

**HOWARD COUNTY  
 PERMIT APPLICATION**

PERMIT NUMBER

**B06006459**

Building Address **14270 TRIDELPHIA MILLEN  
 DAYTON MD. 21036**

Suite/Apt. # \_\_\_\_\_ SDPWP/Petition # \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name **BEVERLY OVERMIRE**

Address **SAME**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone **410-521-2361** Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address (if other than stated hereon):  
**RAY FARRAR OLDE MILL CONSTRUCTION**

Phone **301-931-5706** Fax **MOUNT AIRY MD**

Existing Use **SINGLE FAMILY**

Proposed Use **SINGLE FAMILY W/ ADDITION**

Estimated Construction Cost \$ **95,000**

Contractor Company **OLDE MILL CONSTRUCTION**

Contact Person **RAY FARRAR**

Description of Work **ADD 39x24 UNFINISHED PORCH  
 ADD 1ST FLOOR 39x24; PORCH + W/ DECK  
 WITH 37x14 + 6x24 PORCH WITH STEPS  
 LUMINATE FLOOR KIT, GINBERT 1x2x8  
 BEDROOM TO OFFICE**

Address **6106 CHALLEDON CIRCLE**

City **MOUNT AIRY** State **MD** Zip Code **21771**

License No. **MNLC 12565**

Phone **301-315-706** Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <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"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

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

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.

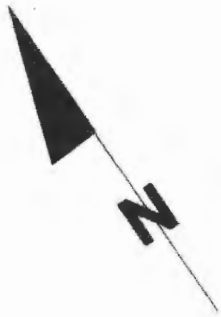
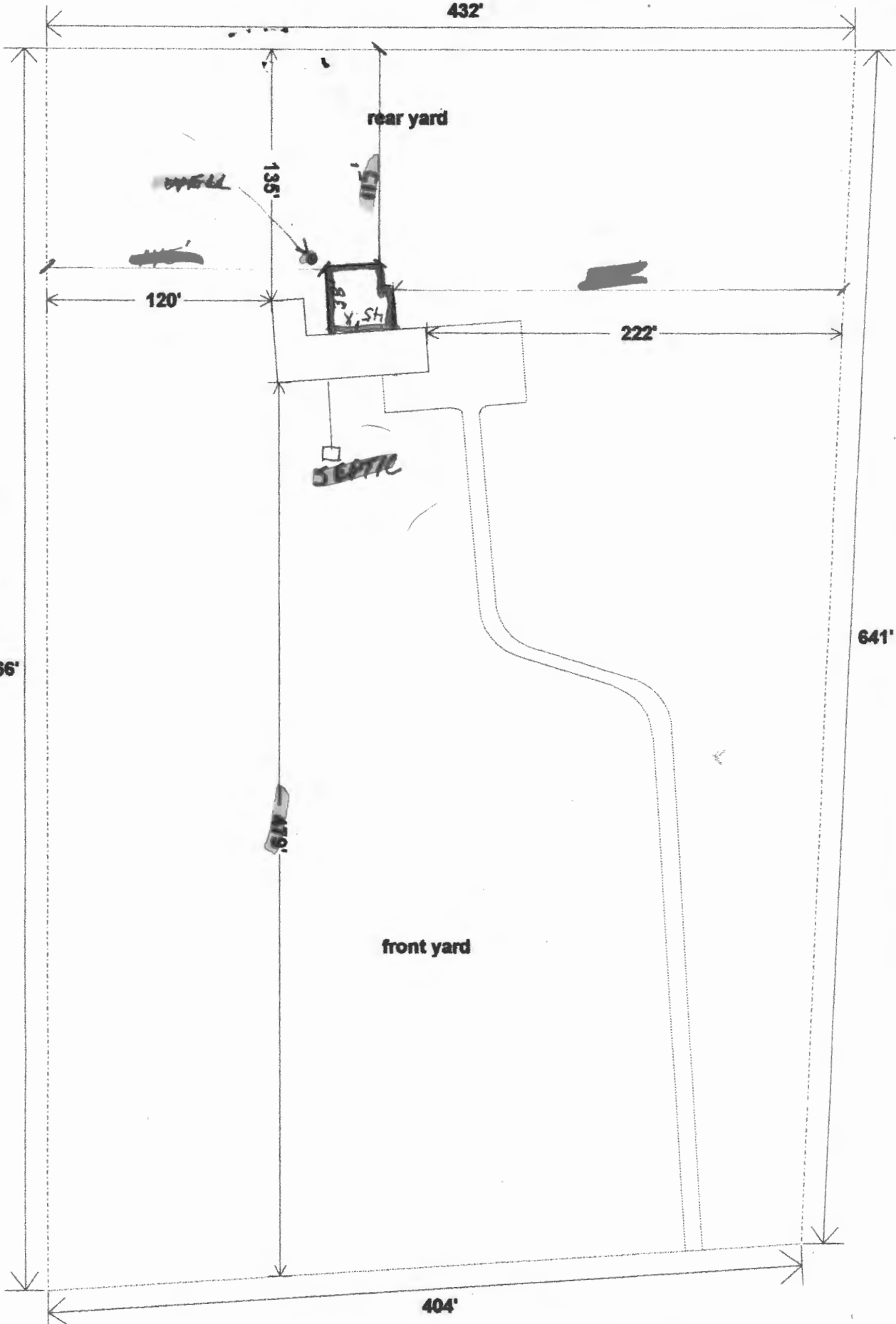
Applicant's Signature **RAY FARRAR**

