

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

1300157373

Building Address 3717 Park Overlook Ct
Ellicott City, MD 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 600000 Subdivision Greenwood
 Section _____ Area _____ Lot _____
 Tax Map 27 Parcel 16 Grid 10
 Zoning R2D Map Coordinates 1089 Lot size _____

Property Owner's Name Rene Jannuzzi + Paul Bode
 Address 3717 Park Overlook Ct
 City Ellicott City State MD Zip Code 21042
 Home Phone 410 531 1639 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone (same) Fax _____

Existing Use Single family Dwelling
 Proposed Use Auto covered Pool
 Estimated Construction Cost \$ 5000.00
 Description of Work
15' x 30' above ground pool 53" deep
10' x 6' x 6'

Contractor Company OTD Installers
 Contact Person _____
 Address 200 Gateway Drive Suite 1C
 City Bel Air State MD Zip Code 21014
 License No. 48715
 Phone 800 818 2637 Fax _____

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: _____ Public _____ Private _____
No. of stories: _____	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"/>
Use group: _____	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: 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 <input checked="" type="checkbox"/>
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private <input checked="" 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: _____ Height: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A <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.

Rene Jannuzzi
 Applicant's Signature
 Title/Company _____

Rene Jannuzzi
 Print Name
5.4.06
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DEP/SETBACK INFORMATION	PROPERTY ID#
Land Development DEZ			Front _____	Filing fee \$ _____
State Health			Rear _____	Permit fee \$ _____
Building Official			Side _____	Excess fee \$ _____
Dev. Engineering DEZ			Side St _____	Add'l per. fee \$ _____
Health			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 installation? 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 New Town Zone _____	Check \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Validator # <u>10277</u>
Distribution of Copies: White: Building Official Green: LDD, DEZ Yellow: DED, DEZ Pink: Health Gold: SHA			Accepted by _____	

210-71

10277

50387A 57293B

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00159393

Building Address 3717 Park Overlook Ct
Ellicott City, MD 21042
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Rene Jannuzzi + Paul Brade
Address 3717 Park Overlook Ct
City Ellicott City State MD Zip Code 21042
Home Phone 410 551 1639 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone (same) Fax _____

Existing Use Single Family Dwelling
Proposed Use Above ground pool
Estimated Construction Cost \$ 5000.00
Description of Work
15' x 30' above ground pool, 52" deep

Contractor Company CT D installers
Contact Person _____
Address 260 Gateway Drive Suite 1C
City Bel Air State MD Zip Code 21014
License No. 48113
Phone 800 818 2637 Fax _____

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: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <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"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
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 _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Height: _____ Multi-family dwellings: No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ 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.

Rene Jannuzzi
Applicant's Signature

Rene Jannuzzi
Print Name

Title/Company

5/4/06
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>5/4/06</u>	<u>Kacie Noonan</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"/>		
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA		

DPZ SETBACK INFORMATION	PROPERTY FEE
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New/Town Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

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Rev. 11/4/04

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B 00156875

Building Address 3717 PARK OVERLOOK CT.
ELLICOTT CITY, MD. 21042
Suite/Apt. #: _____
Census Tract 603000 Subdivision Benson Branch
Section _____ Area _____ Lot 1521
Tax Map 22 Parcel H655B Grid 10
Zoning RRDEO Map Coordinates 10B9 Lot size 143

Property Owner's Name Rene IANNUZZI
Address PAUL BADE
3717 PARK OVERLOOK CT.
City ELLICOTT CITY State MD Zip Code 21042
Home Phone 410 531 1639 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
DANIEL OSTERICHER
Phone 410 531 5609 Fax _____

Existing Use SFP
Proposed Use _____
Estimated Construction Cost \$ 36,000.00
Description of Work FINISHED BASEMENT
3 RMS. W/BATH
OVER G.C.W.

Contractor Company OSTERICHER ENTS., INC.
Contact Person DANIEL OSTERICHER
Address 4898 GREENBRIDGE RD.
City DAYTON State MD Zip Code 21056
License No. 19437
Phone 410 531 5609 Fax _____

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: <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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads
<input type="checkbox"/> State Certified Modular <input checked="" type="checkbox"/>	

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

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Daniel Ostericher
Applicant's Signature

DANIEL OSTERICHER
Print Name

_____ Title/Company

11-3-05 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	<u>11/3/05</u>	<u>[Signature]</u>	
Dev. Engineering, DPZ			
Health	<u>11/3/05</u>	<u>[Signature]</u>	
Fire Protection			

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>25</u>
Rear: _____	Permit fee \$ <u>60</u>
Side: _____	Excise tax \$ <u>N/A</u>
Side St.: _____	Add'l per. fee \$ <u>10</u>
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ <u>135</u>
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____

