



# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
www.howardcountymd.gov

DILP 2019 SEP 27 AM 10:12

Date Received: \_\_\_\_\_

**OLIVIA WAY (PER PLOT PLAN)**

Permit No.: **B19003296**

Building Address: **13604 ~~Alhambra~~**  
City: **HIGHLAND** State: **MD** Zip Code: **20777**  
Suite/Apt. # \_\_\_\_\_ SDP/WF/BA #: **GP-19-071**  
Subdivision: **ESTATES at River Hill**  
Lot: **13** Tax Map: **34** Parcel: **389**

Property Owner's Name: **ESTATES at River Hill, LLC**  
Address: **3675 Park Ave**  
City: **GC** State: **MD** Zip Code: **21043**  
Phone: **443.324-9806** Fax: **410.480.0013**  
Email: **TKeane@TrinityHomes.com**

Existing Use: **VACANT LOT**  
Proposed Use: **Building New Single Family**  
Estimated Construction Cost: \$ **300,000.00**

Applicant's Name & Mailing Address, (If other than stated herein)  
Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Description of Work: **3 Car Garage, DR., LR, Kitchen, Fam Rom, Library (BR 5) Breakfast, Sun Room, Laundry, 5 Bedrooms, 3 1/2 Bath, SITTING ROOM, 14x18' Deck. (YORKSHIRE II)**

Contractor Company: **TRINITY HOMES MARYLAND LLC**  
Contact Person: **Tim Keane**  
Address: **3675 Park Ave**  
City: **GC** State: **MD** Zip Code: **21043**  
License No.: **7646**  
Phone: **443.324-9806** Fax: **410.480.0013**  
Email: **TKeane@TrinityHomes.com**

Occupant/Tenant Name: **N/A**

Engineer/Architect Company: **N/A**

-Was tenant space previously occupied?  Yes  No

Responsible Design Prof.: \_\_\_\_\_

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

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

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

Email: \_\_\_\_\_

Email: \_\_\_\_\_

| Commercial Building Characteristics                                     | Residential Building Characteristics   |
|---|--|
| Height:   | <input checked="" type="checkbox"/> 2F Dwelling <input type="checkbox"/> SF Townhouse  |
| No. of stories:   | Depth _____ Width _____  |
| Gross area, sq. ft./floor:  | 1st floor: <b>66'0" x 54'0"</b><br>2nd floor: <b>66'52" x 54'</b>  |
| Area of construction (sq. ft.):   | Basement:<br><input type="checkbox"/> Finished Basement<br><input checked="" type="checkbox"/> Unfinished Basement<br><input type="checkbox"/> Crawl Space |
| Use group:  | <input type="checkbox"/> Slab on Grade   |
| <b>Construction type:</b>   | No. of Bedrooms: <b>5</b>  |
| <input type="checkbox"/> Reinforced Concrete                            | <b>Multi-family Dwelling</b>   |
| <input type="checkbox"/> Structural Steel                               | No. of efficiency units:   |
| <input type="checkbox"/> Masonry  | No. of 1 BR units:   |
| <input type="checkbox"/> Wood Frame                                     | No. of 2 BR units:   |
| <input type="checkbox"/> State Certified Modular                        | No. of 3 BR units:   |
|   | Other Structure:   |
|   | Dimensions:  |
| <input checked="" type="checkbox"/> <b>Roadside Tree Project Permit</b> | Footings:  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No     | Roof:  |
| <b>Roadside Tree Project Permit #</b>                                   | <input type="checkbox"/> State Certified Modular   |
|   | <input type="checkbox"/> Manufactured Home   |

| Utilities  |   |
|--|---|
| Electric:  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Gas:   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Water Supply   |   |
| <input type="checkbox"/> Public  |   |
| <input checked="" type="checkbox"/> Private  |   |
| Sewage Disposal  |   |
| <input type="checkbox"/> Public  |   |
| <input checked="" type="checkbox"/> Private  |   |
| Heating System   |   |
| <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil            |   |
| <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas |   |
| <input type="checkbox"/> Other: <b>Fireplace</b>                                     |   |
| Sprinkler System:  |   |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                  |   |
| <input checked="" type="checkbox"/> Grading Permit Number:                           | <b>G/9000139</b>  |
| <input type="checkbox"/> Building Shell Permit Number:                               |   |

