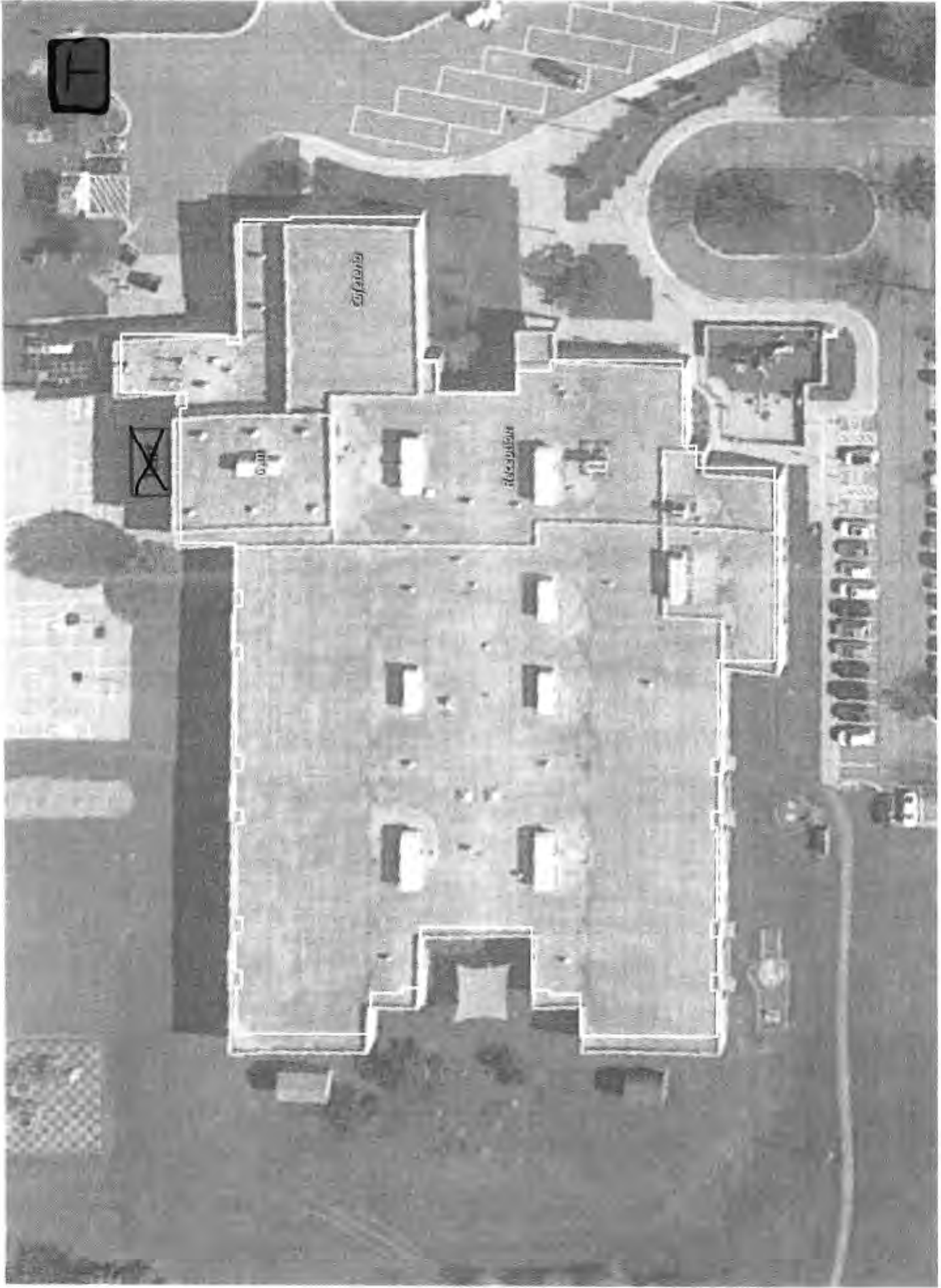


PERMIT NUMBER: B

03000980

DATE ACCEPTED:

