

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

208000249

Building Address 3546 Church Rd.  
Ellicott City, MD 21043  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Frank and Corinne Taylor  
Address 10049 Whitworth Way  
City Ellicott City State MD Zip Code 21112  
Home Phone 410-465-2703 Work Phone 410-313-2164  
Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
Proposed Use SFD with additions  
Estimated Construction Cost \$ 250,000.00  
Description of Work Add 2nd floor phase Existing garage, 2nd floor 14' from E.P. with F.P., 3rd floor expands Existing Balcony and porch, add 2nd floor addition to be kitchen and bathroom, add second porch.

Contractor Company Coastal Builders, Inc.  
Contact Person John M. Watts  
Address 3454 Ellicott Center Dr, Suite 102  
City Ellicott City State MD Zip Code 21043  
License No. 121253  
Phone 410-461-9908 Fax 410-750-7070

Occupant or Tenant NONE NOW, LATER OWNER  
Contact Name John M. Watts  
Address 3546 Church Rd, Ellicott City, MD 21043  
City Ellicott City State MD Zip Code 21043  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company Stewart McCready  
Contact Person \_\_\_\_\_  
Address 8329 Main St.  
City Ellicott City State MD Zip Code 21043  
Phone 410-465-7387 Fax 410-475-7737

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 type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input checked="" type="checkbox"/> Private _____
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Height: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #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: <u>ADDITIONS</u>	
Dimensions: <u>See Plans</u>	
Footings: <u>Concrete</u>	
Roof Height: <u>34' 2"</u>	
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.

John M. Watts  
Applicant's Signature  
President, Coastal Builders, Inc.  
Title/Company

John M. Watts  
Print Name  
2/15/08  
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 \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ	<u>4/15/08</u>	<u>[Signature]</u>	Side St: _____	Add'l per. fee \$ _____
Health			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 # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies	White: Building Official	Green: LDD, DPZ	Lot Coverage for New/Town Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	
			Yellow: DED, DPZ	Pink: Health
				Gold: SHA

Sarah, After Consulting w/ the Arch.  
we decided to move the wall in 16"  
That makes the room  $11' \frac{1}{4} \times 7' \frac{1}{2}$

