

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

Building Address 2255 Daniels Road  
Ellicott City MD 21043

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

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

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

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

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

Existing Use \_\_\_\_\_

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

Estimated Construction Cost \$ 35,000

Description of Work Adding a 24x24  
Family Room

Property Owner's Name Anne + Joe Holthaus

Address 2255 Daniels Road

City Ellicott City State MD Zip Code 21043

Home Phone 410-750-2452 Work Phone 410-786-1866

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

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

Contractor Company Kelleher Home Improvement

Contact Person John Kelleher

Address 3012 Glenvue Drive

City Westminster State MD Zip Code 21157

License No. 123080

Phone 717-683-6221 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 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 \_\_\_\_\_

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

\_\_\_\_ 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.

[Signature]  
Applicant's Signature

Anne Holthaus  
Print Name

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

\_\_\_\_\_  
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

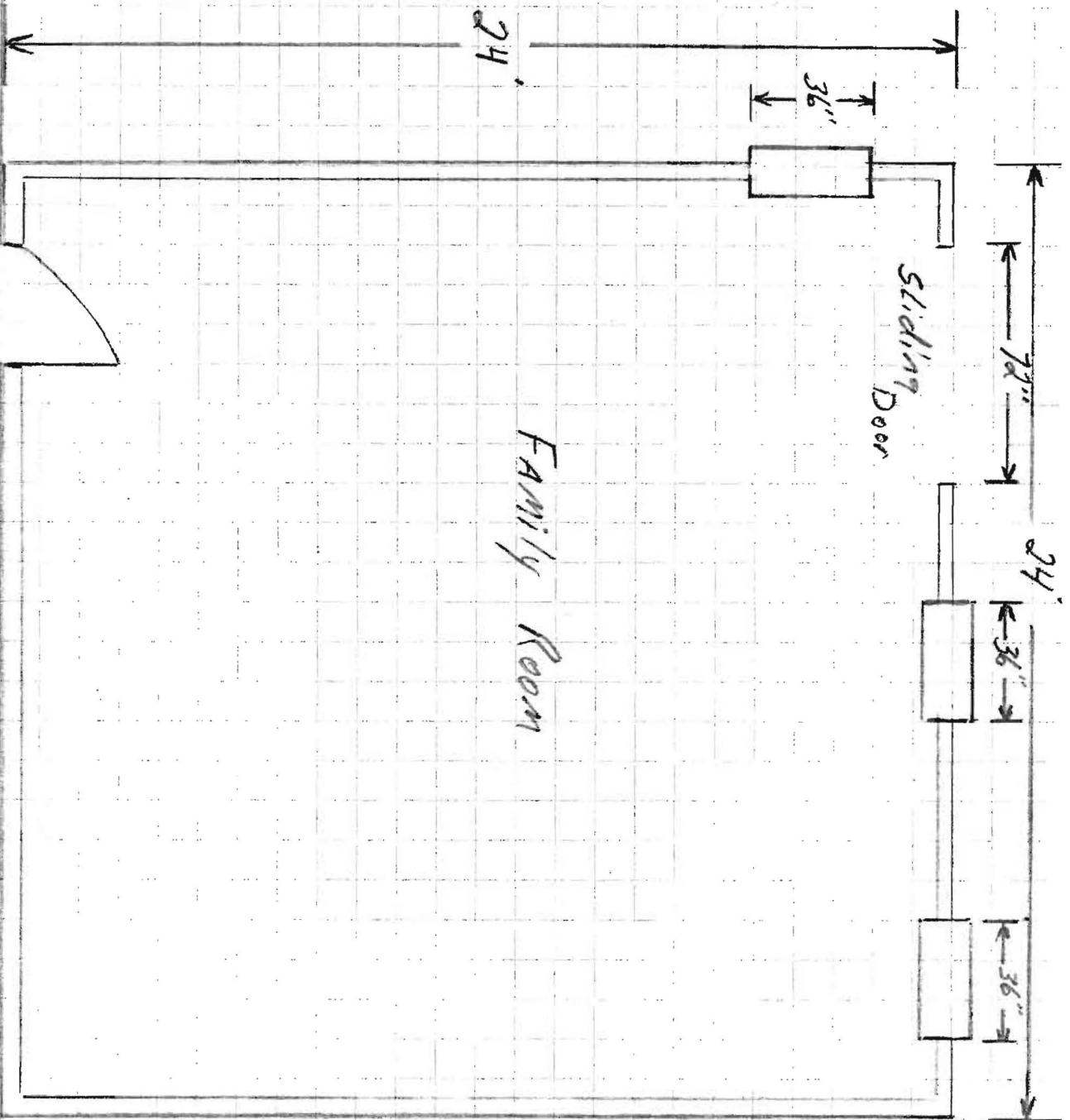
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

- 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>6/7/06</u>	<u>[Signature]</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 # _____
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				
Gold: SHA				

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Rev. 11/4/04



- (3) 36" x 54" DH windows
- (1) 70" slider
- (1) 36" entrance Door

\* Open Floor plan

APPROVED

WALKTHRU BUILDING PERMIT

BP# 15111 thru A# 15922

APP. SAN GAC DATE: 6/

DESC. OF WORK: 24x24

Family Room Post & Pier Foundation

EXISTING HOUSE

Back of