

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1850	HOWARD COUNTY RESIDENTIAL HEATING-VENTILATION-AIR CONDITIONING AND REFRIGERATION PERMIT APPLICATION	HVACR PERMIT # <u>M11600745</u> BUILDING PERMIT #
---	---	--

BUILDING ADDRESS: <u>13029 TRIADELPHIA MILL RD</u> SUITE/APT: <u>CLARKSVILLE MD 21029</u> SUBDIVISION: CENSUS TRACT: SECTION: AREA: LOT: TAX MAP: PARCEL: BLOCK: ZONE: PROPERTY ID: MAP COORDINATES: TYPE OF IMPROVEMENTS: USE:	OWNERS NAME: <u>BILL HAYDEN</u> ADDRESS: <u>13029 TRIADELPHIA MILL ROAD</u> CITY: <u>CLARKSVILLE</u> STATE: <u>MD</u> ZIP CODE: <u>21029</u> HOME PHONE: <u>301-854-0087</u> WORK PHONE:
---	--

<table> <tr> <th><u>CHECK ONE</u></th> <th><u>HOW MANY</u></th> </tr> <tr> <td>SINGLE FAMILY DWELLING ☒</td> <td><u>1</u> ZONES</td> </tr> <tr> <td>SINGLE FAMILY TOWNHOUSE ☐</td> <td>___ ZONES</td> </tr> <tr> <td>MULTI-FAMILY / HOTEL/MOTEL ☐</td> <td>___ ROOMS</td> </tr> <tr> <td>ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) ☐</td> <td>___ ROOMS</td> </tr> </table>	<u>CHECK ONE</u>	<u>HOW MANY</u>	SINGLE FAMILY DWELLING ☒	<u>1</u> ZONES	SINGLE FAMILY TOWNHOUSE ☐	___ ZONES	MULTI-FAMILY / HOTEL/MOTEL ☐	___ ROOMS	ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) ☐	___ ROOMS	COMPANY NAME: <u>BAIR NECESSITIES</u> LICENSEE NAME: <u>TERRY BAIR</u> ADDRESS: <u>1045 CARBONDALE WAY</u> CITY: <u>GAMBRILLS</u> STATE: <u>MD</u> ZIP CODE: <u>21054</u> PHONE: <u>410-721-4142</u> HVACR LICENSE NO: <u>MD 02-13061</u>
<u>CHECK ONE</u>	<u>HOW MANY</u>										
SINGLE FAMILY DWELLING ☒	<u>1</u> ZONES										
SINGLE FAMILY TOWNHOUSE ☐	___ ZONES										
MULTI-FAMILY / HOTEL/MOTEL ☐	___ ROOMS										
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) ☐	___ ROOMS										

New ☐ Heating and Air Conditioning ☐ Geo Thermal System Replacement ☐ Heating ☒ Air Conditioning ☒ Heating and Air Conditioning	☐ Heating System Only ☐ Ductless Mini Splits Additions and Alterations ☐ Heating ☐ Air Conditioning ☐ Heating and Air Conditioning	Other Work (Describe): Thru The Wall Systems <u>8/9/2011</u> <u>O.K. BIRM</u> <u>GEOTHERMAL SYSTEM REPLACEMENT</u>
--	---	--

****Replacement Geo Thermal Systems are not required; However, if a tax credit is being sought a permit is required****

Zones Permit Fee = # of Zones x \$40 = <u>40</u> Technology Fee (10% of Permit Fee) = <u>4</u> Plus Application Fee <u>\$50.00</u> Total Fees Due = <u>94</u>	Rooms Permit Fee = # of Rooms x \$80 = _____ Technology Fee (10% of Permit Fee) = _____ Plus Application Fee \$50 <u>\$50.00</u> Total Fees Due = _____
--	--

I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AND KNOW IT IS TRUE AND CORRECT. THE WORK DESCRIBED HEREIN WILL BE PERFORMED BY A STATE HVACR LICENSED PERSON(S), AND ALL WORK WILL BE PERFORMED IN COMPLIANCE WITH APPLICABLE CODES AND STANDARDS OF HOWARD COUNTY THE STATE OF MARYLAND.

