

Building Address CLARKSVILLE 31027	Property Owner's Name TRINITY LUTHERAN CHURCH
Suite/Apt. #: _____ SDP/WP/Petition #: GP-11-55	Address 2175 PARK AVE #301
Census Tract _____ Subdivision _____	City CLARKSVILLE State MD Zip Code 21043
Section _____ Area _____ Lot 37	Home Phone _____ Work Phone 410-313-8222
Tax Map 28 Parcel 74 Grid _____	Applicant's Name & Mailing Address, (if other than stated herein): _____ _____ _____
Zoning _____ Map Coordinates 4933 34 Lot Size 41,598	Phone _____ Fax 410-313-8231
Existing Use UNDEVELOPED LOT	Contractor Company TRINITY LUTHERAN CHURCH
Proposed Use SFD	Contact Person SPILLY HORN
Estimated Construction Cost \$ 322,195	Address 2175 PARK AVE #301
Description of Work APPLY 2 STORY FULL CONCRETE 2 FB, 1 HB, 1 PS CONCRETE CORE	City CLARKSVILLE State MD Zip Code 21043
Occupant or Tenant N/A	License No. 679
Contact Name _____	Phone 410-313-8222 Fax 410-313-8224
Address _____	Engineer or Architect Company N/A
City _____ State _____ Zip Code _____	Contact Person _____
Phone _____ Fax _____	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

BUILDING DESCRIPTION – COMMERCIAL		BUILDING DESCRIPTION – RESIDENTIAL	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
Height:	Water Supply:	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply:
No. of stories:	___ Public	<u>Depth</u> <u>Width</u>	___ Public
Gross area, sq. ft. per floor:	___ Private	1 st floor:	<input checked="" type="checkbox"/> Private
Use group:	Sewage Disposal:	2 nd floor:	Sewage Disposal:
Construction type:	___ Public	Basement:	___ Public
___ Reinforced Concrete	___ Private	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	<input checked="" type="checkbox"/> Private
___ Structural Steel	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	No. of Bedrooms <u> 4 </u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
___ Masonry	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Multi-family dwellings:	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
___ Wood Frame	Heating System:	No. of efficiency units: <u> </u>	Heating System:
___ State Certified Modular	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of 1 BR units: <u> </u>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
	Natural Gas <input type="checkbox"/>	No. of 2 BR units: <u> </u>	Natural Gas <input checked="" type="checkbox"/>
	Propane Gas <input type="checkbox"/>	No. of 3 BR units: <u> </u>	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	Other Structure: <u> </u>	Sprinkler system: N/A <input checked="" type="checkbox"/>
	___ Full	Dimensions: <u> </u>	___ NFPA #13D
	___ Partial	Footings: <u> </u>	___ NFPA #13R
	___ Other Suppression	Roof: <u> </u>	___ Other: <u> </u>
	___ # of Heads	___ State Certified Modular	
		___ 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.

Applicant's Signature William H. Dodge

Print Name SALLY HODGE

Email Address TRACY@TRINITYHOMES.COM

DECLARATIONS - TRINITY
Title/Company

Date 12/14/10

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 Officials
Dev. Engineering, DPZ
Health 2-1-11 *Michael S. [Signature]*
Fire Protection

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met?

YES ☐ NO ☐

	PROPERTY ID #
Filing fee	\$ <u> </u>
Permit fee	\$ <u> </u>
Excise tax	\$ <u> </u>
Add'l per fee	\$ <u>5000</u>
TOTAL FEES	\$ <u> </u>
Sub-total paid	\$ <u> </u>

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

Is Entrance Permit Required?
YES ☐ NO ☐

Balance due \$ _____
Check # _____

Historic District?