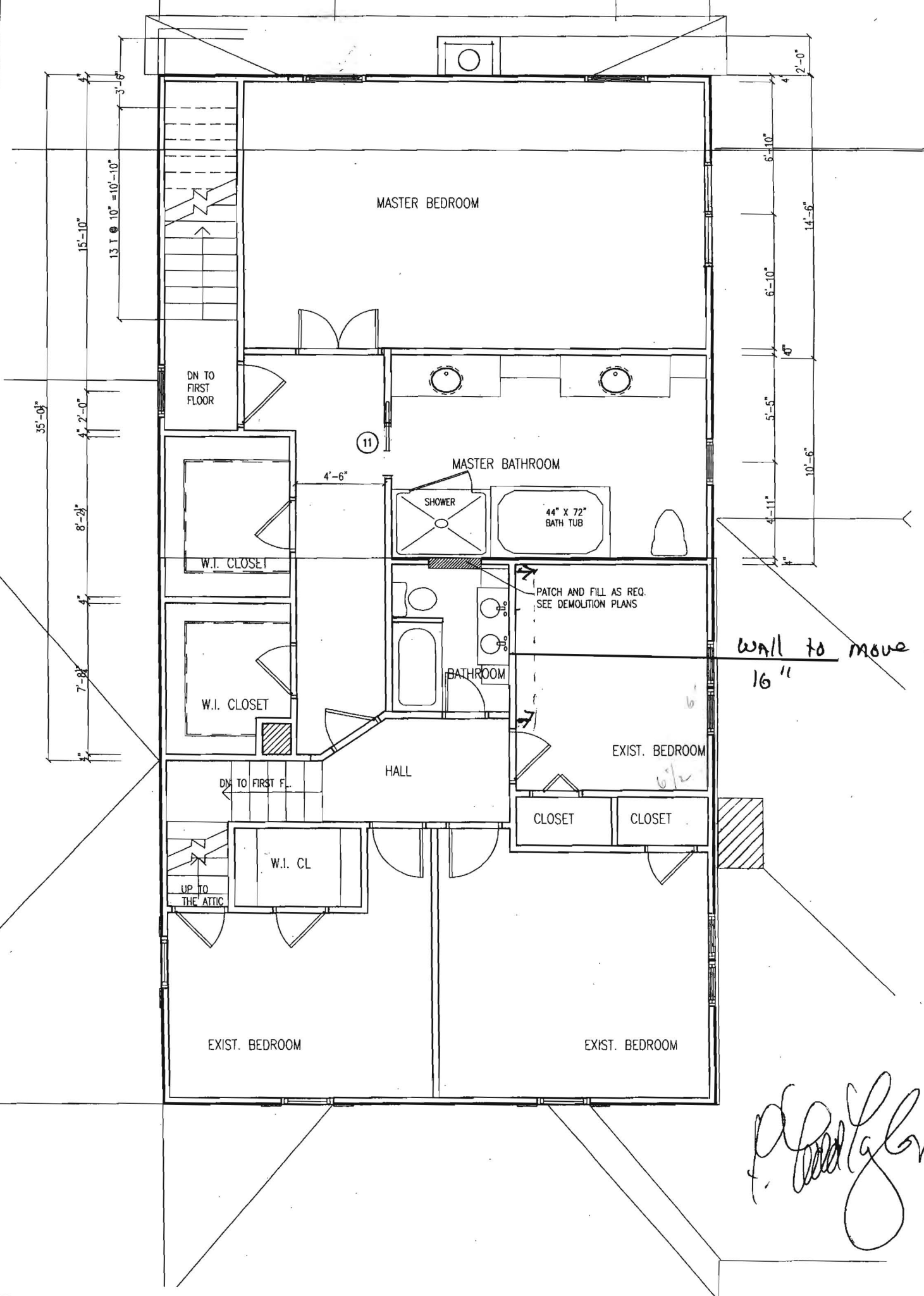
I have adjusted the plans.

I will EMAIL you the explanation

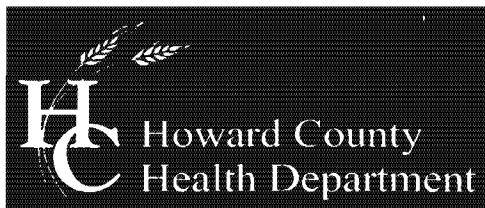
For: Mr Taylor.

Go ahead and adjust both  
plans to ~~state~~ indicate  
the removal of windows  
to be replaced by solid  
wall. and sign your  
adjustment. Thx you.

SS



*Handwritten signature*



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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Peter L. Beilenson, M.D., M.P.H., Health Officer

February 29, 2008

Frank Taylor  
3546 Church Rd  
Ellicott City, MD 21042

RE: B08000349  
3546 Church Rd

Dear Mr. Taylor,

Building permit application #B08000349 for the referenced property has been reviewed by our office and has been placed on hold. Please submit floor plans of the proposed renovations to the Health Department. In addition, percolation testing will need to be completed on the property to establish a sewage disposal easement. A percolation certification plan is also required prior to building permit approval (Howard County Code, Title 3 Buildings, Subtitle 8 On-site Sewage Disposal Systems 3.805 A(1) and A(2)). Records indicate your property is connected to public water utilities. The existing well must be properly abandoned, or a letter must be submitted to the Health Department for review requesting the well to be kept as an agriculture well, if it meets current code.

If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-4261. Information is available online at:

[http://www.howardcountymd.gov/Health/HealthMain/EnvironmentalHealth/EnvironmentalHealth\\_WaterSewerage.htm](http://www.howardcountymd.gov/Health/HealthMain/EnvironmentalHealth/EnvironmentalHealth_WaterSewerage.htm)

