

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

2001154457 <sup>KTB</sup>

Building Address 12759 Folly Quarter Road  
EC 21042  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 60510 Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 10  
Tax Map 28 Parcel 231 Grid 6  
Zoning R-100 Map Coordinates 10C11 Lot size \_\_\_\_\_

Property Owner's Name Joe and Terri Panichello  
Address 12759 Folly Quarter Road  
City Ellicott City State MD Zip Code 21042  
Home Phone 410 531 3374 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
S+K Associates  
Phone 410-795-4400 Fax \_\_\_\_\_

Existing Use SFD  
Proposed Use \_\_\_\_\_  
Estimated Construction Cost \$ 34,000  
Description of Work add screen porch and  
100sq. ft. deck

Contractor Company S+K Assoc.  
Contact Person John Lawson  
Address 1341 W. Liberty Road  
City Sykesville State MD Zip Code 21784  
License No. 21080  
Phone 410-795-4400 Fax \_\_\_\_\_

Occupant or Tenant Joe and Terri Panichello  
Contact Name \_\_\_\_\_  
Address 12759 Folly Quarter Road  
City Ellicott City State MD Zip Code 21042  
Phone 410-531-3374 Fax \_\_\_\_\_

Engineer or Architect Company Symmetry First Architects  
Contact Person LLC  
Address 8600 Foundry St Box 2069  
City SAVAGE State MD Zip Code 20763  
Phone 240-568-0354 Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	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"/>
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: <u>N/A</u> <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 _____ 1st floor: _____ 2nd floor: _____ 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: _____ 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: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

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.

Applicant's Signature Mindy Lawson  
Title/Company S+K Associates

Print Name MINDY LAWSON  
Date 6-16-05

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

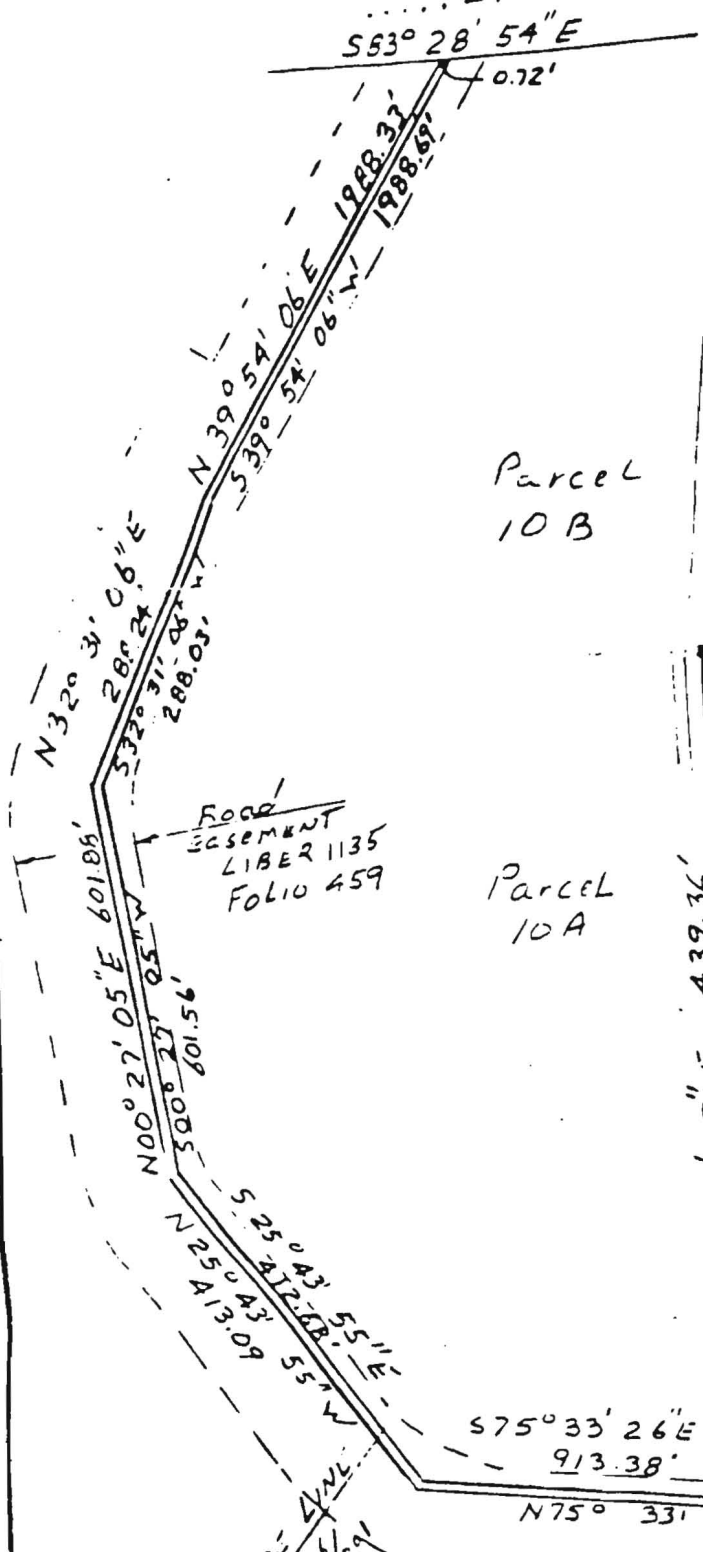
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highway		
Building Official		
Dev. Engineering DPZ		
Health	<u>8/16/05</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		
Distribution of Copies: White: Building Official Green: LDD, DPZ		

DPZ SETBACK INFORMATION	PROPERTY IDE
Front: _____	Filing fee \$ <u>5.00</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 New/Town Zone _____	Check <u>4021</u>
SDP/Red-line approval date _____	Validation \$ _____
Accepted by _____	

PANICHELLO

ROAD LIBER 1747 FOLIO 459 Exhibit "B"



8/16/05  
- Deck not getting any closer to already approved Decks.  
- new roof/screen  
20' DRIVE EASEMENT Deck ok (KJB)  
Parcel 17A3  
NO IMPACT  
- NO WALL ON SEPTIC  
3/6/86  
NOTE  
APPROX 12' from LEFT SIDE OF DECK to septic tank

Approved  
① [Signature]  
② [Signature]

PLAT OF SURVEY  
PARCEL 10D  
GLENELG MANOR II  
5th ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
SCALE 1"=100' DATE 4/10/84

NTT ASSOCIATES  
16205 OLD FREDERICK RD  
Mt Airy, Maryland 21771  
442-2031