

G-9601

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00158662

Building Address 4309 College Avenue
Ellicott City, Md. 21043
Suite/Apt. #: 02-286737 SDP/NWP/Petition #: SDP 06-035
Census Tract 602800 Subdivision _____
Section _____ Area _____ Lot 2
Tax Map 5 Parcel 305 Grid 21
Zoning RED Map Coordinates msm Lot size 2.282 Ac.

Property Owner's Name William Paluzzi
Address 4309 College Ave
City Ellicott City State md Zip Code 21043
Home Phone _____ Work Phone 410-765-1609
Applicant's Name & Mailing Address, (If other than stated hereon):
Phone _____ Fax _____

Existing Use Empty lot
Proposed Use to build new single family home
Estimated Construction Cost \$ 400,000
Description of Work to build new single family home with 3 car garage plus deck
finished room unfinished basement
5 BR 4 1/2 Baths

Contractor Company Carrigan Homes Inc.
Contact Person Drew Kelly
Address 4817 Caitlins Ct.
City Ellicott City State md Zip Code 21042
License No. 121134
Phone 410-465-7755 Fax 410-465-5608

Occupant or Tenant owner
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: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms <u>4</u>	Propane Gas <input checked="" type="checkbox"/>
Height: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ 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 Height: _____	
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.

Drew Kelly
Applicant's Signature
Carrigan Homes Inc.
Title/Company

Drew Kelly
Print Name
3-23-06
Date

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

67851

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY IDE
Land Development, DPZ			Front: _____	Filing fee \$ <u>100</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>03/10/06</u>	<u>Renee Jones</u>	All minimum setbacks met?	TOTAL FEES \$ _____
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>3487</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation \$ <u>117,233</u>
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	Accepted by _____			

**FISHER, COLLINS
& CARTER, INC.**

CIVIL ENGINEERING CONSULTANTS
and LAND SURVEYORS

DEVELOPMENT
ENGINEERING
DIVISION

Terrell A. Fisher, P.E., L.S.
Earl D. Collins, P.E.
Charles J. Crovo, Sr., P.E., L.S.

Paul W. Kriebel, P.E.
Mark L. Robel, P.L.S.
Aldo M. Vitucci, P.E.

March 7, 2006

Ms. Cindy Hamilton, Chief
Howard County Dept. of
Planning & Zoning
Division of Land Development
3430 Courthouse Dr.
Ellicott City, MD 21043

RE: SDP 06-035
Roy O. Peterson
Lot 2

Dear Ms. Hamilton:

On behalf of our client, Mr. William M. Pallozzi, and in response to your letter dated March 6, 2006, we herewith submit the above referenced project for the final signature process. The following is a point by point response to all agency comments.

Division of Land Development (March 3, 2006)

1. The new front setback line has been corrected to read "Per the Amended Zoning Regulations".
2. In General Note #1, line 2, the wording has been corrected to read "Zoning Regulations".
3. **Driveway**
 - A statement has been added to the General Notes, see note No. 21, describing the conditions of approval for the Design Manual Waiver to Section 2.6.2., Table 2.10.
 - The 20' right of way for ingress and egress use-in-common easement L. 89, F. 486 has been plainly labeled with leaders.
 - The label "Existing driveway to be removed" has been corrected on the plan.
4. A point by point response letter has been prepared to address each of the comments in complete sentences.
5. It is understood, additional comments may be generated with the review of the final mylar.

**FISHER, COLLINS
& CARTER, INC.**

**CIVIL ENGINEERING CONSULTANTS
and LAND SURVEYORS**

Development Engineering Division (October 25, 2005)

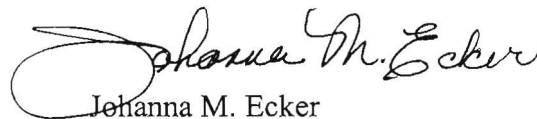
1. The portion of driveway to be used by both property owners will be upgraded to the use-in-common driveway standards. The P-1 paving section detail has been added to the plan.
The use-in-common maintenance agreement has been recorded in L. 9791 at F. 268.
2. The water house connection is existing and is shown in the front lot line along College Avenue.

Howard Soil Conservation District (October 18, 2005)

No comments were generated with this review.

Thank you for your review and comments. Should you have any questions or require additional information, please do not hesitate to call.

Very truly yours,
Fisher, Collins & Carter, Inc.