Sincerely,

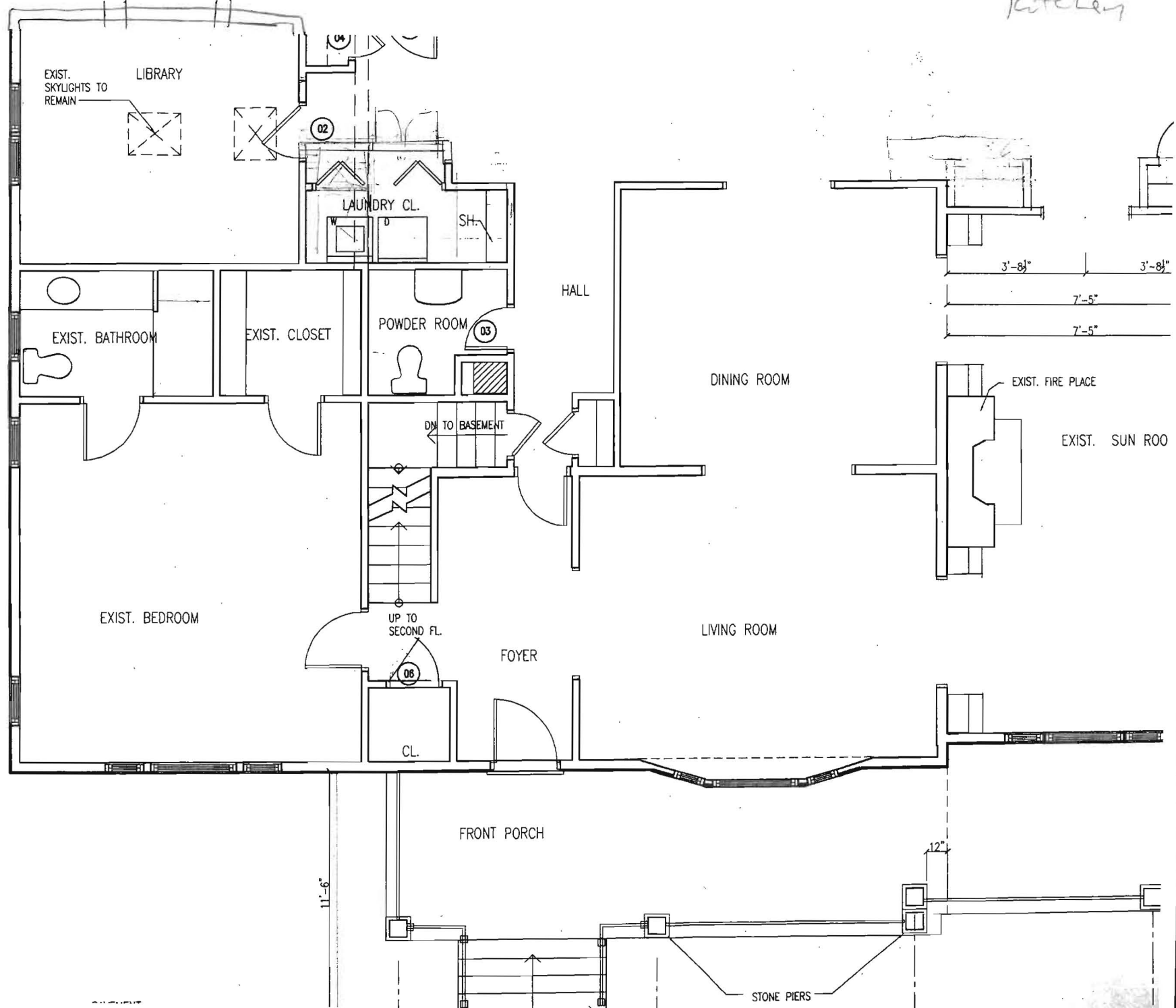
Sara Sappington, R.S.  
Well and Septic Program  
Development Coordination Section

