

39540

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3400 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2655 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00157814

Building Address **4298 Buckskin Wood Drive**
Ellicott City, MD 21043
Suite/Apt. #: **N.A.** SDP/WP/Petition #: **G.P.-06-60**
Census Tract **6051.01** Subdivision **Buckskin Ridge**
Section **N.A.** Area **N.A.** Lot **34**
Tax Map **22** Parcel **77** Grid **21**
Zoning **RR-MO** Map Coordinates **10 A-12** lot size **51,986 sq. ft.**

Property Owner's Name **Columbia Builders, Inc.**
Address **P.O. Box 999**
City **Columbia** State **MD** Zip Code **21044**
Home Phone _____ Work Phone **(410) 790-3939**
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax **(410) 992-3020**

Existing Use **Vacant Lot**
Proposed Use **Single Family Dwelling**
Estimated Construction Cost **\$ 200,000.00**
Description of Work **2 story "H-W" house**
3 FB, 1 HB, 4 BR, Conservatory, (9 Rm), FP,
Elevator, 3 car garage, Unfin. base w/rear
areaway.

Contractor Company **Columbia Builders, Inc.**
Contact Person **Dee Sperling**
Address **Same**
City _____ State _____ Zip Code _____
License No. **254** Phone _____ Fax _____

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

Engineer or Architect Company **Fisher, Collins & Carter**
Contact Person **Joey Eaker**
Address **10272 Balto. Natl. Pike**
City **Ellicott City** State **MD** Zip Code **21042**
Phone **(410) 461-2855** Fax _____

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: _____
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
Columbia Builders, Inc.
Title/Company

B. James Greenfield, Pres.
Print Name
Date **1/20/06**

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

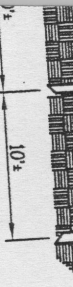
AGENCY DATE SIGNATURE APPROVAL
Land Development DPZ
Building Official
Dev. Engineering DPZ
Health
Fire Protection
Soil Sediment Control approval required prior to issuance?
YES NO
CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
Permit PERMIT.FRM

DPZ SETBACK INFORMATION
Front: _____ Filing fee: \$ _____
Rear: _____ Permit fee: \$ _____
Side: _____ Excise tax: \$ _____
Side SL: _____ Add'l per. fee: \$ _____
All minimum setbacks met? TOTAL FEES \$ _____
YES NO Sub-total paid \$ _____
Is Entrance Permit required? Balance due \$ _____
YES NO Check \$ _____
Historic District? Validation \$ _____
YES NO
Lot Coverage for NewTown Zone: _____
SDP/Red-line approval date: _____ Accepted by: _____

tion onk.
 established as part of the forest
 be staked and flagged prior to
 through construction.
 see Figure C-4.
 Foot Zone.

TREE PROTECTION

SCALE



N 57°03'50"
 E 131°05'00"

049

LOT 35

N43°22'33"E 315.23'

Temporary
 Stock Pile
 Area

NOTE:
 BASEMENT WILL NOT
 SEWER BY GRAVITY

SEPTIC
 AREA

LOT 34
 51,986 SQ.FT.

N79°31'12"W 53.21'

N03°33'46"E 307.35'

