

607000267

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3400 COUNTY HOUSE DRIVE BELLEVILLE, MO 64703 PERMITS (417) 313-3446 INSPECTIONS (417) 313-1810 AUTOMATED INFORMATION (417) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B-3-3417	
Building Address <u>12605 Farming Drive</u> <u>Highland, MO 64777</u>			Property Owner's Name <u>Winchester Homes</u> Address <u>6905 Rockledge Dr. #100</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>Vista at</u> <u>Account Bridge</u>			City <u>Bethesda</u> State <u>MD</u> Zip Code <u>20817</u> Phone <u>403-4903</u> Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>Carol Viers</u> Phone <u>410-279-1624</u> Fax _____		
Section <u>Sub. Pt. 5,350</u> Lot <u>1</u> Tax Map <u>45</u> Parcel <u>63</u> Grid <u>5</u> Zoning _____ Map Coordinates _____ Lot size <u>3349 AC</u>			Existing Use <u>Vacant</u> Proposed Use <u>SFO</u> Estimated Construction Cost \$ <u>347,000</u> Description of Work <u>RANDALL II. 2 story FP</u> <u>Front 3 cars to load garage</u> <u>4 to 5 BR 1 BA</u>		
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			Contractor Company <u>Winchester Homes</u> Contact Person <u>John Lockwood</u> Address <u>5111 Ar. Road</u> City _____ State _____ Zip Code _____ License No. <u>57</u> Phone <u>201-507-4900</u> Fax _____ Engineer or Architect Company <u>FSH Associates</u> Contact Person <u>Zack Fisher</u> Address <u>6339 Howard Ln</u> City <u>St. Louis</u> State <u>MO</u> Zip Code <u>63105</u> Phone <u>567-5200</u> Fax <u>314-562</u>		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage 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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <input checked="" type="checkbox"/> Depth <input type="checkbox"/> Width 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Height: _____ 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 checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric: Yes <input type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <input type="checkbox"/> 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.

Carol Viers
 Applicant's Signature Carol Viers
Print Name

 Title/Company 11/21/08
Date

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

AGENCY	DATE	SIGNATURE APPROVAL	TYP SETBACK INFORMATION	PROPERTY FEE
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>12-18-08</u>	<u>Dana Bernard</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 type="checkbox"/> NO <input checked="" type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>2008</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 Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for New Town Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	Rev. 11/4/04

G 01002267

DEPT. 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	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B10002105
Building Address <u>12605 ...</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>...</u> Subdivision <u>...</u> Section _____ Area _____ Lot <u>31</u> Tax Map _____ Parcel <u>...</u> Grid <u>...</u> Zoning: _____ Map Coordinates _____ Lot Size <u>3,349 ac</u>	Property Owner's Name _____ Address _____ City _____ State <u>MD</u> Zip Code _____ Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated herein): _____ Phone <u>...</u> Fax _____	
Existing Use _____ Proposed Use _____ Estimated Construction Cost \$ <u>...</u> Description of Work <u>...</u> Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Contractor Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ 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: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage 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 checked="" 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 <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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 checked="" 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.

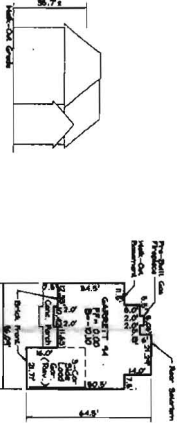
Applicant's Signature _____ Title/Company _____	Print Name _____ Date _____
--	--------------------------------

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 \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Officials			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____
Health <u>7-26-10</u> <u>Spill Dept</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 type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			Lot Coverage for New Town Zone SDP/Red-line approval date _____	Validation # _____
Distribution of Copies			Accepted by _____	

SOILS LEGEND

SYMBOL	NAME / DESCRIPTION	SOIL CLASSIFICATION
(Symbol)	CLAYEY SILT	CLAYEY SILT
(Symbol)	SILT	SILT
(Symbol)	SANDY SILT	SANDY SILT
(Symbol)	SAND	SAND
(Symbol)	SANDY SAND	SANDY SAND
(Symbol)	SANDY CLAY	SANDY CLAY
(Symbol)	CLAY	CLAY



GARRETT 94
(See Note 1)

PERMANENT SEEDING NOTES

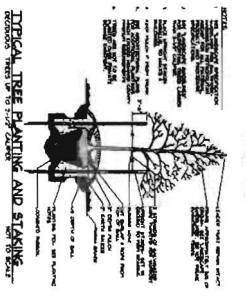
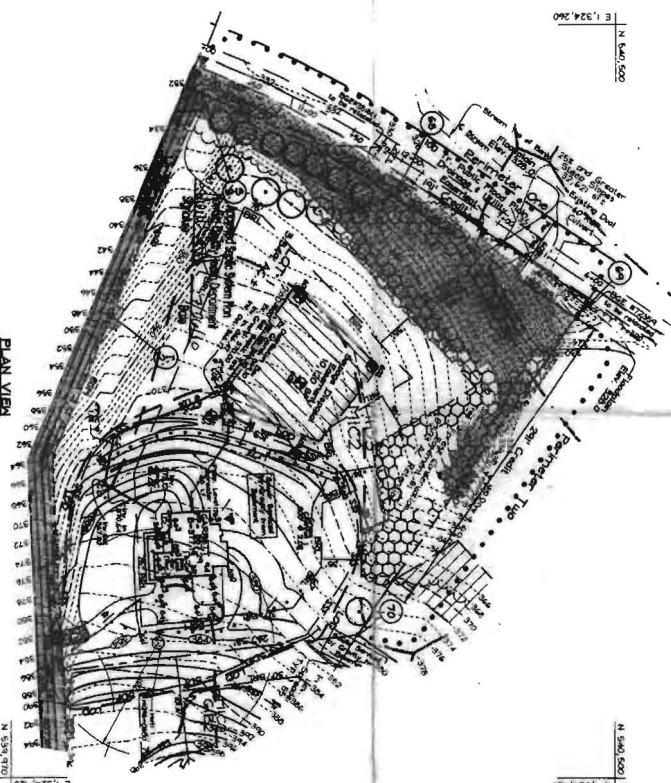
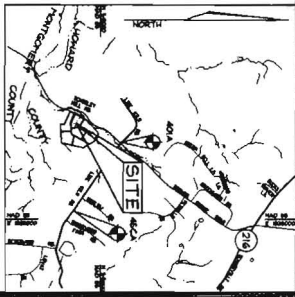
1. ALL TO BE DONE BY QUANTASIA AND GARRETT. THE SEEDING SHALL BE DONE BY THE CONTRACTOR. THE SEEDING SHALL BE DONE BY THE CONTRACTOR. THE SEEDING SHALL BE DONE BY THE CONTRACTOR.

