



# 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: 8/28/19

Permit No. B19002835

Building Address: 12793 Folly Oak Road  
 City: Ellicott City State: MD Zip Code: 21042  
 Subdivision: N/A SDP/WP/BA #: SDP 82101  
 Tax Map: 277 Parcel: 146  
 Existing Use: Gymnasium - CS  
 Proposed Use: Gymnasium - CS  
 Estimated Construction Cost: \$ 175,000.00  
 Description of Work: INSTALL NEW HEATING COOLING SYSTEMS  
 Applicant/Tenant Name: \_\_\_\_\_  
 Is tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: SCENELC COUNTRY CLUB  
 Address: 12793 Folly Oak Road  
 City: Ellicott City State: MD Zip Code: 21042  
 Phone: 4105217321 Fax: 4105215142  
 Email: largueseglen@ig.com  
 Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: N/A  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Contractor Company: FIDELITY ENGINEERING  
 Contact Person: BOB PENBERTON  
 Address: 55 LOUETON CIRCLE  
 City: SPARKS State: MD Zip Code: 21152  
 License No.: MD LIC 4391 + 2537  
 Phone: 410-291-6628 Fax: \_\_\_\_\_  
 Email: BPENBERTON@FIDELITYENGINEERING.COM  
 Engineer/Architect Company: N/A  
 Responsible Design Prof.: BRIAN KRUE  
 Address: 55 LOUETON CIRCLE  
 City: SPARKS State: MD Zip Code: 21152  
 Phone: 410 771 9460 Fax: \_\_\_\_\_  
 Email: BRUE@FIDELITYENGINEERING.COM

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:	1st floor:	
	2nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Group:	<input type="checkbox"/> Unfinished Basement	
Construction type:	<input type="checkbox"/> Crawl Space	
Reinforced Concrete	<input type="checkbox"/> Slab on Grade	
Structural Steel	No. of Bedrooms:	
Masonry	Multi-family Dwelling	
Wood Frame	No. of efficiency units:	
State Certified Modular	No. of 1 BR units:	
	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

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

APPLICANT 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: Largueseglen@ig.com  
 Address: 55 Loueton Circle  
 City: Sparks State: MD Zip Code: 21152  
 Company: \_\_\_\_\_

Print Name: BOB PENBERTON  
 Date: 8/28/19

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		
Soil Erosion Control approval required for issuance?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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>200.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	<u>2369</u>

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