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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 B00139209
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Building Address 14460 Trindale Rd Dayton MD 21036	Property Owner's Name S. J. McLean
Suite/Apt. #: SDP/WP/Petition #:	Address 14460 Trindale Rd
Census Tract 681.01	City Dayton
Subdivision Humphreys Park	State MD
Section Area Lot 1	Zip Code 21036
Tax Map 27	Home Phone 301-989-1133
Parcel 138	Work Phone
Grid 17	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning REDE	Phone
Map Coordinates	Fax
Lot size 1.62 AC	
Existing Use STD	Contractor Company United Appliance
Proposed Use STD	Contact Person Doug McLean
Estimated Construction Cost \$ 2500.00	Address 205 Naples Road
Description of Work Buy 1000 gal. w.c. tank and run gas line to house	City Dayton
	State MD
	Zip Code 21036
	License No. 0-477
	Phone 410-982-6000
	Fax 410-982-5906
Occupant or Tenant	Engineer or Architect Company
Contact Name	Contact Person
Address	Address
City	City
State	State
Zip Code	Zip Code
Phone	Phone
Fax	Fax

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height:	Water Supply:	SF Dwelling ☒ SF Townhouse ☐	Water Supply:
No. of stories:	Public ☐ Private ☐	Depth Width	Public ☐ Private ☒
Gross area, sq. ft. per floor:	Sewage Disposal:	1st floor:	Sewage Disposal:
Use group:	Public ☐ Private ☐	2nd floor:	Public ☐ Private ☒
Construction type:	Electric Yes ☐ No ☐	Basement:	Electric Yes ☒ No ☐
Reinforced Concrete	Gas Yes ☐ No ☐	Finished Basement ☐ Unfinished Basement ☐	Gas Yes ☐ No ☒
Structural Steel	Heating System:	Crawl space ☐ Slab on Grade ☐	Heating System:
Masonry	Electric ☐ Oil ☐	No. of Bedrooms	Electric ☐ Oil ☐
Wood Frame	Natural Gas ☐	Multi-family dwellings:	Natural Gas ☐
State Certified Modular	Propane Gas ☐	No. of efficiency units:	Propane Gas ☒
	Sprinkler system: N/A ☐	No. of 1 BR units:	Sprinkler system: N/A ☐
	Full	No. of 2 BR units:	NFPA #13D
	Partial	No. of 3 BR units:	NFPA #13R
	Other Suppression	Other Structure:	Other:
	# of Heads	Dimensions:	
		Footings:	
		Roof:	
		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 THIS WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Doug McLean	Print Name Doug McLean
Title/Company Sales/United Appliance	Date 11-5-02

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY **

AGENCY	DATE	SIGNATURE	APPROVAL	DNZ SETBACK INFORMATION	PROJECT ID#
Land Development Dept.				Front	Prime fee
State Highways				Rear	Permit fee
Building Official				Side	Excise fee
Dev. Engineering, DPZ				Side St.	Add'l per. fee
Health	11/8/02	Blanca R. King		All minimum setbacks met?	TOTAL FEES
Fire Protection				YES ☐ NO ☐	Sub-total paid
Is Sediment Control approval required prior to issuance?				Entrance Permit required?	Balance due
YES ☐ NO ☐				YES ☐ NO ☐	Check
CONTINGENCY CONSTRUCTION START ☐				Health District	Validation
ONE STOP SHOP ☐				YES ☐ NO ☐	
				Lot Coverage for New Town Zone	
				SDP/Red-line approval date	Accepted by

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 B00136935
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Building Address <u>14460 TRIADOLPHIA MILL RD</u> <u>DAYTON, MD. 21036</u>	Property Owner's Name <u>SENNY + MARIA HELMER</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>P.O. Box TEN OAKS RD</u> <u>206</u>
Census Tract <u>605101</u> Subdivision _____	City <u>DAYTON</u> State <u>MD</u> Zip Code <u>21138</u>
Section _____ Area _____ Lot <u>1</u>	Home Phone _____ Work Phone <u>(301) 938-1133</u>
Tax Map <u>27</u> Parcel <u>138</u> Grid <u>17</u>	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning <u>RR</u> Map Coordinates <u>13D3</u> Lot size _____	Phone <u>(301) 938-1133</u> Fax <u>N/A</u>
Existing Use <u>VACANT LOT</u>	Contractor Company <u>THE GRIFFIN GROUP LLC</u>
Proposed Use <u>SINGLE FAMILY HOME</u>	Contact Person <u>STEVE GRIFFIN</u>
Estimated Construction Cost <u>\$150,000</u>	Address <u>4231 LINTHURM RD.</u>
Description of Work <u>CONSTRUCT SINGLE</u>	City <u>DAYTON</u> State <u>MD</u> Zip Code <u>21046</u>
<u>FAMILY HOME ON VACANT LOT.</u>	License No. <u>1307</u>
<u>PART. FINISH BASEMENT W/BATH W/OPT.</u>	Phone <u>(410) 720-6700</u> Fax <u>(410) 720-1226</u>
Occupant or Tenant <u>SEE OWNER</u> <u>DECKS</u>	Engineer or Architect Company <u>FREDERICK WARD</u>
Contact Name _____	Contact Person <u>CHRIS OGLE</u>
Address _____	Address <u>7125 RIVERWOOD DR. SUITE C</u>
City _____ State _____ Zip Code _____	City <u>COLUMBIA</u> State <u>MD</u> Zip Code <u>21046</u>
Phone _____ Fax _____	Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling ☒ SF Townhouse ☐ Depth _____ Width _____	Water Supply: _____ Public _____ Private ☒
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private ☒
Gross area, sq. ft. per floor: _____	Electric Yes ☐ No ☐ Gas Yes ☐ No ☐	2nd floor: _____	Electric Yes ☒ No ☐ Gas Yes ☐ No ☒
Use group: _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐	Basement: _____	Heating System: _____ Electric ☒ Oil ☐ Natural Gas ☐ Propane Gas ☒
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A ☐ Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement ☒ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms <u>3</u>	Sprinkler system: N/A ☐ NFPA #13D _____ NFPA #13R _____ Other: _____
State Certified Modular _____		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: _____	
		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.

<u>[Signature]</u> Applicant's Signature <u>TH PRINCIPAL</u> Title/Company	<u>STEPHEN P. GRIFFIN</u> Print Name <u>6-14</u> Date
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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: _____	55168
State Highways			Rear: _____	Filing fee \$ <u>100</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
Health	<u>7/3/02</u>	<u>[Signature]</u>	All minimum setbacks met? YES ☐ NO ☐	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES ☐ NO ☐	TOTAL FEES \$ _____
Sediment Control approval required prior to issuance?			Historic District? YES ☐ NO ☐	Sub-total paid \$ _____
YES ☐ NO ☐			Lot Coverage for NewTown Zone _____	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: ☐			SDP/Red-line approval date _____	Check # <u>2405</u>
ONE STOP SHOP: ☐				Validation # _____
				Accepted by _____