

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

B07004609

Building Address 3928 College Ave
Ellicott City MD 21043
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel 02-285517 Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Gerald C. + Janet E Martin
 Address 3928 College Ave
 City ELLICOTT CITY State MD Zip Code 21043
 Home Phone 410 461 3001 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use Residential Single Family
 Proposed Use SAME
 Estimated Construction Cost \$ 17,000
 Description of Work Addition of Sunroom and deck and walkway

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

Occupant or Tenant Occupant
 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 DESCRIPTION - RESIDENTIAL

| 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"/> 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: N/A <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 _____ | Water Supply: _____ Public <input checked="" type="checkbox"/> Private _____ |
| 1st floor: <u>40' x 16' 4" x 10'</u> | Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> |
| 2nd floor: <u>NONE</u> | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Basement: <u>40' x 16' 4" x 7' x 10'</u> | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>1</u> | Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____ |
| 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: <u>Detached Garage</u> Dimensions: <u>20' x 20'</u> Footings: _____ Roof Height: <u>15'</u> |
| 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.

Gerald C. Martin Janet E. Martin
 Applicant's Signature

Gerald C. Martin + Janet E. Martin
 Print Name

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 Highways | | | Rear: _____ | Permit fee \$ _____ |
| Building Official | | | Side: _____ | Excise tax \$ _____ |
| Dev. Engineering, DPZ | | | Side St.: _____ | Add'l per. fee \$ _____ |
| Health | <u>11/13/07</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 \$ _____ |
| 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 | Lot Coverage for New/Town Zone _____ | Accepted by _____ |
| T:\name\PERMIT.FRM | | | SDP/Red-line approval date _____ | |
| | | | Yellow: DED, DPZ | |
| | | | Pink: Health | |
| | | | Gold: SHA | |



Account Identifier: District - 02 **Account Number -** 285517

Owner Information

| | | | |
|-------------------------|--|-----------------------------|----------------------|
| Owner Name: | MARTIN GERALD CLARENCE MARTIN JANET EASTON | Use: | RESIDENTIAL |
| Mailing Address: | 3928 COLLEGE AVE ELLCOTT CITY MD 21043-5502 | Principal Residence: | YES |
| | | Deed Reference: | 1) / 1143/ 243 2) |

Location & Structure Information

| | |
|--|---|
| Premises Address | Legal Description |
| 3928 W COLLEGE AVE ELLCOTT CITY 21043 | LOT 3 1.758 A 3928 COLLEGE AVE ELLCOTT CITY |

| | | | | | | | | | |
|------------|-------------|---------------|---------------------|--------------------|----------------|--------------|------------|------------------------|----------------------|
| Map | Grid | Parcel | Sub District | Subdivision | Section | Block | Lot | Assessment Area | Plat No: 5347 |
| 25 | 14 | 49 | | | | | 3 | 3 | Plat Ref: |

| | | |
|--------------------------|----------------------------------|---------------------|
| Special Tax Areas | Town Ad Valorem Tax Class | A/V, METRO FIRE TAX |
|--------------------------|----------------------------------|---------------------|

| | | | |
|--------------------------------|----------------------|---------------------------|-------------------|
| Primary Structure Built | Enclosed Area | Property Land Area | County Use |
| 1930 | 937 SF | 1.75 AC | |

| | | | |
|----------------|-----------------|---------------|-----------------|
| Stories | Basement | Type | Exterior |
| 1 | YES | STANDARD UNIT | FRAME |

Value Information

| | | | | |
|---------------------------|-------------------|--------------|-----------------------------|------------|
| | Base Value | Value | Phase-in Assessments | |
| | | As Of | As Of | As Of |
| | | 01/01/2006 | 07/01/2007 | 07/01/2008 |
| Land | 159,220 | 297,500 | | |
| Improvements: | 56,200 | 67,210 | | |
| Total: | 215,420 | 364,710 | 314,946 | 364,710 |
| Preferential Land: | 0 | 0 | 0 | 0 |

Transfer Information

| | | |
|-----------------------------------|---------------------------|------------------------|
| Seller: SWEARER DALE F | Date: 02/04/1983 | Price: \$72,000 |
| Type: IMPROVED ARMS-LENGTH | Deed1: / 1143/ 243 | Deed2: |
| Seller: | Date: | Price: |
| Type: | Deed1: | Deed2: |
| Seller: | Date: | Price: |
| Type: | Deed1: | Deed2: |

Exemption Information

| | | | |
|-----------------------------------|--------------|------------|------------|
| Partial Exempt Assessments | Class | 07/01/2007 | 07/01/2008 |
| County | 000 | 0 | 0 |
| State | 000 | 0 | 0 |
| Municipal | 000 | 0 | 0 |

| | |
|-----------------------|-------------------------------|
| Tax Exempt: NO | Special Tax Recapture: |
| Exempt Class: | * NONE * |