



# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
www.howardcountymd.gov

Date Received: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Building Address: 11632 Quarterfield Drive

City: Ellicott City State: MD Zip Code: 21042

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

Census Tract: \_\_\_\_\_ Subdivision: Quarterfield S 1

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 17

Tax Map: 23 Parcel: 0008 Grid: 14

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 1.15 AC

Existing Use: Single Family Dwelling

Proposed Use: Single Family Dwelling

Estimated Construction Cost: \$ 3,000.00

Description of Work: Existing fireplace to be replaced.

Occupant/Tenant Name: \_\_\_\_\_

Was tenant space previously occupied? ☐ Yes ☐ No

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

Address: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Property Owner's Name: David Peitsch

Address: 11632 Quarterfield Drive

City: Ellicott City State: MD Zip Code: 21042

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

Email: \_\_\_\_\_

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

Applicant's Name: Barbara Schaeffer

Address: 7905 Solley Road

City: Glen Burnie State: MD Zip Code: 21060

Phone: 410-733-0433 Fax: \_\_\_\_\_

Email: allaboutpermits@hotmail.com

Contractor Company: Owings Home Services

Contact Person: Joe Owings

Address: 1912 Liberty Road

City: Eldersburg State: MD Zip Code: \_\_\_\_\_

License No.: 19661

Phone: 410-549-3800 Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_

Responsible Design Prof.: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:
	2 <sup>nd</sup> floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units:
<input type="checkbox"/> Wood Frame	No. of 1 BR units:
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
> Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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

allaboutpermits@hotmail.com

Email Address

All About Permits

Title/Company

Barbara Schaeffer

Print Name

2/16/2017

Date

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	2/16/17	H. Oswald

Is Sediment Control approval required for issuance? ☐ Yes ☐ No  
☐ CONTINGENCY CONSTRUCTION START

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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies:

White: Building Officials

Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA

QUARTERFIELD DRIVE

176.92'

65'-0 1/8"

EXIST. WELL

49'-6 1/4"

52'-4 1/4"

EXIST. FIREPLACE  
TO BE REPLACED

260'

EXIST. SEPTIC

260'

138'

176.92'

APPROVED  
WALK-THRU BUILDING PERMIT  
BP#  
APR. SAN H. OSWALD  
DATE: 2/10/17  
DESC. OF WORK: Existing fire place  
to be replaced

PROJECT DESCRIPTION:

Pietsch Site Plan

THIS DRAWING IS THE PROPERTY OF OWINGS HOME SERVICES. ALL RIGHTS RESERVED. DUPLICATION OF THIS DRAWING IN ANY FORM IS NOT PERMITTED WITHOUT THE EXPRESSED WRITTEN CONSENT OF OWINGS HOME SERVICES.

THE PLANS, ELEVATIONS, DETAILS ETC. CONTAINED HEREIN ARE FOR GENERAL REFERENCE ONLY. FIELD VERIFY ALL DIMENSIONS

DATE:  
1/17/17

SCALE:  
1:50

