

Suite/Apt. # N/A SDP/WP/Petition # GPO364
 Census Tract 1200 Subdivision FOX CHASE ESTATE
 Section N/A Area N/A Lot 7
 Tax Map 15 Parcel 25 Grid 23
 Zoning RD-50 Map Coordinates 15C10 Lot size 42,971

City COLUMBIA State MD Zip Code 21044
 Home Phone: _____ Work Phone 410-997-6008
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax 410-997-4356

Existing Use VACANT LOT 52,207 sq ft
 Proposed Use SFD
 Estimated Construction Cost \$ 300,000
 Description of Work MODEL JAMES RANDOLPH
2 STORY, FULL BENT, 10R 2FB, 2HS
FP, GARAGE (4BR) 2' REAR EXT.

Contractor Company SAME AS OWNER
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. 155
 Phone _____ Fax _____

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

Engineer or Architect Company DW TAYLOR ASSOC.
 Contact Person DW TAYLOR
 Address 5024 NORSEY HALL DR.
 City F.C. State MD Zip Code 21042
 Phone 410-964-1171 Fax 410-997-2924

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>
<input type="checkbox"/> Reinforced Concrete	Natural Gas <input type="checkbox"/>
<input type="checkbox"/> Structural Steel	Propane Gas <input type="checkbox"/>
<input type="checkbox"/> Masonry	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Full <input type="checkbox"/> Partial
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Other Suppression: _____
	# of Heads: _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" 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: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms: <u>4</u>	Propane Gas <input checked="" type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
No. of efficiency units: _____	<input type="checkbox"/> NFPA #13D <input checked="" type="checkbox"/>
No. of 1 BR units: _____	<input type="checkbox"/> NFPA #13R <input type="checkbox"/>
No. of 2 BR units: _____	<input type="checkbox"/> Other: _____
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular	
<input type="checkbox"/> 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 THERE TO; (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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]
 Title/Company AGENT

Print Name SUZANNE P. DAVIS
 Date 6/27/03

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>6/27/03</u>	<u>[Signature]</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____

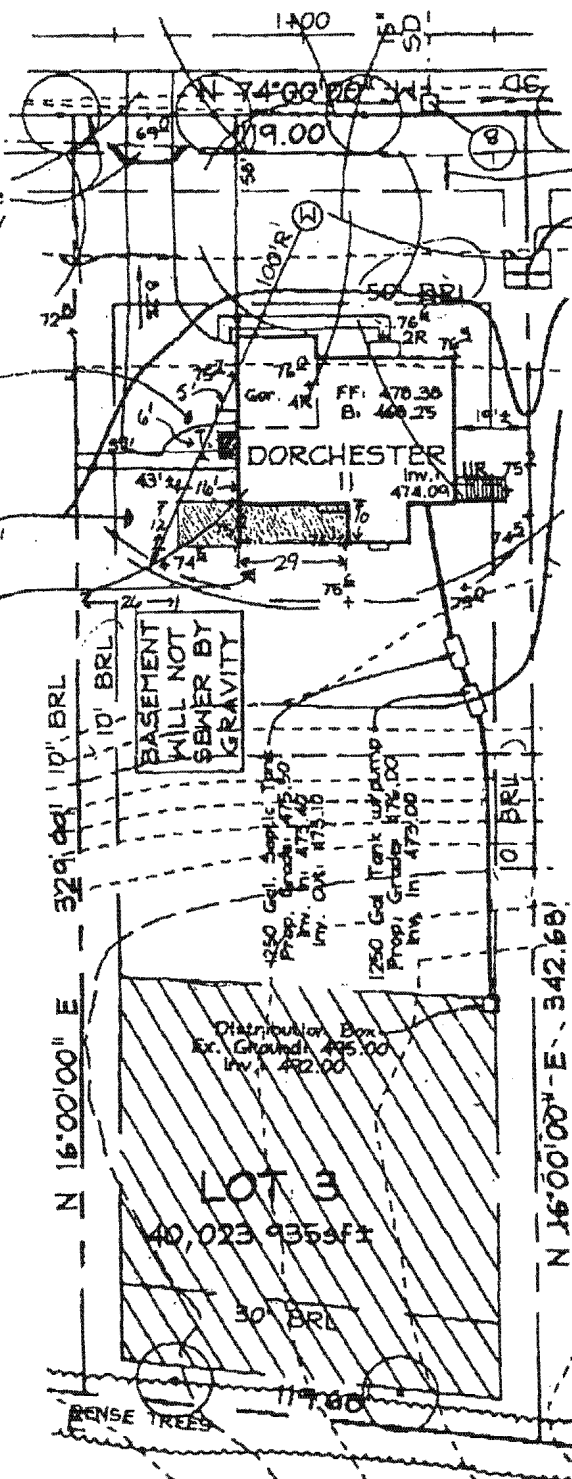
All minimum setbacks met? YES NO

Is Entrance Permit required? YES NO

PROPERTY ID# 53604

Filing fee \$ _____
 Permit fee \$ _____
 Excise tax \$ _____
 Add'l per. fee \$ _____
 TOTAL FEES \$ _____
 Sub-total paid \$ _____
 Balance due \$ _____
 Check # _____





10' Public Tree Maint. & Utility Esm't (Typ.)

10' Private Gasline Easement

12' Private Gasline Easement

new 5'x6' deck
 new gazebo 12'x16'x10'
 new 29'x10' deck

Maryland State Grid (NAD 83/94)

BASEMENT WILL NOT BE SEWER BY GRAVITY

Distribution Box
 Ex. Ground: 495.00
 Inv. 492.00

LOT 3
 40,023 sq ft

30' BRL

REMOVE TREES

3/25/04
 No well or septic concerns.
 B 00147036
 decks, gazebo set up OK

KN



12905 Vistaview Drive

SH Associates

Engineers Planners Surveyors
 Forrest Street Ellicott City, MD 21043
 10-750-2251 Fax: 410-750-7350
 I: FSHAssociates@cs.com

OWNER/DEVELOPER

Williamsburg Group L.L.C.
 P.O. Box 1018
 Columbia, Maryland 21044

GN BY: Slim
 VN BY: Slim
 KED BY: ZYF
 E: 1"=50'

LOT RESITE
 LOT 3

FOX CLASE ESTATE