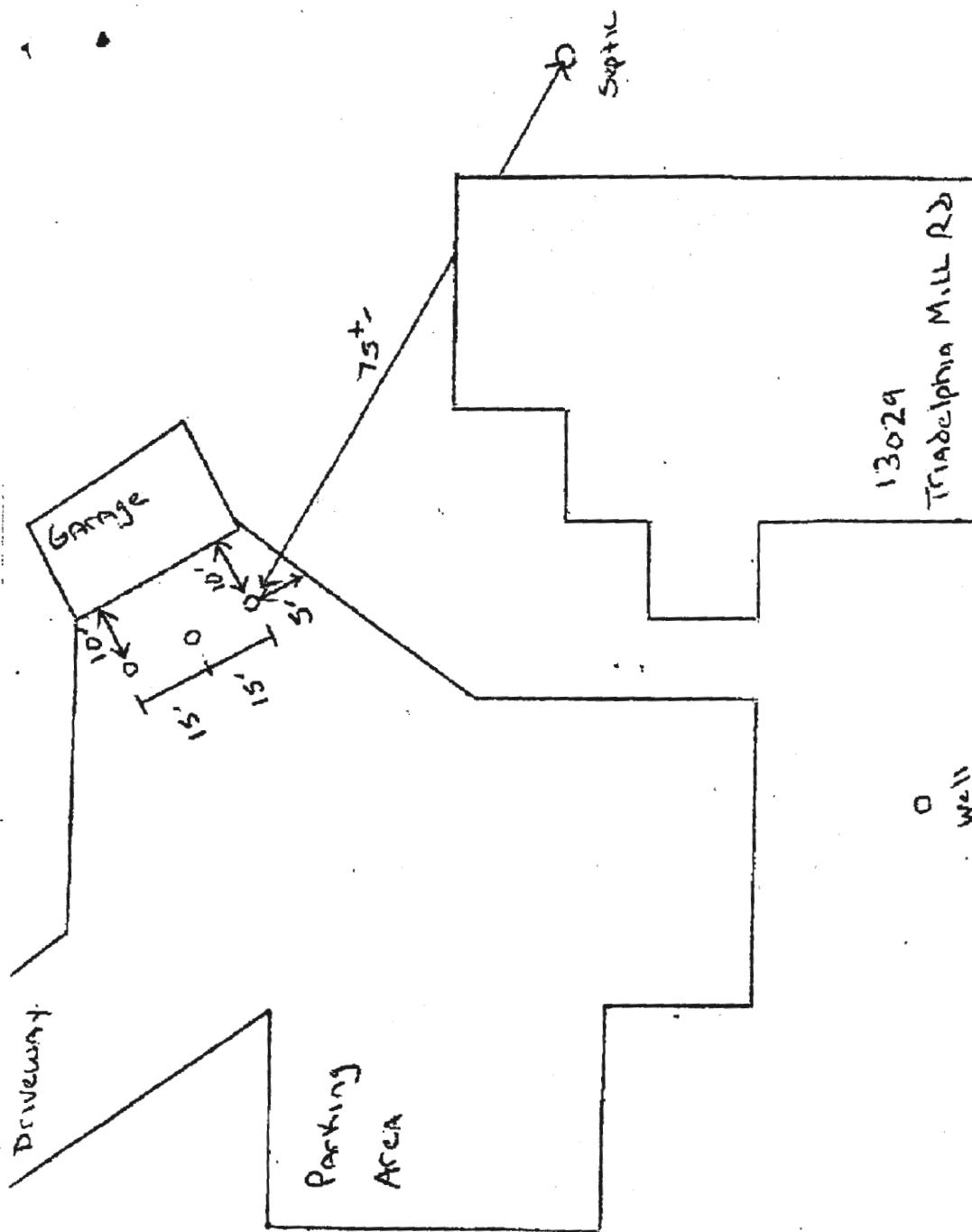
TERRY BAIR 7/21/11
 SIGNATURE OF LICENSEE DATE
Terry Bair
 PRINT NAME OF LICENSEE
INFO@BAIRNECESSITIES.COM
 Email Address

Validation Check Number: <u>5084</u> Cash: _____ Receipt Number: <u>248233</u>
--

Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

Word doc: T:\Updated Forms\hvac application
 Rev:10.2009

well + Septic





Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 9-25-13

Permit No.:

