

Building Address 13114 Fulton Ridge Rd  
Sheltonville MD 21154

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision Fulton Ridge

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 13

Tax Map 41 Parcel 2 Grid 13

Zoning RR DEP Map Coordinates \_\_\_\_\_ Lot Size .75 ac

Property Owner's Name Jeff + Kim Lehrfeld  
Address 7531 Red Carpet Ct  
City Columbia State MD Zip Code 21046  
Home Phone 410 977 2168 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated herein):  
410 707 4238

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Vacant lot  
Proposed Use SFD  
Estimated Construction Cost \$ 350,000

Description of Work 1 Bedroom 2 1/2 Bath  
with finished basement 2 story

Contractor Company Viking Development Corp  
Contact Person Carly Cumberland  
Address 515 W. ...  
City Sheltonville State MD Zip Code 21154  
License No. 1185  
Phone 410 777 2188 Fax 410 481 7613

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company JRA  
Contact Person John Ruxra  
Address Morgan Station Rd  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone 443 221 5745 Fax 1 Cricket number  
no longer in service

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

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"/> 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: _____ <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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 <sup>st</sup> floor: <u>53</u> <u>1416</u> 2 <sup>nd</sup> floor: <u>53</u> <u>1592</u> Basement: <u>53</u> <u>1346</u> <u>unfin</u>	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 <u>7</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas 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: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 Carly Cumberland  
Title/Company President

Print Name Carly Cumberland  
Date 8-17-07

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ <u>150</u>
<input type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Officials			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____
<input checked="" type="checkbox"/> Health	<u>9/21/2009</u>	<u>R. Buisen</u>	All minimum setbacks met?	TOTAL FEES \$ _____
<input type="checkbox"/> Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>9716</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by <u>J</u>