

30700 2463

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3401 COURT HOUSE DRIVE
PLAZA, 1ST CITY, MD 21086
PERMITS (410) 313-2101 INSPECTIONS (410) 313-1810
AUTOMATED PERMITTING (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B07002463

Building Address 11640 WYSE LANE
ELICOTT CITY, MD 21043
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 603000 Subdivision KINGS GIFT
Section N/11 Area _____ Lot 93
Tax Map 116 Parcel 337 Grid 9
Zoning R-12 Map Coordinates _____ Lot size 5.76 ACRES

Property Owner's Name KARISF KHAN
Address 14605 HYLTON ROAD
City LAVIAGE State MD Zip Code 20767
Home Phone 410 662 2410 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use VACANT
Proposed Use SFD
Estimated Construction Cost \$ 1,200,000
Description of Work NEW SINGLE FAMILY DWELLING

Contractor Company OWNER
Contact Person Ben
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone 443 310 1111 Fax _____

Occupant or Tenant N/A
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company OBL Custom Home Design
Contact Person WICHA LIHIO
Address P.O. BOX 937
City FINKSBURY State MD Zip Code 21045
Phone 410 333-6330 Fax 410 333-4706

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: _____
2nd floor: _____
Basement: _____
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 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.

Applicant's Signature _____
Title/Company _____

Print Name _____
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: _____ | Filing fee \$ _____ |
| State Highways | | | Rear: _____ | Permit fee \$ _____ |
| Building Official | | | Side: _____ | Excise tax \$ _____ |
| Dev. Engineering, DPZ | | | Side St: _____ | Add'l per. fee \$ _____ |
| Health | <u>7/27/07</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 # _____ |
| | | | Historic District? | Validation # _____ |
| | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| | | | Lot Coverage for NewTown Zone _____ | |
| | | | SDP/Red-line approval date _____ | Accepted by _____ |

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
T:\Home\PERMIT.FRM



DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS

J. Michael Evans, Director

CANCELLATION NOTICE

DATE: June 3, 2002

- (X) Department of Planning and Zoning
(X) Bureau of Engineering
(X) Health Department (Environmental)
() Inspectors: (Building)
() (Plumbing)
() (Electrical)
() (Fire)
() (HVAC)
(X) Licenses & Permit Division: (Building)
(X) (Plumbing)
() (Electrical)
() Tax Assessment Office
(X) Owner
(X) Division of Plan Review
(X) Construction Inspection Division
(X) Other Contractor-DP Construction, Inc.

RE: Cancellation and/or Expired Permit/Application

Permit Number B00122630
Date of Issue Not Issued
Owner Alonzo E. Franklin, Jr.
Location 2415 Thompson Drive, Ellicott City, MD 21042
Description of Work For a new single family dwelling
Reason Cancel this permit due to letter from owner.

FROM: [Signature]
Chief, Licenses and Permit Division
Department of Inspections, Licenses and Permits
Phone Number (410) 313-2455

cancel/c

Building Address 2415 Thompson Rd Dr
Ellicott City MD 21244

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

Census Tract 6033 Subdivision Kings Gift

Section 114 Area 114 Lot 22

Tax Map 16 Parcel 337 Grid 5

Zoning RC 105 Map Coordinates 11113 Lot size _____

Property Owner's Name Alvin E. Franklin Jr

Address 715 Babcock Way

City Crofton State MD Zip Code 21244

Home Phone 410 298 2777 Work Phone 410 298 2777

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone 410 298 2777 Fax 209 882-8253

Existing Use Vacant lot

Proposed Use 3 Bed/5 Bath Deck

Estimated Construction Cost \$ 200,000

Description of Work 3 Bed/5 Bath Deck

Contractor Company DP Construction Inc

Contact Person Isiah S. Pearson

Address 3514 Forest Park Ave

City Sealton State MD Zip Code 21156

License No. 21025

Phone 410 321-7051 Fax _____

Occupant or Tenant Alvin E. Franklin Jr

Contact Name Alvin E. Franklin Jr

Address Same as owner

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company Alvin E. Franklin Jr

Contact Person Sandy Trumbull

Address 300 N. Cannon Blvd

City Hamlet State NC Zip Code 28057

Phone 704 238-7868 Fax 704 238-0577

BUILDING DESCRIPTION - COMMERCIAL **BUILDING DESCRIPTION - RESIDENTIAL**

| Building Characteristics | Utilities |
|--|--|
| Height: _____ | Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private |
| No. of stories: _____ | Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> 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: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame | Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| <input type="checkbox"/> State Certified Modular | Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____ |

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

Title/Company _____

Print Name Alvin E. Franklin Jr

Date _____

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: _____ | Filing fee \$ _____ |
| Rear: _____ | Permit fee \$ _____ |
| Side: _____ | Excise tax \$ _____ |
| Side St.: _____ | Sub-total paid \$ _____ |
| All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> | Add'l permit fee \$ _____ |
| Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ _____ |
| Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | Balance due \$ _____ |
| Lot Coverage for New Town Zone _____ | Check # <u>302</u> |
| SDP/Red-line approval date _____ | Validation # _____ |
| Accepted by _____ | |

KINGS GIFT LOT NEW 22



DUG DEED
14 FT DEEP
ON 10/5/88
SANDY

Test by BH