Building Address: 3029 Truanderpna Mill Rd
City: Clarksville State: MD Zip Code: 21029
Suite/Apt. #: SDP/WP/BA #:
Census Tract: Subdivision:
Section: Area: Lot:
Tax Map: Parcel: Grid:
Zoning: Map Coordinates: Lot Size:

Existing Use: SFD
Proposed Use: SFD
Estimated Construction Cost: \$ 50,000.00
Description of Work: New 2 car
carport and driveway

Occupant or Tenant:
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: Craig L. Stewart
Address: 3820 Old Columbia Pike
City: Ellicott City State: MD Zip Code: 21043
Phone: 410-375-8666 Fax:
Email: Craig - Stewart@verizon.net

Property Owner's Name: Bill & Ann Hayden
Address: 3029 Truanderpna Mill Rd
City: Clarksville State: MD Zip Code: 21029
Phone: 301-854-0687 Fax:
Email:

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name:
Address:
City: State: Zip Code:
Phone: Fax:
Email:

Contractor Company: To be determined
Contact Person:
Address:
City: State: Zip Code:
License No.:
Phone: Fax:
Email:

Engineer/Architect Company: Craig Stewart
Responsible Design Prof.: As above
Address: 3820 Old Columbia Pike
City: Ellicott City MD Zip Code: 21043
Phone: 410-375-8666 Fax:
Email: Craig - Stewart@verizon.net

Commercial Building Characteristics	Residential Building Characteristics	
Height: 10'	☐ SF Dwelling ☐ SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor: 24'-2" x 23'-4"	
Area of construction (sq. ft.):	2 nd floor: 14' x 5'	
Basement:	☐ Finished Basement	
Use group:	☐ Unfinished Basement	
Construction type:	☐ Crawl Space	
☐ Reinforced Concrete	☐ Slab on Grade	
☐ Structural Steel	No. of Bedrooms:	
☐ Masonry	Multi-family Dwelling	
☒ Wood Frame	No. of efficiency units:	
☐ State Certified Modular	No. of 1 BR units:	
	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
	Footings:	
	Roof:	
	☐ 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
☐ Other:
Sprinkler System:
☐ Yes ☐ No
Grading Permit Number:
Building Shell Permit Number:

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: Craig L. Stewart
Email Address: Craig - Stewart@verizon.net
Title/Company: Architect
Print Name: CRAIG L. STEWART
Date: 9-25-13

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	9/25/13	Andi Scott
Is Sediment Control approval required for issuance? ☐ Yes ☐ No		
☐ CONTINGENCY CONSTRUCTION START		

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	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

istribution of Copies: White: Building Officials

Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA

Operations\Updated Forms\Building applmp 8.2012.docx

LOT-1 HAYDEN/ ELIXHAUSER PROPERTY AND LOT-13
SECTION TWO CABIN HILL (PREVIOUSLY LOT-11) WITH
AN 8,539 SQ.FT. LAND TRANSFER TO CORRECT A
SETBACK ENCROACHMENT AND NO ADDITIONAL LOTS
OR DEVELOPMENT ACTIVITY IS PROPOSED WITH THE
PROCESSING OF THIS RESUBDIVISION PLAT.

FINAL PLAT
OF
**LOT-1 HAYDEN/
ELIXHAUSER PROPERTY
&
LOT-13, SECTION TWO
CABIN HILL
(A RESUBDIVISION OF LOT-11)**

5th ELECT. DIST. HOWARD CO., MD.
TAX MAP: 34, GRID: 10 & 11, PARCELS: 298 & 300
PREVIOUSLY RECORDED IN PLAT BOOK: 25, PAGE: 90
ZONED: RR-DEO

OWNERS

ROBERT W. CORNELIUS
NANCY CORNELIUS
12934 KENTBURY DRIVE
CLARKSVILLE, MD. 21029

WILLIAM L HAYDEN
ANNE E. ELIXHAUSER
13029 TRIADDELPHIA MILL ROAD
CLARKSVILLE, MD. 21029

200' 300'

RECORDED AS PLAT NO. _____ ON _____ AMONG
THE LAND RECORDS OF HOWARD COUNTY, MD.

