

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

BO1003977

Building Address 11790 Farside Road
Ellicott City, MD 21042
 Suite/Apt. #: _____ SDPWP/Petition #: _____
 Census Tract _____ Subdivision Farside
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Mr. & Mrs. Joseph Sclafani
 Address 11790 Farside Road
 City Ellicott City State MD Zip Code 21042
 Home Phone 443-253-9164 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
Martin J. Niessner, Sr.
4839 Rollintop Road, E.C. MD 21043
 Phone 410-465-0435 Fax 410-461-8390

Existing Use SFD
 Proposed Use SFD
 Estimated Construction Cost \$ 7,000.00
 Description of Work Finish game room and hallway in
basement, approx. 12 s.f. Stud walls, insulate
and drywall.

Contractor Company Martin J. Niessner Const. Inc.
 Contact Person Martin J. Niessner, Sr.
 Address 4839 Rollintop Road
 City Ellicott City State MD Zip Code 21043
 License No. 9080
 Phone 410-465-0435 Fax 410-461-8390

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

Engineer or Architect Company n/a
 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"/>
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: <u>N/A</u> <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: _____	Sewage Disposal: _____ _____ Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" 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"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <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: _____	
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.

Martin J. Niessner
 Applicant's Signature
 President
 Title/Company

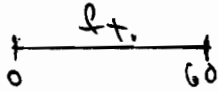
Martin J. Niessner, Sr.
 Print Name
9-27-07
 Date

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	<u>9/24/2007</u>	<i>R. Buel</i>
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.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____
	Accepted by _____

Scale: 1" = 60'



11790 Farside Road

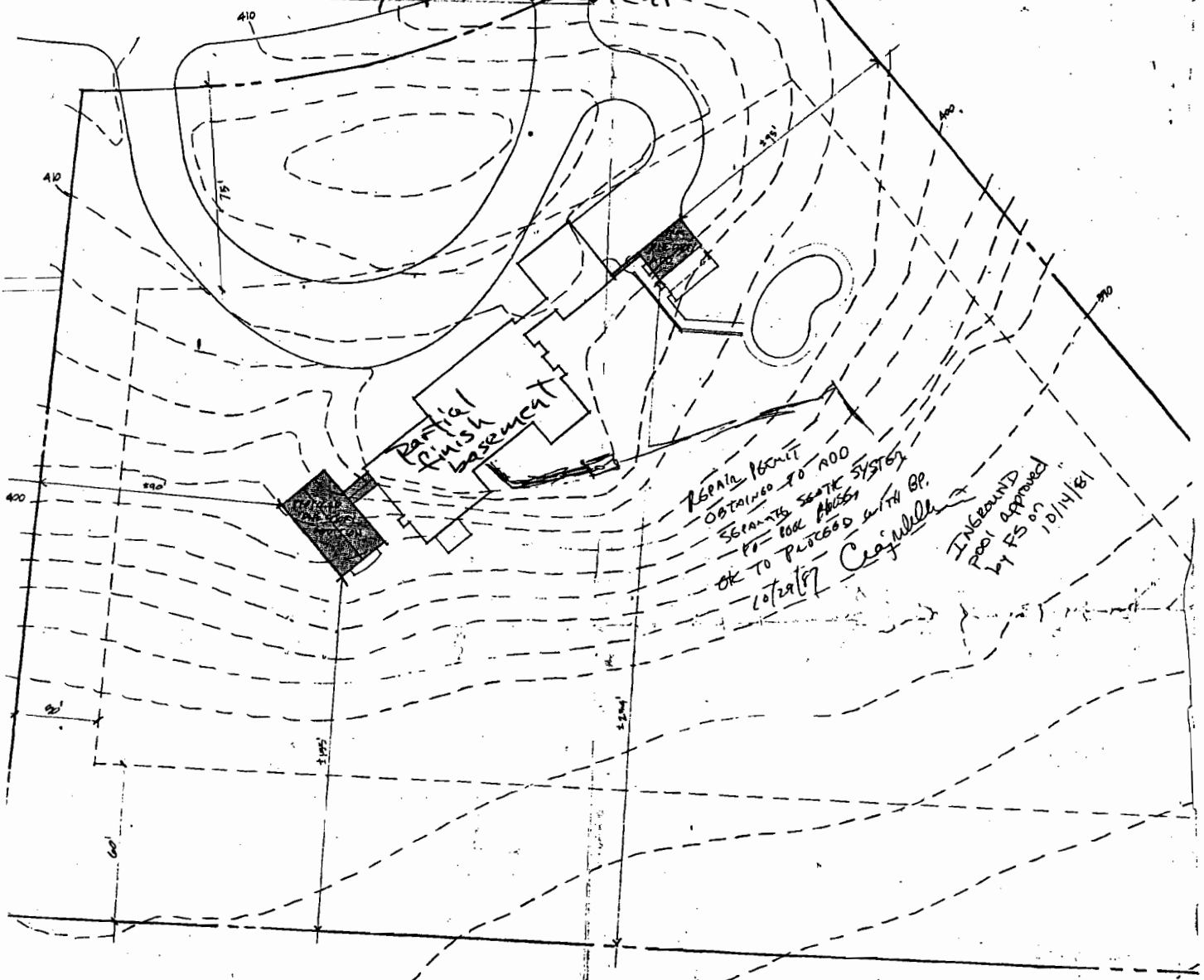
APPROVED

WALK-THRU BUILDING PERMIT

BP# B07003977 A#

APP. SAN P. Bush DATE: 9/29/2007

DESC. OF WORK: Finish game room and hallway in basement



REPAIR PERMIT
OBTAINED TO ADD
SEPARATE SEWER SYSTEM
FOR 100' ABS
OK TO PROCEED WITH BP.
Lot 12177 Craig Miller

INGROUND
POOL APPROVED
BY FS ON
10/14/01