



# 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: 4-22-14

Permit No.: B1400124

Building Address: 3107 Ellerslie Ct  
City: Croftwood State: MD Zip Code: 21738  
Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: Ellerslie Estates  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 13  
Tax Map: 16 Parcel: 235 Grid: 23  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 11.7 acres

Existing Use: SFD  
Proposed Use: SFD with tank  
Estimated Construction Cost: \$ 8,000  
Description of Work: install 1000 gal underground propane tank

Occupant or Tenant: Owner  
Was tenant space previously occupied?  Yes  No  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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

Property Owner's Name: Marcellous Faye  
Address: 3107 Ellerslie Ct  
City: Croftwood State: MD Zip Code: 21738  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein)  
Applicant's Name: Jeremy Clancy  
Address: PO Box 1253  
City: Sixesville State: MD Zip Code: 21784  
Phone: 410 310 2299 Fax: \_\_\_\_\_  
Email: Jeremy@appliedandapproved.com

Contractor Company: Valley National Gas  
Contact Person: William Gennis  
Address: 7201 Monte Nido Rd  
City: Jessup State: MD Zip Code: 20794  
License No.: 67793  
Phone: 410 799 1114 Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Engineer/Architect Company: Contractor  
Responsible Design Prof.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
Other: _____	
<b>Sprinkler System:</b>	
<input type="checkbox"/> Yes <input checked="" 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; AND 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: Jeremy Clancy  
Print Name: Jeremy Clancy  
Email Address: Jeremy@appliedandapproved.com  
Date: 4/18/14  
Title/Company: \_\_\_\_\_

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL	DPZ SETBACK INFORMATION	Filing Fee	\$
State Highways			Front: _____	Permit Fee	\$
Building Officials			Rear: <u>7.42</u>	Tech Fee	\$
PSZA (Zoning)			Side: _____	Excise Tax	\$
PSZA (Engineering)			Side St.: _____	PSFS	\$
Health	<u>5/2/14</u>	<u>Andrew Sheer</u>	All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No	Guaranty Fund	\$
			Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Add'l per Fee	\$
			Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Fees	\$
			Lot Coverage for New Town Zone: _____	Sub-Total Paid	\$
			SDP/Red-line approval date: _____	Balance Due	\$
				Check	# <u>3586</u>









# 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.: B13003569

Building Address: 3107 Ellerslie Ct.  
 City: Glenwood State: MD Zip Code: 21738  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: Ellerslie estates  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 13  
 Tax Map: 14 Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 11.7a

Property Owner's Name: Marcellous Frye  
 Address: 3107 Ellerslie Ct.  
 City: Glenwood State: MD Zip Code: 21738  
 Phone: 410 707 1090 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Existing Use: SFH  
 Proposed Use: SFH  
 Estimated Construction Cost: \$ 500,000  
 Description of Work: Addition and garage modification with covered porch Attachment  
 Occupant or Tenant: Occupant  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: Marcellous Frye  
 Address: SAME  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: Trevor Paquette  
 Address: 1300 St. Michaels Rd  
 City: Mt. Airy State: MD Zip Code: 21771  
 Phone: 413 336 7690 Fax: 410 4 890813  
 Email: trpaquette@hotmail.com

Contractor Company: Paquette Construction Mgmt  
 Contact Person: Trevor Paquette  
 Address: 1300 St. Michaels Rd  
 City: Mt. Airy State: MD Zip Code: 21771  
 License No.: MH1691608  
 Phone: 413 336 7690 Fax: \_\_\_\_\_  
 Email: trpaquette@hotmail.com

Engineer/Architect Company: JRA Architects  
 Responsible Design Prof.: Jonathan Riera  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: 443 226 5245 Fax: \_\_\_\_\_  
 Email: WWW.JRA-design.com

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 <sup>st</sup> floor: <u>45</u> 2 <sup>nd</sup> floor: <u>25</u>
Area of construction (sq. ft.): _____	Basement: _____
Use group: _____	<input type="checkbox"/> Finished Basement
Construction type: _____	<input checked="" type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Masonry	No. of Bedrooms: <u>4</u>
<input type="checkbox"/> Wood Frame	<input checked="" type="checkbox"/> Multi-family Dwelling
<input type="checkbox"/> State Certified Modular	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: <u>8x16</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: <u>Shingle</u>
<input type="checkbox"/> Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Heating System</b>	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
<b>Sprinkler System:</b>	
<input type="checkbox"/> Yes <input checked="" 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 FOR NOTICES.

