

6-09000065

Building Address <u>14346 Musgrove Farm Ct</u> <u>Glenwood, MD 21738</u>	Property Owner's Name <u>Ryan Homes</u> Address <u>6031 University Blvd, Suite 250</u>
Suite/Apt. #: _____ SDPWP/Petition #: _____ Census Tract <u>605601</u> Subdivision <u>Musgrove Farm (MF)</u> Section _____ Area _____ Lot <u>12</u> Tax Map <u>21</u> Parcel _____ Grid <u>21-12</u>	City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u> Phone <u>410.796.0980</u> Phone _____ Applicant's Name & Mailing Address, (if other than stated heron): _____ Phone _____ Fax _____
Zoning RR-DEO Map Coordinates _____ Lot size _____	Existing Use <u>Vacant Lot</u> Proposed Use <u>New - Single Family Home</u> Estimated Construction Cost <u>\$250,000</u> Description of Work <u>Model Avalon w/Sd Sol.MR,Fam Ext.3 Car</u> <u>2 Story, Full Bsmt, 11R, 2FB, 1HB, FP</u> <u>& 3 Car Garage (4-BR)</u>
Occupant or Tenant <u>Ryan Homes</u> Contact Name <u>Kevin Bowser</u> Address <u>6031 University Blvd, Suite 250</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u> Phone <u>410.796.0980</u> Fax <u>410.796.7094</u>	Contractor Company <u>Ryan Homes</u> Contact Person <u>Kevin Bowser</u> Address <u>6031 University Blvd, Suite 250</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u> License No. <u>56</u> Phone <u>410.796.0980</u> Fax <u>410.796.7094</u>
Engineer or Architect Company <u>Gutschick Little & Weber</u> Contact Person _____ Address <u>3909 National Drive, Suite 250</u> City <u>Burtonsville</u> State <u>MD</u> Zip Code <u>20866</u> Phone <u>301.421.4024</u> Fax <u>301.421.4186</u>	Building Description - <u>COMMERICAL</u>

Building Description - <u>RESIDENTIAL</u>	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> 1 st Floor: <u>48</u> <u>68</u> 2 nd Floor: <u>32</u> <u>54</u> Basement: <u>40</u> <u>68</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: <u>4</u> Height: <u>30</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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home
Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewer Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewer Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

<u>B.M.</u> Applicant's Signature	Ben Mucci Print Name
Project Manager Title/Company	05/11/2009 Date

Checks payable: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

AGENCY	DATE	SIGNATURE	DPZ SETBACK INFORMATION	PROPERTY ID#
APPROVAL			Front _____	Filing Fee \$ <u>100.00</u>
Land Development, DPZ			Rear _____	Permit Fee \$ _____
State Highways			Side _____	Excise tax \$ _____
Private Official			Side-Street _____	Add'l per fee \$ <u>50.00</u>
DPZ Engineering, DPZ			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Health			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Fire Protection			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Is Sediment Control Approval required prior to issuance?			Lot coverage for New Town Zone _____	Check # <u>516549647</u>
			SDP/Red-line approval date _____	Validation # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Accepted by _____	
ONE STOP SHOP: <input type="checkbox"/>				
Distribution of Copies - White Building Official - Green LDD DPZ - Yellow DED DPZ - Pink Health - Gold SHA				

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