

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2410 INSPECTIONS (410) 313-2410 AUTOMATED INFORMATION (410) 313-3800		<b>HOWARD COUNTY PERMIT APPLICATION</b>		309000960 <b>PERMIT NUMBER</b>	
Building Address <u>13132 Williamfield DR</u> <u>ELLCOTT CITY MD 21042</u>			Property Owner's Name <u>William Marciniak</u> Address <u>13132 Williamfield DR</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u> Home Phone <u>410 311 3096</u> Work Phone <u>410 311 8777</u> Applicant's Name & Mailing Address, (if other than stated herein):		
Suite/Apt. #: <u>N/A</u> SDP/WP/Petition #:					
Census Tract _____ Subdivision _____					
Section _____ Area _____ Lot <u>24</u>					
Tax Map _____ Parcel _____ Grid _____			Phone _____ Fax _____		
Zoning _____ Map Coordinates _____ Lot Size _____					
Existing Use <u>SFD</u> Proposed Use <u>SFD w/Deck</u> Estimated Construction Cost \$ <u>10,000</u>			Contractor Company <u>Myself</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____		
Description of Work <u>Deck 45' x 6'4"</u> <u>and 16' x 17'</u>					
Occupant or Tenant _____			Engineer or Architect Company _____		
Contact Name _____			Contact Person _____		
Address _____			Address _____		
City _____ State _____ Zip Code _____			City _____ State _____ Zip Code _____		
Phone _____ Fax _____			Phone _____ Fax _____		

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b>	<b>Utilities</b>	<b>Building Characteristics</b>	<b>Utilities</b>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	No. of Bedrooms _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ 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.

<u>William Marciniak</u> Applicant's Signature	<u>William Marciniak</u> Print Name
_____	<u>5/7/09</u> Date
Title/Company	

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

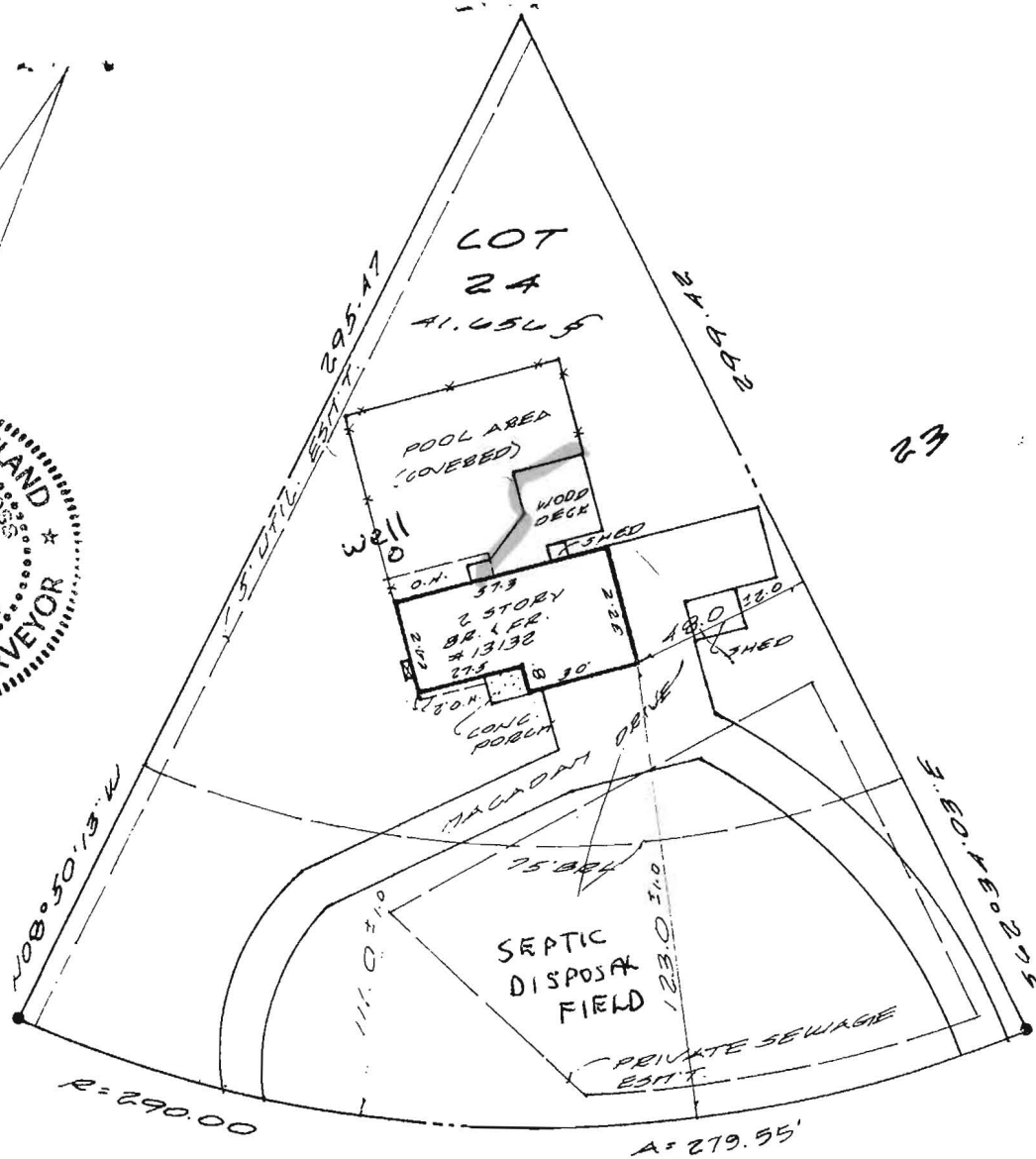
**\*\*PLEASE WRITE NEATLY AND LEGIBLY.\*\***

