

*Walk thru*  
**HOWARD COUNTY  
PERMIT APPLICATION**

*309003046*  
**PERMIT NUMBER**

Building Address ~~11622 Princess Ln.~~  
*Ellicott City, MD 21042*  
Suite/Apt. #: *10595* SDP/WP/Petition #: *Route 108*  
Census Tract \_\_\_\_\_ Subdivision *Kings Gift*  
Section \_\_\_\_\_ Area *1* Lot *B*  
Tax Map *16* Parcel *325* Grid *B*  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot Size *5.12 A*

Property Owner's Name *Santosh Chitakki*  
Address *11622 Princess Ln.*  
City *Ellicott City* State *MD* Zip Code *21042*  
Home Phone *443-535-9742* Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

Existing Use *SFD*  
Proposed Use *SFD w/ 10'x18' open deck*  
Estimated Construction Cost \$ *5,000.00*

Contractor Company *American Deck Northwest, Inc.*  
Contact Person *Bill Hensley*  
Address *2603 N. Holling Rd. Ste. 305*  
City *Windsor Mill* State *MD* Zip Code *21244*  
License No. *124021*  
Phone *443-250-3523* Fax *443-250-3524*

Description of Work *construct a new 10'x18' open deck. NO steps*

Occupant or Tenant \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address *SAME AS ABOVE*  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address *SAME AS ABOVE*  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>
_____ Reinforced Concrete	Natural Gas <input type="checkbox"/>
_____ Structural Steel	Propane Gas <input type="checkbox"/>
_____ Masonry	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/>
_____ Wood Frame	_____ Full
_____ State Certified Modular	_____ Partial
	_____ Other Suppression
	_____ # of Heads

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1 <sup>st</sup> floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2 <sup>nd</sup> floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms _____	Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/>
No. of efficiency units: _____	_____ NFPA #13D
No. of 1 BR units: _____	_____ NFPA #13R
No. of 2 BR units: _____	_____ Other
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: <i>Post &amp; Pre</i>	
Roof: _____	
_____ State Certified Modular	
_____ Manufactured Home	

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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

*William Hensley*  
Applicant's Signature  
*President, American Deck Northwest*  
Title/Company

*William Hensley*  
Print Name  
*11/12/09*  
Date

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

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development, DPZ			
State Highways			
Building Officials			
Dev. Engineering, DPZ			
Health	<i>11-12-09</i>	<i>D. Bernard</i>	
Fire Protection			
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			
ONE STOP SHOP: <input type="checkbox"/>			

FOR OFFICE USE ONLY	PROPERTY ID #
DPZ SETBACK INFORMATION	
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit Required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <i>3085</i>
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Accepted by _____
Lot Coverage for New Town Zone	
SDP/Red-line approval date _____	

