DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1610
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00157059

Building Address 2665 Thompson Dr. Marriottsville MD 21104

Suite/Apt. #: 03-282082 SDP/WP/Petition #:

Census Tract 6030 Subdivision

Section Area Lot

Tax Map 16 Parcel 178 Grid 14

Zoning RR-DEO Map Coordinates 1044 Lot size 6.05 Acres

Property Owner's Name Darnell Cichetti

Address 2665 Thompson Dr.

City Marriottsville State MD Zip Code 21104

Home Phone 410-442-1730 Work Phone NA

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

Phone Fax (443) 386-2026

Existing Use Residential dwelling SF Home

Proposed Use Same

Estimated Construction Cost $ 130,000 2 Story

Description of Work Adding 40'x28' structure w/ connecting 8'x8' hallway 2 Car garage, w/ Bedroom, bath & Living area above + work shop

Contractor Company Property Owner

Contact Person

Address

City State Zip Code

License No.

Phone Fax

Occupant or Tenant Occupant

Contact Name Dan Cichetti

Address 2665 Thompson Dr

City Marriottsville State MD Zip Code 21104

Phone 410-442-1730 Fax NA

Engineer or Architect Company

Contact Person

Address

City State Zip Code

Phone Fax

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
_____ Reinforced Concrete
_____ Structural Steel
_____ Masonry
_____ Wood Frame

_____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private

Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☐ SF Townhouse ☐

	Depth	Width
1st floor:	40'	28'
2nd floor:	40'	28'

Basement:

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☒
No. of Bedrooms
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: 8'x8' hallway
Dimensions: 8'x28'
Footings:
Roof Height:

_____ State Certified Modular
_____ Manufactured Home

Utilities

Water Supply:
✓ Public
____ Private

Sewage Disposal:
____ Public
✓ Private

Electric Yes ☑ No ☐
Gas Yes ☐ No ☑

Heating System:
Electric ☑ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ 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 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.

Daniel D. Cichetti
Applicant's Signature

DANIEL J. CICHETTI
Print Name

Owner
Title/Company

2-8-06
Date

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

- FOR OFFICE USE ONLY -

3615

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
Zoning Inspector		
Building Official		
Dept. Engineering, DPZ		
Health	2/15/06	Rachel Morton
Fire Protection		

Is Sediment Control approval required prior to issuance? YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