Title/Company **OWNER OLDE MILL CONSTRUCTION**

Print Name **RAY FARRAR**

Date **10-23-11**

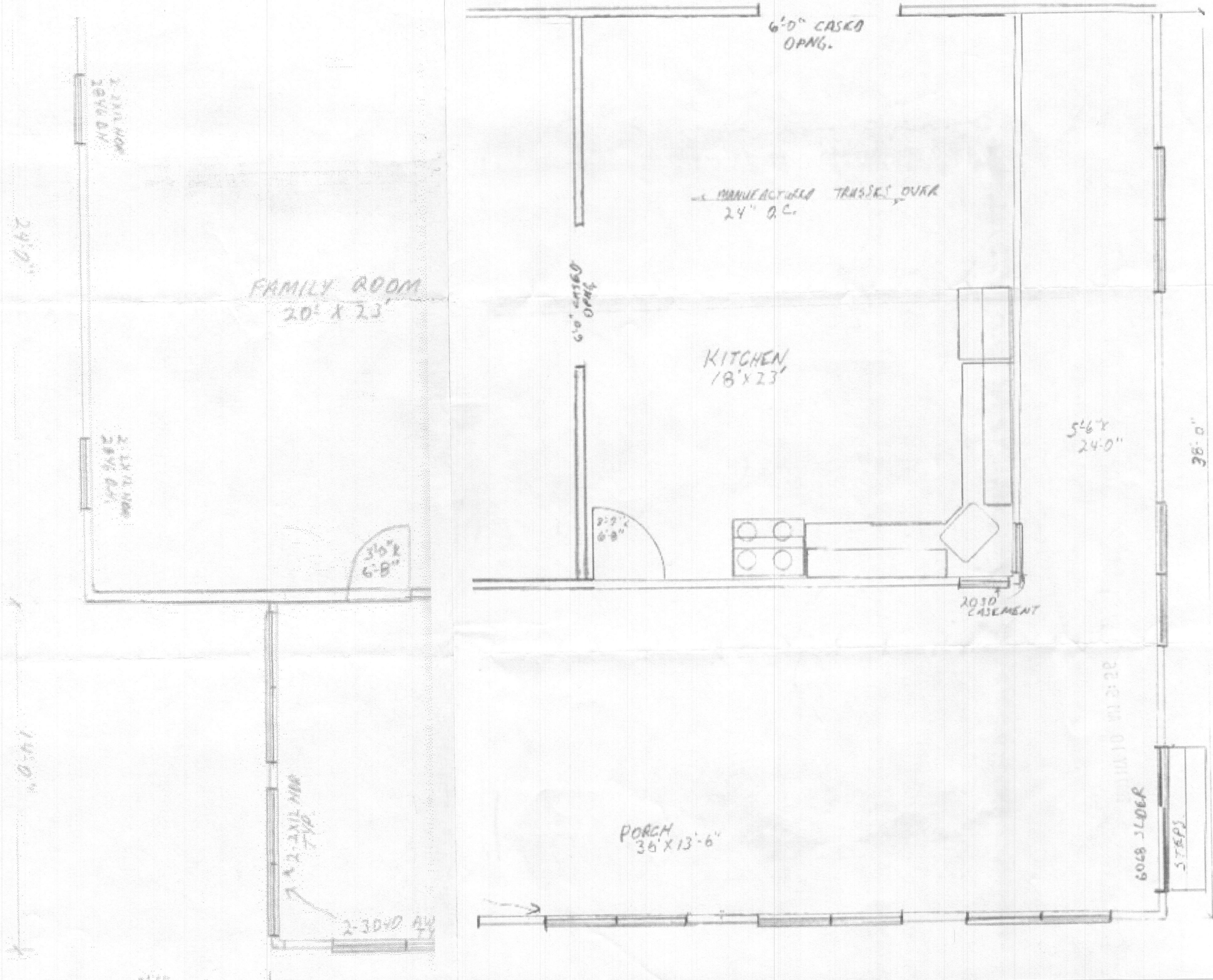
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*

