

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B00158913

Building Address 12614 FAWN RUN CT.
ELLICOTT CITY, MD 21042

Property Owner's Name HOMAYOON TAJALLI
Address 12614 FAWN RUN CT

Suite/Apt. #: _____ SDP/WP/Petition #: #7740

Census Tract 603000 Subdivision Triadelphia Woods

City ELLICOTT CITY State MD Zip Code 21042

Section 1 Area 2 Lot 44

Home Phone 410-531-6754 Work Phone 410-707-9053

Tax Map 22 Parcel 528 Grid 6

Applicant's Name & Mailing Address, (if other than stated hereon):

Zoning RR-DEP Map Coordinates 10D7 Lot size 3-12A

Phone _____ Fax _____

Existing Use Residential 3 BR Home

Contractor Company T B O

Proposed Use Residential same

Contact Person _____

Estimated Construction Cost \$ 350,000

Description of Work Delete one Bedroom to Floor Area
Add new bedroom + bath, small office,
Garage. 25' x 40' 2 story Addition

City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant HOMAYOON TAJALLI Family

Engineer or Architect Company D.W. Taylor

Contact Name Homayoon Tajalli

Contact Person Adam Hall

Address 12614 Fawn Run Ct.

Address 5024 Dorsey Hall Drive, Suite 20

City Ellicott City State MD Zip Code 21042

City Ellicott City State MD Zip Code 21042

Phone 410-707-9053 Fax 410-531-6848

Phone 410-992-9611 Fax 410-992-0120

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>40</u> <u>30</u>	Electric: Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>~</u> <u>~</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>~</u> <u>~</u>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>5</u>	
Height: <u>2 Floors</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 _____	

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.

[Signature]
Applicant's Signature

HOMAYOON TAJALLI
Print Name

Owner
Title/Company

4/6/05
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ		
Health		
Fire Protection		

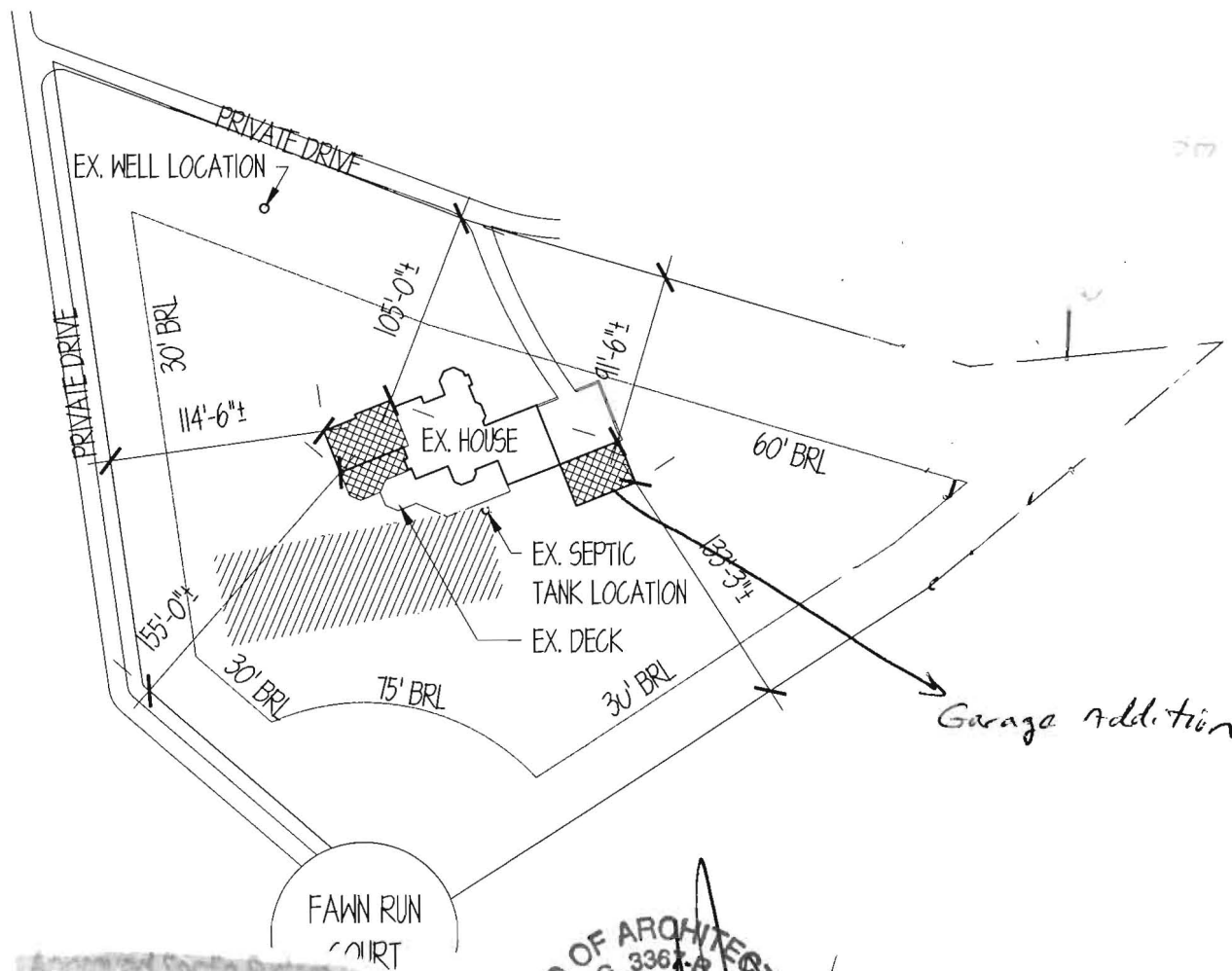
DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>25</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>10009</u>
SDP/Red-line approval date _____	Validation # <u>110923</u>

