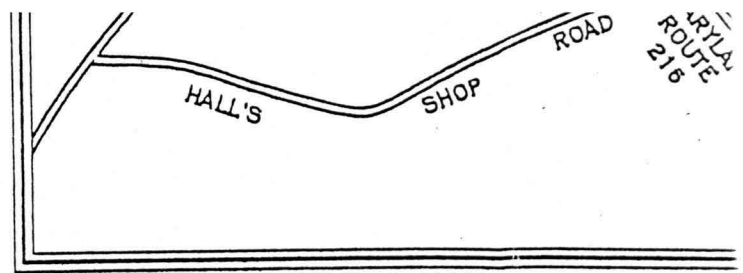


5/24/01  
 Revised Plan  
 So That Porch-Patio  
 Can Be Added

Shows  
 Actual  
 House  
 Location

(88)

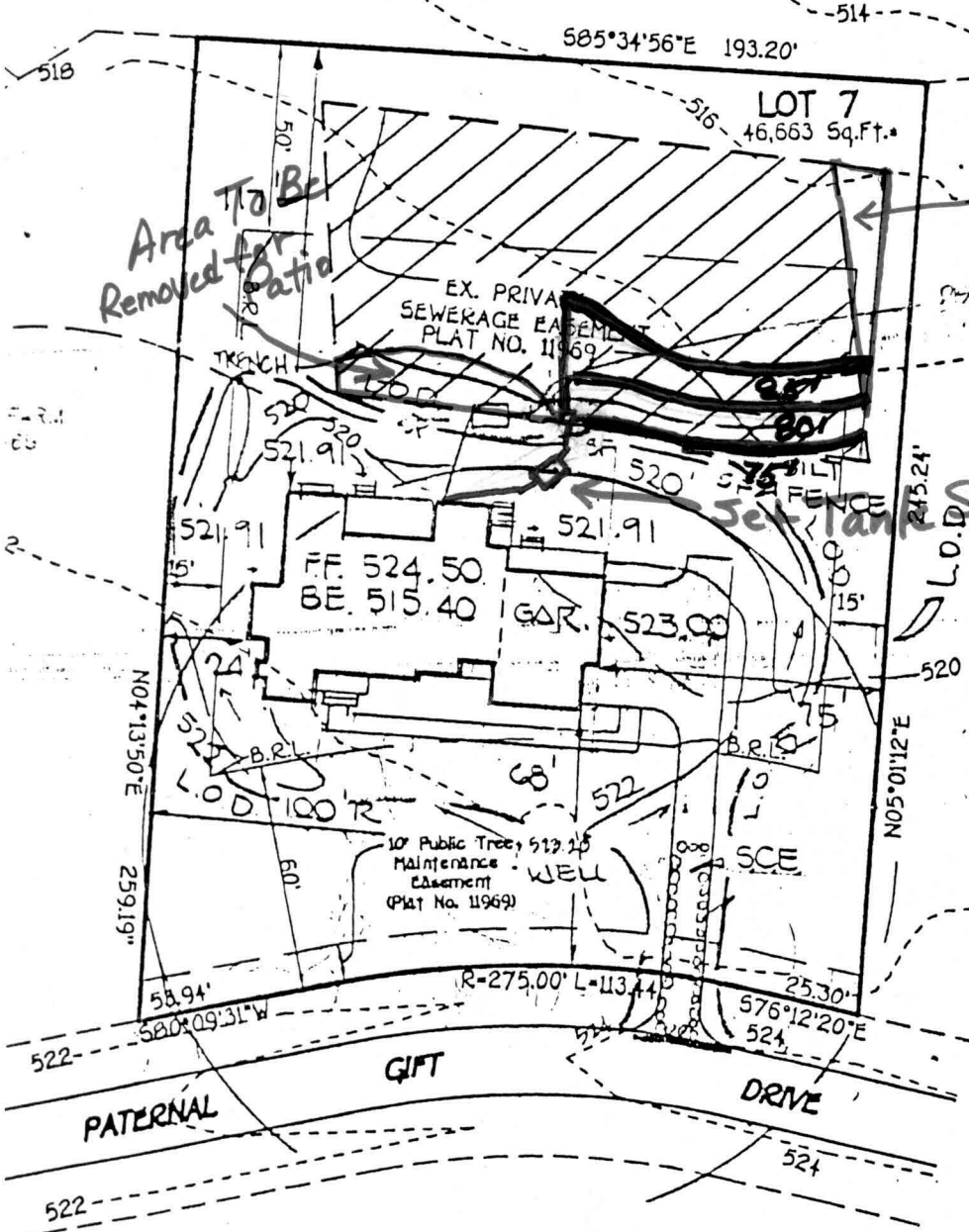


VICINITY MAP  
 SCALE: 1"=1200'