Is Sediment Control approval required prior to issuance?
YES NO

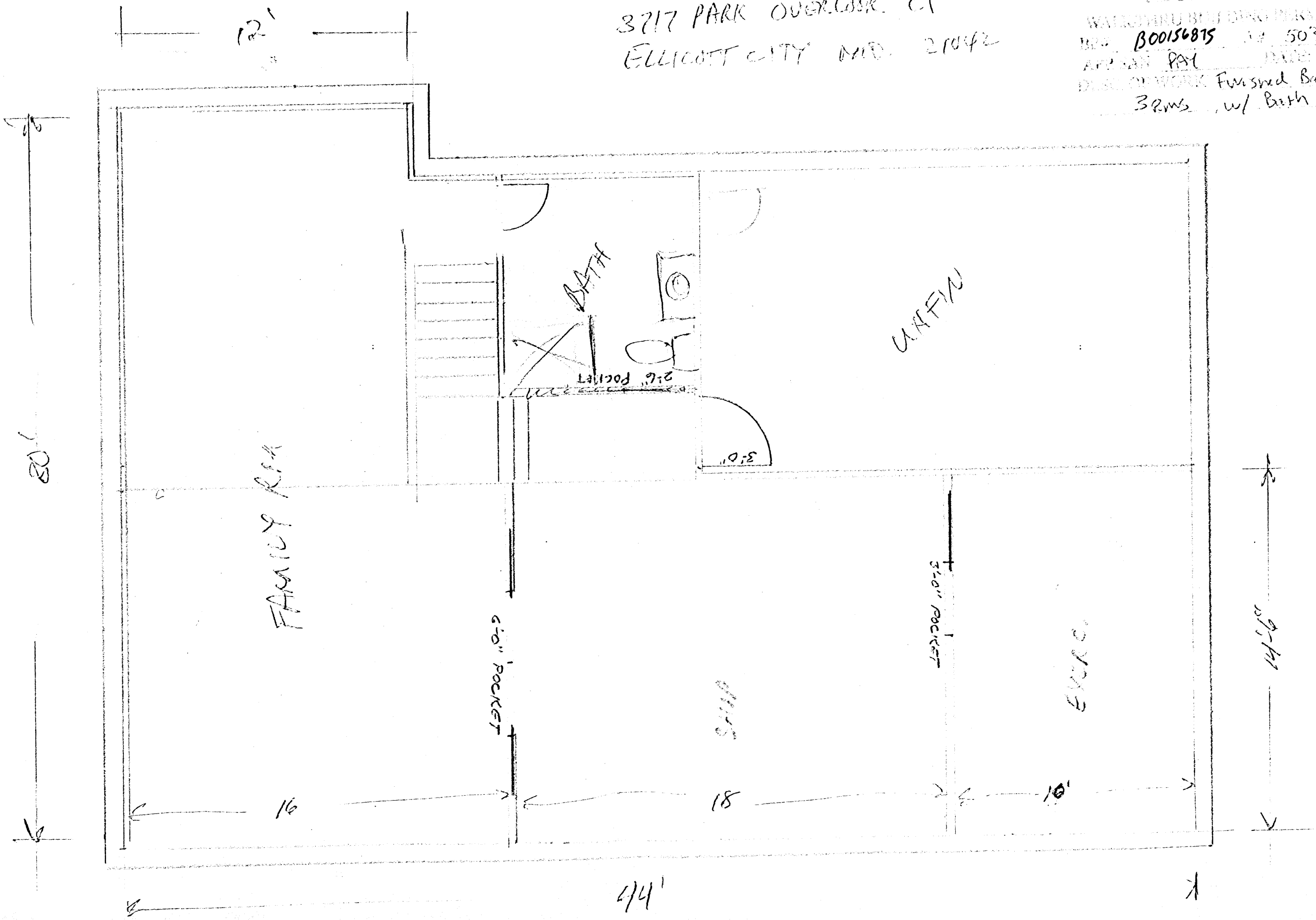
CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

