

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B00055049

Building Address 15909 Wilkes Way
Woodbine, MD 21797
Suite/Apt. #: TA-100 04-367936 SDP/WP/Petition #: PLAT # 16146
Census Tract 604002 Subdivision Waterford Farms
Section _____ Area _____ Lot 27
Tax Map 20 Parcel 139 Grid 12
Zoning R-1000 Map Coordinates SG-7 Lot size 1.00 acre

Property Owner's Name Tell MD2 LP
Address 3130 Looze Lane
City Woodbine State MD Zip Code 21797
Home Phone 410 489 6292 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use Vacant Lot
Proposed Use Residential Home
Estimated Construction Cost \$ 400,000
Description of Work 4 Bedrm, 4 1/2 baths, Great Rm, Solarium, Expanded Family Rm, Playroom.

Contractor Company Tell MD2 LP
Contact Person Nathan
Address 3130 Looze Lane
City Woodbine State MD Zip Code 21797
License No. CYE
Phone 410 489 6292 Fax 410 489 6793

Occupant or Tenant Tell MD2 LP
Contact Name Nathan
Address 3130 Looze Lane
City Woodbine State MD Zip Code 21797
Phone 410-489-6292 Fax 410 489 6293

Engineer or Architect Company FSH
Contact Person Zach
Address 8318 Forrest St.
City Elkridge City State MD Zip Code 21043
Phone 410 750 2251 Fax 410 750 7350

BUILDING DESCRIPTION - COMMERCIAL

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 ☐ No ☐ Gas Yes ☐ No ☐
Use group: _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A ☐ Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling ☒ SF Townhouse ☐ Depth _____ Width _____ 1st floor: <u>68'</u> <u>82'</u> 2nd floor: <u>68'</u> <u>82'</u> Basement: <u>68'</u> <u>82'</u> Finished Basement ☐ Unfinished Basement ☒ Crawl space ☐ Slab on Grade ☐ 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: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular _____ Manufactured Home _____	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 ☐ NFA #13D _____ NFA #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 THERE TO; (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.

Nathan Breen
Applicant's Signature

Nathan Breenberg
Print Name

Title/Company

Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES ☐ NO ☐		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front _____	Filing fee \$ _____
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 \$ _____
Historic District? YES ☐ NO ☐	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check \$ <u>1174.74</u>
SDP/Red-line approval date _____	Validation \$ <u>745.07</u>

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

Distribution of Copies
Forms/PERMIT.FRM

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

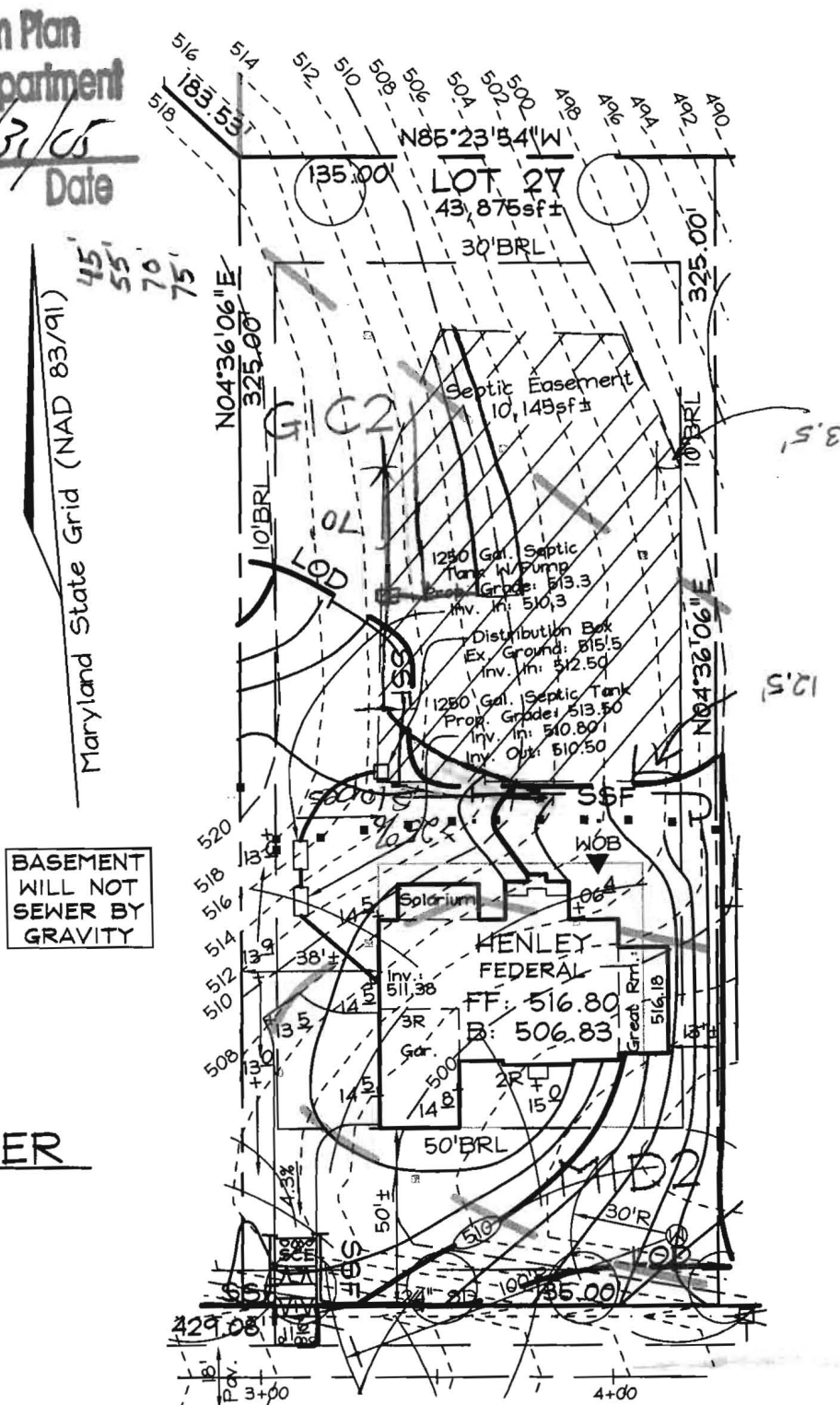
Gold: SHA

Accepted by 1/10

Approved Septic System Plan Howard County Health Department

[Signature]
Signature

8/31/05
Date



OWNER/DEVELOPER

Toll MD II, LP
7164 Columbia Gateway Drive
Suite 230
Columbia, Maryland 21046
410.872.9185

NOTES:

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-94-3589) has been field located by C. B. Miller professional surveyor and is accurately shown.

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

WILLIS WAY
PUBLIC ACCESS PLACE

DESIGN BY: PS
DRAWN BY: SC
CHECKED BY: ZYF
SCALE: 1"=50'
DATE: July 26, 2005
W.O. No.: 3217
SHEET No.: 1 OF 1

LOT RESITE LOT 27 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