

60000 8713

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B 00153 770

Building Address 15904 Willis Way
Woodbine, MD 21797

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

Census Tract 614002 Subdivision Waterford FarmsSection _____ Area _____ Lot 33Tax Map 20 Parcel 12 Grid 171Zoning RD-DEP Map Coordinates 367 Lot size 1.02 ACExisting Use Vacant LotProposed Use Residential HomeEstimated Construction Cost \$320 Residential HomeDescription of Work Copy Classic w/conservatoryOccupant or Tenant Toll MD 2 LPContact Name Nathan BeidleAddress 7164 Columbia Gateway Dr #230City Columbia State MD Zip Code 21046Phone 410-489-6292 Fax 410-489-6293Property Owner's Name Toll MD 2 LPAddress 7164 Columbia Gateway Dr #230City Columbia State MD Zip Code 21046Home Phone _____ Work Phone 410-489-6292

Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone _____ Fax _____

Contractor Company Toll MD 2 LPContact Person Nathan BeidleAddress 443 506 9446City Columbia State MD Zip Code 21046License No. 678Phone 410-489-6292 Fax 410-489-6293Engineer or Architect Company FSH AssociatesContact Person ZachAddress 8318 Forrest St.City Ellicott City State MD Zip Code 21043Phone 410-750-2251 Fax 410-750-7350BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type: _____

____ Reinforced Concrete

____ Structural Steel

____ Masonry

____ Wood Frame

____ State Certified Modular

Utilities

Water Supply: _____

____ Public

____ Private

Sewage Disposal: _____

____ Public

____ Private

Electric Yes ☐ No ☐Gas Yes ☐ No ☐

Heating System: _____

Electric ☐ Oil ☐Natural Gas ☐Propane Gas ☐Sprinkler system: N/A ☐

____ Full

____ Partial

____ Other Suppression

____ # of Heads

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

SF Dwelling ☒ SF Townhouse ☐1st floor: 84' 74' 11'2nd floor: 75' 60' 21'Basement: 84' 74' 9'Finished Basement ☐ Unfinished Basement ☒Crawl space ☐ Slab on Grade ☐No. of Bedrooms 4

Height: _____

Multi-family dwellings: _____

No. of efficiency units: _____

No. of 1 BR units: _____

No. of 2 BR units: _____

No. of 3 BR units: _____

Other Structure: _____

Dimensions: _____

Footings: _____

Roof Height: _____

____ State Certified Modular

____ Manufactured Home

Utilities

Water Supply: _____

____ Public

____ Private

Sewage Disposal: _____

____ Public

____ Private

Electric Yes ☒ No ☐Gas Yes ☐ No ☒

Heating System: _____

Electric ☐ Oil ☐Natural Gas ☐Propane Gas ☒Sprinkler system: N/A ☐

____ NFPA #13D

____ NFPA #13R

____ Other: _____

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

5/13

Date

Title/Company

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY DATE SIGNATURE APPROVAL

State Highway

Building Official

Dev. Engineering DPZ

Health 5/16/05

Fire Protection

Is Sediment Control approval required prior to issuance?

