

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3400 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1610 AUTOMATED INFORMATION (410) 313-3900	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER <u>B00153191</u>
Building Address <u>12735 Folly Quarter Rd</u> <u>Ellicott City MD 21042</u>	Property Owner's Name <u>Sue & Sal Bentivenga</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>61010</u> Subdivision <u>Glennly Manor</u>	Address <u>12735 Folly Quarter Rd</u>	
Section _____ Area _____ Lot <u>7D</u>	City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u>	
Tax Map <u>36</u> Parcel <u>5</u> Grid <u>228</u>	Home Phone <u>410 531 5141</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>Paul Wiedel 6333 Rainprint Row</u> <u>Columbia MD 21045</u>	
Zoning <u>RR-DEF</u> Map Coordinates <u>10C11</u> Lot size <u>2.617 ac</u>	Phone <u>410 745 0616</u> Fax <u>410 992 0553</u>	
Existing Use <u>SFD</u>	Contractor Company <u>Wiedel Const.</u>	
Proposed Use _____	Contact Person <u>Paul Wiedel</u>	
Estimated Construction Cost <u>\$160,000</u>	Address <u>1338 Rainprint Row</u>	
Description of Work <u>13110 ADDITION 1ST FL</u> <u>w/ second story above.</u> <u>Remodel existing Master Bath</u> <u>ADD SECOND HEAT AC ZONE</u>	City <u>Columbia</u> State <u>MD</u> Zip Code <u>21045</u> License No. <u>27472</u> Phone <u>410 745 0616</u> Fax <u>410 992 0553</u>	
Occupant or Tenant <u>Sue & Sal Bentivenga</u>	Engineer or Architect Company <u>Symmetry First LLC</u>	
Contact Name <u>Sue Bentivenga</u>	Contact Person <u>Karen Pitsky</u>	
Address <u>12735 Folly Quarter Rd</u>	Address <u>8600 Foundry Street</u>	
City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u>	City <u>Savage</u> State <u>MD</u> Zip Code <u>20763</u>	
Phone <u>410 531 2141</u> Fax _____	Phone <u>240 562 0700</u> Fax <u>240 562 0354</u>	

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

BUILDING CHARACTERISTICS		UTILITIES	
Height:		Water Supply:	
No. of stories:		Public <input type="checkbox"/>	
Gross area, sq. ft. per floor:		Private <input type="checkbox"/>	
Use group:		Sewage Disposal:	
Construction type:		Public <input type="checkbox"/>	
Reinforced Concrete <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	
Structural Steel <input type="checkbox"/>		Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Masonry <input type="checkbox"/>		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Wood Frame <input type="checkbox"/>		Heating System:	
State Certified Modular <input type="checkbox"/>		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 <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"/>	Water Supply:	
Depth	Width	Public <input type="checkbox"/>	
1st floor: <u>30</u>	<u>50</u>	Private <input checked="" type="checkbox"/>	
2nd floor: <u>30</u>	<u>50</u>	Sewage Disposal:	
Basement: <u>30</u>	<u>50</u>	Public <input type="checkbox"/>	
Finished Basement <input checked="" type="checkbox"/>	Unfinished Basement <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	
Crawl space <input type="checkbox"/>	Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
No. of Bedrooms <u>4</u>		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Height: _____		Heating System:	
Multi-family dwellings:		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
No. of efficiency units: _____		Natural Gas <input checked="" type="checkbox"/>	
No. of 1 BR units: _____		Propane Gas <input type="checkbox"/>	
No. of 2 BR units: _____		Sprinkler system: N/A <input checked="" type="checkbox"/>	
No. of 3 BR units: _____		NFPA #13D _____	
Other Structure: _____		NFPA #13R _____	
Dimensions: _____		Other: _____	
Footings: _____			
Roof Height: _____			
State Certified Modular <input type="checkbox"/>			
Manufactured Home <input type="checkbox"/>			

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: Paul Wiedel Print Name: Paul Wiedel
 Title/Company: OWNER / WIEDEL CONST. Date: 2/22/06

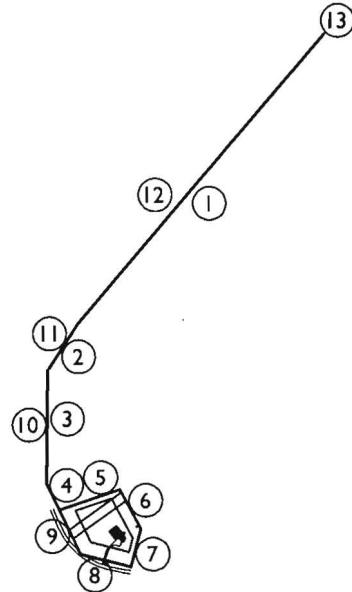
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____ Filing fee \$ <u>25.00</u>	
State Highway			Rear: _____ Permit fee \$ _____	
Building Official			Side: _____ Excise tax \$ _____	
Dev. Financing, DPZ			Site St: _____ Add'l per. fee \$ _____	
Health	<u>3/9/06</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Statement of Consent approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Let Coverage for New Town Zone _____	Check \$ <u>510</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Map-line approval date _____	Validation \$ <u>1053.00</u>
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Accepted by: <u>[Signature]</u>
Yellow: DPZ	Green: SHD	Blue: SHD	Red: SHD	Rev. 11/4/04

