

PERMIT NUMBER: B

20004284

DATE ACCEPTED:

DEC 04 2020

RECEIVED



RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4

www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

Street Address: 13377 TRIADDELPHIA DR

Unit:

City: ELLICOTT CITY

State: MD

Zip Code: 21042

Subdivision/Village/Complex Name:

SDP/WP/BA #:

Lot: 1

Tax Map:

Parcel:

Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: SFHD

Proposed Use: SFHD

Estimated Cost: \$22,417.00

Trade Work to Be Completed (Separate Permits Required): ☐ Mechanical (HVACR) ☐ Electrical ☐ Plumbing ☐ None

REMOVE OLD 24'X14' EXISTING DECK, AND REBUILD A NEW 24'X14' OPEN DECK WITH STEP TO GRADE

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): BARSTOW MATHEW

Primary Residence: ☒ Yes ☐ No

Owner's Street Address: 13377 TRIADDELPHIA DR

City: ELLICOTT CITY

State: MD

Zip Code: 21042

Phone: (240) 832-5208

Email:

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: MARYLAND DECK BUILDERS, LLC

Contact Name: NELSON FLORES

Street Address: 361 GAYLOR RD

City: GLEN BURNIE

State: MD

Zip Code: 21060

Phone: (301) 792-2518

Email: NELSONNFLORES@HOTMAIL.COM

CONTRACTOR INFORMATION REQUIRED

Business Name: MARYLAND DECK BUILDERS, LLC

Licensee's Name: NELSON FLORES

License #: 126508

Street Address: 361 GAYLOR RD

City: GLEN BURNIE

State: MD

Zip Code: 21060

Phone: (301) 792-2518

Email: NELSONNFLORES@HOTMAIL.COM

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name:

Name:

Street Address:

City:

State:

Zip Code:

Phone:

Email:

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: ☒ SF Dwelling ☐ SF Townhouse ☐ SF Duplex ☐ Mobile Home ☐ Multi-Family Dwelling (MF*) Condo: ☐ Yes ☐ No

Utilities: ☐ Electric ☐ Gas Water Supply: ☐ Public ☒ Private (Well) Sewage Disposal: ☐ Public ☒ Private (Septic)

Heating System: ☐ Electric ☐ Natural Gas ☐ Propane ☐ Other: Roadside Tree Project: ☐ No ☐ Yes: #

Sprinkler System: ☐ NFPA 13 ☐ NFPA 13R ☐ NFPA 13D ☐ None Fire Alarm System: ☐ Yes ☐ No ☐ Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options:

of Bedrooms (SF): # of efficiency units (MF*): # of 1 BR (MF*): # of 2 BR (MF*): # of 3 BR (MF*):

Rooms: # Full Baths: # Half Baths: # Fireplaces:

Garage/Carport Info: ☐ Attached Garage ☐ Detached Garage ☐ Integral Garage ☐ Carport ☐ None

Basement/Foundation Info: ☐ Slab on Grade ☐ Post & Pier ☐ Unfinished Basement ☐ Finished Basement: ☐ Full or ☐ Partial

1st Fl Width: 1st Fl Depth: 2nd Fl Width: 2nd Fl Depth: Bsmt Width: Bsmt Depth:

Energy Method: ☐ Prescriptive ☐ Performance ☐ UA Alternative ☐ ERI Gross Area: sq ft Occupiable Area: sq ft

AGREEMENT/ DISCALIMER REQUIRED

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 ORIGINAL SIGNATURE

DATE SIGNED

11/29/20

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

☒ PR

☒ DPZ

☒ DED

☒ Health

☐ SHA

☐ CID

SUBMITTAL FEES:

\$55.00

PAYMENT:

