

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B-00153579

Building Address 15916 Williams Way
Suite/Apt. # 04-367960 SDP/WP/Petition #:
Census Tract 6004002 Subdivision Waterford Farm
Section _____ Area _____ Lot 30
Tax Map 20 Parcel 139 Grid 6
Zoning RC-DEO Map Coordinates 867 Lot size 1A

Property Owner's Name Toll MD2 LP
Address 7164 Columbia Gateway Dr #230
City Columbia State MD Zip Code 21046
Home Phone _____ Work Phone 410-489-6292
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Commercial
Proposed Use Commercial
Estimated Construction Cost \$ 335,000
Description of Work Master Suite

Contractor Company Toll MD2 LP
Contact Person Nathan Beidle
Address 7164 Columbia Gateway Dr #230
City Columbia State MD Zip Code 21046
License No. 678
Phone 410-489-6292 Fax 410-489-6293

Engineer or Architect Company ESR Associated
Contact Person ESR
Address 2312 Forest St
City Ellicott City State MD Zip Code 21043
Phone 410-750-2251 Fax 410-750-7350

Occupant or Tenant Toll MD2 LP
Contact Name Nathan Beidle
Address 7164 Columbia Gateway Dr #230
City Columbia State MD Zip Code 21046
Phone 410-489-6292 Fax 410-489-6293

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 <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input 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"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms _____	
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 _____	

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

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 ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

Distribution of Copies

White: Building Official

Green: LDD, DPZ

1: Home PERMIT.FRM

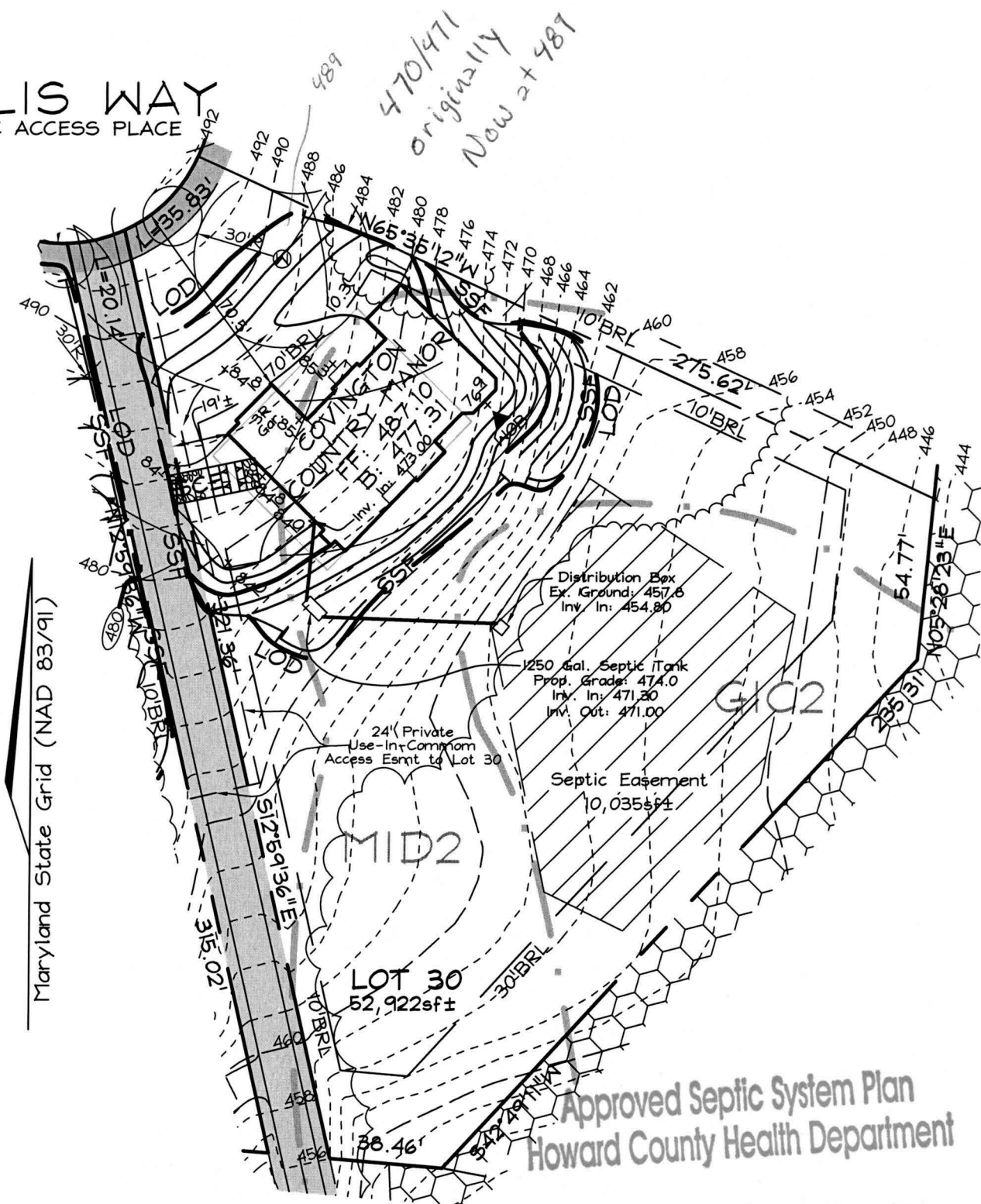
DPZ SETBACK INFORMATION

PROPERTY INFO:
Front: _____
Rear: _____
Side: _____
Side St: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____
Accepted by _____

Filing fee \$ 100.00
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # 470931
Validation # 89912

WILLIS WAY

PUBLIC ACCESS PLACE



Approved Septic System Plan
Howard County Health Department

OWNER/DEVELOPER

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

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

[Signature]
Signature

5/17/05
Date

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-94-3592) has been field located by C. B. Miller professional surveyor and is accurately shown.

