

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLICOTT CITY, MD 21043  
PERMITS (410)313-2455 INSPECTIONS (410)313-1810  
AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY  
PERMIT APPLICATION**

**PERMIT NUMBER**  
B 00 138297

Building Address 10312 CASTLEFIELD ST.  
Ellicott City MD 21043  
Suite/Apt. #: - SDP/WP/Petition #: -  
Census Tract 10243 Subdivision ENGLISH MANOR  
Section 2 Area - Lot 710  
Tax Map 83 Parcel 766 Grid B  
Zoning R-20 Map Coordinates 11E10 Lot size 2.940 AC

Property Owner's Name DAVID & LEBANN FICK  
Address 10312 CASTLEFIELD ST.  
City ELLICOTT CITY State MD Zip Code 21042  
Home Phone 410-202-1115 Work Phone 410-715-8247  
Applicant's Name & Mailing Address, (if other than stated hereon):  
SAME AS ARCHITECT BELOW  
Phone 410-465-7687 Fax -

Existing Use SFD  
Proposed Use SFD  
Estimated Construction Cost \$ 300,000  
Description of Work EXISTING CONCRETE 2' X 6" 3" CAR GARAGE W/ BEDRM & BATH ABOVE TO EXISTING HOUSE. 5.6' X 32' AND COURT W/ BRICK GARAGE W/ 12' X 20' DECK W/ BRICK WALKS & STAIRS 10' X 12' BATH BELOW, 2 - CARPAGES, SAME WITH THE REMODELING

Contractor Company OWNER  
Contact Person DAVID FICK  
Address SAME AS OWNER ABOVE  
City - State - Zip Code -  
License No. - Phone - Fax -

Occupant or Tenant OWNER  
Contact Name DAVID FICK  
Address -  
City - State - Zip Code -  
Phone - Fax -

Engineer or Architect Company STEWART/MCCREADY ARCH.  
Contact Person TICO MCCREADY  
Address 8329 MAIN ST.  
City ELLICOTT CITY State MD Zip Code 21043  
Phone 410-465-7687 Fax 410-465-7687

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" 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"/> No. of Bedrooms <u>2</u>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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	

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.

Tico McCreedy  
Applicant's Signature  
STEWART/MCCREADY ARCHITECTS  
Title/Company

