



# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
www.howardcountymd.gov

Date Received: 5/23/14

Permit No.: B14001699

Building Address: 1115 Old Homewood Road  
 City: Ellicott City State: MD Zip Code: 21112  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: Homewood Crossing  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 68  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: Toll MD III LP  
 Address: 19540 Eckwoods Way  
 City: Greenbelt State: MD Zip Code: 21739  
 Phone: 410 489 2275 Fax: \_\_\_\_\_  
 Email: Abraham@tollbrothersinc.com  
 Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Existing Use: Vacant lot  
 Proposed Use: Residential Home  
 Estimated Construction Cost: \$ 600,000  
 Description of Work: Casework, Naps surround, palm beach surround, 3 car garage.

Contractor Company: Toll MD III LP  
 Contact Person: Nathan Brandenburg  
 Address: 19540 Eckwoods Way  
 City: Greenbelt State: MD Zip Code: 21739  
 License No.: 5048  
 Phone: 410 489 2275 Fax: \_\_\_\_\_  
 Email: Abraham@tollbrothersinc.com

Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: ESE  
 Responsible Design Prof.: Mike Boyce  
 Address: 7164 Columbia Gateway Dr. #230  
 City: Columbia State: MD Zip Code: 21046  
 Phone: 410 365 4175 Fax: \_\_\_\_\_  
 Email: Mboyce@ESEENG.COM

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling	<input type="checkbox"/> SF Townhouse
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 <sup>st</sup> floor: <u>76'</u>	<u>82'</u>
Area of construction (sq. ft.):	2 <sup>nd</sup> floor: <u>76'</u>	<u>82'</u>
Use group:	Basement: <u>76'</u>	<u>82'</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Finished Basement	
<input type="checkbox"/> Structural Steel	<input checked="" type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Masonry	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> State Certified Modular	No. of Bedrooms: <u>4</u>	
	<b>Multi-family Dwelling</b>	
	No. of efficiency units:	
	No. of 1 BR units:	
	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project/Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
<input type="checkbox"/> Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Heating System</b>	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>G0700042</u>	
Building Shell Permit Number: _____	

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  
 Email Address: Nbrandenburg@tollbrothersinc.com  
 Title/Company: Toll Brothers Inc.  
 Print Name: Nathan Brandenburg  
 Date: 5/20/14

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>7/22/14</u>	<u>H. O'Connell</u>

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side Set: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ <u>150</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>09413723</u>

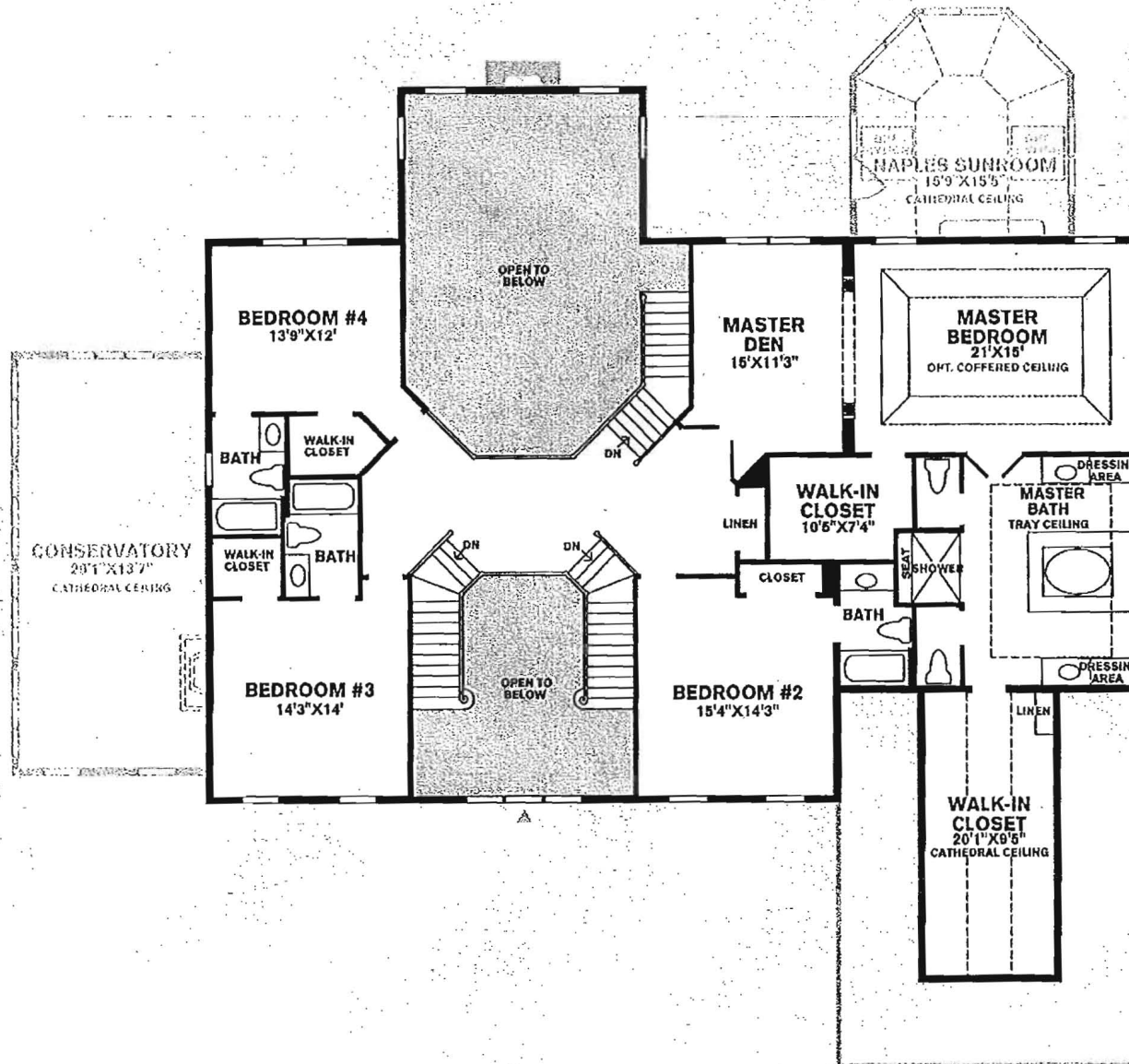
Distribution of Copies: White: Building Officials Green: PSZA, Zoning Yellow: PSZA, Engineering Pink: Health Gold: SHA