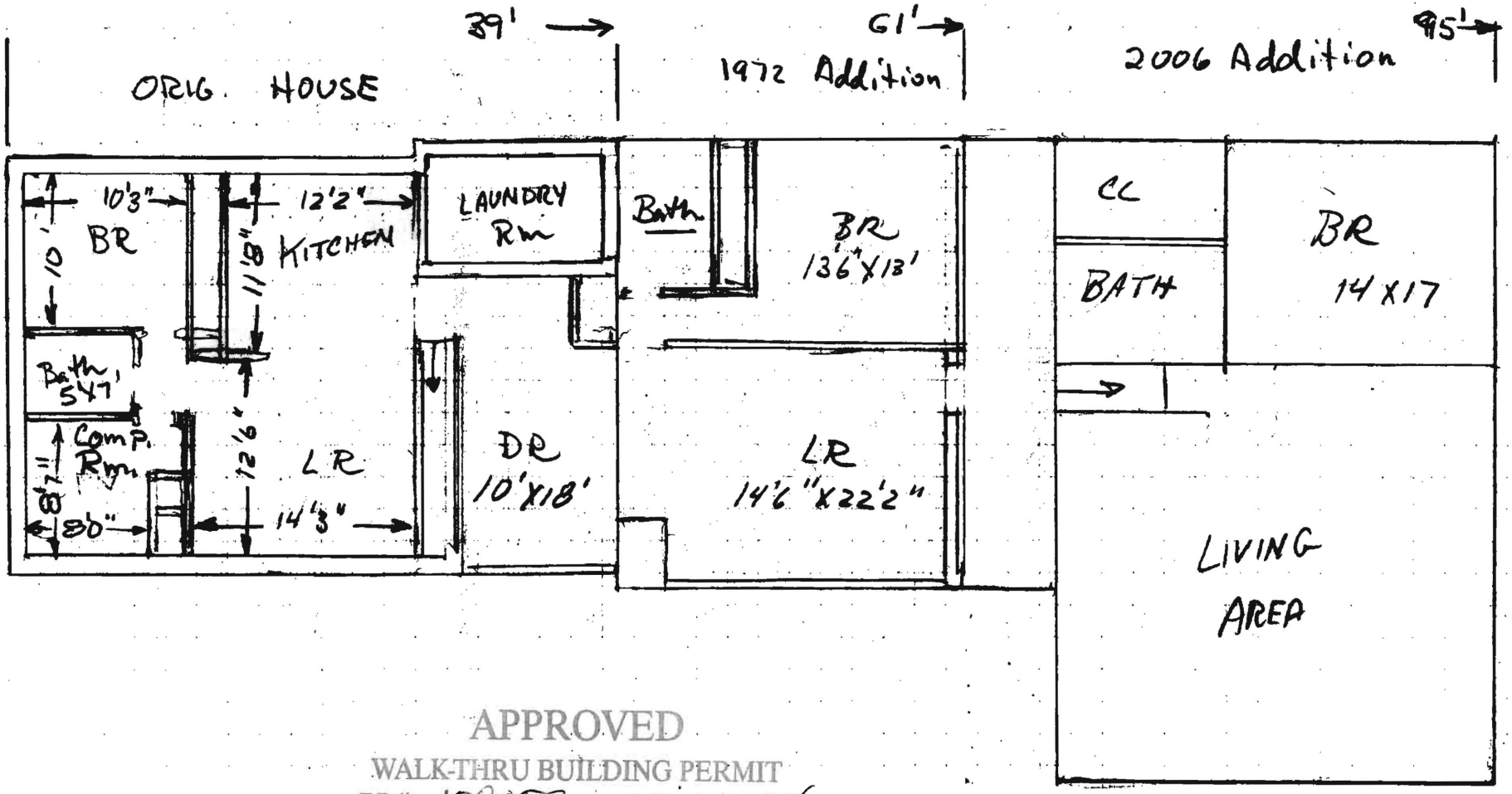
DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? YES ☐ NO ☐
Is Entrance Permit required? YES ☐ NO ☐
Historic District? YES ☐ NO ☐
Lot Coverage for Res/Town Zone
SDP/Plat/Site approval date

PROPERTY ID	
Filing fee	$ XX
Permit fee	$
Excise tax	$
Add'l per. fee	$
TOTAL FEES	$
Sub-total paid	$
Balance due	$
Check	$ 5244
Validation	$ 10700

Accepted by:

