

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 1/17/2020
To: Health Dept.
(Person's Name and Division)
From: LARRY GAETANO (202) 494-4810
(Your Name, Company Name and Telephone Number)
Subject: Project name B19004349
Project site address 3534 CHURCH ROAD 21043
Permit # B19004349 SDP # _____
Other information pertinent to this project _____

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Letter Summarizing Changes
- Energy conservation calculations
- Copies of _____ (be specific).
- _____ Health Department Request _____ DPZ/ DED Request _____ Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other ADDITIONAL NOTATION ON SITE PLAN RE: PUBLIC WATER SERVICE

Contact Person Information: (Required)

LARRY L. GAETANO
Please Print Name

Telephone No: 202-494-4810

E-Mail Address: TheGAETANIS@Gmcr.com

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by LHP

RECEIVED

JAN 17 2020

LICENSES & PERMITS

*no fee
Approved
Health Dept
Request*

Freemon, Robert

From: Larry Gaetano <larrylgaetano@visitoec.com>
Sent: Wednesday, January 15, 2020 1:46 PM
To: Freemon, Robert
Subject: 3534 Church Road

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

To: Mike Davis

RE: 3534 Church Road, Ellicott City 21043

Permit # B19004349

We have submitted a building permit (B19004349) for renovations to property at 3534 Church Road, the net gain of square footage of living space is 134 Square feet, we are also downsizing from 3 bedrooms to 2 bedrooms and are building on the existing foundation / footprint.

Therefore I am requesting a waiver to the percolation certification requirement.

We will be correcting the error ASAP non the original permit submission that stated 306 square foot increase which was in error (it included the exterior porch).

Signature



Larry Gaetano
202-494-4810
larrylgaetano@visitoec.com





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.: B19004349

Building Address: 3534 Church Road
 City: Ellicott City State: MD Zip Code: 21043
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: Conrad Farm
 Lot: 8 Tax Map: _____ Parcel: 0161

Existing Use: RESIDENTIAL / PRIMARY RES
 Proposed Use: RES / PRIMARY RES
 Estimated Construction Cost: \$ 450,000

Description of Work: RENOVATION & LEAVE MOST OF FOUNDATION. NOT INCREASING SQUARE FOOTAGE TO MORE THAN 36' WID - 60' DEEP. REPAIR PART OF FOUNDATION

Occupant/Tenant Name: LARRY & HEATHER GAETANO
 Was tenant space previously occupied? Yes No
 Contact Name: LARRY GAETANO
 Address: 3534 Church Road
 City: ELlicott City State: MD Zip Code: 21043
 Phone: 202-494-4810 Fax: _____
 Email: THEGAETANOS@GMAIL.COM

Property Owner's Name: LARRY & HEATHER GAETANO
 Address: 3534 Church Road
 City: ELlicott City State: MD Zip Code: 21043
 Phone: _____ Fax: _____
 Email: THEGAETANOS@GMAIL.COM

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

Contractor Company: Haven Building Group
 Contact Person: Scott HARRIS
 Address: PO BOX 6724
 City: ELlicott City State: MD Zip Code: 21043
 License No. MHC 137397
 Phone: 410-412-7046 Fax: _____
 Email: SCOTTHARRIS@EMAIL.COM

Engineer/Architect Company: PAT SWEENEY & LARRY G.
 Responsible Design Prof.: LARRY GAETANO
 Address: 3534 Church Rd
 City: ELlicott City State: MD Zip Code: 21043
 Phone: 202-494-4810 Fax: _____
 Email: THEGAETANOS@GMAIL.COM

Commercial Building Characteristics	Residential Building Characteristics	
Height: _____	<input type="checkbox"/> SF Dwelling	<input type="checkbox"/> SF Townhouse
No. of stories: <u>2</u>	Depth	Width
Gross area, sq. ft./floor: <u>2155</u>	1st floor: <u>33' x 70'</u>	
Area of construction (sq. ft.): <u>1524</u>	2nd floor: <u>33' x 28'</u>	
Use group: _____	Basement: <u>UNFIN 23' x 70'</u>	
Construction type:	<input type="checkbox"/> Finished Basement	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Wood Frame	No. of Bedrooms: <u>2</u>	
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling	
	No. of efficiency units: _____	
	No. of 1 BR units: <u>2</u>	
	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 type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	<u>2 STORIES</u>
Sewage Disposal	
<input type="checkbox"/> Public	<u>(LS)</u>
<input checked="" type="checkbox"/> Private	<u>2.5 PAILS</u>
Heating System	
<input type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input checked="" type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:	<u>Front Entry</u>
Sprinkler System:	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Grading Permit Number:	<u>619000290</u>
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: LARRY GAETANO Print Name: LARRY GAETANO
 Email Address: THEGAETANOS@GMAIL.COM Date: 12-23-2019
 Title/Company: _____

