

Building Address 3120 SLIKES WAY
WEST FRIENDSHIP, MD 21794

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

Census Tract 6030 Subdivision TWIN PINES

Section _____ Area _____ Lot 3

Tax Map 22 Parcel 17 Grid 8

Zoning RRDEC Map Coordinates 505 Lot size _____

Property Owner's Name D. R. Horton, Inc.
1370 Piccard Dr., St. 230
Rockville, MD 20850

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone 301-670-6144

Applicant's Name & Mailing Address, (if other than stated hereon):
Vicky Meyer, Agent (410)602-8779

Phone _____ Fax _____

Existing Use vacant lot

Proposed Use single fam. dwelling

Estimated Construction Cost \$ 250,000

Description of Work FRANKLIN (903) B W/POW
SUORM, 441 TAM RM. EXH. FULL/L
4BR BSMT

Contractor Company D. R. Horton, Inc.
1370 Piccard Dr., St. 230
Rockville, MD 20850

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. 535

Phone 301-670-6144 Fax _____

Occupant or Tenant see owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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: <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"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <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 Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	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 type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
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"/> Manufacturer 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.

Applicant's Signature V. Meyer
 agent

Title/Company _____

Vicky Meyer, Agent (410)602-8779

Print Name _____

Date 1/9/04

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>1/22/04</u>	<u>Mark Ripken</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	<u>60621</u>
Rear: _____	Filing fee \$ <u>100</u>
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met?	Add'l per. fee \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required?	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Historic District?	Check # <u>402407</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>38930</u>
Lot Coverage for New Town Zone _____	
SDP/Red-line approval date _____	Accepted by _____

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

15949

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
2430 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-3110
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B-00149488

Building Address 3120 Stiles Way
West Friendship, MD 21794
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6050 Subdivision: Twin Pines
Section _____ Area 41,059.95 Lot 3
Tax Map 22 Parcel 17 Grid 8
Zoning RRDEF Map Coordinates 10A7 Lot size _____

Property Owner's Name Kenny C. Han
Address 3120 Stiles Way
City West Friendship State MD Zip Code 21794
Home Phone 410-489-6175 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____

Existing Use Deck SF-Hon
Proposed Use Deck for Sun
Estimated Construction Cost \$ 7000.00
Description of Work 16 x 36 w/regular shape deck w/steps

Contractor Company Owen
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant Kenny C. Han
Contact Name Kenny C. Han
Address 3120 Stiles Way
City West Friendship State MD Zip Code 21794
Phone 410-489-6175 Fax _____

Engineer or Architect Company Kenny C. Han
Contact Person Kenny C. Han
Address 3120 Stiles Way
City West Friendship State MD Zip Code 21794
Phone 410-489-6175 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
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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: <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	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 <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	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 type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: 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 _____	Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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	

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[Signature]
Applicant's Signature

Kenny C. Han
Print Name
7/21/04
Date

Title/Company
015 OK

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**** PLEASE WRITE NEATLY AND LEGIBLY. ****
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AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ	<u>7/21/04</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> State Highways	<u>7/21/04</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Building Official	<u>7/21/04</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>7/21/04</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Health	<u>7/21/04</u>	<u>[Signature]</u>
<input type="checkbox"/> Fire Protection		

DPZ SETBACK INFORMATION
Front: <u>50</u>
Rear: <u>30</u>
Side: <u>10</u>
Side St.: _____

PROPERTY ID#	60627
Filing fee \$	_____
Permit fee \$	<u>50</u>
Excise tax \$	_____
Add'l per. fee \$	<u>5</u>
TOTAL FEES \$	<u>55</u>
Sub-total paid \$	_____
Balance due \$	_____
Check #	<u>6021</u>
Validation #	<u>74651</u>

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

All minimum setbacks met?
YES NO

Is Entrance Permit required?
YES NO

Historic District?
YES NO

Lot Coverage for NewTown Zone MD

SDP/Red-line approval date 7/21/04

Accepted by [Signature]

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Maryland State Grid (NAD 83/91)

STILES WAY
(PUBLIC ACCESS PLACE)

