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

Walk-Thru

HOWARD COUNTY PERMIT APPLICATION

B09001540 PERMIT NUMBER

Building Address 1050 St. Michaels Rd Mt. AIRY MD 21771

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

Census Tract _____ Subdivision Poplar Heights

Section _____ Area 5.12 AC Lot H

Tax Map 7 Parcel 27 Grid 8

Zoning _____ Map Coordinates _____ Lot Size 5.12 AC.

Property Owner's Name Mashhood Esfanaji

Address 1050 St. Michaels Rd

City Mt. AIRY State MD Zip Code 21771

Home Phone 410-489-5613 Work Phone —

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

Phone 410-489-5613 Fax —

Existing Use _____

Proposed Use Deck

Estimated Construction Cost $ 1,500.00

Description of Work Deck 20x40

Occupant or Tenant Mash + Mary Esfanaji

Contact Name Mash + Mary Esfanaji

Address 1050 St. Michaels Rd

City Mt AIRY State MD Zip Code 21771

Phone 410-489-5613 Fax —

Contractor Company N/A

Contact Person Self

Address 1050 St. Michaels Rd

City Mt. AIRY State MD Zip Code 21771

License No. N/A

Phone 410-489-5613 Fax —

Engineer or Architect Company N/A

Contact Person same as above

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:

2nd floor:

Basement:

Finished Basement ☐ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐

No. of Bedrooms _____

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: _____

____ 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.

M. Esfanaji
Applicant's Signature

Mashhood Esfanaji
Print Name

owner
Title/Company

6-25-2009
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 Officials		
Dev. Engineering, DPZ		
Health	6-25-09	D. Bernard
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 ☐

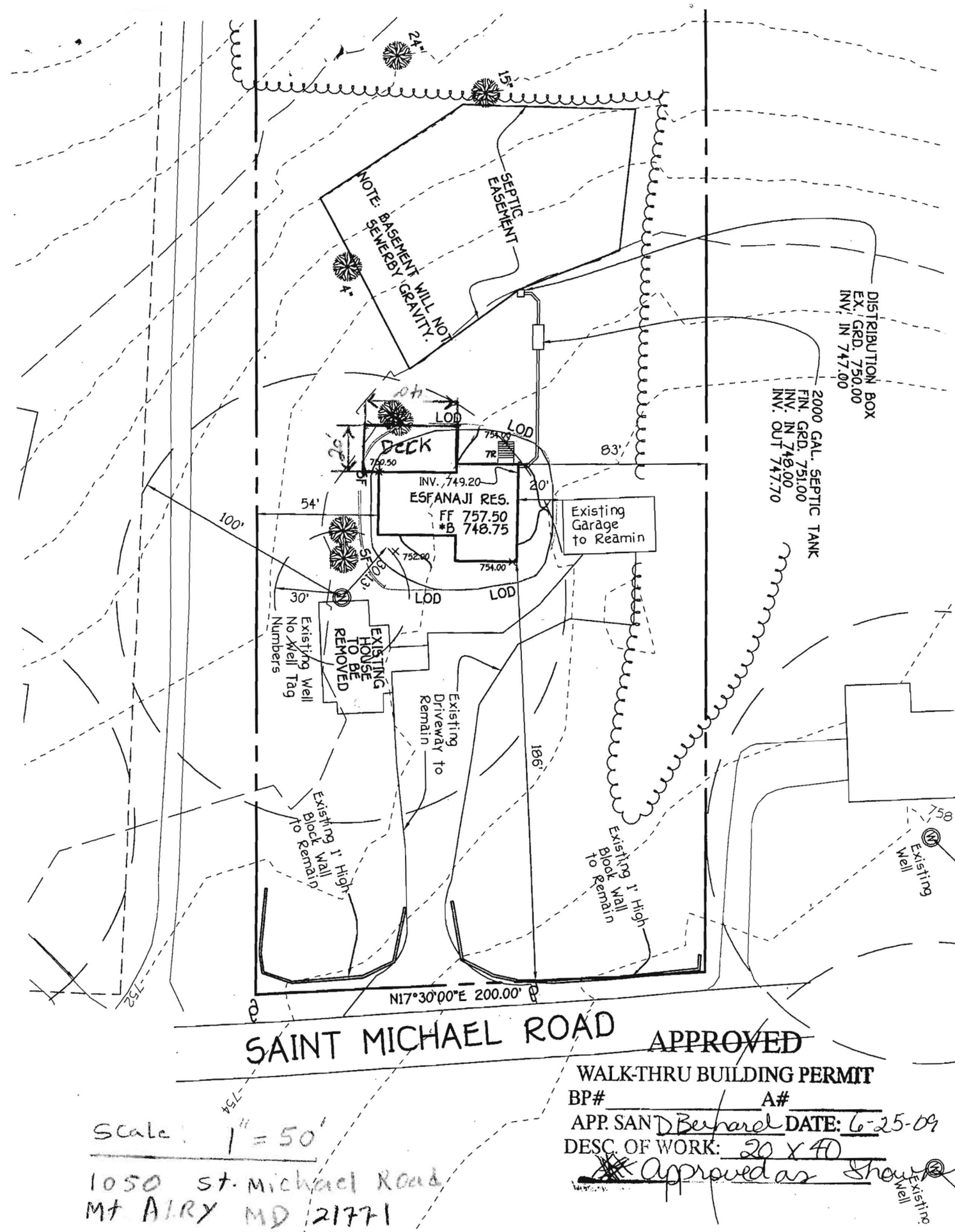
Is Entrance Permit Required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID #

