

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B07002974	
Building Address <u>12100 TRIDELPHIA RD</u> <u>ELICOTT CITY, MD 21042</u>			Property Owner's Name <u>TYDINGS, SCOTT & CAROLYN</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address <u>12100 TRIDELPHIA RD</u>		
Census Tract _____ Subdivision _____			City <u>ELICOTT CITY</u> State <u>MD</u> Zip Code <u>21042</u>		
Section _____ Area _____ Lot _____			Home Phone <u>443 535-9218</u> Work Phone _____		
Tax Map <u>16</u> Parcel <u>185</u> Grid <u>19</u>			Applicant's Name & Mailing Address, (if other than stated hereon): _____		
Zoning _____ Map Coordinates _____ Lot size <u>1.25</u>			Phone _____ Fax _____		
Existing Use <u>SFD</u>			Contractor Company _____		
Proposed Use <u>SFD & ADDITION</u>			Contact Person <u>PATIO ENCLOSURES, INC.</u>		
Estimated Construction Cost \$ <u>\$22,241</u>			<u>224 8th AVENUE, N.W.</u>		
Description of Work <u>RENOVATE EX. PORCH</u>			Address <u>GLEN BURNIE, MD 21061</u>		
<u>& ENCLOSE IT WITH GLASS FOR</u>			<u>443-797-0351</u>		
<u>A. 12'x12' UN-HEATED ENCLOSED</u>			<u>MHI # 12744</u>		
<u>PORCH.</u>			City _____ State _____ Zip Code _____		
Occupant or Tenant <u>OWNER</u>			License No. _____		
Contact Name _____			Phone _____ Fax _____		
Address _____			Engineer or Architect Company _____		
City _____ State _____ Zip Code _____			Contact Person _____		
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 <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public <input checked="" type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
_____ State Certified Modular		Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ _____ State Certified Modular _____ Manufactured Home	

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 _____
Date _____
Print Name GREGORY FALTER

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	<u>7/18/2007</u>	<u>R. Baeh</u>
Fire Protection		

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

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

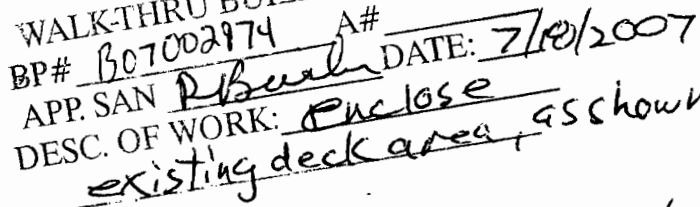
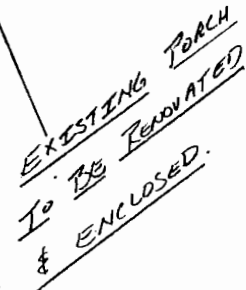
Distribution of Copies: White: Building Official Green: LDD, DPZ
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DPZ SETBACK INFORMATION		PROPERTY ID#:
Front: _____	Filing fee	\$ _____
Rear: _____	Permit fee	\$ _____
Side: _____	Excise tax	\$ _____
Side St.: _____	Add'l per. fee	\$ _____
All minimum setbacks met?	TOTAL FEES	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$ _____
Is Entrance Permit required?	Balance due	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check	# _____
Historic District?	Validation	# _____
YES <input type="checkbox"/> NO <input type="checkbox"/>		
Lot Coverage for NewTown Zone		
SDP/Red-line approval date	Accepted by	

Yellow: DED, DPZ Pink: Health Gold: SHA

Rev. 11/4/04

Howard County, Md.
Panel 16 of 45.



1420055
37185
7/18/01
1:30

PLAT RECORDED IN PLAT BOOK NO.
FOLIO NO. PLAT NO.
SCALE 1" = 60' W.O. NO. 04-695
THIS PLAT IS NOT INTENDED TO BE USED
FOR THE PURPOSE OF ESTABLISHING
PROPERTY LINES

KENNETH D. DIXON, JR. DATE
REG. PROPERTY LINE SURVEYOR NO. 421

(410) 437-6632