

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B08000413

Building Address 2240 Mcleandree Rd
West Friendship MD 21794
Suite/Apt. #: _____ SDP/APP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Mcleandree Assoc LLC
Address 2731 York Rd Suite 301
City Timonium State MD Zip Code 21093
Home Phone _____ Work Phone 410-823-3223
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone 410-404-0095 Fax 443-638-0055

Existing Use Empty Lot
Proposed Use Site for SFD
Estimated Construction Cost \$ 476,000
Description of Work Construct SFD

Contractor Company Great Oaks Homes Inc
Contact Person Roy C. Brintnall
Address 2331 York Rd Suite 303
City Timonium State MD Zip Code 21093
License No. 5269
Phone 410-807-6666 Fax 443-281-0800

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

Engineer or Architect Company Van Meter Assoc
Contact Person Mick
Address 300 South Main Street
City Mount Airy State MD Zip Code 21771
Phone 301-829-2890 Fax 301-831-5015

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities	
Height:		Water Supply:	
No. of stories:		Public <input type="checkbox"/>	
Gross area, sq. ft. per floor:		Private <input type="checkbox"/>	
Use group:		Sewage Disposal:	
Construction type:		Public <input type="checkbox"/>	
Reinforced Concrete <input type="checkbox"/>		Private <input type="checkbox"/>	
Structural Steel <input type="checkbox"/>		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
Masonry <input type="checkbox"/>		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Wood Frame <input type="checkbox"/>		Heating System:	
State Certified Modular <input type="checkbox"/>		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 <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"/>		Water Supply:	
Depth _____ Width _____		Public <input type="checkbox"/>	
1st floor:		Private <input checked="" type="checkbox"/>	
2nd floor:		Sewage Disposal:	
Basement:		Public <input type="checkbox"/>	
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>		Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
No. of Bedrooms <u>4</u>		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Height: <u>35 ft.</u>		Heating System:	
Multi-family dwellings:		Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>	
No. of efficiency units: _____		Natural Gas <input type="checkbox"/>	
No. of 1 BR units: _____		Propane Gas <input checked="" type="checkbox"/>	
No. of 2 BR units: _____		Sprinkler system: N/A <input type="checkbox"/>	
No. of 3 BR units: _____		NFPA #13D _____	
Other Structure: _____		NFPA #13R _____	
Dimensions: _____		Other: _____	
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.

Roy C. Brintnall
Applicant's Signature
Great Oaks Homes, Inc
Title/Company

Roy C. Brintnall
Print Name
2-1-08 2/25/08
Date

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>5/16/08</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ <u>100.00</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 type="checkbox"/> NO <input checked="" type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>17</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 _____	Accepted by <u>[Signature]</u>
T:\norma\PERMIT.FRM			SDP/Red-line approval date _____	
			Yellow: DED, DPZ	Gold: SHA
			Pink: Health	

8.15.2012

Dear Shari,

I am submitting a Revised Plan of the house and a Revised site plan for the same.

The address is 2240 McKendree Rd
West Friendship Md. 21794

The permit is B-08000418.

RECEIVED

AUG 15 2012

LICENSES & PERMITS
DIVISION

Thank you

Ron Baquol

443-250-7272.

rbaguol@ctsignature.com

