

G-00008713

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 515-2465 INSPECTIONS (410) 515-1910
AUTOMATED INFORMATION (410) 515-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B-00155335 KSB

Building Address 3248 Elcomers Garden Way
Woodbine, MD. 21797
Suits/Apt. #: 04-368118 SDPWWP/Petition #: 16167
Census Tract 604002 Subdivision Waterford Farms
Section _____ Area _____ Lot (43)
Tax Map 20 Parcel 137 Grid 1a
Zoning PC-1000 Map Coordinates 3611 Lot size 40,709 sq ft

Property Owner's Name Tall MDZ LP
Address 3130 Lorenzo Lane
City Woodbine State MD Zip Code 21797
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone 410 489 6292 Fax _____

Existing Use Vacant Lot
Proposed Use Residential Lot
Estimated Construction Cost \$ 400,000
Description of Work Chamberlain Tract, Parcel,
4 Bedrooms, 4 1/2 Baths, Casework, etc.

Contractor Company Tall MDZ LP
Contact Person Nathan Brandenburg
Address 7164 Columbia Gateway Dr. #230
City Columbia State MD Zip Code 21046
License No. 618
Phone 410 489 6292 Fax 410 489 6293

Occupant or Tenant Tall MDZ LP
Contact Name Nathan Brandenburg
Address 3130 Lorenzo Lane
City Woodbine State MD Zip Code 21797
Phone 410 489 6292 Fax 410 489 6293

Engineer or Architect Company FSH Associates
Contact Person Zach
Address 8318 Forest Street
City Ellicott City State MD Zip Code 21043
Phone 410 750 2251 Fax 410 750 7350

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: <u>N/A</u> <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 type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
No. of Bedrooms <u>4</u> Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Nathan Brandenburg
Tall Brothers
Title/Company

Print Name Nathan Brandenburg
Date 8/1/05

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

66713

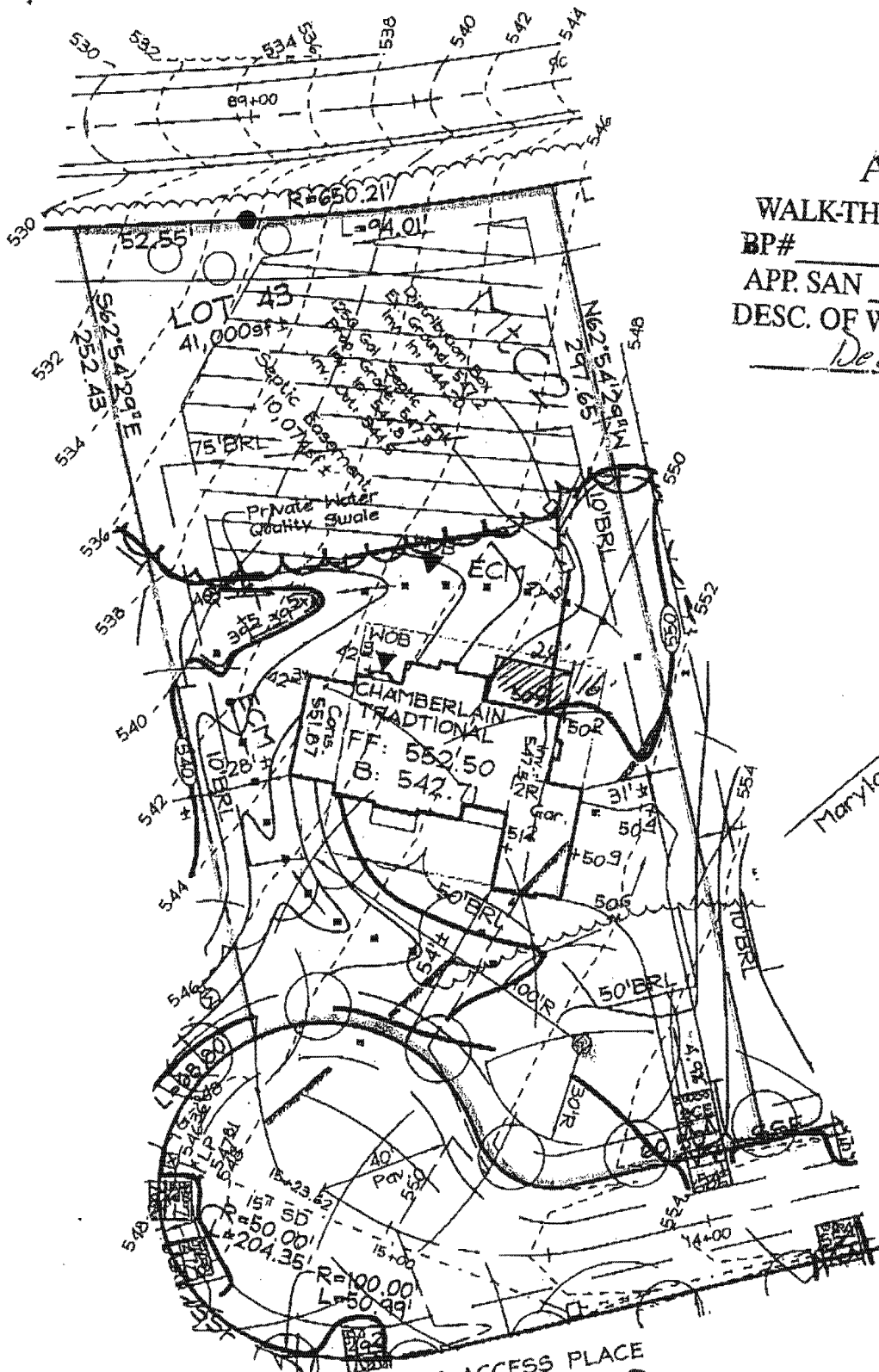
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DCZ SETBACK INFORMATION	PROPERTY ID#
City			Front _____	_____
County			Side _____	_____
Engineering Dept			Back _____	_____
Health			Side of _____	_____
City Prosecutor			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES: \$ _____
Setback Control approval required prior to issuance?			If Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total cost: \$ _____
			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due: \$ _____
			Let Coverage for New Town Zone _____	Check: \$ <u>171,022</u>
			SDP/Red-line approval date _____	Violation: \$ <u>3,000</u>
				Accepted by: <u>[Signature]</u>

CONTINGENCY CONSTRUCTION START
ONE STOP SHGP

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

FILE FOLDER



APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# 514952-0

APP. SAN SFO DATE: 9/13/06

DESC. OF WORK: 16' x 24' Deck

Maryland State Grid (NAD 83/91)

KS/KJ

BASEMENT WILL NOT SEWER BY GRAVITY

PUBLIC ACCESS PLACE ELEANORS GARDEN WAY

OWNER/DEVELOPER

Toil MD II, LP
7164 Columbia Gateway Drive
Suite 230
Columbia, Maryland 21046
410.872.9185