

G-954

DEPARTMENT OF INSPECTION, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

D00158411

Building Address 17231 Hardy Rd
174 Airy, MD 21771
Suite/Apt. # at 354877 SDP/WP/Petition #: _____
Census Tract 604001 Subdivision Lambert Green
Section _____ Area _____ Lot 1
Tax Map 7 Parcel 1441314 Grid 8
Zoning RL-20 Map Coordinates 939 Lot size 3.009A

Property Owner's Name Pettit Homes of MD LLC
Address 17205-D Flower Hill Way
City Gaithersburg State MD Zip Code 20879
Home Phone 301 975 1020 Work Phone 301 252 0544
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone 301 975 1020 Fax 301 670 9254

Existing Use Vacant Lot
Proposed Use New Single Family Home
Estimated Construction Cost \$ 250,000
Description of Work construct new single family home with 3 bedrooms 4 1/2 baths 2-car detached garage with partial finish basement.

Contractor Company Pettit Homes of MD LLC
Contact Person Harvey Wallick
Address 17205-D Flower Hill Way
City Gaithersburg State MD Zip Code 20879
License No. 150378512
Phone 301 975 1020 Fax 301 975 1020

Occupant or Tenant Pettit Homes of MD LLC
Contact Name Harvey Wallick
Address 17205-D Flower Hill Way
City Gaithersburg State MD Zip Code 20879
Phone 301 252 3086 Fax 301 670 9259

Engineer or Architect Company Claude C. Lupp Arch.
Contact Person Chr. S Lupp
Address 11520 Parklawn Drive Suite 100
City Rockville State MD Zip Code 20850
Phone 301 881 6856 Fax 301 770 9163

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: <u>40</u> <u>03</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: <u>18</u> <u>03</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>43</u> <u>03</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>3</u> <u>5</u>	
Height: <u>2</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: _____	
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 Barbara L. Pettit, President/mm
Title/Company _____

Print Name Barbara L. Pettit, President/mm
Pettit Homes of Maryland, LLC
Date 03/27/06 3/27/06

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		
State Highway		
Building Official		
Dev. Engineering, DPZ		
Health	<u>4/27/06</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>	ONE STOP SHOP: <input type="checkbox"/>	
Distribution of Copies:	White: Building Official	Green: LDD, DPZ

DPZ SETBACK INFORMATION	PROPERTY IDE
Front: _____	Filing fee \$ <u>100.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check \$ <u>1213</u>
SDP/Red-line approval date _____	Validation \$ <u>105.17</u>
Accepted by <u>[Signature]</u>	

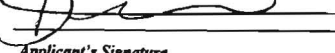
60866

Plot Plans Too Big


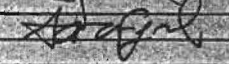
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COLFORD HOUSE DRIVE ELLSWORTH CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3802		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B06007222	
Building Address <u>17231 Hardy Rd.</u> <u>Mount Airy MD 21771</u>			Property Owner's Name <u>Pett Homes of MD LLC</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>Camptonville</u> Section _____ Area _____ Lot <u>1</u>			Address <u>18205 Flower Hill Way</u>		
Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____			City <u>Gaithersburg</u> State <u>MD</u> Zip Code <u>20879</u>		
Existing Use <u>Single Family Dwelling</u> Proposed Use _____ Estimated Construction Cost \$ <u>3200.00</u> Description of Work <u>Install 1x1000 UG tank & line to house</u>			Home Phone <u>(301) 975-1020</u> Work Phone <u>(301) 252-0544</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Contractor Company <u>N.P.B.C.</u> Contact Person <u>David Jaray</u> Address <u>22318 Clarksburg Rd.</u> City <u>Boyd's</u> State <u>MD</u> Zip Code <u>20841</u> License No. <u>CFR 09917</u> (67631 state) Phone <u>301 515-0098</u> Fax _____		
Occupant or Tenant <u>New Home</u> Contact Name <u>N.P.B.C. Dave Jaray</u> Address <u>22318 Clarksburg Rd</u> City <u>Boyd's</u> State <u>MD</u> Zip Code <u>20841</u> Phone <u>301 515 0098</u> Fax _____			Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics 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	Utilities 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 type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Propane Gas Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <input type="checkbox"/> Depth <input type="checkbox"/> Width 1st floor: _____ 2nd floor: _____ Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" 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 checked="" type="checkbox"/> Propane Gas Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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 Applicant's Signature OWNER N.P.B.C.
 Title/Company _____
 Print Name David Jaray
 Date 11/8/06