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: *[Signature]*  
Email Address: **TKeane@TrinityHomes.com**  
Title/Company: **Developer**

Print Name: **Tim Keane**  
Date: **9/27/19**

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
-FOR OFFICE USE ONLY-

| AGENCY               | DATE            | SIGNATURE OF APPROVAL |
|----------------------|-----------------|-----------------------|
| State Highways       |                 |                       |
| Building Officials   |                 |                       |
| PSZA ( Zoning )      |                 |                       |
| PSZA ( Engineering ) |                 |                       |
| Health               | <b>10/10/19</b> | <i>[Signature]</i>    |

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

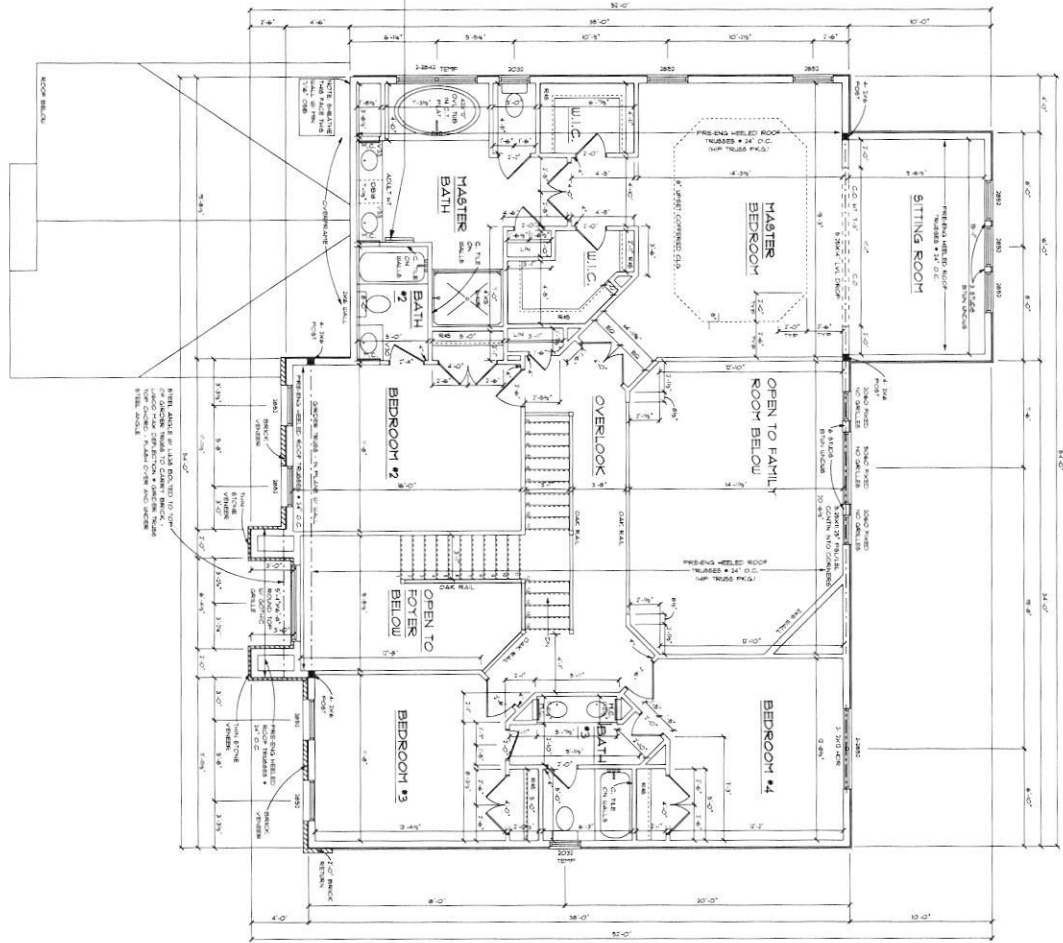
| DPZ SETBACK INFORMATION   |
|---|
| Front:  |
| Rear:   |
| Side:   |
| Side St.:   |
| All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| Lot Coverage for New Town Zone:   |
| SDP/Red-line approval date:   |

