

13354

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B08003412

2356 Tri-Arpha Rd  
Ellicott City, MD 21042

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name John Mattson

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_

Proposed Use \_\_\_\_\_

Estimated Construction Cost \$ \_\_\_\_\_

Description of Work 2-Story Addition  
to include, garage, Kitchen  
Living, and Bath.

1700 2000

Contractor Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address Brent Paguiri  
443-496-0693

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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 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: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms _____	
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 _____	

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 \_\_\_\_\_

Print Name \_\_\_\_\_

Title/Company \_\_\_\_\_

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			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	11/19/08	<i>[Signature]</i>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # _____
			SDP/Red-line approval date _____	Validation # _____

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

Distribution of Copies-

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

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Rev. 11/4/04



# PAQUIN DESIGN/BUILD, INC.

## A RESIDENTIAL DESIGN & CONTRACTING SERVICE

CK #	3378
CR #	167845
DATE #	3/20/09
P 25.00	

March 17, 2009

Ms. Avis Corbin  
Chief of Inspections, Licenses, and Permits  
Department of Inspections/Licenses/Permits  
8930 Stanford Blvd  
Columbia, MD 21045

Dear Ms. Corbin:

The purpose of this letter is to request to amend Permit # B08003112 (Address: 13356 Tridelphia Road, Ellicott City, MD 21042) to include rebuilding the existing 17'x12' deck. Enclosed is a copy of the Site Plan. If you have any questions or require any additional information, please give me a call: 443-496-0693.

I appreciate your attention in this matter.

Sincerely,

Brent Paquin  
Enclosures (1)

cc: health  
zoning

*[Signature]*  
4/20/09

4/1/09  
✓ Need to put well +  
septic tank location on  
plan. ss sk 4/20/09  
Brent or Cameron will be in

Scanned by *[Signature]* Date 3/20/09

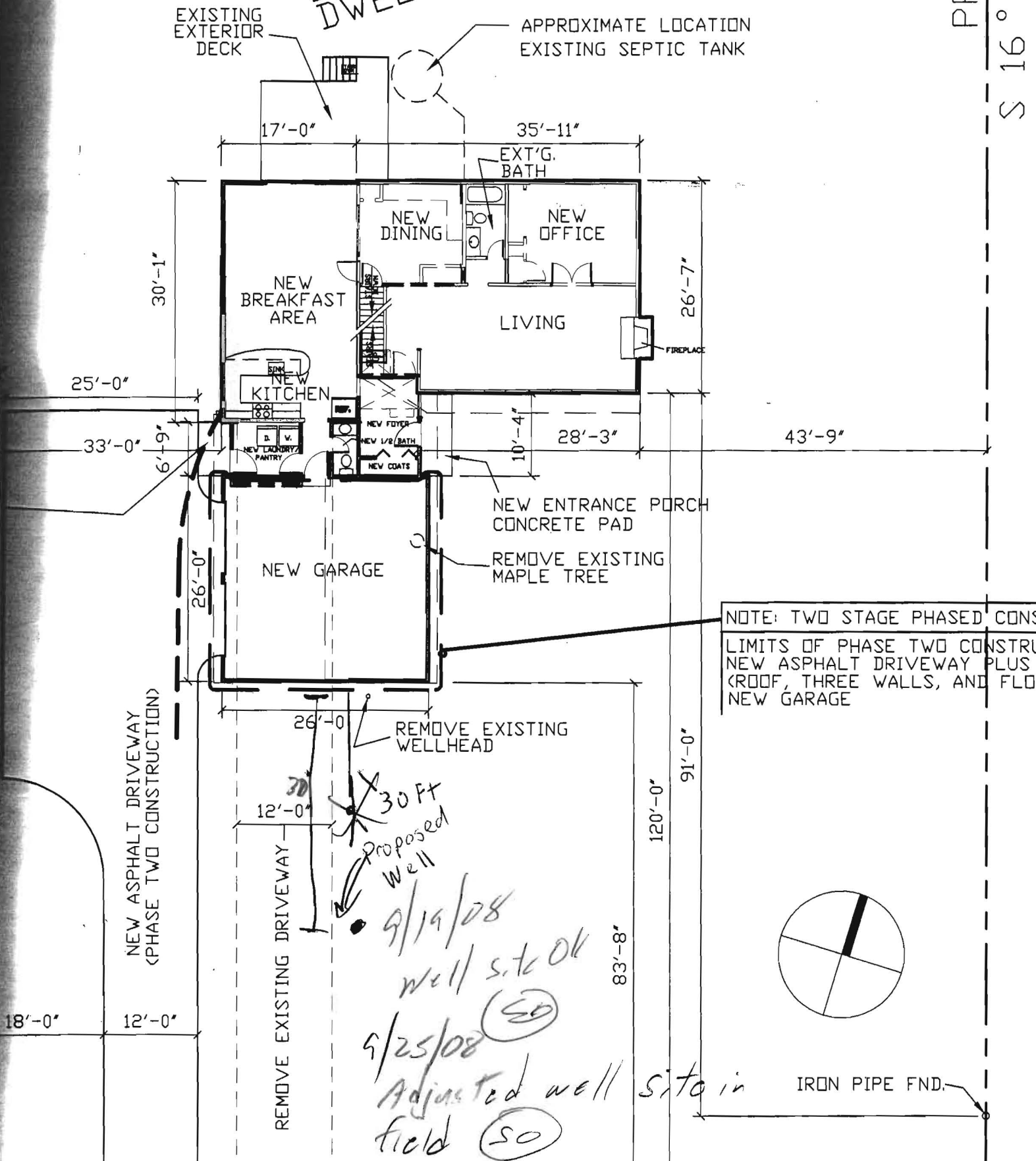
13356 TRIADDELPHIA ROAD  
HOWARD COUNTY, MARYLAND 21401