Is Sediment Control approval required prior to issuance?
YES NO

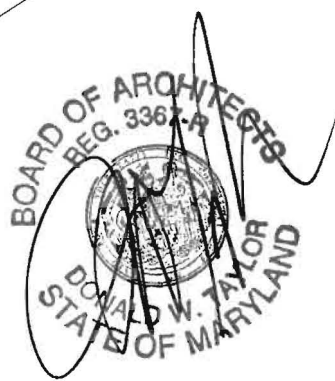
CONTINGENCY CONSTRUCTION START:



ONE STOP SHOP:

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



Approved Septic System Plan
Howard County Health Department



-  PROPOSED ADDITIONS
-  EXISTING SEPTIC FIELD LOCATION (APPROXIMATE)

F:\2247-Capitol Residence Renovations\2247 - Tajalli Site Exll.dwg, 03/29/2006 01:56:28 PM, Cad User, dw Taylor

dw taylor
associates inc
ARCHITECT

5024 DORSEY HALL DRIVE SUITE 203
ELLCOTT CITY, MARYLAND 21042
TELEPHONE (410) 964 1181
FAX (410) 997 2924
INFO@DWTAYLOR.COM

drawn by ATH	PROJECT TITLE TAJALLI RESIDENCE ADDITIONS AND RENOVATIONS	PROJECT # 2247
scale 1" = 100'-0"	CONTENT PARTIAL PLAN @ GARAGE EXHAUST FAN	DRAWING # C1
checked by		
date 3/24/06		

46385

DEPARTMENT 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

PERMIT NUMBER

D06004976

Building Address 12614 FAWN TRAIL CT
ELLICOTT CITY, MD, 21042
 Suite/Apt. #: 03-312860 SDP/WP/Petition #: _____
 Census Tract _____ Subdivision TRINDELPHIA WOODS
 Section _____ Area _____ Lot 44
 Tax Map 22 Parcel 528 Grid 6
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name TRIALI HOLLAYDON
 Address 12614 FAWN TRAIL CT.
 City _____ State MD Zip Code 21042
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone _____ Fax _____

Existing Use SFO
 Proposed Use SFO w/ Tank
 Estimated Construction Cost \$ 2,825.00
 Description of Work INSTALL 1000 GALLON
UNDERGROUND PROPANE TANK. WILL
COMPLY WITH NFPA 58

Contractor Company Modern Comfort Systems
 Contact Person Scott Antkowiak
 Address 82 JONES ST.
 City ELLICOTT CITY State MD Zip Code 21043
 License No. 4108
 Phone 410 876 6000 Fax 410 848-8580

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
Height: _____	
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: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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Applicant's Signature

Title/Company

Print Name

Date

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>10/2/06</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?

YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Distribution of Copies -
T:\normal\PERMIT.FRM

