DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURTHOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1910
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B01004176

Building Address 14265 TRIADELPHIA MILL RD
DAYTON, MD 21036

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision TRIA MILL RD. PROP

Section _____ Area _____ Lot 3

Tax Map 27 Parcel 24 Grid 15

Zoning RR-DEO Map Coordinates _____ Lot size 1.38

Property Owner's Name DONALD HOLLIDAY JR

Address 10865 HILL UP LN (Holliday)

City COLUMBIA State MD Zip Code 21044

Home Phone 301 596 5509 Work Phone 410 884 4441

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax # 301-854-9042

Existing Use _____

Proposed Use SINGLE FAMILY

Estimated Construction Cost $ # 400,000

Description of Work CONSTRUCTION OF NEW SINGLE FAMILY HOME

Contractor Company OWNER

Contact Person OWNER

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant OWNER

Contact Name TOM HOLLIDAY

Address 10865 HILLTOP LN

City COLUMBIA State MD Zip Code 21044

Phone 301 596 5509 Fax 301 854 9042

Engineer or Architect Company MORNING STAR

Contact Person JOHN STEELS

Address 12408 CLARKSVILLE PIKE

City CLARKSVILLE State MD Zip Code 21029

Phone 301 854 9012 Fax 301 854 1225

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
_____ Reinforced Concrete
_____ Structural Steel
_____ Masonry
_____ Wood Frame

_____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private

Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☒ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☒
Crawl space ☐ Slab on Grade ☒
No. of Bedrooms 4
Height: LESS THAN 45'
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

Utilities

Water Supply:
____ Public
__X__ Private

Sewage Disposal:
____ Public
__X__ Private

Electric Yes ☒ No ☐
Gas Yes ☐ No ☒

Heating System:
Electric ☒ Oil ☐
Natural Gas ☐
Propane Gas ☐

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 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

OWNER
Title/Company

DONALD M. HOLLIDAY JR.
Print Name

10-16-07
Date

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	12/3/07	
Fire Protection		

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

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#	
Filing fee	$
Permit fee	$
Excise tax	$
Add'l per. fee	$
TOTAL FEES	$
Sub-total paid	$
Balance due	$
Check	# CASH
Validation	#

Accepted by _____

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

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Rev. 11/4/04