

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B07000565

Building Address 101149, Saddlebrook Farm

Wheaton, MD 21163

Suite/Apt. #: _____ SDP/WP/Petition #: 11-0112

Census Tract 100000 Subdivision Saddlebrook Farm

Section _____ Area _____ Lot 3

Tax Map 11 Parcel 19 Grid 13

Zoning RC Map Coordinates _____ Lot size 1.13 AC

Existing Use Vacant lot

Proposed Use SFD

Estimated Construction Cost \$ 150,000.00

Description of Work New SFD - Wheaton

Flav. 3, 1200 sq. ft. 4 bedrooms, 2.5 baths,

central air conditioning, hardwood floors, granite

countertops, stainless steel appliances, walk-in

closets, full basement, finished attic, 2 car garage,

hardwood floors, 1200 sq. ft. 4 bedrooms, 2.5 baths,

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Property Owner's Name Shalebrook, LLC

Address 1520 Elm St., 200

City Wheaton State VA Zip Code 2210

Home Phone 703-257-0590 Work Phone _____

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

Shalebrook, LLC

2530 Winter Rd., Blackville, MD 20850

Phone 703-257-7309 Fax _____

Contractor Company Shalebrook Homes

Contact Person Brian Parent

Address 1520 Elm St., 100

City Wheaton State VA Zip Code 2210

License No. _____

Phone 703-257-6531 Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics

Utilities

SF Dwelling ☐ SF Townhouse ☐

Depth Width

1st floor:

2nd floor:

Basement:

Finished Basement ☒ Unfinished Basement ☐

Crawl space ☐ Slab on Grade ☐

No. of Bedrooms 4

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.

Applicant's Signature

Print Name

2/16/07

Date

Title/Company

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

Health 3/23/07 AT

Fire Protection

Is Sediment Control approval required prior to issuance?

YES ☒ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

Distribution of Copies

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

T:\forms\PERMIT.FRM

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 Zone

SDP/Red-line approval date

Filing fee \$ 100.00

Permit fee \$ _____

Excise tax \$ _____

Add'l per. fee \$ _____

TOTAL FEES \$ _____

Sub-total paid \$ _____

Balance due \$ _____

Check # 2656

Validation # _____

Accepted by AT