



# 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.: B19002165

Building Address: 12556 Folly Quarter RD  
City: Elkton City State: MD Zip Code: 21042  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_  
Lot: \_\_\_\_\_ Tax Map: 22 Parcel: 110

Existing Use: SFD  
Proposed Use: New Detached Garage  
Estimated Construction Cost: \$ \$32,000  
Description of Work: Construct new detached garage approx 28x26

Occupant/Tenant Name: Stevens  
Was tenant space previously occupied? ☐ Yes ☒ No  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Property Owner's Name: Michelle Stevens  
Address: 12556 Folly Quarter RD  
City: Elkton City State: MD Zip Code: 21042  
Phone: 410-834-8314 Fax: \_\_\_\_\_  
Email: dstephens227@gmail.com

Applicant's Name & Mailing Address, (If other than stated herein)  
Applicant's Name: Mike Croson  
Address: 3703 Shady Lane  
City: Glenwood State: MD Zip Code: 21733  
Phone: 443-324-4775 Fax: \_\_\_\_\_  
Email: mike@crosonhomes.com

Contractor Company: Croson Homes LLC  
Contact Person: Mike Croson  
Address: 3703 Shady Lane  
City: Glenwood State: MD Zip Code: 21733  
License No.: 103204  
Phone: 443-324-4775 Fax: \_\_\_\_\_  
Email: mike@crosonhomes.com

Engineer/Architect Company: Jon Butts  
Responsible Design Prof.: JB Home Design  
Address: 9416 Concord Ct  
City: Baltimore State: MD Zip Code: 21239  
Phone: 410-599-4587 Fax: \_\_\_\_\_  
Email: jon@jbhomedesign.com

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: <u>1</u>	Depth: <u>28</u> Width: <u>26</u>
Gross area, sq. ft./floor: <u>728</u>	1st floor: _____ 2nd floor: _____
Area of construction (sq. ft.): _____	Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement
Use group: _____	<input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab on Grade <u>Garage</u>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	No. of Bedrooms: _____ <u>Multi-family Dwelling</u> No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home
<input checked="" type="checkbox"/> Roadside Tree Project Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	
Roadside Tree Project Permit # _____	

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: Mike Croson  
Email Address: Croson Homes LLC  
Title/Company: \_\_\_\_\_

Print Name: Mike Croson  
Date: 6/28/19

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	10/16/2019	[Signature]

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	\$ 25
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# 1000

Distribution of Copies: White: Building Officials

Green: PSZA, Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA

## Search Result for HOWARD COUNTY

View Map			View GroundRent Redemption			View GroundRent Registration				
Tax Exempt:			Special Tax Recapture:							
Exempt Class:			NONE							
Account Identifier:			District - 03 Account Number - 309371							
Owner Information										
Owner Name:			STEPHENS DAVID STEPHENS MICHELLE				Use: Principal Residence:		RESIDENTIAL YES	
Mailing Address:			12556 FOLLY QUARTER RD ELLCOTT CITY MD 21042-1206				Deed Reference:		/13595/ 00299	
Location & Structure Information										
Premises Address:			12556 FOLLY QUARTER RD ELLCOTT CITY 21042-0000				Legal Description:		LOT 2 3.533 A 12556 FOLLY QUARTER RD DONALD BERILLA	
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	5713
0022	0017	0110		2003			2	2019	Plat Ref:	
Special Tax Areas:			Town:			NONE				
			Ad Valorem:			100				
			Tax Class:							
Primary Structure Built		Above Grade Living Area		Finished Basement Area		Property Land Area		County Use		
1985		1,460 SF				3.5300 AC				
Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation				
1	YES	STANDARD UNIT	FRAME	2 full	1 Attached					
Value Information										
			Base Value	Value	Phase-in Assessments					
				As of 01/01/2019	As of 07/01/2018		As of 07/01/2019			
Land:			224,700	263,900						
Improvements			148,000	178,600						
Total:			372,700	442,500	372,700		395,967			
Preferential Land:			0				0			
Transfer Information										
Seller: BODDISON NANCY E				Date: 11/16/2011			Price: \$405,000			
Type: ARMS LENGTH IMPROVED				Deed1: /13595/ 00299			Deed2:			
Seller: BODDISON NANCY E				Date: 06/02/2010			Price: \$0			
Type: NON-ARMS LENGTH OTHER				Deed1: /12489/ 00051			Deed2:			
Seller: BIDDISON LINDA ANNE				Date: 06/02/2010			Price: \$0			
Type: NON-ARMS LENGTH OTHER				Deed1: /12489/ 00048			Deed2:			
Exemption Information										
Partial Exempt Assessments:		Class	07/01/2018			07/01/2019				
County:		000	0.00							
State:		000	0.00							
Municipal:		000	0.00 0.00			0.00 0.00				
Tax Exempt:			Special Tax Recapture:							
Exempt Class:			NONE							
Homestead Application Information										
Homestead Application Status: Approved 01/17/2012										
Homeowners' Tax Credit Application Information										

1. This screen allows you to search the Real Property database and display property records.
2. Click **here** for a glossary of terms.
3. Deleted accounts can only be selected by Property Account Identifier.
4. The following pages are for information purpose only. The data is not to be used for legal reports or documents. While we have confidence in the accuracy of these records, the Department makes no warranties, expressed or implied, regarding the information.

**COMPLETE THIS FORM WHEN DROPPING OFF ANY  
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY  
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 10/15/14

To: Health Dept  
(Person's Name and Division)

From: Mike Crozen Crozen House (443) 324-4775  
(Your Name, Company Name and Telephone Number)

Subject: Project name Steven Garage  
Project site address 12556 Folly Quarter Road  
Permit # B19002165 SDP # \_\_\_\_\_  
Other information pertinent to this project \_\_\_\_\_

☒ Please check the attachments below that you are submitting with this transmittal:

- ☐ Letter of response to address plan review comment letter
- ☐ Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- ☐ Letter Summarizing Changes
- ☐ Energy conservation calculations
- ☒ Copies of New Perc Cert Plat (be specific).
- ☒ Health Department Request ☐ DPZ/ DED Request ☐ Applicant's Request
- ☐ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # \_\_\_\_\_
- ☐ Other \_\_\_\_\_

**Contact Person Information: (Required)**

Mike Crozen  
Please Print Name

Telephone No: 443-324-4775  
E-Mail Address: mike@crozenhouse.com

**PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.**

Received by MP

Revision for Health