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

AGENCY	DATE	SIGNATURE OF APPROVAL	DPZ SETBACK INFORMATION	Filing Fee	Permit Fee	Tech Fee	Excise Tax	PSFS	Guaranty Fund	Add'l per Fee	Total Fees	Sub- Total Paid	Balance Due	Check
State Highways			Front: _____	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
Building Officials			Rear: _____											
PSZA (Zoning)			Side: _____											
PSZA (Engineering)			Side St.: _____											
Health	<u>1/30/2020</u>	<u>[Signature]</u>	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: _____											

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Tanks	B20001510	05/17/2020
Description of Work		
SFD/INSTALL 1000 GAL UNDERGROUND PROPANE TANK		

check spelling

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
3534	CHURCH	RD	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.79997	39.27235
City	State	Zip Code	Primary
ELLCOTT CITY	MD	21043	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
896474	161	4.91	259600	371700	112100	ELICO
Legal Description						
IMPS4.955 A[]3534 CHURCH RD[]PATAPSCO HGTS						

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
		602900	1	6		2	
Plan Area	State Tax Id	Subdivision Name					
	1402201445						
Section	Area	Tax Map					
		25					
Grid	Zoning District	ADC Map					
25-7	R-ED	4816-B7					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input checked="" type="radio"/> No	1936	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	2-14A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

approved 5/22/2020
WB

Owner * (This section is required.)

Search Reset Clear

Name *
 LAWRENCE GAETANO

Address Line 1
 3534 CHURCH ROAD

Address Line 2

Address Line 3

Mail City **Mail State** **Mail Zip Code**
 ELLICOTT CITY MD 21043

Phone **Primary**
 301-725-3232 Yes

E-mail

Cell Number **Fax Number**

Professionals (This section is not required.)

Search Reset Clear

License # * **Business Name**
 20100103851 THE H. J. POIST GAS COMPANY, INC

License Type * **First Name** **Middle Name** **Last Name**
 Propane Gs SEAN MICHAEL UNDERWOOD

Primary **Address Line 1**
 Yes 360 MAIN STREET

Address Line 2

City **State** **ZIP Code**
 LAUREL MD 20707-0000

Phone 1 **Phone 2** **Fax**
 4434149582 _____

E-mail

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * **First Name** **MI** **Last Name**
 Applicant MICHELLE CLANCY

Relationship **Full Name**
 Applicant MICHELLE CLANCY

Primary **Organization Name**
 Yes APPLIED & APPROVED PERMITS LLC

Street Address
 P.O. BOX 310

Address Line 2

City **State** **Zip Code**
 PERRY HALL MD 21128

Phone **Cell** **Fax**
 443-340-1229 _____

E-mail *
 MICHELLE@APPLIEDANDAPPROVED.COM

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
3000	0	0	No
Construction Type			
--Select--			

TANK INFORMATION

RESIDENTIAL TANK INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Roadside Tree Project Permit *	Roadside Tree 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	
Existing Use	Number of Tanks Installed *	Number of Tanks Removed *		
SFD	1	0		
Water Supply	Sewage Disposal	Expiration Date	Relocate Existing Tank *	
Private	Private	11/15/2020	0	

PAYMENT INFORMATION

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

Submit Cancel

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DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

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To: MIKE DAVIS
(Person's Name and Division)

From: LARRY GAETANO (202) 494-4810
(Your Name, Company Name and Telephone Number)

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- _____ Other _____

Contact Person Information: (Required)

LARRY GAETANO
Please Print Name

Telephone No: 202-494-4810

E-Mail Address: LGAETANO@GMAIL.COM

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Received by _____

White-Plan Review / Yellow-Applicant / Pink-Permit Division
t:\Operations\Updated forms\transmit.frm - Rev. 04/2014

RECEIVED

JAN 15 2020

**LICENSES & PERMITS
DIVISION**

GAETANO 3534 CHURCH ROAD
ELLICOTT CITY MD 21043

PLEASE CORRECT PER HEALTH DEPARTMENT
THE SQUARE FOOTAGE ON THE PERMIT SUBMISSION
FROM 304 SQUARE FEET TO 134 SQUARE FEET FOR
INCREASE OF SPACE

LARRY GAETANO