Applicant's Signature: Trevor Paquette Print Name: Trevor Paquette  
 Email Address: trpaquette@hotmail.com Date: 9/20/13  
 Title/Company: owner

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	<u>11-13-13</u>	<u>D. Brown</u>

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

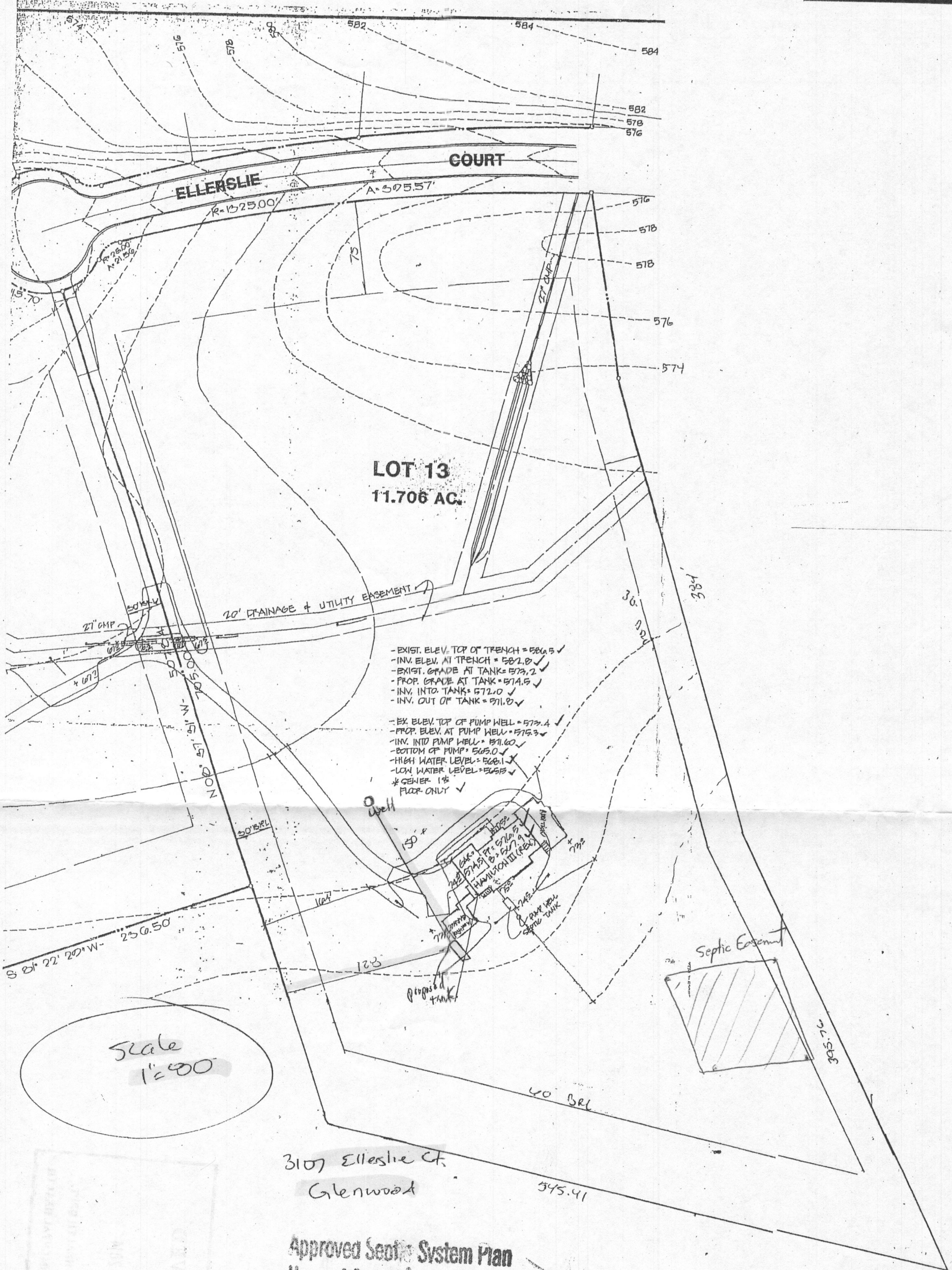
DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$	<u>25</u>
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub-Total Paid	\$	
Balance Due	\$	
Check	\$	<u>1712</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

