



# 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.: B14003804

Building Address: 12940 Tria delphin Mill Rd  
City: Warksville State: MD Zip Code: 21029  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
Tax Map: 39 Parcel: 13 Grid: 1  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: Manufacturing  
Proposed Use: Storage  
Estimated Construction Cost: \$ 50,000  
Description of Work: Construct Pole Barn  
For Storage of Landscape Supplies  
44' x 96'

Occupant or Tenant: \_\_\_\_\_  
Was tenant space previously occupied? ☐ Yes ☐ No  
Contact Name: KONALD BAIRE  
Address: 10534 Burnside Farm Rd  
City: Wing Mill State: MD Zip Code: 21117  
Phone: 410 320 6087 Fax: \_\_\_\_\_  
Email: KBAIRE@GMAIL.COM

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 <sup>st</sup> floor:
	2 <sup>nd</sup> floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units:
<input type="checkbox"/> Wood Frame	No. of 1 BR units:
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
➤ Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Tom Oakes LLC  
Address: 723 JY Burnside Farm Rd  
City: Wing Mill State: MD Zip Code: 21117  
Phone: 410 320 6087 Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (If other than stated herein)  
Applicant's Name: KONALD BAIRE  
Address: 10534 Burnside Farm Rd  
City: Wing Mill State: MD Zip Code: 21117  
Phone: 410 320 6087 Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Contractor Company: DAIR  
Contact Person: KONALD BAIRE  
Address: 10534 Burnside Farm Rd  
City: Wing Mill State: MD Zip Code: 21117  
License No.: 42566  
Phone: 410 320 6087 Fax: \_\_\_\_\_  
Email: KBAIRE59@GMAIL.COM

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

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" 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: KONALD BAIRE  
Email Address: KBAIRE59@GMAIL.COM

Print Name: KONALD BAIRE  
Date: 10/2/14

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		

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	\$ <u>200</u>
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

**HOWARD COUNTY**  
**DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS**  
**3430 COURT HOUSE DRIVE - ELLICOTT CITY, MD 21043**  
**\* THIS PERMIT MUST BE CONSPICUOUSLY POSTED ON SITE \***

**Residential Electrical Addition Alteration Permit**

**PERMIT NUMBER:** E23006151

**APPLICATION DATE:** 11/13/2023

**ISSUE DATE:** 11/14/2023

**SITE ADDRESS:**

12940 TRIADELPHIA MILL RD  
CLARKSVILLE, MD 21029

**PROPERTY OWNER INFO:**

TEN OAKS LLC  
10534 BURNSIDE FARM RD  
OWINGS MILLS, MD 21117  
Phone #: 4109840101

**Subdivision:**

**Lot No.:**                      **Tax Map:** 34                      **Grid:** 34-4

**ADC Map:** 4933-F7                      **SDP No.:**                      **Zoning:** RR-DEO                      **Census Tract:** 605101

**DESCRIPTION OF WORK:**

INSTALL (1) 20 AMP CIRCUIT FOR CONTROL BOX FOR SEPTIC PUMP & ALARM; TRENCH

**PRIMARY CONTRACTOR INFO:**

**Licensee:** FRANCIS R EDGLEY

**HC Elec State License No.:** ES 01400

**Business Name:** ROYAL ELECTRIC INC

**License Address:** 7512 MAIN ST

SYKESVILLE, MD 21784

**Building / Electrical Characteristics**

<b>Building Permit #:</b>		<b>Utility Company:</b>	BGE
<b>Residential Use:</b>	Other - See Description of Work	<b>WMS No.:</b>	
<b>Commercial Use:</b>		<b>Service Equipment AMPS:</b>	0
<b>Improvement Type:</b>	Other - See Description of Work	<b>Sub Panel Amps:</b>	0
<b>Miscellaneous Type:</b>		<b>No. of Service Feeders:</b>	
<b>Bonding:</b>	No	<b>No. of Devices:</b>	2
<b>Trench:</b>	Yes	<b>Low Voltage:</b>	