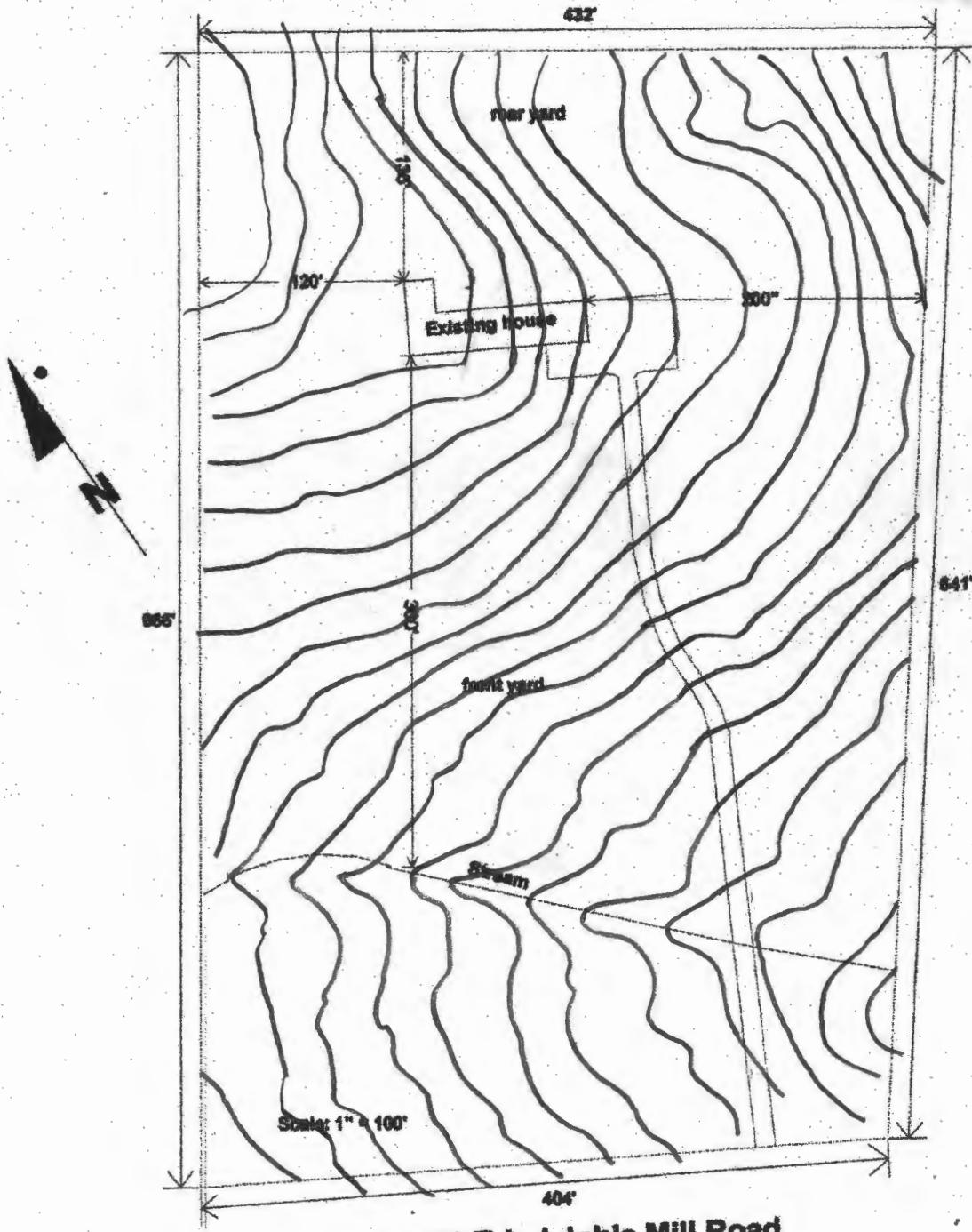


14270 Triadelphia Mill Road

