

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

506007151

Building Address 13100 CAY CT
ELICOTT CITY MD 21042
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name PAULINE PATRICK
Address 13100 CAY CT
City ELICOTT CITY State MD Zip Code 21042
Home Phone 410-521-7513 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use BASEMENT - SF
Proposed Use BASEMENT, BRIDGE
Estimated Construction Cost \$ 700
Description of Work FINISH BASEMENT
W/BLT. STAIR
TO 1ST FLOOR

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

Occupant or Tenant _____
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
Water Supply: _____
 Public
 Private
Sewage Disposal: _____
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 Full
 Partial
 Other Suppression
of Heads _____

Building Characteristics
SF Dwelling SF Townhouse
Depth _____ Width _____
1st floor: _____
2nd floor: _____
Basement: _____
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms _____
Height: _____
Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____
Other Structure: _____
Dimensions: _____
Footings: _____
Roof Height: _____
 State Certified Modular
 Manufactured Home

Utilities
Water Supply: _____
 Public
 Private
Sewage Disposal: _____
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 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.

Pauline Patrick
Applicant's Signature
Title/Company _____

Pauline Patrick
Print Name
11/20/06
Date

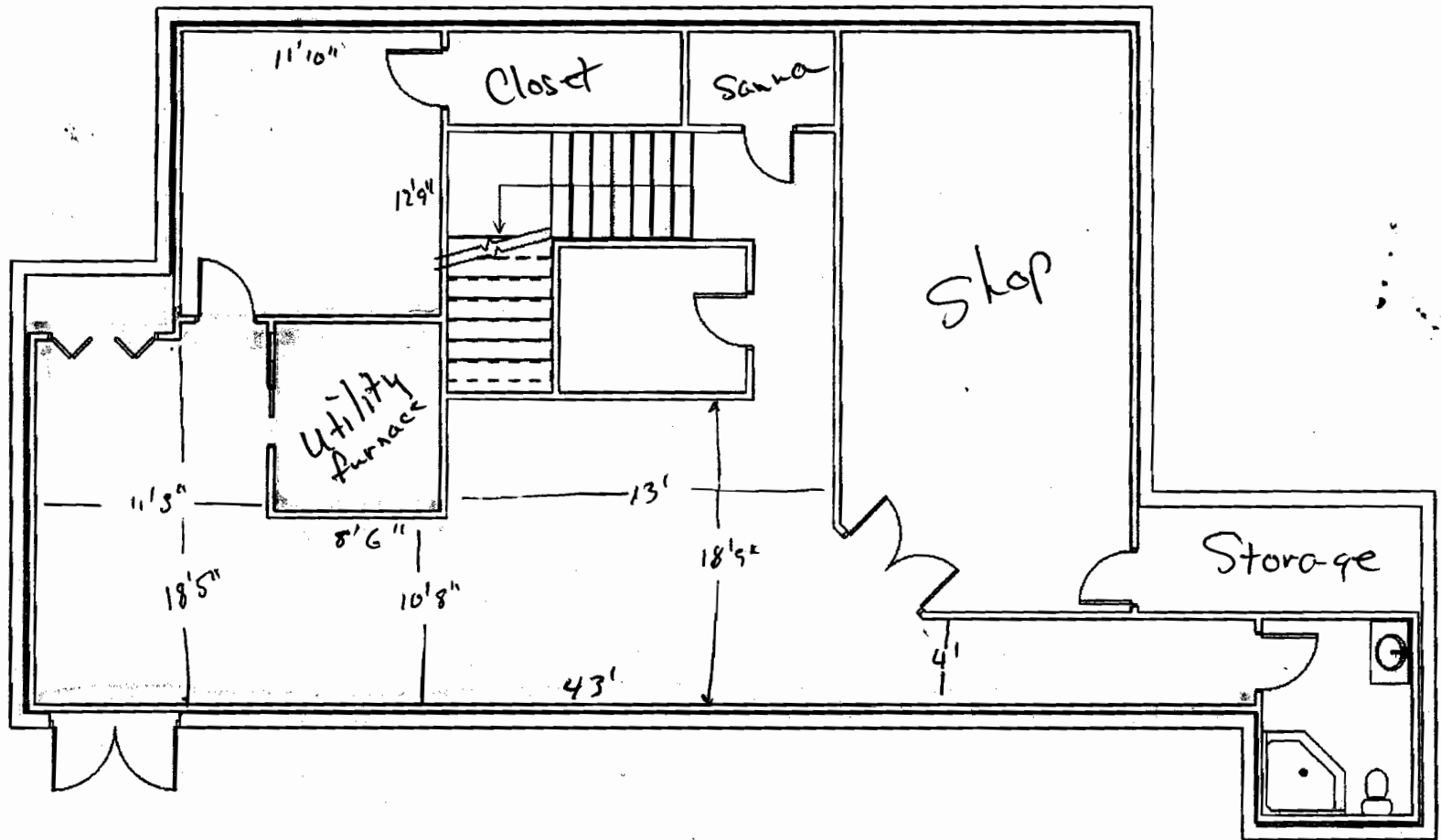
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

