

Building Address 9330 Furrow Ave  
Ellicott City, MD 21043

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6021 Subdivision M7 Helbron

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 4

Tax Map 17 Parcel 578 Grid 10

Zoning R20 Map Coordinates 12A2 Lot size \_\_\_\_\_

Existing Use Single family home

Proposed Use bedroom / office for same

Estimated Construction Cost \$ 1200

Description of Work add 2 non supporting walls  
and doors, doors - ~~interior~~  
1 Bedroom / office

Occupant or Tenant Greg Wenzel (owner)

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Property Owner's Name Greg Wenzel

Address 9330 Furrow Ave

City Ellicott City State MD Zip Code 21043

Home Phone 410-750-7777 Work Phone 410-338-4409

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

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

Contractor Company N/A Owner

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. \_\_\_\_\_

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>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>	1st floor: _____	Sewage Disposal: _____ Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> <u>John</u>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	No. of Bedrooms _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
		Multi-family dwellings: No. of efficiency units: <u>N/A</u> No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

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.

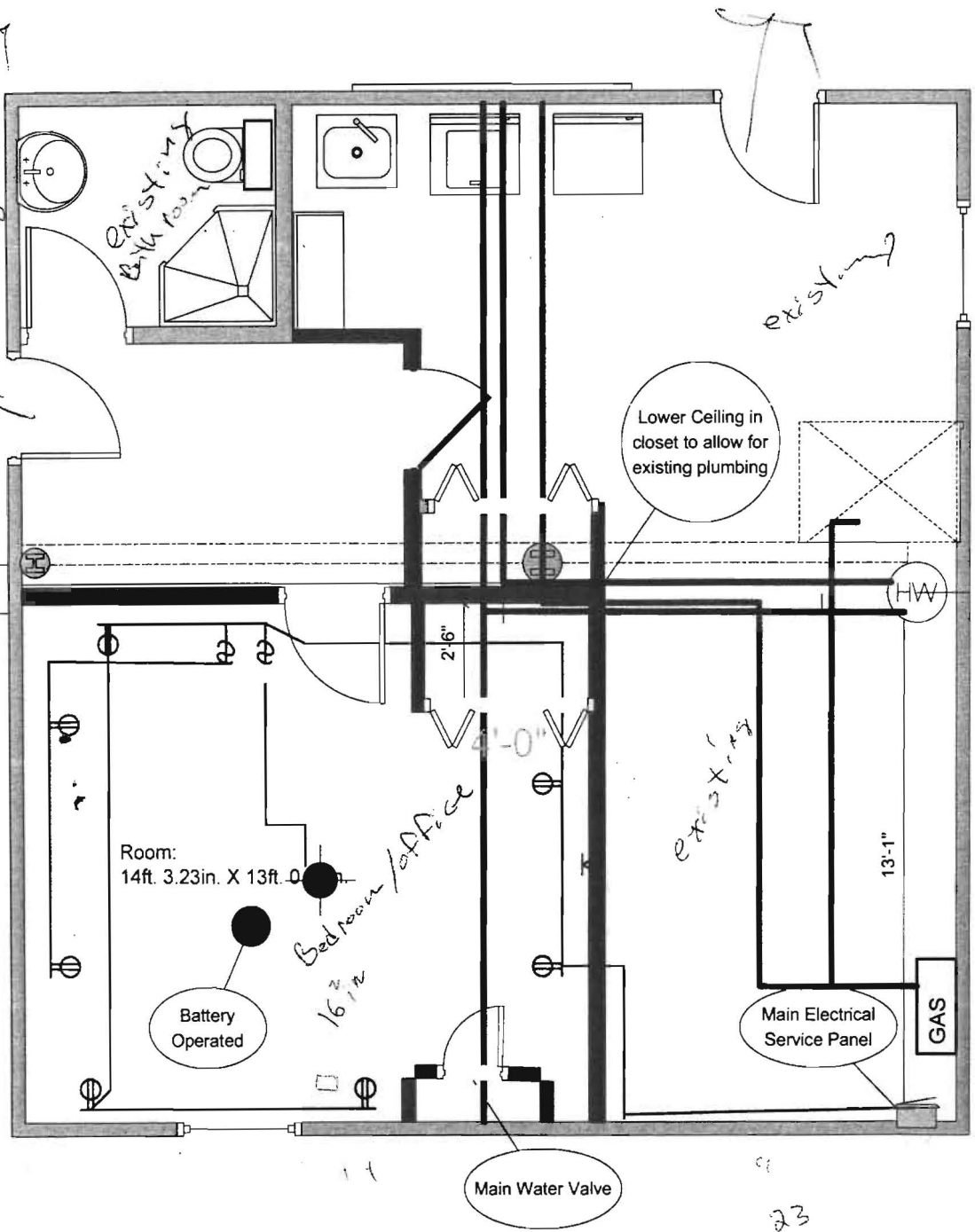
Applicant's Signature Greg Wenzel Print Name Greg Wenzel

Date 11/13/02 11.17.02

Title/Company \_\_\_\_\_

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***

FOR OFFICE USE ONLY



**ELECTRICAL NOTES**

- 1 Switched overhead room light
- 2 switched outlets
- 5 hot outlets
- 1 Battery operated smoke detector
- 15 amp circuit from service panel (adding 1 -15 amp breaker)
- All wire 14 AWG 2 conductor w/ground. Max load is 15 amps x 110 Volts = 1650 watts.
- All wire run along center or joists or studs and stapled with electrical staples. Protective plates installed where needed.
- Existing chain switched overhead shop light will be removed and box covered with metal plate.
- Switch and outlet boxes are all metallic and grounded.
- Will be converting to GFI outlets in 3 bathrooms, kitchen, and outdoor outlets (WP GFI).
- Will test all existing and new outlets with tester and correct any problems found.

**MECHANICAL NOTES**

- Heating duct work and vent is pre-existing
- Exterior block wall and window is pre-existing.
- 1 interior wall is pre-existing.
- Additions highlighted in RED.
- No supporting walls added. Only space dividing walls.
- 2x4 strapping and insulation added on exterior block wall.
- Sound insulation to be added to interior walls.
- Existing Gas in GREEN
- Existing Water in BLUE

Greg Wenzel  
 9330 Furrow Ave  
 Ellicott City, MD 21042  
 (Home) 410-750-7717  
 (cell) 410-446-7558  
 (Work) 410-338-4409

STAIRS  
 HALLWAY  
 BREAKING  
 201/11/12  
 BOB W  
 11/13/12

Have Rolls

23  
 25  
 16 x 25