FIRST FLOOR PLAN

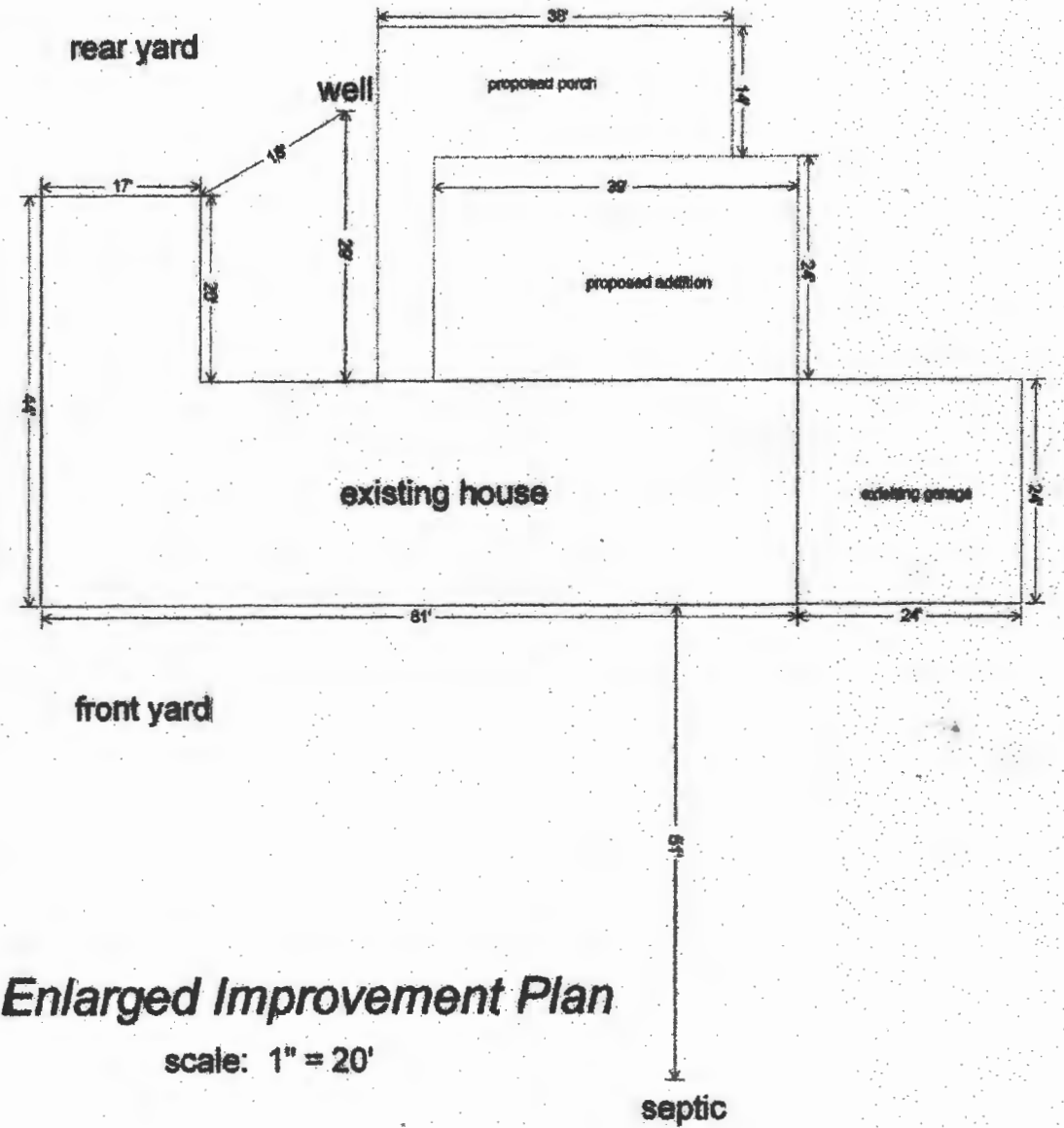
1/4" = 1'-0"





