



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.: 319001745

EC/OK AKH 5/20/19

Building Address: 12261 Etchison Rd
 City: _____ State: _____ Zip Code: _____
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: _____
 Lot: _____ Tax Map: _____ Parcel: _____

Property Owner's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ _____
 Description of Work: _____

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

Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ 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:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

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

Applicant's Signature: _____
 Email Address: _____
 Title/Company: _____

Print Name: _____
 Date: _____

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>6/1/19 RB</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	\$ <u>75</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

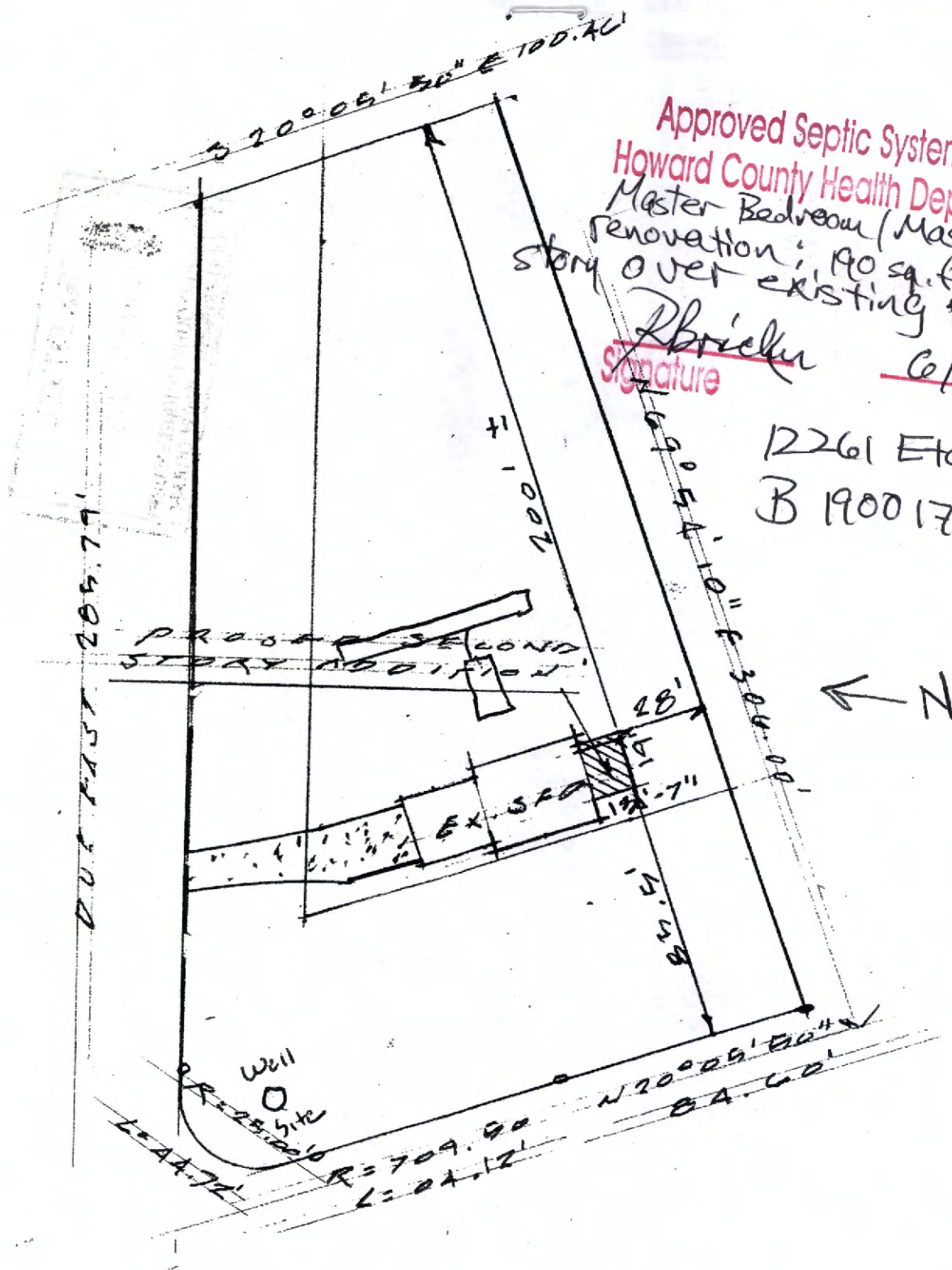
Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

