

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		HOWARD COUNTY PERMIT APPLICATION		B09001109 PERMIT NUMBER	
Building Address <u>11020 STEEPLECHASE CT.</u> <u>ELLICOTT CITY, MD 21042</u>			Property Owner's Name <u>DAVE & SHERI KELLY</u> Address <u>11020 STEEPLECHASE CT.</u> City <u>ELLICOTT CITY</u> State <u>MD</u> Zip Code <u>21042</u> Phone _____ Phone _____ Applicant's Name & Mailing Address, (if other than stated herein): Phone _____ Fax _____		
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot Size _____					
Existing Use <u>SFD</u> Proposed Use <u>SFD</u> Estimated Construction Cost \$ <u>10,000</u> Description of Work <u>ENCLOSED PORTION OF</u> <u>EXISTING DECK W/ 14'X21' SCREENED</u> <u>PORCH AND CONSTRUCT NEW 10'X12'</u> <u>OPEN DECK</u> Occupant or Tenant <u>- OWNER -</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			Contractor Company <u>Wallworks Inc.</u> Contact Person <u>Michael Benedetta</u> Address <u>744 Joppa Farm Rd</u> City <u>Joppa</u> State <u>MD</u> Zip Code <u>21085</u> License No. <u>91689</u> Phone <u>410-538-6539</u> Fax _____ <u>cell 443-928-0802</u> Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
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 <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> ____ Full ____ Partial ____ Other Suppression ____ # of Heads	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: <u>42 x 52</u> 2 nd floor: <u>36 x 52</u> Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> ____ 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.

Michael Benedetta
Applicant's Signature

Michael Benedetta
Print Name

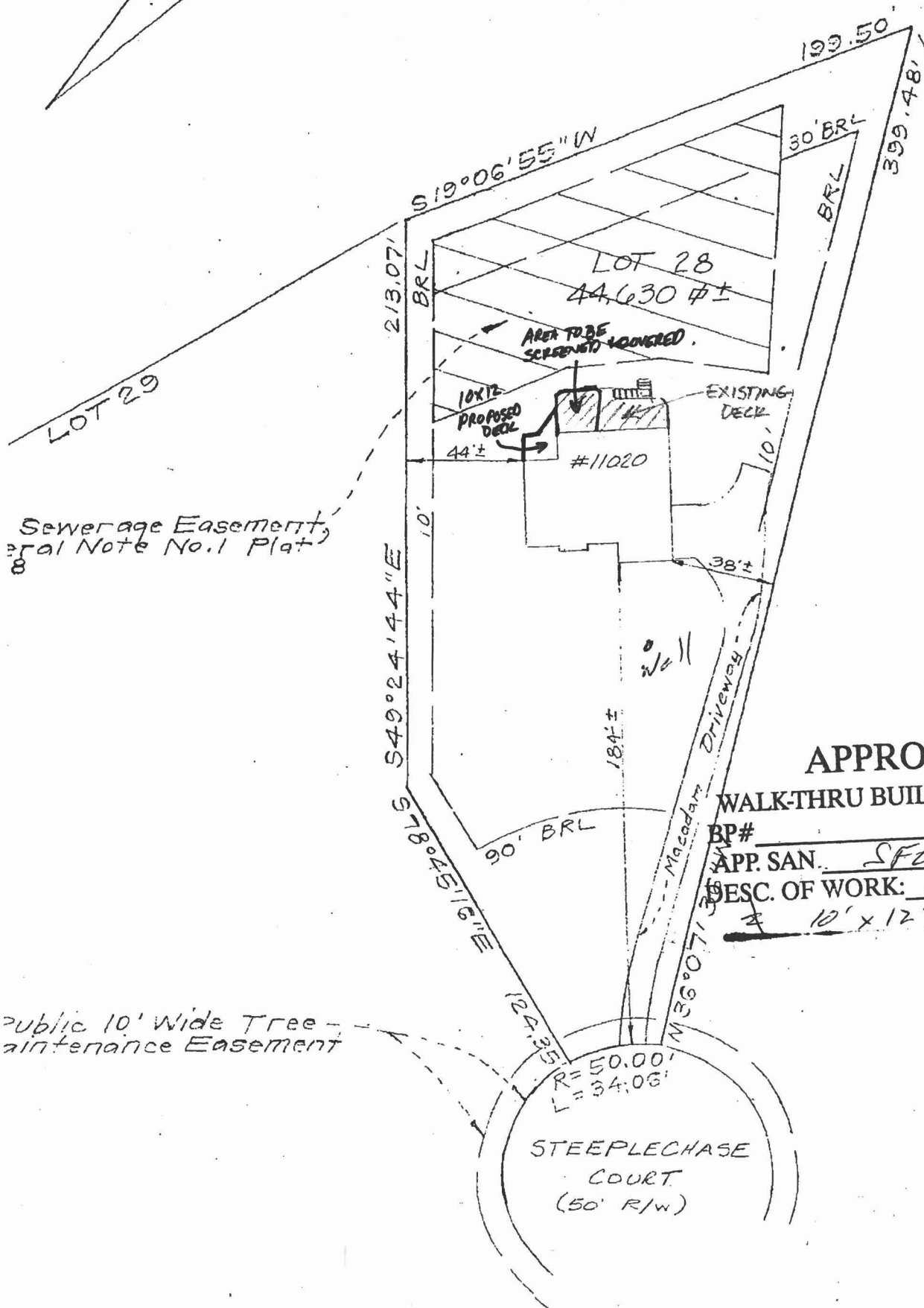
Title/Company

5/20/09
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
PLEASE WRITE NEATLY AND LEGIBLY.
- FOR OFFICE USE ONLY -

AGENCY: _____ DATE: <u>5/20/09</u> SIGNATURE: <u>[Signature]</u> APPROVAL: _____	DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> 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 _____
Land Development DPZ State Highways Building Officials Dev Engineering DPZ Health Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>	Distribution of Copies - White: Building Officials T-forms/building permit application	Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA REV 10/28/04

NON-BUILDABLE
PRESERVATION PARCE



APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# 56424 RB
APP. SAN. SFD DATE: 5/20/05
DESC. OF WORK: Screened Porch
& 10' x 12' Deck