|                 |                 |
|-----------------|-----------------|
| Filing Fee      | \$ <b>100</b>   |
| Permit Fee      | \$              |
| Tech Fee        | \$              |
| Excise Tax      | \$              |
| PSFS            | \$              |
| Guaranty Fund   | \$ <b>50</b>    |
| Add'l per Fee   | \$              |
| Total Fees      | \$              |
| Sub- Total Paid | \$              |
| Balance Due     | \$              |
| Check           | # <b>002635</b> |

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

**KEEP B19003296 FOR SITE. All**





NOTE: ELECTRIC -  
ADD 200V BASE HEAT, 2'  
LONG W/ WALL THERMOSTAT  
IN MASTER BATHROOM OVER  
LOOKER.

NOTE: CARPENTER:  
SCALE PICS 4'

NOTE: 3/4" WALL (NOT  
SHOWN IN CROSSING 1" W/ 1/2")

APPROX. 1171 SF 2ND FLOOR  
APPROX. 175 SF OVERLOOK  
APPROX. 213 SF OPEN FAMILY ROOM

**Second Floor Plan**  
SCALE: 1/4" = 1'-0"

NOTE: 9' CEILING\$  
2X6 EXTERIOR WALLS

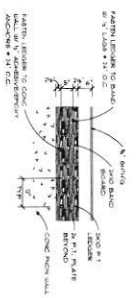
**2015 CODE**

|           |            |
|-----------|------------|
| REVISIONS |            |
| DATE      | 06-19-2019 |
| SHEET NO. | A-6        |
|           | © 2019     |

