

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2456 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER <u>B00145940MER</u>
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Building Address <u>12904 TRIADAPHA RD</u> <u>ELLICOTT CITY MD 21042</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6030</u> Subdivision <u>Rosemary Estate</u> Section _____ Area _____ Lot <u>23-A</u> Tax Map <u>22</u> Parcel <u>307</u> Grid <u>4</u> Zoning <u>MD</u> Map Coordinates <u>1008</u> Lot size _____	Property Owner's Name <u>MCKEN ANN MIKE</u> Address <u>12904 TRIADAPHA RD</u> City _____ State <u>MD</u> Zip Code _____ Home Phone <u>410-765-6979</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
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Existing Use <u>SF3</u> Proposed Use <u>SAME WITH TANK</u> Estimated Construction Cost \$ <u>4700.00</u> Description of Work <u>INSTALL (2) 100 GALLON UG</u> <u>PROPANE TANKS</u> <u>B00142600</u>	Contractor Company <u>Ameriggs</u> Contact Person <u>Tom McLaughlin</u> Address <u>10097 Baltimore National Ave</u> City <u>ELLICOTT CITY</u> State <u>MD</u> Zip Code <u>21115</u> License No. _____ Phone <u>410-465-0800</u> Fax _____
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Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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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: ☐ 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 Characteristics SF Dwelling ☐ SF Townhouse ☐ <u>Depth</u> <u>Width</u> 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.

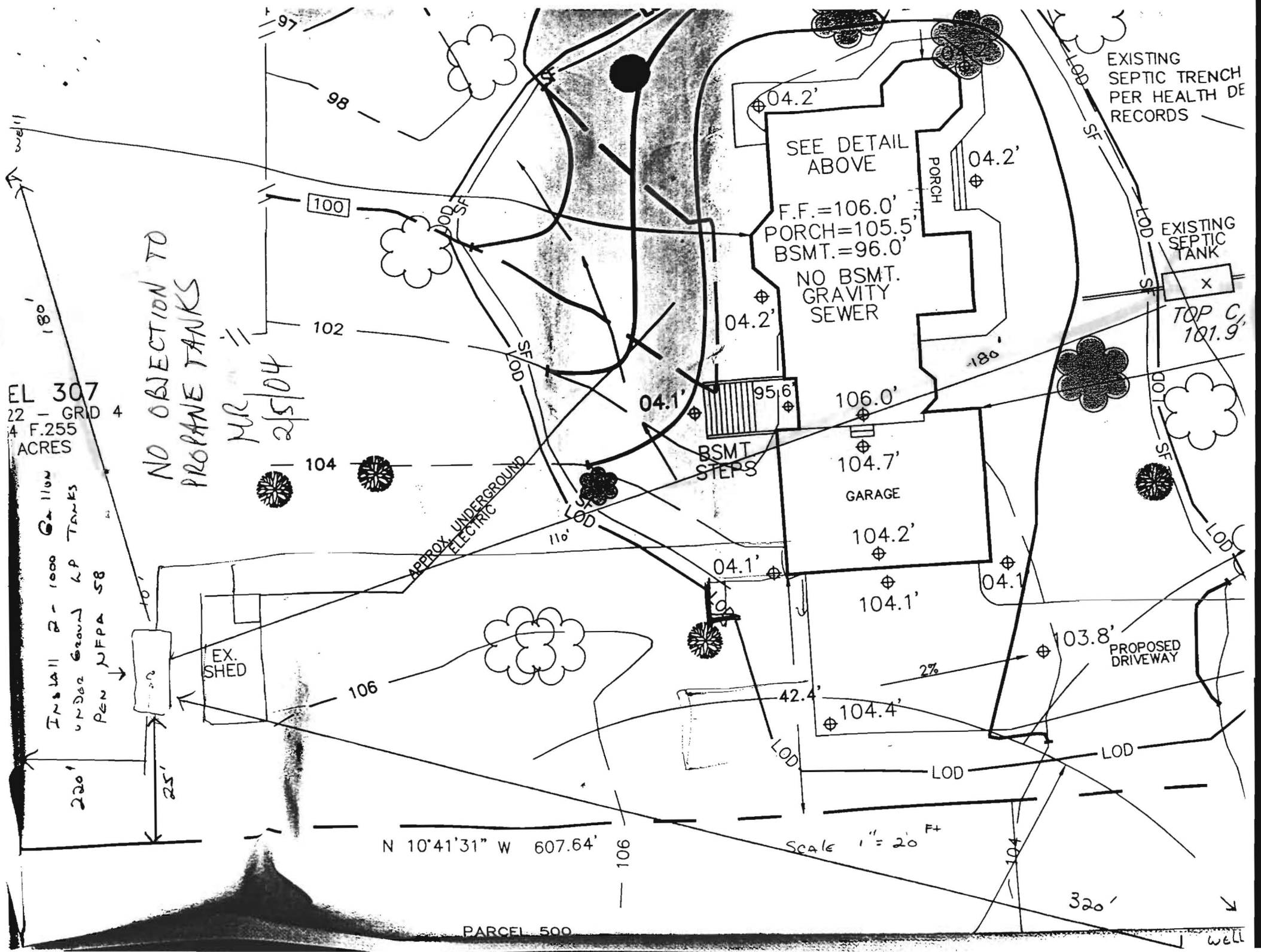
Applicant's Signature _____ Title/Company <u>MR 2/5/04</u>	Print Name _____ Date _____
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****

