

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B10003792

Building Address <u>11820 HOMEWOOD RD.</u> <u>ELICOTT CITY, MD 21042</u>	Property Owner's Name <u>THE ANACI REALTY TRUST</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>11820 HOMEWOOD RD.</u>
Census Tract _____ Subdivision <u>ELICOTT CITY</u>	City <u>ELICOTT CITY</u> State <u>MD</u> Zip Code <u>21042</u>
Section _____ Area <u>1</u> Lot _____	Home Phone _____ Work Phone _____
Tax Map <u>29</u> Parcel <u>307</u> Grid <u>2</u>	Applicant's Name & Mailing Address, (if other than stated hereon): <u>RENTALS BY PINECREST</u> <u>SPURGEON EISMAYER, JR.</u> <u>P.O. Box 4327</u> <u>ANNAPOLIS, MD 21403</u>
Zoning _____ Map Coordinates _____ Lot size <u>4.36 AC</u>	Phone <u>410-267-1914</u> Fax <u>410-341-5272</u>

Existing Use <u>SED</u>	Contractor Company <u>F.C. BATTON & SON INC.</u>
Proposed Use <u>SED</u>	Contact Person <u>RICK BATTON</u>
Estimated Construction Cost \$ <u>150,000.00</u>	Address <u>14015 MANOR ROAD</u>
Description of Work <u>CONSTRUCT A TWO-STORY W/2-LEVEL</u> <u>BASEMENT (28' x 44') W/1 BATHROOM & 2 BDRMS.</u>	City <u>FARMINGTON</u> State <u>MD</u> Zip Code <u>21114</u>
	License No. _____
	Phone <u>410-625-6710</u> Fax _____

Occupant or Tenant <u>TED STEWART</u>	Engineer or Architect Company <u>PENCA - BAILEY REALTY CO.</u>
Contact Name <u>TED STEWART</u>	Contact Person <u>LAUREN THUL PENCA</u>
Address <u>11820 HOMEWOOD RD.</u>	Address <u>401 WOODBOURNE AVE.</u>
City <u>ELICOTT CITY</u> State <u>MD</u> Zip Code <u>21042</u>	City <u>BALTIMORE</u> State <u>MD</u> Zip Code <u>21212</u>
Phone <u>410-492-5368</u> Fax _____	Phone <u>410-427-1217</u> Fax <u>410-427-6868</u>

