

Census Tract 100162 Subdivision WATERFORD FARMS
 Section _____ Area _____ Lot 44
 Tax Map 20 Parcel 139 Grid 126
 Zoning MD-1 Map Coordinates 3011 Lot size _____

City Columbia State MD Zip Code 21046
 Home Phone _____ Work Phone 443-535-1296
 Applicant's Name & Mailing Address, (if other than stated hereon):
DAP
 Phone 410-489-6292 Fax _____

Existing Use Vacant Lot
 Proposed Use Residential Home
 Estimated Construction Cost \$ 300,000
 Description of Work Herley Hillenburg, Dyer, et al
Document Grant Replat Addition, Section
Swales Above Elike Addition

Contractor Company Toll ADI, LP
 Contact Person Nathan Brandenburg
 Address 7164 Columbia Gateway Dr. #230
 City Columbia State MD Zip Code 21046
 License No. 678
 Phone 443-535-9296 Fax 443-535-9297

Occupant or Tenant Toll ADI, LP
 Contact Name Nathan Brandenburg
 Address 7164 Columbia Gateway Dr. #230
 City Columbia State MD Zip Code 21046
 Phone 443-535-9296 Fax 443-535-9297

Engineer or Architect Company FSH Associates
 Contact Person Zach Fish
 Address 1777 Forrest St.
 City Ellicott City State MD Zip Code 21113
 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 <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 _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>67'8"</u> <u>60'</u> 2nd floor: <u>65'8"</u> <u>60'</u> Basement: <u>612</u> <u>68'</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: <u>4</u> 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: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ 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 THEREIN, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE DESCRIBED 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.

[Signature]
 Applicant's Signature
Asst. Project Manager
 Title/Company

Dr. Daniel W. Shuman
 Print Name
7-26-04
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DEPT SETBACK INFORMATION	PROPERTY ID#
Planning and Development, DPZ			Front: _____	<u>63034</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Enclosure Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Sediment Control approval required prior to issuance			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>				Balance due \$ _____
CONTINGENCY CONSTRUCTION START: _____				Check <u>386764</u>
ONE STOP SHOP _____				Validation <u>76336</u>