

SRK

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
BO0133719

Building Address 44711 ILLICOTT ROAD
ELLCOTT CITY 21043
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 101101 Subdivision N/A
Section N/A Area N/A Lot N/A
Tax Map 31 Parcel 418 Grid 4
Zoning R5D Map Coordinates 17A1 Lot size 3.026 AC

Property Owner's Name BUSH, LEN + DONNA
Address 4806 BENSON AVE
City BALTO State MD Zip Code 21227
Home Phone _____ Work Phone 410-247-9970
Applicant's Name & Mailing Address, (if other than stated hereon):
PAUL J GORMAN
214 WASHINGTON AVE
TOWSON, MD 21204
Phone 410 832 7666 Fax 410 832 7668

Existing Use VACANT
Proposed Use SINGLE FAMILY DWELLING
Estimated Construction Cost \$ 250,000
Description of Work CONSTRUCT 2-STORY
SINGLE FAMILY DWELLING w/ BSMT
3 BEDRM / 2 1/2 BATH / 2 CAR GAR / 1 PP / 1 DECK

Contractor Company ANNALS DRAS CO
Contact Person MIKE ANNALS
Address TO BE DETERMINED
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant SAME 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: <u>2</u>	Sewage Disposal: _____ Public <input checked="" type="checkbox"/> Private <input 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: <u>CANCELLED</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 _____ <input checked="" type="checkbox"/> Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> 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 <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: <u>34'</u> <u>40'</u>	Sewage Disposal: _____ Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>
2nd floor: <u>34'</u> <u>20'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>6/24/03</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Dimensions: _____
No. of Bedrooms: <u>3</u>	Footings: _____
Multi-family dwellings: _____	Roof: _____
No. of efficiency units: _____	State Certified Modular _____
No. of 1 BR units: _____	Manufactured Home _____
No. of 2 BR units: _____	
No. of 3 BR units: _____	

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 Paul J. Gorman
Title/Company ARCHITECT

Print Name PAUL J. GORMAN
Date 10-16-01 12-26-01

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 Highways		
Building Official		
Dev. Engineering, DPZ		
Health		
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"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	<u>5 3125</u>
Rear: _____	Filing fee \$ <u>100.00</u>
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met?	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Historic District?	Check # <u>1329</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by _____




HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

January 2, 2002

MEMORANDUM

TO: Len Bush
4806 Benson Avenue
Baltimore, MD 21227

FROM: Mark Rifkin, R.S. 
Water and Sewerage Program

RE: 4471 Ilchester Road

The Howard County Health Department recommends issuance of the demolition permit for the foundation at the referenced property.

You have advised that the foundation is not known to be associated with a well or septic system. If any well or septic system is encountered during demolition, please contact this office.

MR

1:24.02

cc: Planning &
Zoning

HOWARD COUNTY
PERMITS & LICENSES

re: 4471 ILCHESTER ROAD

PERMIT NO. B00133719

re: DPZ
Health
Dept

NEW SINGLE FAMILY DWELLING

ATTACHED ARE 4 SITE PLANS (A-1) REVISED
PLANNING & ZONING REQUIRED THAT I
REVISE DRIVEWAY ENTRANCE LOCATION
& RESUBMIT SITE PLANS

Thank you

PAUL J. GORMAN, ARCHIT
214 WASHINGTON AVE
TOWSON, MD 21204

410-832-7666



DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS

J. Michael Evans, Director

CANCELLATION NOTICE

DATE: June 24, 2003

- (X) Department of Planning and Zoning
(X) Bureau of Engineering
(X) Health Department (Environmental)
() Inspectors: (Building)
() (Plumbing)
() (Electrical)
() (Fire)
(X) Licenses & Permit Division: (Building)
() (Plumbing)
() Tax Assessment Office
(X) Owner
(X) Division of Plan Review
() Construction Inspection Division
(X) Other Architect - Paul J. Gorman

RE: Cancellation and/or Expired Permit/Application

Permit Number Building #B00133719
Date of Issue Not Issued
Owner Len and Donna Bush
Location 4471 Ilchester Road, Ellicott City, MD
Description of Work For new single family dwelling.
Reason International Building Code, 2000 Edition - Suspensions of Permit

NOTE: Construction drawings will be held for ten (10) days at the Front Counter. If they are not picked up by then, they will be destroyed.

FROM: [Signature]

Chief, Licenses and Permit Division
Department of Inspections, Licenses and Permits
Phone Number (410) 313-2455

cancel/cwc