| AGENCY | DATE | SIGNATURE | APPROVAL | DPZ SETBACK INFORMATION | PROPERTY ID# |
|--|----------------|--------------------|----------|--|-------------------------|
| Land Development DPZ | | | | Front: _____ | Filing fee \$ _____ |
| State Highway | | | | Rear: _____ | Permit fee \$ _____ |
| Building Official | | | | Side: _____ | Excise tax \$ _____ |
| Dev. Engineering DPZ | | | | Side St. _____ | Add'l per. fee \$ _____ |
| Health | <u>12/8/06</u> | <u>[Signature]</u> | | All minimum setbacks met? | TOTAL FEES \$ _____ |
| Fire Protection | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| Is Sediment Control approval required prior to insurance? | | | | is Entrance Permit required? | Balance due \$ _____ |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | Check # _____ |
| CONTINGENCY CONSTRUCTION START <input type="checkbox"/> | | | | Historic District? | Validation # _____ |
| ONE STOP SHOP <input type="checkbox"/> | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA | | | | Lot Coverage for New/Town Zone _____ | |
| 1: Form PERMIT.FRM | | | | SDP/Red-line approval date _____ | Accepted by _____ |

692 sq ft

new walls



Howard County, MARYLAND

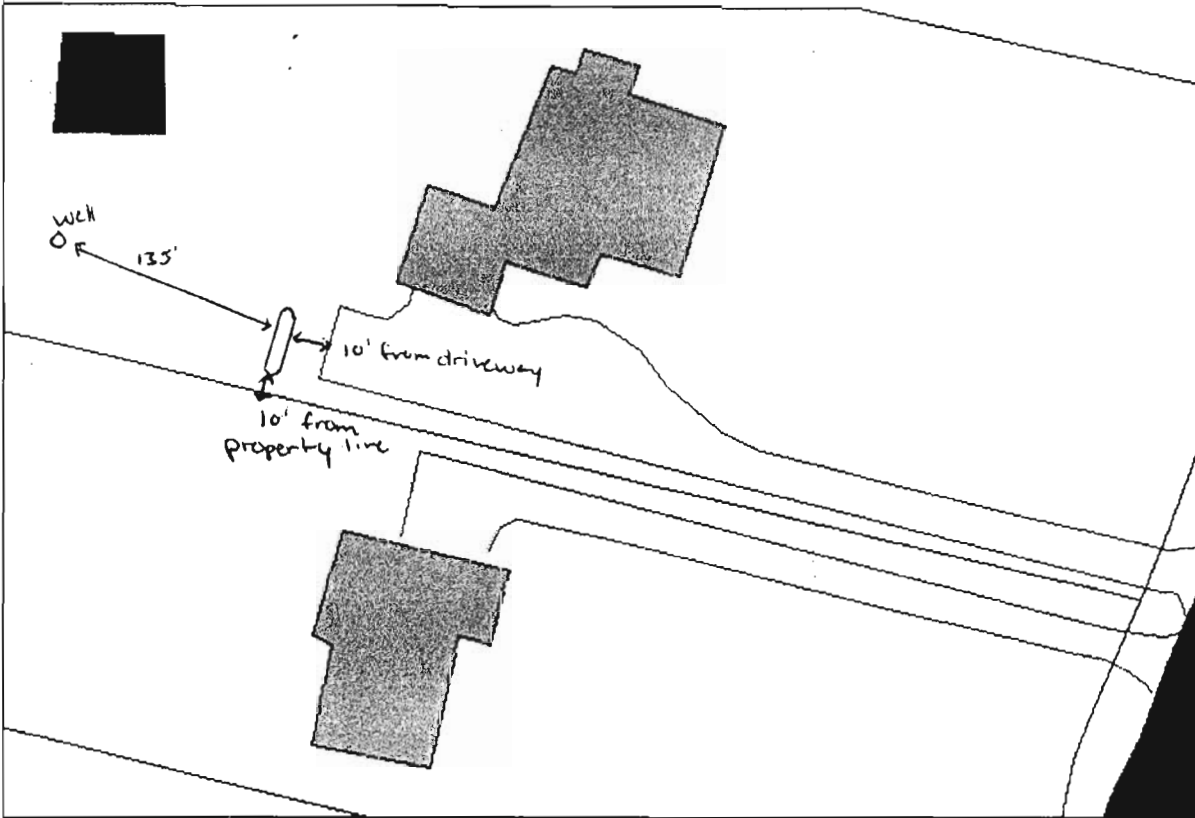


Map Width: 165 ft.
Date: 8/24/2007
Time: 10:20:23 AM



B0700 3556

13100 Cox Ct.



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Geographic Information Systems Division.
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UP tank located at 10/14/07 OK

ROAD 'B'

ROAD 'A'

LOT 12
48,730 Sq. Ft.*

LOT 10
43,822 Sq. Ft.*

LOT 9
49,915 Sq. Ft.*

LOT 11
42,871 Sq. Ft.*

LOT 13
48,301 Sq. Ft.*

LOT 14
40,807 Sq. Ft.*

GERMAN A. HENNESSY
AND WIFE
GABRIEL BS
LIBER 341, FOLIO 435

Property of
RAMON E. BURGESS
AND WIFE
MARTE
PARCEL 130
LIBER 339, FOLIO 404

Property of
GERALD ANN ROWLANDS
BEVERLY ANN ROWLANDS
LIBER 395, FOLIO 410

Existing House
Existing House
Existing House

Existing House

Existing House

TREES

TREES

TREES

TREES

TREES

TREES

TREES

Scanned 8/29/07 ~~DPZ~~ DUPLICATE COPY - HEALTH DEPT

| | | |
|--|---|---|
| <small>DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800</small> | <h2 style="margin:0;">HOWARD COUNTY PERMIT APPLICATION</h2> | <h2 style="margin:0;">PERMIT NUMBER</h2> <h1 style="margin:0;">B07003556</h1> |
