

Building Address: 11628 Quanterfield RD

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

Census Tract: \_\_\_\_\_ Subdivision: Quanterfield S

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 16

Tax Map: 0023 Parcel: 0008 Grid: 0014

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

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

Proposed Use: deck - patio cover

Estimated Construction Cost: \$ 47,600.00

Description of Work: Construction of new deck in rear of House / 16x20 patio cover (patio)

Occupant or Tenant: Paul Hixton

Was tenant space previously occupied? ☒ Yes ☐ No

Contact Name: Kurt Muller

Address: 11628 Quanterfield RD

City: Ellicott City State: MD Zip Code: 21042

Phone: 410 268 2900 Fax: 410 320 0914

Email: Kurt@muller@hotmail.com

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input checked="" type="checkbox"/> Private
Area of construction (sq. ft.):	<u>Sewage Disposal</u>
Use group:	<input type="checkbox"/> Public
	<input checked="" type="checkbox"/> Private
	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

Property Owner's Name: Paul and Jennifer Hixton

Address: 11628 Quanterfield RD

City: Ellicott City State: MD Zip Code: 21042

Home Phone: 410 268 2900 Work Phone: 410 320 0914

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

Phone: 410 268 2900 Fax: \_\_\_\_\_

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

Contractor Company: Fine Decks Inc

Contact Person: Clemens Jellema

Address: 1020 Tiffany Park

City: Owings State: MD Zip Code: 20736

License No.: 71878

Phone: 410 286 9092 Fax: cell 410 802 2860

Email: clemens@finedecks.com

Engineer/Architect Company: Fine Decks Inc

Responsible Design Prof.: Clemens Jellema

Address: 1020 Tiffany Park

City: Owings State: MD Zip Code: 20736

Phone: 410 286 9092 Fax: cell 410 802 2860

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

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 <sup>st</sup> floor:	<input checked="" type="checkbox"/> Private
2 <sup>nd</sup> floor:	<u>Sewage Disposal</u>
Basement: <u>24 x 28'6"</u>	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<input type="checkbox"/> 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: Clemens Jellema Print Name: Clemens Jellema

Email Address: clemens@finedecks.com Date: 06-15-11

Title/Company: President

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	<u>06-15-11</u>	<u>Wendy Satt</u>
Fire Protection		
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		
<input type="checkbox"/> 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: \_\_\_\_\_

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

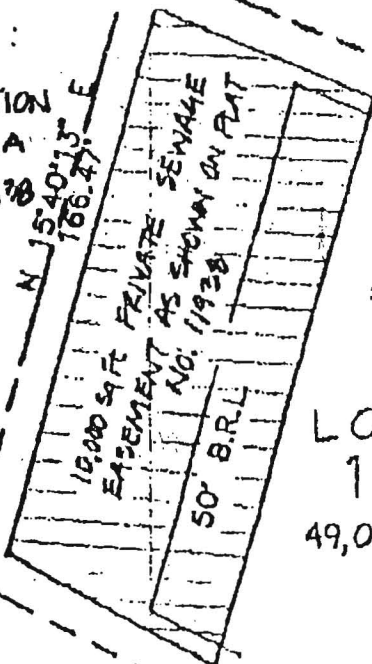
# APPROVED

## WALK-THRU BUILDING PERMIT

BP# \_\_\_\_\_ A# 48832  
 APP. SAN HS DATE: 6-15-11  
 DESC. OF WORK: deck & pavilion  
 as shown

*Paul J. Sewitke Austin*  
*11620 QUARTERFIELD RD*

P/O  
 PRESERVATION  
 PARCEL 1A  
 PLAT NO. 11938



LOT 15

LOT 16  
 49,045 S.F.



LOT 17

FLOOD ZONE "C" AS PER  
 FLOOD INSURANCE RATE MAP  
 COMMUNITY PANEL NUMBER  
 240044 0022B DATED 12/4/86

TOP OF WALL ELEV. = 438.7

THIS PLAT IS NOT INTENDED TO BE USED FOR  
 THE PURPOSE OF ESTABLISHING PROPERTY LINES  
 AND WAS PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT

<b>RECORD REFERENCES</b> LIBER/FOLIO _____ PLAT BOOK _____ PLAT NO./FOLIO 11938 SCALE 1"=50' DATE 3/16/98	<b>FINAL LOCATION</b> OF LOT 16 QUARTERFIELD HOWARD COUNTY MARYLAND	<b>MARKS-VOGEL ASSOCIATES, INC.</b> CONSULTING ENGINEERS-SURVEYORS-PLANNERS 3691 PARK AVE. #101 ELLICOTT CITY, MD 21043 TELEPHONE (410)461-5828 FAX (410)463-3966 I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREIN AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN. <i>Mark C. Vogel</i> 3/16/98
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Permits: 410-313-2455  
Inspections: 410-313-1810  
Automated Line: 410-313-3800

Howard County Building/Fire Permit Application  
Department of Inspections, Licenses & Permits  
3430 Court House Drive  
Ellicott City, MD 21043

Permit Number:

Building Address: 11628 Quarterfield Rd  
Ellicott City 21042

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

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

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 16

Tax Map: 23 Parcel: 8 Grid: 14

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 1.12ac

Existing Use: SFD

Proposed Use: Inground pool

Estimated Construction Cost: \$30,000

Description of Work: 24'x44' inground concrete pool, depth 3' to 8', fence to code by owner, filled by truck

