

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3400 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2446 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER <u>BD8003432</u>	
Building Address <u>13554 Triadelphia Rd</u> <u>Ellicott City Md 21042</u>			Property Owner's Name <u>INGERID Melba</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address <u>13554 Triadelphia Rd</u>		
Census Tract _____ Subdivision _____			City <u>Ellicott City</u> State <u>Md</u> Zip Code <u>21042</u>		
Section _____ Area _____ Lot _____			Phone <u>410 531-4831</u>		
Tax Map _____ Parcel _____ Grid _____			Applicant's Name & Mailing Address, (if other than stated hereon): <u>Same as above</u>		
Zoning _____ Map Coordinates _____ Lot size _____			Phone _____ Fax _____		
Existing Use _____			Contractor Company _____		
Proposed Use <u>Shed Roof over Stairway</u>			Contact Person <u>OURSELF</u>		
Estimated Construction Cost <u>\$0.00</u>			Address _____		
Description of Work <u>3x6x6 posts</u> <u>1 Beam 6x6 13 2x6 Rafters</u> <u>1/2" Roof Sheeting asph. shingles</u> <u>18x18x32</u>			City _____ State _____ Zip Code _____		
Occupant or Tenant <u>INGERID Melba</u>			License No. _____		
Contact Name <u>INGERID Melba</u>			Phone _____ Fax _____		
Address <u>13554 Triadelphia Rd.</u>			Engineer or Architect Company _____		
City <u>Ellicott City</u> State <u>Md</u> Zip Code <u>21042</u>			Contact Person _____		
Phone <u>410 531-4831</u> Fax <u>410 531-3164</u>			Address _____		
City _____ State _____ Zip Code _____			City _____ State _____ Zip Code _____		
Phone _____ Fax _____			Phone _____ Fax _____		

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ Height: _____ Multi-family dwelling: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: <u>Roof over Stair</u> Dimensions: <u>18x18x32</u> Footings: <u>any</u> Roof Height: <u>18 ft</u> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

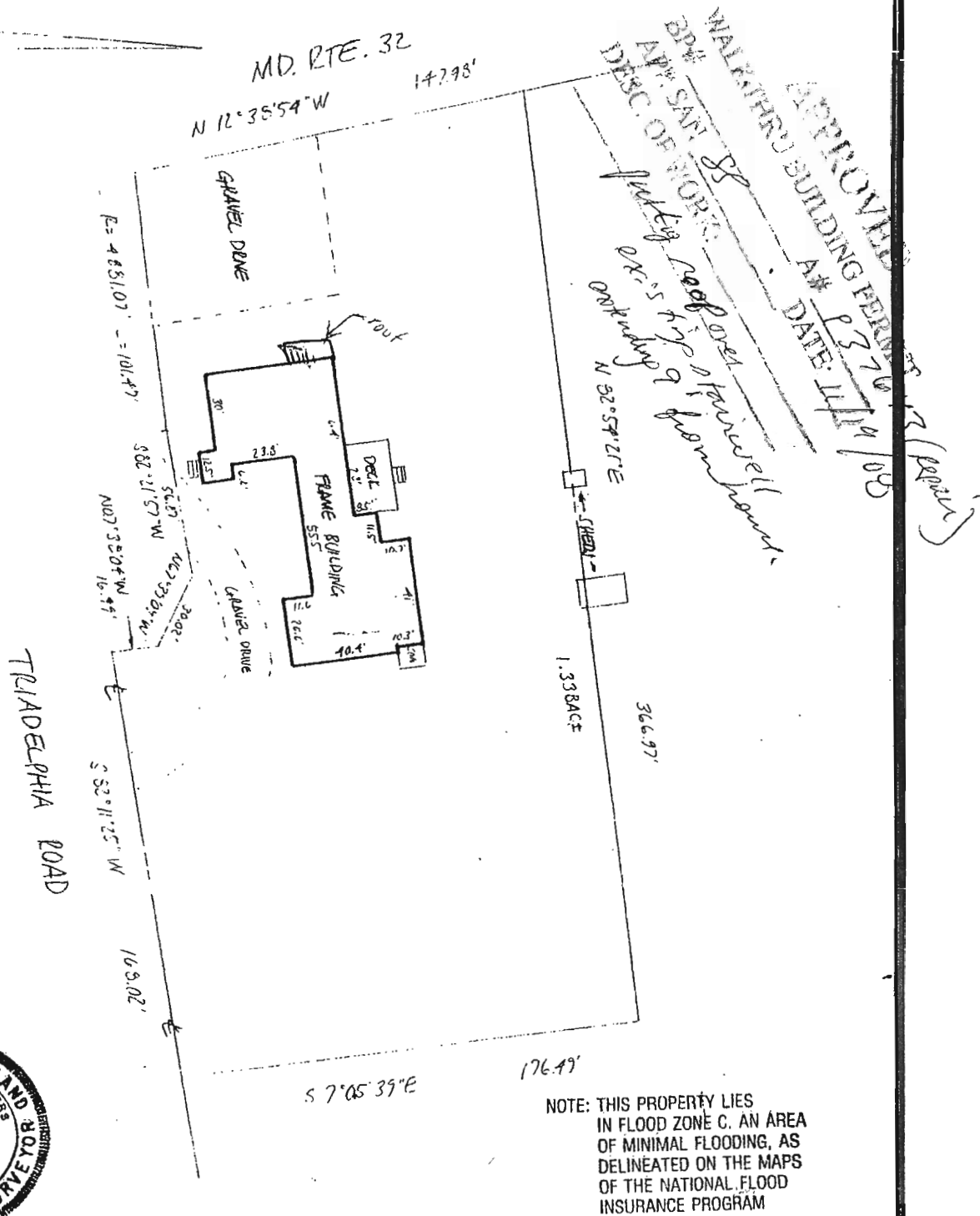
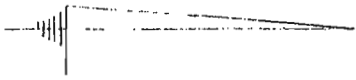
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREON; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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 INGERID Melba Print Name INGERID Melba
 Title/Company _____ Date 11-19-08

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>11/19/08</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 # <u>9242</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: LDD, DPZ Pink: Health Gold: SHA			Lot Coverage for New Town Zone _____	Accepted by <u>[Signature]</u>
T: 410-313-2446 PERMIT.FRN			SDP/Red-line approval date _____	Rev. 11/4/04

LANDTECH ASSOCIATES, INC.
1410 CRAIN HIGHWAY N.W. SUITE 78
GLEN BURNIE, MARYLAND 21061
(301) 768-2121



JTE: No title report furnished.

CERTIFICATION: This is to certify that the improvements indicated hereon are located as shown. This is not a property survey and should not be used for the erection of fences or any other improvements.

BRADEN A. ROGERS - MORT. L.S. MD. LIC. NO. 119

13554 TRIADELPHIA ROAD