

607000150

DEPARTMENT OF INSPECTIONS, 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

607003241

Building Address 14605 CORNS COURT
GLENELL, MD 21737
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot 10
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name TOLL MD V, LP
Address 7164 COLUMBIA GATEWAY DR #230
City COLUMBIA State MD Zip Code 21046
Home Phone _____ Work Phone (410) 443-506-9115
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone 410-444-2275 Fax 410-441-2274

Existing Use VACANT LOT
Proposed Use SINGLE FAMILY DWELLING
Estimated Construction Cost \$ 325,000
Description of Work HEULI-VERSATILES w/ 5 BEDROOMS
2 5X BATHS; GUEST ELITE SUITE; NAPLES SUNROOM;
SUPER EXPANDED FAMILY ROOM; PLAYROOM ABOVE GUEST
ELITE SUITE

Contractor Company TOLL MD V, LP
Contact Person BEN FRANK
Address 14650 ROXBURY RD
City GLENELL State MD Zip Code 21737
License No. _____
Phone 410-441-2275 Fax 410-441-2275

Occupant or Tenant TOLL MD V, LP
Contact Name BEN FRANK
Address 14650 ROXBURY RD
City GLENELL State MD Zip Code 21737
Phone 410-441-2275 Fax 410-441-2275

Engineer or Architect Company E.S.E.
Contact Person GREG STEWART
Address 7164 COLUMBIA GATEWAY DR #230
City COLUMBIA State MD Zip Code 21046
Phone 410-341-3075 Fax 410-872-4970

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 <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>76'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>76'</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: <u>76'</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" 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>33</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.

BEN FRANK
Applicant's Signature
CONSTRUCTION MANAGER / TOLL BROS INC.
Title/Company

BEN FRANK
Print Name
8/1/07
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>8/30/07</u>	<u>[Signature]</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 checked="" type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>08777115</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 NewTown Zone _____	Accepted by <u>[Signature]</u>
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	
			Yellow: DED, DPZ	Gold: SHA
			Pink: Health	