

B00144887

Building Address 13334 Folly Quarter Rd  
Ellicott City MD 21042  
Suite/Apt. #: — SDP/WP/Petition #: —  
Census Tract 603000 Subdivision Zeller Property  
Section — Area — Lot 1  
Tax Map 22 Parcel 47 Grid 15  
Zoning RR Map Coordinates 9k10 Lot size —

Property Owner's Name "Gill" Samuel & Faith (Gawthrop)  
Address 13334 Folly Quarter Rd  
City Ellicott City State MD Zip Code 21042  
Home Phone 531-5534 Work Phone 410 977-5889  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone 410-977-5889 Fax 410 535 41169

Existing Use Single Family Home  
Proposed Use Single Family Home  
Estimated Construction Cost \$210,000/195,300  
Description of Work Remove Roof systems, Construct Addition, Install New Roof System Demo interior, install new int. finish

Contractor Company Gawthrop Construction  
Contact Person Gill Gawthrop  
Address 13334 Folly Quarter Rd  
City Ellicott City State MD Zip Code 21042  
License No. 46907  
Phone 410 977 5889 Fax 531-6693

Occupant or Tenant N/A  
Contact Name Gill Gawthrop  
Address Same  
City — State — Zip Code —  
Phone 410 977-5889 Fax (410) 531-6693

Engineer or Architect Company Adams & Mirza  
Contact Person Will Adams  
Address 1300 S. Pauline St.  
City Frederick State MD Zip Code 21704  
Phone 563-4131 Fax —

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"/> 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ 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 checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	State Certified Modular _____ Manufactured Home _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]  
Applicant's Signature  
President  
Title/Company

S. Gill Gawthrop III  
Print Name  
11/3/03  
Date

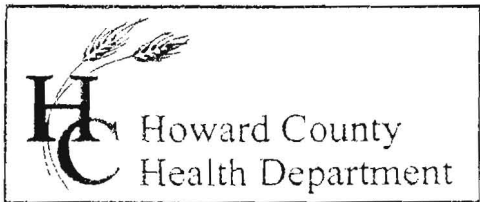
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front _____	7038
State Highways			Rear _____	Filing fee \$ <u>250</u>
Building Official			Side _____	Permit fee \$ _____
Dev Engineering DPZ			Side St _____	Excise tax \$ _____
Health	<u>12/1/03</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to resurfacing? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Check <u>2497</u>
				Validation <u>8499</u>





3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

November 24, 2003

MEMORANDUM

To: Samuel & Faith Gawthorp  
13334 Folly Quarter Road  
Ellicott City, MD 21042

From: John A. Boris, Jr., R.S.  
Well and Septic Program  
Development Coordination Section

Re: BP# B00144887  
13334 Folly Quarter Road

This office has recently received a copy of the above referenced building permit. However, we are unable to recommend approval at this time for the following reasons:

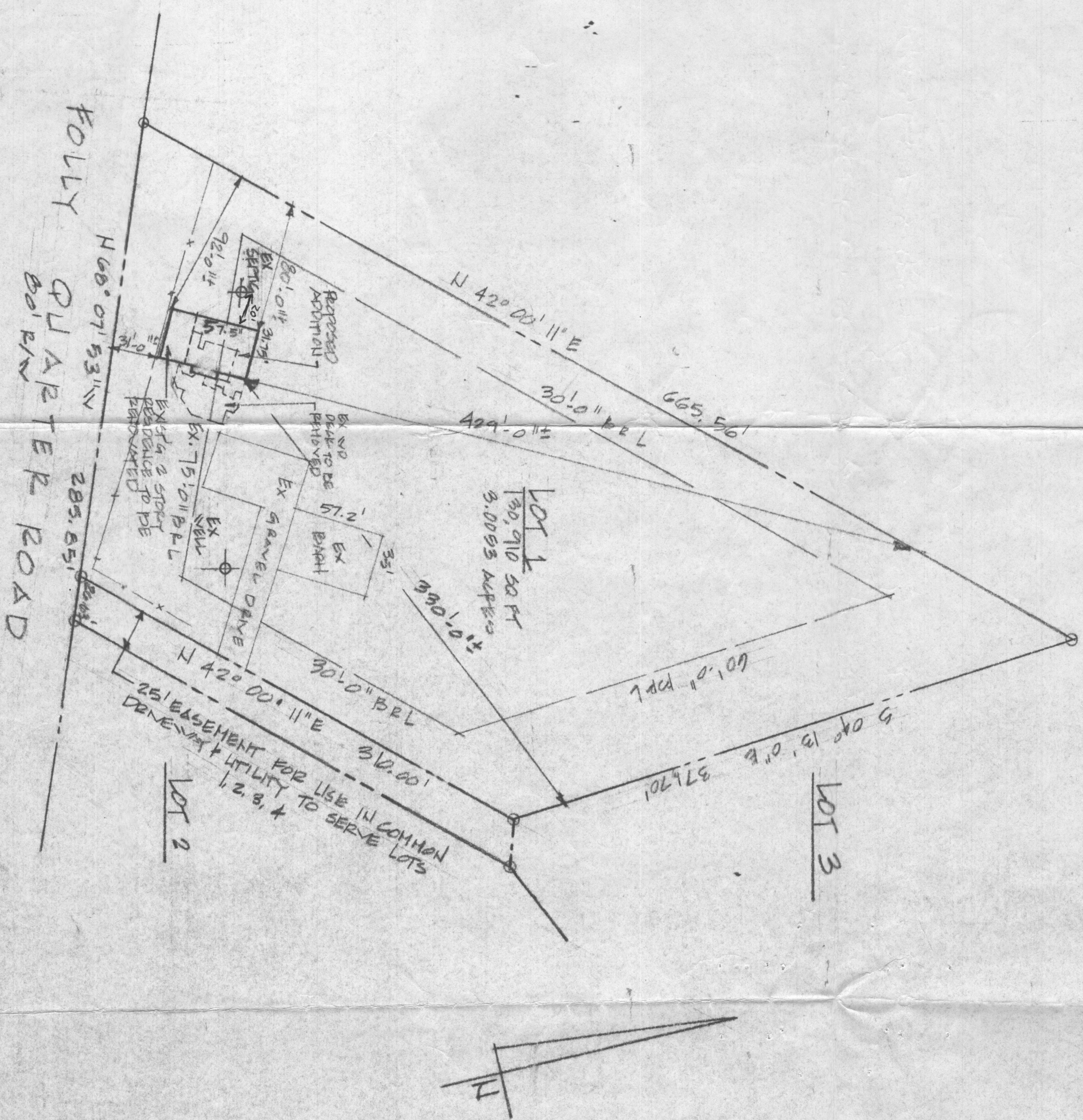
- The current tank shown will accommodate a 3-bedroom house. A new 1250-gallon must be installed prior to building permit sign-off to accommodate the increase in the number of bedrooms. A \$180.00 permit fee to pull the permit to install the tank will need to be received by this office prior to commencement of work.

The building permit will be approved once a contractor has pulled the permit and work has begun on the new tank installation. If you have any questions regarding the above corrections, please feel free to contact this agency at (410) 313-1771.

cc: Department of Inspections, Licenses, and Permits

File

JAB



SHEET 5-1 OF 7	SITE PLAN	SC: 1" = 60' 0"	24 MARCH 2003	PROJECT NUMBER GAW012901
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REVISIONS

RENOVATIONS AND ADDITION  
TO THE RESIDENCE OF  
GIL AND FAITH GAWTHROP

13334 FOLLY QUARTER ROAD  
ELLIGOTT CITY, MARYLAND 21042

3RD MD ELECTION DISTRICT

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