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.: _____

Building Address: 11814 TRIADELPHIA RD.
City: ELLICOTT City State: MD Zip Code: 21042
Suite/Apt. #_____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: UNFINISHED BASEMENT AREA
Proposed Use: FINISHED AREA WITH BAR.
Estimated Construction Cost: $ 38,118.00
Description of Work: FRAME UNFINISHED OUTER WALL'S INSTALL ELECTRICAL & HEATING DRYWALL INSTALATION OF NEW BAR.
Occupant/Tenant Name: OWNER OCCUPIED
Was tenant space previously occupied? ☐Yes ☐No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: DAN GARNER
Address: 11814 TRIADELPHIA RD
City: ELLICOTT City State: MD Zip Code: 21042
Phone: 443-416-7949 Fax: _____
Email: danig74@hotmail.com

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: CHARLIE ROSEWAG, CONTRACTO
Contact Person: CHARLIE ROSEWAG
Address: 12765 TRIADELPHIA RD
City: ELLICOTT City State: MD Zip Code: 21042
License No.: # 133387
Phone: 443-463-7866 Fax: _____
Email: CHARLIEROSEWAG@AOL.COM

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

Commercial Building Characteristics	***Residential Building Characteristics***
Height:	☒ SF Dwelling ☐ SF Townhouse
No. of stories:	**Depth** **Width**
Gross area, sq. ft./floor:	1st floor:
	2nd floor:
Area of construction (sq. ft.):	Basement:
	☒ Finished Basement
Use group:	☒ Unfinished Basement
	☐ Crawl Space
Construction type:	☐ Slab on Grade
☒ Reinforced Concrete	No. of Bedrooms:
☐ Structural Steel	***Multi-family Dwelling***
☐ Masonry	No. of efficiency units:
☐ Wood Frame	No. of 1 BR units:
☐ State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
➢ **Roadside Tree Project Permit**	Footings:
☐Yes ☐No	Roof:
Roadside Tree Project Permit #	☐ State Certified Modular
	☐ Manufactured Home

Utilities	
Electric:	☒ Yes ☐ No
Gas:	☐ Yes ☒ No
Water Supply	
☐ Public	
☒ Private	
Sewage Disposal	
☐ Public	
☒ Private	
Heating System	
☐ Electric ☐ Oil	
☐ Natural Gas ☒ Propane Gas	
☐ Other:	
Sprinkler System:	
☐ Yes ☒ 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.

Charles F. Rosewag
Applicant's Signature

CHARLES F. ROSEWAG
Print Name

CHARLESROSEWAG@AOL.COM
Email Address

2/5/2020
Date

Charlie Rosewag Contractor LLC
Title/Company

Checks Payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

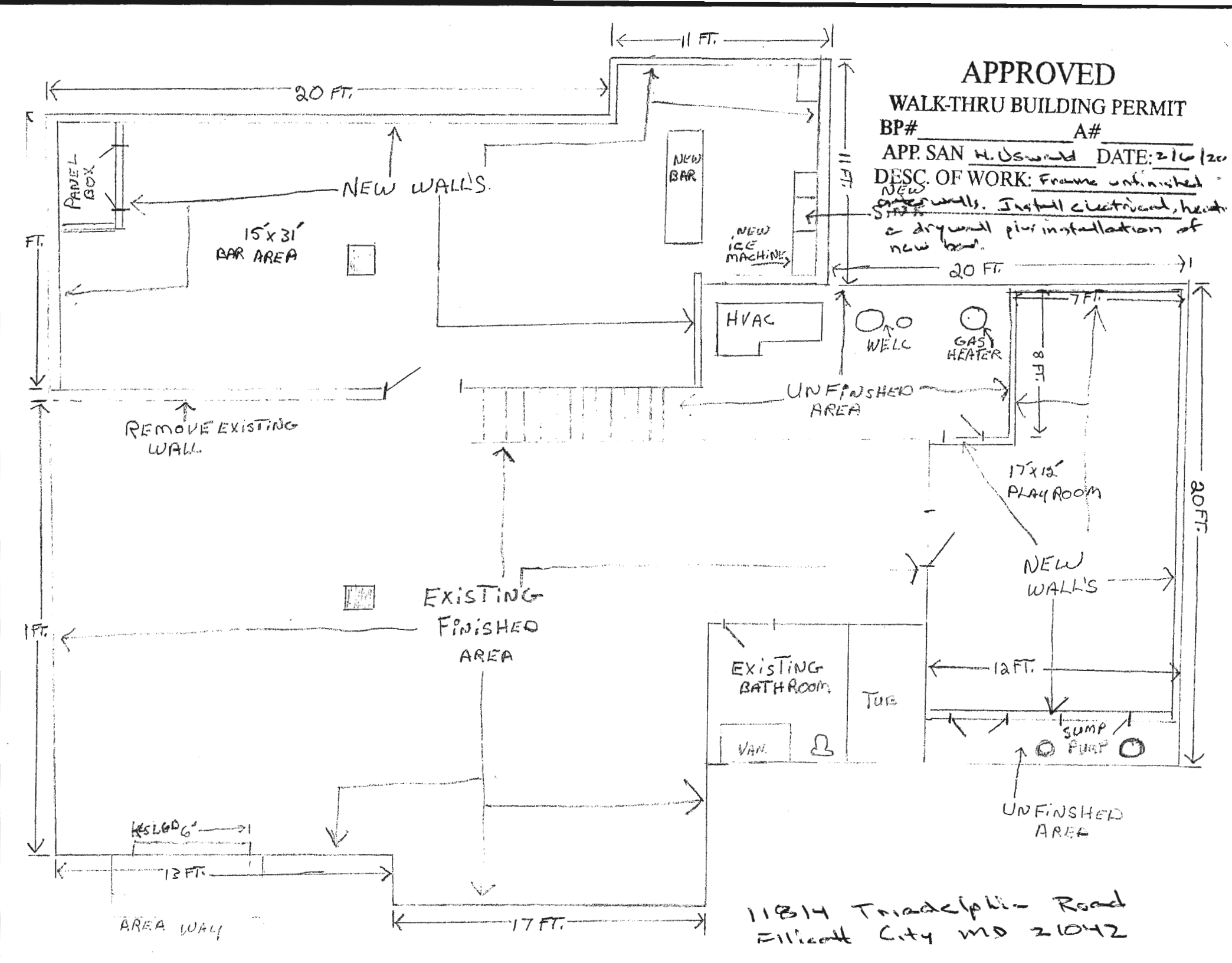
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	2/6/20	H. Oswald

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

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 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**



APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____

APP. SAN H. Oswald DATE: 2/6/20

DESC. OF WORK: Frame unfinished ~~area~~ NEW walls. Install electrical, heat & drywall plus installation of new bar.

11814 Triadelphia Road
Ellicott City MD 21042