

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

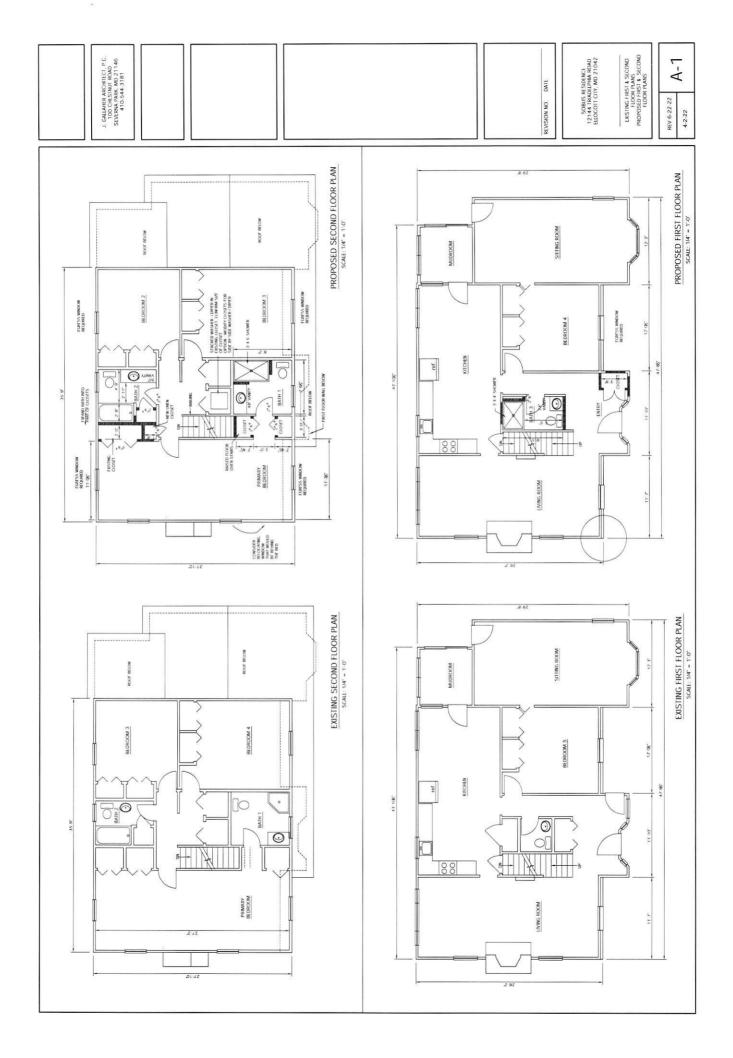
www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED			
Street Address: 12144 TRIADERPHIN	120		Unit:
City: LLCOTT CITY	State: MD		Zip Code: 21042
Subdivision/Village/Complex Name:		SDP/WP/BA #:	
Lot: Tax Map: P	arcel:	Grading Permit #:	
DESCRIPTION OF WORK REQUIRED			
Existing Use: Proposed U	Ise: PL-SINER	int.	Estimated Cost: \$ 501000
Trade Work to Be Completed (Separate Permits Required):	dechanical (HVACR)	Electrical Delumbing	□ None
ICHALL WORL DEHAR O	400 2		
3000000000000000000000000000000000000			
PROPERTY OWNER INFORMATION REQUIRED			
Owner(s) Name(s) (As it appears on tax records):	SOBUS ALLEN		Primary Residence: ☐ Yes ☐ No
Owner's Street Address: 13143 TRIADERPHIN			
City: Fl. Com Culi	Ct-t-	M.	Zip Code: 2104 à
Phone: = 410 146 6428	Email:		
APPLICANT NAME REQUIRED - INDIVIDUAL WE	HO SIGNS THIS APPLIC	CATION	
Business Name: T/F RANGE	Contact Nar		taurit -
Street Address:	A & G	D-MYCIA 1	INAC
City D 1 2 3 000000000000000000000000000000000	State:	lad 5	Zip Code: 3 1 7 8 4
Phone:		FINNEY C GMI	44 000
CONTRACTOR INFORMATION REQUIRED	FC FINAU	TINKETECH	The second second
Business Name:	came le	ANDIIII	1
Licensee's Name:	License #:	1) VESA	2
Street Address:		190201	
City:	State:		Zip Code:
Phone:	Email:		<u> </u>
ARCHITECT/ENGINEER INFORMATION INDIVID		NS TE APPLICABLE	
Business Name:	Name:	NS, IF APPLICABLE	
Street Address:	Hamer		
City:	State:		Zip Code:
Phone:	Email:		
BUILDING CHARACTERISTICS REQUIRED	Email:		
Primary Structure: SF Dwelling SF Townhouse SF Dup	lex ☐ Mobile Home ☐ M	ulti-Family Dwelling (MF*)	Condo: ☐ Yes ☐ No
Utilities:	□ Private (Well)	Sewage Disposal: Pu	
Heating System: □ Electric □ Natural Gas □ Propane □ Of	,0	Roadside Tree Project:	
Sprinkler System: NFPA 13 NFPA 13R NFPA 13D		arm System: Yes	
ADDITIONAL RESIDENTIAL INFORMATION (PL	STATE OF THE PARTY	CHARLES WILLIAM DE LA CONTROL DE	THO II VOICE EVAC
ADDITIONAL RESIDENTIAL INFORMATION (PL	EACE CELECT/COMPLE		
	EASE SELECT/COMPLE	TE ALL THAT APPLY)	
