

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B0055249 KTB

Building Address 3650 SHARP RD
GLLENWOOD 21738
04-331753
Suite/Apt. #: _____ SDPWP/Petition #: _____

Census Tract 104002 Subdivision FAIRVIEW PARK

Section _____ Area _____ Lot 4F

Tax Map 21 Parcel 167 Grid 11

Zoning CCRB Map Coordinates 969 Lot size 3.08 AC

Existing Use VACANT LOT

Proposed Use SFD

Estimated Construction Cost \$ 187,000

Description of Work 3 STORY, 11R, W.B. 2HB
2FP + GARAGE (5 BR) SCREENED
PORCH + BALCONY

Occupant or Tenant N/A

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

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

City ELLICOTT CITY State MD Zip Code 21043

Home Phone _____ Work Phone 410-313-8722

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

Phone _____ Fax 410-313-8731

Contractor Company SOME

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. 699

Phone _____ Fax _____

Engineer or Architect Company SOME

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 _____

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 J. Hodge

Applicant's Signature

UP. OPERATIONS - TRINITY

Title/Company

SALLY HODGE

Print Name

4/18/05 7-29-05

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 Highways

☒ Building Official

☒ Dev. Engineering, DPZ

☒ Health

☒ Fire Protection

☒ Sediment Control approval required prior to issuance?

YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

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

Permit fee

Excise tax

Add'l per. fee

TOTAL FEES

Sub-total paid

Balance due

Check

Validation

PROPERTY ID#

112

822

95435

Accepted by _____

Distribution of Copies

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

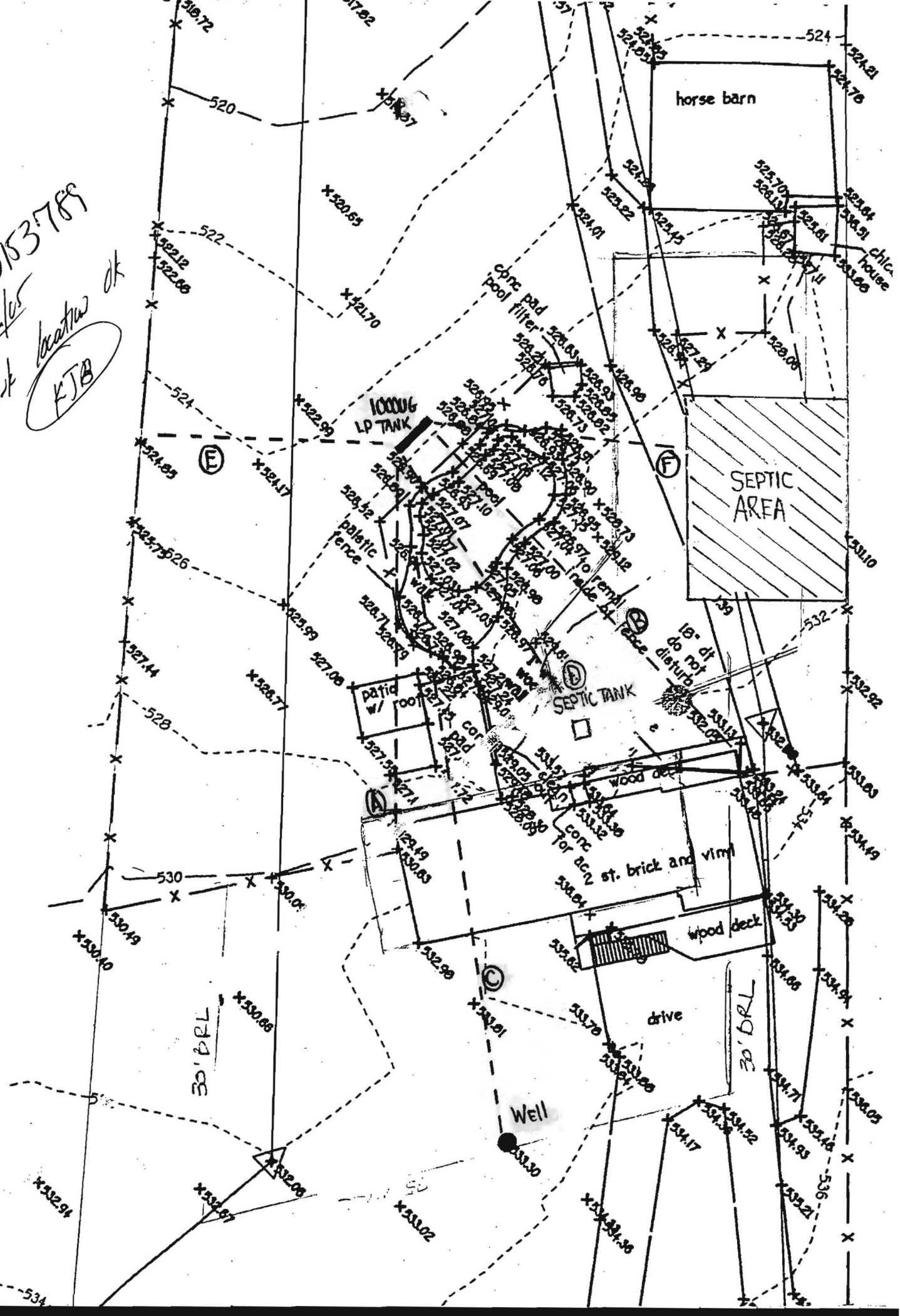
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Rev. 11/4/04

800153789

LP tank

location OK
(KJB)



DISTANCE OF TANK TO:

- (A) LEFT CORNER HOUSE 92'
- (B) RIGHT CORNER HOUSE 108'
- (C) WELL 170'
- (D) SEPTIC TANK 79'
- (E) NEAREST PROPERTY LINE 62'
- (F) SEPTIC AREA 64'

SCALE 1" = 30'