



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received:

4-2-15

Permit No.:

B15001163

Building Address: 4782 Ashby Court

City: Ellicott City State: MD Zip Code: 21042

Suite/Apt. # SDP/WP/BA #:

Census Tract: Subdivision:

Section: Area: Lot: 79

Tax Map: Parcel: Grid:

Zoning: Map Coordinates: Lot Size:

Existing Use:

Proposed Use:

Estimated Construction Cost: \$

Description of Work:

Occupant or Tenant:

Was tenant space previously occupied? ☐ Yes ☒ No

Contact Name:

Address:

City: State: Zip Code:

Phone: Fax:

Email:

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor:
	2 nd floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: 4
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units:
<input type="checkbox"/> Wood Frame	No. of 1 BR units:
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
➤ Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: TELL ME LLC

Address:

City: State: Zip Code:

Phone: Fax:

Email:

Applicant's Name & Mailing Address, (If other than stated herein)

Applicant's Name:

Address:

City: State: Zip Code:

Phone: Fax:

Email:

Contractor Company:

Contact Person:

Address:

City: State: Zip Code:

License No.:

Phone: Fax:

Email:

Engineer/Architect Company:

Responsible Design Prof.:

Address:

City: State: Zip Code:

Phone: Fax:

Email:

Utilities
Water Supply
<input type="checkbox"/> Public
<input type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
Sprinkler System:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number:
Building Shell Permit Number:

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

Email Address

Date

Title/Company

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	5/1/15	H. Oswald

Is Sediment Control approval required for issuance? ☐ Yes ☒ No
☐ CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials

Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA

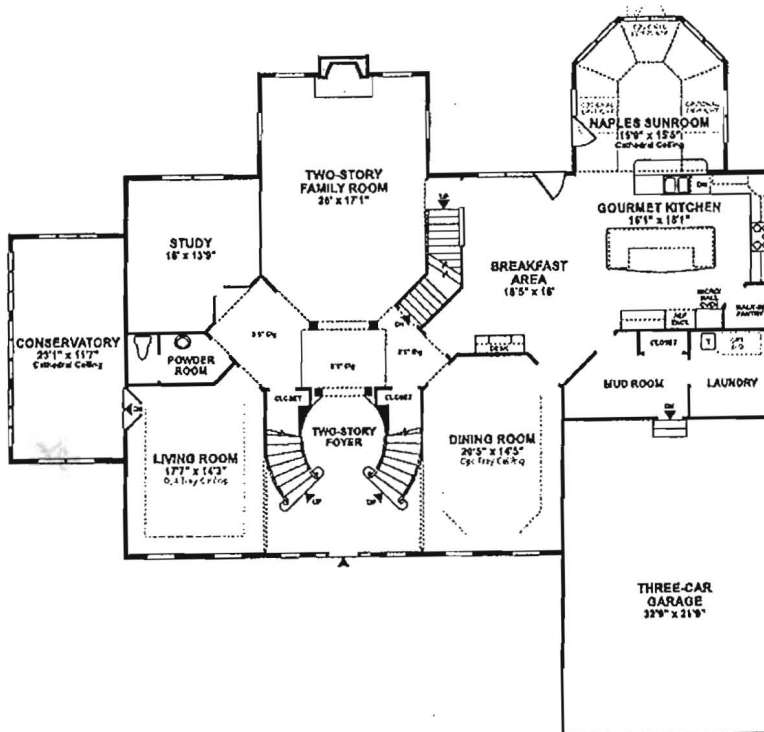
T:\Operations\Updated Forms\Building applmp 8.2012.docx

