1309 Preservation Ct  
Fulton MD 20759  
Suite/Apt. #: 05-435021 PLAT # 14922  
Census Tract 605102 Subdivision Pindell Woods  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 5  
Tax Map 41 Parcel 274 Grid 8  
Zoning RR-DEP Map Coordinates 14513 Lot size 1.036 acres

Property Owner's Name Dale Thompson Builders  
Address 1309 Woodside Court, Hunt  
City Columbia State MD Zip Code 21046  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone 410 9956736 Fax 410 381 8747

Existing Use Vacant lot  
Proposed Use Single family dwelling  
Estimated Construction Cost \$ 600,000.00  
Description of Work Finished Basement, 3  
car garage, 5 Bedrooms, 5 bath  
Porch, Guest Bedroom, 1 fast-food

Contractor Company Dale Thompson Builders  
Contact Person Amy Ferrer  
Address 1309 Woodside Court  
City Columbia State MD Zip Code 21046  
License No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

Engineer or Architect Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address SAME AS ABOVE  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>5</u> Height: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ 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 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 OFFICIAL THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Amy Ferrer  
Title/Company Dale Thompson Builders

Print Name Amy Ferrer  
Date 1/12/05

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 Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>11/02/05</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CONTINGENCY CONSTRUCTION START:	<input type="checkbox"/>	
ONE STOP SHOP:	<input type="checkbox"/>	

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ <u>100</u>
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 # <u>18271</u>
Historic District?	Validation # <u>100670</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for New Town Zone _____	
SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA  
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