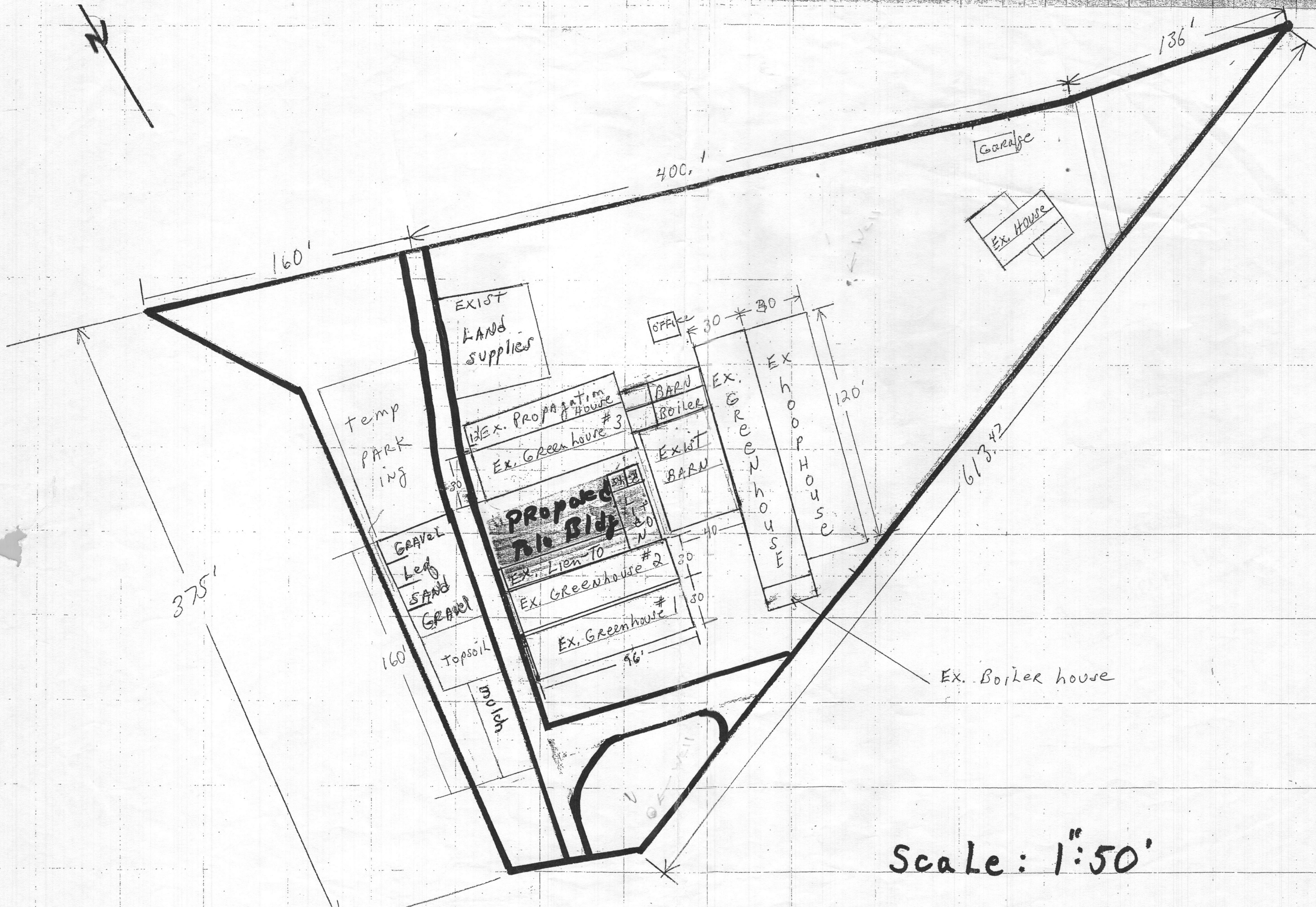
**Permit Fees:**

<b>Total Fees Invoiced:</b>	\$55.00
<b>Total Fees Paid:</b>	\$55.00
<b>Balance Due:</b>	\$0.00

To schedule an inspection or check the results of an inspection please call (410) 313-3800

**APPROVED BY THE DIRECTOR OF INSPECTIONS, LICENSES AND PERMITS - BUILDING OFFICIAL**





Scale: 1"=50'