Approved Septic System Plan
 Howard County Health Department
 Master Bedroom / Master Bath
 Renovation: 190 sq. ft. new 2nd
 story over existing 1st floor

R. Bricker
 Signature

6/14/2019
 Date

12261 Etchison Rd.
 B 19001745



 PLOT PLAN

 WELLS & SEPTIC

 ELECTION DISTRICT 3

 ZONING

 1" = 50'

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Addition/SFD	B19001745	05/30/2019
Description of Work		
SFD/ SECOND STORY ADDITION W/ GAS FIREPLACE AND HALF BATH 19' X 14'		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
12261	ETCHISON	RD	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.93829	39.27603
City	State	Zip Code	Primary
ELLCOTT CITY	MD	21042	Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
897610	174	1.09	235100	539000	303900	RURAL
Legal Description						
IMPSLOT 43 BL E S 4 12261 ETCHISON RD WOODMARK						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Supervisor Dist	Map #	DAP Zone	Primary
	43	603000	5				Yes
Plan Area	State Tax Id	Subdivision Name					
	1403280438						
Section	Area	Tax Map					
		22					
Grid	Zoning District	ADC Map					
22-6	RR-DEO	4813-K6					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.					
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1985	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	3-08A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner (This section is not required.)

Search Reset Clear

Name *

AMY AND JASON HOFFERT

Address Line 1

12261 ETHCHISON RD

Address Line 2

Address Line 3

Mail City	Mail State	Mail Zip Code
ELLCOTT CITY	MD	21042
Phone	Primary	
	Yes <input checked="" type="checkbox"/>	
E-mail		
Cell Number	Fax Number	

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
08010074572	COLUMBIA FINISHERS INC		
License Type *	First Name	Middle Name	Last Name
MHIC Ind <input checked="" type="checkbox"/>	CRAIG	A	HAWKES
Primary	Address Line 1		
Yes <input checked="" type="checkbox"/>	9151 A RED BRANCH ROAD		
Address Line 2			
City		State	ZIP Code
COLUMBIA		MD	21045-0000
Phone 1	Phone 2	Fax	
4109642320		4109642321	
E-mail			
COLFINISHERS@VERIZON.NET			

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant <input checked="" type="checkbox"/>	BRANDON		HAWKES
Relationship	Full Name		
Applicant <input checked="" type="checkbox"/>	BRANDON HAWKES		
Primary	Organization Name		
No <input checked="" type="checkbox"/>	COLUMBIA FINISHERS INC		
Street Address			
9151 A RED BRANCH ROAD			
Address Line 2			
City		State	Zip Code
COLUMBIA		MD	21045-0000
Phone	Cell	Fax	
4109642320		4109642321	
E-mail *			
COLFINISHERS@VERIZON.NET			

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type	First Name	MI	Last Name
Contact <input checked="" type="checkbox"/>	BRANDON		HAWKES
Relationship	Full Name		
Licensed Professiona <input checked="" type="checkbox"/>	BRANDON HAWKES		
Primary	Organization Name		
Yes <input checked="" type="checkbox"/>	COLUMBIA FINISHERS INC		
Street Address			
9151 A RED BRANCH ROAD			
Address Line 2			
City		State	Zip Code
COLUMBIA		MD	21045-0000
Phone	Cell	Fax	
4109642320		4109642321	
E-mail			
COLFINISHERS@VERIZON.NET			

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
40000	0	0	No
Construction Type			
101 - Single Family Houses Detached			