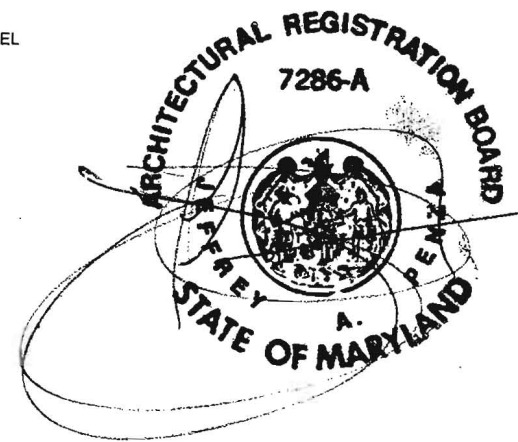
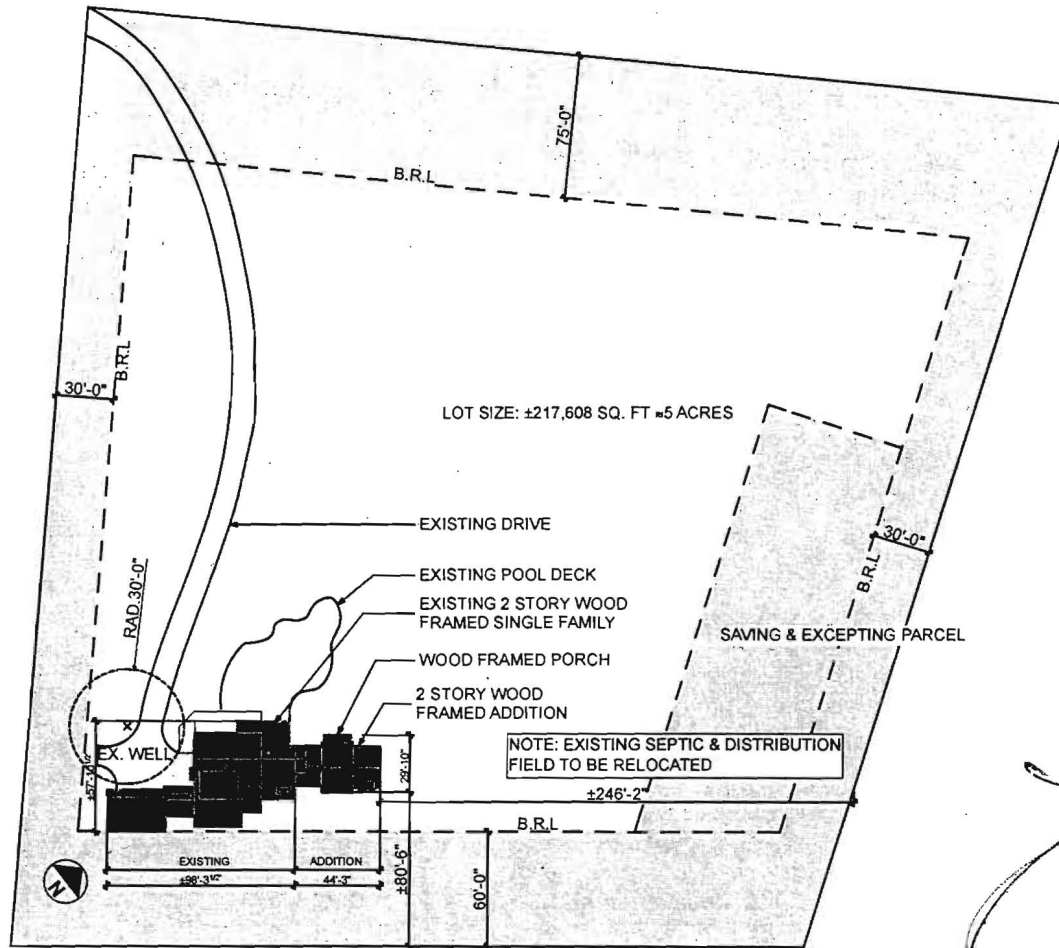
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>	Depth Width 1st floor: <u>24' x 44'</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: <u>12' x 34'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: <u>24' x 44'</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
<input type="checkbox"/> Reinforced Concrete	Natural Gas <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
<input type="checkbox"/> Structural Steel	Propane Gas <input type="checkbox"/>	No. of Bedrooms <u>1</u>	Propane Gas <input type="checkbox"/>
<input type="checkbox"/> Masonry	Sprinkler system: <u>N/A</u> <input type="checkbox"/>	Multi-family dwellings:	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
<input type="checkbox"/> Wood Frame	Full <input type="checkbox"/>	No. of efficiency units: _____	NFPA #13D _____
<input type="checkbox"/> State Certified Modular	Partial <input type="checkbox"/>	No. of 1 BR units: _____	NFPA #13R _____
	Other Suppression _____	No. of 2 BR units: _____	Other: _____
	# of Heads _____	No. of 3 BR units: _____	
		Other Structure: _____	
		Dimensions: _____	
		Footings: _____	
		Roof: _____	
		<input type="checkbox"/> State Certified Modular	
		<input type="checkbox"/> 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.

Applicant's Signature <u>[Signature]</u>	Print Name <u>SPURGEON R. EISMAYER, JR.</u>
Title/Company <u>RENTALS BY PINECREST (OWNER)</u>	Date <u>DECEMBER 7, 2010</u>

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#:
<u>Land Development, DPZ</u>			Front: _____	Filing fee \$ _____
<u>State Highways</u>			Rear: _____	Permit fee \$ _____
<u>Building Official</u>			Side: _____	Excise tax \$ _____
<u>Dev. Engineering, DPZ</u>			Side St.: _____	Add'l per. fee \$ _____
<u>Health</u>			All minimum setbacks met?	TOTAL FEES \$ _____
<u>Fire Protection</u>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>8247</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for NewTown Zone _____	
			SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>



1 SITE PLAN
SCALE: 1" = 100'



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PENZA + BAILEY
ARCHITECTS
401 Woodbourne Avenue
Baltimore, Maryland 21212
T 410-435-6677 | F 410-435-6868
www.PenzaBailey.com

PLANS REVIEW

STEWART RESIDENCE

11820 HOMEWOOD ROAD
ELLICOTT CITY, MARYLAND 21042

SITE PLAN

SCALE: AS SHOWN

DATE:

AS1-1

DEPT. 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**

B09002591
PERMIT NUMBER

Building Address 11820 Home wood Rd
Ellicott City MD

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name Ted Stewart
 Address 11820 Home wood Rd
 City Ellicott City State MD Zip Code _____
 Home Phone 240-667-7545 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone _____ Fax _____

Existing Use Deck
 Proposed Use Deck
 Estimated Construction Cost \$ 5000.00

Description of Work Extend/increase Deck
175 sq ft 6" x 12" w/ steps
Free Standing

