Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: B17002175

Building Address: 12934 Folly Quarter Rd.
City: Ellicott City State: MD Zip Code: 21042
Suite/Apt. #: _____ SDP/WP/BA #: N/A
Census Tract: _____ Subdivision: N/A
Section: _____ Area: _____ Lot: _____
Tax Map: 22 Parcel: 173 Grid: 16
Zoning: RR-DEO Map Coordinates: _____ Lot Size: 5.2 Ac.

Existing Use: Residential
Proposed Use: New SFD Residence to be built
Estimated Construction Cost: $ $323,000
Description of Work: Building New SFD Residential Dwelling

Occupant or Tenant: E. Sejmonovic Family
Was tenant space previously occupied? ☒ Yes ☐ No
Contact Name: _____
Address: (Same)
City: Ellicott City State: MD Zip Code: _____
Phone: 443-545-4958 Fax: _____
Email: _____

Contractor Info

Property Owner's Name: Mr. Edin Sejmenovic
Address: 12934 Folly Quarter Rd.
City: Ellicott City State: MD Zip Code: 21042
Phone: _____ Fax: _____
Email: Edin.Sejmenovic@hotmail.com

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Caruso Homes, Inc.
Address: 2120 Baldwin Ave. Ste. 200
City: Crofton State: MD Zip Code: 21114
Phone: (301) 832-5429 Fax: _____
Email: R Oliff @ Caruso Homes.com

Contractor Company: Caruso Homes, Inc.
Contact Person: Robert (Bob) Oliff
Address: 2120 Baldwin Ave., Ste. 200
City: Crofton State: MD Zip Code: 21114
License No.: 6848
Phone: (301) 832-5429 Fax: _____
Email: ROliff@CarusoHomes.com

Engineer/Architect Company: Sill Engineering Group, LLC
Responsible Design Prof.: Paul Sill
Address: 11130 Dovedale Ct. Ste. 200
City: Marriottsville State: MD Zip Code: 21104
Phone: 443-325-5076 Fax: _____
Email: Info@sillengineering.com

Commercial Building Characteristics	Residential Building Characteristics
Height:	☑ SF Dwelling ☐ SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1st floor: 38' 68'
	2nd floor: 38' 48'
Area of construction (sq. ft.):	Basement:
	☐ Finished Basement
Use group:	☑ Unfinished Basement
	☐ Crawl Space
Construction type:	☐ Slab on Grade
☐ Reinforced Concrete	No. of Bedrooms: 4
☐ Structural Steel	Multi-family Dwelling
☐ Masonry	No. of efficiency units:
☐ Wood Frame	No. of 1 BR units:
☐ State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
➢ Roadside Tree Project Permit	Footings:
☐ Yes ☒ No	Roof:
Roadside Tree Project Permit #	☐ State Certified Modular
	☐ Manufactured Home

Utilities	
Water Supply	
☐ Public	
☒ Private	
Sewage Disposal	
☐ Public	
☒ Private	
Electric: ☒ Yes ☐ No	
Gas: ☐ Yes ☒ No	
Heating System	
☒ Electric ☐ Oil	
☐ Natural Gas ☐ Propane Gas	
☐ Other:	
Sprinkler System:	
☒ Yes ☐ No	
Grading Permit Number:	G17000172
Building Shell Permit Number:	

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.

Robert Oliff
Applicant's Signature

Robert Oliff
Print Name

ROliff@CarusoHomes.com
Email Address

5-26-17
Date

Div. Manager Caruso Homes "On Your Lot"
Title/Company

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	6-7-17	D Bennett

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? ☐ Yes ☐ No
Is Entrance Permit Required? ☐ Yes ☐ No
Historic District? ☐ Yes ☐ No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	$
Permit Fee	$
Tech Fee	$
Excise Tax	$
PSFS	$
Guaranty Fund	$
Add'l per Fee	$
Total Fees	$
Sub- Total Paid	$
Balance Due	$
Check	#

Distribution of Copies: White: Building Officials Green: PSZA Zoning Yellow: PSZA Engineering Pink: Health Gold: SHA

T:\Operations\Updated Forms\building applmp 8.2012.docx

* Needs letter to keep old well while bldg new ECP approved & matches plot plan