RESIDENTIAL ADDITION INFORMATION

RESIDENTIAL ADDITION INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Roadside Tree Project Permit	Roadside Tree Project Permit #		
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No			
Change In Use	Existing Use	1st Floor Depth	1st Floor Width	2nd Floor Depth	2nd Floor Width	Basement Depth
<input type="radio"/> Yes <input checked="" type="radio"/> No	Existing Structure			14	15	
Basement Width	Height	Total Square Footage *	Occupiable Square Footage *	Bedrooms *	Full Baths	Half Baths
		190	190	0		
Foundation	Basement	Other Structure	W & S Fees Paid	Water		
--Select--	--Select--	--Select--	<input type="radio"/> Yes <input checked="" type="radio"/> No	Public		
Sewage	Utilities	Heating System	Sprinkler System	Type of Fireplace		
Public	Electric	Electric	None	--Select--		
No of Fireplaces	Grading Permit No	Expiration Date				
		12/10/2019				

PAYMENT INFORMATION

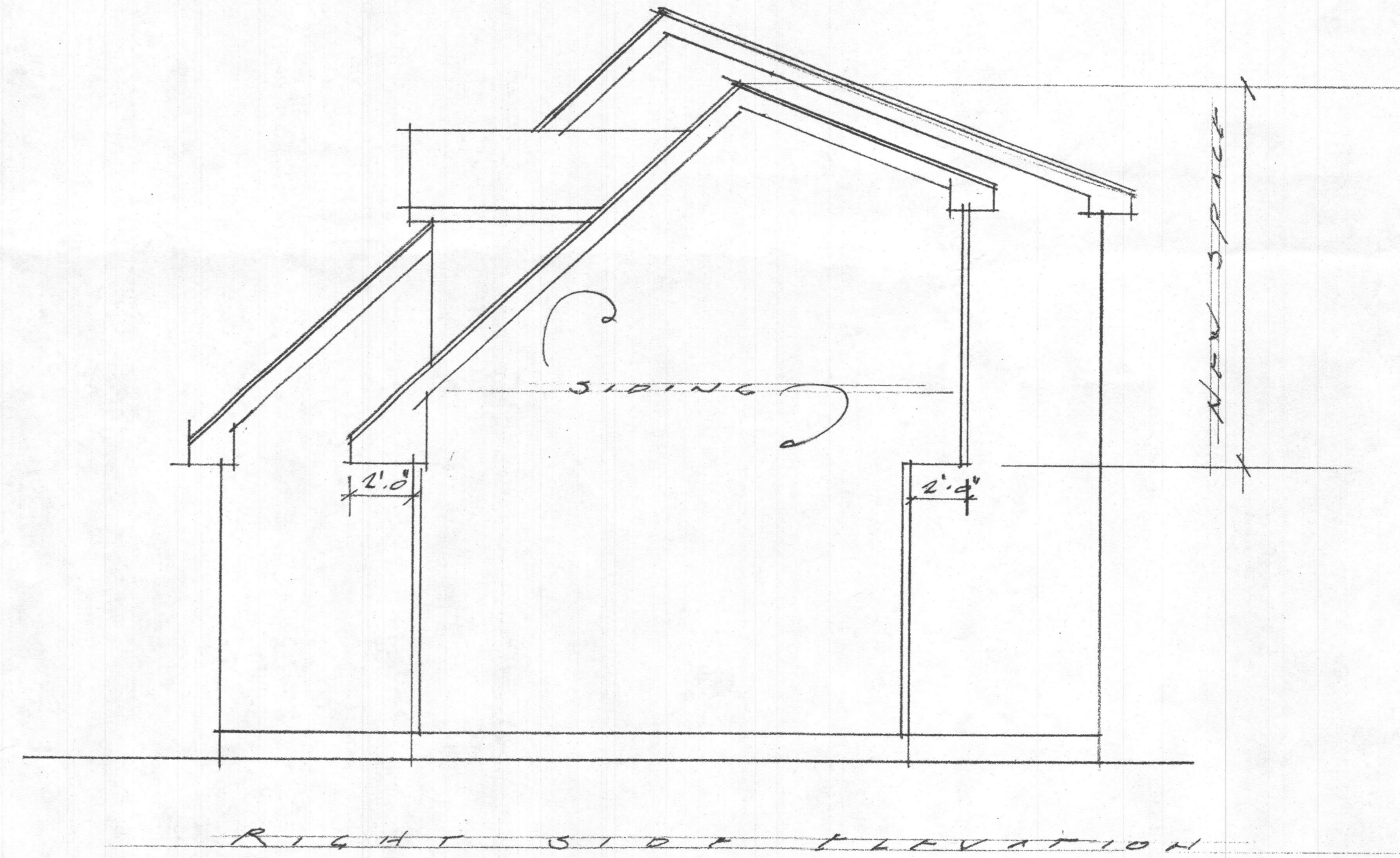
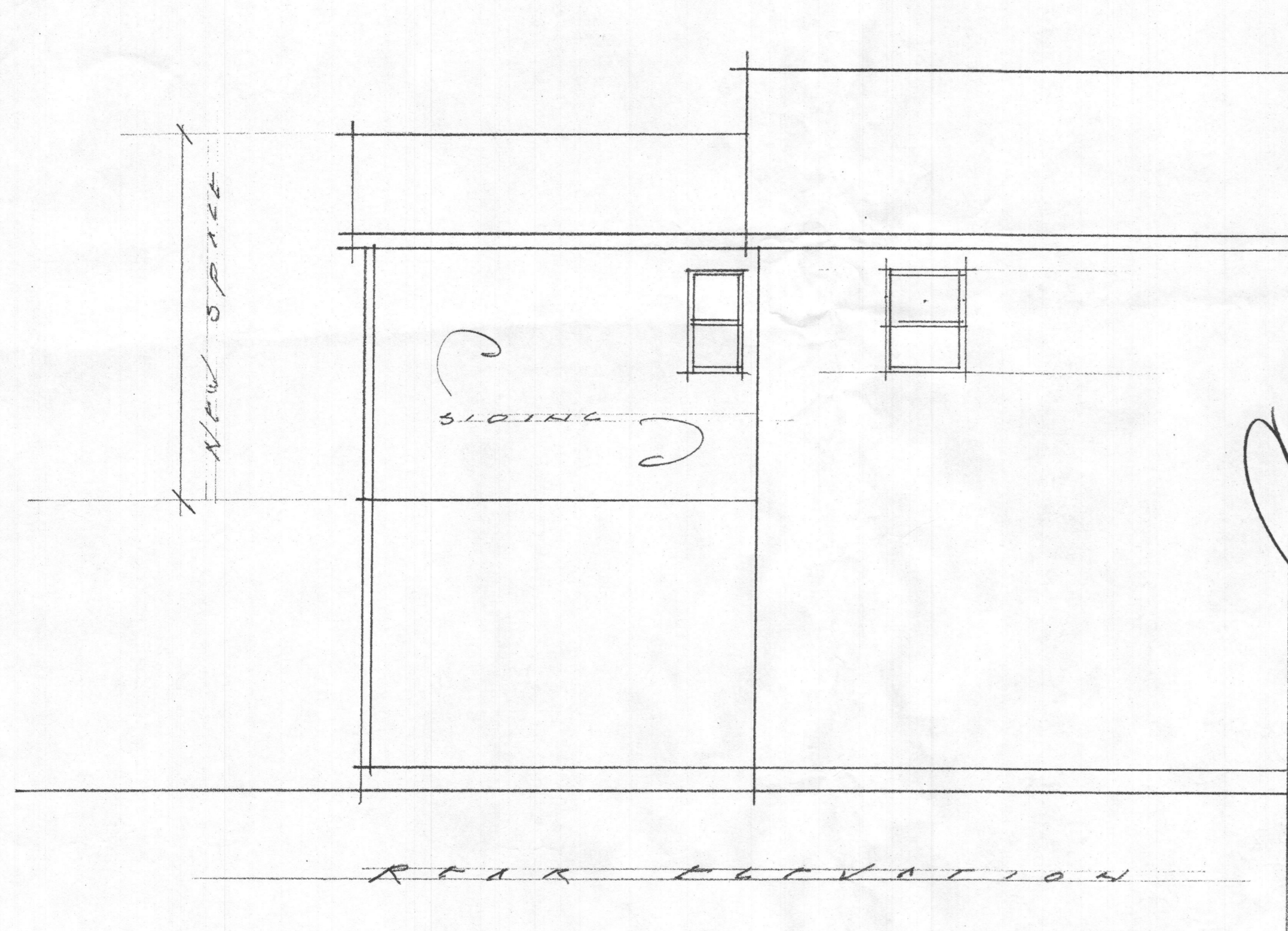
Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered

