

GRADING PERMIT # B0300057

<small>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</small>		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B03000658	
Building Address <u>11718 WAYNE RIDGE CT.</u> <u>FULTON, MD 20759</u>			Property Owner's Name <u>Richard Cooke / Nancy Courten</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address <u>6314 Wimbeldon Ct.</u>		
Census Tract _____ Subdivision _____			City <u>ELKRIDGE</u> State <u>MD</u> Zip Code <u>21075</u>		
Section _____ Area _____ Lot <u>11</u>			Home Phone <u>410-730-2100</u> Work Phone <u>410-730-2100</u>		
Tax Map _____ Parcel _____ Grid _____			Applicant's Name & Mailing Address, (if other than stated hereon): <u>NU-HOMES, INC</u> <u>10630 LITTLE PATENT PKY #146</u> <u>COLUMBIA, MD 21046</u>		
Zoning _____ Map Coordinates _____ Lot size _____			Phone <u>410-730-2100</u> Fax <u>410-730-2011</u>		
Existing Use <u>VACANT LOT</u>			Contractor Company <u>NU-HOMES, INC</u>		
Proposed Use <u>SFD</u>			Contact Person <u>Judy Filcheck</u>		
Estimated Construction Cost \$ <u>350,000</u>			Address <u>10630 LITTLE PATENT PKY #146</u>		
Description of Work <u>SFD</u>			City <u>Columbia</u> State <u>MD</u> Zip Code <u>21046</u>		
Occupant or Tenant _____			License No. <u>MDPR0311</u>		
Contact Name _____			Phone <u>410-730-2100</u> Fax <u>410-730-2011</u>		
Address _____			Engineer or Architect Company <u>FISHER COLLINS, CARLISLE</u>		
City _____ State _____ Zip Code _____			Contact Person <u>Judy Ecker</u>		
Phone _____ Fax _____			Address <u>10272 BALTIMORE NATIONAL PIKE</u>		
			City <u>ELLCOTT CITY</u> State <u>MD</u> Zip Code <u>21042</u>		
			Phone <u>410-461-2255</u> Fax <u>410-750-3784</u>		

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> 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 <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #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.

<u>Judy Filcheck</u> Applicant's Signature <u>Office Manager</u> Title/Company	<u>Judy Filcheck</u> Print Name <u>9-19-08</u> Date
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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 \$ <u>100.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St.: _____	Add'l per. fee \$ _____
Health <u>9/4/2008</u>		<u>R. Rieker</u>	All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # <u>13007</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DEP, DPZ Pink: Health Gold: SHA				Accepted by <u>[Signature]</u>