COMMERCIAL BUILDING PERMIT APPLICATION				
HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS				
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4				
www.howardcountymd.gov				
BUILDING SITE ADDRESS REQUIRED				
Street Address: 13400 Triadelphia Road				Unit:
City: Ellicott City	State: MD		Zip Code: 21042	
Subdivision/Village/Complex Name: Triadelphia Ridge Elementary School			SDP/WP/BA #:	
Lot:	Tax Map:	Parcel:	Grading Permit #:	
DESCRIPTION OF WORK REQUIRED				
Existing Use:		Proposed Use: Outdoor area for lunch		Estimated Cost: \$ 300.00
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input checked="" type="checkbox"/> None				
(1) Installation of outdoor tents measuring 20 by 20 feet, to be installed on asphalt area, March 18, 2023 thru approximately June 30, 2023.				
No cooking will be done, only space to sit and eat.				
PROPERTY OWNER INFORMATION REQUIRED				
Owner(s) Name(s) (As it appears on tax records): Howard County Public School System				
Owner's Street Address: 10910 Clarksville Pike				
City: Ellicott City	State: MD		Zip Code: 21042	
Phone: 410-313-6600		Email: scott_washington@hcpss.org		
TENANT INFORMATION REQUIRED				
Business Name: Howard County Public Schools		Contact Name:		
Street Address: same as owner information				
City:	State:		Zip Code:	
Phone:	Email:			
APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION				
Business Name: Howard County Public School System		Contact Name: Herb Savje		
Street Address: 9020 Mendenhall Court, Suite A				
City: Columbia	State: MD		Zip Code: 21045	
Phone: 410-313-7088	Email: herb_savje@hcpss.org			
CONTRACTOR INFORMATION REQUIRED				
Business Name: Howard County School System				
Licensee's Name: same		License #:		
Street Address: same as applicant				
City:	State:		Zip Code:	
Phone:	Email:			
ARCHITECT/ENGINEER INFORMATION REQUIRED - INDIVIDUAL WHO SIGNED PLANS				
Business Name:		Name:		
Street Address:				
City:	State:		Zip Code:	
Phone:	Email:			
BUILDING CHARACTERISTICS (PLEASE SELECT COMPLETE ALL THAT APPLY)				
Utilities: <input type="checkbox"/> Electric <input type="checkbox"/> Gas		Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private (Well)		Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private (Septic)
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:		Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes:#		
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> None		Fire Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac		
ADDITIONAL COMMERCIAL INFORMATION (PLEASE SELECT COMPLETE ALL THAT APPLY)				
Area of Construction: sq ft	Gross Area: sq ft	Height: ft	# of Stories:	
Construction Classification(s):		Use Group:		
Was the tenant space previously occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No		Shell Building Permit # (for interior completions):		
ADDITIONAL MULTI-FAMILY INFORMATION IF APPLICABLE				
# of efficiency units (MF):	# of 1 BR (MF):	# of 2 BR (MF):	# of 3 BR (MF):	
Energy Method: <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI <input type="checkbox"/> A 90.1		Gross Area: sq ft	Occupiable Area: sq ft	
AGREEMENT/ DISCALIMER REQUIRED				
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 ORIGINAL SIGNATURE		March 17, 2023 DATE SIGNED		
FOR OFFICE USE ONLY				
AGENCIES REQUIRED/APPROVALS:				
<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> SHA <input type="checkbox"/> CID
SUBMITTAL FEES:		PAYMENT:		ACCEPTED BY:





FLAME RETARDANT

Fabric Registration

LICENSE NUMBER: F-088001

**TENT CANOPIES AND
SIDEWALLS, #TT16OZBO**

Product Marketed by:

TENT AND TABLE.COM, LLC

3336 BAILEY AVENUE

BUFFALO, NY, 14215

Issue Date : 05/02/2022

Expiration Date : 06/30/2023

This product meets the minimum requirements of flame resistance established by the California State Fire Marshal for products identified in Section 13115, California Health and Safety Code.

The scope of the approved use of this product is provided in the current edition of the
CALIFORNIA APPROVED LIST OF FLAME RETARDANT CHEMICALS AND
FABRICS, GENERAL AND LIMITED APPLICATIONS CONCERNS published by the
California State Fire Marshal.

V. Franklin

Issued By Vikkie Franklin
Fire Engineering License Manager
Fire Engineering & Investigations Division

Patricia J. Setter

Reviewed and Approved By Patricia Setter
Deputy State Fire Marshal III
Fire Engineering & Investigations Division

OFFICE OF THE STATE FIRE MARSHAL

Please visit calfire.govmotus.org for more information on Licensing and Permitting with CAL FIRE