Occupant or Tenant Ted Stewart

Contact Name Ted Stewart
 Address 11820 Home wood Rd
 City Ellicott City State MD Zip Code 21045
 Phone _____ Fax _____

Contractor Company Super Handyman LLC
 Contact Person John White
 Address 1255 Old Dewey Rd
 City Hermans State MD Zip Code 21077
 License No. 124679
 Phone _____ Fax _____

Engineer or Architect Company C W Architects Inc
 Contact Person Cliff
 Address 9200 Old Annapolis suite 203
 City Columbia State MD Zip Code 21045
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1 st floor: _____ 2 nd floor: _____ Basement: _____	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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	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"/>	No. of Bedrooms <u>9</u>	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 _____	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
		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.

Applicant's Signature John White Print Name John White
 Title/Company owner Super Handyman LLC Date 9/30/09

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

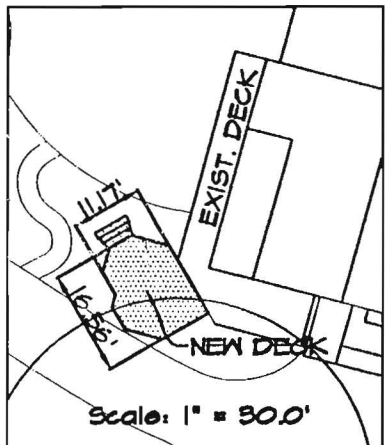
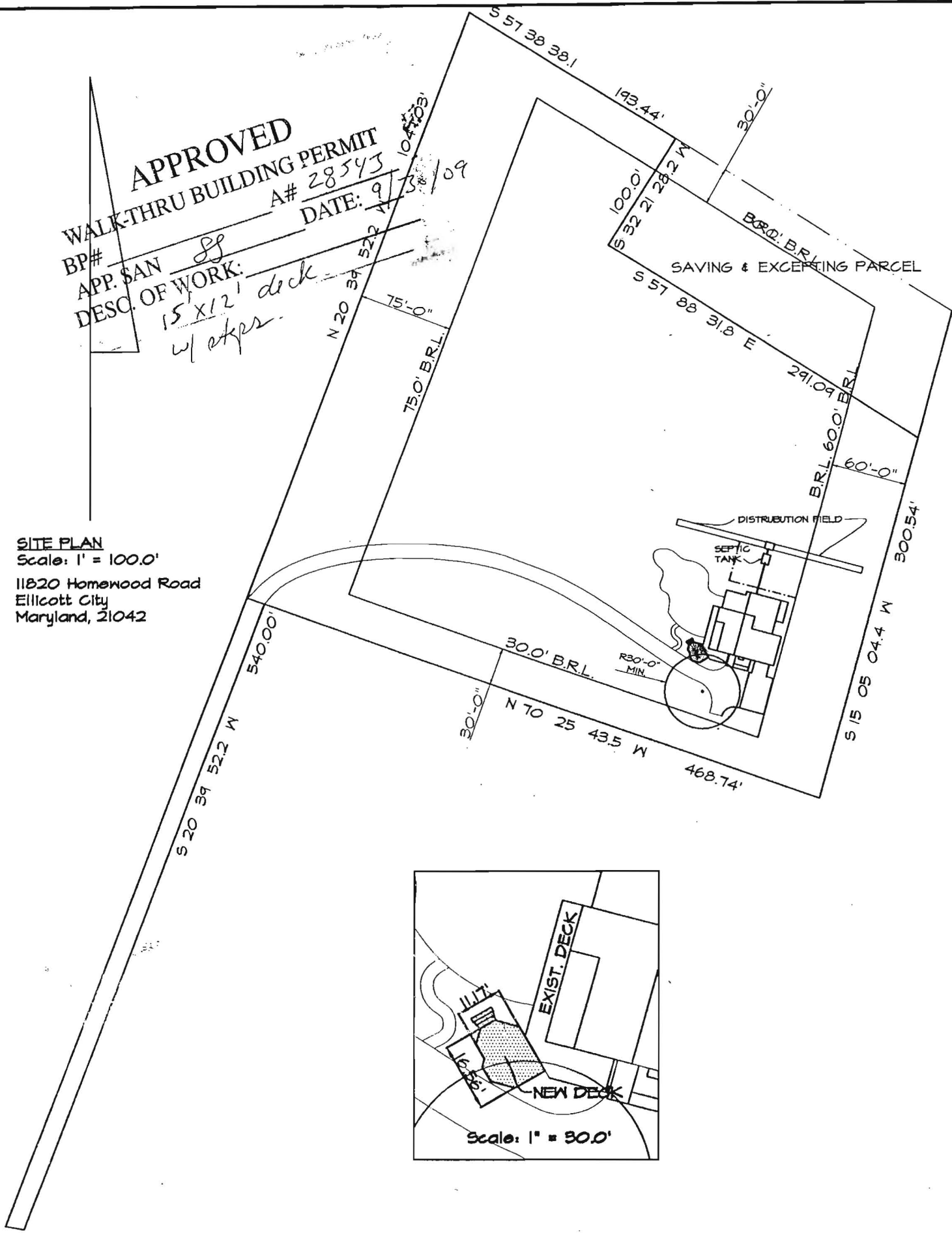
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Officials			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per fee \$ _____
Health <u>9/30/09</u>			All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>1337</u>
			Lot Coverage for New Town Zone _____	Validation # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by _____
ONE STOP SHOP: <input type="checkbox"/>				

