

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B06009313

Building Address 41954 Valley View Quarters
Ellicott City, MD 21042
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6051.01 Subdivision _____
Section _____ Area _____ Lot 38
Tax Map 29 Parcel 28 Grid 9
Zoning RC-052 Map Coordinates _____ Lot size _____

Existing Use Vacant Lot
Proposed Use Residential Building
Estimated Construction Cost \$ 350,000
Description of Work Malvern Classic

Occupant or Tenant Toll MD 3 LP
Contact Name Nathan Biddle
Address 7164 Columbia Gateway Dr #240
City Columbia State MD Zip Code 21046
Phone 410-442-5478 Fax 410-442-3234

Property Owner's Name Toll MD 3 LP
Address 7164 Columbia Gateway Dr #240

City Columbia State MD Zip Code 21046
Home Phone _____ Work Phone 410-442-5478
Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Contractor Company Nathan Biddle
Contact Person Nathan Biddle

Address 7164 Columbia Gateway Dr #240
City Columbia State MD Zip Code 21046
License No. 5048
Phone 410-442-5478 Fax 410-442-3234

Engineer or Architect Company Bachmair Eng.
Contact Person Dave Thompson

Address 2400 Baltimore Mill Pk #112
City Ellicott City State MD Zip Code 21043
Phone 410-465-6105 Fax 410-465-6544

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

| Building Characteristics | Utilities |
|---|--|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>30'</u> Width <u>10'</u> | Water Supply: _____ Public _____ Private _____ |
| 1st floor: _____ | Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> |
| 2nd floor: _____ | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Basement: _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> |
| 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>3</u> | Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____ |
| Height: <u>13'</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 Height: _____ | |
| 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

Title/Company

Print Name

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 Highway | | |
| Building Official | | |
| Dev. Engineering DPZ | | |
| Health | <u>1/10/07</u> | <u>[Signature]</u> |
| Fire Protection | | |
| Is Sediment Control approval required prior to issuance? | | |
| YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | |
| ONE STOP SHOP: <input type="checkbox"/> | | |
| Distribution of Copies | White: Building Official | Green: LDD, DPZ |
| T: [Signature] | | |

| DPZ SETBACK INFORMATION | PROPERTY ID# |
|---|-----------------------------|
| Front: _____ | Filing fee \$ <u>100.00</u> |
| Rear: _____ | Permit fee \$ _____ |
| Side: _____ | Excise tax \$ _____ |
| Side St: _____ | Add'l per. fee \$ _____ |
| All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ _____ |
| Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | Balance due \$ _____ |
| Lot Coverage for New Town Zone _____ | Check # <u>09714859</u> |
| SDP/Red-line approval date _____ | Validation # _____ |
| Accepted by <u>[Signature]</u> | |
| Yellow: DED, DPZ | Pink: Health |
| Gold: SHA | |