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 IDE
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ <u>100.00</u>
Building Official	<u>11/13/06</u>		Side: _____	Excise tax \$ <u>10.00</u>
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>12/7/06</u>		All minimum setbacks met?	TOTAL FEES \$ <u>110.00</u>
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 checked="" type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check \$ <u>3207</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation \$ _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies	White: Building Official	Green: LDD, DPZ	Lot Coverage for New/Town Zone	
T:\norma\PERMIT.FRM			SDP/Red-line approval date	Accepted by <u>A</u>
			Yellow: DED, DPZ	Gold: SHA
			Pink: Health	

568°52'50"E 304.13

DEDICATED TO THE HOMEOWNERS ASSOCIATION
PLAT NO. 10523
ZONED: R

LOT 4
OPEN SPACE

EXISTING DRIVEWAY

N25°39'23"E 534.02'

30' BRL

30' BRL

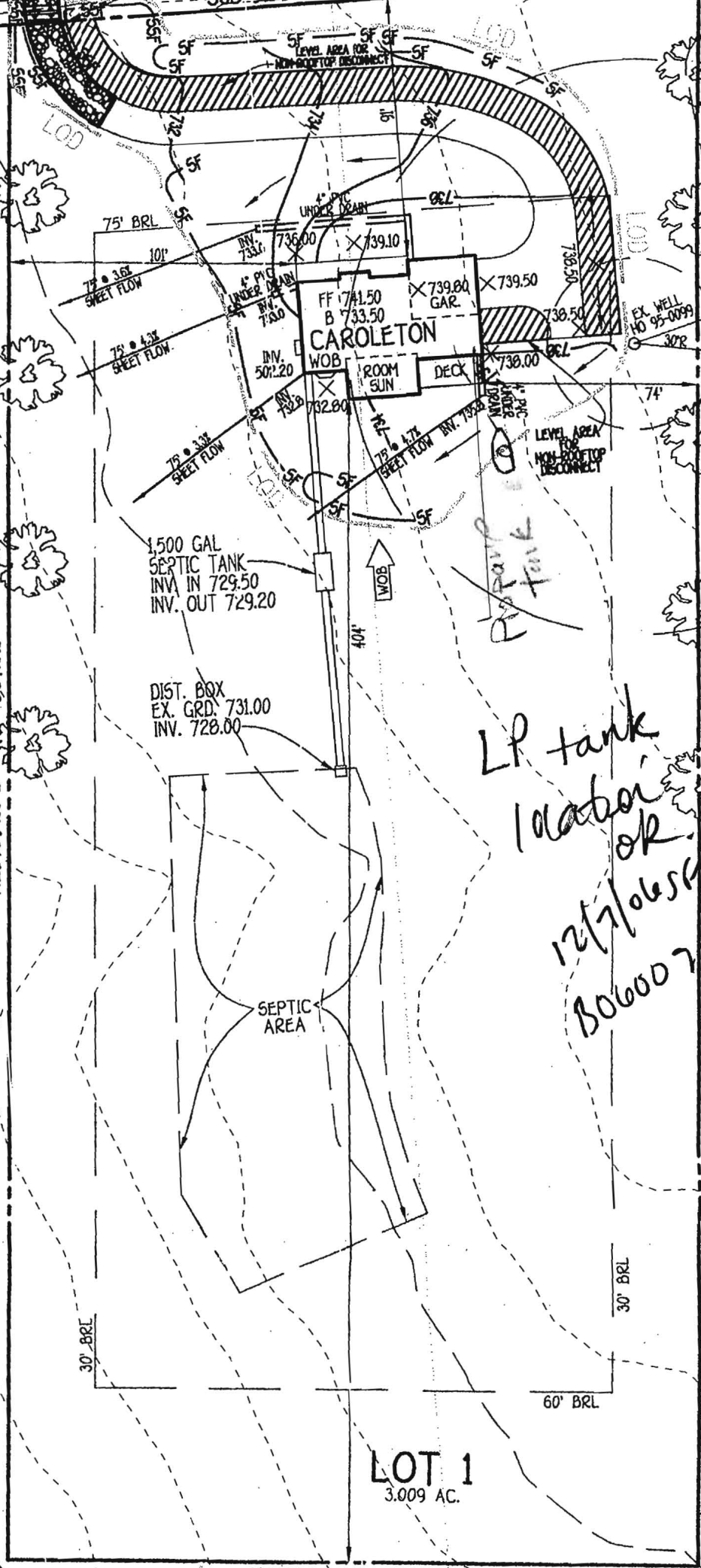
60' BRL

LOT 1
3.009 AC.

N64°20'37"W 241.10'

E 767350
N 548200

LOT 3
LAMBERT GREEN
PLAT NO. 10523
ZONED: R



*LP tank
10 labor
12/7/06 \$
80600 722*

EX BUILT

EX BUILDING

WILLIS