



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: 11/15

Permit No.: 1020 2024

Building Address: 13851 WARELDA HILL RD
City: CLARKVILLE State: MO Zip Code: 64029
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: RESIDENTIAL SINGLE FAMILY
Proposed Use: RECREATIONAL SINGLE FAMILY
Estimated Construction Cost: \$ 400,000
Description of Work: MOX ADDITION AND REMOVAL
CLIMBER EXTERIOR, 12' X 12', 12' X 12'
12' X 12' 12' X 12'

Occupant or Tenant: DECEASED

Was tenant space previously occupied? ☐ Yes ☒ No

Contact Name: FRANK THURMAN

Address: 101 N. THURMAN ST. #101

City: CHICAGO, ILL. State: IL Zip Code: 60642

Phone: 312.461.1111 Fax: _____

Email: frank.thurman@chicagofire.com

Property Owner's Name: WILLIAM WILSON
Address: 1015 N. BIRCH ST.
City: PHOENIX State: AZ Zip Code: 85006
Phone: (602) 955-1234 Fax: _____
Email: wilson.william@phoenixaz.gov

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: THOMAS J. BROWN
 Address: 12345 Main St. Apt. 2B
 City: Springfield State: MA Zip Code: 01101
 Phone: 417-555-1234 Fax: _____
 Email: tbrown@springfield.com

Contractor Company: ~~ABC COMPANY~~
Contact Person: SAMIE AS OWNER
Address: _____
City: _____ State: _____ Zip Code: _____
License No. : _____
Phone: _____ Fax: _____
Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	☒ SF Dwelling ☐ SF Townhouse
No. of stories:	<u>Depth</u> <u>Width</u>
Gross area, sq. ft./floor:	1 st floor: 32 12
	2 nd floor: 72 60
Area of construction (sq. ft.):	Basement:
	☒ Finished Basement
Use group:	☐ Unfinished Basement
	☐ Crawl Space
<u>Construction type:</u>	☐ Slab on Grade
☐ Reinforced Concrete	No. of Bedrooms:
☐ Structural Steel	<u>Multi-family Dwelling</u>
☐ Masonry	No. of efficiency units:
☐ Wood Frame	No. of 1 BR units:
☐ State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
➤ Roadside Tree Project Permit	Footings:
☐ Yes ☒ No	Roof:
Roadside Tree Project Permit #	☐ State Certified Modular
	☐ Manufactured Home

Utilities		
<u>Water Supply</u>		
☐ Public		
☒ Private		
<u>Sewage Disposal</u>		
☐ Public		
☒ Private		
Electric:	☒ Yes ☐ No	
Gas:	☐ Yes ☒ No	
<u>Heating System</u>		
☐ Electric	☐ Oil	
☒ Natural Gas	☐ Propane Gas	
☐ Other:		
<u>Sprinkler System:</u>		
☐ Yes	☒ 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

Email Address

Title/Company

Print Name

Date

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	3/26/15	H. Oswald

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

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:

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

SITE INSPECTION SHEET

OWNER: Tim Trusner PHONE #: _____

ADDRESS: 13851 Triadelphia Mill Rd CONTRACTOR: _____

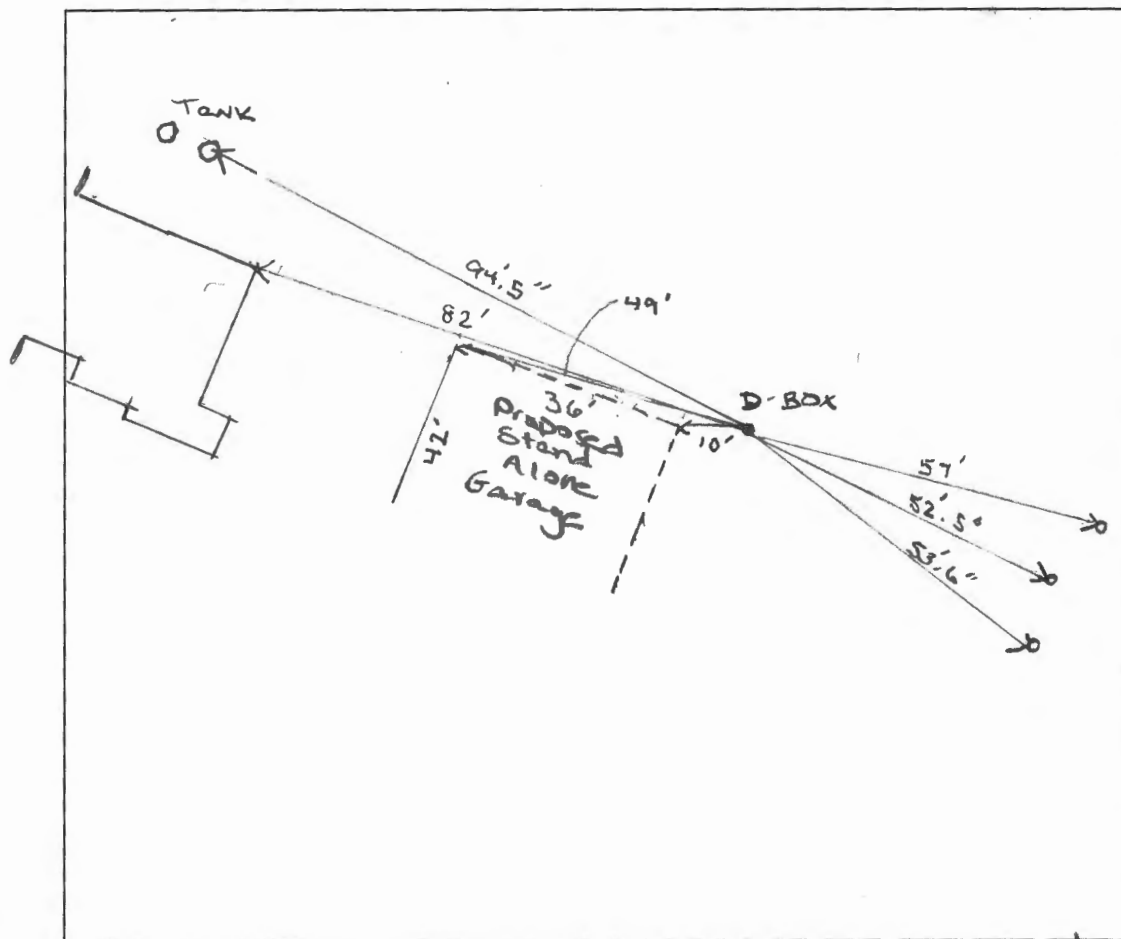
Clarksville md 21029 WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: 13