The Hampton

First Floor

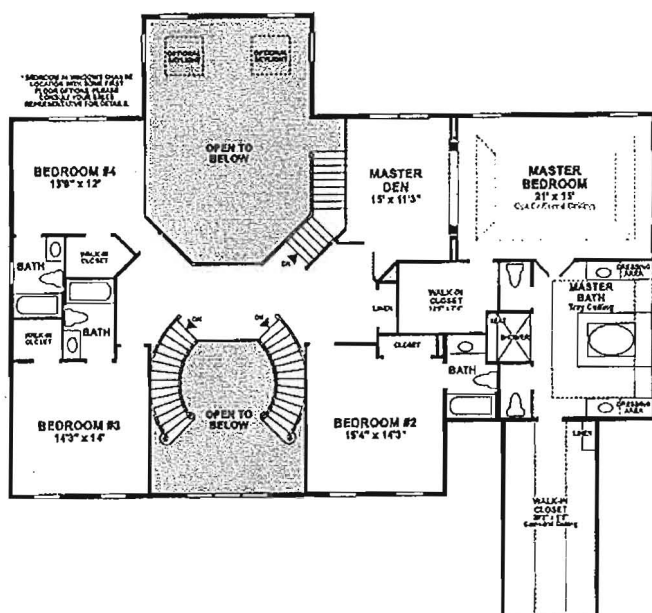
Options

- Oak Curved Main Stairs ILO Std
- Expanded Family Room
- Naples Sun Room Addition
- 12' Wide Conservatory Elite Addition



Options offered on this page may not be available in all communities that offer this model. Please check with the sales manager for the specific community and model you are interested in. All Features (i.e. outlets, jacks, fixtures) and Options shown on this plan are subject to prior purchase as a Standard Feature included in the Base Home or as an Option on an Exhibit B and Seller's approval. The location of Features and Options are approximate and may be moved at the Seller's sole discretion for reasonable construction purposes.

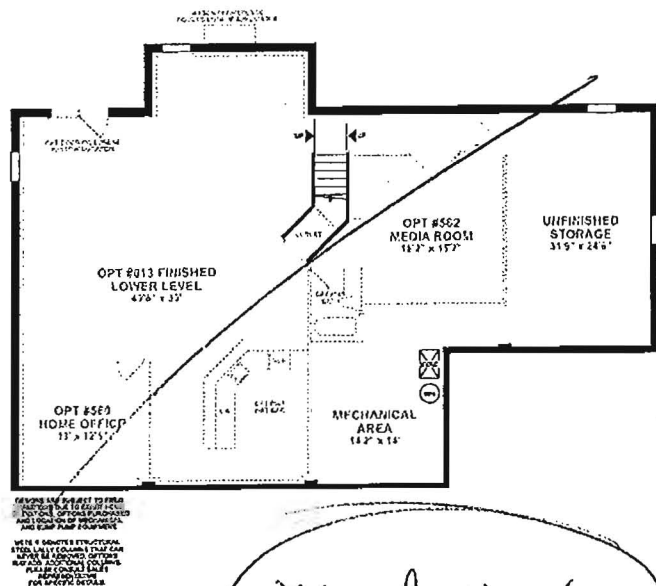
Second Floor



Options offered on this page may not be available in all communities that offer this model. Please check with the sales manager for the specific community and model you are interested in. All Features (i.e. outlets, jacks, fixtures) and Options shown on this plan are subject to prior purchase as a Standard Feature included in the Base Home or as an Option on an Exhibit B and Seller's approval. The location of Features and Options are approximate and may be moved at the Seller's sole discretion for reasonable construction purposes.