# The Yorkshire Manor II - 3 Car

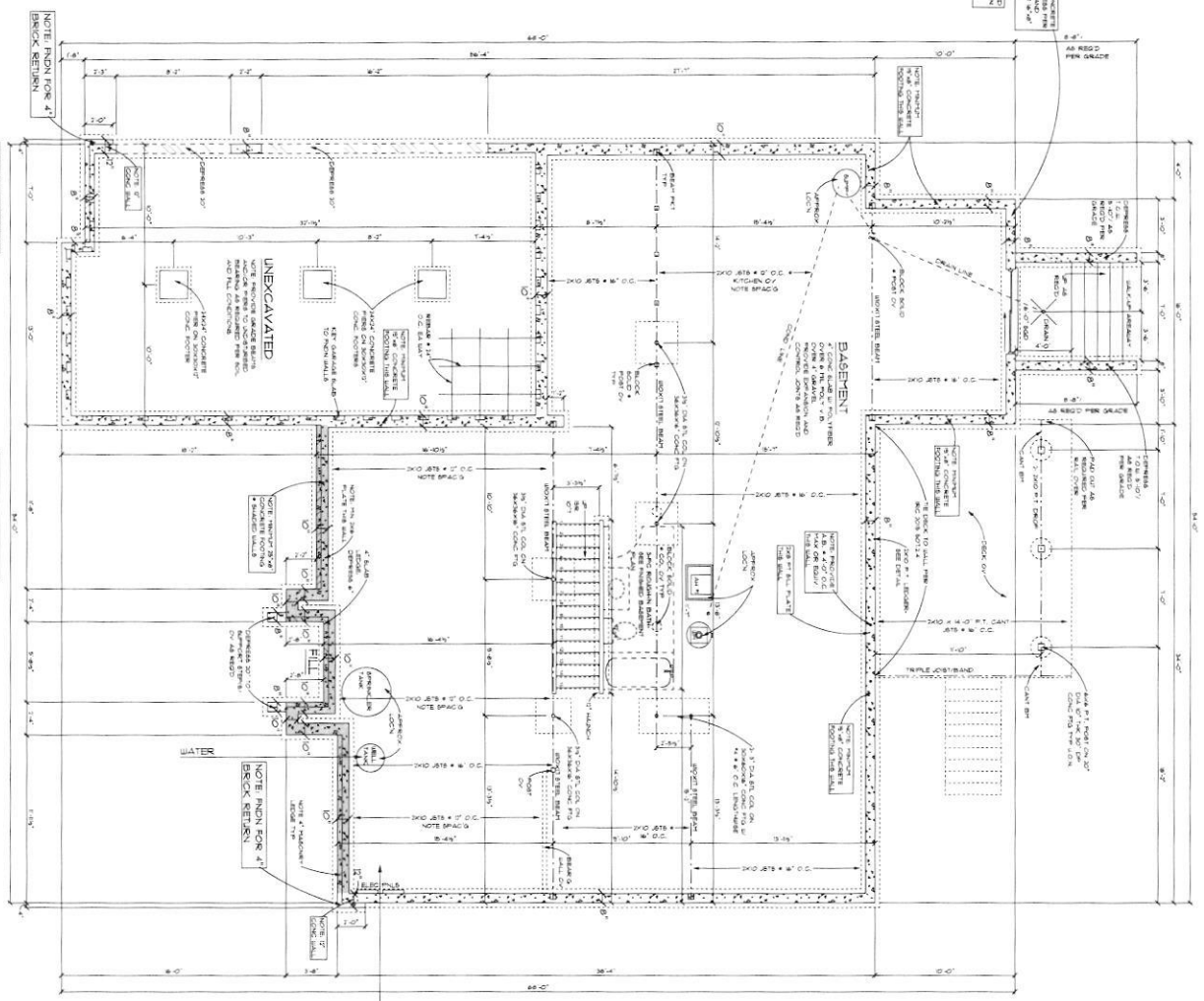


TRINITY HOMES MARY LAND LLC T/A



**Ledger Fastening Detail**  
SCALE: 1/2" = 1'-0"

NOTE: REINFORCED CONCRETE SHALL BE 4000 PSI STRENGTH AND 4" DIA. CHAIRS SHALL BE 1/2" DIA. CHAIRS. ALL REINFORCING SHALL BE PLACED AS SHOWN UNLESS OTHERWISE NOTED.



**Foundation Plan**  
SCALE: 1/2" = 1'-0"

**HYAC**  
C.F.A. = 4649

**2015 CODE**

**NOTES**  
1. FOUNDATION WALLS SHALL BE 12\"/>

**NOTE: 9'-0" FOUNDATION WALLS**

**NOTE: PLYWOOD PASSIVE RADON SYSTEM 5" PVC PIPE VENTED THROUGH ROOF (LOCATION PER PLYWOOD)**

**HYAC: EQUIPMENT - GOODMAN ZONE 1: 50% EFFICIENCY PROPANE GAS FURNACE WITH 4 SEER A/C UNIT 3/5 TON ZONE 2: 1/4 SEER HEAT PUMP 3/5 TON**

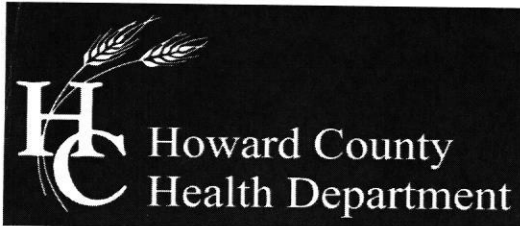
| REVISIONS | DATE | BY |
|-----------|------|----|
|           |      |    |
|           |      |    |

A-3  
© 2019

# The Yorkshire Manor II - 3 Car



TRINITY HOMES MARY LAND LLC TIA



## Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

**Maura J. Rossman, M.D., Health Officer**

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### MEMORANDUM

TO: **Tim Keane, Trinity Homes Maryland, LLC**

FROM: **Robert Bricker, REHS/RS, L.E.H.S.**  
Well & Septic Program

RE: **13604 Olivia Way**, Potential Basement Bedroom

DATE: October 10, 2019

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I have reviewed the floor plans in support of Building Permit **B19003296** for a new home at **13604 Olivia Way** and noted that there is a rough-in for a full bathroom in the unfinished basement. Please note that this makes it very likely for one or more rooms to be considered bedrooms upon conversion of the basement to finished living space. As this lot has a **five** bedroom limitation due to limited suitable soil resource, any future building permit for converting all or a portion of the basement into finished living space may be denied by the Health Department if the total number of proposed bedrooms in the dwelling is above five.