Submit Cancel

Real Property Data Search (w1)

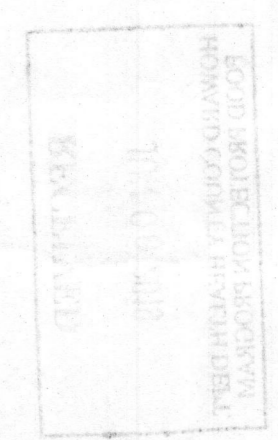
Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption			View GroundRent Registration				
Tax Exempt:		Special Tax Recapture:							
Exempt Class:		NONE							
Account Identifier:		District - 03 Account Number - 280438							
Owner Information									
Owner Name:		HOFFERT JASON HOFFERT AMY			Use:		RESIDENTIAL		
Mailing Address:		12261 ETHCHISON RD ELLCOTT CITY MD 21042-1351			Principal Residence:		YES		
					Deed Reference:		/16310/ 00202		
Location & Structure Information									
Premises Address:		12261 ETCHISON RD ELLCOTT CITY 21042-0000			Legal Description:		LOT 43 BL E S 4 12261 ETCHISON RD WOODMARK		
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:
0022	0007	0174		2035			43	2019	Plat Ref:
Special Tax Areas:					Town:		NONE		
					Ad Valorem:		100		
					Tax Class:				
Primary Structure Built		Above Grade Living Area		Finished Basement Area		Property Land Area		County Use	
1985		1,931 SF		941 SF		1.0900 AC			
Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation			
1 1/2	YES	STANDARD UNIT	SIDING	2 full/ 1 half	1 Attached				
Value Information									
		Base Value		Value		Phase-in Assessments			
				As of		As of		As of	
				01/01/2019		07/01/2018		07/01/2019	
Land:		235,100		240,900					
Improvements		215,400		296,300					
Total:		450,500		537,200		450,500		479,400	
Preferential Land:		0						0	
Transfer Information									
Seller: LEWIS EDWIN M TRUSTEE			Date: 07/06/2015			Price: \$550,000			
Type: ARMS LENGTH IMPROVED			Deed1: /16310/ 00202			Deed2:			
Seller: LEWIS EDWIN M			Date: 07/21/2014			Price: \$0			
Type: NON-ARMS LENGTH OTHER			Deed1: /15692/ 00314			Deed2:			
Seller: PONTIER EDWARD W			Date: 06/21/1990			Price: \$286,000			
Type: ARMS LENGTH IMPROVED			Deed1: /02247/ 00261			Deed2:			
Exemption Information									
Partial Exempt Assessments:		Class		07/01/2018		07/01/2019			
County:		000		0.00					
State:		000		0.00					
Municipal:		000		0.00 0.00		0.00 0.00			
Tax Exempt:		Special Tax Recapture:							
Exempt Class:		NONE							
Homestead Application Information									
Homestead Application Status: Approved 06/20/2017									
Homeowners' Tax Credit Application Information									



Approved Septic System Plan
 Howard County Health Department
 Master Bedroom (Master Bath)
 renovation (190 sqft)
 R. Buckler
 Signature
 6/14/2019
 Date
 12261 Etchison Rd
 B 19001745

Sheet 2 of 2



PROPOSED ADDITION HOPKETT RESIDENCE			
SCALE: 1/4" = 1'-0"	APPROVED BY:	DRAWN BY:	
DATE: 6-2-19		REVISED:	
COLUMBIA PINISTERS			
DRAWING NUMBER			A-2