Filing fee $ _____
Permit fee $ _____
Excise tax $ _____
Add'l per fee $ _____
TOTAL FEES $ _____
Sub-total paid $ _____
Balance due $ _____
Check # _____
Validation # _____

Accepted by _____

Distribution of Copies - Whlte: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
T:\Operations\Updated forms



APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____

APP. SAN D Bernard DATE: 6-25-09

DESC. OF WORK: 20 X 40

Approved as Shown

Scale: 1" = 50'

1050 St. Michael Road
Mt AIRY MD 21771

G-0000 9483

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B05157080

Building Address 1050 St Michaels Rd
Mt Airy Md 21771-3206
Suite/Apt. #: 04-317483 SDP/WP/Petition #:
Census Tract 604001 Subdivision Dayton
Section Area Lot H
Tax Map 7 Parcel 27 Grid 8
Zoning RC DEO Map Coordinates 3n9 Lot size 5.12A

Property Owner's Name Mashhood & Mary Esfawaji
Address 1050 St Michaels Rd
City Mt Airy State Md Zip Code 21771-3206
Home Phone 410-489-5613 Work Phone
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone Fax

Existing Use Single Family Dwelling
Proposed Use Single Family Dwelling
Estimated Construction Cost $ 250,000
Description of Work Replacement SFD 6BR 3½ Bath unfinished bsmt Basement

Contractor Company Perfect Finish Remodeling
Contact Person John H Kemsa
Address 4335 Roxbury Mill Rd
City Brookeville State Md Zip Code 20833
License No. 35732 MHBR # 4823 5921
Phone 410-489-9397 Fax 301-455-

Occupant or Tenant Owner
Contact Name Mash or Mary Esfawaji
Address 1050 St Michaels Rd
City Mt Airy State Md Zip Code 21771
Phone Fax

Engineer or Architect Company Penn-Lycan Homes
Contact Person Ed Clark
Address 101 Airport Rd
City Selinsgrove State PA Zip Code
Phone 800-786-4754 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 N/A
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:	27'7" 43'0"	30'7" 27'7"
2nd floor:	"	"
Basement:	27'7" 43'0"	30'7" 27'7"

Finished Basement ☐ Unfinished Basement ☑
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 6

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:
✓ 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.

Applicant's Signature [signature]
Print Name John H Kemsa III
Title/Company
Date 10/12/05

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	12-6-05	[signature]
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 NewTown Zone
SDP/Red-line approval date

PROPERTY ID#: 67836
Filing fee $ 100.00
Permit fee $
Excise tax $
Add'l per. fee $
TOTAL FEES $
Sub-total paid $
Balance due $
Check # 6958
Validation # 103183
Accepted by [initials]

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

forms/ PERMIT FRM Rev 5/17/00

Mike Davis
Howard County Well and Septic

August 1,2006

Mike,
The Old Septic tank and drywell at 1050 St Michaels Rd has been pumped out, and the tanks and drywell have been collapsed and backfilled. Per permit #A-522507,P-523799and B00157080.

John Komsa

Perfect Finish Remodeling Inc
4335 Roxbury Mill Rd
Brookeville. Md 20833