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK
3. A. FIRST FLOOR ELEVATION: 524.50  
 B. BASEMENT ELEVATION: 515.40  
 C. INVERT OF SEPTIC SYSTEM AT HOUSE: 516.90  
 D. INVERT IN AT SEPTIC TANK: 516.90  
 E. INVERT OUT AT SEPTIC TANK: 516.90  
 F. PROPOSED GRADE OVER SEPTIC TANK: 519.00  
 G. INVERT AT DISTRIBUTION BOX: 516.00  
 H. EXISTING GROUND OVER DISTRIBUTION BOX: 519.00
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.

PRESERVATION  
 PARCEL "A"  
 PATERNAL GIFT FARM  
 PLAT No. 11969



Area To Be  
 Removed for  
 Patio

Area to Be Added

So That It Is Not In  
 Patio Area

LOT 6  
 PATERNAL GIFT FARM  
 PLAT No. 11968



Building Address 13537 Paternal Gift Dr  
Highland MD 20777

Suite/Apt. #: N/A SDP/WP/Petition #: N/A

Census Tract 6957.02 Subdivision Paternal Gift

Section N/A Area N/A Lot 7

Tax Map 40 Parcel 90 Grid 10

Zoning RE-20 Map Coordinates 14B13 Lot size 9.07

Property Owner's Name John and Donna Triscoli  
 Address 8818 Heron's Flight  
 City N. Laurel State MD Zip Code 20723  
 Home Phone 301 217 8691 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
Tradition Home Builders, Inc  
4540 Ten Oaks Road  
Dryton MD 21036  
 Phone 410 531 9203 Fax 410 531 9203

Existing Use unimproved lot  
 Proposed Use single family home  
 Estimated Construction Cost \$ 560,000.

Description of Work 4 BR 5.5 Bath single family  
home, asphalt shingles, stone-brick-siding  
3 car garage with 16' front WRI

Contractor Company Tradition Home Builders  
 Contact Person Steven or Amy Leaf  
 Address 4540 Ten Oaks Rd  
 City Dryton State MD Zip Code 21036  
 License No. 454365 Fax 410 531 9203  
 Phone 410 531 9203

Occupant or Tenant John and Donna Triscoli  
 Contact Name John and Donna Triscoli  
 Address 4540 Ten Oaks Road  
 City Dryton State MD Zip Code 21036  
 Phone 410 531 9203 Fax 410 531 9203

Engineer or Architect Company Daniel Ball Assoc.  
 Contact Person Daniel Ball  
 Address 9200 Old Annapolis Rd # 201  
 City Columbia State MD Zip Code 21045  
 Phone 410 715 0408 Fax 410 715 0919

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	Depth: 1st floor: <u>57</u> Width: <u>94'</u> 2nd floor: <u>48</u> <u>94'</u> Basement: <u>46</u> <u>65'</u>	Sewage Disposal: _____ Public _____ 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: <u>insured concrete</u> Roof: <u>asphalt shingle</u>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
State Certified Modular _____		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 THEREBY; (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 Ann M. Leaf Print Name Ann M. Leaf  
Tradition Home Builders Date 4.28.00  
 Title/Company Vice-President

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#
<input checked="" type="checkbox"/> Land Development DPZ			Front: _____	Filing fee \$ <u>25</u>
<input checked="" type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering DPZ	<u>6/5/00</u>	<u>Mark Kaplan</u>	Side St.: _____	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
<input type="checkbox"/> Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # <u>2187</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # <u>2187</u>
			Accepted by _____	

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

**VICINITY MAP**

SCALE: 1"=1200'

