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| DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS<br>3430 COURT HOUSE DRIVE<br>ELLCOTT CITY, MD 21043<br>PERMITS (410)313-2455 INSPECTIONS (410)313-1810<br>AUTOMATED INFORMATION (410) 313-3800 | <b>HOWARD COUNTY</b><br><b>PERMIT APPLICATION</b> | <b>PERMIT NUMBER</b><br><u>B00137534</u> |
|--|---|--|

Building Address 12187 Triadelphia Rd.  
Ellicott City, MD 21042

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 603000 Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map 16 Parcel 138 Grid 19

Zoning RR Map Coordinates 10 R 6 Lot size \_\_\_\_\_

Property Owner's Name Lester Brubaker

Address 12187 Triadelphia Rd.

City Ellicott City State MD Zip Code 21042

Home Phone 410-531-2944 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFH

Proposed Use SFH bathroom addition

Estimated Construction Cost \$29,500

Description of Work 7x10 addition over existing bathroom

Contractor Company Additions, ETC.

Contact Person Michael Payne

Address 4905 Manor LN.

City Ellicott City State MD Zip Code 21042

License No. 67431

Phone 410-720-0174 Fax 410-740-2313

Occupant or Tenant Same

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                         | Utilities   | Building Characteristics  | Utilities   |
| Height: _____                                    | Water Supply: _____   | SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>              | Water Supply: _____   |
| No. of stories: <u>1</u>                         | Public <input type="checkbox"/> Private <input type="checkbox"/>  | Depth _____ Width _____   | Public <input type="checkbox"/> Private <input type="checkbox"/>  |
| Gross area, sq. ft. per floor: _____             | Sewage Disposal: _____  | 1st floor: _____  | Sewage Disposal: _____  |
| Use group: _____                                 | Public <input type="checkbox"/> Private <input type="checkbox"/>  | 2nd floor: _____  | Public <input type="checkbox"/> Private <input type="checkbox"/>  |
| Construction type: _____                         | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> | Basement: _____   | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Reinforced Concrete <input type="checkbox"/>     | Gas Yes <input type="checkbox"/> No <input type="checkbox"/>      | Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> | Gas Yes <input type="checkbox"/> No <input type="checkbox"/>      |
| Structural Steel <input type="checkbox"/>        | Heating System: _____   | Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>             | Heating System: _____   |
| Masonry <input type="checkbox"/>                 | Electric <input type="checkbox"/> Oil <input type="checkbox"/>    | No. of Bedrooms _____   | Electric <input type="checkbox"/> Oil <input type="checkbox"/>    |
| Wood Frame <input type="checkbox"/>              | Natural Gas <input type="checkbox"/>                              | Multi-family dwellings: _____   | Natural Gas <input type="checkbox"/>                              |
| State Certified Modular <input type="checkbox"/> | Propane Gas <input type="checkbox"/>                              | No. of 1 BR units: _____  | Propane Gas <input type="checkbox"/>                              |
|  | Sprinkler system: N/A <input type="checkbox"/>                    | No. of 2 BR units: _____  | Sprinkler system: N/A <input type="checkbox"/>                    |
|  | Full <input type="checkbox"/>                                     | No. of 3 BR units: <u>112</u>   | NFPA #13D _____   |
|  | Partial <input type="checkbox"/>                                  | Other Structure: _____  | NFPA #13R _____   |
|  | Other Suppression _____   | Dimensions: _____   | Other: _____  |
|  | # of Heads _____  | Footings: _____   |   |
|  |   | Roof: _____   |   |
|  |   | State Certified Modular <input type="checkbox"/>  |   |
|  |   | Manufactured Home <input type="checkbox"/>  |   |

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, PRESENTED AND POSTING NOTICES.

Applicant's Signature Scott Payne Print Name Scott Payne

Title/Company Additions, ETC. Date 7/17/02

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: _____  | 55562                     |
| State Highways  |                |                       | Rear: _____   | Filing fee \$ <u>25</u>   |
| Building Official   | <u>7/17/02</u> | <u>Steven R. Krag</u> | Side: _____   | Permit fee \$ <u>20</u>   |
| Dev. Engineering, DPZ   |                |                       | Side St.: <u>1</u>  | Excise tax \$ <u>90</u>   |
| Health  | <u>8/5/02</u>  |                       | All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>    | Sub-total paid \$ _____   |
| Fire Protection   |                |                       | Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | Add'l permit fee \$ _____ |
| Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> |                |                       | Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>           | TOTAL FEES \$ <u>135</u>  |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>  |                |                       | Lot Coverage for NewTown Zone _____   | Balance due \$ _____      |
| ONE STOP SHOP: <input type="checkbox"/>   |                |                       | SDP/Red-line approval date _____  | Check # <u>4722</u>       |
|   |                |                       | Accepted by _____   | Validation # <u>54096</u> |