

Building Address 3035 John Bernard Dr  
EC mo 21043

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

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 0211

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name NJR, Inc

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

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

Existing Use SFTM

Proposed Use \_\_\_\_\_

Estimated Construction Cost \$ \_\_\_\_\_

Description of Work SFTM mail G.R.F.M

Contractor Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

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

License No. \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

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

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

**BUILDING DESCRIPTION - COMMERCIAL** **BUILDING DESCRIPTION - RESIDENTIAL**

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

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

Title/Company \_\_\_\_\_ 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 Official  |      |                    | Side: _____  | Excise tax \$ _____     |
| Dev. Engineering, DPZ                                    |      |                    | Side St.: _____  | Add'l per. fee \$ _____ |
| Health <u>2/5/08</u>                                     |      | <u>J. D. A. J.</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 type="checkbox"/> NO <input type="checkbox"/> |      |                    | YES <input type="checkbox"/> NO <input type="checkbox"/> | Check # <u>393573</u>   |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> |      |                    | Historic District?                                       | Validation # _____      |
| ONE STOP SHOP: <input type="checkbox"/>                  |      |                    | YES <input type="checkbox"/> NO <input type="checkbox"/> |                         |
| Distribution of Copies -                                 |      |                    | Lot Coverage for NewTown Zone _____                      |                         |
| White: Building Official                                 |      |                    | SDP/Red-line approval date _____                         | Accepted by _____       |
| Green: LDD, DPZ  |      |                    | Yellow: DED, DPZ   | Pink: Health            |
| T:\norma\PERMIT.FRM                                      |      |                    | Pink: Health   | Gold: SHA               |

G.=443.09  
F.F.=443.07  
B.=434.27  
MCE.=434.11

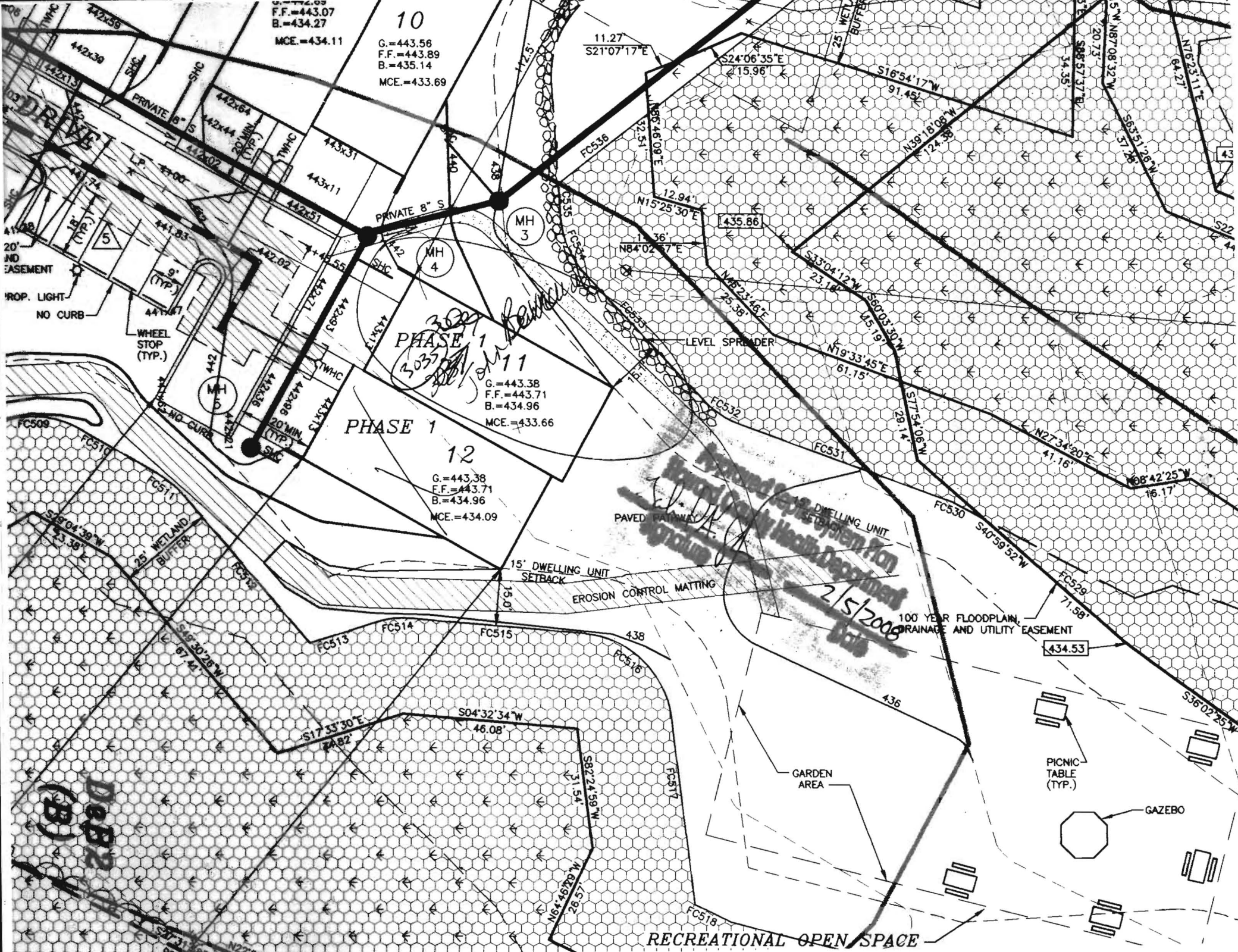
10  
G.=443.56  
F.F.=443.89  
B.=435.14  
MCE.=433.69

