

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2495 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER 808001878
Building Address <u>12845 FOLLY QUARTER RD.</u> <u>ELLICOTT CITY, MD 21042.</u>		Property Owner's Name <u>Jacob & Riva Heletz</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>Stenely Manor S2A2</u> Section _____ Area _____ Lot _____ Tax Map _____ Parcel <u>26D</u> Grid _____ Zoning _____ Map Coordinates _____ Lot size _____		Address <u>12845 Folly Quarter Rd.</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u> Phone <u>410-531-1234</u> Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): Phone _____ Fax _____	
Existing Use <u>Residence</u> Proposed Use <u>residence</u> Estimated Construction Cost \$ <u>50,000</u> Description of Work <u>remodeling / interior</u> <u>remodeling bathrooms, enlarging</u> <u>bathroom on 1st floor, enlarging opening</u> <u>between dining room & living room.</u>		Contractor Company <u>Crouse plumbing & heating</u> Contact Person <u>Robert Hofstetter</u> Address <u>P.O. Box 1666</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21041</u> License No. _____ Phone <u>410-465-1110</u> Fax <u>410-465-1902</u>	
Occupant or Tenant <u>add 30x12 deck expansion</u> <u>& 48x3 deck expansion</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u> 1st floor: _____ 2nd floor: _____ Basement: <input type="checkbox"/> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home <u>2000'</u>	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> Sprinkler system: N/A <input 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 S. Heletz / R. Heletz Print Name JACOB HELETZ / RIVA HELETZ
 Title/Company _____ Date 6/24/08

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 \$ <u>25.00</u>
State Highways			Rear: _____	Permit fee \$ <u>50.00</u>
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ <u>5.00</u>
Health	<u>6/25/08</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ <u>80.00</u>
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 # <u>810</u>
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: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for New Town Zone _____	
T:forms/PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____