TEMPORARY SEEDING NOTES

1. ALL TO BE DONE BY QUANTASIA AND GARRETT. THE SEEDING SHALL BE DONE BY THE CONTRACTOR. THE SEEDING SHALL BE DONE BY THE CONTRACTOR. THE SEEDING SHALL BE DONE BY THE CONTRACTOR.

LEGEND

(Symbol)	EXISTING CURB
(Symbol)	EXISTING DRIVE
(Symbol)	EXISTING SIDEWALK
(Symbol)	EXISTING PAVEMENT
(Symbol)	EXISTING ASPHALT DRIVE
(Symbol)	EXISTING ASPHALT SIDEWALK
(Symbol)	EXISTING ASPHALT DRIVE
(Symbol)	EXISTING ASPHALT SIDEWALK
(Symbol)	EXISTING ASPHALT DRIVE
(Symbol)	EXISTING ASPHALT SIDEWALK
(Symbol)	EXISTING ASPHALT DRIVE
(Symbol)	EXISTING ASPHALT SIDEWALK



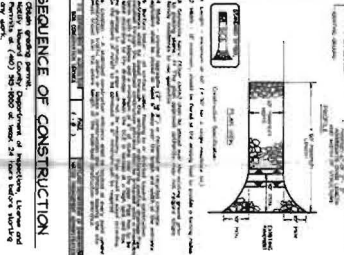
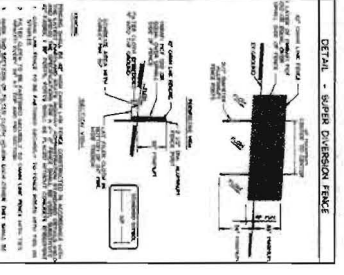
LANDSCAPE GENERAL NOTES

1. ALL PLANTING TO BE DONE BY QUANTASIA AND GARRETT. THE PLANTING SHALL BE DONE BY THE CONTRACTOR. THE PLANTING SHALL BE DONE BY THE CONTRACTOR.

SET	QUANTITY	LANDSCAPE SCHEDULE	SIZE	NOTE
1	1	1	12" x 12" Cal	1 x 1
2	1	2	12" x 12" Cal	1 x 1

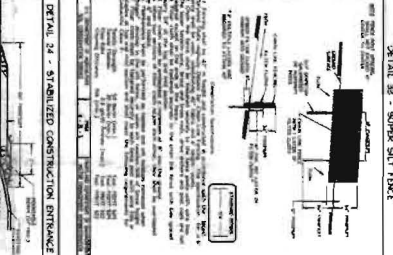
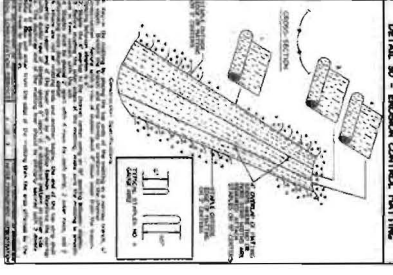
PERIMETER LANDSCAPE EDGE SCHEDULE

CATEGORY	PLANTING	PLANTING	PLANTING	PLANTING
1	1	1	1	1
2	1	1	1	1
3	1	1	1	1
4	1	1	1	1



SEQUENCE OF CONSTRUCTION

1. ALL TO BE DONE BY QUANTASIA AND GARRETT. THE SEEDING SHALL BE DONE BY THE CONTRACTOR. THE SEEDING SHALL BE DONE BY THE CONTRACTOR. THE SEEDING SHALL BE DONE BY THE CONTRACTOR.



SEDIMENT CONTROL NOTES

1. ALL TO BE DONE BY QUANTASIA AND GARRETT. THE SEEDING SHALL BE DONE BY THE CONTRACTOR. THE SEEDING SHALL BE DONE BY THE CONTRACTOR. THE SEEDING SHALL BE DONE BY THE CONTRACTOR.

DEVELOPER/OWNER
HARDENBERG LUMBER
405 N. BROADWAY, SUITE 200
TAMPA, FL 33602
TELEPHONE: (813) 288-8800

FSH Associates
Professional Forestry Consultants
10000 N. BROADWAY, SUITE 200
TAMPA, FL 33602
TELEPHONE: (813) 288-8800

PLANTING SCHEDULE

DATE	ACTIVITY
01/15/2007	PERMITS
02/15/2007	CONSTRUCTION
03/15/2007	LANDSCAPE
04/15/2007	SEEDING
05/15/2007	PLANTING