

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B07001418

Building Address 12203 ETCHELSON RD
ELLICOTT CITY, MD 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision WOODMARTH
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name LAURA R. CSANADY
 Address 12203 ETCHELSON RD
 City ELLICOTT CITY State MD Zip Code 21042
 Home Phone 410 531-1616 Work Phone 443-479-7357
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use RESIDENTIAL
 Proposed Use RESIDENTIAL
 Estimated Construction Cost \$ 250,000
 Description of Work RENOVATE MASTER BATH,
ENLARGE 2 BEDROOMS, CREATE
FLYER 2 STORY 10'X30'4"
OVERHANG 7'X10'8"

Contractor Company METRO CONSTRUCTION
 Contact Person JOHN OR MARK HANES
 Address 905 SUE GROVE RD
 City EMT State _____ Zip Code 21771
 License No. 7709
 Phone 410 687-2887 Fax 410 558-6511

Occupant or Tenant LAURA CSANADY
 Contact Name _____
 Address 12203 ETCHELSON RD
 City ELLICOTT CITY State MD Zip Code 21042
 Phone 410 531 1616 Fax _____

Engineer or Architect Company CREATIVE OUTLOOKS LLC
 Contact Person PHILIP F. GIUGLIUZZA
 Address _____
 City HANSTED State MD Zip Code _____
 Phone 410 239 0261 Fax 410 239-6017

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: <u>2</u>	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 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"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame <input checked="" type="checkbox"/> State Certified Modular _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>340</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Height: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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.

Laura R. Csandy
 Applicant's Signature
 Title/Company _____

LAURA R. CSANADY
 Print Name
4/23/07
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>4/2/2007</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Health		
<input type="checkbox"/> Fire Protection		

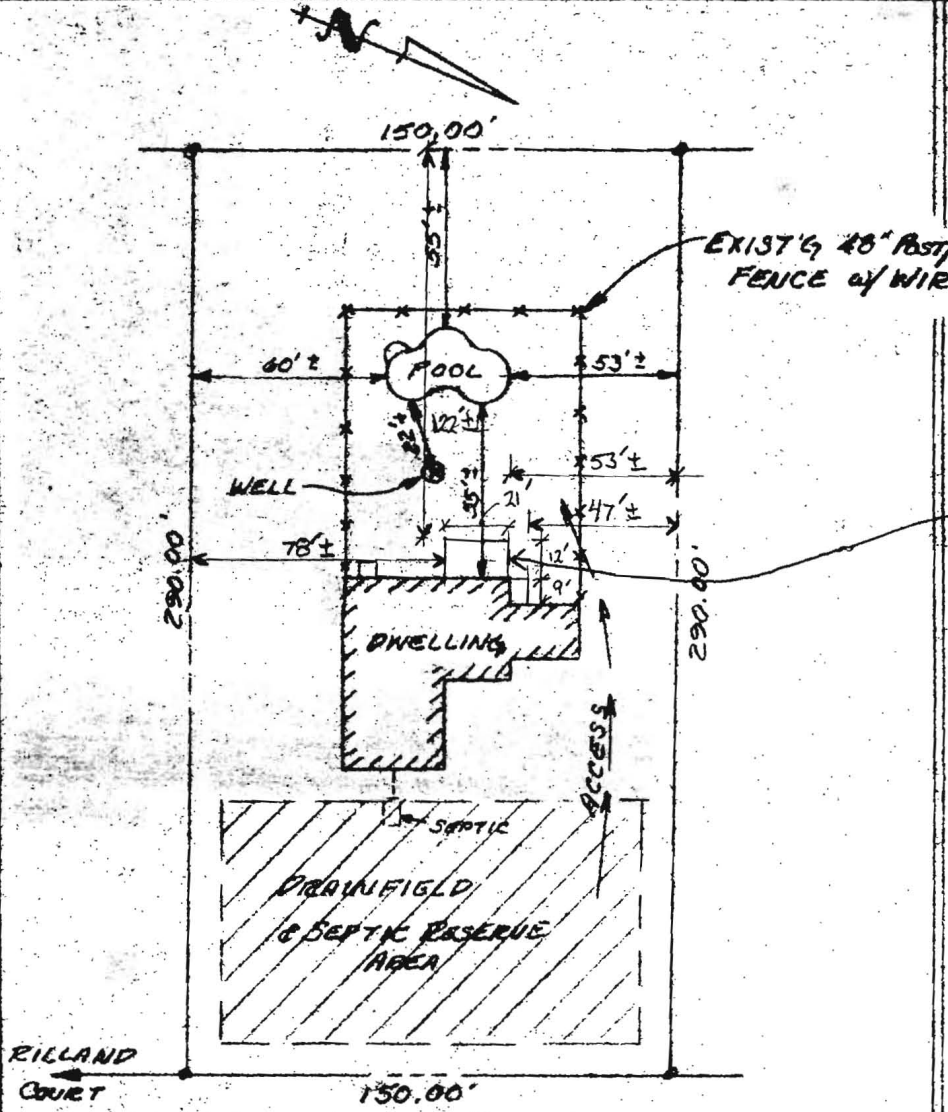
DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>25.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit 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>15149</u>
SDP/Red-line approval date _____	Validation # _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

MARYLAND POOLS INC.

POOL ELEVATION: _____

BOD 135506



5/2/02
Proposed enclosing of deck on SRU

NOTE:
3'-0" E OF S
TO E POOL @ PO

ETCHISON ROAD

SITE PLAN

LOT 28, BLOCK "E"
"WOODMARK", SECT. II
PLAT BOOK CMP. 29, FOLIO 63 & 64
HOWARD COUNTY, MD

SCALE 1" = 60'

