



# 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: 6-19-11

Permit No.: 18002287

CB180585 (P2)

Building Address: 1935 FARMERS CAMP  
 City: ELLSWORTH CITY State: MD Zip Code: 21102  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: FARMERS  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 69  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 6,1840

Existing Use: 560  
 Proposed Use: 560  
 Estimated Construction Cost: \$ 300,000.00  
 Description of Work: NEW GARAGE, SIDING AND  
EXP. 'G, BEHIND ATTACHED GARAGE ON  
PROPERTY ACROSS NEW GARAGE. RELOCATE W/TE  
 Occupant or Tenant: DISMANTLE GARAGE AND BURN RA  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: THOMAS J. JONES  
 Address: 1935 FARMERS CAMP  
 City: ELLSWORTH CITY State: MD Zip Code: 21102  
 Phone: 410-313-2455 Fax: \_\_\_\_\_  
 Email: THOMAS.J.JONES@HOWARDCOUNTYMD.GOV

Property Owner's Name: THOMAS J. JONES  
 Address: 1935 FARMERS CAMP  
 City: ELLSWORTH CITY State: MD Zip Code: 21102  
 Phone: 410-313-2455 Fax: \_\_\_\_\_  
 Email: THOMAS.J.JONES@HOWARDCOUNTYMD.GOV

**Applicant's Name & Mailing Address, (If other than stated herein)**  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: AT BID T.B.M.  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: MD Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	<b>Depth</b>	<b>Width</b>
Gross area, sq. ft./floor:	1 <sup>st</sup> floor: <u>60</u>	2 <sup>nd</sup> floor: <u>60</u>
Area of construction (sq. ft.):	Basement: _____	
Use group:	<input type="checkbox"/> Finished Basement	
<b>Construction type:</b>	<input type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Masonry	No. of Bedrooms: _____	
<input type="checkbox"/> Wood Frame	<b>Multi-family Dwelling</b>	
<input type="checkbox"/> State Certified Modular	No. of efficiency units: _____	
	No. of 1 BR units: _____	
	No. of 2 BR units: _____	
	No. of 3 BR units: _____	
	Other Structure: _____	
	Dimensions: _____	
<input checked="" type="checkbox"/> <b>Roadside Tree Project Permit</b>	Footings: <u>20" x 18"</u>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof: <u>SHINGLE - FG</u>	
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Heating System</b>	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Grading Permit Number:</b>	
<b>Building Shell Permit Number:</b>	

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: THOMAS J. JONES  
 Email Address: \_\_\_\_\_  
 Title/Company: \_\_\_\_\_

Print Name: THOMAS J. JONES  
 Date: 6-22-11

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

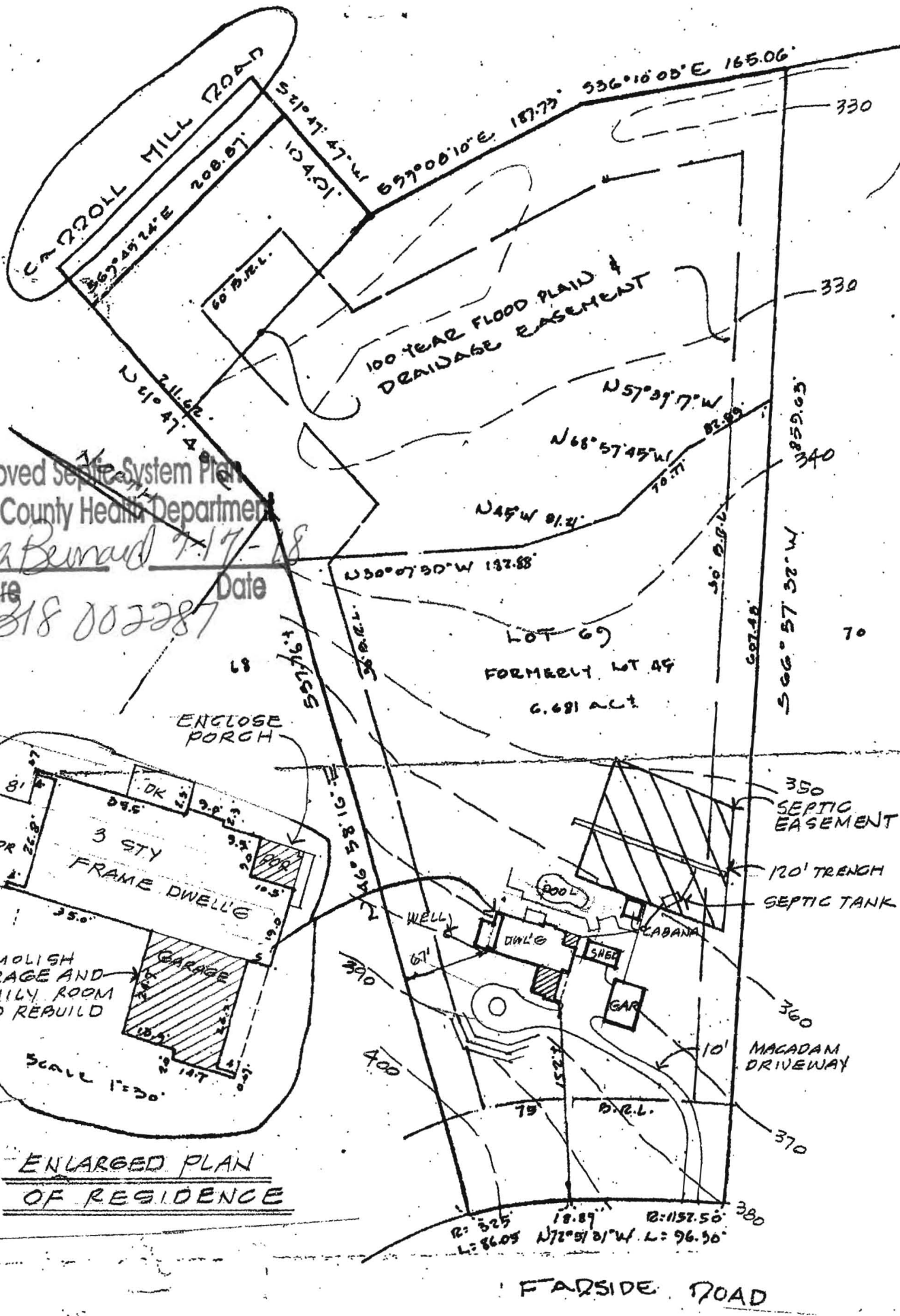
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA ( Zoning )		
PSZA ( Engineering )		
Health	<u>7-17-11</u>	<u>D. Beeraud</u>