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

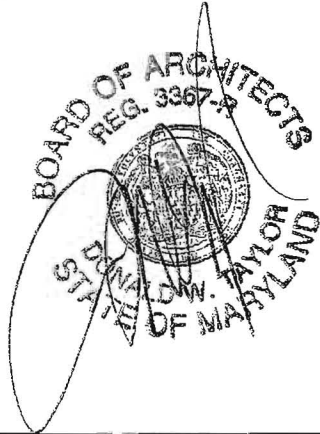
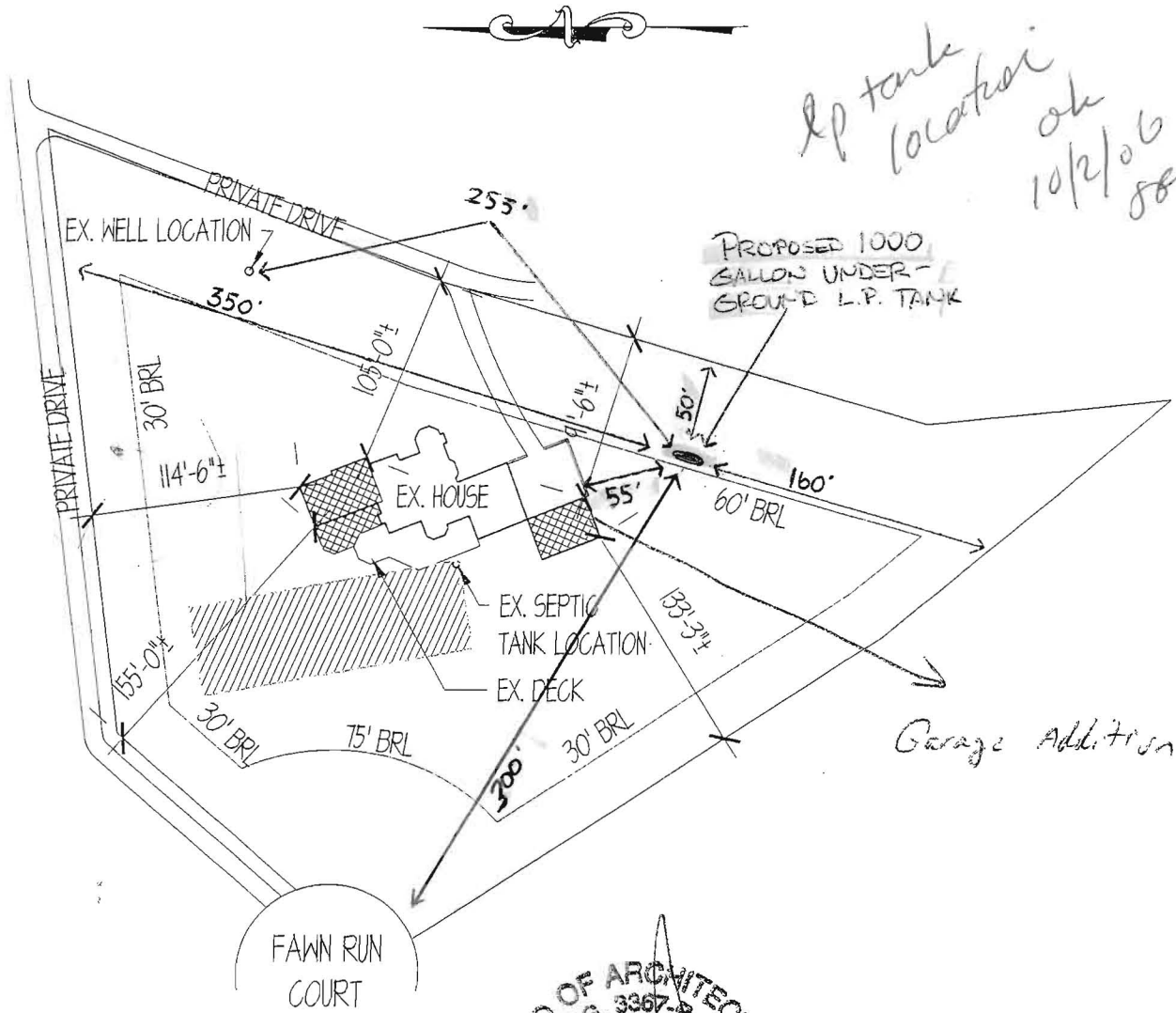
Pink: Health



Gold: SHA

DPZ SETBACK INFORMATION

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ <u>100.00</u>
Side: _____	Excise tax \$ <u>10.00</u>
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>110.00</u>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New/Town Zone _____	Check # <u>677</u>
SDP/Red-line approval date _____	Validation # _____

Accepted by [Signature]



-  PROPOSED ADDITIONS
-  EXISTING SEPTIC FIELD LOCATION (APPROXIMATE)

dw taylor
associates inc
ARCHITECT

5024 DORSEY HALL DRIVE SUITE 203
ELLCOTT CITY, MARYLAND 21042
TELEPHONE (410) 964 1181
FAX (410) 997 2924
INFO@DWTAYLOR.COM

drawn by ATH
scale 1" = 100'-0"
checked by
date 3/24/06

PROJECT TITLE TAJALLI RESIDENCE ADDITIONS AND RENOVATIONS
CONTENT PARTIAL PLAN @ GARAGE EXHAUST FAN

PROJECT # 2247
DRAWING # C1

Tajalli Residence Renovations 2247 - Table 1 Site Bxll.dwg, 03/29/2006 01:56:25 PM, Cad User, dw.taylor