For reference, the following is the bedroom definition in Howard County Code Section 3.801(b):

- (1) Except as provided in paragraph (2) of this subsection, a bedroom is any space in the conditioned area of a dwelling unit or accessory structure that:
  - (i) Is 90 square feet or greater in size;
  - (ii) May be used as a private sleeping area; and
  - (iii) Has at least one window and one interior door.
- (2) If a home office, library, or similar room is proposed, it may not be a bedroom if there is no closet; and
  - (i) The room contains permanently built-in bookcases around the perimeter of the room, desks, and other features that encumber the room;
  - (ii) A minimum 4 foot-wide opening, without doors, into another room;
  - (iii) A half wall (4 foot maximum height) between the room and another room; or
  - (iv) The room is a first floor room or basement area that does not have direct access to full bathrooms or "roughed in" plumbing that would provide direct access to future full bathroom facilities

Menu Save Reset Cancel Help

Record Detail \* (This section is required.)

|  |               |             |
|--|---------------|-------------|
| Permit Type                                    | Permit Number | Opened Date |
| Building/Residential/Misc/Tanks                | B21001812     | 05/25/2021  |
| Description of Work                            |               |             |
| SFD/ INSTALL 1000 GAL UNDERGROUND PROPANE TANK |               |             |

check spelling

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

|            |             |              |              |
|------------|-------------|--------------|--------------|
| Street #   | Street Name | Street Type  |              |
| 13604      | OLIVIA      | WAY          |              |
| Unit Type  | Unit #      | X Coordinate | Y Coordinate |
| --Select-- |             | -76.95942    | 39.19845     |
| City       | State       | Zip Code     | Primary      |
| HIGHLAND   | MD          | 20777        | Yes          |

Parcel \* (This section is required.)

Search Reset Clear Get Address & Owner

|          |        |             |            |                |                 |           |
|----------|--------|-------------|------------|----------------|-----------------|-----------|
| GIS ID   | Parcel | Parcel Area | Land Value | Improved Value | Exemption Value | Plan Area |
| 11059905 | 0389   | 0           | 0          | 0              | 0               | RURAL     |

Legal Description

check spelling

|  |                 |   |              |                 |                 |       |          |
|--|-----------------|---|--------------|-----------------|-----------------|-------|----------|
| Block  | Lot             | Census Tract  | Council Dist | Inspection Dist | Supervisor Dist | Map # | DAP Zone |
| 16   | 13              | 805101  | 5            |                 |                 |       |          |
| Plan Area  | State Tax Id    | Subdivision Name  |              |                 |                 |       |          |
|  |                 | The Estates at River Hill                                     |              |                 |                 |       |          |
| Section  | Area            | Tax Map   |              |                 |                 |       |          |
|  |                 | 34  |              |                 |                 |       |          |
| Grid   | Zoning District | ADC Map   |              |                 |                 |       |          |
| 34-16  | RR-DEO          | 4933-G9   |              |                 |                 |       |          |
| SDP No.  | Final Plan No.  | WP File No.   |              |                 |                 |       |          |
|  | ECP-16-064      |   |              |                 |                 |       |          |
| Record Plat No.                                    | WS Contract No. | FDP No.   | Primary      |                 |                 |       |          |
| 25085-2509   |                 |   | Yes          |                 |                 |       |          |
| Owner Occupied                                     | Year Built      | Historic District   |              |                 |                 |       |          |
| <input type="radio"/> Yes <input type="radio"/> No |                 | <input type="radio"/> Yes <input checked="" type="radio"/> No |              |                 |                 |       |          |
| Historic District Registry No.                     | Stat Area       | Flood Plain   |              |                 |                 |       |          |
|  | 5-04A           | <input type="radio"/> Yes <input checked="" type="radio"/> No |              |                 |                 |       |          |
| Building No  |                 |   |              |                 |                 |       |          |

Approved 6/15/21  
AW

Owner \* (This section is required.)