Distribution of Copies: White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
 T:\Operations\Updated forms

APPROVED
WALK-THRU BUILDING PERMIT

BP# _____ A# 28543
 APP. SAN *SP* DATE: 9/13/09
 DESC. OF WORK: 15' x 12' deck w/ steps

SITE PLAN
 Scale: 1" = 100.0'
 11820 Homewood Road
 Ellicott City
 Maryland, 21042



26593

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2855 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER D06006424	
Building Address <u>11920 Howard Road</u> <u>Ellicott City, MD 21043</u>			Property Owner's Name <u>Ted & Janet</u>		
Suites/Apt. #: _____ SDP/WP/Petition #: _____			Address <u>1 Old Country Ct.</u>		
Census Tract _____ Subdivision _____			City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u>		
Section _____ Area _____ Lot _____			Home Phone _____ Work Phone <u>410-313-2707</u>		
Tax Map _____ Parcel _____ Grid _____			Applicant's Name & Mailing Address, (if other than stated hereon): _____		
Zoning _____ Map Coordinates _____ Lot size _____			Phone _____ Fax _____		
Existing Use _____ Proposed Use _____ Estimated Construction Cost \$ _____			Contractor Company <u>W.P. Construction</u>		
Description of Work <u>Addition of rear porch, deck, and landscaping, additional siding, and exterior lighting.</u>			Contact Person <u>John</u>		
Occupant or Tenant _____			Address <u>87-1 Eldin Han N.C.</u>		
Contact Name _____			City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u>		
Address _____			License No. _____		
City _____ State _____ Zip Code _____			Phone <u>410-313-2800</u> Fax _____		
Phone _____ Fax _____			Engineer or Architect Company _____		
Contact Name _____			Contact Person _____		
Address _____			Address _____		
City _____ State _____ Zip Code _____			City _____ State _____ Zip Code _____		
Phone _____ Fax _____			Phone _____ Fax _____		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	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"/>	Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	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"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	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 _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFFA #13D _____ NFFA #13R _____ Other: _____
State Certified Modular _____		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.

Applicant's Signature _____ Print Name John

Title/Company _____ 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 IDE	
Land Development, DPZ			Front: _____	Filing fee \$ _____	
State Highway			Rear: _____	Permit fee \$ _____	
Building Official			Side: _____	Excise tax \$ _____	
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____	
Health	<u>11/3/06</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____	
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____	
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>12</u>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____	
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____	

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

300156086

Building Address 11820 Homewood Rd
Ellicott City MD 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6051.01 Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 29 Parcel 307 Grid 2
 Zoning _____ Map Coordinates _____ Lot size 4.368 AC

Property Owner's Name Ted Stewart
 Address 9 Old Granary Ct
 City Catonville State MD Zip Code 21775
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
Mike Maher
 Phone _____ Fax _____

Existing Use Single Family Dwelling
 Proposed Use SAME
 Estimated Construction Cost \$ 75 K
 Description of Work Extend Living space over
garage (15x20) Enclose 2nd Floor
Deck as Living space (5x30'), Includes
New Mast Bed, 2 closets, 2 Mast Baths

Contractor Company Project Doctor Inc.
 Contact Person Mike Maher
 Address 10049 Waterford Dr
 City Ellicott City State MD Zip Code 21042
 License No. 45902
 Phone 410-207-5125 Fax 410-203-9368

Occupant or Tenant Ted Stewart + NO NEW
 Contact Name (Same as Owner) bedrooms
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company CW Architects
 Contact Person Cliff Walcott
 Address 9700 Old Annapolis Rd
 City Columbia State MD Zip Code 21045
 Phone 410-740-0634 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ _____ Public _____ Private
1st floor: _____ Depth _____ Width _____	Sewage Disposal: _____ _____ Public _____ Private
2nd floor: _____ Depth _____ Width _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Depth _____ Width _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other
No. of Bedrooms _____	
Height: <u>25'4"</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.

