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DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	<h2 style="margin: 0;">HOWARD COUNTY</h2> <h3 style="margin: 0;">PERMIT APPLICATION</h3>	PERMIT NUMBER <span style="font-size: 2em; font-family: cursive;">B09002142</span>
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Building Address 14359 Musgrove Farm Ct  
Glenwood, MD 21738

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 605601 Subdivision Musgrove Farm (MF)

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 22

Tax Map 21 Parcel \_\_\_\_\_ Grid 21-12

Zoning RR-DEO Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Ryan Homes  
 Address 6031 University Blvd, Suite 250

City Ellicott City State MD Zip Code 21043

Phone 410.796.0980 Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated heron): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Vacant Lot

Proposed Use New - Single Family Home

Estimated Construction Cost \$250,000

Description of Work Model Zachary w/Morn Rm  
2 Story, Full Bsmt, 9R, 2FB, 1HB &  
Garage (4-BR) Opt-FP

Contractor Company Ryan Homes

Contact Person Kevin Bowser

Address 6031 University Blvd, Suite 250

City Ellicott City State MD Zip Code 21043

License No. 56

Phone 410.796.0980 Fax 410.796.7094

Occupant or Tenant Ryan Homes

Contact Name Kevin Bowser

Address 6031 University Blvd, Suite 250

City Ellicott City State MD Zip Code 21043

Phone 410.796.0980 Fax 410.796.7094

Engineer or Architect Company Gutschick Little & Weber

Contact Person \_\_\_\_\_

Address 3909 National Drive, Suite 250

City Burtonsville State MD Zip Code 20866

Phone 301.421.4024 Fax 301.421.4186

### BUILDING DESCRIPTION - COMMERICAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewer Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use Group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction Type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler System: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

### BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st Floor: Depth <u>47</u> Width <u>48</u>	Sewer Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd Floor: <u>32</u> <u>48</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>44</u> <u>48</u>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/>	Sprinkler System: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
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	

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.

BM  
 Applicant's Signature

Project Manager \_\_\_\_\_  
 Title/Company \_\_\_\_\_

Ben Mucci  
 Print Name

08/03/2009  
 Date

8/14/09

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

AGENCY APPROVAL	DATE	SIGNATURE	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development DPZ			Front _____	Filing Fee \$ <u>100.00</u>
<input checked="" type="checkbox"/> State Highways			Rear _____	Permit Fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev Engineering DPZ			Side St _____	Add'l per. fee \$ <u>3.00</u>
Health <u>8/26/2009</u>		<u>R. Baker</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control/Approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot coverage for New Town Zone	Check # <u>572850/57</u>
ONE STOP SHOP <input type="checkbox"/>			SDP/Red line approval date _____	Validation # _____
Distribution of Copies: White: Building Official; Green: LDD DPZ; Yellow: DED DPZ; Pink: Health; Gold: SHA				Accepted by _____
Forms PERMIT FRM				Rev. 11/04/04