T:\Operations\Updated Forms\building applmp 8.2012.docx

\* email receipt if possible



- EXIST. ELEV. TOP OF TRENCH = 582.5 ✓
- INV. ELEV. AT TRENCH = 582.0 ✓
- EXIST. GRADE AT TANK = 573.2 ✓
- PROP. GRADE AT TANK = 574.5 ✓
- INV. INTO TANK = 572.0 ✓
- INV. OUT OF TANK = 571.0 ✓
- EX. ELEV. TOP OF PUMP WELL = 572.4 ✓
- PROP. ELEV. AT PUMP WELL = 575.3 ✓
- INV. INTO PUMP WELL = 571.0 ✓
- BOTTOM OF PUMP = 565.0 ✓
- HIGH WATER LEVEL = 568.1 ✓
- LOW WATER LEVEL = 565.5 ✓
- \* GENER. 1" ✓
- FLOOR ONLY ✓

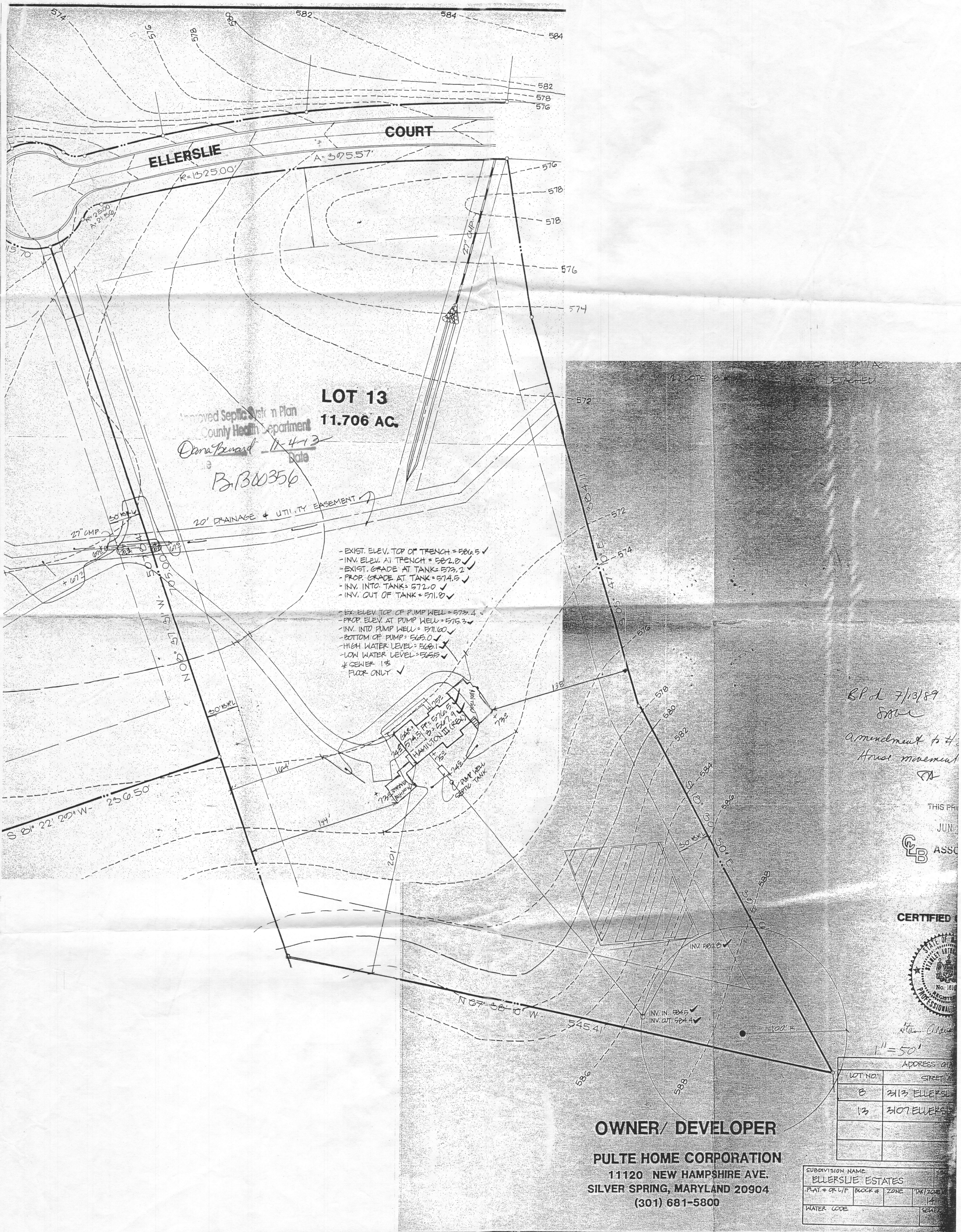
Scale  
1" = 40'