Model Name & Options:			# of 3 BR (MF*)
Model Name & Options: # of Bedrooms (SF): # of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):
Model Name & Options: # of Bedrooms (SF): # of efficiency units (MF*): # Rooms: # Full Baths: 2	# of 1 BR (MF*): # Half Bath	# of 2 BR (MF*):	# of 3 BR (MF*): # Fireplaces:
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View Map View GroundRent Redemption View GroundRent Registration Special Tax Recapture: None District - 03 Account Number - 299872 Account Identifier: Owner Information ALLEN CYNTHIA ANN RESIDENTIAL Owner Name: Use. SOBUS JEROME A Principal Residence: YES **Deed Reference:** Mailing Address: 12144 TRIADELPHIA RD /21246/00205 ELLICOTT CITY MD 21042-**Location & Structure Information** 12144 TRIADELPHIA RD Legal Description: 1.572 ACRES Premises Address: ELLICOTT CITY 21042-0000 12144 TRIADELPHIA RD **ELLICOTT CITY** Map: Grid: Parcel: Neighborhood: Subdivision: Section: Block: Lot: Assessment Year: Plat No: 0016 0024 0375 3020202.14 2002 2022 Plat Ref: Town: None Primary Structure Built Above Grade Living Area Finished Basement Area Property Land Area County Use 1,940 SF 1.5700 AC ExteriorQualityFull/Half BathGarage StoriesBasementType Last Notice of Major Improvements 1 Attached YES STANDARD UNITFRAME/4 2 full/1 half Value Information Base Value Value Phase-in Assessments As of As of As of 01/01/2022 07/01/2021 07/01/2022 Land: 245,700 256,900 224,700 Improvements 195,100 440,800 481,600 440,800 454,400 Total: Preferential Land: **Transfer Information** Seller: SOBUS JEROME A Date: 01/07/2022 Price: \$0 Type: NON-ARMS LENGTH OTHER Deed1: /21246/ 00205 Deed2: Seller: SOBUS JOHN WALTER Price: \$0 Date: Deed1: /00704/ 00440 Deed2: Type: Price: Date: Seller: Deed1: Deed2: Type: **Exemption Information** Partial Exempt Assessments: Class 07/01/2021 07/01/2022 County: 000 0.00 State: 000 0.00 Municipal: 000 0.00|0.00 0.00|0.00 Special Tax Recapture: None **Homestead Application Information** Homestead Application Status: Approved 09/24/2012 Homeowners' Tax Credit Application Information