# Design Your Own Home™ The Hampton

**Toll Brothers**  
America's Luxury Home Builder™

## Second Floor :

0023 Expanded Family Room



The actual appearance of these options in a particular home design may vary from the images shown on this page. Please consult the sales manager and the written details describing these options for exact specifications. All dimensions are approximate and are subject to field variations. Some windows and floor plan may vary with elevations. Some features may vary from community to community. Please consult Sales Manager for details. Options purchased must be specified in exhibit B. The floorplans and elevations of Toll Brothers homes are copyrighted. We have enforced and will continue to enforce our federal copyrights to protect the investment of our homebuyers.

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LOT 68 - B14001699

# Design Your Own Home™ The Hampton

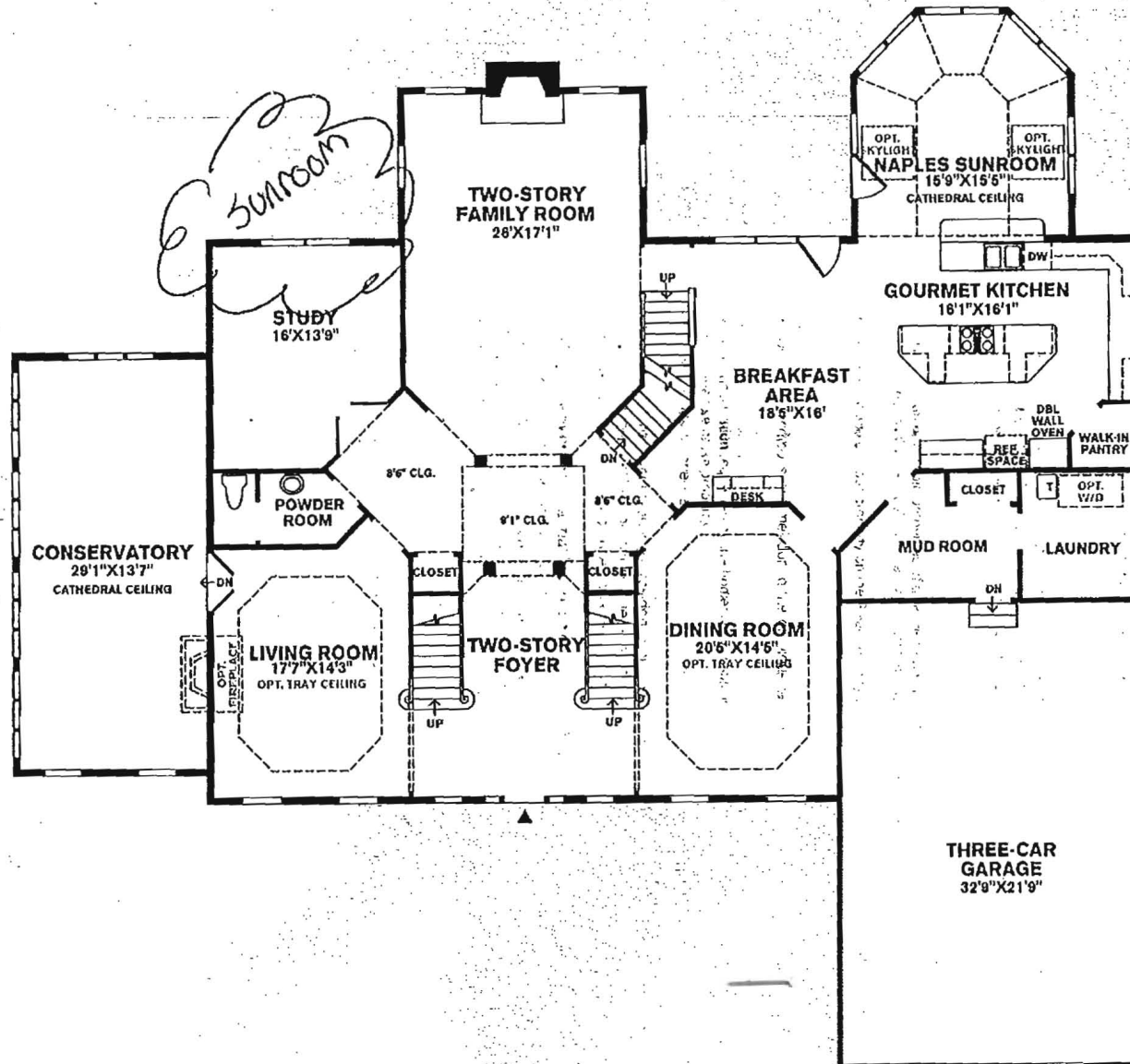
**Toll Brothers**  
America's Luxury Home Builder™

## First Floor :

0529 Naples Sun Room Addition

0039 Conservatory Elite Addition

0023 Expanded Family Room



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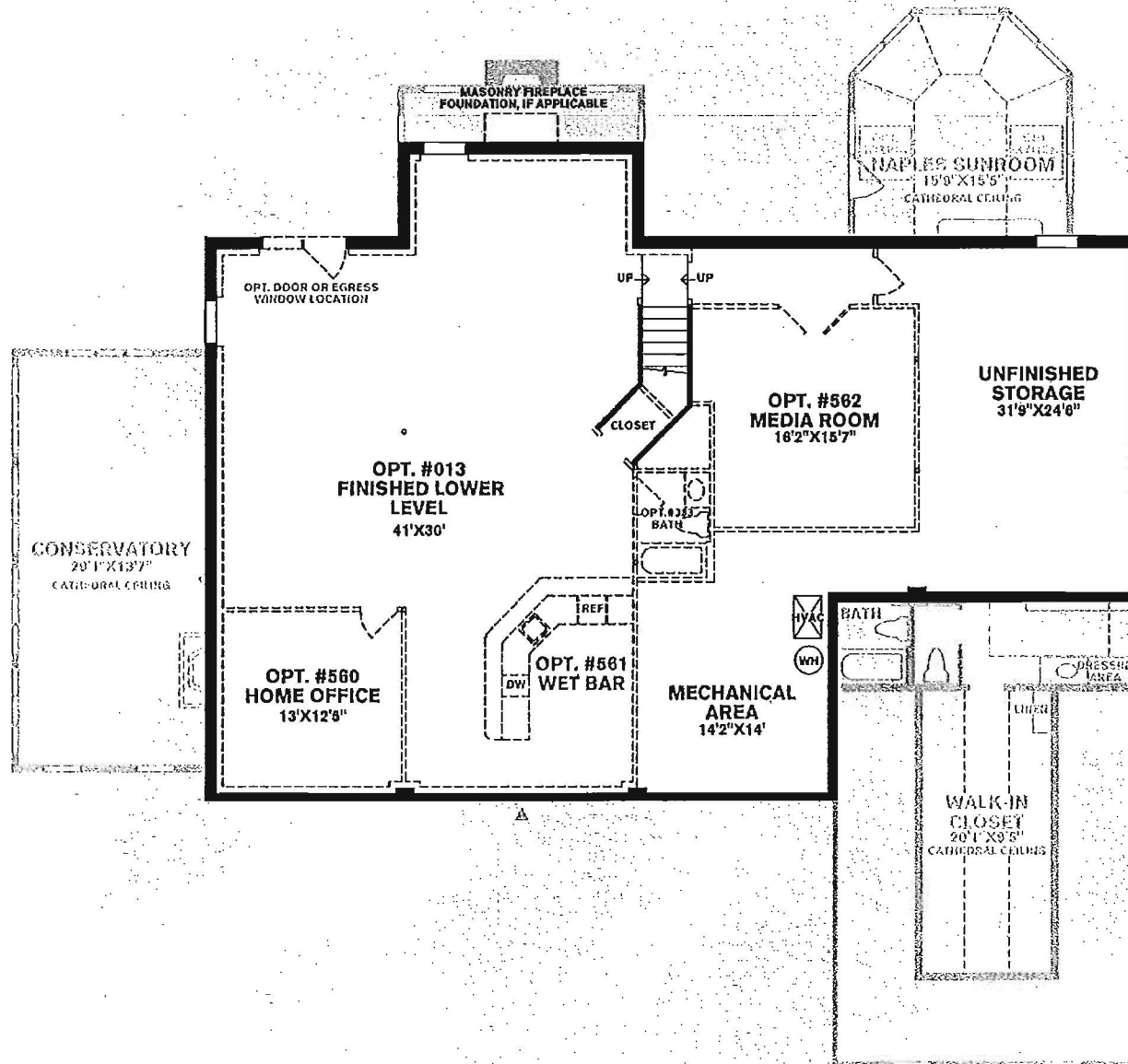
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# Design Your Own Home™ The Hampton

