

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER  
B00159038

Building Address 12633 Fawn Run Court  
Ellicott City, MD 21042

Suite/Apt. #: \_\_\_\_\_ SDPWP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision Triadelphia Woods

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

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

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Bob & Nancy Kipke

Address 12633 Fawn Run Court

City Ellicott City State MD Zip Code 21042

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

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

Existing Use Single Family Home

Proposed Use \_\_\_\_\_

Estimated Construction Cost \$ 65,000.00

Description of Work 160 SF Addition to the Kitchen supported by Post and Pier  
440 SF Deck supported by Post & Pier

Contractor Company Maguire Building & Remodeling

Contact Person James Maguire

Address 7124 Carme Rd.

City Sykesville State MD Zip Code 21787

License No 40471

Phone 301-520-7251 Fax 410

Occupant or Tenant Bob & Nancy Kipke

Contact Name James Maguire

Address 7124 Carme Rd.

City Sykesville State MD Zip Code 21787

Phone 301-520-7251 Fax 410 549-8868

Engineer or Architect Company BRIAN K MICHAEL Co

Contact Person BRIAN K MICHAEL

Address 14855 TRIADELPHIA RD

City GLENELG State MD Zip Code 21787

Phone 410-489-2614 Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: <u>75+</u> <u>24.5+</u> 2nd floor: _____	Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____ Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	No. of Bedrooms: _____
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Height: _____	Multi-family dwellings: _____
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	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.

James F. Maguire  
Applicant's Signature  
Maguire Building & Remodeling #40471  
Title/Company

James F. Maguire  
Print Name  
April 13, 2006  
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 ID#:
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			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 -			Lot Coverage for NewTown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

APPROVED

WALKTHRU BUILDING PERMIT

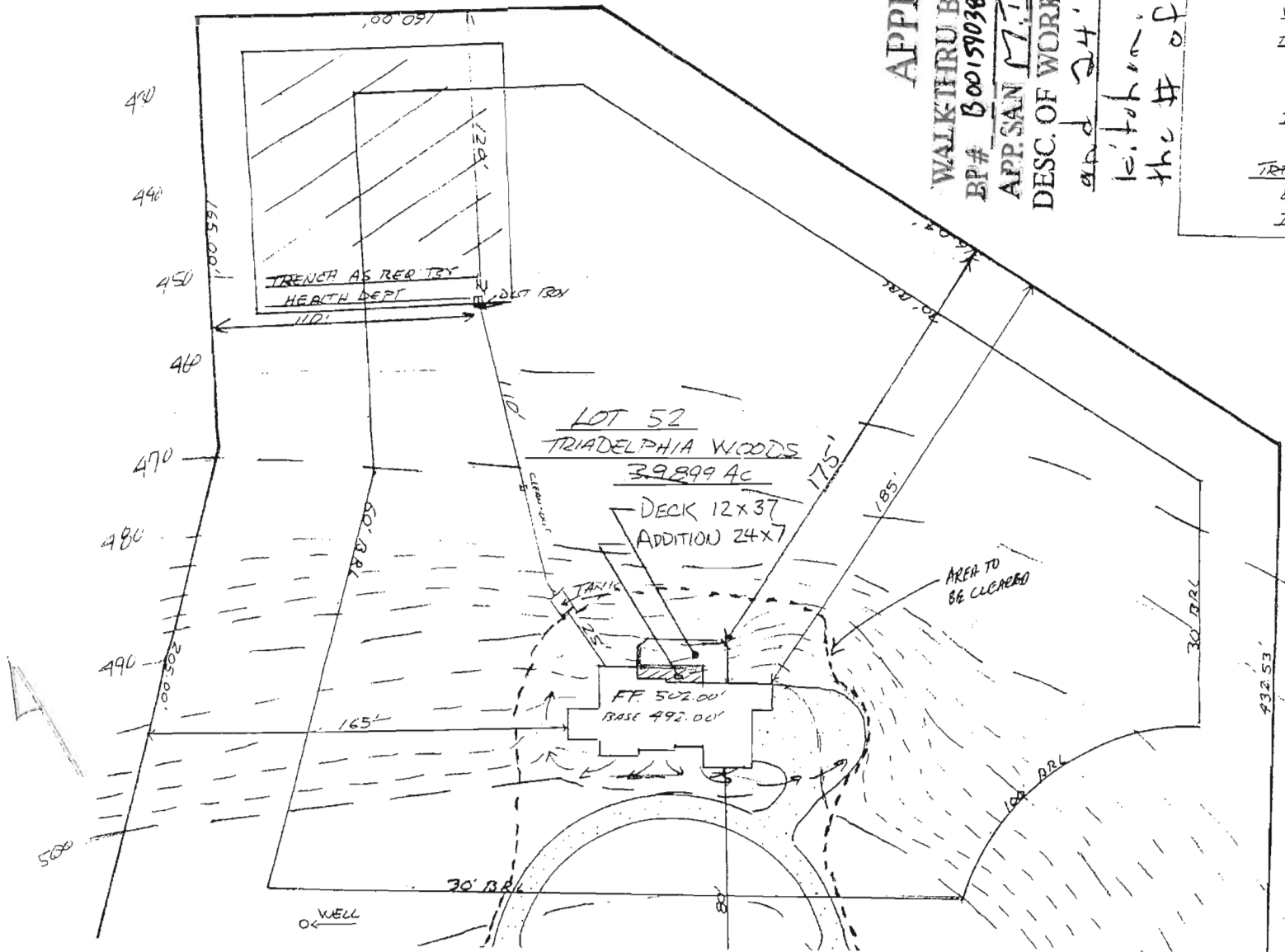
BP# B00159038

A# 38409

APPLICANT M.T. Davis DATE: 1/15/06

DESC. OF WORK: 12' x 37' deck to  
and 24' x 7' addition to  
kitchen. No increase in  
the # of bedrooms.

ELEVATIONS	
WELL	506.00'
TANK	
EX GR	488.00'
FIN GR	488.00'
INV IN	486.00'
INV OUT	485.80'
TRANCH	
EX GR	457.00'
INV IN	451.00'



REVISED plot  
 12-23-92  
 12-6-93 Paul R  
 Comments: 2834  
 Change lines  
 + one

1" = 60'

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**0300159038**

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Ellicott City, MD 21042  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: #7739  
Census Tract 603000 Subdivision Triadelphia Woods  
Section 1 Area 1 Lot 52  
Tax Map 2A Parcel 528 Grid 6  
Zoning RR-DP Map Coordinates 1007 Lot size 3.98A

Property Owner's Name Bob & Nancy Kipke  
Address 12633 Fawn Run Court  
City Ellicott City State MD Zip Code 21042  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
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Phone \_\_\_\_\_ Fax \_\_\_\_\_

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Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>75+</u> Width <u>24.5+</u> 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ 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 <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> NFA #13D <input type="checkbox"/> NFA #13R <input type="checkbox"/> Other: _____

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AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official	<u>4/13/06</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>4/13/06</u>	<u>[Signature]</u>
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 FEE
Front: _____	Filing fee \$ <u>25</u>
Rear: _____	Permit fee \$ <u>29</u>
Side: _____	Excise tax \$ <u>128</u>
Side St.: _____	Add'l per. fee \$ <u>3</u>
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>165</u>
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 \$ <u>350</u>
Lot Coverage for NewTown Zone _____	Check # <u>10526</u>
SDP/Red-line approval date _____	Validation # _____