

Building Address 12207 Folly Road
ELLICOTT CITY, MD 21042

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot Size W/F

Existing Use SDP

Proposed Use SDP - Deck

Estimated Construction Cost \$ _____

Description of Work 16x16 FT DECK
WITH STAIRS

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name Robert A Phelps

Address 12207 Folly Road
ELLICOTT CITY, MD 21042

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

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

Home 410 988-9227
Cell 410 382-0030
Phone 410 796 2222 ex 410 796 1277

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

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

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Use group: _____	1 st floor: _____	2 nd floor: _____
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Basement: _____
	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 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"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	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: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
		Dimensions: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
		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 Robert A Phelps Print Name Robert A Phelps

Email Address Robert@Phelps12707.com

Date 8/30/11

Title/Company _____ Date _____

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

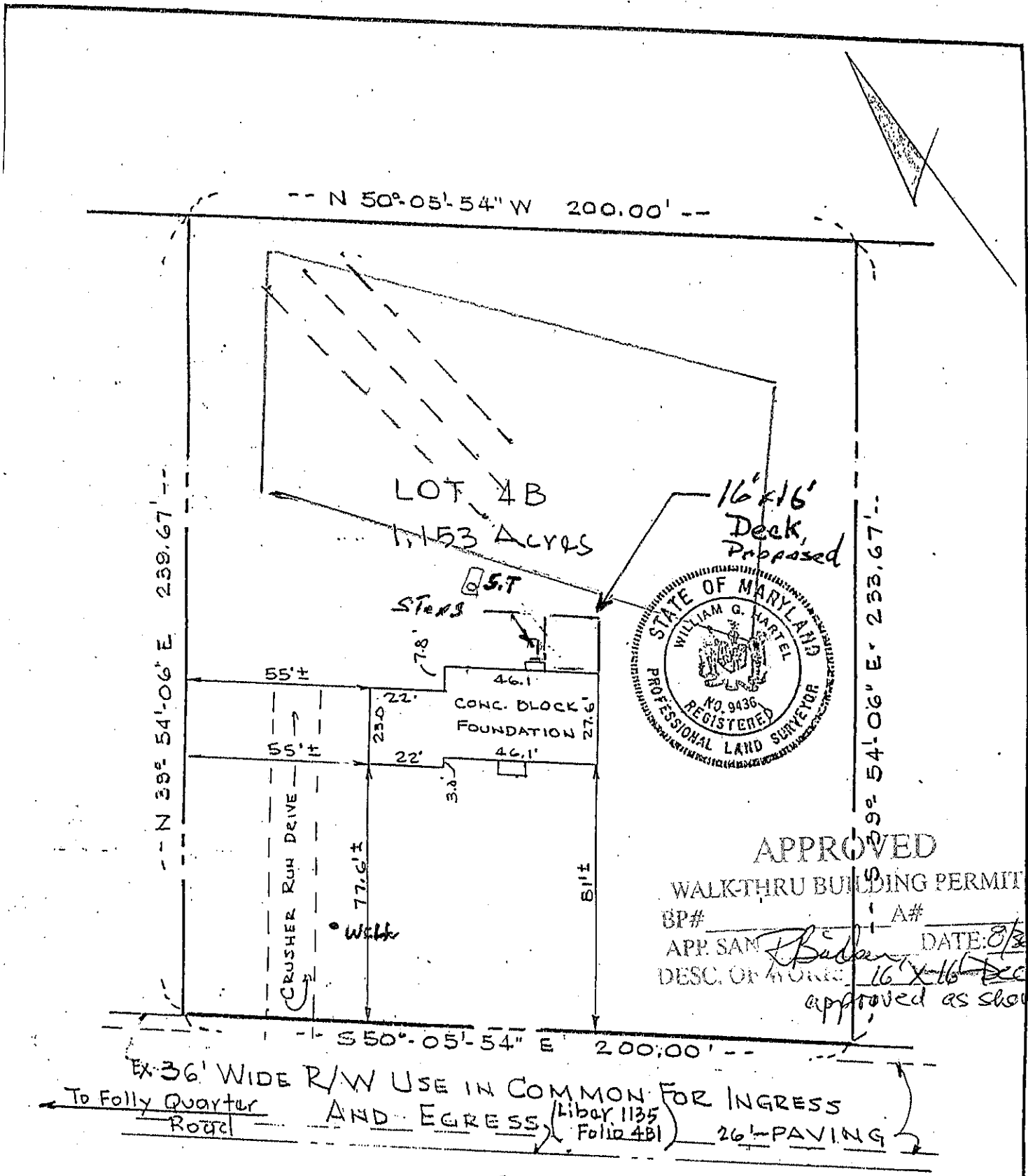
PLEASE WRITE NEATLY AND LEGIBLY

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE	APPROVAL	DEPT. 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					
Fire Protection					
Is Sediment Control approval required prior to issuance?	YES <input type="checkbox"/> NO <input type="checkbox"/>			All minimum setbacks met?	TOTAL FEES \$ _____
				YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
				Is Entrance Permit Required?	Balance due \$ _____
				YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
				Historic District?	Validation # _____
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				Lot Coverage for New Town Zone	
				SDP/Red-line approval date: _____	Accepted by: _____

CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SEA



PLAT REFERENCE: GLENELEG MANOR, SECTION 2

TITLE LOCATION SURVEY					THIS IS TO CERTIFY THAT WE HAVE CONDUCTED A LOCATION SURVEY OF THE IMPROVEMENTS AND THAT THEY ARE LOCATED AS SHOWN HEREON. <i>William G. Martel</i> SIGNATURE
PROJECT LOT 4B GLENELEG MANOR SEC. 2					
LOCATION FIFTH ELECTION DISTRICT, HOWARD CO., MD.					REG. NO. 9436 DATE 10-29-86
FIELD BOOK	PAGE NO.	DRAWN BY: <i>[Signature]</i>	CHECKED BY	DATE: 10-29-86	boender associates inc. consulting engineers land surveyors land planners COURT HOUSE SQUARE • ELLICOTT CITY, MD. 21043 (301) 486-7777
SCALE: 1" = 40'		JOB NO.: 86420			
THE INFORMATION ON THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS INDICATED HEREON ARE CONTAINED WITHIN THE CONFINES OF THE LOT UPON WHICH THEY ARE ERECTED. THIS PLAT IS NOT TO BE CONSTRUED AS, OR USED FOR THE ESTABLISHMENT OF PROPERTY LINES.					