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DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B11002375
Building Address <u>11205 Independence way</u> <u>Ellicott City MD 21042</u>		Property Owner's Name <u>Insurance Center</u> Address <u>11205 Independence way</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u> Home Phone <u>443 457 7735</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated herein): <u>Andy Warfield</u> <u>626 town center dr</u> <u>Supertown MD 21085</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Phone <u>410 946 2247</u> Fax <u>410 510 7099</u>	
Census Tract _____ Subdivision <u>Homeood Crossing 2</u>		Contractor Company <u>Chesapeake home remodeling & design</u> Contact Person <u>Andy Warfield</u> Address <u>626 town center dr</u> City <u>Supertown</u> State <u>MD</u> Zip Code <u>21085</u> License No. <u>126955</u> Phone <u>410 946 2247</u> Fax <u>410 510 7099</u>	
Section _____ Area _____ Lot <u>66</u>		Engineer or Architect Company _____	
Tax Map <u>29</u> Parcel <u>25</u> Grid <u>9</u>		Contact Person _____	
Zoning _____ Map Coordinates _____ Lot Size _____		Address _____	
Existing Use <u>SF+</u>		City _____ State _____ Zip Code _____	
Proposed Use <u>SF+ with deck and screen</u>		Phone _____ Fax _____	
Estimated Construction Cost \$ <u>25,000.00</u>			
Description of Work <u>12x12 open deck and 12x12 screen porch</u>			
Occupant or Tenant _____			
Contact Name _____			
Address _____			
City _____ State _____ Zip Code _____			
Phone _____ Fax _____			

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics		Building Characteristics	
Height: _____	Utilities: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Utilities: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Depth <u>12</u> Width <u>12</u>	1 st floor: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Public
Gross area, sq. ft. per floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2 nd floor: _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Use group: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Basement: _____	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Construction type: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
____ Reinforced Concrete	Natural Gas <input type="checkbox"/>	No. of Bedrooms: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>
____ Structural Steel	Propane Gas <input type="checkbox"/>	Multi-family dwellings: _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
____ Masonry	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/>	No. of efficiency units: _____	Natural Gas <input type="checkbox"/>
____ Wood Frame	____ Full	No. of 1 BR units: _____	Propane Gas <input type="checkbox"/>
____ State Certified Modular	____ Partial	No. of 2 BR units: _____	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/>
	____ Other Suppression	No. of 3 BR units: _____	____ NFPA #13D
	____ # of Heads	Other Structure: _____	____ NFPA #13R
		Dimensions: _____	____ Other:
		Footings: _____	
		Roof: _____	
		____ State Certified Modular	
		____ 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 _____ Print Name Andy Warfield

Email Address _____ Date 8-10-2011

Title/Company _____ 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	Filing fee	PROPERTY ID #
Land Development DPZ			Front: _____	\$ _____	
State Highways			Rear: _____	Permit fee	\$ _____
Building Officials			Side: _____	Excise tax	\$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per fee	\$ _____
Health			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 type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check #	
			Historic District?	Validation #	
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
			Lot Coverage for New Town Zone	Accepted by	
			SDP/Red-line approval date		

CONTINGENCY CONSTRUCTION START
ONE STOP SHOP:

Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



SURVEYOR'S CERTIFICATE

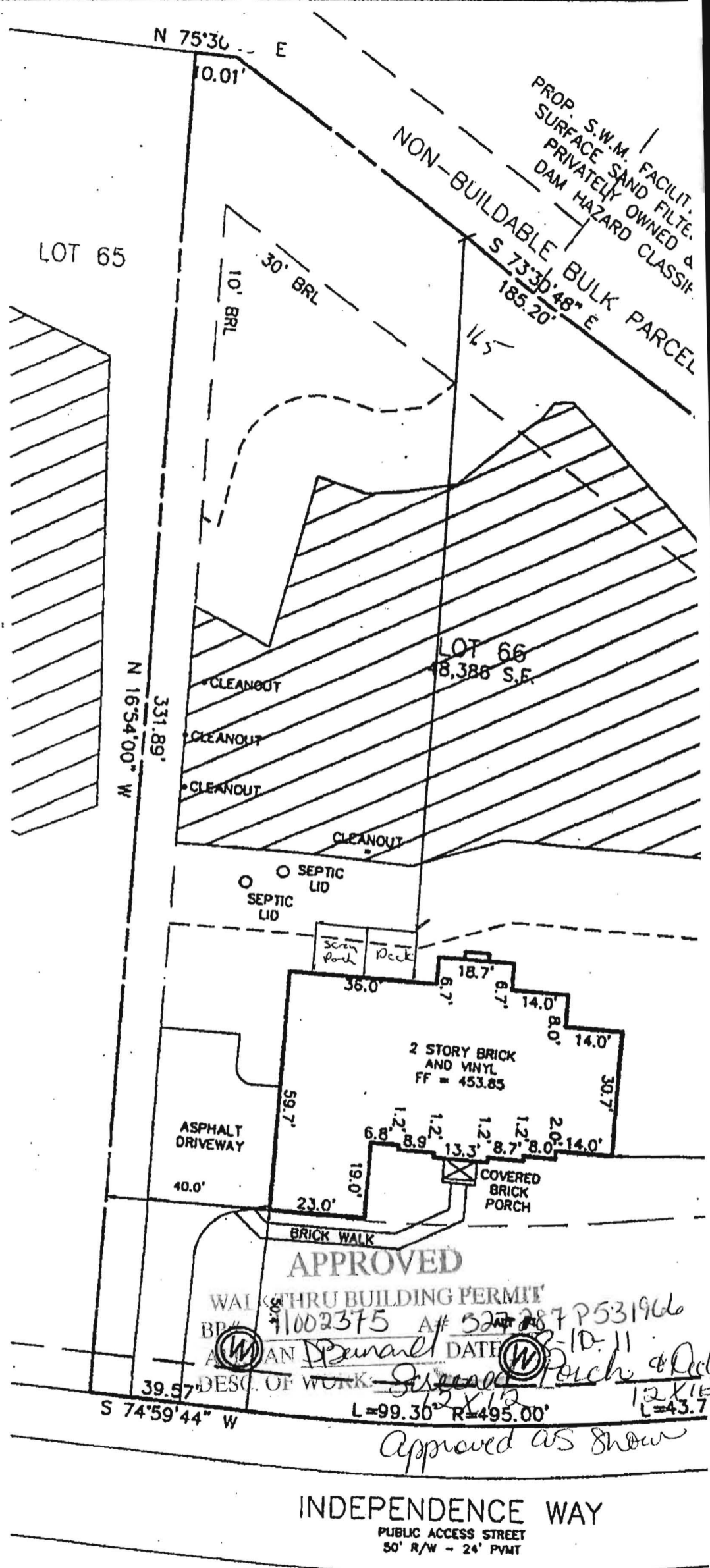
I HEREBY CERTIFY THAT THE POSITION OF THE EXISTING IMPROVEMENTS SHOWN HEREON HAVE BEEN CAREFULLY ESTABLISHED BY ACCEPTED LAND SURVEYING PRACTICES AND THAT, UNLESS SHOWN, THERE ARE NO VISIBLE ENCUMBRANCES EITHER WAY ACROSS THE PROPERTY LINES. THE PLANS IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONVEYED TRANSFER, PURCHASING OR REFINANCING. THE PLAN IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GATES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS. THE PLAN DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS DRAWING WAS PREPARED WITH THE BENEFIT OF A TITLE REPORT.

SIGNATURE: MICHAEL DEBORJA
 NO. DE NO. 21328
 DATE 12/19/09

FINAL
LOT #66
HOMewood CROSSING
 D.B. 9808, PG. 204
 PLAT No. 18245
 THIRD ELECTION DISTRICT
 HOWARD COUNTY



DATE: 11/19/09
 CHK'D: MJB
 SCALE: 1"=30'
 JOB#: 1214



C-06005971

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

P-09-001234

Building Address 11208 Independence Way
Filcott City MD 21042

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision Howard Crossing

Section _____ Area _____ Lot 6.6

Tax Map 29 Parcel 28 Grid 9

Zoning IC Map Coordinates _____ Lot size 1.111 Acres

Property Owner's Name Toll MD III LP

Address 7164 Columbia Gateway Dr. #230

City Columbia State MD Zip Code 21042

Home Phone _____ Work Phone 410 992 5978

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use Vacant Int

Proposed Use Residential home

Estimated Construction Cost \$ 457,000

Description of Work 4 Bedrms, 4.5 baths, Casework

Contractor Company Toll MD III LP

Contact Person Nathan Brandenburg

Address Same as owner

City _____ State _____ Zip Code _____

License No. 5748

Phone 410 992 5978 Fax 410 992 3234

Occupant or Tenant Toll MD III LP

Contact Name Nathan Brandenburg

Address 7164 Columbia Gateway Dr. #230

City Columbia State MD Zip Code 21042

Phone 410, 992, 5978 Fax _____

Engineer or Architect Company ESE

Contact Person Mike Boyce

Address 4101 Ritchie Malboro Rd

City Upper Malboro State MD Zip Code 20772

Phone 301.627.8504-109 Fax 301.627.7985

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <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 _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms <u>4</u>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: _____	
State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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.

Nathan Brandenburg
Applicant's Signature
Project Manager / Toll Brothers
Title/Company

Nathan Brandenburg
Print Name
6-3-09
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 \$ <u>100.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>6-9-09</u>	<u>Dana Bernard</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 checked="" type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>111111</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by _____