

Building Address 6426 Elibank Road
Elkridge, MD 21075

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

Census Tract 6011.01 Subdivision Belmont

Section _____ Area _____ Lot _____

Tax Map 32 Parcel 110 Grid 20

Zoning R-ED Map Coordinates 1776 Lot size _____

Property Owner's Name Clinton Benjamin Routh
 Address 6426 Elibank Road
 City Elkridge State MD Zip Code 21075
 Home Phone 410-379-5494 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
Martin J. Niessner Const. Inc.
4839 Rollingtop Road
Ellicott City, MD 21043
 Phone 410-465-0435 Fax 410-461-8390

Existing Use SFD
 Proposed Use SFD/add
 Estimated Construction Cost \$ 31,000.00

Description of Work Build 30' x 65'8" second
Master bed with Bath & Rec Room, 2nd FLOOR
addition over existing 28' x 65'8"
rancher with 2' cantilever on front of
house.

Contractor Company Martin J. Niessner Const. Inc.
 Contact Person Martin J. Niessner, Sr.
 Address 4839 Rollingtop 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 - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>28'</u> Width <u>65'8"</u> 1st floor: _____ 2nd floor: <u>30'</u> <u>65'8"</u>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	Basement: <u>Existing</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>1</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> 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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Other Structure: _____ Dimensions: _____ Footings: <u>n/a</u> Roof: <u>gable-truss</u>	Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

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 Martin J. Niessner, Sr. Print Name Martin J. Niessner, Sr.
 President Martin J. Niessner Const. Inc. 7-19-01

Title/Company _____ Date _____
 Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE	REMARKS	DATE SETBACK INFORMATION	PROPERTY ID
Land Development DPZ				Front	1780
Public Works				Rear	
Building Dept				Side	
Fire/Prevention DPZ				Side St	
Public Works				All minimum setbacks met	
Fire/Prevention				YES () NO (X)	
Sanitation Control (required prior to issuance)				If Entrance Permit required	
YES () NO (X)				YES () NO (X)	
CONTINGENCY CONSTRUCTION START				YES () NO (X)	
ONE STOP SHOP				Lot Coverage for New Town Zone	
				SDP/Red-line approval date	Accepted by

Distribution of Copies: White: Building Official, Green: LDD/DPZ, Yellow: DEB/DPZ, Pink: Public, Green: S&A

Form 6 PERMFORM Rev. 5/17/00