TICO MCCREADY  
Print Name  
9-5-02  
Date

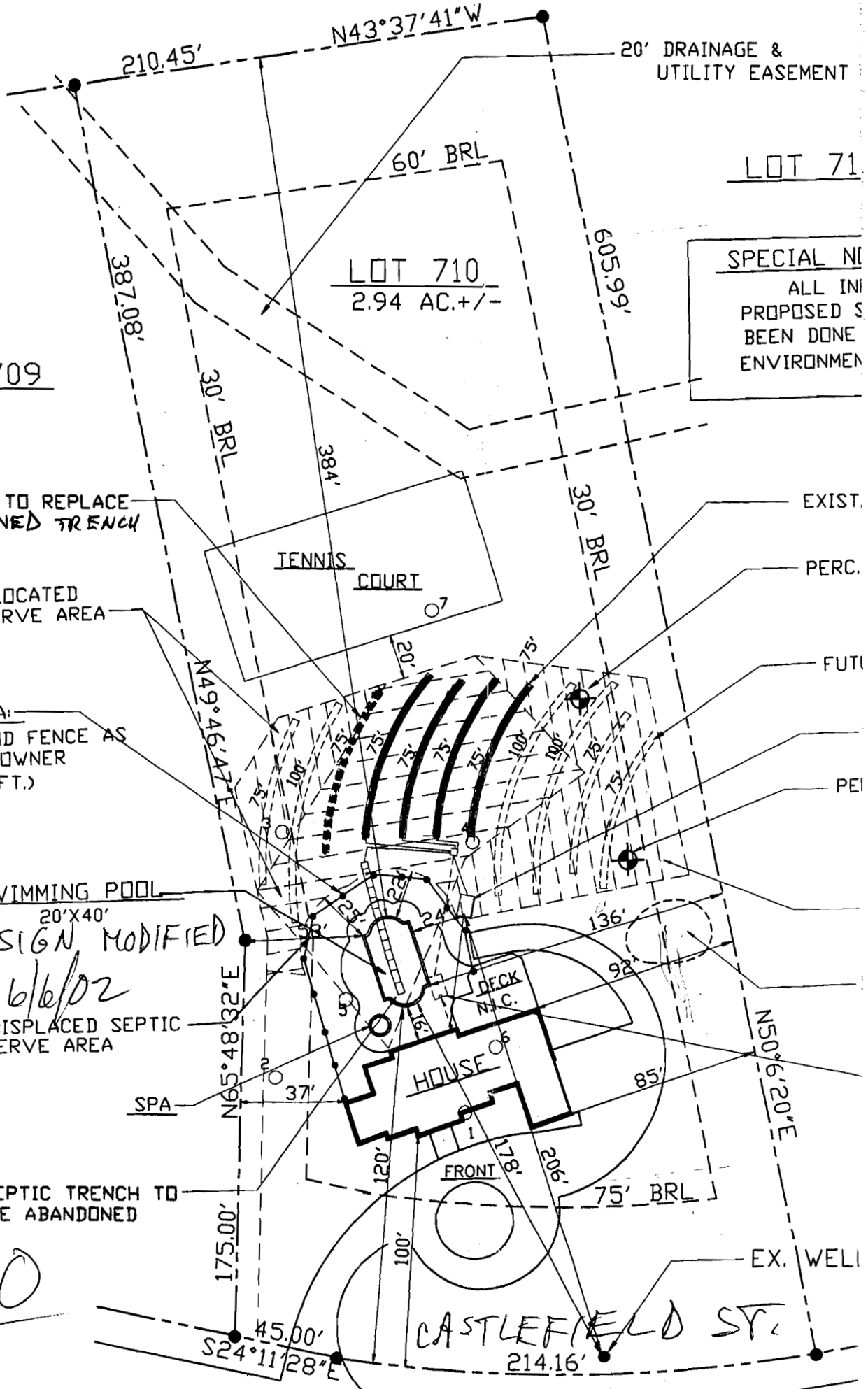
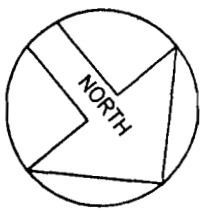
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	3227
State Highways			Rear: _____	Filing fee \$ <u>25.00</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health	<u>9/1/02</u>	<u>[Signature]</u>	All minimum setbacks met?	Add'l per. fee \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Check # <u>1464</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
			Lot Coverage for New Town Zone _____	Accepted by <u>[Signature]</u>
			SDP/Red-line approval date _____	



USE 0'  
PTIC 20'  
L 30'

& SEPTIC



LOT 71

SPECIAL NOTE  
ALL IMPROVEMENTS  
PROPOSED SHALL  
BEEN DONE  
ENVIRONMENT

LOT 709

NEW TRENCH TO REPLACE  
ABANDONED TRENCH

3380 SQ.FT. RELOCATED  
SEPTIC RESERVE AREA

FENCE DATA:  
PROP. 4' HIGH WOOD FENCE AS  
PER CODE - BY OWNER  
(196 LIN.FT.)

SWIMMING POOL  
20'x40'