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## Basement :

No Options Selected.



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## Oswald, Hank

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**From:** Oswald, Hank  
**Sent:** Thursday, July 17, 2014 10:41 AM  
**To:** 'NBRANDENBURG@tollbrothersinc.com'  
**Subject:** B14001699 - 11115 Old Homewood Road

Dear Mr. Brandenburg:

I'm seeking to obtain a copy of the floor plans for 11115 Old Homewood Road (B14001699). Should you have any questions or concerns, please contact me by phone or email.

Respectfully,

Hank

Hank Oswald, L.E.H.S.  
Howard County Health Department  
Well & Septic Program  
8930 Stanford BLVD  
Columbia, MD 21045  
410-313-1786  
410-313-2648 (Fax)

---

**From:** Oswald, Hank  
**Sent:** Friday, June 06, 2014 1:31 PM  
**To:** 'NBRANDENBURG@tollbrothersinc.com'  
**Subject:** B14001697 - 11200 Independence Way & B14001699 - 11115 Old Homewood Road

Dear Mr. Brandenburg:

I'm seeking to obtain a copy of the floor plans for these building permits. Should you have any questions or concerns, please contact me by phone or email.

Respectfully,

Hank

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Well & Septic Program  
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606005971

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

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

60960/232

Building Address 1115 Old Homewood Rd, #4  
Ellicott City, MD 21042

Property Owner's Name Tall MD

Address Same as Tenant

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision Homewood Crossing

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 6.8

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Tax Map 29 Parcel 2E Grid 9

Applicant's Name & Mailing Address, (if other than stated hereon):  
410-992-3978

Zoning C Map Coordinates \_\_\_\_\_ Lot size 1.109 Acres

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Vacant lot

Contractor Company \_\_\_\_\_

Proposed Use Residential home

Contact Person Same as tenant

Estimated Construction Cost \$ 577,000

Address \_\_\_\_\_

Description of Work 4.5 bath, 4.5 bath, 4.5 bath, 4.5 bath

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

sunroom

License No. 5098

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant Tall MD III LP

Engineer or Architect Company ESE

Contact Name Natasha Brackburg

Contact Person Mike Boyce

Address 4104 Columbia Gateway Dr #230

Address 4101 Ritchie Malboro Rd

City Columbia State MD Zip Code 21046

City Upper Malboro State MD Zip Code 20772

Phone 410-992-5978 Fax 410-992-3234

Phone 301-627-8514-109 Fax 301-627-7985

### 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: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: _____	
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 Natasha Brackburg  
Title/Company \_\_\_\_\_

Print Name Natasha Brackburg  
Date 10-3-09

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: _____	Filing fee \$ <u>100.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>6/30/2009</u>	<u>R Bricker</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?			is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>2010/2</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	Yellow: DED, DPZ	Pink: Health
T:\forms\PERMIT.FRM				Gold: SHA