3107 Ellerslie Ct  
Glenwood

Approved Septic System Plan  
Howard County Health Department  
Permit # B14001274

*Andrea Smith* 5/2/14  
Signature Date

10000  
M 14



Approved Septic System Plan  
 County Health Department  
 Dana Bernard 11-4-13  
 Date  
 B. B. 300356

**LOT 13**  
 11.706 AC.

- EXIST. ELEV. TOP OF TRENCH = 580.5 ✓
- INV. ELEV. AT TRENCH = 582.0 ✓
- EXIST. GRADE AT TANK = 573.2 ✓
- PROP. GRADE AT TANK = 574.5 ✓
- INV. INTO TANK = 572.0 ✓
- INV. OUT OF TANK = 571.0 ✓
- EX. ELEV. TOP OF PUMP WELL = 573.4 ✓
- PROP. ELEV. AT PUMP WELL = 575.3 ✓
- INV. INTO PUMP WELL = 571.0 ✓
- BOTTOM OF PUMP = 565.0 ✓
- HIGH WATER LEVEL = 568.1 ✓
- LOW WATER LEVEL = 565.5 ✓
- \* SEWER 18" FLOOR ONLY ✓

SP d 7/13/89  
 580  
 Amendment to the  
 Trust agreement  
 CA

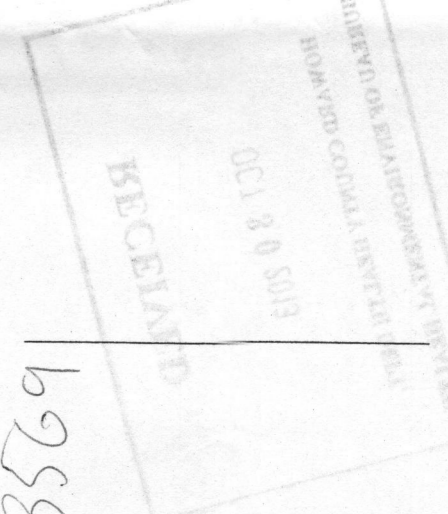
THIS PLAN  
 JUN 2  
 C L B ASSOC  
 REGISTERED  
 PROFESSIONAL  
 CERTIFIED

LOT NO.	ADDRESS
8	213 ELLERSLIE
13	3107 ELLERSLIE

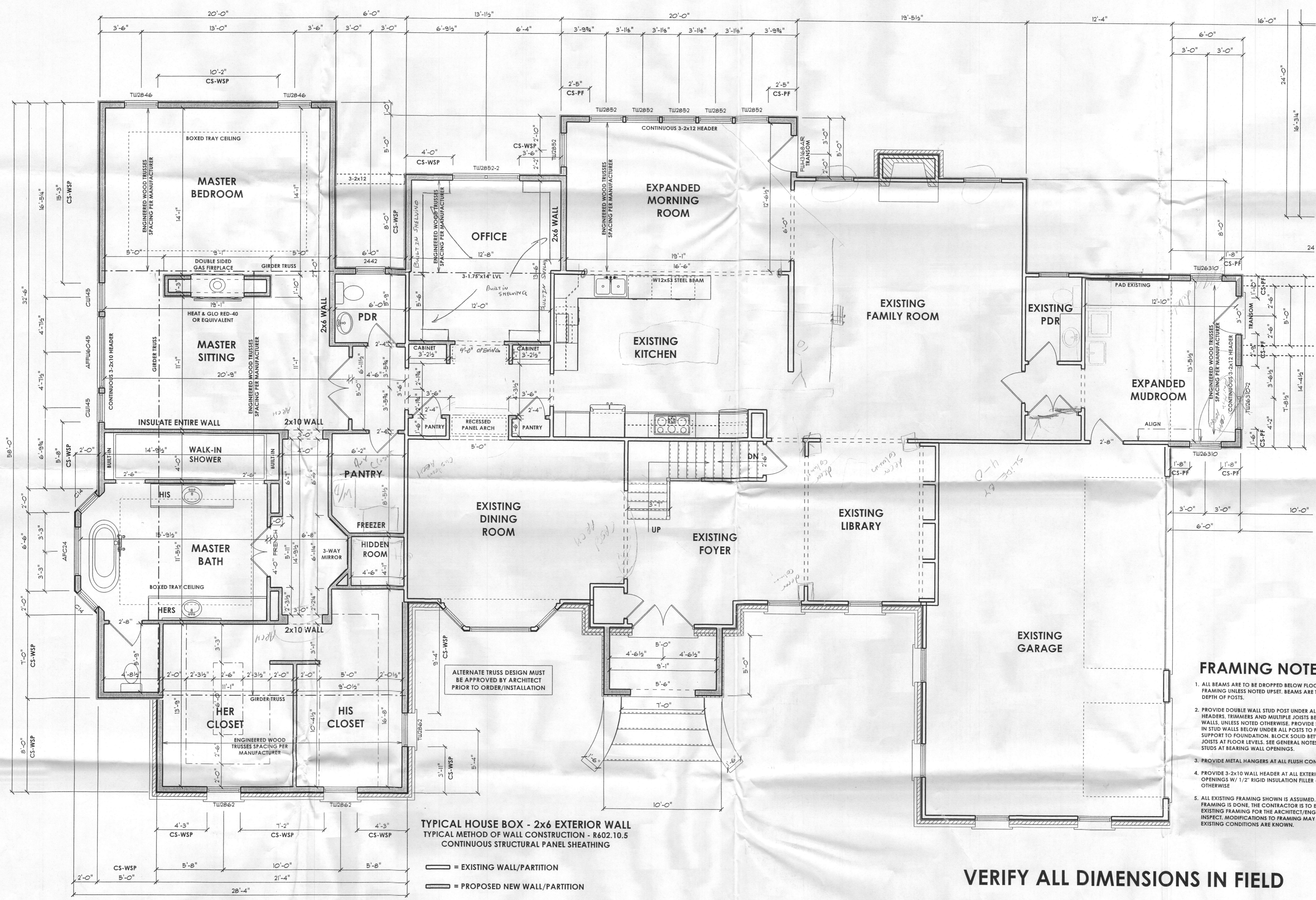
**OWNER/ DEVELOPER**  
**PULTE HOME CORPORATION**  
 11120 NEW HAMPSHIRE AVE.  
 SILVER SPRING, MARYLAND 20904  
 (301) 681-5800