PHASE 1  
3037  
3037  
G.=443.38  
F.F.=443.71  
B.=434.96  
MCE.=433.66

PHASE 1  
12  
G.=443.38  
F.F.=443.71  
B.=434.96  
MCE.=434.09

PAVED DRIVEWAY  
15' DWELLING UNIT SETBACK  
EROSION CONTROL MATTING  
100 YEAR FLOODPLAIN, DRAINAGE AND UTILITY EASEMENT  
2/5/2006  
PAVED DRIVEWAY  
DWELLING UNIT SETBACK  
EROSION CONTROL MATTING  
100 YEAR FLOODPLAIN, DRAINAGE AND UTILITY EASEMENT

RECREATIONAL OPEN SPACE



Lot 11 Block \_\_\_\_\_

Community Ellicott Meadows  
(G/H)

**BEDROOM RESTRICTION ACKNOWLEDGMENT**  
Hearthstone at Ellicott Meadows

The undersigned Purchaser has entered into a Purchase Agreement for the Property known as G/H 011 (A) and located in the Hearthstone at Ellicott Meadows Community (the "Property").

By signing below, Purchaser acknowledges they have been informed of and understand the following information relating to the Property:

The Hearthstone at Ellicott Meadows is served by a community private sewage disposal system which can only accommodate a maximum of two bedrooms per Unit. The Declaration of Covenants, Conditions and Restrictions recorded against the Units at Hearthstone at Ellicott Meadows, as amended, states that "...no Condominium Unit shall be constructed or modified to contain more than two (2) bedrooms." The Condominium Association is the entity which enforces the terms of the Declaration.