DESIGN BY: PS
DRAWN BY: MY
CHECKED BY: ZYF
SCALE: 1"=50'
DATE: Apr. 29, 2005
W.O. No.: 3217
SHEET No.: 1 OF 1

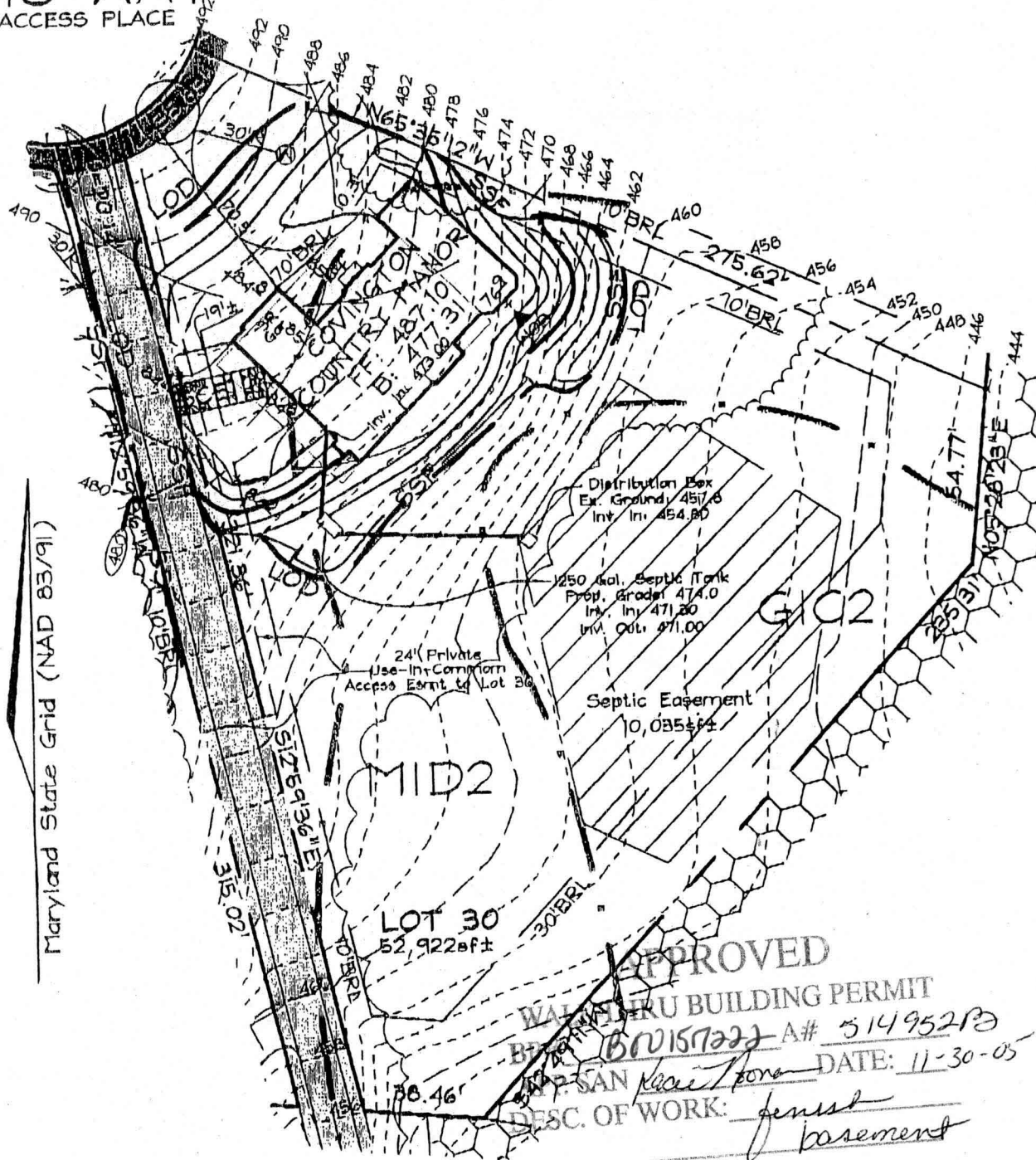
LOT RESITE LOT 30 CATTAIL TRACE

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

PARCELS 20, 67 & 312
HOWARD COUNTY, MARYLAND

WILLIS WAY
PUBLIC ACCESS PLACE

A514952-B



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7164 Columbia Gateway Drive
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E-mail: info@fsha.biz

ANY ADDITIONS OF BEDROOMS
WILL REQUIRE MORE
TRENCH INSTALLED
KN 11/30/05

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GP-04-39