**- FOR OFFICE USE ONLY -**

AGENCY	DATE	SIGNATURE	APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #
<input checked="" type="checkbox"/> Land Development, DPZ				Front: _____	Filing fee \$ _____
<input type="checkbox"/> State Highways				Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Officials				Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ				Side St.: _____	Add'l per fee \$ _____
<input checked="" type="checkbox"/> Health	<u>5-14-09</u>	<u>Heine</u>	<u>Int</u>	All minimum setbacks met?	TOTAL FEES \$ _____
<input type="checkbox"/> 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 # _____
				Historic District?	Validation # _____
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				Lot Coverage for New Town Zone	
				SDP/Red-line approval date	Accepted by _____

Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA  
T:Operations/Updated forms

101731



WILLIAMFIELD DRIVE

B09000960  
OK 5-14-09  
HS

No evidence of property corners was found. Apparent occupation is shown.

Date: 10-23-98 Scale: 1"=50' Drn: B.O.  
Plat Book:  
Plat No.: 3370 NO TITLE REPORT FURNISHED  
Work Order: 98-4604  
Address: 13132 WILLIAMFIELD DRIVE  
District: 3  
Jurisdiction: HOWARD COUNTY, MARYLAND

### Surveyor's Certification

I hereby certify that the survey shown hereon is correct to the best of my knowledge and that, unless noted otherwise, it has been prepared utilizing description of record. This survey is not a boundary survey and the location or existence of property corners is neither guaranteed nor implied. Fence lines, if shown, are approximate in location. This property does not lie within a 100-year flood plain according to FEMA insurance maps as interpreted by the originator unless otherwise shown hereon. Building restriction lines shown are as per available information and are subject to the interpretation of the originator.

