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DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2155 INSPECTIONS (410) 313-110 AUTOMATED INFORMATION (410) 313-3800	<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> B07001692
Building Address <u>14858 Bush, Park Road</u> <u>Landline no. 21797</u> Suite/Apt. #: _____ SDP/WP/Petition #: <u>F.05-105 #18302</u> Census Tract <u>601001</u> Subdivision <u>Garthof states</u> Section _____ Area _____ Lot <u>2</u> Tax Map <u>8</u> Parcel <u>89</u> Grid <u>22</u> Zoning <u>RC</u> Map Coordinates _____ Lot size <u>3.405 Ac</u>	Property Owner's Name <u>Corrigan Homes Inc.</u> Address <u>10011 rail</u> City <u>Ellicott City</u> State <u>md</u> Zip Code <u>21042</u> Home Phone _____ Work Phone <u>410-415-7755</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax <u>410-415-5608</u>	
Existing Use <u>Empty lot</u> Proposed Use <u>new single family home</u> Estimated Construction Cost \$ <u>50,000</u> Description of Work <u>3000 sq ft single family home with attached garage</u> <u>3 BR + office = 4 BR</u>	Contractor Company <u>Corrigan Homes Inc.</u> Contact Person <u>Dawn Kelly</u> Address <u>4012 Catfish Ct.</u> City <u>Ellicott City</u> State <u>md</u> Zip Code <u>21042</u> License No. <u>121184</u> Phone <u>410-415-7755</u> Fax <u>410-415-5608</u>	
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>Diets Engineering</u> Contact Person <u>Jan Fenzel</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	

**BUILDING DESCRIPTION - COMMERCIAL**

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

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>2000 sq ft</u> 2nd floor: _____ Basement: <u>unfinished</u> Finished Basement <input 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: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

Dawn Kelly  
 Applicant's Signature \_\_\_\_\_  
Corrigan Homes Inc.  
 Title/Company \_\_\_\_\_

Dawn Kelly  
 Print Name \_\_\_\_\_  
5-12-07  
 Date \_\_\_\_\_

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: <u>115</u>   <u>144</u>	Filing fee \$ <u>100.00</u>
State Highways			Rear: <u>60</u>	Permit fee \$ _____
Building Official			Side: <u>30</u>   <u>30.48 87</u>	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>7/5/07</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Check # <u>3642</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: _____			Lot Coverage for NewTown Zone _____	Accepted by <u>1</u>
While: Building Official _____			SDP/Red-line approval date _____	
Green: LDD, DPZ _____			Yellow: DED, DPZ _____	Gold: SHA _____
T:\Forms\PERMIT.FRM			Pink: Health _____	

Rev. 11/4/04