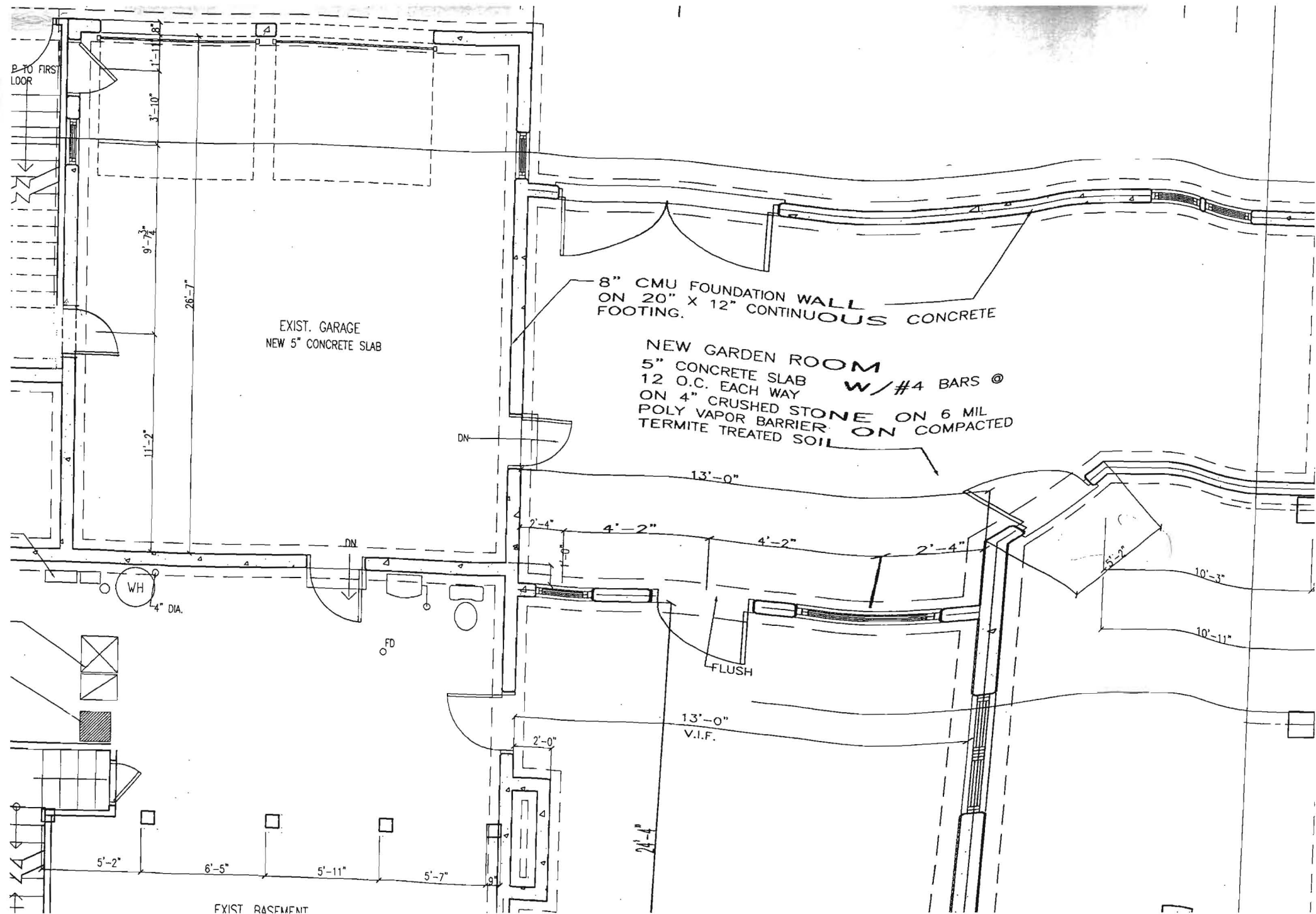
*windows*

*Fay Room*

*Kitchen*

4'-11"  
 2'-6"  
 4'-11"  
 4"  
 3'-13/4"