14270 Triadelphia Mill Road

Don 410-521-2361



**Enlarged Improvement Plan**

scale: 1" = 20'

PRODUCT 240



**Olde Mill Construction**  
6106 Challedon Circle  
Mount Airy, Maryland 21771

# LETTER OF TRANSMITTAL

## 1003

301-831-5706

TO ASHLEY TRUMP  
WELL + SEPTIC PROGRAM

DATE	5-7-07	JOB NO.
ATTENTION		
RE:	HOVERMAIR PERMIT APPL.	
	B06006459	
	14270 TRIDELPHIA MILL RD	

WE ARE SENDING YOU  Attached  Under separate cover via \_\_\_\_\_ the following items:

- Shop drawings
- Prints
- Plans
- Samples
- Specifications
- Copy of letter
- Change order
- \_\_\_\_\_

COPIES	DATE	NO.	DESCRIPTION

THESE ARE TRANSMITTED as checked below:

- For approval
- For your use
- As requested
- For review and comment
- FOR BIDS DUE \_\_\_\_\_
- Approved as submitted
- Approved as noted
- Returned for corrections
- \_\_\_\_\_
- Resubmit \_\_\_\_\_ copies for approval
- Submit \_\_\_\_\_ copies for distribution
- Return \_\_\_\_\_ corrected prints
- PRINTS RETURNED AFTER LOAN TO US

