

**HOWARD COUNTY
 PERMIT APPLICATION**

**B09002023
 PERMIT NUMBER**

Building Address 3124 ELLERSLIE CT.
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name THOMAS + CANTIA SCOLLITS
 Address 3124 ELLERSLIE CT.
 City GLENWOOD State MD Zip Code 21738
 Home Phone 410-489-0958 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein): _____
 Phone _____ Fax _____

Existing Use SEF
 Proposed Use SEF w/ DETACHED GARAGE
 Estimated Construction Cost \$ 20,000
 Description of Work 26x24 DETACHED GARAGE w/ SLOPED ROOF - CONCRETE PARCEL 13x18 13x12 ON REAR
 Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Contractor Company CREATION CONT.
 Contact Person ARTHUR CREATION
 Address 15024 KENWOOD ST.
 City WOODBINE State MD Zip Code 21797
 License No. 96369
 Phone 443-745-7512 Fax 410-489-0490
 Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: <u>10</u>	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: <u>664</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> 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 _____ Private <input checked="" type="checkbox"/>
Depth _____ Width <u>26x24</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1 st floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2 nd floor: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>0</u>	
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 _____	

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 [Signature]
 Title/Company OWNER

Print Name ARTHUR CREATION
 Date 8/21/09

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ 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 <u>9/21/2009</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? YES <input type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>2009</u>
ONE STOP SHOP: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Validation # _____
			SDP/Red-line approval date _____	Accepted by: <u>[Signature]</u>

FLOOD NOTE: THIS LAND IS SITUATED IN ZONE "C". ZONE "C" IS NOT SUBJECT TO FLOODING AS SHOWN ON FIRM/HUD.



NOTE:
 1. NO TITLE REPORT FURNISHED
 2. THIS PLAT IS NOT TO BE USED FOR CONSTRUCTION OF FENCE

SURVEYOR'S CERTIFICATE
 I hereby certify that the position of all existing improvements on the above-described property have been carefully established by a transit-tape survey and that unless otherwise shown, there are no encroachments.

Daniel P. Lavelle
 Daniel P. Lavelle R.L.S. No. 10848

CEB ASSOCIATES, INC.
 ENGINEERS • PLANNERS • SURVEYORS

18223-A FLOWER HILL WAY GAITHERSBURG, MD 20879 301-990-0525 • WASH. 948-0439
 201-B BROADWAY STREET FREDERICK, MD 21701 831-4510 • 895-9722

REFERENCE	Drawn by: <i>CS</i>	Checked by: <i>CB</i>
P.B.	Date: Nov. 1990	File no
Plat No. 8488	Scale: 1"=100'	89-036

