G 9412

M/C 8/23/05

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 B00156076

Building Address 14040 TRIADELPHIA RD.
GLENELG, MD 21737

Suite/Apt. #: 04-329104 SDP/WP/Petition #: GP06-07

Census Tract 604002 Subdivision McCRACKEN PROP.

Section — Area — Lot —

Tax Map 21 Parcel 50 Grid 18

Zoning RR-DEO Map Coordinates 9G10 Lot size 1.628AC.

Existing Use SFD (TO BE RAZED)

Proposed Use SFD

Estimated Construction Cost $ 500,000

Description of Work RANCHER, 1 STORY, FULL BSMT. 8R, 2FB, 1FB, 3BR.

Property Owner's Name GARY McCRACKEN

Address 14040 TRIADELPHIA RD.

City GLENELG State MD Zip Code 21737

Home Phone ____ Work Phone ____

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

Phone 410-997-8800 x 18 Fax 410-997-4358

Contractor Company WILLIAMSBURG GROUP

Contact Person SUZANNE DAVIS

Address 5485 HARPERS FARM RD, # 200

City COLUMBIA State MD Zip Code 21044

License No. 155

Phone 410-997-8800 Fax 410-997-4358

Occupant or Tenant SAME AS OWNER

Contact Name ____

Address ____

City ____ State ____ Zip Code ____

Phone ____ Fax ____

~~Engineer or Architect~~ Company FISHER, COLLINS

Contact Person JOE ECKER

Address 10272 BALTO. NAT'L. PIKE

City ELLICOTT CITY State MD Zip Code 21042

Phone 410 461-2855 Fax 410-750-3784

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:	52'	54'
2nd floor:	—	—
Basement:	52'	54'

Finished Basement ☐ Unfinished Basement ☒
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 3
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

Utilities

Water Supply:
____ Public
X Private

Sewage Disposal:
____ Public
X 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 [signature] SUZANNE P. DAVIS *Print Name*

Title/Company AGENT *Date* 9/20/05

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	9-29-05	[signature]
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 New Town Zone ____
SDP/Red-line approval date ____

PROPERTY ID# 20504

Filing fee	$ 10
Permit fee	$
Excise tax	$
Add'l per. fee	$
TOTAL FEES	$
Sub-total paid	$
Balance due	$
Check	# 533
Validation	# 92254

Accepted by ____

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

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