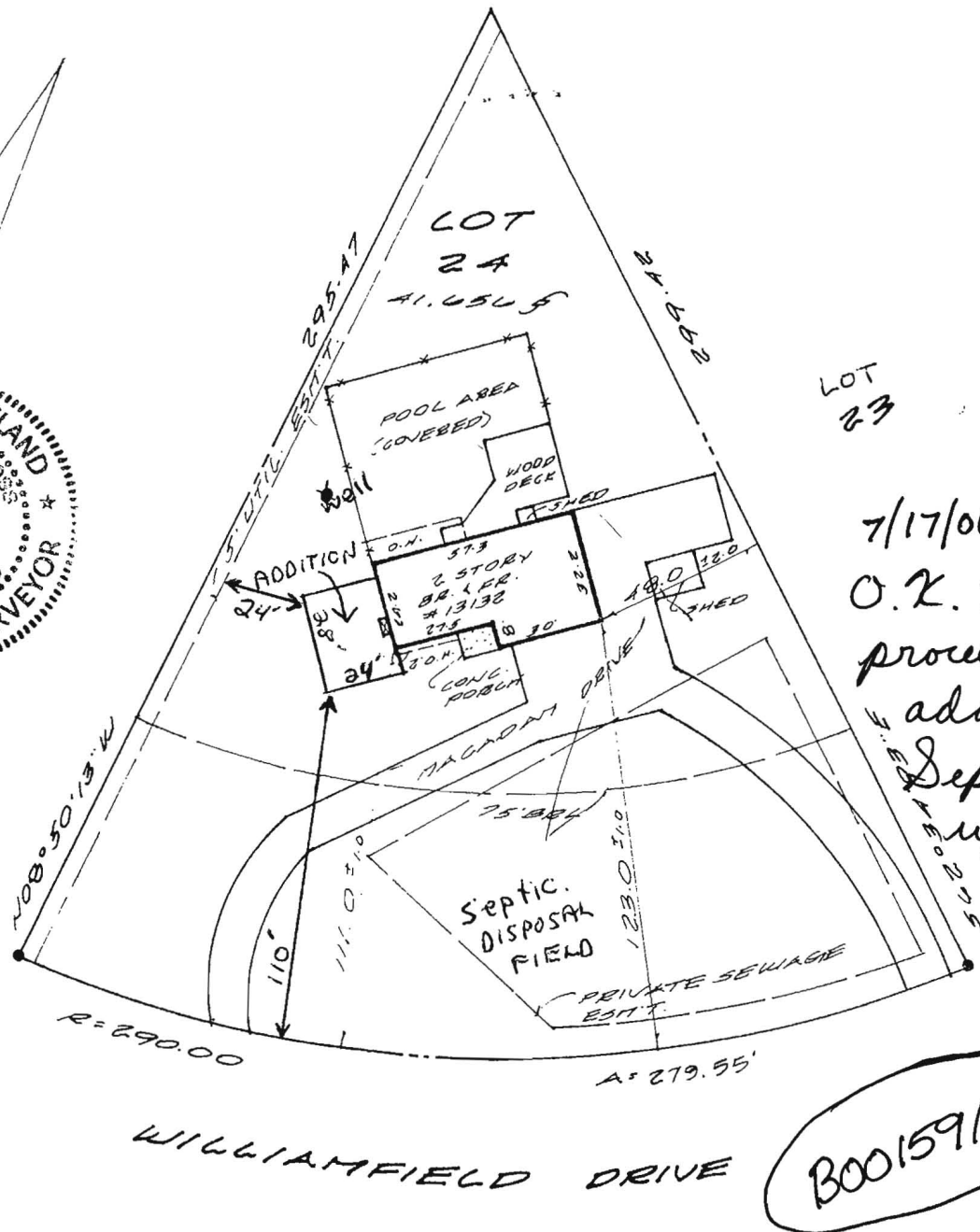
LOCATION DRAWING  
LOT 24  
EAGLES LOFT

NOTE: This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. This plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing.



Meridian Surveys, Inc.  
811 Russell Avenue  
Suite #303  
Gaithersburg, MD 20879  
(301) 721-9400

*Sandra F. Gross*



LOT 23

7/17/06  
O.K. to proceed with addition.  
Septic system upgraded.  
(BB)

B00159/35

No evidence of property corners was found. Apparent occupation is shown.

Date: 10-23-98 Scale: 1"=50' Drn: B.O.  
Plat Book:  
Plat No.: 3370 NO TITLE REPORT FURNISHED  
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Surveyor's Certification

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