Permits: 410-313-2455

Inspections: 410-313-1810

Howard County Building/Fire Permit Application Department of Inspections, Licenses & Permits

3430 Court House Drive

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PE	ermi	E IN	um	per

Automated Line: 410-313-3800 Ellicott City, MD 21043 16111 Saddebrook Form Trail Property Owner's Name: \_ Building Address: Woodstack MD Address: 6085 Massin El Kridar State: MD zip Code: 21075 \_\_\_\_SDP/WP/BA #: \_ Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Applicant's Name & Mailing Address, (If other than stated herein): \_\_\_\_\_Area:\_\_\_\_\_\_Lot:\_\_\_\_ Section: Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: Map Coordinates: Phone: \_\_\_\_\_ Fax: \_\_\_\_ Zoning: \_\_\_\_\_ SED Existing Use: Proposed Use: \_\_\_\_ Contractor Company: \_\_\_ Contact Person: \_ Estimated Construction Cost: \$ Address: \_\_\_ Description of Work: City: \_\_ State: Zip Code: Phone: \_\_\_ \_\_\_\_ Fax:\_\_\_\_ Occupant or Tenant: □Yes Was tenant space previously occupied? □No Engineer/Architect Company: \_\_\_ Contact Name: \_\_\_\_\_ Responsible Design Prof.: Address: City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_ Phone: \_\_\_\_\_\_\_Fax: \_\_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_ Email: Email: **BUILDING DESCRIPTION - COMMERCIAL** BUILDING DESCRIPTION - RESIDENTIAL **Building Characteristics Building Characteristics** Utilities Utilities  $\square$  SF Dwelling  $\square$  SF Townhouse **Water Supply** Height: Water Supply ☐ Public **Depth** Width ☐ Public No. of stories: 1<sup>st</sup> floor: ☐ Private Gross area, sq. ft./floor: ☐ Private 2<sup>nd</sup> floor: Sewage Disposal Sewage Disposal ☐ Public Basement: Area of construction (sq. ft.): ☐ Public ☐ Finished Basement ☐ Private Electric: ☐ Unfinished Basement ☐ Yes □ No ☐ Private ☐ No ☐ Crawl Space ☐ Yes Gas: Use group: Electric: ☐ Yes □ No ☐ Slab on Grade **Heating System** ☐ Yes □ No ☐ Electric No. of Bedrooms: Construction type: **Heating System Multi-family Dwelling** □ Oil ☐ Electric ☐ Reinforced Concrete ☐ Oil No. of efficiency units: ☐ Natural Gas ☐ Natural Gas ☐ Propane Gas No. of 1 BR units: ☐ Propane Gas ☐ Structural Steel No. of 2 BR units: ☐ Masonry Sprinkler System: No. of 3 BR units: □ N/A ☐ Wood Frame Other Structure: ☐ State Certified Modular ☐ Full Dimensions: ☐ Partial Footings: ☐ Other Suppression Roof: ☐ State Certified Modular No. of Heads: ☐ 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. Print Name **Applicant's Signature** Fmail Address Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*
-FOR OFFICE USF ONLY-

DATE	SIGNATURE OF APPROVAL
1-10-11	Idual Sout
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	DATE

☐ CONTINGENCY CONSTRUCTION START

☐ ONE STOP SHOP

Title/Company

DPZ SETBACK INFORMATION		
Front:		
Rear:		
Side:		
Side St.:		
All minimum setbacks met?	☐ Yes	□No
Is Entrance Permit Required?	☐ Yes	□No
Historic District?	☐ Yes	□No
Lot Coverage for New Town Z	one:	
SDP/Red-line approval date:		

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
<b>Guaranty Fund</b>	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
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Ail 8.12/10

PT. OF INSPECTIONS, LICENSES AND FERMINA 3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455
INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800 DEPT. OF INSPECTIONS, LICENSES AND PERMITS **HOWARD COUNTY** PERMIT NUMBER PERMIT APPLICATION B 1000 2917 Property Owner's Name Address S Building Address 10111 Woodstack, M ma State Work Phone rive City Elloage Zip Code 210/5 Suite/Apt. #: SDP/WP/Petition #: Home Phone Applicant's Name & Mailing Address, (if other than stated herein): Census Tract Subdivision Area Lot Parcel Tax Map Map Coordinates Zoning Existing Use Vacant Contractor Company Kesidental Proposed Use Contact Person Estimated Construction Cost \$ 3 00 10 Address City Description of Work State Zip Code License No. Phone Occupant or Tenant Engineer or Architect Company Contact Name Contact Person\_ Address Address \_\_\_\_ Zip Code \_\_\_ State State Zip Code City\_ Fax Fax Phone **BUILDING DESCRIPTION - COMMERCIAL BUILDING DESCRIPTION - RESIDENTIAL Building Characteristics Building Characteristics** Utilities Water Supply: SF Dwelling 🗆 SF Townhouse Water Supply: Height: Public Depth 1<sup>st</sup> floor: 2<sup>nd</sup> floor: Public Width # 74, 90 Private No. of stories: Private 54 × 90 Sewage Disposal: Sewage Disposal: Public Basement: Public Gross area, sq. ft. per floor: Private Private Finished Basement 

