

|                                                                                                                                                                                                                                                                                |  |                                             |                                                                                                                                                                                                                                                                                                                                                       |                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--|
| DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS<br>3430 COURT HOUSE DRIVE<br>ELLSWORTH CITY, MD 21043<br>PERMITS (410) 313-3005 INSPECTIONS (410) 313-1810<br>AUTOMATED INFORMATION (410) 313-3800                                                                             |  | <b>HOWARD COUNTY<br/>PERMIT APPLICATION</b> |                                                                                                                                                                                                                                                                                                                                                       | <b>PERMIT NUMBER</b> |  |
| Building Address <u>14230 Triadelphia Mill Rd.</u><br>Suite/Apt. #: _____ SDP/WP/Petition #: _____<br>Census Tract _____ Subdivision _____<br>Section _____ Area _____ Lot _____<br>Tax Map _____ Parcel _____ Grid _____<br>Zoning _____ Map Coordinates _____ Lot size _____ |  |                                             | Property Owner's Name <u>Joyce Stohlgan</u><br><u>Tom Brewer</u><br>Address <u>14230 Triadelphia Mill Rd.</u><br>City <u>Dayton</u> State <u>Md.</u> Zip Code <u>21036</u><br>Phone <u>304 596 9734</u><br>Applicant's Name & Mailing Address, (if other than stated hereon):<br><u>P.O. Box 65</u><br><u>Dayton Md.</u> Phone _____ Fax <u>21036</u> |                      |  |
| Existing Use <u>residence</u><br>Proposed Use <u>addition 28x17</u><br>Estimated Construction Cost \$ <u>80,000 - 100,000</u><br>Description of Work _____<br>_____<br>_____                                                                                                   |  |                                             | Contractor Company _____<br>Contact Person _____<br>Address _____<br>City _____ State _____ Zip Code _____<br>License No. _____<br>Phone _____ Fax _____                                                                                                                                                                                              |                      |  |
| Occupant or Tenant _____<br>Contact Name _____<br>Address _____<br>City _____ State _____ Zip Code _____<br>Phone _____ Fax _____                                                                                                                                              |  |                                             | Engineer or Architect Company _____<br>Contact Person _____<br>Address _____<br>City _____ State _____ Zip Code _____<br>Phone _____ Fax _____                                                                                                                                                                                                        |                      |  |

| BUILDING DESCRIPTION - <u>COMMERCIAL</u>                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | BUILDING DESCRIPTION - <u>RESIDENTIAL</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Building Characteristics</u><br>Height: _____<br>No. of stories: _____<br>Gross area, sq. ft. per floor: _____<br>Use group: _____<br>Construction type:<br><input type="checkbox"/> Reinforced Concrete<br><input type="checkbox"/> Structural Steel<br><input type="checkbox"/> Masonry<br><input type="checkbox"/> Wood Frame<br><input type="checkbox"/> State Certified Modular | <u>Utilities</u><br>Water Supply:<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private<br>Sewage Disposal:<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private<br>Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/><br>Heating System:<br><input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/><br><input type="checkbox"/> Natural Gas <input type="checkbox"/><br><input type="checkbox"/> Propane Gas <input type="checkbox"/><br>Sprinkler system: N/A <input type="checkbox"/><br><input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> Other Suppression<br><input type="checkbox"/> # of Heads | <u>Building Characteristics</u><br>SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/><br><u>Depth</u> <u>Width</u><br>1st floor: _____<br>2nd floor: _____<br>Basement: _____<br><input checked="" type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement<br><input type="checkbox"/> Craw space <input type="checkbox"/> Slab on Grade <input type="checkbox"/><br>No. of Bedrooms <u>3</u><br>Height: _____<br>Multi-family dwellings:<br>No. of efficiency units: <u>none</u><br>No. of 1 BR units: _____<br>No. of 2 BR units: _____<br>No. of 3 BR units: _____<br>Other Structure: _____<br>Dimensions: _____<br>Footings: _____<br>Roof Height: _____<br><input type="checkbox"/> State Certified Modular<br><input type="checkbox"/> Manufactured Home | <u>Utilities</u><br>Water Supply:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private<br>Sewage Disposal:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private<br>Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>Heating System:<br><input type="checkbox"/> Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/><br><input type="checkbox"/> Natural Gas <input type="checkbox"/><br><input type="checkbox"/> Propane Gas <input type="checkbox"/><br>Sprinkler system: N/A <input checked="" type="checkbox"/><br><input type="checkbox"/> NFPA #13D<br><input type="checkbox"/> NFPA #13R<br><input type="checkbox"/> 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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