Search Reset Clear

Name

ESTATES AT RIVERHILL

Address Line 1

3675 PARK AVE

Address Line 2

Address Line 3

Mail City

ELLICOTT CITY

Mail State

MD

Mail Zip Code

21043

Phone

301-725-3232

Primary

Yes

E-mail

Cell Number

Fax Number

Professionals (This section is not required.)

Search    Reset    Clear

|                |                                 |             |           |
|----------------|---------------------------------|-------------|-----------|
| License # *    | Business Name                   |             |           |
| 20100103851    | THE H.J. POIST GAS COMPANY, INC |             |           |
| License Type * | First Name                      | Middle Name | Last Name |
| Propane Gas    | SEAN                            | MICHAEL     | UNDERWOOD |
| Primary        | Address Line 1                  |             |           |
| Yes            | 360 MAIN STREET                 |             |           |
|                | Address Line 2                  |             |           |
|                | City                            | State       | ZIP Code  |
|                | LAUREL                          | MD          | 20707 000 |
|                | Phone 1                         | Phone 2     | Fax       |
|                | 4434149582                      |             |           |
|                | E-mail                          |             |           |
|                |                                 |             |           |

Applicant (This section is not required.)

Search    As Owner    As Lic. Prof    As Contact

|              |                                 |       |           |
|--------------|---------------------------------|-------|-----------|
| Type *       | First Name                      | MI    | Last Name |
| Applicant    | MICHELLE                        |       | CLANCY    |
| Relationship | Full Name                       |       |           |
| Applicant    | MICHELLE CLANCY                 |       |           |
| Primary      | Organization Name               |       |           |
| Yes          | APPLIED & APPROVED PERMITS LLC  |       |           |
|              | Street Address                  |       |           |
|              | P.O. BOX 310                    |       |           |
|              | Address Line 2                  |       |           |
|              | City                            | State | Zip Code  |
|              | PERRY HALL                      | MD    | 21128     |
|              | Phone                           | Cell  | Fax       |
|              | 443-340-1229                    |       |           |
|              | E-mail *                        |       |           |
|              | MICHELLE@APPLIEDANDAPPROVED.COM |       |           |

Addtl info

|                         |                 |                       |              |
|-------------------------|-----------------|-----------------------|--------------|
| Est Construction Cost * | Housing Units * | Number of Buildings * | Public Owned |
| 2000                    |                 |                       | No           |
| Construction Type       |                 |                       |              |
| --Select--              |                 |                       |              |