Basement

The Hampton



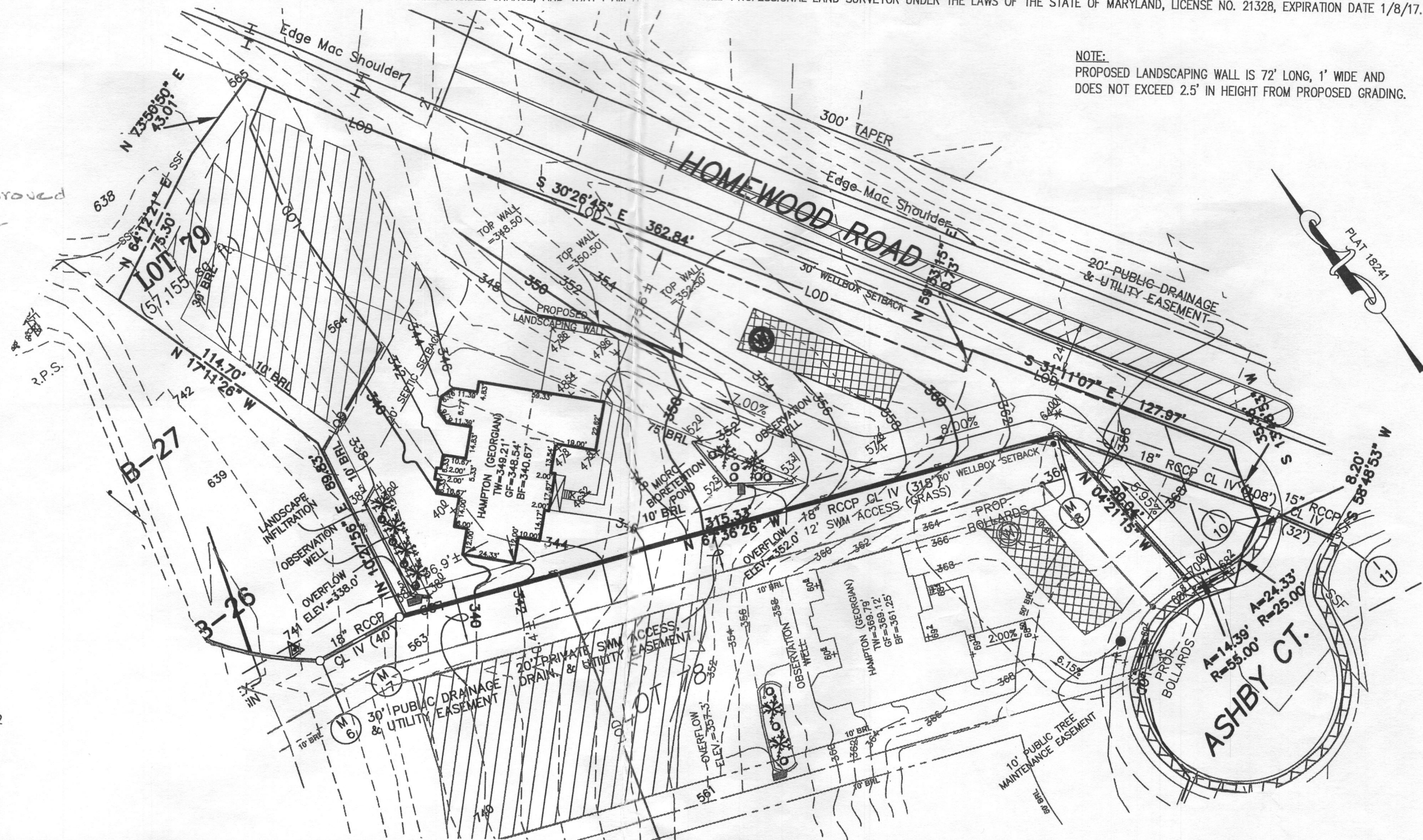
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PROFESSIONAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 21328, EXPIRATION DATE 1/8/17.

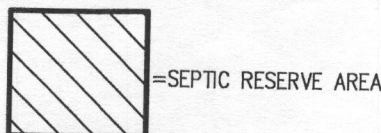
LEGEND:
BRL BUILDING RESTRICTION LINE
TW TOP OF WALL
GF GARAGE FLOOR
BF BASEMENT FLOOR

NOTE:
PROPOSED LANDSCAPING WALL IS 72' LONG, 1' WIDE AND DOES NOT EXCEED 2.5' IN HEIGHT FROM PROPOSED GRADING.

5.1.15 - Plan approved
for B15001163 -
H.O.



WELL NUMBER: HO-95-2469
ADDRESS: 4702 ASHBY COURT
ELLICOTT CITY, MD 21042



BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPEMENT PLAN
SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

HOUSE OPTIONS:

TYPE: HAMPTON (GEORGIAN)

WALK-OUT BASEMENT

EXPANDED FAMILY ROOM/GREAT ROOM

ADD'L 1' HEIGHT TO FOUNDATION WALLS

NAPLES SUNROOM ADDITION

12' WIDE CONSERVATORY ELITE ADDITION

12' WIDE BEDROOM SUITES ABOVE AN ELITE ADDITION

OPTION No. 017

OPTION No. 023

OPTION No. 070

OPTION No. 529

OPTION No. 263021

OPTION No. 263023

PLOT PLAN LOT 79 HOMWOOD CROSSING

LIBER 9808, FOLIO 204

PLAT NO. 18241

FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND



Land Planning
Engineering
Land Surveying

ESE Consultants, Inc.
7164 Columbia Gateway Dr.
Suite 230
Columbia, MD 21046
Tel: 410-872-9105
Fax: 410-872-4870

DATE: 03/27/15

CHK'D: M.J.B

SCALE: 1"=50'

JOB NO: 1214

FILE: PP LOT 79

DRAWN: R.C.K

