

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00128578
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Building Address 14680 TRIADELPHIA RD.
GLENVIEW, MD 21737

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 10040 Subdivision FARMING ESTATES

Section 1 Area 3 Lot 12

Tax Map 21 Parcel 333 Grid 22

Zoning R-LDD Map Coordinates _____ Lot size 3.2009 A

Property Owner's Name PHILIP ASHCRAFT

Address 14680 TRIADELPHIA RD.

City SUNDEL State MD Zip Code _____

Home Phone _____ Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
ONEILL ASSOCIATES
558 HOOBS MILL ROAD
CONROVILE, MD.

Existing Use Private Residence

Proposed Use same

Estimated Construction Cost \$ 40000

Description of Work CLOSE IN EXISTING SCREEN
PORCH 20'x10.5'

Phone 410-489-7305 Fax _____

Contractor Company ONEILL ASSOC

Contact Person KEVIN ONEILL

Address 558 HOOBS MILL RD.

City CONROVILE State MD Zip Code 21723

License No. APLIC 7593

Phone 410-489-7305 Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company L.T. ENGINEERING SERVICES

Contact Person LOUIS TOTH

Address 6345 S. BAYVIEW PARK DR. SUITE 300

City ELKINSBURG State MD Zip Code 21784

Phone 549-6452 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: _____	
State Certified Modular _____ Manufactured Home _____	

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.

Kevin Oneill
Applicant's Signature
ONEILL ASSOCIATES
Title/Company

TERENCE J. MCGLOTHLIN
Print Name
2.21.01
Date

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>2/21/01</u>	<u>Brian Baker</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

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 NewTown Zone _____

SDP/Red-line approval date _____

PROPERTY ID#: 20515

Filing fee	\$ <u>21</u>
Permit fee	\$ <u>21</u>
Excise tax	\$ <u>161</u>
Add'l per. fee	\$ _____
TOTAL FEES	\$ <u>208</u>
Sub-total paid	\$ _____
Balance due	\$ _____
Check	# <u>1508</u>
Validation	# _____

Accepted by _____

Distribution of Copies-

White: Building Official

Green: LDD, DPZ

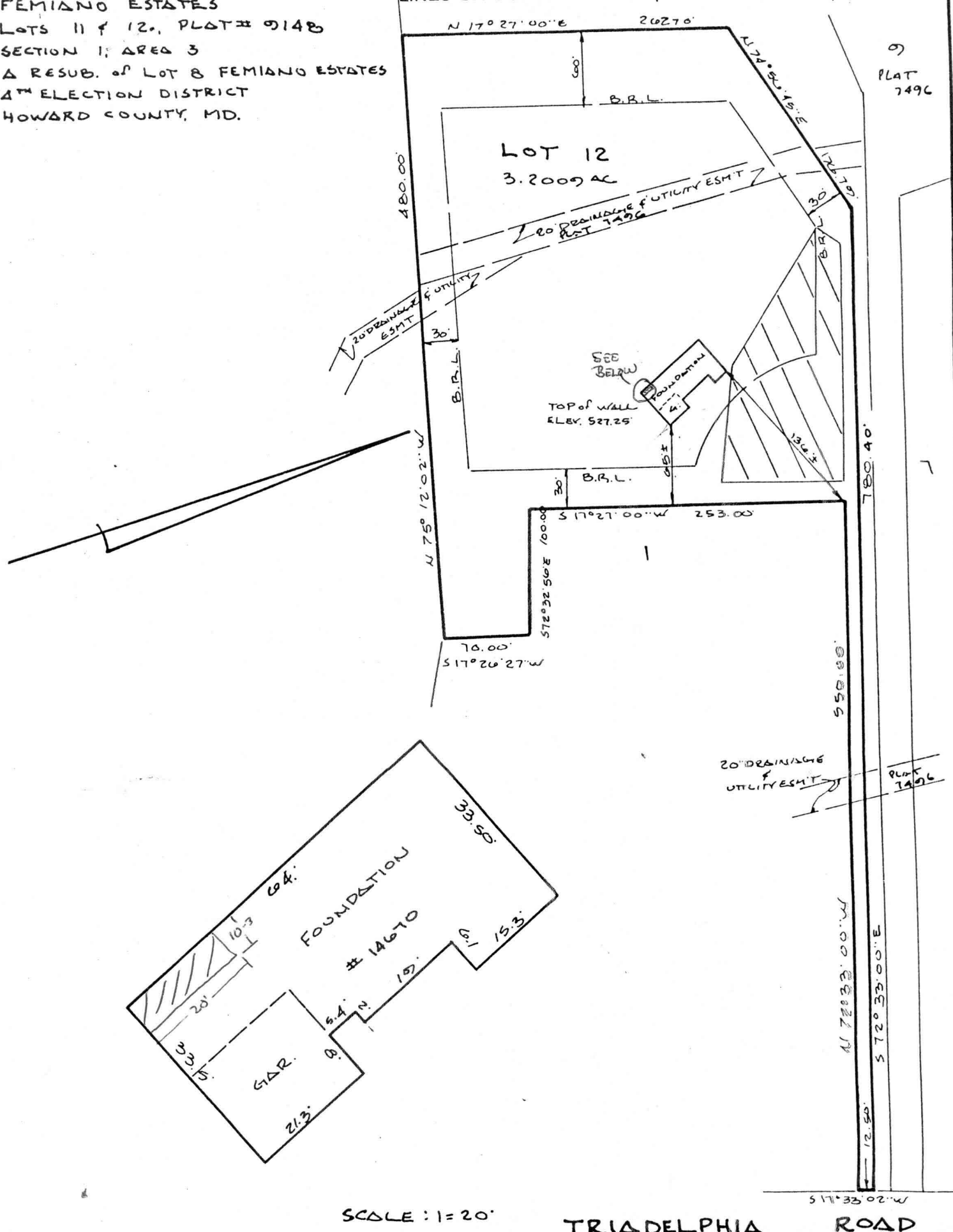
Yellow: DED, DPZ

Pink: Health


Gold: SHA

Property known as: LOT 12
FEMIANO ESTATES
LOTS 11 & 12, PLAT # 9148
SECTION 1, AREA 3
A RESUB. OF LOT 8 FEMIANO ESTATES
4TH ELECTION DISTRICT
HOWARD COUNTY, MD.

THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY
LINES OR CORNERS.



LOCATION SURVEY PLAT
SUBJECT PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED

CERTIFICATION	SEAL	SCALE 1" = 100' DATE 6/21/07
<p>This is to certify that I have surveyed the property known as: <u>14670</u> <u>TRIADELPHIA ROAD</u></p> <p>for the purpose of locating the improvements thereon, and the improvements are located as shown.</p>	 <i>Walter Park</i>	<p>LAND DESIGN ENGINEERING, INC. SUITE 210 10620 GUILFORD ROAD JESSUP, MARYLAND 20794</p> <p>880-0034 (BALT) 604-6264 (WASH) 604-6735 (FAX)</p>