

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	<h2 style="margin: 0;">HOWARD COUNTY</h2> <h1 style="margin: 0;">PERMIT APPLICATION</h1>	<h3 style="margin: 0;">PERMIT NUMBER</h3> <p style="font-size: 24px; margin: 0;">B08000103</p>
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Building Address <u>4260 Buckskin Wood Drive</u> <u>Ellicott City, MD 21042</u>	Owner's Name <u>Giulio F. Paciotti & Peggy A. Paciotti</u> Address <u>6714 Potomac Hunt Court</u>
Suite/Apt. #: <u>N.A.</u> SDP/WP/Petition #: <u>GP-08-34</u> Census Tract <u>6051.01</u> Subdivision <u>Buckskin Ridge</u> Section <u>M.A.</u> Area <u>N.A.</u> Lot <u>26</u>	City <u>Elkridge</u> State <u>MD</u> Zip Code <u>21075</u> Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____
Tax Map <u>22</u> Parcel <u>77</u> Grid <u>21</u> Zoning <u>RR-DEO</u> Map Coordinates <u>10 A-12</u> Lot size <u>44,114 sf.</u>	Phone _____ Fax _____

Existing Use <u>Vacant Lot</u> Proposed Use <u>Single Family Dwelling</u> Estimated Construction Cost \$ <u>200,000.00</u>	Contractor Company <u>Columbia Builders, Inc.</u> Contact Person <u>Dee Sperling</u> Address <u>P.O. Box 999</u>
Description of Work <u>2 story Model "N-N" house</u> <u>4 FB, 1 HB, 5 BR, Conservatory w/2 porches,</u> <u>3 car garage, FP, Fin. Base, W.O. w/Rec. area,</u> <u>BR & FB) 12 Rms.</u>	City <u>Columbia</u> State <u>MD</u> Zip Code <u>21044</u> License No. <u>254</u> Phone <u>410-730-3939</u> Fax _____

Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>Fisher, Collins & Carter</u> Contact Person <u>Joey Ecker</u> Address <u>10272 Baltimore Natl. Pike</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u> Phone <u>410-461-2855</u> Fax _____
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13 <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

Giulio & Peggy Paciotti

Applicant's Signature _____ Print Name _____
Title/Company _____ Date 1/13/09

VALIDATION

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

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing Fee \$ _____
<input checked="" type="checkbox"/> State Highways			Rear: _____	Permit Fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	(.10 sq. ft. <input type="checkbox"/> (.15 sq. ft. <input type="checkbox"/>)
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Excise Tax \$ _____
<input checked="" type="checkbox"/> Health <u>4/1/2008</u>		<u>RBuecher</u>	All minimum setbacks met?	(.40 sq. ft. <input type="checkbox"/> (.80 sq. ft. <input type="checkbox"/>)
<input checked="" type="checkbox"/> Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Check # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>3559</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Accepted by: _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for Newtown Zone _____	
			SDP/Red-line approval date _____	