SUBDIVISION NAME ELLERSLIE ESTATES			
PLAT # OR L/F	BLOCK #	ZONE	TAX/ZONE
WATER CODE			SEWER

PROFESSIONAL CERTIFICATION  
I certify that these documents were prepared or approved by me, and that I am a duly licensed professional architect under the laws of the State of Maryland, License Number #14678, Expiration Date: 6/30/2014.



**Frye Residence**  
 PROPOSED ADDITION  
 3107 Ellerslie Court, Glenwood, Maryland 21738  
 B13003569



**FRAMING NOTES**

1. ALL BEAMS ARE TO BE DROPPED BELOW FLOOR AND ROOF FRAMING UNLESS NOTED UPSET. BEAMS ARE TO BEAR FULL DEPTH OF POSTS.
2. PROVIDE DOUBLE WALL STUD POST UNDER ALL BEAMS, HEADERS, TRIMMERS AND MULTIPLE JOISTS BEARING ON STUD WALLS. UNLESS NOTED OTHERWISE, PROVIDE SAME STUD POST IN STUD WALLS BELOW UNDER ALL POSTS TO PROVIDE SOLID SUPPORT TO FOUNDATION. BLOCK SOLID BETWEEN FLOOR JOISTS AT FLOOR LEVELS. SEE GENERAL NOTES FOR JAMB STUDS AT BEARING WALL OPENINGS.
3. PROVIDE METAL HANGERS AT ALL FLUSH CONNECTIONS.
4. PROVIDE 3-2x10 WALL HEADER AT ALL EXTERIOR STUD WALL OPENINGS W/ 1/2" RIGID INSULATION FILLER - UNLESS NOTED OTHERWISE
5. ALL EXISTING FRAMING SHOWN IS ASSUMED. BEFORE NEW FRAMING IS DONE, THE CONTRACTOR IS TO EXPOSE THE EXISTING FRAMING FOR THE ARCHITECT/ENGINEER TO INSPECT. MODIFICATIONS TO FRAMING MAY BE MADE AFTER EXISTING CONDITIONS ARE KNOWN.

**REVISIONS**

NO.	DESCRIPTION

**ISSUE DATES:**

05-23-13 STRUCTURAL REVIEW  
09-06-13 PERMIT REVIEW

SCALE: 1/4"=1'-0"

