

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B 00153238

Building Address 19846 OLD FREDERICK RD
WOODBINE, MD 21797
Suite/Apt #: 04-309998 SDPWWP/Petition #: PLAT #17697
Census Tract 604001 Subdivision MINGLESWOODS
Section _____ Area _____ Lot 5
Tax Map 8 Parcel 26 Grid 10
Zoning RC-PS Map Coordinates 4911 Lot size 3.18 \pm

Property Owner's Name LETTI COMMERCIAL PROPERTIES LLC
Address 16143 EQUASTRAW LN
City DERWOOD State MD Zip Code 20855
Home Phone 301-252-0304 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use VACANT LOT
Proposed Use SINGLE FAMILY DWELLING
Estimated Construction Cost \$ 500,000
Description of Work NEW CUSTOM SFD, 2 STORY
FULL FINISHED BASEMENT, 5 BATHROOM, 148
5 FULL BATH, 2 FIREPLACES, 3 CAR GARAGE
18 ROOM

Contractor Company THE GRIFFINOR GROUP
Contact Person MARK R. OKULTA
Address 13554 TRIANDELPHIA RD
City ELICOTT CITY State MD Zip Code 21042
License No. 1301
Phone 410-531-5105 Fax 410-531-5070

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

Engineer or Architect Company JACKSON DESIGN GROUP
Contact Person JACK JACKSON
Address 8508 CHIMNEY HILL DR
City GROTHOUSE BUNDS State MD Zip Code 20982
Phone 301-519-7485 Fax 301-519-0613

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private _____
1st floor: <u>51</u> <u>68</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>40</u> <u>63</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>58</u> <u>68</u>	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFFPA #13D _____ NFFPA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms: <u>5</u>	
Height: <u>20</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 _____ Manufactured Home _____	

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 Mark R. Okulta

Print Name MARK R OKULTA

Title/Company _____

Date 2/27/06

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

68737

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>3/7/06</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sidewalk Control required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check \$ <u>5151</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP Paid-ins approval date _____	Validation \$ <u>10916</u>
Distribution of Copies: White: Building Official Green: LOD, DPZ Yellow: DED, DPZ Pink: Health Gold: SPA			Accepted by _____	