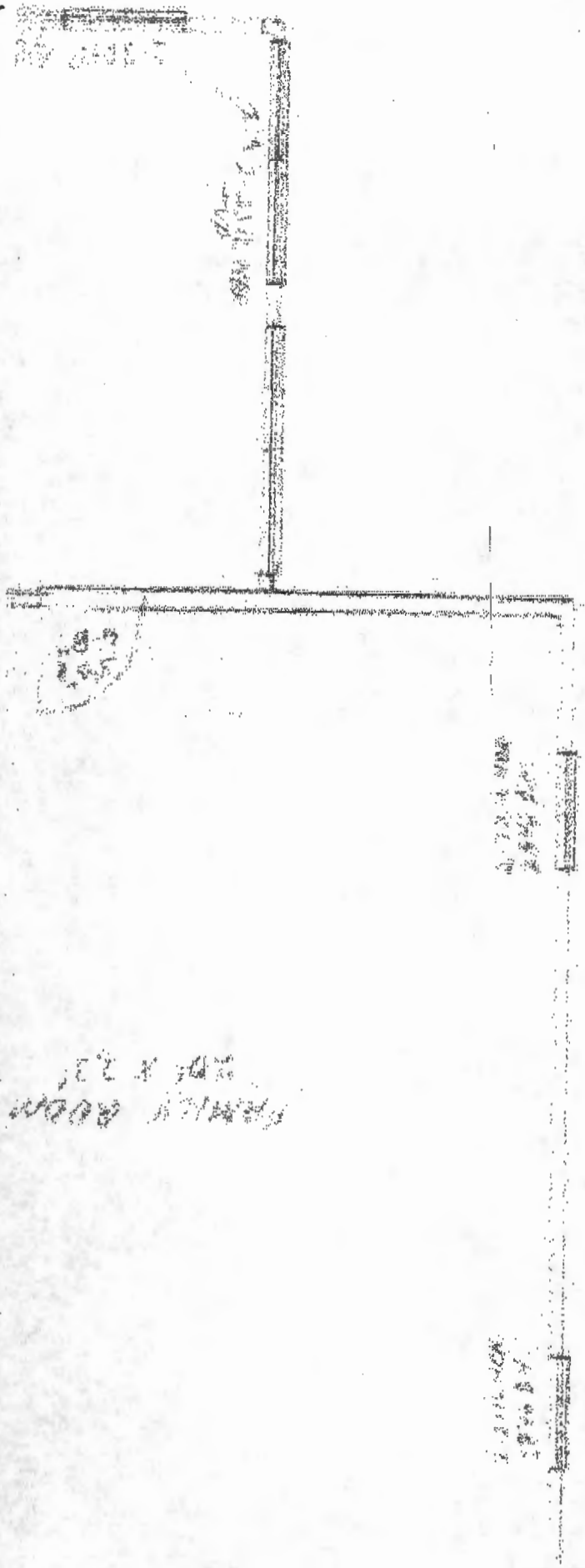
REMARKS ASHLEY

FOLLOWING IS A COPY OF THE REVISED FLOOR PLAN THAT I SUBMITTED TO THE BUILDING DEPT ON 11-28-06. THEY TOLD ME IN JANUARY THAT THEY WOULD FORWARD A SECOND COPY TO YOUR OFFICE. PLEASE LET ME KNOW IF YOU NEED ANYTHING ELSE FROM ME.