TANK INFORMATION

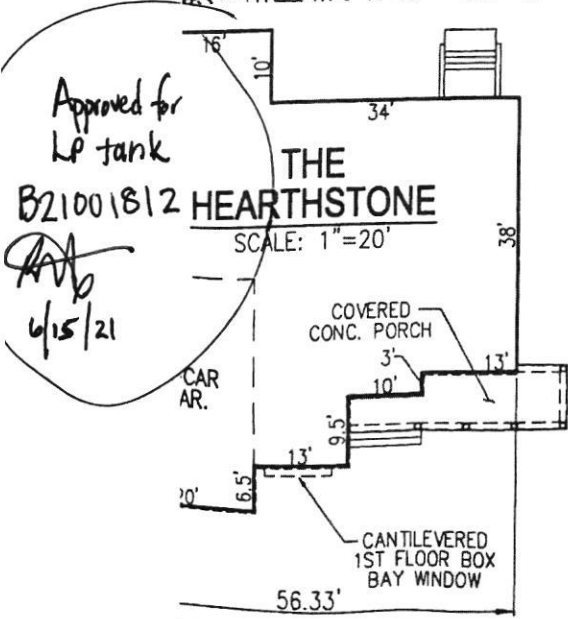
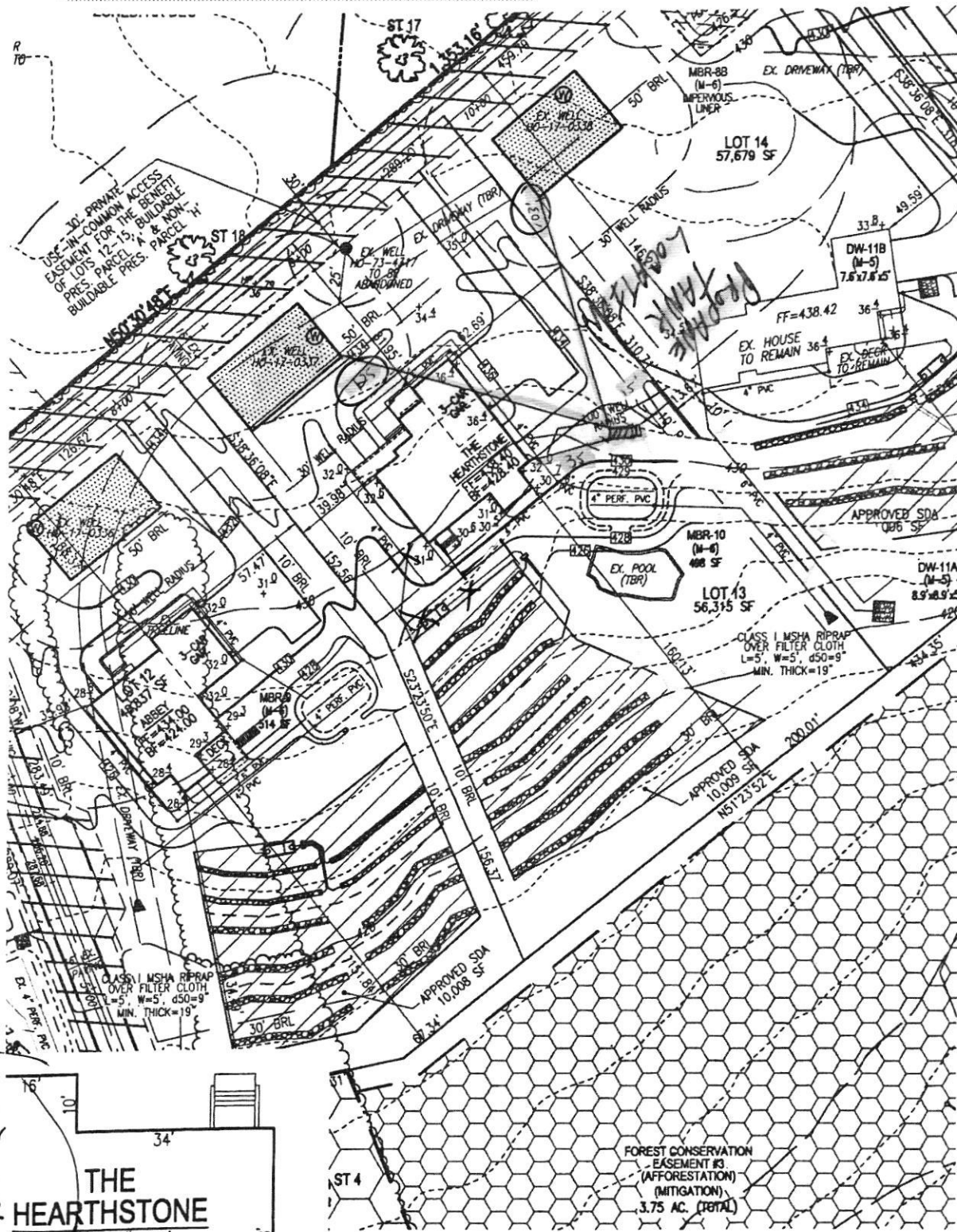
RESIDENTIAL TANK INFORMATION

|   |                             |   |   |                        |
|---|-----------------------------|---|---|------------------------|
| Capital Project-No Fee *                                      | Capital Project Number      | Fee Exempt *  | Roadside Tree Project Permit *                                | Roadside Tree Permit # |
| <input type="radio"/> Yes <input checked="" type="radio"/> No |                             | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No |                        |
| Existing Use  | Number of Tanks Installed * | Number of Tanks Removed *                                     |   |                        |
| SFD   | 1                           | 0   |   |                        |
| Water Supply  | Sewage Disposal             | Expiration Date   | Relocate Existing Tank *                                      |                        |
| Private   | Private                     | 11/27/2021  | 0   |                        |