Unfinished Basement 

Crawl space 

Slab on Grade Use group: Yes □ No □ Yes □ No □ Electric No. of Bedrooms 4 Yes □ No □ Yes □ No □ Construction type: Gas Reinforced Concrete Multi-family dwellings: Heating System: Heating System: Structural Steel No. of efficiency units: \_ Electric Oil 🗆 Electric  $\square$ Oil I Masonry No. of 1 BR units: Wood Frame Natural Gas Natural Gas No. of 2 BR units: Propane Gas Propane Gas No. of 3 BR units: State Certified Modular Sprinkler system: N/A □ NFPA #13D Sprinkler system: N/A □ Other Structure: Full Dimensions: NFPA #13R Partial Footings: Other Suppression Other: Roof: # of Heads State Certified Modular 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. Print Name Applicant's Signature Email Address Date Title/Company Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY \*\*PLEASE WRITE NEATLY AND LEGIBLY.\* - FOR OFFICE USE ONLY -**DPZ SETBACK INFORMATION** PROPERTY ID# AGENCY I Land Development, DPZ SIGNATURE APPROVAL Filing fee Permit fee State Highways Rear: **Building Officials** Side: Excise tax Dev. Engineering, DPZ Side St.: Add'l per fee **TOTAL FEES \$** All minimum setbacks met? Sub-total paid \$ YES □ NO □ **Fire Protection** Is Entrance Permit Required? Balance due Is Sediment Control approval required prior to issuance? YES □ NO 🗆 Check YES 

NO **Historic District?** Validation YES □ NO □ CONTINGENCY CONSTRUCTION START:  $\Box$ Lot Coverage for New Town Zone SDP/Red-line approval date Accepted by\_ ONE STOP SHOP:

White: Building Officials

**Distribution of Copies** 

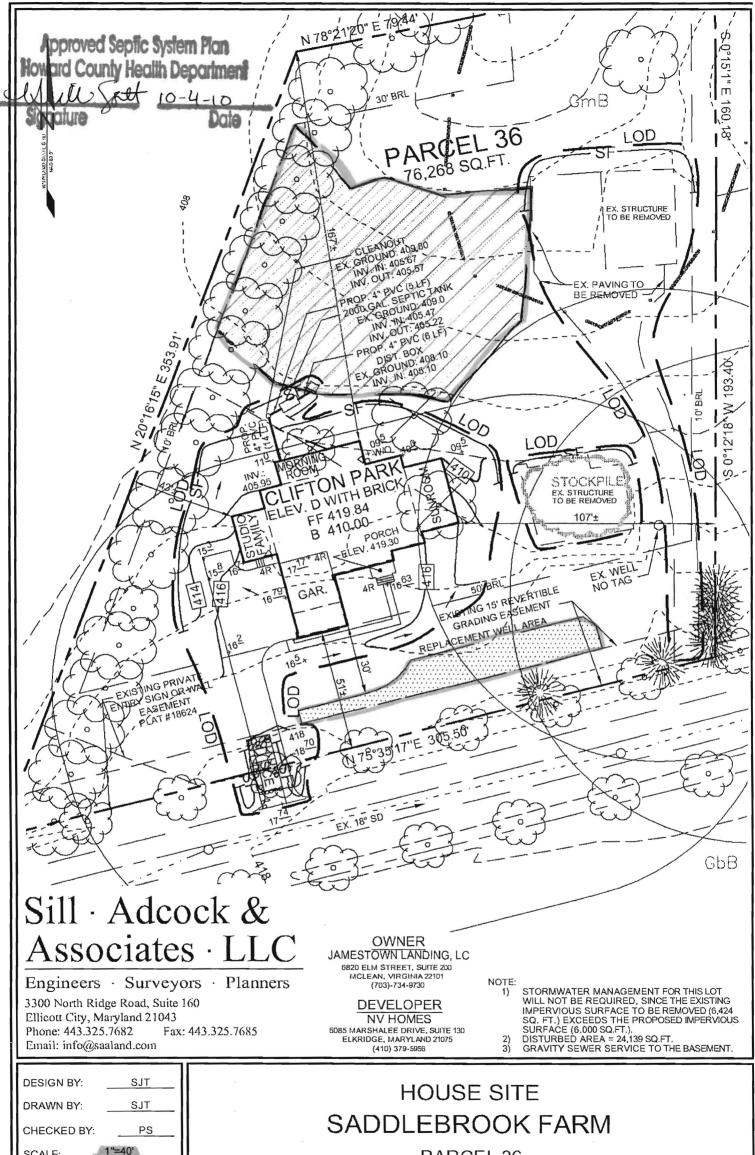
T:\Operations\Updated forms

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA



1"=40" DATE: AUGUST 2, 2010 PROJECT #: 10-018 SHEET #:

OF

PARCEL 36 10111 SADDLEBROOK FARM TRAIL

TAX MAP 11 GRID 13 THIRD ELECTION DISTRICT

PARCEL 19 HOWARD COUNTY, MARYLAND