EXISTING 2-STORY  
DWELLING

EXISTING  
EXTERIOR  
DECK

APPROXIMATE LOCATION  
EXISTING SEPTIC TANK

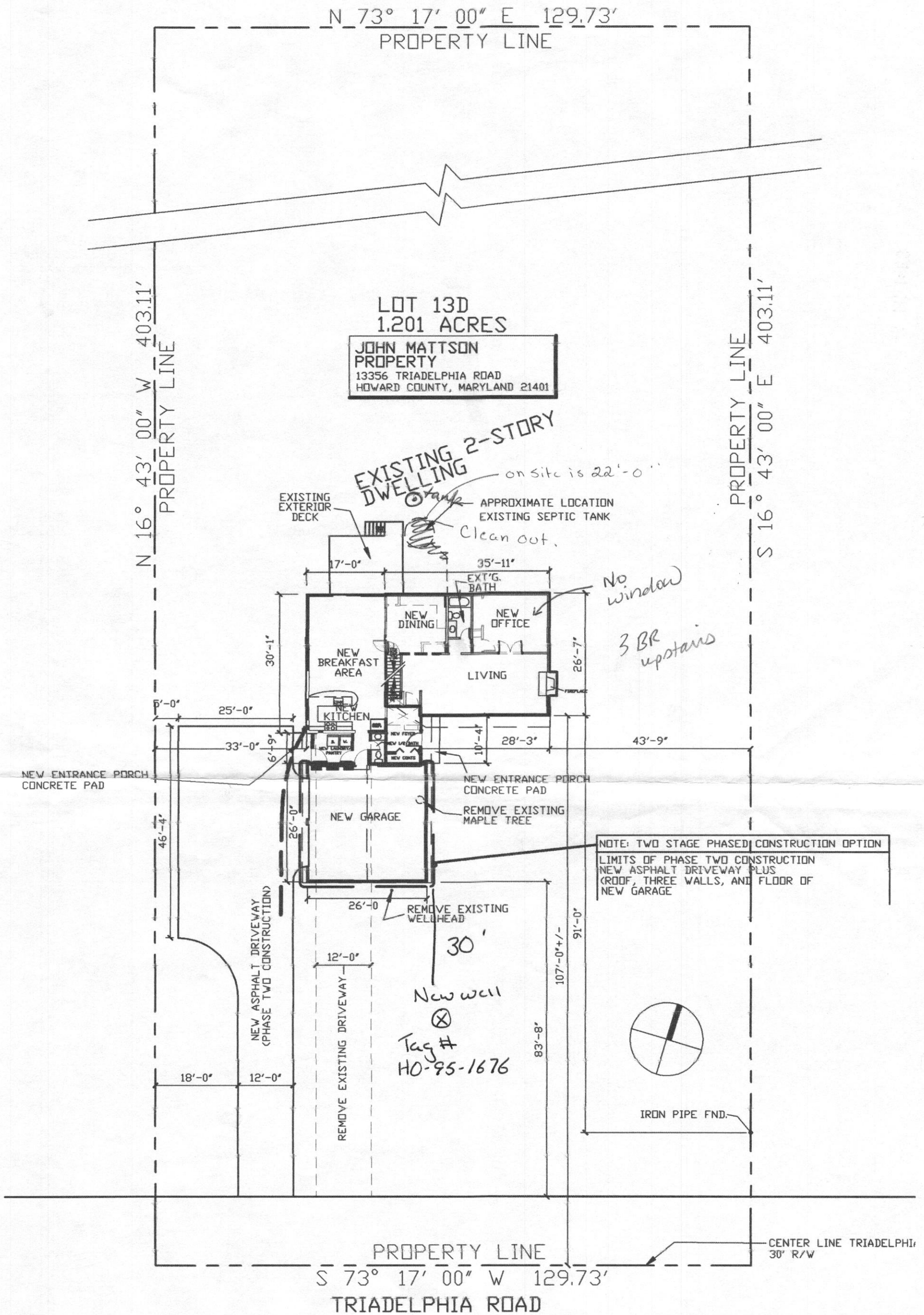
PROPERTY L  
S 16° 43' 00" E









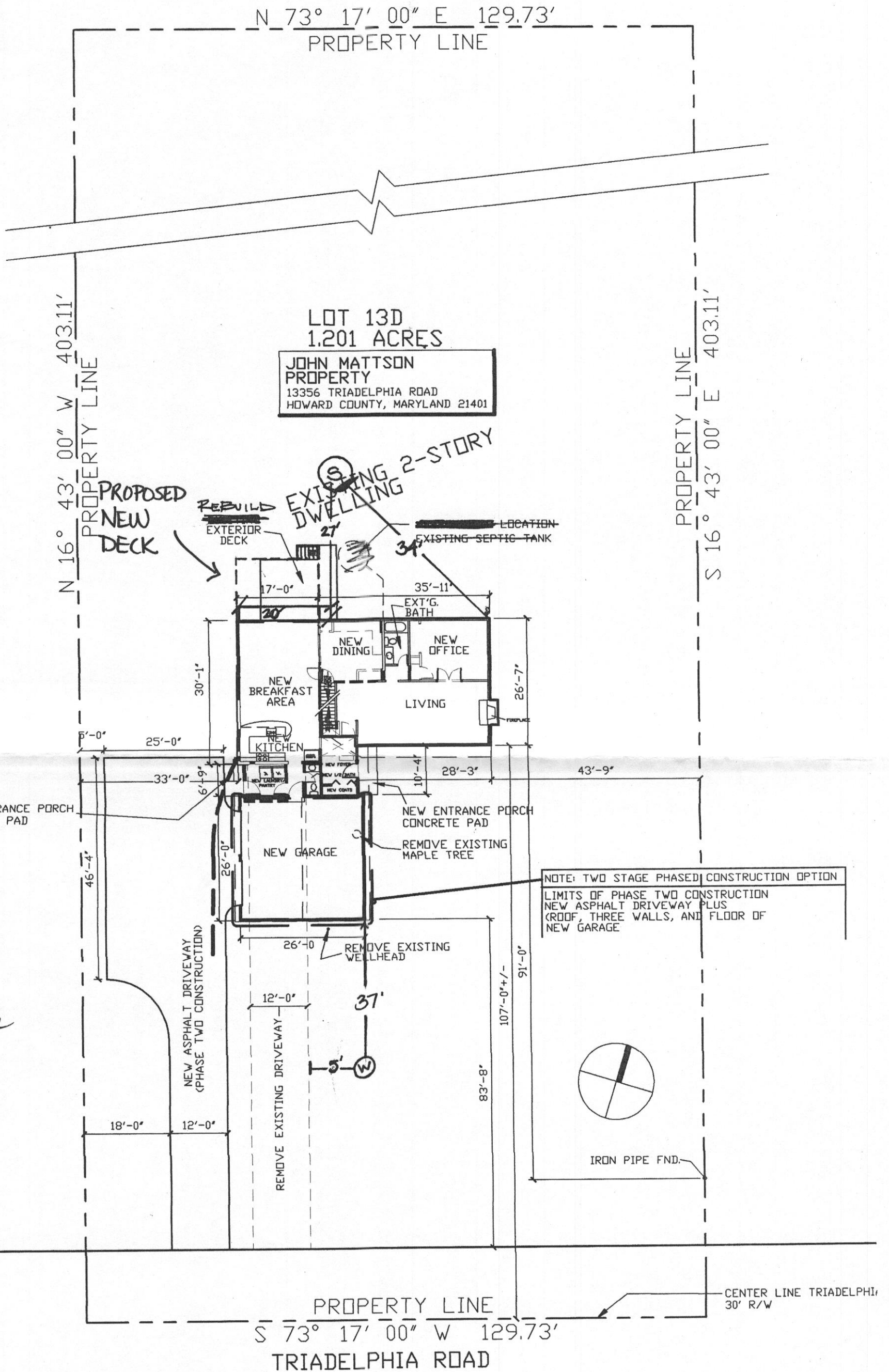


## SITE PLAN

FOR PRELIMINARY PLANNING PURPOSES ONLY:  
NO SURVEY, FIELD MEASUREMENTS, TOPOGRAPHY, OR TITLE WORK HAS BEEN DONE TO CREATE THIS DRAWING.  
1/20"=1'-0" ALL INFORMATION TAKEN FROM 8-28-85 LOCATION SURVEY BY JAMES C. HUDGINS

- Need to approve well





# SITE PLAN

1/40"=1'-0" FOR PRELIMINARY PLANNING PURPOSES ONLY:  
NO SURVEY, FIELD MEASUREMENTS, TOPOGRAPHY, OR TITLE WORK HAS BEEN DONE TO CREATE THIS DRAWING.  
ALL INFORMATION TAKEN FROM 8-28-85 LOCATION SURVEY BY JAMES C. HUDGINS