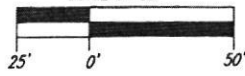
PAYMENT INFORMATION

|         |         |         |         |            |             |
|---------|---------|---------|---------|------------|-------------|
| Check 1 | Payee 1 | Check 2 | Payee 2 | SAP Doc No | SAP Entered |
|         |         |         |         |            |             |

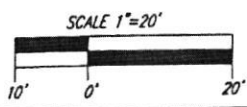
Submit    Cancel



**SITE PLAN**  
SCALE: 1"=50'



13604 Olma way diagonal



Lot 13

**PLOT PLAN**

**OWNER**  
ESTATES AT RIVER HILL, LLC  
MICHAEL PFAU, MEMBER  
3675 PARK AVENUE, SUITE 301  
ELLCOTT CITY, MD 21043  
(410) 480-0023

**DEVELOPER**  
TRINITY HOMES  
3675 PARK AVE  
ELLCOTT CITY  
(410) 4

**VOGEL ENGINE**  
**TIMMONS GR**  
3300 NORTH RIDGE ROAD, SUITE 110, ELIX  
P: 410.461.7066 F: 410.461.8961

**COMPLETE THIS FORM WHEN DROPPING OFF ANY  
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY  
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 02/17/2021

To: Building Permits Health DILP  
(Reviewer/Requestor's Name) (Division)

From: Tim Keane (443) 324-9806  
(Your Name, Company Name) (Phone Number)

Subject: Project name Estates at River Hill Lot 13  
Project site address 13604 Olivia Way, Highland, MD 20777 - B19003298  
Permit # B19003298 SDP # \_\_\_\_\_  
Other information pertinent to this project Revision request, new house type

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Letter Summarizing Changes
- Energy conservation calculations
- Copies of Plot plans (be specific).
  - Health Department Request
  - DPZ/ DED Request
  - Applicant's Request
- Two sets of single-family model plans to be placed on permanent file: Model Name/ # Hearthstone
- Other Revised F-18-064

**Contact Person Information: (Required)**

Tim Keane Telephone No: (443) 324-9806  
Please Print Name  
E-Mail Address: Tkeane@trinityhomes.com

**PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455 OPTION #4 OR BY VISITING MYHOWARD.INFO. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.**

Received by \_\_\_\_\_

TRINITY HOMES MARY LAND, LLC  
3675 PARK AVENUE  
ELLICOTT CITY, MD 21043  
443-324-9806

February 8, 2021

To: Howard County Department of Licenses and Permits

From: Michael Pfau, President  
Trinity Homes Mary Land, LLC  
3675 Park Avenue  
Ellicott City, MD 21043

RE: Revised permit for **B19003296**

Dear sir or madam,

This letter will serve as a request to revise an existing permit for **B19003298**, located at **13604 Olivia Way, Highland, MD 20777**, also known as **Estates at River Hill Lot 13**.

The House type changed from a Yorkshire Manor to the following Description of Work:

- SFD,
- Hearthstone
- 2 story,
- Full Basement, (Unfinished),
- 3-car garage
- 5 Bedrooms
- 4 full baths
- Powder Room
- Dining Room
- Foyer
- Living Room
- In-Law Suite
- Family Room
- Kitchen


- Playroom
- Sunroom
- Laundry

Please find attached the following:

- Three (3) sets of house plans.
- Five (5) sets of Plot Plans
- Accela print-out showing the existing permit has been
- Check for \$50.00

Please call me if you have any questions or need anything else from. Please discard if you have too many copies. With COVID wanted to err on have to many rather than too few.

Respectfully,

  
Tim Keane  
tkeane@trinityhomes.com  
4433249806

RECEIVED

FEB 19 2021

PLANNING DEPARTMENT