1217104 OXX DEPT. 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

Building Address 14384 TRIADelphia RD PERMIT NUMBER **HOWARD COUNTY** PERMIT APPLICATION B0400 3310 Property Owner's Name
Address ONS Marsha
City Fly Oge State
Home Phone Work Phone 40-379-5956 Glenela MD 21737 Home Phone \_\_ SDP/WP/Petition #; Applicant's Name & Mailing Address, (if other than stated herein): Subdivision WarfielDS Kerwin Lot 8002 <u>525</u> Area 10,000 a 1797 Tax Map \_\_\_ Parcel \_\_\_\_ Grid 1792 Fax 410-489-0550 Map Coordinates Lot Size Contractor Company Existing Use Vacant lat Home: Contact Person Address (0085 Was Proposed Use Supplemental Estimated Construction Cost \$\_\_\_\_\_ statee 300,00d City Elkadae State MD Zip Code 21070
License No. 5(0) Description of Work New 2 Stom"W 2 con grange EXT Family Phone 410 379-5956Fax 410-379-2470 Morning Room with Coverel Greek Occupant or Tenant Engineer or Architect Company Contact Name Contact Person Address Address City State Zip Code City\_ State Phone **BUILDING DESCRIPTION - COMMERCIAL BUILDING DESCRIPTION – RESIDENTIAL Building Characteristics Building Characteristics** Utilities Height: Water Supply: SF Dwelling □ SF Townhouse □ Water Supply: Public Depth Width Public Private No. of stories: Private 1<sup>st</sup> floor: 2<sup>nd</sup> floor: Sewage Disposal: Sewage Disposal: Gross area, sq. ft. per floor: Public Basement: Public Private Private Use group: Finished Basement 

Unfinished Basement 

Crawl Electric Yes  $\square$  No  $\square$  Gas  $\swarrow$  Yes  $\square$  No  $\square$ space □ Slab on Grade □
No. of Bedrooms Electric Yes □ No □ Construction type:
\_\_\_\_\_ Reinforced Concrete Yes □ No □ Structural Steel Multi-family dwellings: Heating System: Heating System: No. of efficiency units: Masonry Electric Oil 🗆 Electric 🗆 Oil 🗆 No. of 1 BR units: Wood Frame Natural Gas Natural Gas No. of 2 BR units: Propane Gas Propane Gas No. of 3 BR units: State Certified Modular Sprinkler system: N/A Sprinkler system: N/A □ Other Structure: Full NFPA #13D Dimensions: Partial NFPA #13R Footings: \_ Other Suppression Other: Roof: # of Heads State Certified Modular Manufactured Home THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (I) 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. for Jewan Applicant's Signature Print Name Title/Company Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY \*\*PLEASE WRITE NEATLY AND LEGIBLY \*\*
FOR OFFICE USE ONLY
VATURE APPROVAL DPZ SETBACK INFORMATION SIGNATURE APPROVAL DPZ SETBACK INFORMATION Filing fee STAGE Land Development, DPZ Front: State Highways Building Officials Side St.: Dev. Engineering, DPZ All minimum setDacho ...
YES □ NO □ Health TOTAL FEES & Sub-total paid \$ Fire Protection Is Sediment Control approval required prior to issuance?
YES NO □ Balance due YES D NO D Check Validation : # Historic District? YES □ NO □ Lot Coverage for New Town Zone CONTINGENCY CONSTRUCTION START: [1] ONE STOP SHOP: SDP/Red-line approval date Accepted by **Distribution of Copies** PLANS RECEIVED | VV Comment Yellow DED, DPZ Pink: Health Gold: SHA T:\Operations\Updated forms

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