- FOR OFFICE USE ONLY -

AGENCY _____	DATE _____	SIGNATURE APPROVAL _____	DPZ SETBACK INFORMATION _____
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PROPERTY ID# 0005



HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

130042600 *MD*

Building Address 12904 Trindolphia Rd

Ellicott City, Maryland 21042

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

Census Tract 603000 Subdivision Rosemary Estates

Section _____ Area _____ Lot 23A

Tax Map 22 Parcel 307 Grid 4

Zoning RPD Map Coordinates 10P88 Lot size 2 Acres

Existing Use Single Family House

Proposed Use new single family house

Estimated Construction Cost \$ 600,000.00

Description of Work new single family house

4 Bedrooms, 3 full baths, 1 half, 1 1/2 car garage

Occupant or Tenant Ann & Mike McCrea

Contact Name _____

Address 12904 Trindolphia Rd.

City Ellicott City State MD Zip Code 21042

Phone 410-531-6994 Fax _____

Property Owner's Name Ann & Mike McCrea

Address 12904 Trindolphia Rd

City Ellicott City State MD Zip Code 21042

Home Phone 410-531-6994 Work Phone 410-705-6975

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

Phone _____ Fax _____

Contractor Company Oster Construction Maryland LLC

Contact Person Peter Oster

Address 19416 Pyrite Lane

City Brownsville State MD Zip Code 21033

License No. 15931506

Phone 301-674-4976 Fax 301-924-1711

Engineer or Architect Company Pan. Johnston Associates

Contact Person Pan. Johnston

Address 11407 Barclay Field Cir

City Ellicott City State MD Zip Code 21042

Phone 410-447-3067 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics

Height: _____

No. of stories: 2

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 4

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.

Applicant's Signature

Title/Company

Print Name

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#:

Land Development, DPZ

State Highways

Building Official

Dev. Engineering, DPZ

Health

Fire Protection

Is Sediment Control approval required prior to issuance?

YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

Front:

Rear:

Side:

Side St.:

All minimum setbacks met?

YES ☐ NO ☐

Is Entrance Permit required?

YES ☐ NO ☐

Historic District?