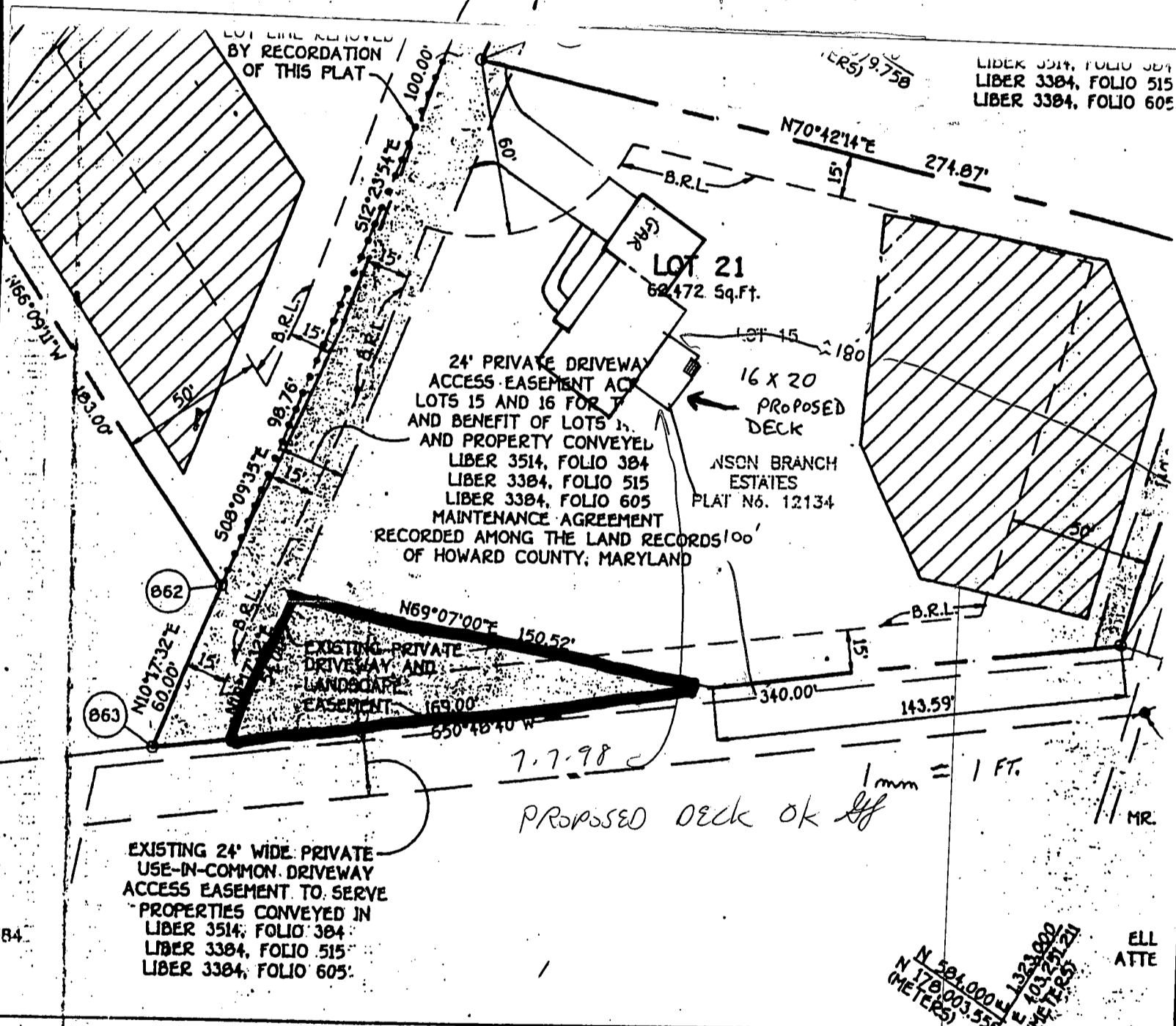
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

IANNUZZI BADE RES.
3717 PARK OVERLOOK CT
ELLICOTT CITY MD. 21042

APPROVED
WATSON BUILDING PERMIT
NO. B00156875 50387-07
APPROX PAY DATE: 11/3/05
DESC OF WORK: Finished Basement
3 Rms, w/ Bath



WELL FOR 3717 PARK OVERLOOK COURT



OWNER'S CERTIFICATE

I, JOHN L. REUER AND DEBORAH L. REUER OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY CERTIFY AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE DEPARTMENT OF PUBLIC WORKS AND PERMITS, I) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWER, DRAINS, WATER PIPES AND OTHER SERVICES IN AND UNDER ALL ROADS AND STREET RIGHTS-OF-WAY AND THE SPECIFIC EASEMENT AND THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE THE BEDS OF THE STREETS AND/OR ROADS AND SPACE WHERE APPLICABLE AND FOR GOOD AND OTHER VALUABLE CONSIDERATION, HEREBY CONVEY TO HOWARD COUNTY TO ACQUIRE THE FREE SIMPLE TITLE TO THE BEDS OF THE STREETS AND ALLEYS, STORM DRAINAGE EASEMENTS AND OPEN SPACE WHERE APPLICABLE; 2) THE RIGHT TO CONVEY EASEMENTS AND DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF THEIR CONSTRUCTION, AND 4) THAT NO BUILDING OR SIMILAR STRUCTURE OF ANY KIND SHALL BE ERECTED ON OR IN THE STREETS AND RIGHTS-OF-WAY. WITNESS OUR HANDS THIS 9th DAY OF AUGUST, 1996.

[Signature]
WITNESS

[Signature]
WITNESS

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL SURVEY RECORDS AND RECORDS IN LIBER 3614 A-1 IN PLACE OR WILL BE IN PLACE IN ACCORDANCE WITH THE ANNOTATED AND MONUMENTATION IS IN ACCORDANCE WITH SUBDIVISION REGULATIONS.



TERRELL A. FISHER, L.S.