YES ☒ NO ☐CONTINGENCY CONSTRUCTION START: ☐ONE STOP SHOP: ☐

Distribution of Copies

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

1 Normal PERMIT FRM

DPZ SETBACK INFORMATION

Front: _____ Filing fee \$ 1,000.00

Rear: _____ Permit fee \$ _____

Side: _____ Excise tax \$ _____

Side St: _____ Add'l per. fee \$ _____

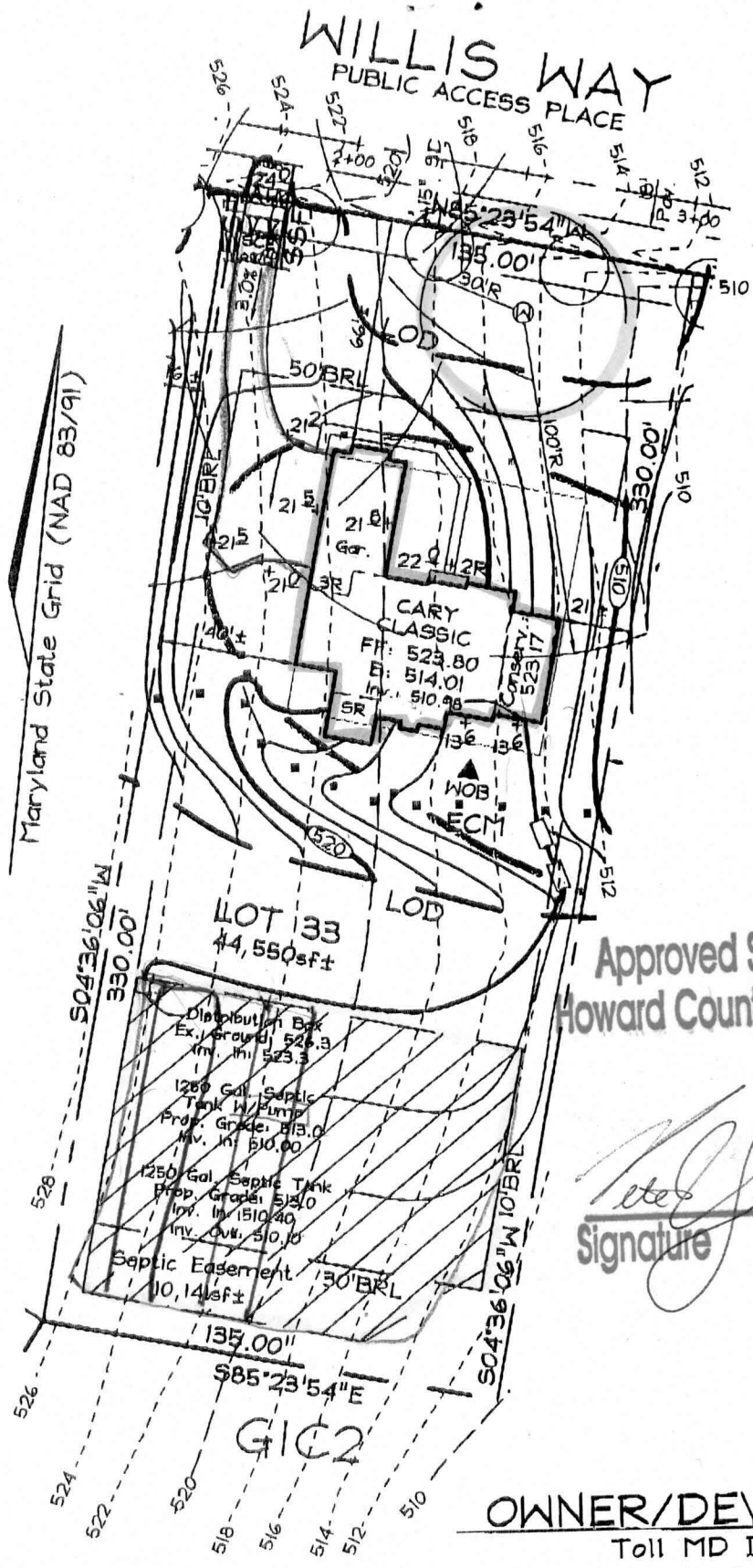
All minimum setbacks met? YES ☐ NO ☐ TOTAL FEES \$ _____Is Entrance Permit required? YES ☐ NO ☐ Sub-total paid \$ _____Check \$ 847.93Validation \$ 9.00Historic District? YES ☐ NO ☐

Lot Coverage for New Town Zone _____

SDP/Red-line approval date _____

Accepted by _____

Rev. 11/4/04



Approved Septic System Plan
Howard County Health Department

[Signature]
Signature
5/18/05
Date

OWNER/DEVELOPER

Toll MD II, LP
7164 Columbia Gateway Drive
Suite 230
Columbia, Maryland 21046
410.672.9185

FSH Associates

Engineers Planners Surveyors
8318 Forrest Street Ellicott City, MD 21043
Tel: 410-750-2251 Fax: 410-750-7350
E-mail: info@fsha.biz

Note: 1. See Approved Grading Plan GP-04-39 for Entire Site.
2. The existing well shown on this plan (identified with the attached well tag number: HO-94-3595) has been field located by C. B. Miller professional surveyor and is accurately shown.

DESIGN BY: PS
DRAWN BY: AY
CHECKED BY: ZYF
SCALE: 1"=50'
DATE: May 12, 2005
W.O. No.: 3217
SHEET No.: 1 OF 1

LOT RESITE LOT 33 CATTAIL TRACE

TAX MAPS 13, 14, 20 & 21
GRIDS 7, 12, 19 & 24
4TH ELECTION DISTRICT

PARCELS 20, 67 & 312
HOWARD COUNTY, MARYLAND

GP-04-39