

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

800152264

Building Address 13364 TRIADACHA RD
ELICOTT CITY MD 21042
Suite/Apt. #: TAPED 03-302261 SDP/WP/Petition #:
Census Tract 60300 Subdivision Triadelphia 7
Section _____ Area _____ Lot 12A
Tax Map 22 Parcel 435 Grid 9
Zoning RRD Map Coordinates _____ Lot size 3.99

Property Owner's Name DAVID STRATMAN
Address 13364 TRIADACHA RD
City ELICOTT CITY State MD Zip Code 21042
Home Phone _____ Work Phone 301-748-2634
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use SINGLE FAM. DWELL
Proposed Use ADDITION
Estimated Construction Cost \$ 100,000.00
Description of Work ADDITION ON SIDE
OF HOUSE 32X22 2 STORY
1 DRINK BEARDON ON SECOND FLOOR AND
DELETING ONE IN EXISTING HOUSE

Contractor Company CLAYTON CONSTRUCTION
Contact Person SEB BORDMAN
Address 11902 CROFTON CT
City UNION BRIDGE State MD Zip Code 21781
License No. 73196
Phone 301-748-2634 Fax 910-574-7449

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 _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: <u>27</u>	Water Supply: _____ ☐ Public ☒ Private
No. of stories: <u>2</u>	Sewage Disposal: _____ ☐ Public ☒ Private
Gross area, sq. ft. per floor: <u>800 1st</u> <u>600 2nd</u>	Electric Yes ☒ No ☐ Gas Yes ☐ No ☐
Use group: _____	Heating System: _____ Electric ☐ Oil ☒ Natural Gas ☐ Propane Gas ☐
Construction type: _____ ☐ Reinforced Concrete ☐ Structural Steel ☒ Masonry ☒ Wood Frame	Sprinkler system: <u>N/A</u> ☒ Full _____ Partial _____ Other Suppression _____ # of Heads _____
☐ State Certified Modular	

Building Characteristics	Utilities
SF Dwelling ☒ SF Townhouse ☐ Depth _____ Width _____ 1st floor: <u>32</u> <u>22</u> 2nd floor: <u>32</u> <u>22</u> Basement: _____ Finished Basement ☐ Unfinished Basement ☐ Crawl space ☒ Slab on Grade ☐ No. of Bedrooms <u>1</u> Height: _____ 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 Height: _____ ☐ State Certified Modular ☐ Manufactured Home	Water Supply: _____ ☐ Public ☒ Private Sewage Disposal: _____ ☐ Public ☒ Private Electric Yes ☒ No ☐ Gas Yes ☐ No ☐ Heating System: _____ Electric ☐ Oil ☒ Natural Gas ☐ Propane Gas ☐ Sprinkler system: <u>N/A</u> ☒ 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
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>2/15/05</u>	<u>KACU ROMAN</u>
Fire Protection		

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

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

Distribution of Copies
T:\forms\PERMIT.FRM

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

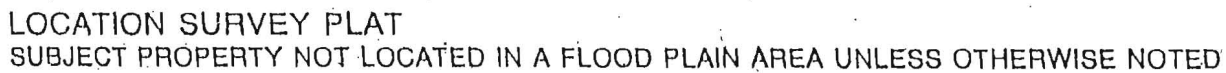
Pink: Health

Gold: SHA

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES ☐ NO ☐	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES ☐ NO ☐	Check # _____
Historic District?	Validation # _____
YES ☐ NO ☐	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	

Accepted by _____

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



CERTIFICATION	SEAL	SCALE: 1" = 60'	DATE: 1-7-97
This is to certify that I have surveyed the property known as: #19364 <u>TRIADELPHIA ROAD</u>		LDE Inc. 9250 Rumsey Road Suite 106 Columbia, Maryland 21045 (Balt.) 410-715-1070 (Wash.) 301-596-3424 (FAX) 410-715-9540	
for the purpose of locating the im- provements thereon, and the improvements are located as shown.	<i>Walter Park</i>		