



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: 8-6-14

Permit No.: B14002865

Building Address: 14470 Triadelphia Mill Rd
City: Dayton State: Md Zip Code: 21036
Suite/Apt. #: SDP/WP/BA #:
Census Tract: Subdivision:
Section: Area: Lot: Par 8
Tax Map: 0027 Parcel: 0096 Grid: 0017
Zoning: Map Coordinates: Lot Size:

Existing Use: Generator and Furnace (Backup)
Proposed Use: 500 gallons per Year
Estimated Construction Cost: \$ 2000.00
Description of Work: Install 1 500 gallon under ground propane tank and run gas line to generator and stub on side of house
Occupant or Tenant: Gary Kathy Travers
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: Brad Dockins
Address: 13944 Old Hanover Rd
City: Reisterstown State: Md Zip Code:
Phone: 410-833-1400 Fax:
Email: BDockins@SuburbanPropane.com

Property Owner's Name: Gary Kathy Travers
Address: 14470 Triadelphia Mill Rd
City: Dayton State: Md Zip Code:
Phone: 410-220-3124 Fax:
Email:

Applicant's Name & Mailing Address, (If other than stated herein)

Applicant's Name: Contractor
Address:
City: State: Zip Code:
Phone: Fax:
Email:

Contractor Company: Suburban Propane
Contact Person: Brad Dockins
Address: 13944 Old Hanover Rd
City: Reisterstown State: Md Zip Code: 21036
License No.: 72302
Phone: 410-833-1400 Fax: 410-861-8435
Email: Rthieronimus@suburbanpropane.com

Engineer/Architect Company:
Responsible Design Prof.:
Address:
City: State: Zip Code:
Phone: Fax:
Email:

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor:
Area of construction (sq. ft.):	2 nd floor:
Use group:	Basement:
	<input type="checkbox"/> Finished Basement
	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units:
<input type="checkbox"/> Wood Frame	No. of 1 BR units:
<input type="checkbox"/> State Certified Modular	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
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Heating System
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas
Other:
Sprinkler System:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Grading Permit Number:
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: Randall Hieronimus
Email Address: Rthieronimus@suburbanpropane.com
Service Manager
Title/Company

Print Name: Randall Hieronimus
Date: 8/4/14

RECEIVED

AUG 06 2014

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	9/9/14	L-15

Is Sediment Control approval required for Issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St:
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:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$ 110.00
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 1334

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

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

Date: 8-26-14
To: Ryan Health Department
(Person's Name and Division)
From: Brad Dockins (301) 659 9728
(Your Name, Company Name and Telephone Number)
Subject: Project name Travers
Project site address 14470 Triadelphia
Permit Number B14002865 SDP # _____
Other information pertinent to this project _____

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

- ____ Letter of response to Howard County plan review code letter
____ Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
____ Structural steel certification
____ Energy conservation calculations
____ Certification for _____ (be specific).
☒ Copies of PLOT PLAN (be specific).
____ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
____ Other _____

** NO LONGER RUNNING
GAS LINE TO GENERATOR*

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

Brad Dockins (301) 659 9728
(Person's name) (Telephone number)

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 AKH

*PER HEALTH
DEPT*

white: Plan Review Division
yellow: Applicant
pink: Permit Division

THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY
LINES OR CORNERS.

7

8

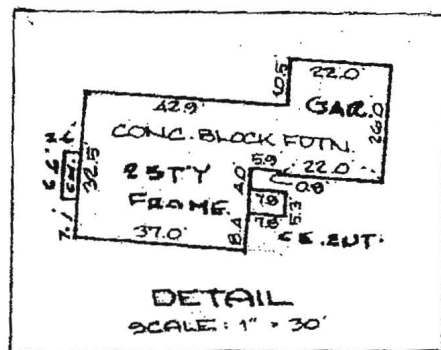
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Approved for UPT
B14002865
Ry ~~AT~~ 9/9/14

REVISÉD

Date: 8/26/14

Comments: B14002865
NO LONGER RUNNING
GAS LINE TO GENERATOR
(PER HEALTH)



14470 Triadelphia
Mill Road.
Dayton, Md. 21036

roperly known as:

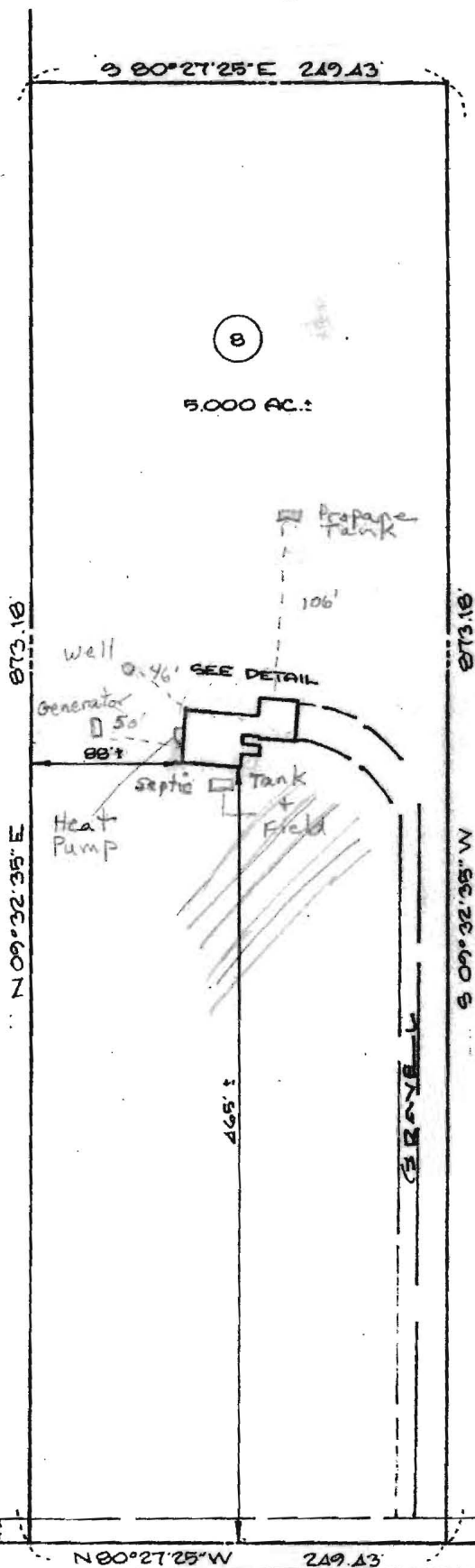
LOT 8 LERCH SUBDIVISION
ELECTION DISTRICT
HOWARD COUNTY, MD.
DEED: 737/686

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LINES OR CORNERS.

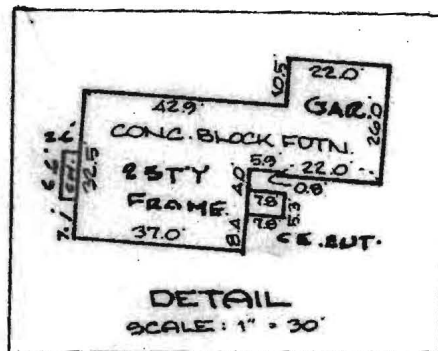
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5.000 AC.±



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14470 Triadelphia
Mill Road.
Dayton, Md. 21036

30' R/W