NOTARY'S CERTIFICATE

AT THE FINAL PLAT SHOWN HEREON IS
A SUBDIVISION OF PART OF THE LANDS
HILL, INC. TO ROBERT AND NANCY
DATED DECEMBER 3, 1974 AND
25, FOLIO 112 AMONG THE LAND
COUNTY, MARYLAND AND PART OF
BY CLARE GUERNSEY TO WILLIAM L.
ELIXHAUSER BY DEED DATED AUGUST
DED IN LIBER 2981, FOLIO 104
ORDS OF HOWARD COUNTY.
ALL MONUMENTS ARE IN PLACE OR WILL
THE ACCEPTANCE OF THE STREETS IN
HOWARD COUNTY AS SHOWN, IN
E ANNOTATED CODE OF MARYLAND, AS

[Signature] 1-24/14
PROF.L.S.#21096 EXP. 8-3-15 DATE



142 EAST MAIN STREET
WESTMINSTER, MD 21157
410-848-2040 410-876-1222
FAX# 410-840-8387
EMAIL: RTF142@VERIZON.NET
WWW.RTFSURVEYING.COM



CHECKED BY: JEL
DATE 10-21-13
DRAWN BY: NCC
DATE 10-21-13
SCALE: 1"= 100'
R.T.F. JOB #: 13-91
SHEET 1 OF 1

CO. FILE # F-14-052

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

000128599

Building Address 13029 TRIADOLPHIA MILL RD
CLARKSVILLE MD 21029
Suite/Apt. #: N/A SDP/WP/Petition #: 11/1
Census Tract 6001.1 Subdivision N/A
Section 11/1 Area HAG LIBER 934
Tax Map 34 Parcel 298F0110 Grid 4067
Zoning RP-DEU Map Coordinates Lot size

Property Owner's Name WILLIAM HAYDEN
ANNE ELIXHAUSER
Address 13029 TRIADOLPHIA MILL RD
City CLARKSVILLE State MD Zip Code 21029
Home Phone 301-854-0087 Work Phone
Applicant's Name & Mailing Address, (if other than stated hereon):

Existing Use RESIDENTIAL
Proposed Use RESIDENTIAL
Estimated Construction Cost \$ 90,000
Description of Work ADDITION W/ NEW BEDRM
BATH ROOM, LAUNDRY RM + FIN. BSMT,
NEW COV. BALCONY

Contractor Company ENVIRONMENTAL & SDC
Contact Person ROBERT CONGEDO
Address 4756 WOODLAND ROAD
City ELLICOTT CITY State MD Zip Code
License No.
Phone 301-576-4474 Fax

Occupant or Tenant SAME AS OWNER
Contact Name
Address
City State Zip Code
Phone Fax

Engineer or Architect Company KMA-KEVIN
MCKENNA ARCHITECTS
Contact Person KEVIN
Address Box 722
City COLUMBIA State MD Zip Code 21045
Phone 410-381-5817 Fax 410-381-0929

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics
Height: 15' NEW
No. of stories: 8 NEW
Gross area, sq. ft. per floor: 612 NEW
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 DESCRIPTION - RESIDENTIAL

Building Characteristics
SF Dwelling ☒ SF Townhouse ☐
Depth Width
1st floor: 20x30 NEW
2nd floor:
Basement:
Finished Basement ☒ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☒
No. of Bedrooms 1 NEW
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:
☐ 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 ☐
☐ 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 AND INSPECT THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Kevin McKenna AGENT
Applicant's Signature
KMA KEVIN MCKENNA ARCHITECTS
Title/Company

KEVIN MCKENNA - AGENT
Print Name
21 FEB 2001
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 3/8/01 Mark Ripley
☒ Fire Protection
Is 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 _____

PROPERTY ID: 70625

Filing fee \$ 25.00
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # Cash
Validation # 36051

Accepted by [Signature]

Distribution of Copies White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

5:48:39-02 W 736.65'

6/22/01

3:30

SCALE: 1" = 100'

11.0 ACRES

3/7/01 MR

T/C W/OWNER

OK FOR BP ADDN

CONTINGENT ON

SEPTIC REPAIR

FOR BR ADDN

OK TO RELEAS

UPON PAYMENT OF

\$25 REPAIR FEE

W. Hargrave / wife

301 854 0087

13029 Trindolphin Mill Rd

addition - - - repair

confusion - place
of septic

301-574-6816
E. Hargrave

54:20-58 E 654.78'

