

Walk-Through

14 DEPARTMENT OF INSPECTIONS, FACTORYS AND PLANTS  
3400 CORNELL HOUSE DRIVE  
FELLS POINT CITY, MD 21043  
PERMITS (410) 313-2655 INSPECTIONS (410) 313-1610  
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER  
B09002996

Building Address 12733 Folly Quarter Rd  
Ellicott City, MD 21042  
Suite/Apt. #: \_\_\_\_\_ SDP/NWP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name J.P. + Lisa Parisian  
Address 12733 Folly Quarter Rd  
City Ellicott City State MD Zip Code 21042  
Home Phone 410-531-7059 Work Phone 301-380-3959  
Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
Proposed Use SFD  
Estimated Construction Cost \$ 10,000  
Description of Work Replace existing deck with  
new deck, 18'x4', composite  
decking 18x12

Contractor Company Serenity Home Improvements  
Contact Person Patrick Dorman  
Address 15528 Cottail Oaks  
City Glenwood State MD Zip Code 21738  
License No. 132677  
Phone 410-489-6200 Fax 410-489-3892

Occupant or Tenant OWNER  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

**Building Characteristics**  
Height: \_\_\_\_\_  
No. of stories: \_\_\_\_\_  
Gross area, sq. ft. per floor: \_\_\_\_\_  
Use group: \_\_\_\_\_  
Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

**Utilities**  
Water Supply:  
 Public  
 Private  
Sewage Disposal:  
 Public  
 Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system: N/A   
 Full  
 Partial  
 Other Suppression  
 # of Heads

**Building Characteristics**  
SF Dwelling  SF Townhouse   
Depth \_\_\_\_\_ Width \_\_\_\_\_  
1st floor: \_\_\_\_\_  
2nd floor: \_\_\_\_\_  
Basement: \_\_\_\_\_  
Finished Basement  Unfinished Basement   
Crawl space  Slab on Grade   
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: Deck  
Dimensions: 18x12  
Footings: \_\_\_\_\_  
Roof Height: \_\_\_\_\_  
 State Certified Modular  
 Manufactured Home

**Utilities**  
Water Supply:  
 Public  
 Private  
Sewage Disposal:  
 Public  
 Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system: N/A   
 NFPA #13D  
 NFPA #13R  
 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.

Patrick Dorman  
Applicant's Signature  
Title/Company \_\_\_\_\_

Patrick Dorman  
Print Name  
11/5/09  
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 11-5-09 Dana Bernhard  
Fire Protection  
Is Sediment Control approval required prior to issuance?  
YES  NO   
CONTINGENCY CONSTRUCTION START   
ONE STOP SHOP

DPZ SETBACK INFORMATION  
Front: \_\_\_\_\_ Filing fee \$ \_\_\_\_\_  
Rear: \_\_\_\_\_ Permit fee \$ \_\_\_\_\_  
Side: \_\_\_\_\_ Excise tax \$ \_\_\_\_\_  
Side St. \_\_\_\_\_ Add'l per. fee \$ \_\_\_\_\_  
All minimum setbacks met? YES  NO  TOTAL FEES \$ \_\_\_\_\_  
Is Entrance Permit required? YES  NO  Sub-total paid \$ \_\_\_\_\_  
Historic District? YES  NO  Balance due \$ \_\_\_\_\_  
Lot Coverage for NewTown Zone \_\_\_\_\_ Check # \_\_\_\_\_  
SDP/Red-line approval date \_\_\_\_\_ Validation # \_\_\_\_\_

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA  
T:\forms\PERMIT.FRM Accepted by \_\_\_\_\_  
Rev. 11/4/04