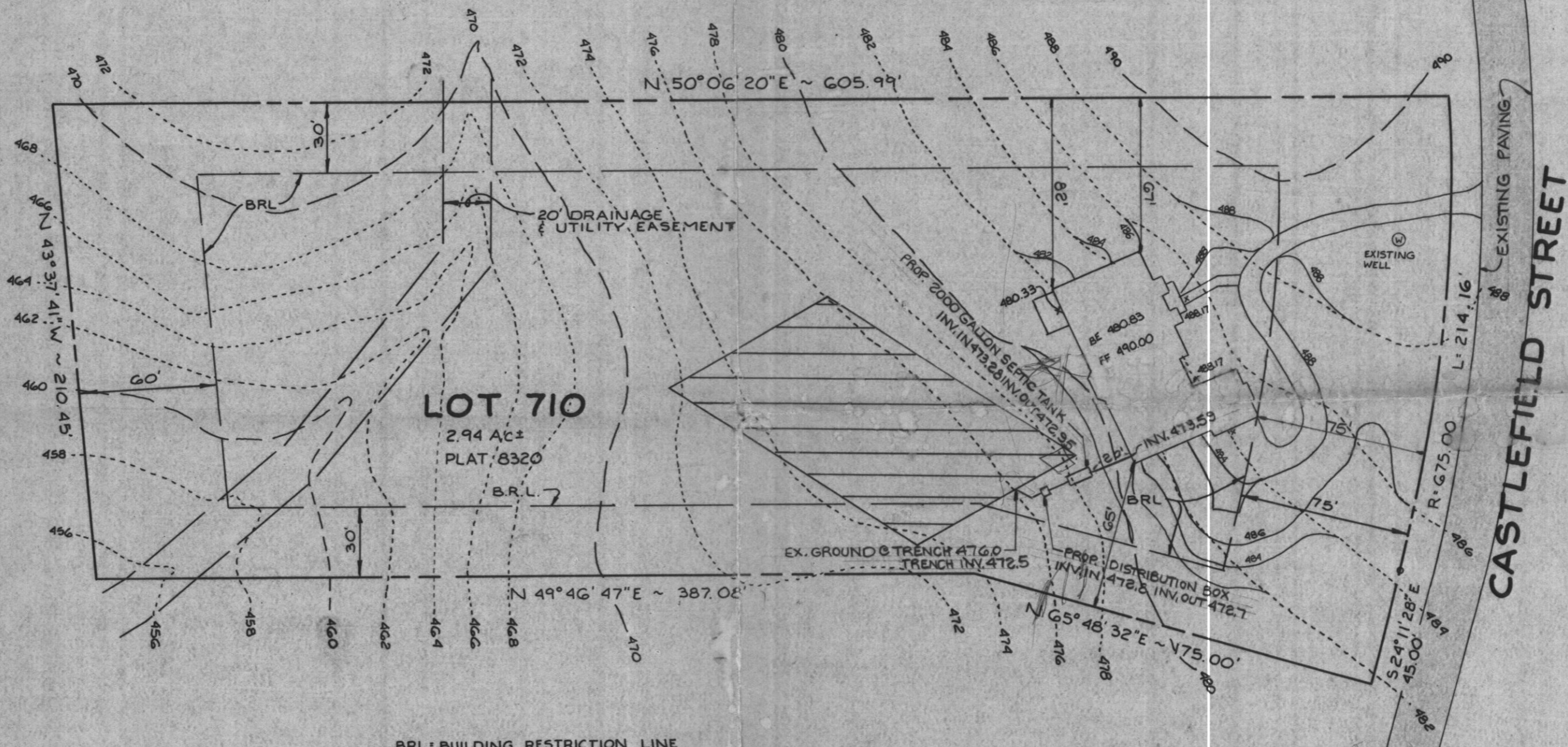
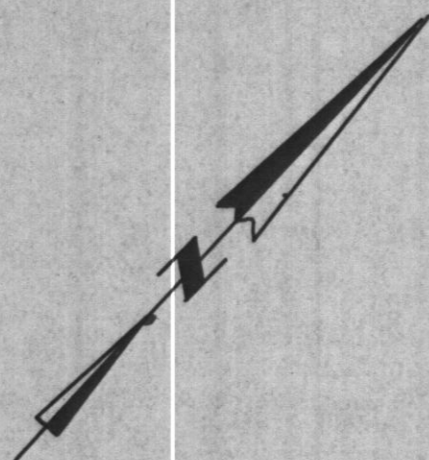
POOL DESIGN MODIFIED  
OK MR 6/6/02

3060 SQ.FT. DISPLACED SEPTIC  
RESERVE AREA

EX. SEPTIC TRENCH TO  
BE ABANDONED

1-60

CASTLEFIELD ST.



BRL - BUILDING RESTRICTION LINE

**NOTE:** "TRENCH LENGTH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE"  
 HOUSE HAS FIVE (5) BEDROOMS AND A GARBAGE DISPOSAL.

11/21/89  
 PLANS OK  
 RH

**FISHER, COLLINS AND CARTER, INC.**  
 CONSULTING ENGINEERS AND LAND SURVEYORS  
 8388 COURT AVENUE  
 ELLICOTT CITY, MARYLAND 21043  
 TELEPHONE: (301) 461-2855

PLAN TO ACCOMPANY APPLICATION  
 FOR BUILDING PERMIT  
**BURLEIGH MANOR**  
 SECTION 2 LOT 710  
 SECOND ELECTION DISTRICT  
 SEPTEMBER 18, 1989 SCALE 1" = 50'