

B07 000 50

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

B07 000 515

Building Address 10157 Saddlebrook Farms

Property Owner's Name Shadelan, LLC

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Address 6520 LTM ST., 1000

Census Tract 00000 Subdivision 00000

City Mt. Vernon State VA Zip Code 22101

Section _____ Area _____ Lot 5

Home Phone 703-257-3590 Work Phone _____

Tax Map 11 Parcel 17 Grid 13

Applicant's Name & Mailing Address, (if other than stated hereon):
10530 Carver Rd, Rockville, MD 20850

Zoning PC Map Coordinates _____ Lot size 1.14 AC

Phone 703-955-7307 Fax _____

Existing Use Vacant Lot

Contractor Company Shadelan, LLC

Proposed Use ---

Contact Person Brian Parent

Estimated Construction Cost \$ 275,000.00

Description of Work USFD-Kenwood II

Address 6520 LTM ST., 1000

11 Fairview Dr, Box Bay (S1, 1), FA

City Mt. Vernon State VA Zip Code 22101

Butler Co, 1000 Perrygo Dr,

License No. 451-4116

Boyle, 1000 55th St, Elmhurst, IL 60120

Phone 703-975-6531 Fax _____

Occupant or Tenant _____

Engineer or Architect Company _____

Contact Name _____

Contact Person _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____

Water Supply: _____

No. of stories: _____

Public _____
Private _____

Gross area, sq. ft. per floor: _____

Sewage Disposal: _____

Public _____
Private _____

Use group: _____

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Construction type:

Heating System:

Reinforced Concrete _____
Structural Steel _____
Masonry _____
Wood Frame _____

Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐

Full _____
Partial _____
Other Suppression _____
of Heads _____

State Certified Modular _____

Building Characteristics

Utilities

SF Dwelling ☐ SF Townhouse ☐

Water Supply: _____

Depth _____ Width _____

Public _____

1st floor: _____

Private _____

2nd floor: _____

Sewage Disposal: _____

Basement: _____

Public _____

Finished Basement ☐ Unfinished Basement ☐

Private _____

Crawl space ☐ Slab on Grade ☐

Electric Yes ☐ No ☐

No. of Bedrooms _____

Gas Yes ☐ No ☐

Height: _____

Multi-family dwellings:

Heating System:

No. of efficiency units: _____

Electric ☐ Oil ☐

No. of 1 BR units: _____

Natural Gas ☐

No. of 2 BR units: _____

Propane Gas ☐

No. of 3 BR units: _____

Sprinkler system: N/A ☐

Other Structure: _____

NFPA #13D _____

Dimensions: _____

NFPA #13R _____

Footings: _____

Other: _____

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.

Applicant's Signature

Print Name

Title/Company

Date

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 \$ 100.00

State Highways

Rear: _____

Permit fee \$ _____

Building Official

Side: _____

Excise tax \$ _____

Dev. Engineering, DPZ

Side St: _____

Add'l per. fee \$ _____

Health 3/15/07 OT Jeffrey

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 # 2657

CONTINGENCY CONSTRUCTION START: ☐

Historic District?

Validation # _____

ONE STOP SHOP: ☐

YES ☐ NO ☐

Lot Coverage 100% New Town Zone _____

Distribution of Copies:
To: Permit FROM

White: Building Official

Green: LDD, DPZ

SDP/Red-line approval date

Yellow: DEC, DPZ

Pink: Health

Gold: SHA

Accepted by OT