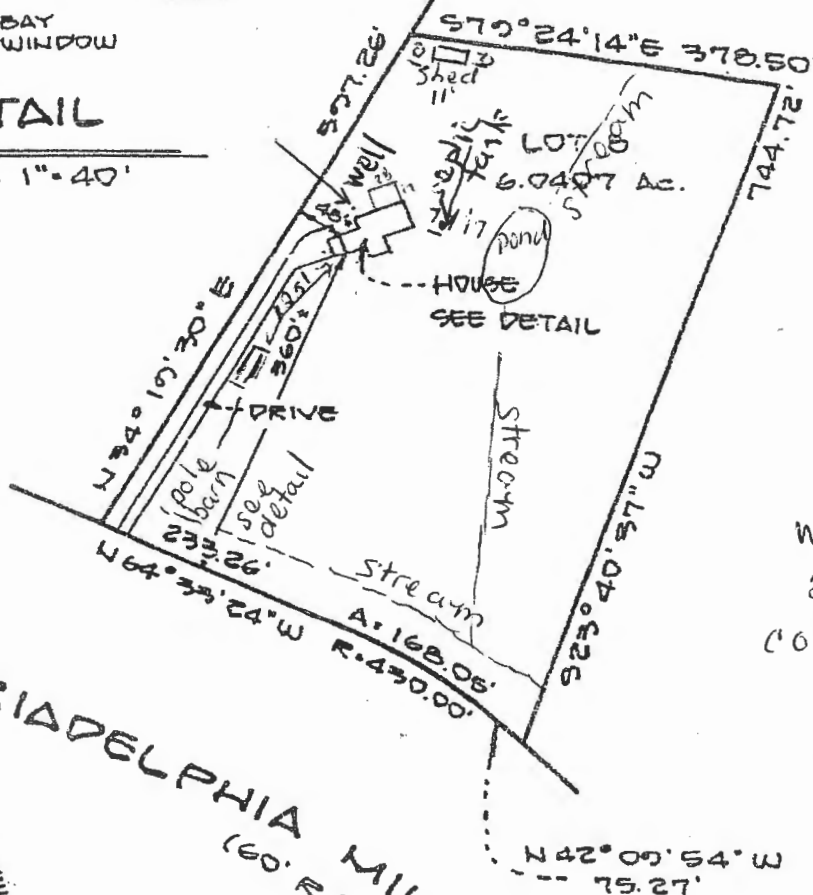
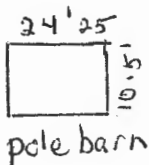
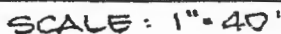
|                                                |                                     |
|------------------------------------------------|-------------------------------------|
| <u>Joyce Stohlgan</u><br>Applicant's Signature | <u>Joyce Stohlgan</u><br>Print Name |
| _____<br>Title/Company                         | <u>5/20/08</u><br>Date              |

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: _____                                             | Filing fee \$ _____     |
| State Highways                                                                                      |                          |                    | Rear: _____                                              | Permit fee \$ _____     |
| Building Official                                                                                   |                          |                    | Side: _____                                              | Excise tax \$ _____     |
| Dev. Engineering, DPZ                                                                               |                          |                    | Side St: _____                                           | Add'l per. fee \$ _____ |
| Health                                                                                              | <u>5/21/08</u>           | <u>[Signature]</u> | All minimum setbacks met?                                | TOTAL FEES \$ _____     |
| Fire Protection                                                                                     |                          |                    | YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| Is Sediment Control approval required prior to issuance?                                            |                          |                    | Is Entrance Permit required?                             | Balance due \$ _____    |
| YES <input type="checkbox"/> NO <input type="checkbox"/>                                            |                          |                    | YES <input type="checkbox"/> NO <input type="checkbox"/> | Check # _____           |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/><br>ONE STOP SHOP: <input type="checkbox"/> |                          |                    | Historic District?                                       | Validation # _____      |
|                                                                                                     |                          |                    | YES <input type="checkbox"/> NO <input type="checkbox"/> |                         |
|                                                                                                     |                          |                    | Lot Coverage for New Town Zone _____                     | Accepted by _____       |
|                                                                                                     |                          |                    | SDP/Rec-line approval date _____                         |                         |
| Distribution of Copies:                                                                             | White: Building Official | Green: LDO, DPZ    | Yellow: DED, DPZ                                         | Pink: Health            |
| Gold: SHA                                                                                           |                          |                    |                                                          |                         |



well is 21'2" from  
house +  
24'60" from addition  
corner of house  
to pole barn  
125'  
pole barn  
24'25" x 10'5"

back shed  
11' x 10'

driveway to  
stream  
89' 17



APPROVED

WALK-THRU BUILDING PERMIT

BP# \_\_\_\_\_ A# P# 29581

APP. SAN SS DATE: 5/21/08

DESC. OF WORK:

28 x 17' addition

I HEREBY CERTIFY THAT THE POSITION OF ALL THE EXISTING IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAS BEEN CAREFULLY ESTABLISHED BY A TRANSIT - TAPE SURVEY.

2111

## REFERENCES

PLAT BK.

PLAT NO.

4658

LIBER

FOLIO

**W.K. ALLEN & ASSOCIATES**

P.O. BOX 6263

SILVER SPRING, MARYLAND 20906

301-471-2156

DATE OF SURVEYS

### WALL CHECK:

HSE. LOC.: 4-27-80

**BOUNDARY:**

SCALE: 1"=200' / 1"=40'

DRAWN BY: M.A.M.

JOB NO.: 801097

NOTE - This location for title purposes only - not to be used for determining property lines. Properly corner markers NOT guaranteed by this location.  
Property shown hereon is not in a flood plain per existing records unless otherwise indicated.