APPROVED

WALK-THRU BUILDING PERMIT

BP# B00149488 A# 514944-C

APP. SAN KB/KN DATE: 7/21/04

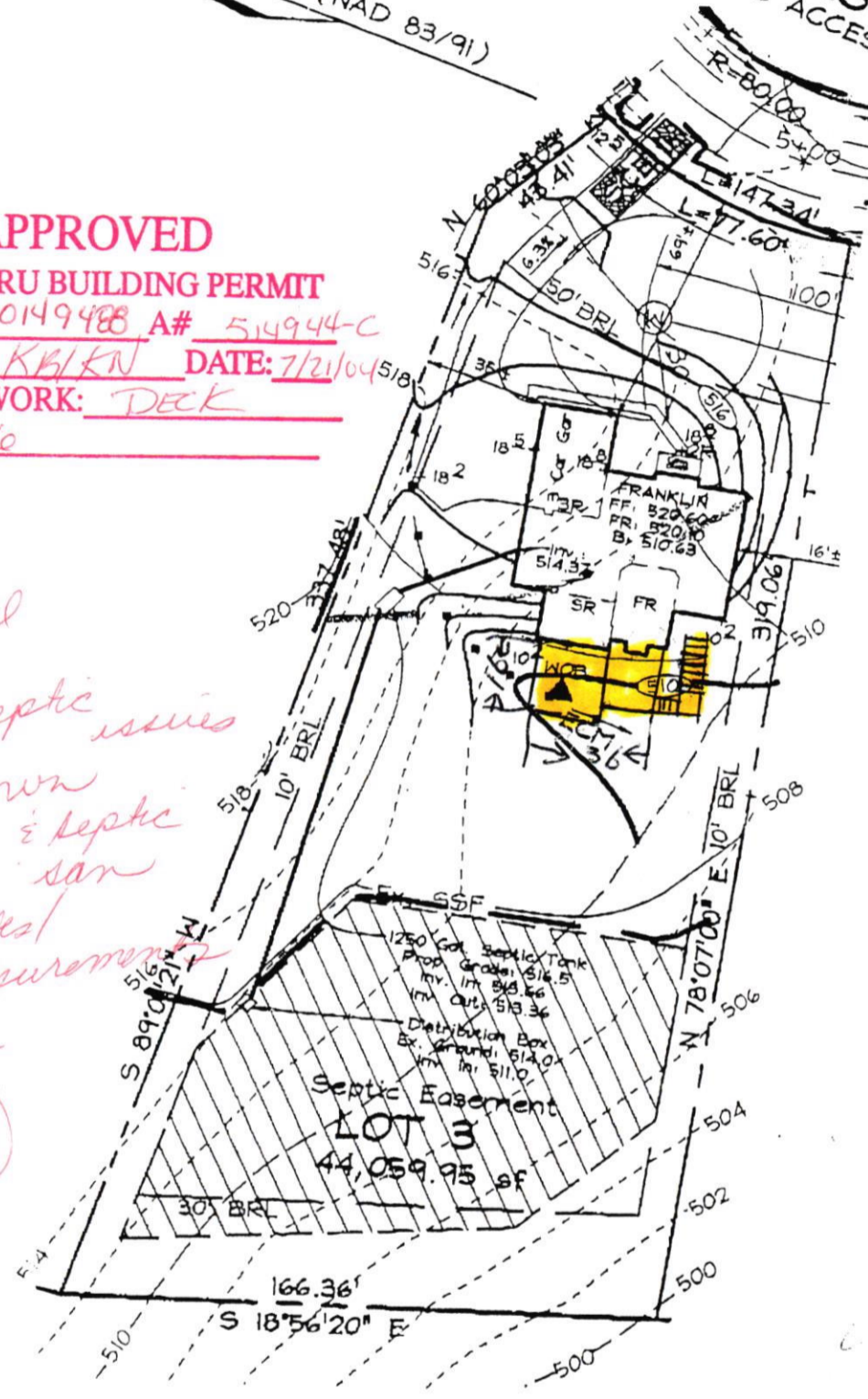
DESC. OF WORK: DECK

16x36

BASEMENT
WILL NOT
SEWER BY
GRAVITY

*No well
or
septic
issues
shown
well & septic
per san
notes
measurements*

*OK
KN*



OWNER/ DEVELOPER

D.R. Horton
1370 Piccard Drive, Suite 230
Rockville, Maryland 20850
Tel: (301)-670-6144

FSH Associates

Engineers Planners Surveyors
8318 Forrest Street, Ellicott City, MD 21043
Tel: 410-750-2251 Fax: 410-750-7350
E-mail: FSHAssociates@cs.com

Note: See Approved Grading Plan GP-##-## for Entire Site.

DESIGN BY:	PS
DRAWN BY:	KSZ
CHECKED BY:	ZYF
SCALE:	1"=50'
DATE:	Dec. 9, 2003
W.O. No.:	3211
SHEET No.:	1 OF 1

**LOT RESITE
LOT 3
TWIN PINES**

TAX MAP 22, GRID 8
3RD ELECTION DISTRICT

PARCEL 17
HOWARD COUNTY, MARYLAND