

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B00129726

Building Address 13301 Ellipsis Dr
~~ELLICOTT CITY~~ Subdiv. 21029
Suite/Apt. # " SDP/WP/Petition #:
Census Tract 6051.02 Subdivision FOXHALL VILLAGES
Section 2 Area 1 Lot # 5
Tax Map 34 Parcel 395 Grid 3
Zoning RR Map Coordinates 17K64 lot size 3.0656

Existing Use VACANT LOT
Proposed Use SFR
Estimated Construction Cost \$ 270,000.
Description of Work CONSULT WITH CUSTOM SINGLE FAMILY HOME
CONSTRUCT 5 BEDROOM ATTACHED
2 CAR GARAGE, L.P. GAS FIRE PLACE, 2 1/2 BATHS
W/R. I. FINISHING ENTIRE FIRM WITH 2ND FL. & BASEMENT
Occupant or Tenant _____
Contact Name ALLAN ACKERMAN
Address 31 WALKER AVE SUITE 110
City BARTIMORE State MID. Zip Code 21208
Phone 410 559 0000 Fax 410 559 9999

Property Owner's Name SUNBEL & SUNBEL PARTNERS
Address 8436 HORSE SHOE DRIVE
City ELLICOTT CITY State MD. Zip Code 21043
Home Phone 410 480 3632 Work Phone 410 480 3632
Applicant's Name & Mailing Address, (if other than stated hereon):
Contractor Company ASHLEY CUSTOM HOMES, INC.
Contract Person ALLAN ACKERMAN
Address 31 WALKER AVE SUITE 110
City BALTO. State MID Zip Code 21208
License No. 124 Fax 410 559 9999
Phone 410 559 0000 Engineer or Architect Company ASHLEY CUSTOM HOMES
Contract Person ALLAN ACKERMAN
Address 31 WALKER AVE SUITE 110
City BALTO. State MID Zip Code 21208
Phone 410 559 0000 Fax 410 559 9999

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BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics
Height: _____
No. of stories: 2
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
 # of Heads

BUILDING DESCRIPTION - RESIDENTIAL

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 3
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: _____
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: _____

Applicant's Signature [Signature]
V.P. ASHLEY CUSTOM HOMES INC.
Title/Company LIC. # 120
Print Name ALLAN ACKERMAN
Date 4-18-01
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY **

Applicant's Signature [Signature]
V.P. ASHLEY CUSTOM HOMES INC.
Title/Company LIC. # 120
Print Name ALLAN ACKERMAN
Date 4-18-01
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 _____
Fire Protection _____
Sediment Control approval required prior to issuance? YES NO
CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:
Distribution of Copies: White: Building Official _____ Green: LDD, DPZ _____ Yellow: DED, DPZ _____ Pink: Health _____ Gold: SHA _____
Informational: PERMITS.FRM

PROPERTY ID# 50402
Filing fee \$ 25
Permit fee \$ _____
Excise tax \$ _____
Add'l per fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # 2372
Validation # 3010
Accepted by [Signature]