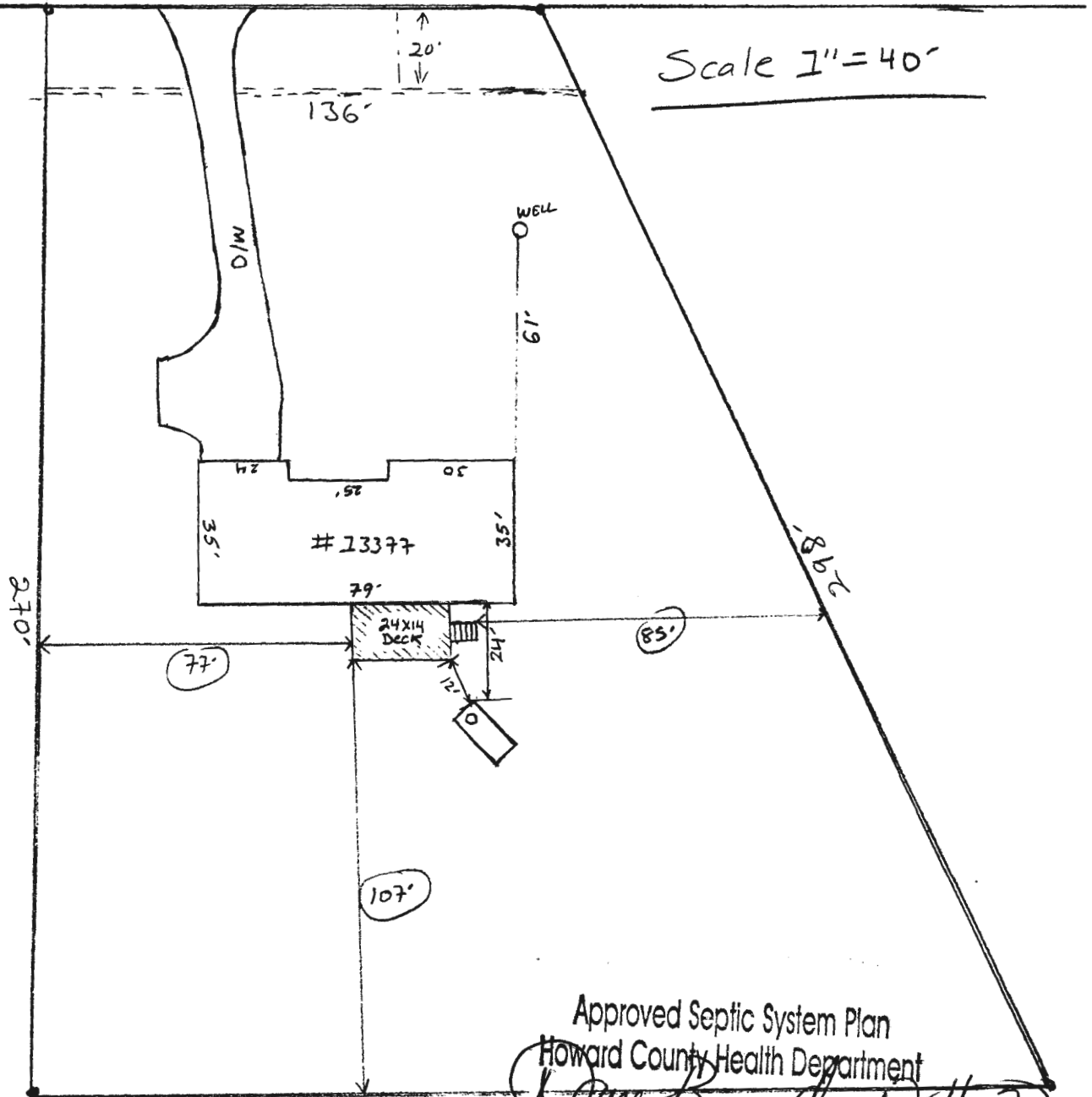
NONE SUBMITTED

ACCEPTED BY:

Dropbox

← TRIADELPHIA DR. →

Scale 1" = 40'



Approved Septic System Plan
Howard County Health Department

Signature

Date _____