

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

Building Address 1857 MOUNT DEBARI DRIVE
UPPER STUCK MD 21163

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6030 Subdivision WINDY GLEN

Section _____ Area _____ Lot 14

Tax Map 31 Parcel 226 Grid 23

Zoning EO Map Coordinates 6013 Lot Size _____

Property Owner's Name TRINITY QUALITY HOMES
 Address 3675 PARK AVE #301
 City ELLICOTT CITY State MD Zip Code 21043
 Home Phone _____ Work Phone 410-750-9003
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone _____ Fax 410-750-9003

Existing Use VALANT LOT
 Proposed Use SFD
 Estimated Construction Cost \$ 458,625

Description of Work TUSCANY - 2 STORY FULL
FINISHED BSMT 9A, SFD, 116, SFD,
+ GARAGE 50A

Occupant or Tenant N/A

Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Contractor Company TRINITY QUALITY HOMES INC.
 Contact Person SHERRY MEWSHAW
 Address 3675 PARK AVE
 City ELLICOTT CITY State MD Zip Code 21043
 License No. 699
 Phone _____ Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities

Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private

Electric Yes No
 Gas Yes No

Heating System:
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads _____

Building Characteristics

SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: _____
 2nd floor: _____
 Basement: _____

Finished Basement Unfinished Basement Crawl
 space Slab on Grade

No. of Bedrooms 5

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: _____

State Certified Modular
 Manufactured Home

Utilities

Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private

Electric Yes No
 Gas Yes No

Heating System:
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A
 NFPA #13D
 NFPA #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.

Sherry L. Mewshaw
 Applicant's Signature

OPERATIONS, TRINITY QUALITY HOMES, INC.
 Title/Company

SHERRY MEWSHAW
 Print Name

7/2/09
 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>750.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Officials			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____
Health	<u>8/20/09</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?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Is Entrance Permit Required?	Balance due \$ _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
			Historic District?	Validation # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Accepted by <u>[Signature]</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	