

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3432 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 B06001465
Building Address <u>11810 TRIADELPHIA ROAD</u> <u>ELLICOTT CITY, MD 21042</u>		Property Owner's Name <u>JEFF ALTENBURG</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Address <u>11810 TRIADELPHIA ROAD</u>	
Census Tract _____ Subdivision _____		City <u>ELLICOTT CITY</u> State <u>MD</u> Zip Code <u>21042</u>	
Section _____ Area _____ Lot _____		Home Phone _____ Work Phone _____	
Tax Map <u>16</u> Parcel <u>312</u> Grid <u>14</u>		Applicant's Name & Mailing Address, (if other than stated hereon): _____	
Zoning _____ Map Coordinates _____ Lot size _____		Phone _____ Fax _____	
Existing Use <u>DECK</u>		Contractor Company <u>MARYLAND HOME IMPROV.</u>	
Proposed Use <u>REMOVE & REPLACE W/SCREEN PORCH</u>		Contact Person <u>TERRY WILLIAMS</u>	
Estimated Construction Cost \$ <u>39,000</u>		Address <u>11797-A TRIADELPHIA RD</u>	
Description of Work <u>REMOVE & REPLACE EXISTING DECK W/ NEW SCREENED IN PORCH W/ STEP TO LOWER DECK W/ STEP TO GRADE UPPER 20'X20', 12'X16'</u>		City <u>ELLICOTT CITY</u> State <u>MD</u> Zip Code <u>21042</u>	
Occupant or Tenant <u>JEFF ALTENBURG</u>		License No. <u>51535</u>	
Contact Name _____		Phone <u>410-531-9979</u> <u>531-9978</u>	
Address <u>11810 TRIADELPHIA ROAD</u>		Engineer or Architect Company _____	
City <u>EC</u> State <u>MD</u> Zip Code <u>21042</u>		Contact Person <u>SAME AS ABOVE</u>	
Phone _____ Fax _____		Address _____	
		City _____ State _____ Zip Code _____	
		Phone _____ Fax _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
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 _____ State Certified Modular _____	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> 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 _____	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 THERE TO; (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.

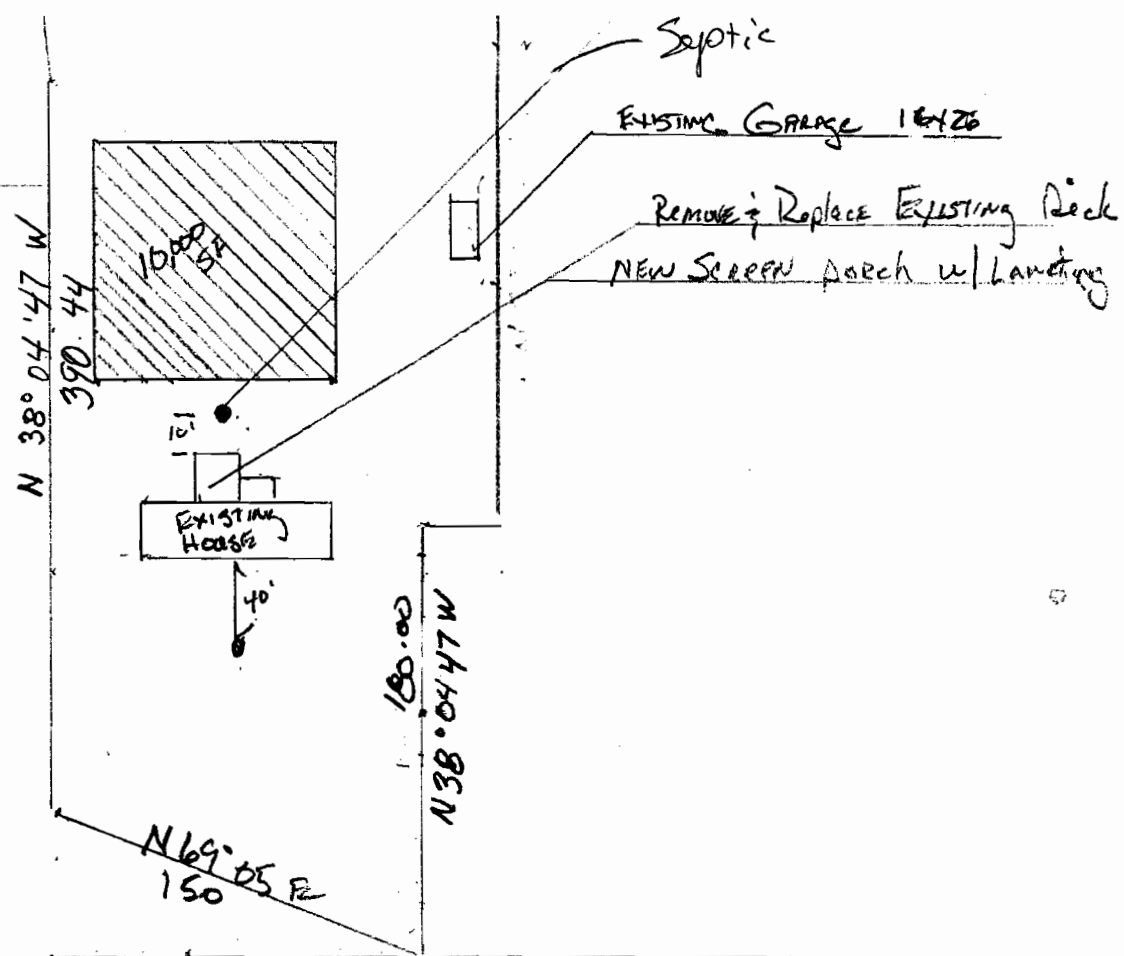
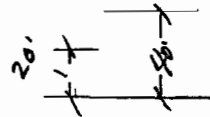
Applicant's Signature _____
Title/Company _____
Date _____
Print Name TERRY E WILLIAMS

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>7/13/2006</u>	<u>Richard A. Gray</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES ☐ NO ☐	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES ☐ NO ☐			YES ☐ NO ☐	Check # _____
CONTINGENCY CONSTRUCTION START: ☐			Historic District?	Validation # _____
ONE STOP SHOP: ☐			YES ☐ NO ☐	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Lot Coverage for New/Town Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			30P/Red-line approval date _____	
			Yellow: CED, DPZ	Pink: Health
				Gold: SHA

11810 TRIADeLphie Road

ALTENBURG Res.



TRIADeLphie Road

1" = 100'

APPROVED

WALK-THRU BUILDING PERMIT

BP# 1306001465 A# 42544

APP. SAN GAC DATE: 7/13/06

DESC. OF WORK: Deck w/ screened
in porch w/ step to lower deck
& steps to grade