| Building Address <u>13100 Cox Ct.</u> <u>Ellicott City MD 21042</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____ | Property Owner's Name <u>Richard Mathews</u> Address <u>13100 Cox Ct</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u> Home Phone <u>410-531-7513</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>- Same AS contractor -</u> Phone _____ Fax _____ | |
| Existing Use <u>Single family dwelling</u> Proposed Use <u>same with propane tank</u> Estimated Construction Cost \$ <u>100.00</u> Description of Work <u>Change out 1-1000 gallon under ground propane tank.</u> | Contractor Company <u>AmeriGAS</u> Contact Person <u>Gabe Raden</u> Address <u>10097 Baltimore Natl Pike</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u> License No. <u>79808</u> Phone <u>410-465-0800</u> Fax <u>410-465-0803</u> | |
| Occupant or Tenant <u>owner</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____ | Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____ | |

| 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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads | Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <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.

Gabe Raden
 Applicant's Signature Print Name
Commercial Account Manager 08-24-07
 Title/Company Date

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#: |
|--|------|--------------------|--|-----------------------------|
| Land Development, DPZ | | | Front: _____ | Filing fee \$ _____ |
| State Highways | | | Rear: _____ | Permit fee \$ <u>100</u> |
| Building Official <u>08-29-07</u> | | | Side: _____ | Excise tax \$ <u>10</u> |
| Dev. Engineering, DPZ | | | Side St.: _____ | Add'l per. fee \$ <u>10</u> |
| Health <u>10/19/07</u> | | | All minimum setbacks met? | TOTAL FEES \$ <u>110</u> |
| Fire Protection | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| Is Sediment Control approval required prior to issuance? | | | Is Entrance Permit required? | Balance due \$ _____ |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | Check # <u>7806</u> |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | Historic District? | Validation # _____ |
| ONE STOP SHOP: <input type="checkbox"/> | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| | | | Lot Coverage for NewTown Zone _____ | |
| | | | SDP/Red-line approval date _____ | Accepted by _____ |