

DEPT. 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

B0900 2176  
PERMIT NUMBER

Building Address 12127 Fulton Ridge RD  
Fulton, MD 20759

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

Census Tract Subdivision Fulton Ridge

Section Area Lot 5

Tax Map 13 Parcel 2 Grid 13

Zoning Map Coordinates Lot Size

Existing Use Single Family Home

Proposed Use Single Family Home

Estimated Construction Cost \$ 300,000.00

Description of Work 1 single Family Home  
w/ 2 car Garage + Unfinished  
Basement

Occupant or Tenant

Contact Name Matthew Gagliardi

Address 1651 Crofton Blvd Suite 7

City Crofton State MD Zip Code 21114

Phone 301-261-0900 Fax 301-261-0946

Property Owner's Name Michael + Angela Plaisner

Address 8719 Clement Ct.

City Jessup State MD Zip Code 20794

Home Phone 301-776-9280 Work Phone

Applicant's Name & Mailing Address, (if other than stated herein):  
SHC Land Consultants Corp  
1651 Crofton Blvd. #7  
Crofton, MD 21114

Phone 301-261-0900 Fax 301-261-0946

Contractor Company SHC Land Consultants Corp

Contact Person Matthew Gagliardi

Address 1651 Crofton Blvd Suite 7

City Crofton State MD Zip Code 21114

License No.

Phone 301-261-0900 Fax 301-261-0946

Engineer or Architect Company Architecture Collaborative

Contact Person Dana Robins

Address 8334 Main Street

City Ellicott City State MD Zip Code 21043

Phone 410-485-7500 Fax 410-465-0403

**BUILDING DESCRIPTION - COMMERCIAL**

**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 DESCRIPTION - RESIDENTIAL**

**Building Characteristics**

SF Dwelling ☒ SF Townhouse ☐

Depth Width  
1st floor: 56 x 50

2nd floor:

Basement:

Finished Basement ☐ Unfinished Basement ☒ Crawl  
space ☐ Slab on Grade ☐

No. of Bedrooms 4

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:

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.

Applicant's Signature  
SHC Land Consultants Corp

Title/Company

Matthew Gagliardi  
Print Name  
8/24/09  
Date

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

**AGENCY**  
Land Development, DPZ  
State Highways  
Building Officials  
Dev. Engineering, DPZ  
Health  
Fire Protection

**DATE**  
9-23-09

**SIGNATURE APPROVAL**  
Dana Bernard

**DPZ SETBACK INFORMATION**  
Front:  
Rear:  
Side:  
Side St.:  
All minimum setbacks met?  
YES ☐ NO ☐

**PROPERTY ID #**  
Filing fee \$  
Permit fee \$  
Excise tax \$  
Add'l per fee \$  
TOTAL FEES \$  
Sub-total paid \$  
Balance due \$  
Check #  
Validation #

Is Sediment Control approval required prior to issuance?  
YES ☐ NO ☐

Is Entrance Permit Required?  
YES ☐ NO ☐

Historic District?  
YES ☐ NO ☐

Lot Coverage for New Town Zone  
SDP/Red-line approval date

Accepted by

CONTINGENCY CONSTRUCTION START: ☐  
ONE STOP SHOP: ☐

B11000870

Building Address: 12127 Fulton Ridge Drive  
Fulton MD

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 5

Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: Yard

Proposed Use: TV hardware

Estimated Construction Cost: \$ 14,000.00

Description of Work: Building a 22'4" x 14' deck  
off rear of house

Occupant or Tenant: \_\_\_\_\_

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Property Owner's Name: Michael Krainer

Address: 12127 Fulton Ridge Drive

City: Fulton State: MD Zip Code: \_\_\_\_\_

Home Phone: 301-774-9286 Work Phone: \_\_\_\_\_

Applicant's Name & Mailing Address, (If other than stated herein):  
Bill Shaffer / Decks Unlimited, LLC  
2591 Cross Country Drive / Westminster, MD

Phone: 410-206-8665 Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor Company: Decks Unlimited, LLC

Contact Person: Bill Shaffer

Address: 2591 Cross Country Drive

City: Westminster State: MD Zip Code: 21158

License No.: 94607

Phone: 410-206-8665 Fax: 410-346-6474

Email: dfs227@yahoo.com

Engineer/Architect Company: \_\_\_\_\_

Responsible Design Prof.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public <input type="checkbox"/> Private
1 <sup>st</sup> floor:	<input type="checkbox"/> Private
2 <sup>nd</sup> floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public <input type="checkbox"/> Private
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<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: William Shaffer Print Name: William Shaffer

Email Address: \_\_\_\_\_ Date: 3/31/11

Title/Company: Owner - Decks Unlimited, LLC

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	3/31/11	William Shaffer
Fire Protection		
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		
<input type="checkbox"/> ONE STOP SHOP		

**DPZ SETBACK INFORMATION**

Front: \_\_\_\_\_

Rear: \_\_\_\_\_

Side: \_\_\_\_\_

Side St.: \_\_\_\_\_

All minimum setbacks met? ☐ Yes ☐ No

Is Entrance Permit Required? ☐ Yes ☐ No

Historic District? ☐ Yes ☐ No

Lot Coverage for New Town Zone: \_\_\_\_\_

SDP/Red-line approval date: \_\_\_\_\_

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

FULTON RIDGE DRIVE







