Scared 8/31/07 198 G07000/23 HOWARD COUNTY PERMIT APPLICATION Building Address 463 SHEPPARD MANDE DENE Property Owner's Name WILLIAMSBURG GROUP LLC FILICATT CITY MD 21040 Address 5485 HARPERSTARM KD 06-99 SDP/WP/Petition HEPPARIS MANOR State Zip Code 21044 Census Tract 605 10 / Subdivision -Work Phone 997-8800 X18 Applicant's Name & Mailing Address, (if other than stated hereon): 268 Fax 4-10-997-4358 Map Coordinates 10F13 Lot size 44.316 P Phone LOT SAME AS OWNER VACANT Existing Use Contractor Company SFA Proposed Use Contact Person Estimated Construction Cost \$ 300, 000 Description of Work MODEL: HUNTINGTON W Address BLAR GARAGE City Zip Code State DSTORY, FULL BSMT, IDR, 3FB, IHB, FP License No. SUNROUM, GARAGE, 4BR, I BUGH-IN Phone Fax Occupant or Tenant SAME AS OWN Contact Name Contact Person Address Zip Code State City Zip Code 2 15 75 Phone Fax Phone Fax BUILDING DESCRIPTION - COMMERCIAL BUILDING DESCRIPTION - RESIDENTIAL **Building Characteristics Building Characteristics** SF Dwelling SF Townhouse DDepth Width Water Supply: Water Supply: Height: Public Y Private Public 1st floor: Private No. of stories: Sewage Disposal: Sewage Disposal: 2nd floor: Public Public X Private Gross area, sq. ft. per floor Private Finished Basement Unfinished Ba Crawl space Slab on Grade No. of Bedrooms Electric Yes ☑ No □ Electric Yes

No Yes No X Gas Yes □ No □ 38 Use group: Gas Multi-family dwellings: Heating System: No. of efficiency units:
No. of 1 BR units:
No. of 2 BR units:
No. of 3 BR units: Heating System: Electric X Oil
Natural Gas Electric Oil Construction type Natural Gas 🛚 Reinforce Concrete Propane Gas Structura Steel Propane Gas Other Structure:
Dimensions:
Footings:
Roof Height: Masonn Sprinkler system: N/A XX Wood Sprinkler system: N/A NFPA #13D Full NFPA #13R **Partial** Other: ate Certified Modular Other Suppression State Certified Modular # of Heads 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 PHOPESTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES. <u>WZANNE P.</u> Print Name Signature Title/Company Date Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY * PLEASE WRITE NEATLY AND LEGIBLY. - FOR OFFICE USE ONLY -PROPERTY ID#: SIGNATURE APPROVAL **AGENCY** DPZ SETBACK INFORMATION DATE Land Development, DPZ Front: Filina fee Permit fee State Highways 350 Side. Excise tax **Building Official** Side St.: Add'i per. fee Dev. Engineering, DPZ 10/29/2007 TOTAL FEES All minimum setbacks met? Fire Protection YES D NO D Sub-total paid is Entrance Permit required? Ralance due is Sediment Control approval required prior to issuance? YES D NO D Check YES D NO D Historic District? Validation YES D NO D CONTINGENCY CONSTRUCTION START: D ONE STOP SHOP: Lot Coverage for NewTown Zone SDP/Red-line approval date Accepted by Distribution of Copies-White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Rev. 11/4//04 T:Vorme\PERMIT.FRM