



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: 14961 TRIADELPHIA RD
City: GLENELG State: MD Zip Code: 21737
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____

Proposed Use: _____

Estimated Construction Cost: \$ _____

Description of Work: Shed 12x30

Occupant/Tenant Name: _____

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 type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse |
| No. of stories: _____ | Depth _____ Width _____ |
| Gross area, sq. ft./floor: _____ | 1 st floor: _____ |
| Area of construction (sq. ft.): <u>360</u> | 2 nd floor: _____ |
| Use group: _____ | Basement: _____ |
| Construction type: _____ | <input type="checkbox"/> Finished Basement |
| <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Unfinished Basement |
| <input type="checkbox"/> Structural Steel | <input type="checkbox"/> Crawl Space |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Slab on Grade |
| <input checked="" type="checkbox"/> Wood Frame | No. of Bedrooms: _____ |
| <input type="checkbox"/> State Certified Modular | <u>Multi-family Dwelling</u> |
| | No. of efficiency units: _____ |
| | No. of 1 BR units: _____ |
| | No. of 2 BR units: _____ |
| | No. of 3 BR units: _____ |
| | Other Structure: _____ |
| | Dimensions: _____ |
| | Footings: _____ |
| <input checked="" type="checkbox"/> Roadside Tree Project Permit | Roof: _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> State Certified Modular |
| Roadside Tree Project Permit # _____ | <input type="checkbox"/> Manufactured Home |

Property Owner's Name: FRED STOUT
Address: 14961 TRIADELPHIA RD
City: Glenelg State: MD Zip Code: 21737
Phone: 703-788-6690 Fax: _____
Email: fstout@hotmail.com

Applicant's Name & Mailing Address, (If other than stated herein)

Applicant's Name: same

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License No.: _____

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

| Utilities |
|---|
| Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Water Supply |
| <input type="checkbox"/> Public |
| <input checked="" type="checkbox"/> Private |
| Sewage Disposal |
| <input type="checkbox"/> Public |
| <input checked="" type="checkbox"/> Private |
| Heating System |
| <input type="checkbox"/> Electric <input type="checkbox"/> Oil |
| <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas |
| <input type="checkbox"/> Other: <u>N/A</u> |
| Sprinkler System |
| <input type="checkbox"/> Yes <input checked="" 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: fstout@hotmail.com

Email Address: _____

Title/Company: _____

Print Name: FRED STOUT

Date: 3/28/17

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 | 3/28/17 | A. O. S. [Signature] |

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

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APPROVED WALK-THRU BUILDING PERMIT

BP# _____ A# _____
 APP. SAN 4.05 (10/1/77) DATE 3/29/77
 DESC. OF WORK: Install 12" x 30"

Total linear feet of trench
 required 135 feet

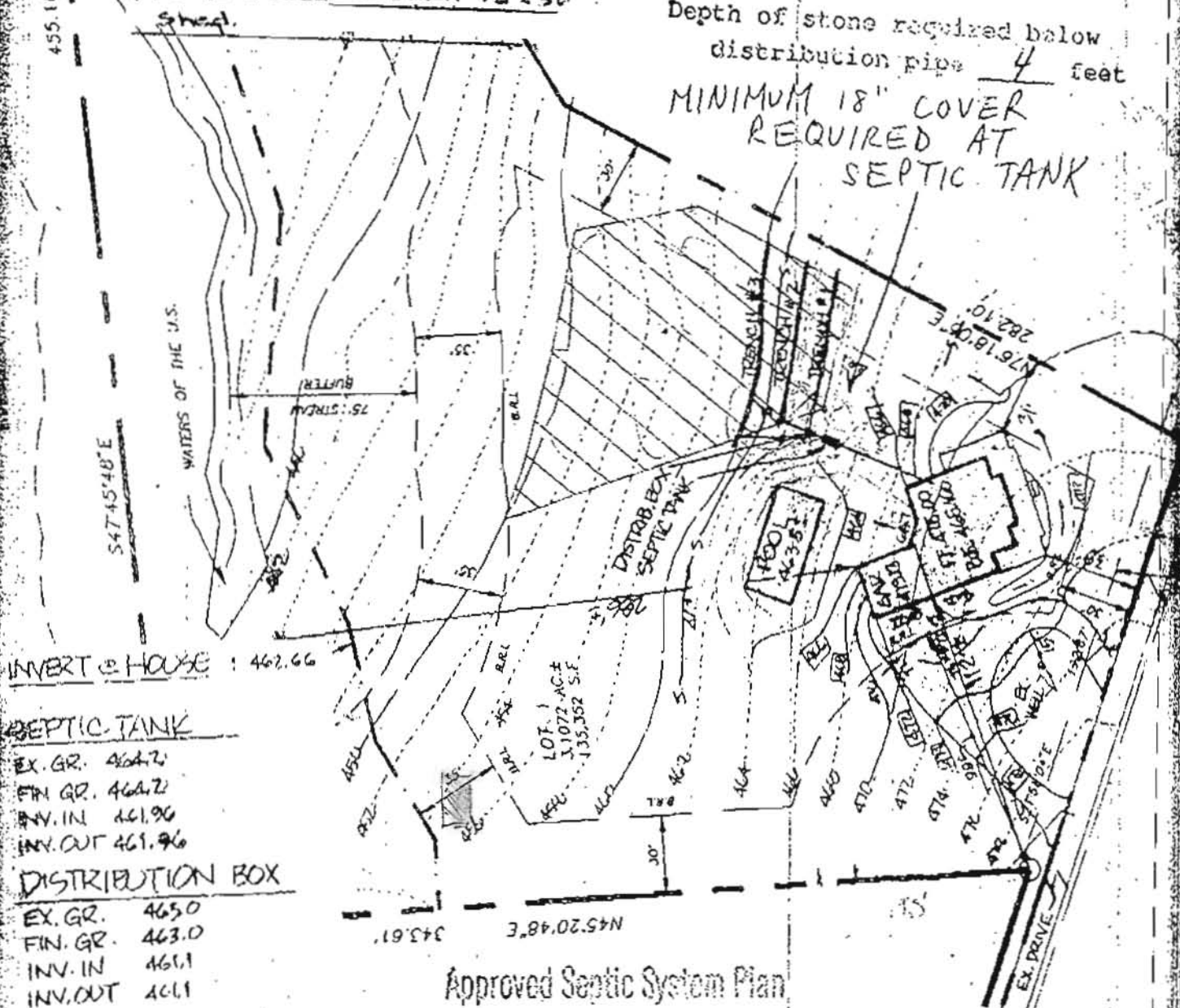
Width of trench (as) 2 feet

Depth of trench (as) 6 feet

Depth of stone required below
 distribution pipe 4 feet

MINIMUM 18" COVER
 REQUIRED AT
 SEPTIC TANK

LOT 2



INVERT @ HOUSE : 462.66

SEPTIC TANK

EX. GR. 462.2
 FIN. GR. 462.2
 INV. IN 461.96
 INV. OUT 461.96

DISTRIBUTION BOX

EX. GR. 463.0
 FIN. GR. 463.0
 INV. IN 461.1
 INV. OUT 461.1

Approved Septic System Plan
 Howard County Health Department

SHANABERGER & LANE
 8726 TOWN & COUNTRY BLVD.
 SUITE 201
 ELLICOTT CITY, MD. 21043
 (410) 461-9563

Signature Mark E. Reppin Date 10/22/99