

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

000156446

Building Address 3710 Sofia Ct
5100-0000 MD 21133
Suite/Apt. #: 04-305908 SDP/WP/Petition #: 14835
Census Tract 60402 Subdivision Village of Carroll
Section _____ Area _____ Lot 11
Tax Map 21 Parcel 225 Grid 8
Zoning MC-DED Map Coordinates 8-9 Lot size 59,898

Property Owner's Name Ruba Homes Inc
Address _____
City Baltimore State MD Zip Code 21133
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone 410 459 6030 Fax 410 459 6032

Existing Use Vacant Lot
Proposed Use SF
Estimated Construction Cost \$ 150,000
Description of Work 4 Bedroom 5 1/2 Bath, R.I. Unit
Remodeled Basement 3 Bed Attch Jap.
3.2 DP

Contractor Company Ruba Homes Inc
Contact Person Thomas P. Ryan Jr.
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant _____
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company H. J. Taylor
Contact Person _____
Address _____
City Chesapeake City State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Utilities
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
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

Utilities
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 ☒
NFA #13D
NFA #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

Title/Company

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 Highways
☒ Building Official
☒ Dev. Engineering, DPZ
☒ Health 11/13/05
☒ Fire Protection
Is Sediment Control approval required prior to issuance?
YES ☒ NO ☐

DPZ SETBACK INFORMATION
Front: 50'
Rear: 30'
Side: 10'
Side St: 30'
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 _____

PROPERTY INFO
Filing fee \$ 100.00
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # 10175
Validation # 100349

53355

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

Distribution of Copies

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

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Rev. 11/14/04

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B07002328	
Building Address <u>3710 Sofia Ct</u> <u>Glenwood MD 21738</u>			Property Owner's Name <u>Pines</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address <u>3710 Sofia Ct</u>		
Census Tract _____ Subdivision _____			City _____ State _____ Zip Code _____		
Section _____ Area _____ Lot _____			Home Phone _____ Work Phone _____		
Tax Map _____ Parcel _____ Grid _____			Applicant's Name & Mailing Address, (if other than stated hereon): _____		
Zoning _____ Map Coordinates _____ Lot size _____			Phone _____ Fax _____		
Existing Use <u>open</u>			Contractor Company <u>Advanced Deck Design</u>		
Proposed Use <u>deck/screened porch</u>			Contact Person <u>Steve</u>		
Estimated Construction Cost \$ <u>\$860,000.00</u>			Address <u>3317 Brookeville Rd</u>		
Description of Work <u>deck/screened porch</u> <u>w/ steps to grade - 2nd deck</u> <u>no steps</u>			City <u>Layfayetteville</u> State <u>MD</u> Zip Code <u>20882</u>		
Occupant or Tenant <u>Pines</u>			License No. _____		
Contact Name <u>Pines</u>			Phone <u>301-947-5772</u> Fax <u>301-947-5774</u>		
Address <u>3710 Sofia Ct</u>			Engineer or Architect Company _____		
City <u>Glenwood</u> State <u>MD</u> Zip Code <u>21738</u>			Contact Person _____		
Phone _____ Fax _____			Address _____		
			City _____ State _____ Zip Code _____		
			Phone _____ Fax _____		

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling ☐ SF Townhouse ☐ Depth Width	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes ☐ No ☐ Gas Yes ☐ No ☐	2nd floor: _____	Electric Yes ☐ No ☐ Gas Yes ☐ No ☐
Use group: _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐	Basement: _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A ☐ Full _____ Partial _____ Other Suppression _____ # of Heads _____	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: _____	Sprinkler system: N/A ☐ NFA #13D _____ NFA #13R _____ Other: _____
_____ State Certified Modular		Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ _____ 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.

Colleen Swisher
Applicant's Signature

Colleen Swisher
Print Name
6/13/07
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	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>6/13/07</u>	<u>Colleen Swisher</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES ☐ NO ☐	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES ☐ NO ☐			YES ☐ NO ☐	Check # _____
CONTINGENCY CONSTRUCTION START: ☐			Historic District?	Validation # _____
ONE STOP SHOP: ☐			YES ☐ NO ☐	
Distribution of Copies:	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	
			Yellow: DED, DPZ	Gold: SHA
			Pink: Health	

Approved Septic System Plan
Howard County Health Department



PLAN TO ACCOMPANY APPLICATION
FOR BUILDING PERMIT
VINEYARDS AT CATTAIL CREEK
LOT 11
#3710 SOFIA COURT
4TH ELECTION DISTRICT CARROLL COUNTY MARYLAND
TAX MAP:21 PARCEL:225
PLAT # 14835

he attached well tag
Land Services Inc.

DATE	10/17
57	Fl
Surv	
Comp	