



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: _____

Permit No.: B/2003208

Building Address: 14008 Triadelphia Rd
City: Cheverly State: md Zip Code: 21737
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Saddlebrook
Section: _____ Area: 2 Lot: 2
Tax Map: 21 Parcel: 49 Grid: 18
Zoning: _____ Map Coordinates: _____ Lot Size: 3.71 A

Existing Use: SED
Proposed Use: SED w/ propane tank
Estimated Construction Cost: \$ 8000
Description of Work:
install 500 gallon in-ground
propane tank

Occupant or Tenant: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: owner 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: _____
Construction type: _____	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
	Footings: _____
	Roof: _____
	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Thomas Dana Lawson
Address: 14008 Triadelphia Rd
City: Cheverly State: md Zip Code: 21737
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: Jeremy Clancy
Address: Po Box 1253
City: Ciderburg State: md Zip Code: 21784
Phone: 443-748-1229 Fax: _____
Email: Jeremy @ Appliedandapproved.com

Contractor Company: Valley National (CA)
Contact Person: William Gerwig
Address: 7201 Montevideo Rd
City: Jessup State: md Zip Code: 20794
License No.: 67793
Phone: 410-774-1114 Fax: _____
Email: _____

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

Utilities
<u>Water Supply</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
<u>Sewage Disposal</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Heating System</u>
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
<u>Sprinkler System:</u>
<input type="checkbox"/> Yes <input 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: _____
Email Address: Jeremy @ Appliedandapproved.com
Title/Company: perman

Print Name: Jeremy Clancy
Date: 9/25/12

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		

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

Distribution of Copies: White: Building Officials

Green: PSZA, Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA

T:\Operations\Updated Forms\Building applm 8.2012.docx

CHK # 1207H

MARYLAND STATE GRID MERIDIAN (NAD27)

Approved Septic System Plan
Howard County Health Department

Signature

Date _____

BP# B12003208

PROFESSIONAL CERTIFICATION, I HEREBY CERTIFY THAT
THESE DOCUMENTS WERE PREPARED BY ME OR UNDER
MY RESPONSIBLE CHARGE, AND THAT I AM A DULY
LICENSED PROPERTY LINE SURVEYOR UNDER THE LAWS
OF THE STATE OF MARYLAND, LICENSE NO. 267.
EXPIRATION DATE JULY 28, 2012.

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE,
INFORMATION AND BELIEF THAT THE IMPROVEMENTS ARE
LOCATED AS SHOWN AND THERE ARE NO ENCROACHMENTS
EXCEPT AS SHOWN.

James M. McNamee

6-21.12

THOMAS M. HOFFMAN JR., PROPERTY LINE SURVEYOR #267 DATE

THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY THE LENDER OR TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH
IMPLIATED TRANSFER, FINANCING OR REFINANCING. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF FENCES, GARAGES, BUILDINGS
OR OTHER IMPROVEMENTS. THIS PLAT DOES NOT PROVIDE THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE
REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS PLAT CONTAINS A TOLERANCE OF ACCURACY OF 0.2' MORE OR LESS.

ALL 1"= 100'		DATE 08/20/2012		ROBERT H. VOGEL ENGINEERING, INC. ENGINEERS - SURVEYORS - PLANNERS 8407 MAIN STREET ELLICOTT CITY, MARYLAND 21043 TEL:410-461-7666 FAX:410-461-8961	FINAL LOCATION DRAWING 14008 TRIADDELPHIA ROAD LOT 2 SADDLEBROOK PLAT NO. 8006 FORTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
DRAWN BY B.D.A.		CHECKED BY T.M.H.			
JOB NUMBER 3006		JOB NUMBER 12-49.00			