

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B07001513

Building Address <u>1705 (MAYAL) MAPLE ST</u> <u>ELLCOTT CITY MD 21043</u>	Property Owner's Name <u>Wanda M. ...</u>
Suite/Apt. #: _____ SDP/WP/Petition #: <u>#12497</u>	Address <u>1705 Maple St</u>
Census Tract <u>604001</u> Subdivision <u>Cottail Woods</u>	City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u>
Section <u>2</u> Area _____ Lot <u>8</u>	Home Phone _____ Work Phone _____
Tax Map <u>7</u> Parcel <u>519</u> Grid <u>24</u>	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning <u>RC</u> Map Coordinates _____ Lot size <u>0.956A</u>	Phone _____ Fax _____

Existing Use <u>S-1</u>	Contractor Company <u>George ...</u>
Proposed Use _____	Contact Person <u>Maria ...</u>
Estimated Construction Cost \$ <u>150,000</u>	Address <u>PO Box 765</u>
Description of Work <u>22-24' ...</u>	City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u>
	License No. <u>42473</u>
	Phone <u>410-531-7440</u> Fax <u>410-531-2233</u>

Occupant or Tenant _____	Engineer or Architect Company _____
Contact Name _____	Contact Person _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone _____ Fax _____	Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: ____ Reinforced Concrete ____ Structural Steel ____ Masonry ____ Wood Frame  ____ State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> ____ Full ____ Partial ____ Other Suppression ____ # of Heads	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____  ____ State Certified Modular ____ Manufactured Home	Sprinkler system: <u>N/A</u> <input type="checkbox"/> ____ NFPA #13D ____ NFPA #13R ____ Other:

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.

<u>[Signature]</u> Applicant's Signature	<u>Abbe T. ...</u> Print Name
<u>George ...</u> Title/Company	<u>4/27/07</u> 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: _____	Filing fee \$ <u>200</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>8/10/07</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 Sediment Control 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"/>			Lot Coverage for NewTown Zone _____	Check # <u>2666</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
				Accepted by <u>[Signature]</u>



P.O. Box 465  
 Clarksville, MD21029  
 410-531-7440  
 fax: 410-531-6193  
 charles@geminidesignbuild.com

# Fax

Health Dept, - Permits  
**To:** Sarah **From:** Charles Aud, Jr., CGR President  
**Fax:** 410-313-2648 **Pages:** 2  
**Phone:** 410-313-4261 **Date:** 8/9/07  
**Re:** 1705 Cattail Meadows Drive **CC:**  
 Urgent  For Review  Please Comment  Please Reply  Please Recycle

• **Comments:** ~~1705~~ 1705 Cattail Meadows Drive  
 Information for Sheet #4

Sarah,

Here is the following drawing with the information and changes that you had requested. This should cover everything we discussed about built-ins, the kneewall, dimensions of the landing and the door situation.

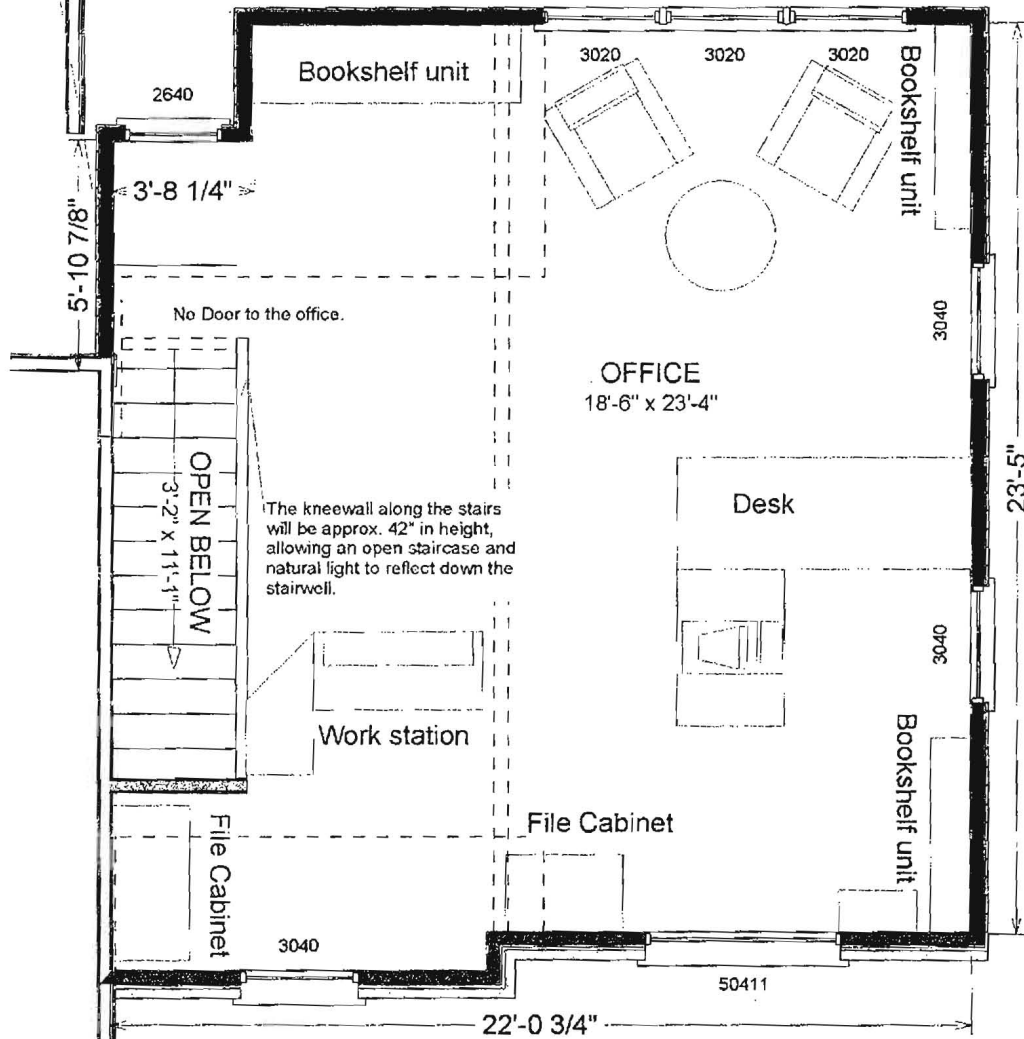
If you have any questions regarding the plans please call me at #410-984-7218.

Thank You, Charles

Gemini Design/Build Inc.

1705 Cattail Meadows Dr.

• Second Floor Plan - Home Office  
Sheet # 4 on the Existing Plan



COMPLETE THIS FORM WHEN DROPPING OFF ANY CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:

Date: 8/2/01 Health  
To: Department Licenses & Permits  
(Person's Name and Division)  
From: Mark Roman, Gemini Design/Build (410) 531-7440 / 410-984-4961  
(Your Name, Company Name and Telephone Number)  
Subject: Project name Hausler Home Office  
Project site address 1705 CATTAN MADDOX DR  
Building permit # B0700153 SDP # \_\_\_\_\_  
Other information pertinent to this project \_\_\_\_\_

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to Howard County plan review code letter
- Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- Structural steel certification
- Energy conservation calculations
- Certification for \_\_\_\_\_ (be specific).
- Copies of \_\_\_\_\_ (be specific).
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # \_\_\_\_\_
- Other \_\_\_\_\_

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

\_\_\_\_\_  
(Person's name) (\_\_\_\_\_) \_\_\_\_\_  
(Telephone number)

**PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.**

Received by VR

white: Plan Review Division  
yellow: Applicant  
pink: Permit Division