

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER 300130334	
Building Address <u>12625 Tridelpia Rd.</u> <u>ELLICOTT CITY / MD 21042</u> Suite/Apt. #: <u>N/A</u> SDP/WP/Petition #: <u>N/A</u> Census Tract <u>6020</u> Subdivision <u>N/A</u> Section <u>N/A</u> Area <u>N/A</u> Lot <u>194</u> Tax Map <u>22</u> Parcel <u>194</u> Grid <u>5</u> Zoning <u>RR-DEO</u> Map Coordinates <u>1018</u> Lot size _____			Property Owner's Name <u>Dr. Robert Markush</u> Address <u>12625 Tridelpia Rd.</u> City <u>ELLICOTT CITY</u> State <u>MD</u> Zip Code <u>21042</u> Home Phone <u>410-531-0507</u> Work Phone <u>410-795-2100</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____		
Existing Use <u>S.F.D.</u> Proposed Use <u>S.F.D.</u> Estimated Construction Cost \$ <u>30,000.00</u> Description of Work <u>Add extension to Plum.</u> <u>+ Elec on Crawl Space optional</u> <u>Car Port. Bedroom Suite w/Deck</u>			Contractor Company <u>Potts Const. Co. Inc.</u> Contact Person <u>Jim Potts</u> Address <u>6542 Mink Hollow Rd.</u> City <u>Highland</u> State <u>MD</u> Zip Code <u>20777</u> License No. <u>5271</u> Phone <u>410-531-6050</u> Fax <u>301-854-2862</u>		
Occupant or Tenant <u>none - w/Deck. 8x20</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SE Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u> 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Multi-family dwellings: 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	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

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 THEREON; (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.

[Signature]
 Applicant's Signature
Pres. PCC
 Title/Company

James Potts
 Print Name
5/21/01
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****
FOR OFFICE USE ONLY

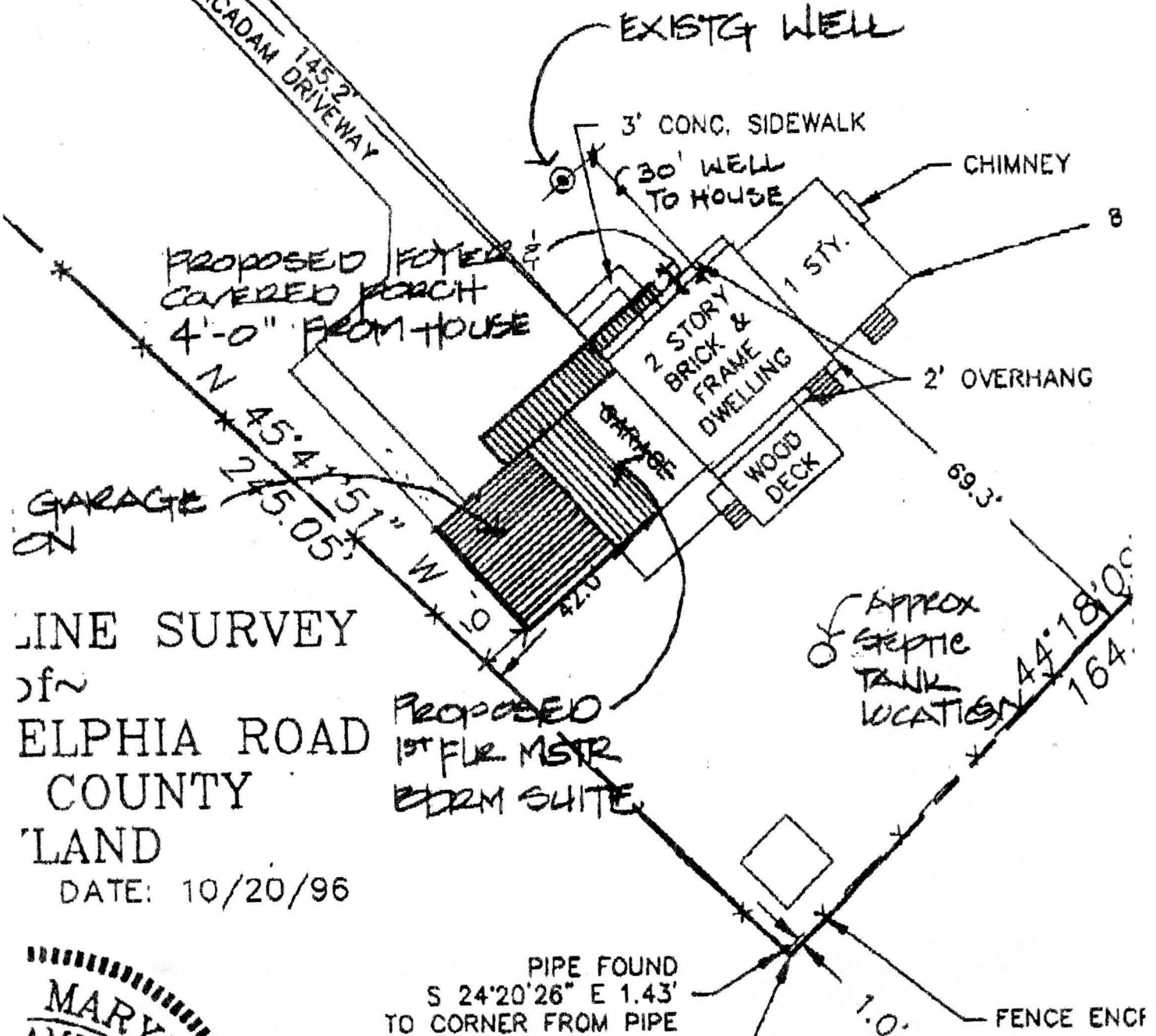
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID# <u>50777</u>
Land Development, DPZ			Front: _____	Filing fee \$ <u>7.50</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
City Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health			All minimum setbacks met? <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? <input type="checkbox"/> YES <input type="checkbox"/> NO	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? <input type="checkbox"/> YES <input type="checkbox"/> NO			Historic District? <input type="checkbox"/> YES <input type="checkbox"/> NO	Balance due \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # <u>1197</u>
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
			Accepted by _____	
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				

Form PERMIT.FRM

Rev 5/17/00

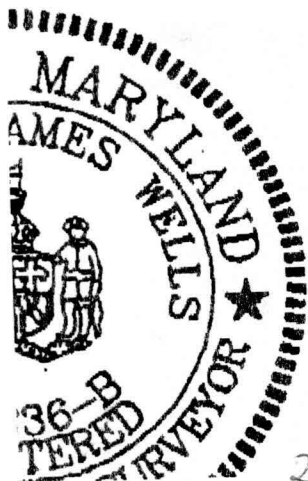
Need const plans

close to 1230



LINE SURVEY
of
ELPHIA ROAD
COUNTY
LAND

DATE: 10/20/96



1/18/01 NO OBS TO FOYER
1BR ADD'N MAY REQUIRE
S.S. REPAIR.
IF 1BR ELIMINATED,
MINIMUM SITE INSP TO VERIFY S.S.
OPERATION, S.S. REPAIR RECOMMENDED EVEN IF BR ELIM,
DEED'D DEED'D IS NO BR ELIM.

DEED REFER
KENNET
Land Surv

MR

2/5/01 - FILE FOUND - @ MINIMUM SITE INSP TO VERIFY S.S. OPERATION, S.S. REPAIR RECOMMENDED EVEN IF BR ELIM, DEED'D DEED'D IS NO BR ELIM.

MR