APPROX. LOC.
EXIST. SEPTIC
FIELD

EXIST.
HOUSE

EXIST.
GARAGE

APPROX. LOCATION
EXIST. SWIM. POOL

PROPOSED
ADDITION
(SEE "PARTIAL SITE PLAN")

APPROX. LOCATION
EXISTING WELL

FRONT
DOOR

~1300' TO
TRIA. MILL
ROAD

N46-13-37 E

1020.34'

N58-27-00 E

50.67

668.95'

N31-32-54 W



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 13029 TRIADELPHIA MILL ROAD
City: CLARKSVILLE State: MD Zip Code: 21029
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: #1
Tax Map: 0034 Parcel: 0298 Grid: 0011
Zoning: RR-DED Map Coordinates: _____ Lot Size: 10.8 AC

Existing Use: SFD
Proposed Use: SFD

Estimated Construction Cost: \$ 80,000

Description of Work: 16' X 20' SUNROOM ON CRAWLSPACE FOUNDATION

Occupant or Tenant: ANNE ELIXHAUSER / BILL HAYDEN

Was tenant space previously occupied? ☒ Yes ☐ No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	☒ SF Dwelling ☐ SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor:
	2 nd floor:
Area of construction (sq. ft.): <u>320</u>	Basement:
	☐ Finished Basement
Use group:	☐ Unfinished Basement
Construction type:	☒ Crawl Space <u>16' X 20'</u>
☐ Reinforced Concrete	☐ Slab on Grade
☐ Structural Steel	No. of Bedrooms:
☐ Masonry	Multi-family Dwelling
☒ Wood Frame	No. of efficiency units:
☐ State Certified Modular	No. of 1 BR units:
	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
➤ Roadside Tree Project Permit	Footings:
☐ Yes ☒ No	Roof:
Roadside Tree Project Permit #	☐ State Certified Modular
	☐ Manufactured Home

Property Owner's Name: ANNE ELIXHAUSER / BILL HAYDEN
Address: 13029 TRIADELPHIA MILL ROAD
City: CLARKSVILLE State: MD Zip Code: 21029
Phone: 301-854-0087 Fax: _____
Email: ANNE.ELIXHAUSER@GMAIL.COM

Applicant's Name & Mailing Address, (If other than stated herein)

Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: DESIGN BUILD REMODELING GROUP
Contact Person: BRIAN TITUS
Address: 1899 JUNGES CT
City: ELDERBURG State: MD Zip Code: 21784
License No.: MHC 129933
Phone: 443-300-2268 Fax: 443-974-6002 (C)
Email: BRIANT@DBRG.MARYLAND.COM

Engineer/Architect Company: CREATIVE OUTLOOKS
Responsible Design Prof.: PHIL GUGLIUZZA
Address: 228 STEW ROAD
City: UNION BRIDGE State: MD Zip Code: 21791
Phone: 410-596-1062 Fax: _____
Email: PGCREATE@QIS.NET

Utilities
<u>Water Supply</u>
☐ Public
☒ Private
<u>Sewage Disposal</u>
☐ Public
☒ Private
Electric: ☒ Yes ☐ No
Gas: ☐ Yes ☒ No
<u>Heating System</u>
☐ Electric ☐ Oil
☐ Natural Gas ☐ Propane Gas
☒ Other: <u>GEO THERMAL</u>
<u>Sprinkler System:</u>
☐ Yes ☒ No
Grading Permit Number: _____
Building Shell Permit Number: _____

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

BRIANT@DBRG-MARYLAND.COM

Email Address

SALES/ESTIMATOR FOR DBRG

Title/Company

Print Name

BRIAN J. TITUS

12/3/15

Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	12/3/15	R. Bucken

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

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	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials

Green: PSZA, Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA

17	561120.562	1322335.630
18	561110.935	1322235.060
19	561145.718	1322151.165

LIBER 10588 ~ 675
MARCH 21, 2007
ZONED: RR-DEO
PARCEL: 176

MARY JEAN WEINSTEIN
LIBER 4034, FOLIO 271
JULY 7, 1997
ZONED: RR-DEO
PARCEL: 175