Homeowners' Tax Credit Application Status: No Application

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2858 EVERO	GREEN WAY TY MD 21042-	Principal Residen	ce: NO	ENTIAL	
ELLICOTT C	ITY MD 21042-				
			/18/98/	/18798/ 00093	
TDIADELDH	& Structure Inforn	nation			
	# N.	Legal Description		4.662 AR TRIADELPHIA RI	
nood: Subdivi		Block: Lot: Assessm 2022		Plat No:	
Grade Living A	reaFinished Base			County U	
rior Quality Full	/Half Bath Garag	e Last Notice of Ma	ajor Improv	ements	
Va	alue Information				
Base Value Value Phase-in Assessments					
	As of 01/01/2022	As of 07/01/2021	As of 07/01/20	22	
		45.500	70.700		
	Carlos and Carlos	46,600	38,700		
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5.5.35					
	Date: 07/31/2019 Deed1: /18798/ 00093		Price: \$245,000 Deed2:		
		Price: Deed2:			
Exer	nption Informatio	n			
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Homestead	d Application Info	rmation			
Management Name of Street		on Information			
	hood: Subdivided 2002 For Grade Living Arrior Quality Full Varior Qual	## Crade Living AreaFinished Base ## Crade Living AreaFinished Base ## Value Information ## Base Value ## As of	Subdivision: Section: Block: Lot: Assessment	Subdivision: Section: Block: Lot: Assessment Year: 2002 2022 Grade Living AreaFinished Basement AreaProperty Land Area 4.6600 AC Frior Quality Full/Half Bath Garage Last Notice of Major Improve	





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

Date:	6.02	ON	LINE SUBMITTAL	PAPER S	SUBMITTAL
То:	ZACH SIL	VAST	HEALT	۲۱	
	(Reviewer/Requestor's Name)		(Division)	1	
From:		deirs (G-	ARM FINHE		
	(Your Name, Company Name)	1111	2 21124		Number)
Subject:	Project name	44 TRIAC	DELPHA RD	\mathcal{L}	
	Project site address				
	Permit# B22	001692	SDP #		
	Other information pertinent	to this project			
✓ Please ch	eck the attachments below that ye	ou are submitting w	ith this transmittal:		
Lett	ter of response to address plan rev	view comment letter			
Rev	rised plans and/or revised details:	When submitting for	or a complete re-review.	duplicate sets	shall be submitted.
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	ergy conservation calculations		APPI	30000	1 100
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	Health Department I	Request	DPZ/ DED Request	Ap	plicant's Request
Two	sets of single-family model plan				
Oth	er REMOVED H	EALTH CE	orceans k	THONK	BATHROOM
Со	ntact Person Information: (F	Required)		***************************************	BASEMEN
(GARTH FINN		The Color	211/ (24.52	R 47 CIMERO
Ple	ase Print Name	5 1	Telephone No: 410	176.8721	
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	CTIONS, LICENSES AND PER				
	E BUILDING PERMIT IS APP.				
SIGNATO	RY AGENCIES, AND THE BU	JILDING PERMIT	IS READY FOR ISS	UANCE, THE	PERMIT DIVISION
WILL NO	TIFY THE APPROPRIATE (CONTACT PERSO	ON FOR PERMIT PI	CK UP. ALI	PERMIT STATUS
INQUIRIE	ES SHALL BE DIRECTED TO	THE PERMIT DI	VISION AT 410-313-2	455 OPTION	#4 OR BY VISITING
MYHOWA	ARD.INFO. CODE RELATED	QUESTIONS AND	D PLAN REVIEW INQ	UIRIES SHAL	L BE DIRECTED TO
	N REVIEW DIVISION AT 410-			UM OF FIVE	(5) WURKING DAYS
FOR ANY	PLAN SUBMITTALS TO BE R	EVIEWED. THAN	K YOU.		
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Received by White-Plan	Review / Yellow-Applicant / Pink-P	ermit Division	1xevized	+ loor	Non

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