YES ☐ NO ☐

Lot Coverage for New Town Zone

SDP/Red-line approval date

Filing fee \$ 100

Permit fee \$ _____

Excise tax \$ _____

Add'l per. fee \$ _____

TOTAL FEES \$ _____

Sub-total paid \$ _____

Balance due \$ _____

Check # 4169

Validation # 27226

Accepted by MD

Distribution of Copies-

White: Building Official

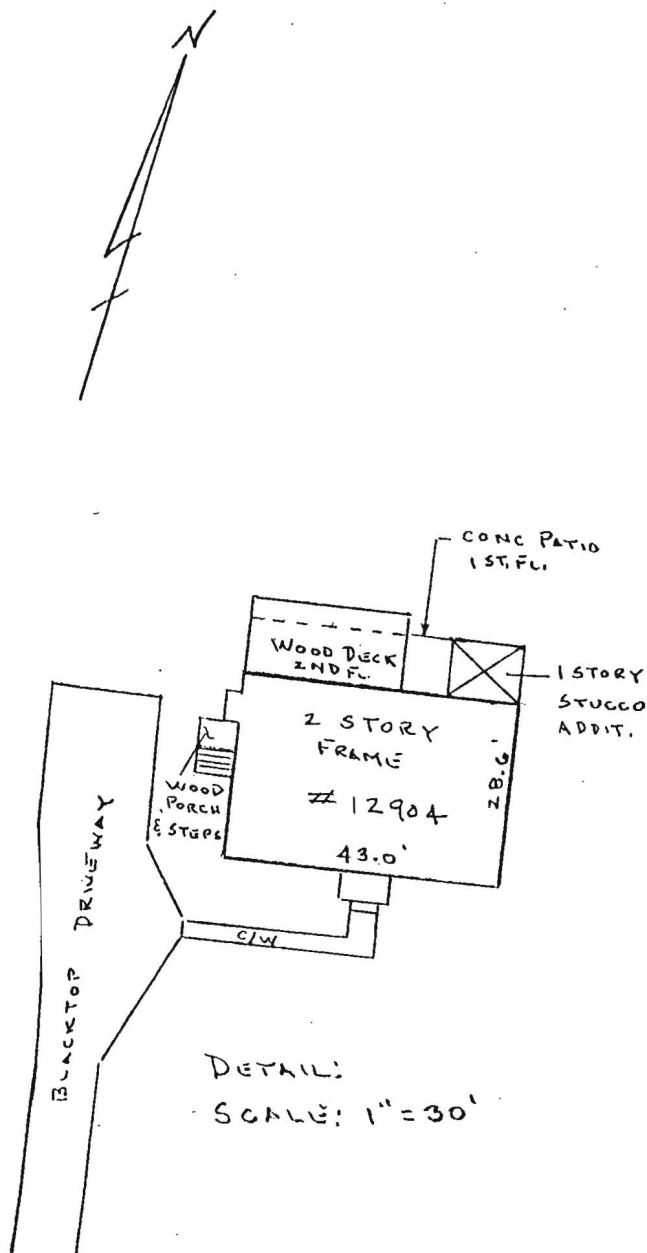
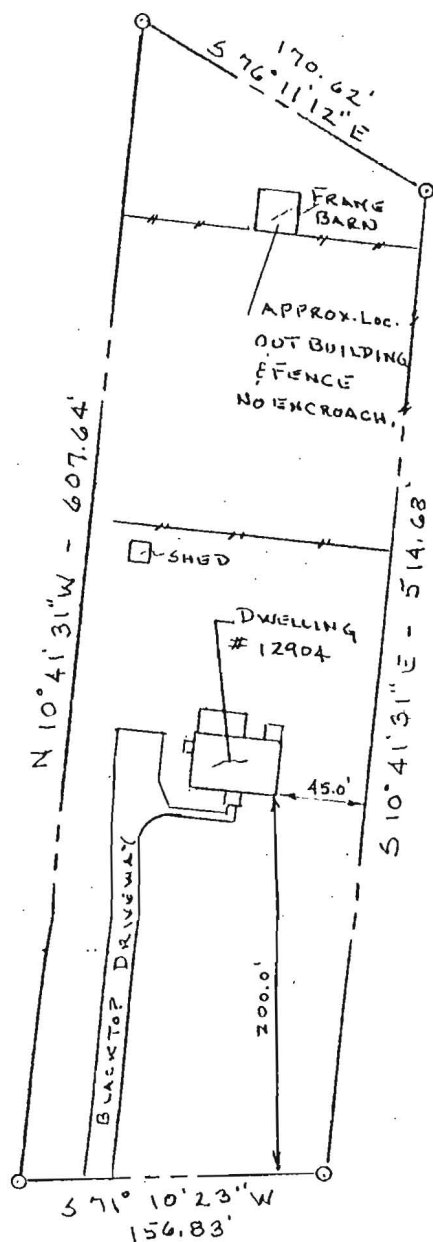
Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

LOCATION DRAWING



TRIADDELPHIA ROAD



Note: Location survey measurements are +/- 1'

SUBJECT PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED.

This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing.

This plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements.

This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing.

THIS IS TO CERTIFY THAT WE HAVE CONDUCTED A LOCATION SURVEY OF THE IMPROVEMENTS AND THAT THEY ARE LOCATED AS SHOWN HEREON.

Signature:

Patrick C. Cathell
Reg. No. 571

CLS And Associates

P.O. Box 190
Lisbon, MD 21765

Office: (410) 442-5117

Fax: (410) 442-5175

Date:

11/24/97

Scale:

1"=100ft

File:

MTC 977480

Project: 12904 TRIADDELPHIA ROAD

Ellicott City, Maryland 21042

Howard County

Title Deed Liber: 1464, Folio: 255

Plat Ref: N/A

Tax Map: 22, Grid: 4, Parcel: 307