THANK YOU,  
ROY FARRAR

COPY TO DON HORTON

SIGNED: \_\_\_\_\_

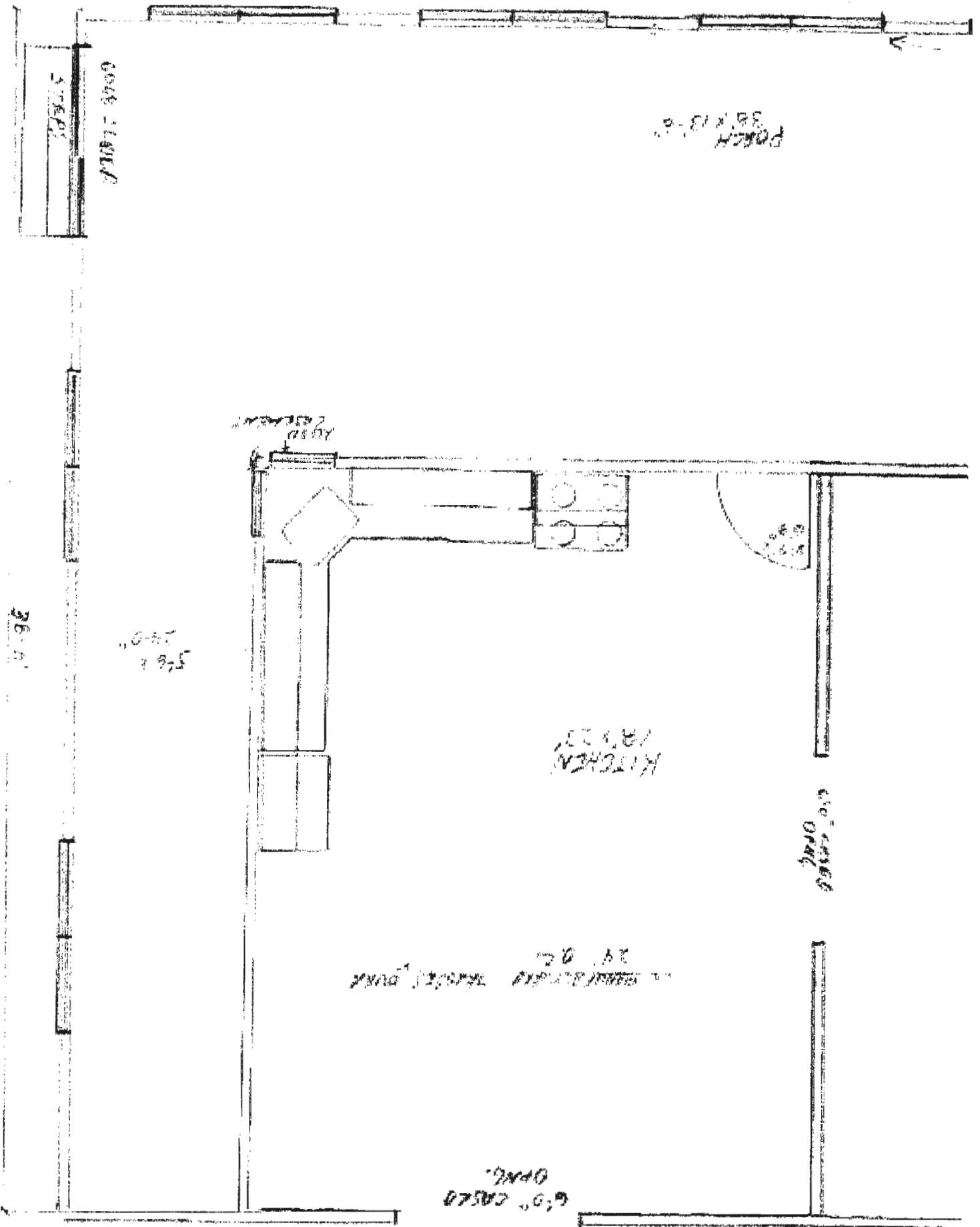


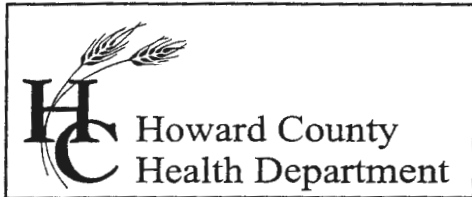
10-15-06  
 FLOOR PLAN

20' x 10' 0"  
 FLOOR PLAN

10' x 10' 0"  
 FLOOR PLAN

10' x 10' 0"  
 FLOOR PLAN





Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

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Penny E. Borenstein, M.D., M.P.H., Health Officer

November 16, 2006

Beverly Hovermale  
14270 Triadelphia Mill Rd  
Dayton, Maryland 21036

RE: Building Permit # B06006459  
Proposed Addition

Dear Ms. Hovermale,

Review of building permit #B06006459 for the referenced property has been completed by our office. We are unable to locate a file containing information pertaining to your current septic system and the required sewage disposal area. In addition, the building permit application indicates that you will be adding a bedroom to the current house. As a result, it will be necessary to establish a sewage disposal area of 10,000 square feet as required by the Health Department prior to building permit approval. In order to establish a sewage disposal area, percolation testing is required and an approved percolation certification plan needs to be on file with the Howard County Health Department. I have enclosed the requirements for percolation testing and a percolation certification plan. The building permit will be placed on hold until all Health Department requirements are met.

If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-1775.

Sincerely,

Ashley Trump  
Well and Septic Program  
Development Coordination Section

Enclosures  
Cc: File





**Olde Mill Construction**  
 6106 Challedon Circle  
 Mount Airy, Maryland 21771

**LETTER OF TRANSMITTAL**

**1003**

**301-831-5706**

TO ASHLEY TRUMP  
WRIL + SEPTIC PROGRAM

DATE <u>5-7-07</u>	JOB NO.
ATTENTION	
RE: <u>HOVERMARK PERMIT APPL.</u>	
<u>B06006459</u>	
<u>14270 TRIDELPHIA MILL RD</u>	

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 Copy of letter     Change order     \_\_\_\_\_

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 FOR BIDS DUE \_\_\_\_\_     PRINTS RETURNED AFTER LOAN TO US

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THEY WOULD FORWARD A SECOND COPY TO  
YOUR OFFICE. PLEASE LET ME KNOW IF YOU  
NEED ANYTHING ELSE FROM ME.  
THANK YOU,  
Ray FARRAR

COPY TO DON HORTON

SIGNED: \_\_\_\_\_

*If enclosures are not as noted, kindly notify us at once.*

December 6, 2006

RE: Building Permit # B06006459


Ashley Trump  
Bureau of Environmental Health  
7178 Columbia Gateway Drive  
Columbia, MD 21046

Dear Ms.Trump:

I have decided not to include a bedroom in the proposed addition. I have asked the contractor, Olde Mill Construction, to resubmit the permit application with the planned kitchen and replace the planned bedroom with a family room. I believe this to be a more logical choice since the existing master bedroom is adequate.

If you need to contact me I can be reached at the following; home 410-988-9564, work 410-744-4224.

Sincerely,



Beverly Hovermale

2006 DEC 13 PM 3:51