Project Doctor Inc
 Applicant's Signature
 Title/Company

Michael Maher
 Print Name
9/20/05
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ <u>75</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health <u>11/2/05</u>		<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # <u>3355</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Rad-line approval date _____	Validation # <u>95740</u>
Distribution of Copies: _____			Accepted by _____	
White: Building Official				
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
300/58837

Building Address 11820 Homewood Rd
Ellicott City, MD. 21042
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6032 Subdivision _____
Section _____ Area _____ Lot _____
Tax Map 29 Parcel 307 Grid 2
Zoning RC DED Map Coordinates 10H13 Lot size 4.368 acre

Property Owner's Name Ted Stewart
Address 9 Old Granary Court
City Catonsville State MD Zip Code 21228
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address (if other than stated hereon):
E. Walcott/CW Architects, Inc.
9200 Rt. 108, #205, Columbia, MD. 21045
Phone _____ Fax _____

Existing Use SFD detached
Proposed Use SFD detached
Estimated Construction Cost \$ 150,000
Description of Work Construction of 2-sty.
wood frame addition: 1 BR, full
finished basement

Contractor Company TBD
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant Ted Stewart
Contact Name Ted Stewart
Address 9 Old Granary Court
City Catonsville State MD Zip Code 21228
Phone _____ Fax _____

Engineer or Architect Company CW Architects, Inc.
Contact Person Clifford Walcott
Address 9200 Old Annapolis Rd., Suite 205
City Columbia State MD Zip Code 21045
Phone 410-740-0634 Fax 410-740-XXXX 0513

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	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 <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 _____ 1st floor: <u>37'5"</u> <u>40'</u> 2nd floor: <u>N/A</u> <u>N/A</u> Basement: <u>37'5"</u> <u>40'</u> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/> No. of Bedrooms <u>1</u> Height: <u>92'</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 <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" 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: N/A <input checked="" type="checkbox"/> NFA #13D _____ NFA #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 THERE TO; (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.

Clifford Walcott
Applicant's Signature
CW Architects
Title/Company

Clifford Walcott
Print Name
3/31/06
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 checked="" type="checkbox"/> State Highways			
<input checked="" type="checkbox"/> Building Official			
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			
<input checked="" type="checkbox"/> Health			
<input checked="" type="checkbox"/> Fire Protection			

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

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>1241</u>
SDP/Red-line approval date _____	Validation # <u>110829</u>

56166
Accepted by [Signature]

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300/58837

Building Address 11820 Homewood Rd
Ellicott City, MD. 21042

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

Census Tract 6232 Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 29 Parcel 307 Grid 2

Zoning RC DEP Map Coordinates 10A13 Lot size 4.368 acres

Property Owner's Name Ted Stewart

Address 9 Old Granary Court

City Catonsville State MD Zip Code 21228

Home Phone _____ Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
C. Walcott/CWA Architects
920 Old Annapolis Rd., Suite 203
Columbia, MD. 21045

Phone _____ Fax _____

Existing Use SFD detached

Proposed Use SFD detached

Estimated Construction Cost \$ 150,000

Description of Work Construction of 2-story
wood frame addition: 1 BR, full
finished basement

Contractor Company TBD

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant Ted Stewart

Contact Name Ted Stewart

Address 9 Old Granary Court

City Catonsville State MD Zip Code 21228

Phone _____ Fax _____

Engineer or Architect Company CWA Architects, Inc.

Contact Person Clifford Walcott

Address 920 Old Annapolis Rd., Suite 203

City Columbia State MD Zip Code 21045

Phone 410-740-0634 Fax 410-740-0753

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities

Water Supply:
 Public
 Private

Sewage Disposal:
 Public
 Private

Electric Yes No

Gas Yes No

Heating System:
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A

Full
 Partial
 Other Suppression
 # of Heads _____

Building Characteristics

SF Dwelling SF Townhouse

Depth _____ Width _____

1st floor: 57'5" 40'

2nd floor: N/A N/A

Basement: 57'5" 40'

Finished Basement Unfinished Basement

Crawl space Slab on Grade

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

Utilities

Water Supply:
 Public
 Private

Sewage Disposal:
 Public
 Private

Electric Yes No

Gas Yes No

Heating System:
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A

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.

Clifford Walcott
 Applicant's Signature
CWA Architects
 Title/Company

Clifford Walcott
 Print Name
3/21/06
 Date

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

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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>1241</u>
SDP/Red-line approval date _____	Validation # <u>110522</u>