

G7000/15

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3400 COURTHOUSE DRIVE  
ELLCOTT CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B07002056

Building Address 16350 CAITHAN RIVER DR  
ROODBINL 21297

Property Owner's Name TRINITY QUALITY HOMES INC  
Address 3675 PARK AVE #301

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

City ELLCOTT CITY State MD Zip Code 21043

Census Tract \_\_\_\_\_ Subdivision CHASE AT STONEY BROOK

Home Phone \_\_\_\_\_ Work Phone 410-313-5200

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 18

Applicant's Name & Mailing Address, (if other than stated hereon):

Tax Map 7 Parcel 135 Grid 17

Phone \_\_\_\_\_ Fax 410-313-5751

Zoning RD40 Map Coordinates 3012 Lot size 42,913 sq ft

Contractor Company SMILE

Existing Use UNPLANT LOT

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

Proposed Use SFD

Address \_\_\_\_\_

Estimated Construction Cost \$ 315,000

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Description of Work W/SILVER MANOR - 2

License No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

STORY, FULL BSMT 3 FB, 1 HB,

2 FR CHALK DR. (4 BR)

Occupant or Tenant N/A

Engineer or Architect Company SMILE

Contact Name \_\_\_\_\_

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

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Building Characteristics

Utilities

Height: \_\_\_\_\_  
No. of stories: \_\_\_\_\_  
Gross area, sq. ft. per floor: \_\_\_\_\_  
Use group: \_\_\_\_\_  
Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

Water Supply: \_\_\_\_\_  
 Public  
 Private  
Sewage Disposal: \_\_\_\_\_  
 Public  
 Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system: N/A   
 Full  
 Partial  
 Other Suppression  
# of Heads \_\_\_\_\_

SF Dwelling  SF Townhouse   
Depth Width  
1st floor: \_\_\_\_\_  
2nd floor: \_\_\_\_\_  
Basement: \_\_\_\_\_  
Finished Basement  Unfinished Basement   
Crawl space  Slab on Grade   
No. of Bedrooms: \_\_\_\_\_  
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: \_\_\_\_\_  
 State Certified Modular  
 Manufactured Home

Water Supply: \_\_\_\_\_  
 Public  
 Private  
Sewage Disposal: \_\_\_\_\_  
 Public  
 Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system: N/A   
 NFPA #13D  
 NFPA #13R  
 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.

Sally L. Hodge  
Applicant's Signature  
OP. OPERATIONS - TRINITY  
Title/Company

SALLY HODGE  
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
Land Development, DPZ		
State Highway		
Planning Official		
Dev. Engineering, DPZ		
Health	<u>6/13/07</u>	<u>[Signature]</u>
Fire Protection		
Is Seismic Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA		

DPZ SETBACK INFORMATION	PROPERTY FEE
Front: <u>50</u>	Filing fee \$ <u>100.00</u>
Rear: <u>30</u>	Permit fee \$ _____
Side: <u>10</u>	Excise tax \$ _____
State St: <u>N/A</u>	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check \$ <u>12521</u>
SDP/Red-line approval date _____	Validation \$ _____
Accepted by _____	