

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

30056433

*Already have
a house w/ this
address*

Building Address 12789 Folly Quantan Rd
ELICOTT CITY, MD 21042
Suite/Apt. # 05-434633 P 06-05
Census Tract 01 Subdivision MANSAL PARKWAY
Section Area Lot 5
Tax Map 22 Parcel 24 Grid 5 23
Zoning RD-DM Map Coordinates 10C11 Lot size 1.128 Acres

Property Owner's Name EUGENE SCHAFFER
Address 1420 TWISTING LN
City DAYTON State MD Zip Code 21036
Home Phone 410-531-2095 Work Phone 443-689-217
Applicant's Name & Mailing Address, (if other than stated hereon):

Existing Use VACANT LOT
Proposed Use NEW SINGLE FAMILY HOME
Estimated Construction Cost \$ 520,000
Description of Work 1 BR, 3 1/2 BATH
3 CAR GARAGE, 2 STORY P/HAV

Contractor Company THE GRIFFIN GROUP LLC
Contact Person STEPHEN P. GRIFFIN
Address 13554 TRINDELPHIA RD
City ELICOTT CITY State MD Zip Code 21042
License No. 1307
Phone 410-536-8105 Fax 410-531-8070

Occupant or Tenant N/A
Contact Name THE GRIFFIN GROUP
Address 13554 TRINDELPHIA RD
City ELICOTT CITY State MD Zip Code 21042
Phone 410-531-8105 Fax 410-531-8070

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height:	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories:	Sewage Disposal: <input type="checkbox"/> Public <input 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"/>
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"/>
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 <u> </u>

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u> </u> Width <u> </u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor:	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor:	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement:	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
Multi-family dwellings: No. of efficiency units: <u> </u> No. of 1 BR units: <u> </u> No. of 2 BR units: <u> </u> No. of 3 BR units: <u> </u>	
Other Structure: <u> </u> Dimensions: <u> </u> Footings: <u> </u> Roof: <u> </u> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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.

Mark R Okolita
Applicant's Signature

MARK R OKOLITA
Print Name

Title/Company

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	<u>12/2/2005</u>	<i>Paul Jensen</i>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION

Front:
Rear:
Side:
Side St.:
All minimum setbacks met?
YES NO
Is Entrance Permit required?
YES NO
Historic District?
YES NO
Lot Coverage for New Town Zone
SDP/Red-line approval date

PROPERTY ID#: 67425

Filing fee \$ 100
Permit fee \$
Excise tax \$
Add'l per. fee \$
TOTAL FEES \$
Sub-total paid \$
Balance due \$
Check # 421
Validation # 37097

Accepted by

Distribution of Copies-

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00159851

Building Address 12787 Tolly Quince Rd
Ellicott City, MD 21042

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

Census Tract 605101 Subdivision Manuel Property

Section _____ Area _____ Lot 5

Tax Map 28 Parcel 253 Grid 4

Zoning RL Map Coordinates 10611 Lot size _____

Property Owner's Name Schaffer, Guyana

Address 14120 Tumbling Lane

City Dorhan State MD Zip Code 21036

Home Phone _____ Work Phone 410-465-2090

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use Single Family Tank

Estimated Construction Cost \$ 1000.00

Description of Work Install (1) 1000 Gallon
Underground LP Tank Per NFA 580

Contractor Company American

Contact Person Tom McLaughlin

Address 10017 Williams Valley Pike

City Ellicott City State MD Zip Code 21042

License No. _____ Phone 410-465-0800 Fax 410-465-0803

Occupant or Tenant _____

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		UTILITIES	
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	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 _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ 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	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 checked="" 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: _____

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Applicant's Signature Thomas A. McLaughlin Print Name Thomas A. McLaughlin

Title/Company American Date May 20, 2006

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

67425

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ _____
			Rear: _____	Permit fee \$ <u>100.00</u>
			Side: _____	Enroll fee \$ <u>10.00</u>
			Side 2: _____	Add'l per. fee \$ _____
			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>110.00</u>
			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
			Let Coverage for New Town Zone _____	Check # <u>44303</u>
			SDP/WP approval date _____	Validator # <u>119060</u>
				Accepted by <u>[Signature]</u>

EMERGENCY CONSTRUCTION START: ONE STOP:

Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SIA