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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B09[illegible]

Building Address 14450 Triadelphia Mill Rd
Dayton, MD 21036
Suite/Apt. #: ______ SDP/WP/Petition #: ______
Census Tract ______ Subdivision ______
Section ______ Area ______ Lot ______
Tax Map ______ Parcel ______ Grid ______
Zoning Map Coordinates Lot size

Property Owner's Name [illegible]
Address 14450 Triadelphia Mill Rd
City Dayton State MD Zip Code 21036
Home Phone 410-531-2271 Work Phone ______
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone Fax [illegible]

Existing Use [illegible]
Proposed Use [illegible]
Estimated Construction Cost $ 90 K
Description of Work Addition - [illegible]
(16 X 38) + (12 X 28)

Contractor Company [illegible]
Contact Person [illegible] Smith
Address PO Box 93
3810 Ten Oaks Rd
City [illegible] State MD Zip Code 21737
License No. [illegible]
Phone [illegible] Fax [illegible]

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 Characteristics

Height: 30'
No. of stories: 2 + [illegible]
Gross area, sq. ft. per floor:
1st - 608
2nd - 304
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 DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☑ SF Townhouse ☐

	Depth	Width
1st floor:	16	38'
2nd floor:	16	19'
Basement:	16	38'

Finished Basement ☐ Unfinished Basement ☒
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 1
Height: [illegible]
Multi-family dwellings:
No. of efficiency units: ______
No. of 1 BR units: ______
No. of 2 BR units: ______
No. of 3 BR units: ______

Other Structure: [illegible]
Dimensions: [illegible]
Footings: [illegible]
Roof Height: [illegible]

____ 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.

[signature]
Applicant's Signature

Robert N. Smith Jr.
Print Name

[illegible] - [illegible] Colonel
Title/Company

11/13/09
Date

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

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	12/2/09	[signature]
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front: ______
Rear: ______
Side: ______
Side St.: ______
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone ______
SDP/Red-line approval date ______

PROPERTY ID# ______
Filing fee $ ______
Permit fee $ ______
Excise tax $ ______
Add'l per. fee $ ______
TOTAL FEES $ ______
Sub-total paid $ ______
Balance due $ ______
Check # ______
Validation # ______
Accepted by ______

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

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