ACKNOWLEDGED BY PURCHASER: |

Purchaser: [Signature]

Purchaser: \_\_\_\_\_

Date: 8/14/2007

3035 John Bernal Rd  
RD

**HOWARD COUNTY  
PERMIT-APPLICATION**

PERMIT NUMBER

*B08000554*

Building Address 3335 John Brown Dr  
911 - 112, 112  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: 05-20  
Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 11  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name P. J. McNeil  
Address 6001 Marlboro Dr  
City Monteagle State MD Zip Code 21114  
Home Phone \_\_\_\_\_ Work Phone 240-242-1111  
Applicant's Name & Mailing Address, (if other than stated hereon):  
John Brown Dr  
Phone 410-949-9226 Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
Proposed Use \_\_\_\_\_  
Estimated Construction Cost \$ 5000  
Description of Work 7' x 11' deck

Contractor Company John's Construction  
Contact Person Anthony Lewis  
Address 11700 Plaza America  
City Beltsville State MD Zip Code \_\_\_\_\_  
License No. \_\_\_\_\_  
Phone 301-970-9700 Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

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

Applicant's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title/Company \_\_\_\_\_

Date \_\_\_\_\_

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
- FOR OFFICE USE ONLY -

| AGENCY                | DATE           | SIGNATURE APPROVAL |
|-----------------------|----------------|--------------------|
| Land Development, DPZ |                |                    |
| State Highways        |                |                    |
| Building Official     |                |                    |
| Dev. Engineering, DPZ |                |                    |
| Health                | <u>3/14/08</u> | <u>[Signature]</u> |
| Fire Protection       |                |                    |

| DPZ SETBACK INFORMATION                                  |                | PROPERTY ID# |
|--|----------------|--------------|
| Front: _____   | Filing fee     | \$ _____     |
| Rear: _____  | Permit fee     | \$ _____     |
| Side: _____  | Excise tax     | \$ _____     |
| Side St.: _____  | Add'l per. fee | \$ _____     |
| All minimum setbacks met?                                | TOTAL FEES     | \$ _____     |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid | \$ _____     |
| Is Entrance Permit required?                             | Balance due    | \$ _____     |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | Check          | # _____      |
| Historic District?                                       | Validation     | # _____      |
| YES <input type="checkbox"/> NO <input type="checkbox"/> |                |              |

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

Lot Coverage for NewTown Zone \_\_\_\_\_  
SDP/Red-line approval date \_\_\_\_\_ Accepted by \_\_\_\_\_

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

T:\forms\PERMIT.FRM

Rev. 11/4/04

*135750*

Permits: 410-313-2455  
 Inspections: 410-313-1810  
 Automated Line: 410-313-3800

**Health Dept**  
 Howard County Building/Fire Permit Application  
 Department of Inspections, Licenses & Permits  
 3430 Court House Drive  
 Ellicott City, MD 21043

Permit Number:

B11000130  
 6 10000063

Building Address: 3035 John Bernard Dr.  
Ellicott City, MD 21042  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: 603000 Subdivision: Ellicott Meadows  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 11  
 Tax Map: 16 Parcel: \_\_\_\_\_ Grid: 16-22  
 Zoning: RC-DEO Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: VACANT  
 Proposed Use: NEW TOWN HOUSE  
 Estimated Construction Cost: \$ 100,000  
 Description of Work: Construct New T. House  
Magnolia Model - W7 SUNROOM

Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: The Evergreen Companies  
 Address: 10800 Old Frederick Rd.  
 City: Woodstock State: MD Zip Code: 21163

Home Phone: \_\_\_\_\_ Work Phone: 301-399-5933  
 Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: gh@theevergreencompanies.com

Contractor Company: The Evergreen Companies  
 Contact Person: George Hamilton  
 Address: 10800 Old Frederick Rd.  
 City: Woodstock State: MD Zip Code: 21163  
 License No.: 6243  
 Phone: 301-399-5933 Fax: \_\_\_\_\_  
 Email: gh@theevergreencompanies.com

