

13527 Triadelphia Rd

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B-146793 MER

Building Address 13527 Triadelphia Rd

Property Owner's Name Chris Sitch

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

Address 13527 Triadelphia Rd

Census Tract 605101 Subdivision Triadelphia Acres

City Ellicott City State _____ Zip Code _____

Section _____ Area _____ Lot 2

Home Phone _____ Work Phone _____

Tax Map 72 Parcel 21 Grid 14

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

Zoning KR06.0 Map Coordinates 95.0 Lot size _____

Phone _____ Fax _____

Existing Use S.D.

Contractor Company John's

Proposed Use S.D.

Contact Person Doug

Estimated Construction Cost \$ 3000.00

Address 13527 Triadelphia Rd

Description of Work bury 500 gal propane tank.

City _____ State _____ Zip Code _____

License No. _____

Phone 973-900-1111 Fax 973-5926

Occupant or Tenant _____

Engineer or Architect Company _____

Contact Name _____

Contact Person _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

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 Characteristics

Utilities

SF Dwelling SF Townhouse
Depth _____ Width _____
1st floor: _____
2nd floor: _____
Basement: _____
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms _____
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: _____
 State Certified Modular
 Manufactured Home

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
 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

Print Name

Title/Company

Date

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#:

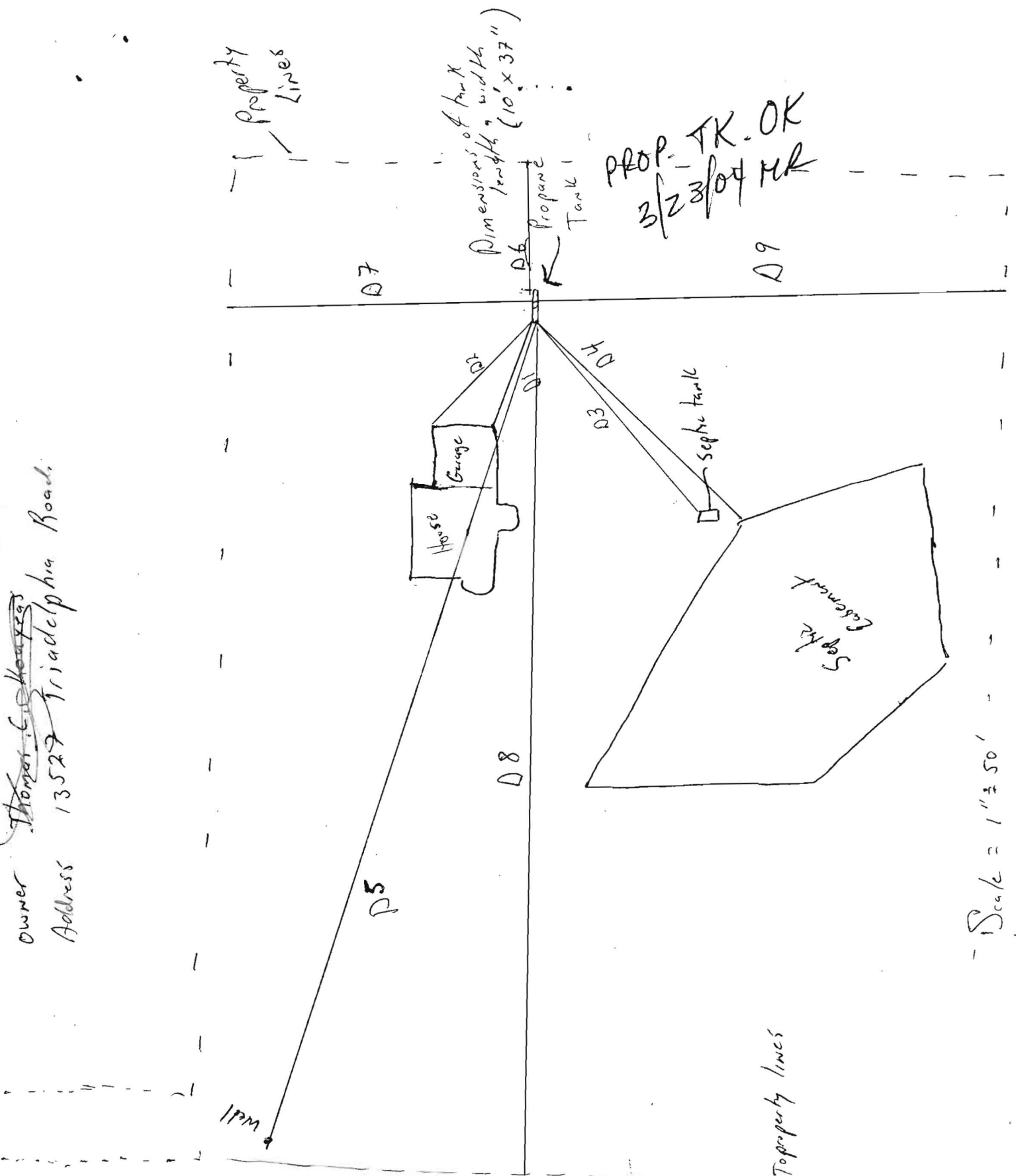
Land Development, DPZ

Front:

Filing fee \$

59907

Owner: ~~Thomas C. Kauter~~
 Address: 13527 Philadelphia Road.



- D1 is 45'
- D2 is 60'
- D3 is 900'
- D4 is 112'
- D5 is 335'
- D6 is 50'
- D7 is 115'
- D8 is 337'
- D9 is 180'

Scale = 1" = 50'

B00144664 *mer*

Building Address 13527 TRIADDELPHIA RD.
GLENELG, MD. 21042
Suite/Apt. #: 6030 SDP/WP/Petition #: ACACS
Census Tract _____ Subdivision ADDELPHIA WOODS
Section _____ Area _____ Lot 2
Tax Map 22 Parcel 21 Grid 14
RPTD
Zoning _____ Map Coordinates 9J10 Lot size _____

Property Owner's Name CHRIS + DEENA SUTCH
Address 13527 TRIADDELPHIA RD.
City GLENELG State MD Zip Code 21042
Home Phone 410.279.0757 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone 410/279-0757 Fax 410 531-8070

Existing Use VACANT LOT
Proposed Use SINGLE FAMILY RESIDENCE
Estimated Construction Cost \$ 235,000
Description of Work 4 BEDROOM, 2 1/2 BATH,
2 CAR GARAGE, UNFINISHED BASEMENT

Contractor Company THE GRIFFINORE GROUP LLC
Contact Person STEVE GRIFFAN
Address 4231 LINTHICUM RD.
City DAYTON State MD Zip Code 21036
License No. 1307
Phon (410)531-8105 Fax (410)531-8070

Occupant or Tenant CHRIS + DEENA SUTCH
Contact Name DE DEENA SUTCH
Address 13527 TRIADDELPHIA RD.
City GLENELG State MD. Zip Code 21042
Phone 410 279-0757 Fax 410 531-8070

Engineer or Architect Company JB DESIGN
Contact Person JOHN BUTTS
Address 4231 LINTHICUM RD.
City DAYTON State MD Zip Code 21036
Phone 410/531-8105 Fax 410/531-8070

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: Depth <u>41</u> Width <u>66</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>42</u> <u>42</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>41</u> <u>66</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFFA #13D _____ NFFA #13R _____ Other: _____
No. of Bedrooms <u>4</u>	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.

[Signature]
Applicant's Signature
PRINCIPAL / THE GRIFFINORE GROUP LLC
Title/Company
MR 11/7/03

STEPHEN P. GRIFFAN
Print Name
10/17/03
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY. **