PROPOSAL: MBR & stand alone garage addition plus basement remodel.

BP # 15000564

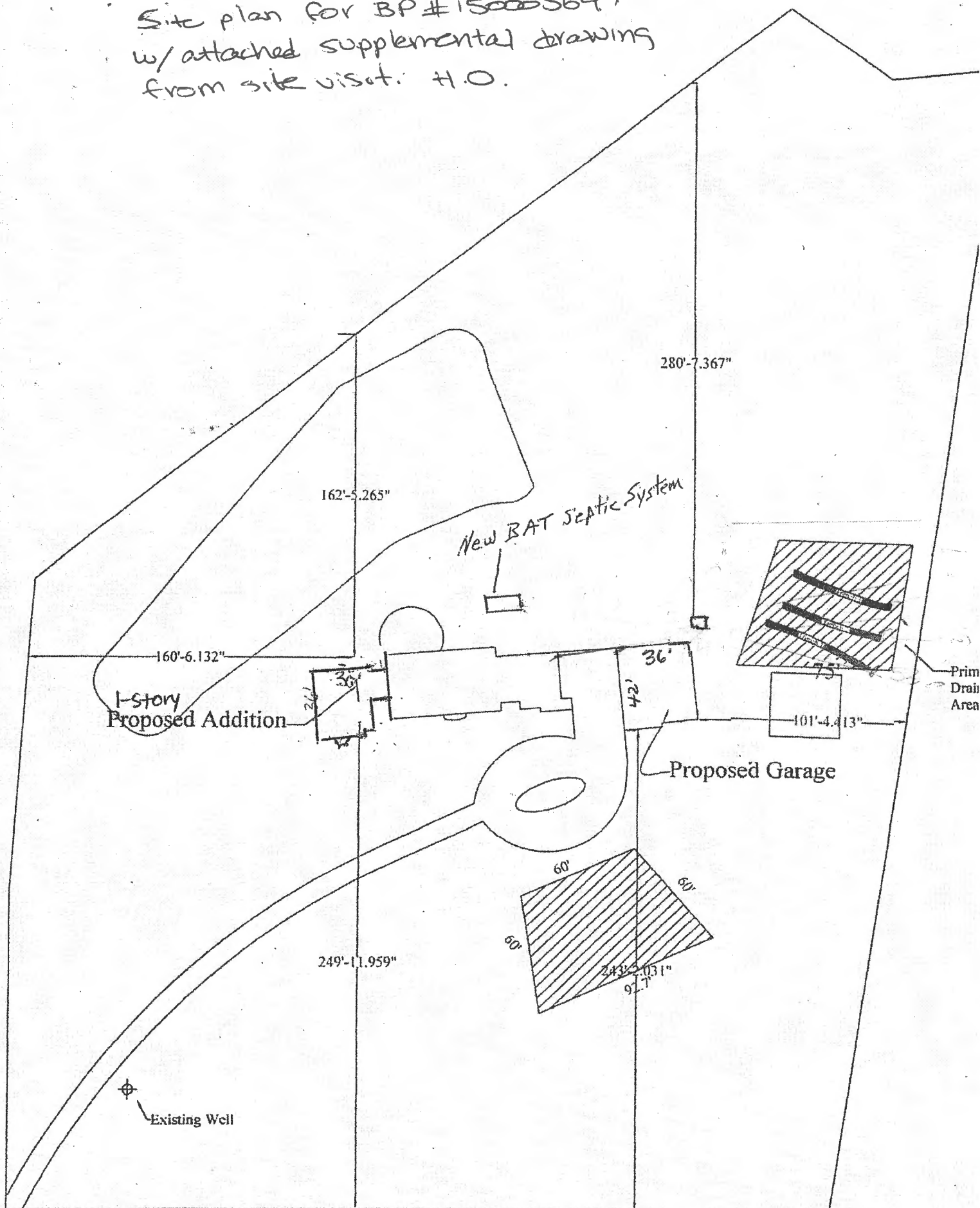
LOCATION DIAGRAM



COMMENTS: Site visit was conducted to confirm
the locations of the septic components relative
to the location of the proposed garage. Jeff
was okay with the layout. Approved BP (#15000564)
& followed-up with owner.

DATE: 3/26/15 INSPECTOR: Hank Oswald

3/26/15 - Approved
 Site plan for BP #15000564,
 w/ attached supplemental drawing
 from site visit. H.O.



Scale = 60' = 1"

Property Address:
 13851 Tridaphia Mill Road
 Clarksville, MD 21029
 KIRCHOFF

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**OLD LINE
 BUILDERS**
 MHIC Lic. # 73239

Project: ~~Plot Plan~~

Title: **Plot Plan**

Date: ~~3/23/15~~ ~~2/4/15~~ ~~3/17/15~~ **Updated**
 3/23/15 2/4/15 3/17/15