Occupant or Tenant: \_\_\_\_\_

Was tenant space previously occupied? ☐ Yes ☐ No

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

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

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

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

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

Property Owner's Name: Paul Houston

Address: 11628 Quarterfield Rd

City: Ellicott City State: MD Zip Code: 21047

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

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

Contractor Company: Johnson Pools

Contact Person: Karen Klayman 410-577-7705

Address: P.O. Box 667

City: Columbia State: MD Zip Code: 21045

License No.: 120855

Phone: 410 956 6630

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

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

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

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

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

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

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Applicant's Signature

Print Name

Email Address

Date

Title/Company

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*

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Building Officials		
PSZA ( Zoning )		
PSZA ( Engineering )		
Health	5-11-11	Official: <u>Att</u>
Fire Protection		

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

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PSFS	\$
Guaranty Fund	\$
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Sub- Total Paid	\$
Balance Due	\$

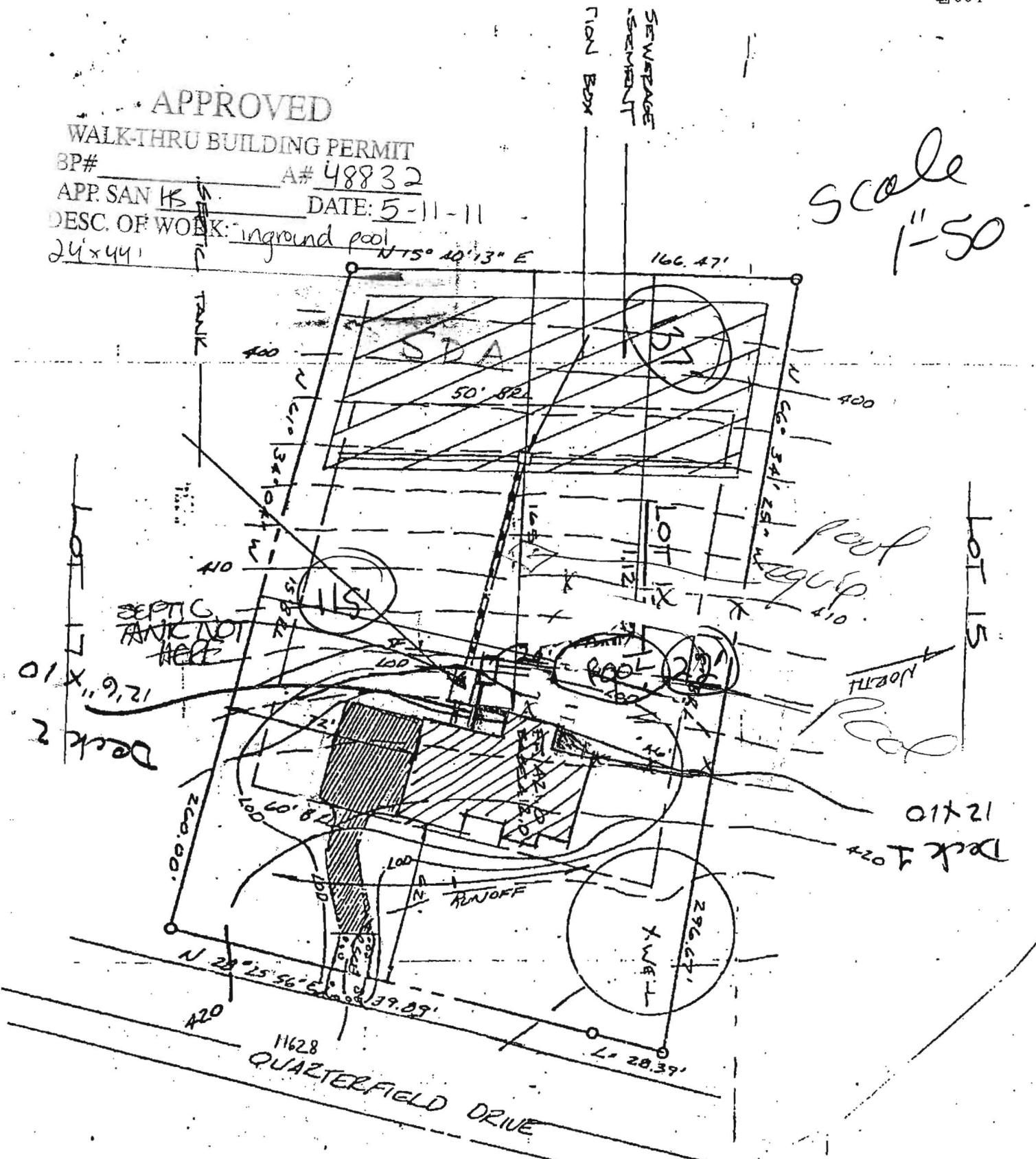
WALK-THRU BUILDING PERMIT

BP# \_\_\_\_\_ A# 48832  
APP CAN 16 J

APP. SAN HS 48852  
DESC OF WORK: DATE: 5-11-11

DESC. OF WORK: inground pool

scale  
1"=50'



Lot. 16  
Quarterfield, Section 1  
Plat No. 11938

4/16/88 Proposed deck  
location OK as shown  
Bill K. Gel