

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 HOWARD COUNTY HEALTH DIVISION
 PERMITS #110 313 2450 ACHIEVEMENT #110 313 1110
 AUTOMATIC PERMITTING #110 313 1110

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 60055115 KOB

Building Address: 14746 Meadow Lake Dr
 Suite/Apt #: 04-369181 SDP/WPI/Petition #: _____
 Census Tract: 604002 Subdivision: PLAT #12035 TRANSCURVA EIGHTH
 Section: _____ Area: _____ Lot: 13
 Tax Map: _____ Parcel: _____ Grid: 17
 Zoning: _____ Map Coordinates: _____ Lot size: 1.01 ACRES

Property Owner's Name: Toll Bros Inc
 Address: 7164 Columbia Gateway Dr #300
 City: Columbia State: MD Zip Code: 21046
 Home Phone: _____ Work Phone: 410 872 9125
 Applicant's Name & Mailing Address, (if other than stated hereon):
10501-370-035
 Phone: _____ Fax: 410 872 9121

Existing Use: _____
 Proposed Use: Swimming
 Estimated Construction Cost \$: _____
 Description of Work: Hardy Colonial 5 BR home
5 1/2 baths, expanded front porch, etc.
Address of Property: 14746 Meadow Lake Dr, Columbia, MD

Contractor Company: Toll Bros Inc
 Contact Person: Brett Roberts
 Address: 7164 Columbia Gateway Dr #300
 City: Columbia State: MD Zip Code: 21046
 License No.: 9630
 Phone: 410 872 9125 Fax: 410 872 9121

Occupant or Tenant: Toll Bros Inc
 Contact Name: Brett Roberts
 Address: 7164 Columbia Gateway Dr #300
 City: Columbia State: MD Zip Code: 21046
 Phone: 410 872 9125 Fax: 410 872 9121

Engineer or Architect Company: Benchmark Engineering
 Contact Person: Dave Thompson
 Address: 8950 Balt. Natl. J. F. Hall #418
 City: Ell. Hall City State: MD Zip Code: 21143
 Phone: 410 465 6105 Fax: 410 465 6094

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<p>Building Characteristics</p> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<p>Utilities</p> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads: _____	<p>Building Characteristics</p> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth: _____ Width: _____ 1st floor: <u>7'</u> <u>5'</u> 2nd floor: _____ Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: <u>5</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	<p>Utilities</p> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

Applicant's Signature: Brett Roberts Print Name: Brett Roberts
 Title/Company: Construction Manager Toll Bros Inc Date: 7/10/05

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

66517

AGENCY	DATE	SIGNATURE	APPROVAL	DPZ SETBACK INFORMATION	PROPERTY IDE
Land Development DPZ				Front: _____	Filing fee \$ _____
Plan Review				Rear: _____	Permit fee \$ _____
Building Official				Side: _____	Excise tax \$ _____
Dev. Engineering DPZ				Side St: _____	Add'l per. fee \$ _____
Health	<u>7/10/05</u>	<u>[Signature]</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?				YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
				Is Entrance Permit required?	Check \$ <u>1161.00</u>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation \$ <u>70.50</u>
				Historic District?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Lot Coverage for New Town Zone _____	
ONE STOP SHOP: <input type="checkbox"/>				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