DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1910
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B0700 3230

Building Address 14969 TRIADELPHIA ROAD
GLENELG, MARYLAND 21737

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning Map Coordinates Lot size

Property Owner's Name FOSTER

Address 14969 TRIADELPHIA ROAD

City GLENELG State MD Zip Code 21737

Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):

Phone Fax

Existing Use SFD
Proposed Use SFD W/ POOL
Estimated Construction Cost $ 35,000.00

Description of Work 20X40 INGROUND CONCRETE POOL W/ 3' OF PAVERS DECKING, 3'-6 to 8'-0" DEEP, CARTRIDGE FILTER, FILLED W/ FAUCET

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____
License No. _____
Phone Fax

Occupant or Tenant _____

Contact Name MIKE SHAFFERY

Address 1503 WINDWOOD RD

City BEL AIR State MD Zip Code 21015

Phone 410 8086988 Fax 4105885692

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone Fax

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
_____ Reinforced Concrete
_____ Structural Steel
_____ Masonry
_____ Wood Frame

_____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private
Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☐ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
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

Utilities

Water Supply:
____ Public
__X__ Private
Sewage Disposal:
____ Public
__X__ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ NFPA #13D
____ NFPA #13R
____ Other:

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
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	8/2/2007	
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#:

Filing fee	$
Permit fee	$
Excise tax	$
Add'l per. fee	$
TOTAL FEES	$
Sub-total paid	$
Balance due	$
Check	#
Validation	#

Accepted by ____

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

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FOSTER RESIDENCE
14969 TRIADELPHIA ROAD
GLENELG MD 21737

20 X 40 INGROUND POOL W/ 3' DECK
W/ 4' FENCE PER HOWARD COUNTY CODE
X-X-X-X-X DENOTES FENCE
SETBACKS = REAR: 270'
FRONT: 325'
LEFT: 200'
RIGHT: 80'

