

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B07003482

Building Address 14904 Triadelphia Rd  
Glen Elg 21737

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 1

Tax Map 27 Parcel 43 Grid 4

Zoning \_\_\_\_\_ Map Coordinates 13B-1 Lot size \_\_\_\_\_

Existing Use SPD

Proposed Use Pool

Estimated Construction Cost \$ 25,000 21' x 36'

Description of Work Inground pool 21' x 36'

in rear yard w/ 48" high  
Fence to code

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Property Owner's Name Tim + Donna Smith

Address 14904 Triadelphia Rd

City Glen Elg State \_\_\_\_\_ Zip Code 21737

Home Phone 410-481-9379 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company Maryland Pools

Contact Person Joanne Latham

Address 9515 Gerwig Ct

City Columbia State \_\_\_\_\_ Zip Code 21046

License No. 6694

Phone 410-995-6600 Fax \_\_\_\_\_

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 Characteristics

SF Dwelling ☐ SF Townhouse ☐

\_\_\_\_ Depth \_\_\_\_\_ Width \_\_\_\_\_

1st floor: \_\_\_\_\_

2nd floor: 3-6'

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

\_\_\_\_ Private

Sewage Disposal:

\_\_\_\_ Public

\_\_\_\_ 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

Title/Company

Print Name

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 8/21/07

Fire Protection

Is Sediment Control approval required prior to issuance?

YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

Distribution of Copies-

White: Building Official

Green: LDD, DPZ

T:\forms\PERMIT.FRM

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 New Town Zone

SDP/Red-line approval date

Yellow: DED, DPZ

Pink: Health

Gold: SHA

Accepted by \_\_\_\_\_

Rev. 11/4/04