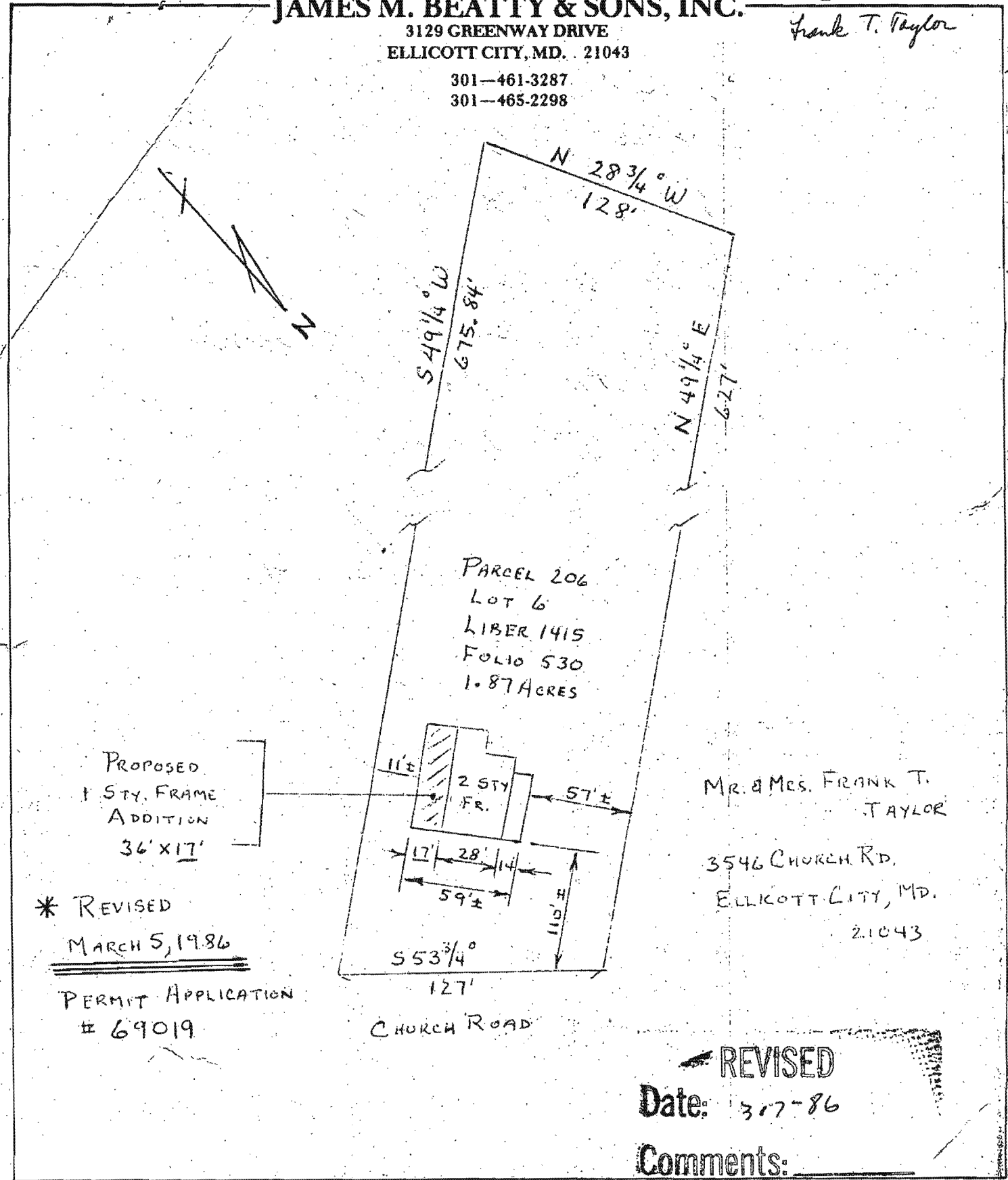
# 69019  
3546 Church Rd.  
EC

# JAMES M. BEATTY & SONS, INC.

3129 GREENWAY DRIVE  
ELLCOTT CITY, MD. 21043

301-461-3287  
301-465-2298

Frank T. Taylor



PARCEL 206  
LOT 6  
LIBER 1415  
FOLIO 530  
1.87 ACRES

PROPOSED  
1.5 STY. FRAME  
ADDITION  
36' X 17'

MR. & MRS. FRANK T.  
TAYLOR  
3546 CHURCH RD.  
ELLCOTT CITY, MD.  
21043

\* REVISED  
MARCH 5, 1986

PERMIT APPLICATION  
# 69019

CHURCH ROAD

REVISED  
Date: 3-7-86

Comments: \_\_\_\_\_

