

Building Address 12123 FULTON RIDGE DR
FULTON 20759

Suite/Apt. #: _____ SDP/WP/Petition #: GP-09-91

Census Tract _____ Subdivision FULTON RIDGE

Section _____ Area _____ Lot 4

Tax Map 41 Parcel 506 Grid 13

Zoning _____ Map Coordinates 5052 Lot Size 37,673

Property Owner's Name TRINITY ACADEMY
 Address 3675 PARK AVE #301
 City LINCOLN CITY State MD Zip Code 21043
 Home Phone _____ Work Phone 410-313-5722
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone _____ Fax 410-313-5731

Existing Use VACANT LOT
 Proposed Use SFD
 Estimated Construction Cost \$ 256,000

Description of Work YORKSHIRE MANOR -
2 STORY FULL BSMNT 10R, 5TB
1HP, TP, GARAGE (5 BR) FINISHED
BSMT W/ BATH

Occupant or Tenant N/A

Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Contractor Company TRINITY ACADEMY
 Contact Person SALLY HODGE
 Address 3675 PARK AVE #301
 City LINCOLN CITY State MD Zip Code 21043
 License No. 699
 Phone _____ Fax _____
410-313-5722 410-313-5731

Engineer or Architect Company N/A
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

| Building Characteristics | Utilities |
|--|---|
| Height: _____ | Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private |
| No. of stories: _____ | Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private |
| Gross area, sq. ft. per floor: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Use group: _____ | Gas Yes <input type="checkbox"/> No <input 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 | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| | Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____ |

BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics | Utilities |
|---|--|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____ | Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> | Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private |
| No. of Bedrooms _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ | Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> |
| _____ State Certified Modular _____ Manufactured Home | Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> 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.

Sally L. Hodge
 Applicant's Signature
VP OPERATIONS - TRINITY
 Title/Company

SALLY HODGE
 Print Name
7/17/09
 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: _____ | Filing fee \$ _____ |
| State Highways | | | Rear: _____ | Permit fee \$ _____ |
| Building Officials | | | Side: _____ | Excise tax \$ _____ |
| Dev. Engineering, DPZ | | | Side St.: _____ | Add'l per fee \$ _____ |
| Health | <u>8/4/2009</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? | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | Is Entrance Permit Required? | Balance due \$ _____ |
| | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | Check # <u>07975</u> |
| | | | Historic District? | Validation # _____ |
| | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | Lot Coverage for New Town Zone _____ | Accepted by <u>[Signature]</u> |
| ONE STOP SHOP: <input type="checkbox"/> | | | SDP/Red-line approval date _____ | |