APPROVED

WALK-THRU BUILDING PERMIT

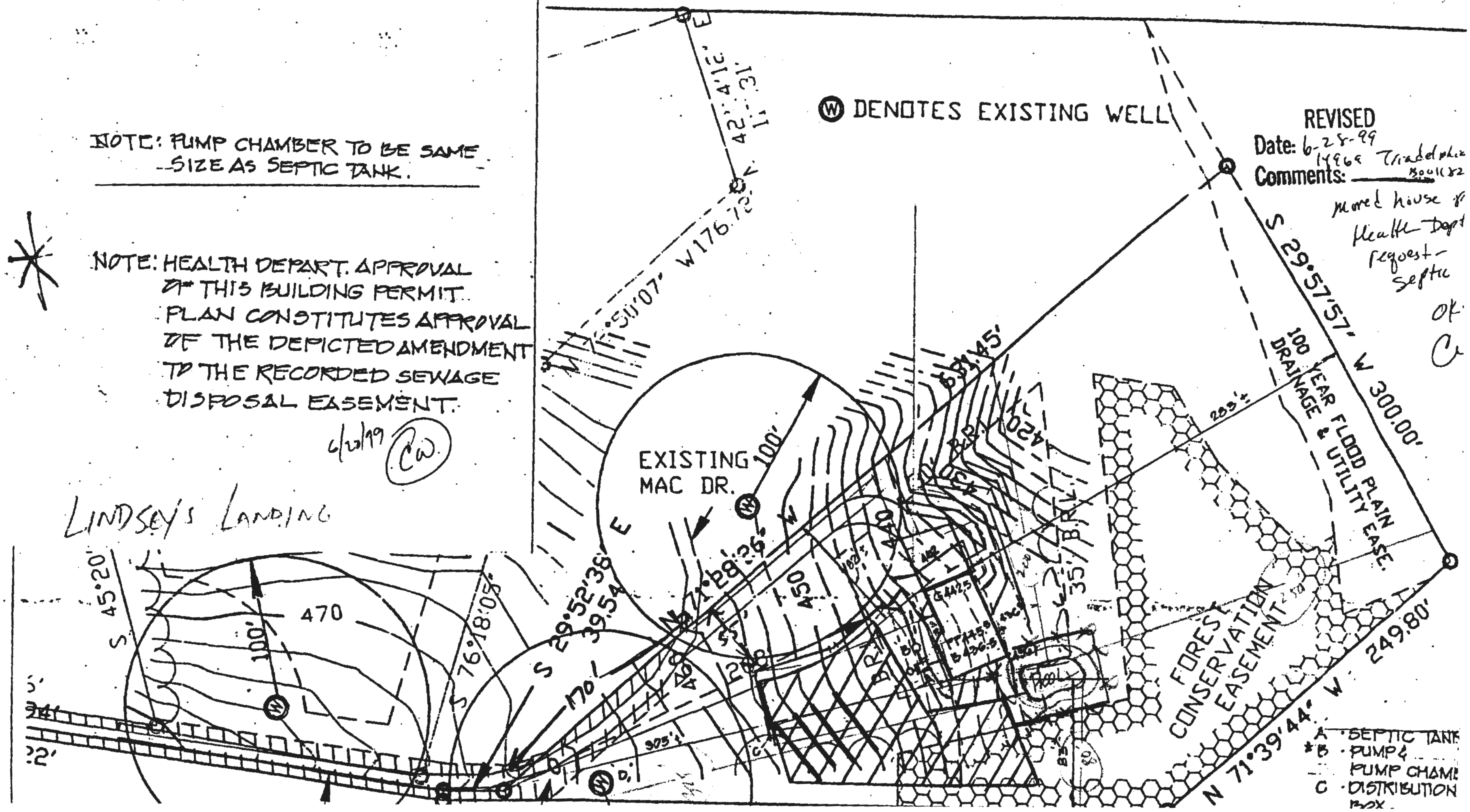
BP#________ A# 58919-C P513350

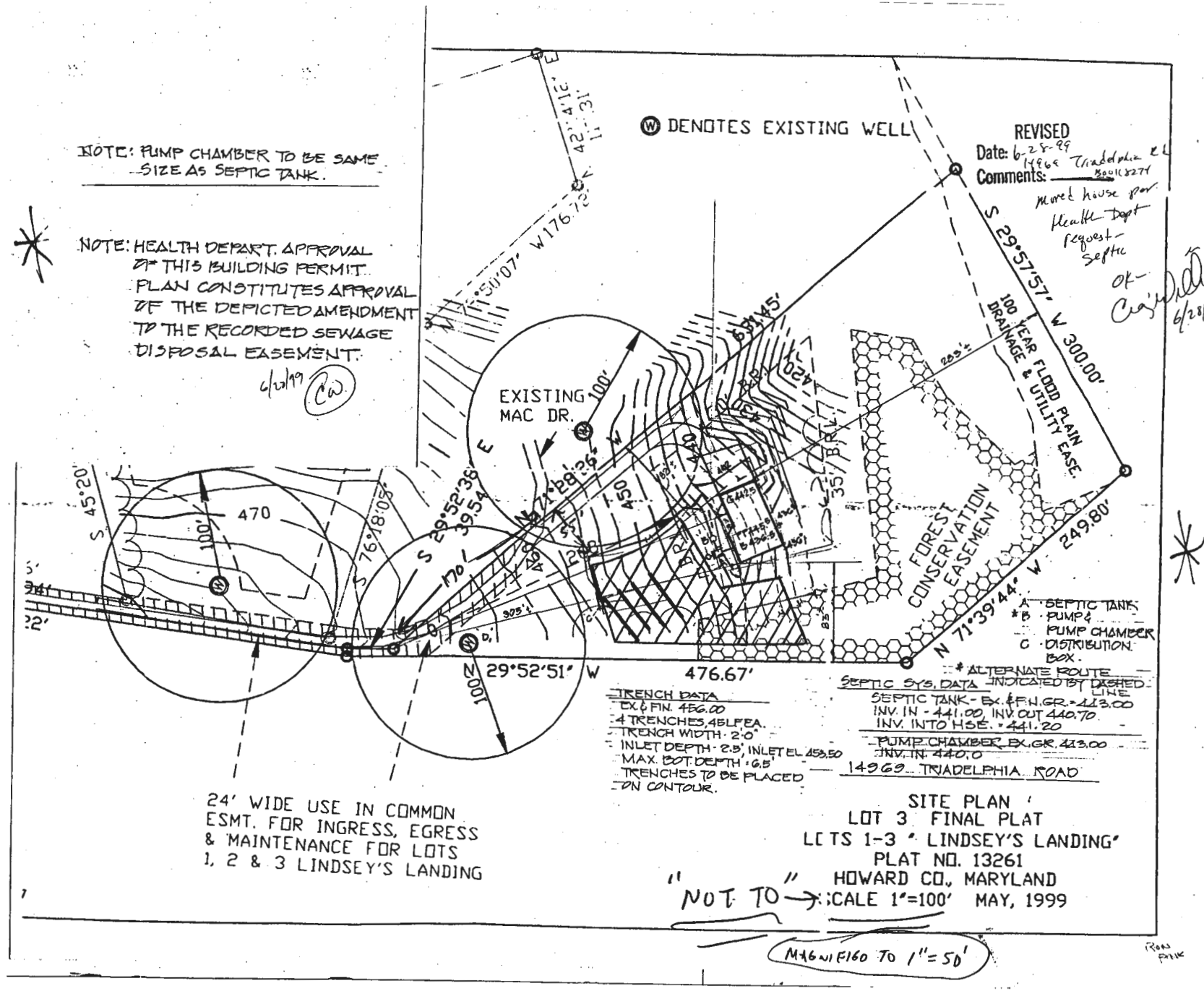
APP. SAN GAC DATE: 8/2/07

DESC. OF WORK: pool w/ fence as shown - 20' from septic areas

1503 WINDWOOD RD
BEL AIR, MD 21015

DISTRICT 05 ACCT# 428211





TO SERVE AS PERC CERT PER MIKE DAVIS 8/1/2007 GA

Approved Septic System Plan
Howard County Health Department
B0011274 SFD-4BR
(REVISED HOUSE LOCATION AND SEWAGE DISPOSAL EASEMENT)
Craig Miller 6/29/99
Signature Date

Total linear feet of trench required 180 feet
Width of trench (INLET 2½) 2 feet
Depth of trench 6½ feet
Depth of stone required below distribution pipe 4 feet