

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 B0057687

Building Address 2840 JAISON RD
WOODBINE MD 21797
 Suite/Apt. #: 04-345231 SDP/WP/Petition #: _____
 Census Tract 604002 Subdivision ROYAL ALICES #6773
 Section _____ Area _____ Lot 1
 Tax Map 13 Parcel 113 Grid 18
 Zoning RC-DEP Map Coordinates SF4 Lot size 4.8 Acres

Property Owner's Name THOMAS & LISA HOLTEN
 Address 7984 VILLAGE GREEN CT
 City WOODSTOCK State MD Zip Code 21163
 Home Phone 410-922-4248 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____

Existing Use VACANT - SF lot
 Proposed Use SINGLE FAMILY HOME
 Estimated Construction Cost \$ 410,000

Contractor Company THE 5TH BUILDERS
 Contact Person JOHN STARRT
 Address 6030 DAYBREAK CIRCLE SUITE 150 BETHESDA
 City CHARLESVILLE State MD Zip Code 21029
 License No. MHC 806
 Phone 410-884-0334 Fax 410-884-3983

Description of Work Grading, earth work, culvert
Home construction 2 story single family
Accessory, unfinished basement

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

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

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: N/A <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 _____ 1st floor: <u>2131 SF</u> 2nd floor: <u>1961 SF</u> Basement: <u>2131 SF</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Growl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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: <u>8" psi concrete</u> Roof: <u>asph/flu shingle</u> State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> NFA #13D _____ NFA #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.

Applicant's Signature John S. Starrt
PR. 5TH BUILDERS
 Title/Company _____

Print Name John S. Starrt
 Date 1/12/06

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 ID#
Land Development DPZ			Front: _____	65360
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering DPZ			Side St: _____	Excise tax \$ _____
Health <u>1-30-06</u>			All minimum setbacks met? <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required? <input type="checkbox"/>	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Historic District? <input type="checkbox"/>	Check # <u>1076</u>
ONE STOP SHOP <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>106931</u>
			Lot Coverage for New Town Zone _____	Accepted by _____
			SDP/Red-line approval date _____	