



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 13034 TRIADELPHIA Rd
City: Ellicott City State: MD Zip Code: 21042
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: 0022 Parcel: 0106 Grid: 0010
Zoning: _____ Map Coordinates: _____ Lot Size: 1 Acre

Existing Use: Residential
Proposed Use: Residential
Estimated Construction Cost: \$
Description of Work: convert 1/2 bath to full bath, new kitchen, roof, windows, floors, fixtures, french drain in basement
Occupant or Tenant: Occupant
Was tenant space previously occupied? ☒ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: <u>1</u>	Depth: _____ Width: _____
Gross area, sq. ft./floor: <u>1200 sq ft</u>	1 st floor: <u>25'</u> 4 th floor: _____
Area of construction (sq. ft.): _____	Basement: _____
Use group: _____	<input type="checkbox"/> Finished Basement
Construction type: _____	<input checked="" type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Slab on Grade
<input checked="" type="checkbox"/> Masonry	No. of Bedrooms: _____
<input type="checkbox"/> Wood Frame	Multi-family Dwelling
<input type="checkbox"/> State Certified Modular	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Angela J. Scott
Address: 13034 TRIADELPHIA Rd
City: Ellicott City State: MD Zip Code: 21042
Phone: 443-515-4970 Fax: _____
Email: Angela.Scott@comcast.net

Applicant's Name & Mailing Address (if other than stated herein)
Applicant's Name: Angela Scott
Address: PO Box 47235
City: Windsor Mill State: MD Zip Code: 21244
Phone: 443-985-6248 Fax: _____
Email: _____

Contractor Company: Dalry Construction Building Inspection
Contact Person: Kenneth D. Dalry
Address: 1401 Irving Street, NE
City: Washington State: DC Zip Code: 20017
License No.: _____
Phone: _____ Fax: _____
Email: majesticbuilders@yahoo.com

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Utilities
<u>Water Supply</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
<u>Sewage Disposal</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Heating System</u>
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____
<u>Sprinkler System:</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number: _____
Building Shell Permit Number: _____

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: Angela Scott
Email Address: Angela.Scott@comcast.net

Print Name: Angela Scott
Date: 11/3/2016

Title/Company: _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials

Green: PSZA,Zoning

Yellow: PSZA,Engineering

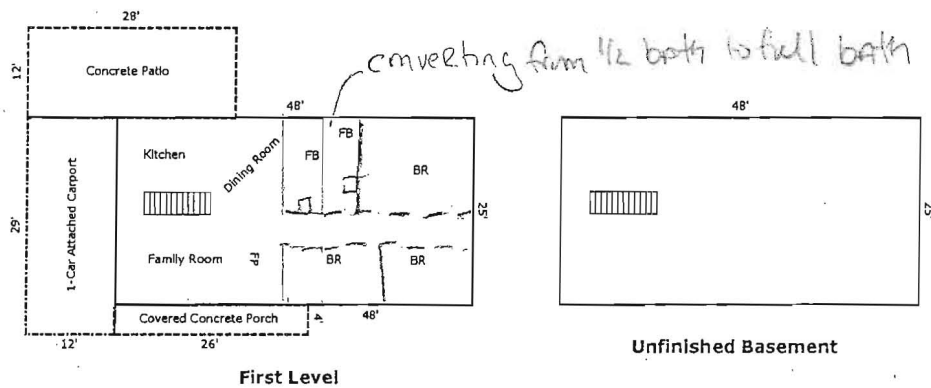
Pink: Health

Gold: SHA

Building Sketch

Borrower	Scott, Angela				
Property Address	13034 Triadelphia Rd				
City	Ellicott City	County	Howard	State	MD Zip Code 21042
Client	Southern Trust Mortgage, LLC - Owings Mills				

APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# _____
APP. SAN DPB DATE: 11/3/2016
DESC. OF WORK: convert
First Floor 1/2-Bath to Full Bath
approved as described -



TOTAL Sketch by a la mode, Inc.