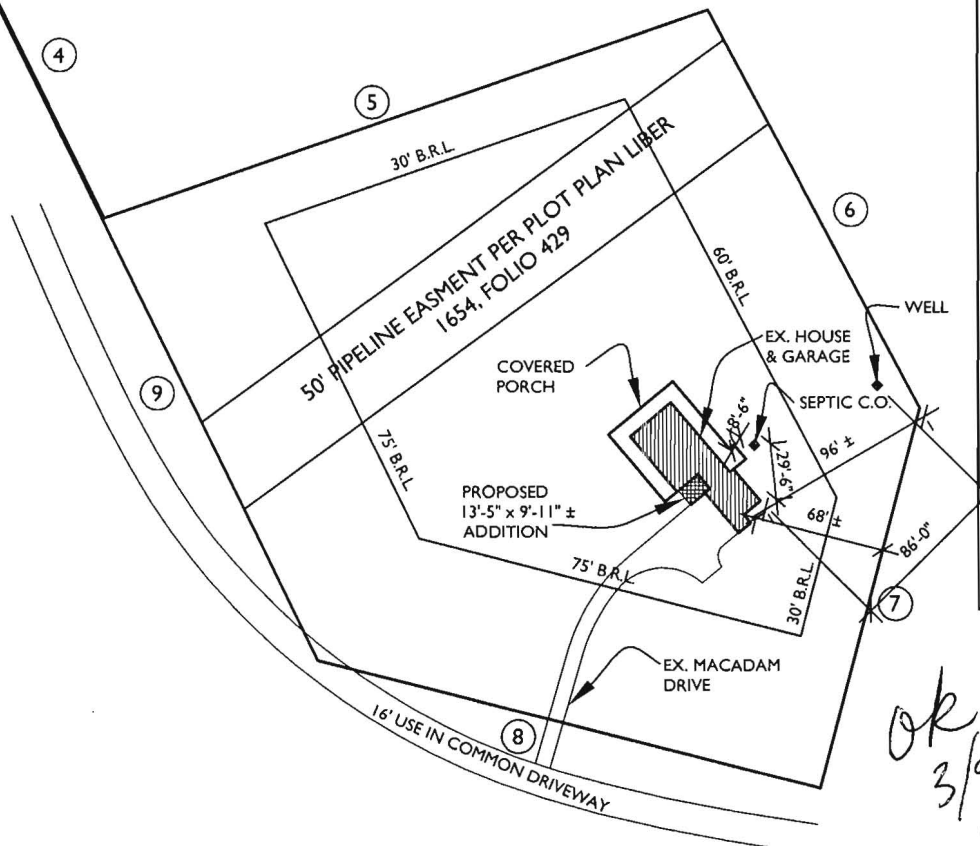
ZONED: RR-DEO
 LIBER 3154 FOLIO 364
 2.617 AC ±
 3rd ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

MAX. HT. LIM.
 PRINCIPAL STRUCTURE: 40'

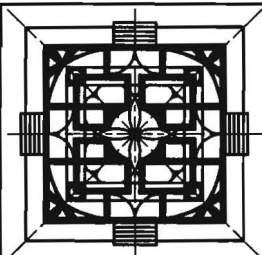
TO FOLLY QUARTER ROAD



1	S 39° 54' 06" W	1991.97'
2	S 32° 31' 06" W	285.49'
3	S 00° 27' 05" W	597.82'
4	S 25° 35' 05" E	151.07'
5	N 70° 52' 25" E	332.31'
6	S 27° 42' 48" E	235.80'
7	S 14° 26' 34" W	206.20'
8	N 75° 33' 26" W	270.17'
9	N 25° 43' 55" W	408.49'
10	N 00° 27' 05" E	599.44'
11	N 32° 31' 06" E	285.91'
12	N 39° 54' 06" E	1992.26'
13	S 83° 28' 54" E	1.44'



OK
3/9/06
(SF)
BOU/58/91
4 Bedrooms
TOMP



Symmetry First
 Architects, LLC
 8600 Foundry Street
 Box 2069
 Savage, MD 20763
 240-568-0700
 240-568-0354 fax
 inbox@symmetryfirst.com
 www.symmetryfirst.com

Bentivenga Residence Addition
 12735 Folly Quarter Road, Ellicott City, Md 21042

Site Plan

SCALE: 1"=100'-0"

DATE: 01-25-06

PROJECT No: 04034