B00141205

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 B00141205 MER

Building Address 11726 Triadelphia Mill Road Dayton MD 21036

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

Census Tract 6051.01 Subdivision ~~Cleary Alton Est.~~

Section — Area — Lot —

Tax Map 27 Parcel 15 Grid 24

Zoning RR Map Coordinates 13 C Lot size 14.47Ac

Property Owner's Name [illegible]

Address [illegible] Mill Rd

City Dayton State MD Zip Code 21036

Home Phone 443 512 0660 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone Fax

Existing Use A.L.F (Assisted Living Facility)

Proposed Use A.L.F (Assisted Living Facility)

Estimated Construction Cost $ 10,000

Description of Work Parking Area

BA Case 02-24C

Contractor Company SAME

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone Fax

Occupant or Tenant Kenwood Care Corp

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Fax

UPDATED

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone Fax

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
_____ Reinforced Concrete
_____ Structural Steel
_____ Masonry
_____ Wood Frame

_____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private
Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☐ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
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: _____

_____ State Certified Modular
_____ Manufactured Home

Utilities

Water Supply:
____ Public
____ Private
Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
_____ NFPA #13D
_____ NFPA #13R
_____ 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 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.

Brian R. Rybakowsky
Applicant's Signature

Brian Rybakowsky
Print Name

AGENT
Title/Company

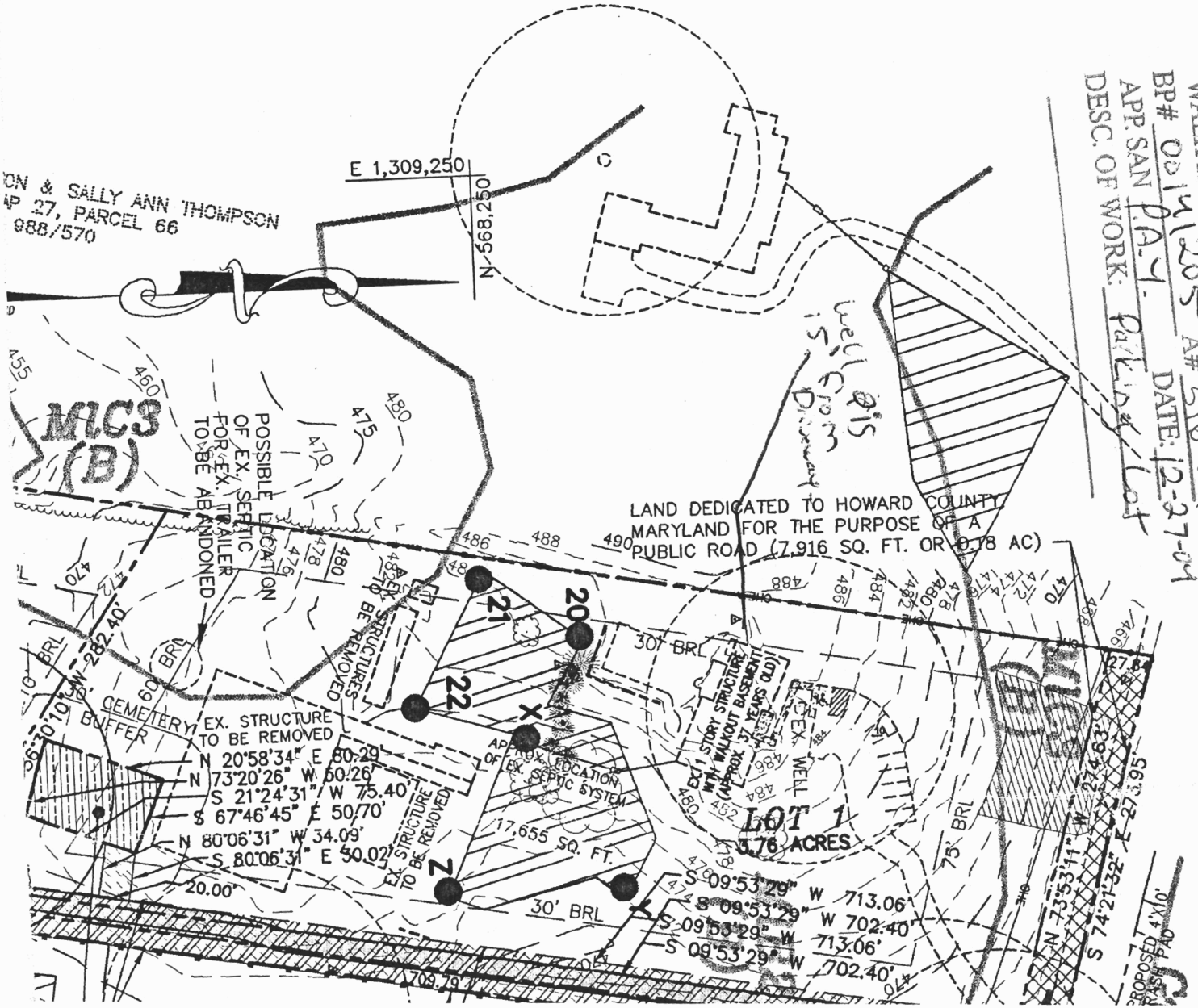
4-10-03
Date

HEALTH 12-27-04

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*

** PLEASE WRITE NEATLY AND LEGIBLY. **

OFFICE USE ONLY



APPROVED
WALK-THRU BUILDING PERMIT
BP# 08141205 A# 516406 DATE: 12-27-07
APP. SAN PAY.
DESC. OF WORK: Parking Lot

1.
2.
3.
4.
5.
6.
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8.
9.
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12.
13.