Validation # _____

YES ☐ NO ☐

Lot Coverage for New Town Zone

Accepted by

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

Distribution of Copies

White: Building Officials

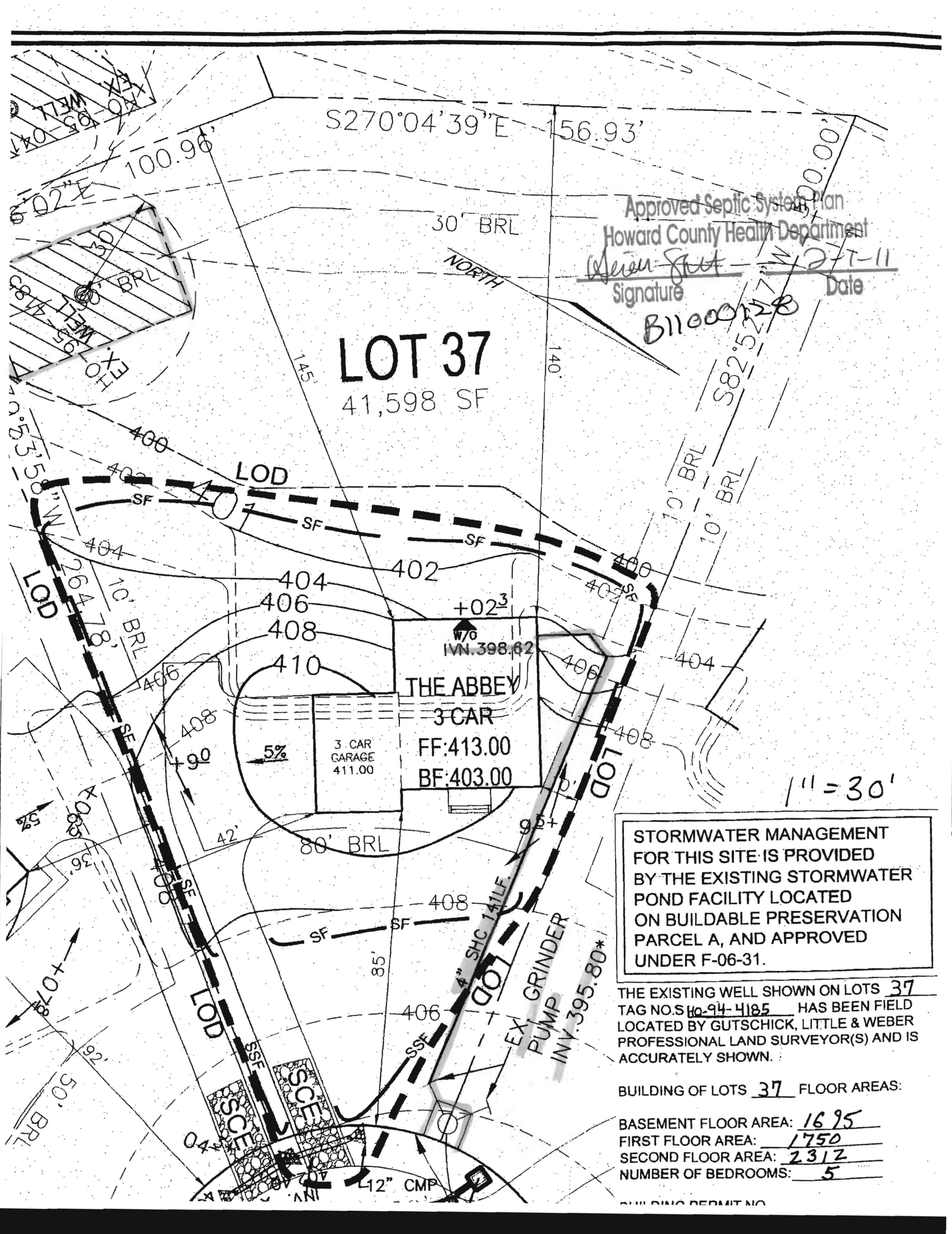
Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

T:\Operations\Updated forms



Approved Septic System Plan
Howard County Health Department

Wesley Scott
Signature
2-7-11
Date

B11000128

LOT 37
41,598 SF

1" = 30'

STORMWATER MANAGEMENT
FOR THIS SITE IS PROVIDED
BY THE EXISTING STORMWATER
POND FACILITY LOCATED
ON BUILDABLE PRESERVATION
PARCEL A, AND APPROVED
UNDER F-06-31.

THE EXISTING WELL SHOWN ON LOTS 37
TAG NO. S ~~40-94-4185~~ HAS BEEN FIELD
LOCATED BY GUTSCHICK, LITTLE & WEBER
PROFESSIONAL LAND SURVEYOR(S) AND IS
ACCURATELY SHOWN.

BUILDING OF LOTS 37 FLOOR AREAS:

BASEMENT FLOOR AREA:	1695
FIRST FLOOR AREA:	1750
SECOND FLOOR AREA:	2312
NUMBER OF BEDROOMS:	5

BUILDING PERMIT NO.