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

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	# <u>4910</u>

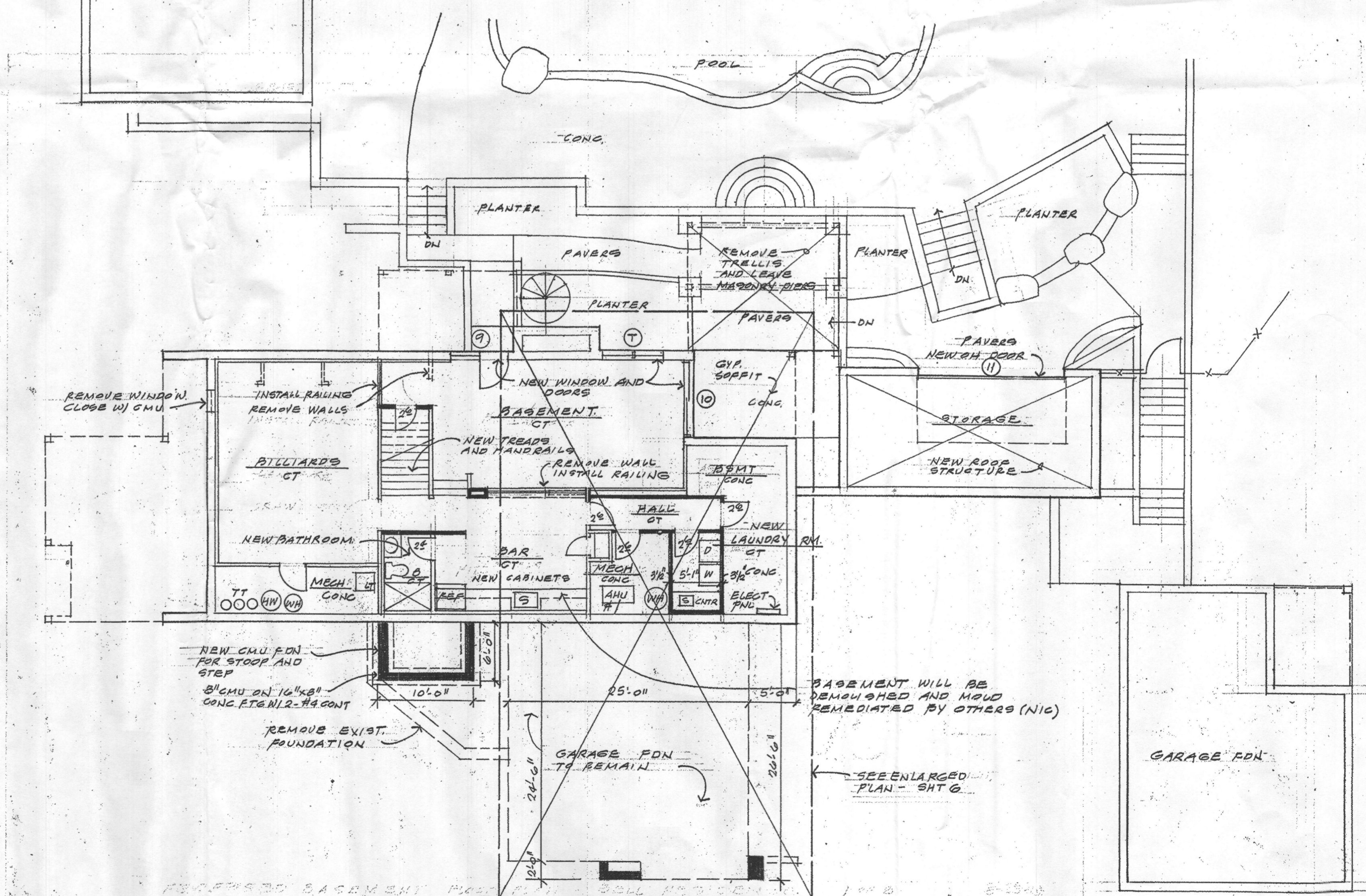
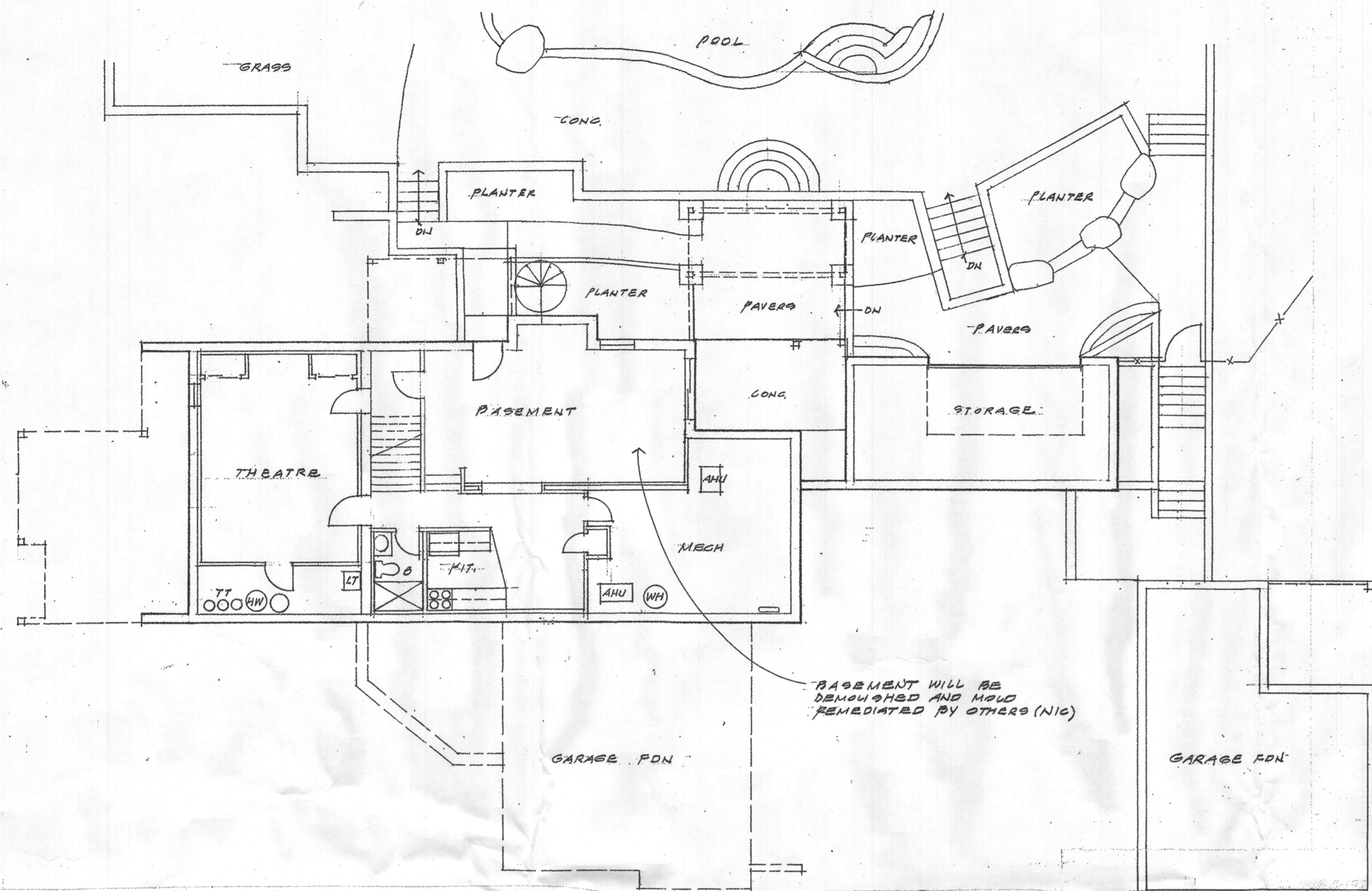
Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



Approved Septic System Plan  
 Howard County Health Department  
*Dana Bernard* 7-17-18  
 Signature Date  
 818 002287

ENLARGED PLAN  
OF RESIDENCE





BELL RESIDENCE REPAIRS AND REMODELING  
 11838 FARSIDE ROAD, ELLICOTT CITY 21042



DATE: 6-5-18  
 SCALE:  
 JOB NO: 08-18  
 SHEET  
 2  
 OF 9 SHEETS