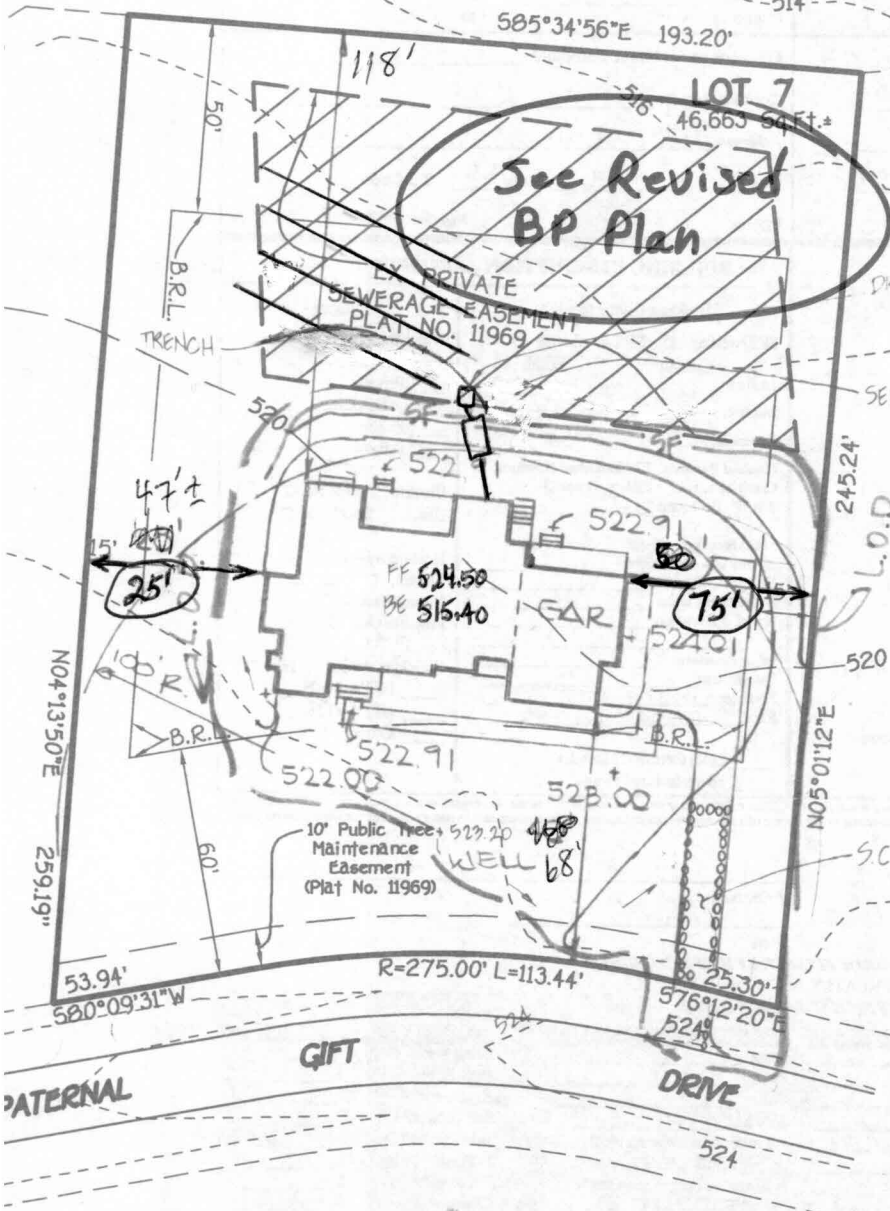
6/13/00  
 House shifted approximately  
 25' toward left side of lot.  
 House elevation also lowered  
 by 1.0'. Don't see any problems  
 with change. (BB)

**GENERAL NOTES**

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MANHOLE REQ'D AT TANK  
 IF > 3' FINISHED COVER

PRESERVATION  
 PARCEL "A"  
 PATERNAL GIFT FARM  
 PLAT No. 11969



**Approved Septic System Plan**  
**Howard County Health Department**

*Mark E. Fisher*  
 Signature \_\_\_\_\_ Date 6/5/00

Total linear feet of trench  
 required 240 feet

Width of trench (es) 3 feet

Depth of trench (es) 5 feet

Depth of stone required below  
 distribution pipe 2 feet

1:50 PLAN BY  
 FCC  
 G.P. 00-60

# TRADITION HOME BUILDERS, INC.

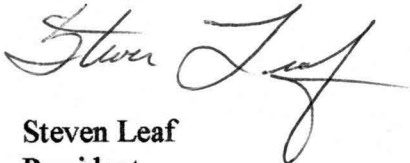
June 13, 2000

Avis L. Corbin, Chief  
Department of Inspections, Licenses & Permits  
3430 Court House Drive  
Ellicott City, MD 21043

Dear Avis,

We would like to file for a change on building permit number B00123879. This permit has not been issued yet. We would like to move the house from the original site plan 25' to the west (left) and 1' down. This is the owners request to avoid appearing to close to the home which is currently under construction next to them.

Sincerely,



Steven Leaf  
President

BLDG. PERMIT SIGNED  
AND RETURNED Brian Baber 6/13/00