Johanna M. Ecker

WO #04140-6001

Billy Blm 1500157057

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
5430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2405 INSPECTIONS (410) 313-1910
AUTOMATED INFORMATION (410) 313-3000

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER
300157134

Building Address 4309 COLLEGE AVE.
ELLICOTT CITY

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

Census Tract 6027 Subdivision _____

Section _____ Area _____ Lot 2

Tax Map 25 Parcel 305 Grid 21

Zoning RED Map Coordinates 1750 Lot size _____

Property Owner's Name William Palkozi

Address 5996 Autumn Spell

City Elkridge State MD Zip Code 21075

Home Phone 410 379 1330 Work Phone 410 365 6901

Applicant's Name & Mailing Address, (if other than stated hereon):
CAPT. KEVIN HEARY
6751 Columbia Gateway Dr
Phone 312 6000 Fax 312 5888

Existing Use VACANT

Proposed Use TRAINING

Estimated Construction Cost \$ 0.00

Description of Work TRAINING PERMITS
ON EXISTING STRUCTURE
& GARAGE (11/28 - 12/3/05)

Contractor Company Howard Co. Fire & Rescue

Contact Person Captain Kevin Heary

Address 6751 Columbia Gateway Dr

City Columbia State MD Zip Code 21045

License No. _____ Phone 410 712 6000 Fax 312-5888

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: _____	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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

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

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[Signature]
Applicant's Signature
Howard Co. Fire
Title/Company

Kevin J Heary
Print Name
11/27/2005
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>11/28/05</u>	<u>[Signature]</u>
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	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for New Town Zone _____	
SDP/Red-line approval date _____	Accepted by _____

BUILDING PERMIT

HOWARD COUNTY
INSPECTIONS, LICENSES & PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY MD 21043-4395
(410) 313-3800

PERMIT NBR: B00157057
PROJECT NBR:
CENSUS TRACT: 602700
APPLIC DATE: 11/17/05
ISSUE DATE: 11/17/05

MAP COORDINATES: 12J12
BUILDING ADDRESS:
4309 COLLEGE AVE
ELLICOTT CITY ,MD 21043

OWNER INFORMATION:
PALLOZZI, WILLIAM M & COLLEEN C
5996 AUTUMN SPELL
ELKRIDGE ,MD 21075

SUBDIVISION:
TAX MAP: 25 ACREAGE 0.00
BLK(ST): LOT:2 BLK:21
PARCEL: 305 SECTION:
AREA: DISTRICT: 2
PROPERTY ID NUMBER: 0000-0006-7851
SDP: FILE:

WRK: HM:(410) 379-1330
APPLC: WILLIAM M PALLOZZI

CONTRACTOR INFORMATION:
HOWARD COUNTY DEPT OF FIRE & R
6751 COLUMBIA GATEWAY DR
COLUMBIA MD 21046-
PHONE: (410) 313-6000
COUNTY LICENSE: CTR02137
STATE LICENSE:
LICENSEE:
PHONE: (410) 313-6000

SUITE/APT:

IMPROVEMENT TYPE.: DEMOLITION
USE TYPE.....: RESIDENTIAL STRUCTURE DEMOLITION
EXISTING USE.....: VACANT SFD
PROPOSED USE.....: RAZE VACANT 1 STORY 1084 SQFT SFD BUILT
PROPOSED WORK.....: IN 1910 AND DETACHED GARAGE FUTURE SFD

DESCRIPTION OF WORK
-----LOT CHARACTERISTICS-----
AREA OF LOT
AREA DISTURBED
ENTRANCE PERMIT
STATE CERTIFIED
-----OCCUPANT INFORMATION-----
NAME VACANT
ADDRESS
CITY/ST/ZIP
-----ENGINEER OR ARCHITECT-----
NAME
ADDRESS
CITY/ST/ZIP
-----BUILDING CHARACTERISTICS-----
BUILDING HEIGHT (FT)
NUMBER OF STORIES
USE GROUP
TYPE OF CONSTRUCTION
MODULAR BUILDING
MOBILE HOME
SEWAGE DISPOSAL TYPE
WATER SUPPLY TYPE
HEATING FUEL
SPRINKLERS
NBR OF TANKS
GROSS AREA SQ FT
OCCUP SQ FT (.80)
OCCUP SQ FT (.40)
COST OF CONSTR. \$ 100

-----BUILDING DIMENSIONS-----
LEN WIDTH
UNFIN. BASEMENT
FIN. BASEMENT
1ST FLOOR
2ND FLOOR
GARAGE
CARPORT
PORCH
DECK
-----UNITS-----
SINGLE FAMILY
NBR BEDRMS
MULTI FAMILY
EFFICIENCY
1 BEDROOM
2 BEDROOM
3+ BEDROOM
TOTL UNITS
-----IMPROVEMENTS-----
CENTRAL A-C
ELECTRIC
FIREPLACE
PLUMBING
BATH (NBR)
OTHER
DRYWELL

ZONING
ALL MINIMUM SETBACK REQUIREMENTS MET?
==MINIMUM==SETBACKS====
FRONT
REAR
SIDE
SIDE ST

-----COMMENTS-----

CASH RECEIPT NBR. : 102633
FEE PAYMENT HISTORY: \$ 55.00

APPROVED BY DIRECTOR OF INSPECTIONS, LICENSES, AND PERMITS (BUILDING OFFICIAL)