

PERMIT NUMBER: B 22001587

DATE ACCEPTED:



RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4
www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

Street Address: 10505 Pudding Lane		Unit:
City: Ellicott City	State: MD	Zip Code: 21042
Subdivision/Village/Complex Name: King's Forrest		SDP/WP/BA #:
Lot: 35	Tax Map:	Parcel:
		Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: vacant lot	Proposed Use: SFD	Estimated Cost: \$ 300,000
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		

New 2 story "Kalamazoo" Fairview elv with 2 car side load garage, 2 car side attached garage, luxury covered deck, Multi-gen suite, Grand multi-gen suite ^{with prep kitchen}, finished loft w/ powder rm, and finished lower level (Rec Rm, Bedroom, powder rm, media rm, wet bar and area under Grand multi-gen suite)

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Toll Mid Atlantic Lp. Co. Inc. Contact: Summer Riley		Primary Residence: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Owner's Street Address: 250 Gibraltar Road		
City: Horsham	State: PA	Zip Code: 19044
Phone: 410-872-9105	Email: sriley1@tollbrothers.com	

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Decatur Building Services		Contact Name: Jim Kerwin
Street Address: PO Box 552		
City: Woodbine	State: MD	Zip Code: 21797
Phone: 443-309-7792	Email: jim@decaturbuildingservices.com	

CONTRACTOR INFORMATION REQUIRED

Business Name: Toll Brothers		Contact: Summer Riley
Licensee's Name: Toll Mid Atlantic Lp. Co. Inc.		License #: 8220
Street Address: 6731 Columbia Gateway Drive, Suite 120		
City: Columbia	State: MD	Zip Code: 21046
Phone: 410-872-9105	Email: sriley1@tollbrothers.com	

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name:	Name:
Street Address:	
City:	State:
Phone:	Email:
Zip Code:	

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)		Condo: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Utilities: <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)
Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:		Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input checked="" type="checkbox"/> NFPA 13D <input type="checkbox"/> None		Fire Alarm System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options: "Kalamazoo" Fairview elv, 2+2 car garage, luxury deck, Multi + Grand suite, prep kitchen, loft and full					
# of Bedrooms (SF): 7	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):	
# Rooms: 14	# Full Baths: 6	# Half Baths: 3	# Fireplaces: 1		
Garage/Carport Info: <input checked="" type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None					
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial					
1st Fl Width: 104	1st Fl Depth: 81	2nd Fl Width: 67	2nd Fl Depth: 81	Bsmt Width: 82	Bsmt Depth: 81
Energy Method: <input type="checkbox"/> Prescriptive <input checked="" type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: 11,998 sq ft		Occupiable Area: 11,402 sq ft	

AGREEMENT/ DISCALIMER REQUIRED

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 ORIGINAL SIGNATURE: *Jim Kerwin* DATE SIGNED: 4/18/2022

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

<input type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health DBernard	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
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SUBMITTAL FEES: \$150.00 PAYMENT: Toll # 00125305 ACCEPTED BY: *PH*