FIRST FLOOR

**3.01**

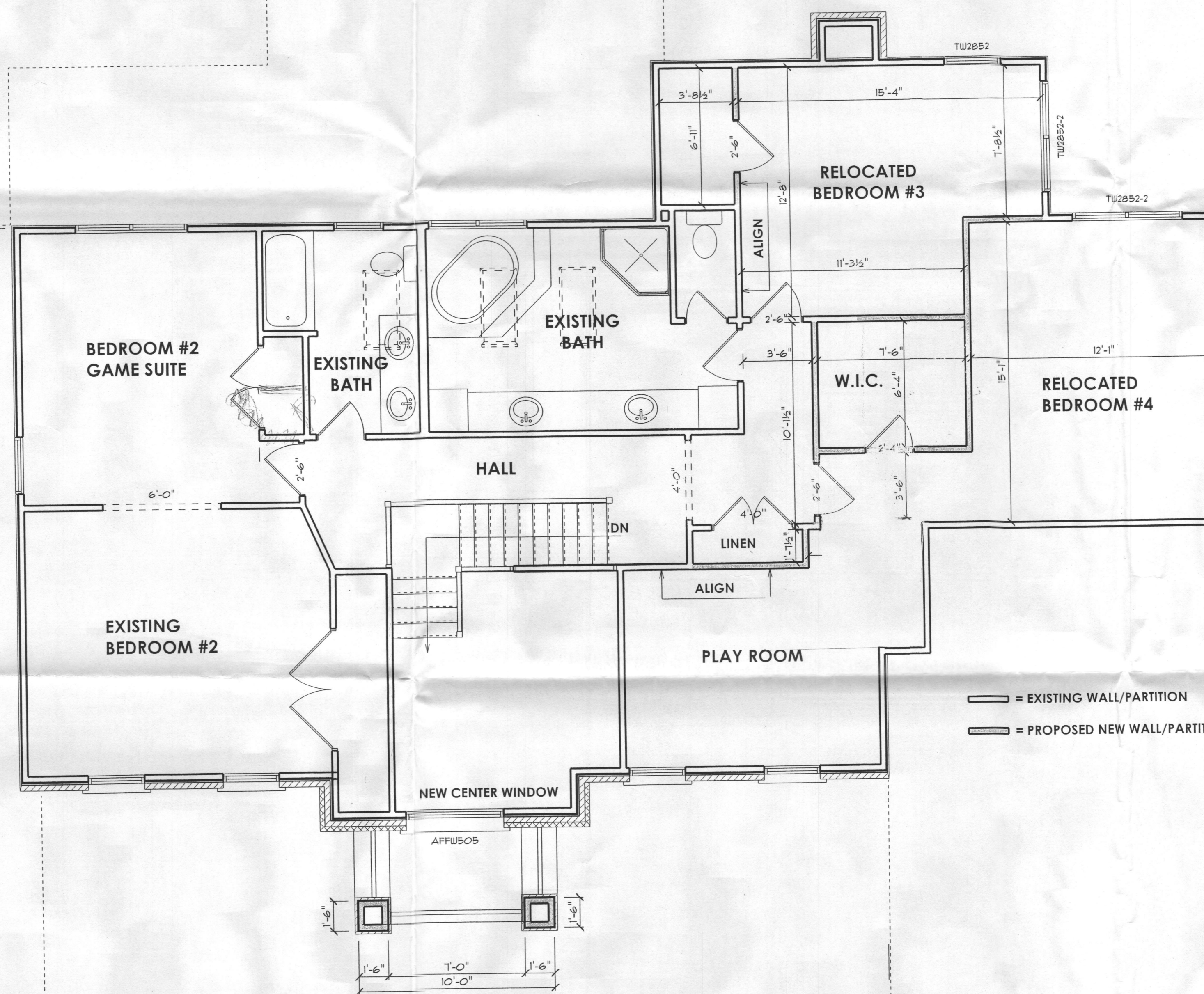
PRINT DATE: September 09, 2013

**VERIFY ALL DIMENSIONS IN FIELD**

TYPICAL HOUSE BOX - 2x6 EXTERIOR WALL  
TYPICAL METHOD OF WALL CONSTRUCTION - R602.10.5  
CONTINUOUS STRUCTURAL PANEL SHEATHING

— = EXISTING WALL/PARTITION  
— = PROPOSED NEW WALL/PARTITION

PROFESSIONAL CERTIFICATION  
I certify that these documents  
were prepared or approved  
by me, and that I am a duly  
licensed professional  
architect under the laws of the  
State of Maryland,  
License Number #14678  
Expiration Date: 6/30/2014.



**Frye Residence**

PROPOSED ADDITION  
3107 Ellerslie Court, Glenwood, Maryland 21738

REVISIONS

▲	
▲	
▲	
▲	
▲	
▲	
▲	
▲	

ISSUE DATES:  
 05-23-13 STRUCTURAL REVIEW  
 09-06-13 PERMIT REVIEW

SCALE: 1/4"=1'-0"  
**SECOND FLOOR**  
**3.03**  
 PRINT DATE:  
 September 09, 2013