

**HOWARD COUNTY  
PERMIT APPLICATION**

PERMIT NUMBER

B.00127732 4

Building Address 2111 Whitman Way  
Ellicott City, Md 21043  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: GP-01-54  
Census Tract 6030 Subdivision LYNDON BROOK  
Section \_\_\_\_\_ Area 3<sup>RD</sup> E.D Lot 20  
Tax Map 15 Parcel 40 <sup>BLK</sup> Grid 546  
Zoning RR-150 Map Coordinates 10 D 1 Lot size \_\_\_\_\_

Property Owner's Name DORSEY FAMILY HOMES  
Address 9926 Cypressmole Dr.  
City Ellicott City State MD Zip Code 21042  
Home Phone 410-465-7200 Work Phone 410-465-0488  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Vacant lot  
Proposed Use Age 2 family dwelling  
Estimated Construction Cost \$ 90,000  
Description of Work erect & use 2 story, F.B.  
4 B.R., 12 R.M., 2 F.B., 1 H.B., R.I  
H.B. BSMT

Contractor Company Dorsey Family Homes  
Contact Person Rob Dorsey Sr. Pres  
Address 9926 Cypressmole Dr.  
City Ellicott City State MD Zip Code 21042  
License No. 189906  
Phone 410-465-7200 Fax 410-465-0488

Occupant or Tenant N/A  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company ARCHITECTURE COLLABORATION  
Contact Person Dave Robbins, Pres  
Address 2320 Main St. Suite 2  
City Ellicott City State MD Zip Code 21043  
Phone 410-465-7500 Fax 410-465-0488

**BUILDING DESCRIPTION - COMMERCIAL N/A**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: <u>FHA</u> Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Natural Gas <input checked="" type="checkbox"/>
No. of Bedrooms <u>4</u>	Propane Gas <input type="checkbox"/>
Multi-family dwellings: <u>N/A</u>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: <u>8" concrete board</u>	
Dimensions: _____	
Footings: <u>8x16 concrete</u>	
Roof: <u>asph. shingle</u>	
<u>N/A</u> 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.

Robert L. Dorsey Sr. Pres  
Applicant's Signature  
RESIDENT DORSEY FAMILY HOMES  
Title/Company

DORSEY FAMILY HOMES  
Print Name  
12-12-00  
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>12/27/00</u>	<u>Mark Ruffin</u>
<input checked="" type="checkbox"/> 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 NewTown Zone \_\_\_\_\_  
SDP/Red-line approval date \_\_\_\_\_

PROPERTY ID#: 49004  
Filing fee \$ 25.00  
Permit fee \$ \_\_\_\_\_  
Excise tax \$ \_\_\_\_\_  
Sub-total paid \$ \_\_\_\_\_  
Add'l permit fee \$ \_\_\_\_\_  
TOTAL FEES \$ \_\_\_\_\_  
Balance due \$ \_\_\_\_\_  
Check # 732-  
Validation # 24131

Accepted by (Signature)

Total linear feet of trench required 240 feet  
 Width of trench(es) 3 feet  
 Depth of trench(es) 5 feet  
 Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan  
 Howard County Health Department

Mark E. Kiffin  
 Signature

12/27/00  
 Date