Engineer/Architect Company: Arch. Collaborator, Inc  
 Responsible Design Prof.: DAVE RUBINUS  
 Address: 8334 Maine St.  
 City: Ellicott City State: MD Zip Code: 21043  
 Phone: 410-465-7500 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

| Building Characteristics                         | Utilities   |
|--|---|
| Height:  | <u>Water Supply</u>   |
| No. of stories:                                  | <input type="checkbox"/> Public   |
| Gross area, sq. ft./floor:                       | <input type="checkbox"/> Private  |
|  | <u>Sewage Disposal</u>  |
| Area of construction (sq. ft.):                  | <input type="checkbox"/> Public   |
|  | <input type="checkbox"/> Private  |
| Use group:                                       | Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No        |
|  | Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No             |
| <u>Construction type:</u>                        | <u>Heating System</u>   |
| <input type="checkbox"/> Reinforced Concrete     | <input type="checkbox"/> Electric <input type="checkbox"/> Oil            |
| <input type="checkbox"/> Structural Steel        | <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas |
| <input type="checkbox"/> Masonry                 | <u>Sprinkler System:</u>  |
| <input type="checkbox"/> Wood Frame              | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> State Certified Modular | <input type="checkbox"/> Full   |
|  | <input type="checkbox"/> Partial  |
|  | <input type="checkbox"/> Other Suppression                                |
|  | No. of Heads:   |

**BUILDING DESCRIPTION - RESIDENTIAL**

| Building Characteristics  | Utilities  |
|---|--|
| <input type="checkbox"/> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse | <u>Water Supply</u>  |
| <u>Depth</u> <u>Width</u>   | <input checked="" type="checkbox"/> Public                         |
| 1 <sup>st</sup> floor: <u>60'</u> <u>28'</u>  | <input type="checkbox"/> Private                                   |
| 2 <sup>nd</sup> floor: <u>76</u> <u>28'</u>   | <u>Sewage Disposal</u>   |
| Basement:   | <input checked="" type="checkbox"/> Public                         |
| <input type="checkbox"/> Finished Basement  | <input checked="" type="checkbox"/> Private                        |
| <input checked="" type="checkbox"/> Unfinished Basement                               | Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Crawl Space  | Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| <input type="checkbox"/> Slab on Grade  | <u>Heating System</u>  |
| No. of Bedrooms:  | <input checked="" type="checkbox"/> Electric                       |
| <u>Multi-family Dwelling</u>  | <input type="checkbox"/> Oil                                       |
| No. of efficiency units:  | <input checked="" type="checkbox"/> Natural Gas                    |
| No. of 1 BR units:  | <input type="checkbox"/> Propane Gas                               |
| No. of 2 BR units:  |  |
| No. of 3 BR units:  |  |
| Other Structure:  |  |
| Dimensions:   |  |
| Footings:   |  |
| Roof:   |  |
| <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: \_\_\_\_\_  
 Email Address: gh@theevergreencompanies.com  
 Title/Company: President - MD Division  
 Print Name: George Hamilton  
 Date: 12/20/10

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               | <u>12-3</u> | <u>ID Bernard</u>     |
| Fire Protection      |             |                       |

| 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     | \$ <u>150.00</u> |
| Permit Fee     | \$               |
| Tech Fee       | \$               |
| Excise Tax     | \$               |
| PSFS           | \$               |
| Guaranty Fund  | \$               |
| Add'l per Fee  | \$               |
| Total Fees     | \$               |
| Sub-Total Paid | \$               |
| Balance Due    | \$               |

OK 5073

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

# FILE INQUIRY NOTES

| DATE   | RESULTS OF REVIEW FOR FILE            |
|--------|---------------------------------------|
| 2/7/08 | * <b>IMPORTANT</b> *                  |
|        | Ellicott Meadows PH II (Bagheri Prop) |
|        | Prior to ICOP, 3023, 3025             |
|        | 3029, 3031, 3037, and 3035            |
|        | John Bernard Dr. <b>MUST</b> have     |
|        | received Bedroom Restriction          |
|        | Acknowledgement letters,              |
|        | signed by the purchaser.              |
|        | B.R.A. letters which were             |
|        | submitted previously, were            |
|        | signed by the builder. This           |
|        | was not noticed until after           |
|        | the BP's were approved                |
|        |                                       |
|        |                                       |
|        |                                       |
|        |                                       |
|        |                                       |
|        |                                       |