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

Rev. 11/4/04



APPROVED

WALK-THRU BUILDING PERMIT

BP# 158059 A# 06074

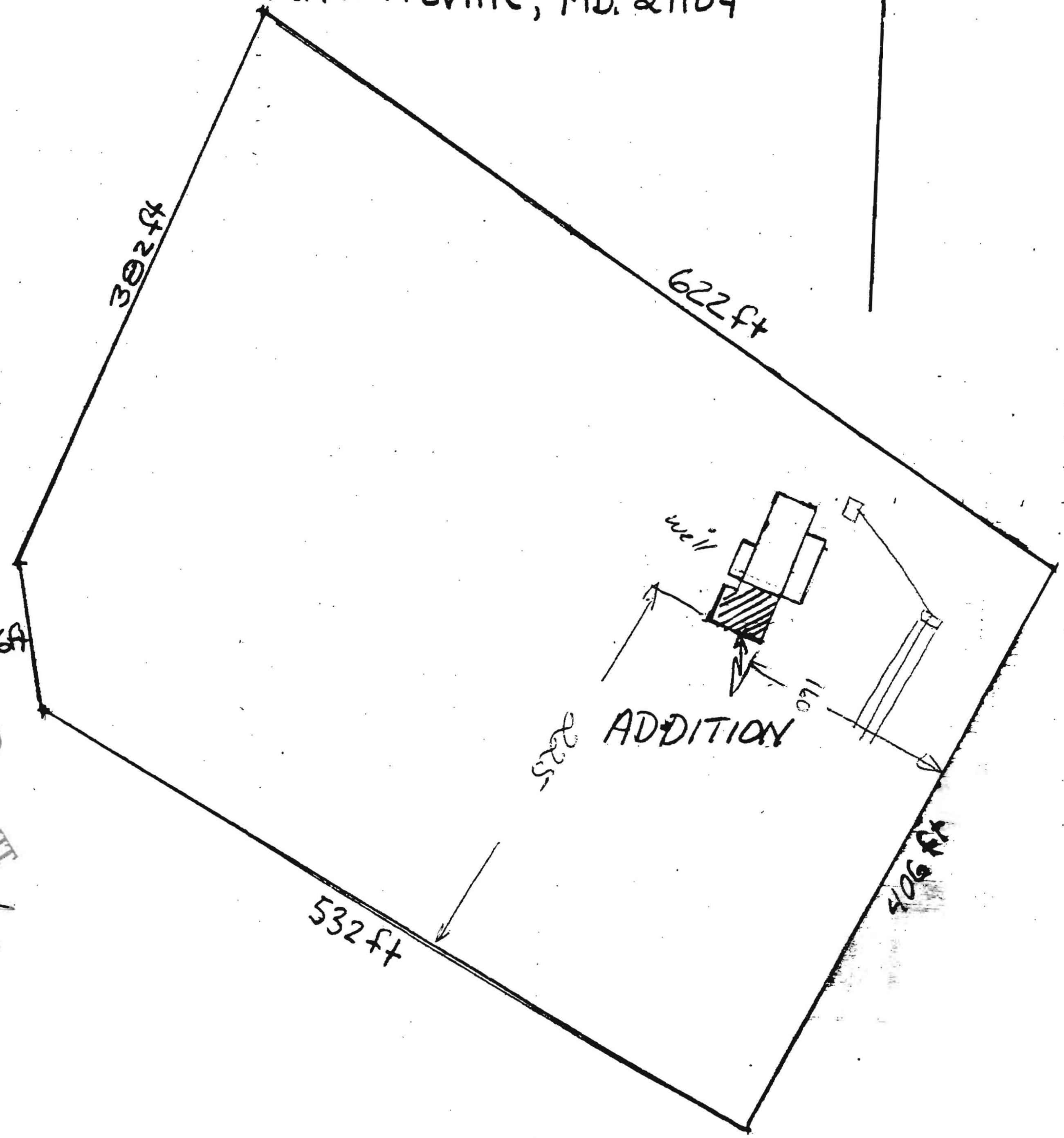
APP. SAN Kacie Norman DATE: 2/15/06

DESC. OF WORK: Addition -

SAME # of bedrooms

Map 16
Grid 14
Parcel 17[illegible]

2665 Thompson Dr.
Marriottsville, MD. 21104



APPROVED
WALK-THRU BUILDING PERMIT
BP# 15005S A# 06074
APP. SAN [illegible] DATE: 2/15/06
DESC. OF WORK: ADDITION
TO well or septic
NOT AN issue
total # bedrms = 3

Fyock Septic Service, Inc.

PO Box 89
Glenelg, MD. 21737
Phone # Fax #
410-988-9270 410-531-1256

support
bp# B00158059

Invoice

Date	Invoice #
12/19/2005	10026838

Bill To
Dan Cichetti 2665 Thompson Dr Marriottsville Md 21104

Service location
Y....70 Ft Morning

Customer Phone	410-442-1730	Customer Contact	Dan Cichetti

Rep	Frequency	Last Serviced	Terms	Due Date	P.O. No.
BP		12/19/2005	Due on receipt	12/19/2005	

Item	Description	Rate	Mileage	Date Serviced	Payment	County	Amount
Contract 4	Home Owner Septic Pump	140.00		12/19/2005		Howard	140.00
Fuel Surch...	Fuel Surcharge	10.00					10.00
Directions	Directions: Rt 32 North Right Rt 144 Left On Thompson Dr						

P.D.
CK.# 5190

Total	$150.00

It's been a pleasure working with you!

Make Checks Payable to: FYOCK
We accept Visa and MasterCard

Notice To Customer: I understand that Fyock Septic Service is NOT responsible for any damage to driveway or lawn while rendering services on the above property.

Customer Signature: _____