

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

**MEMORANDUM**

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

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

RE: **13616 Olivia Way, Potential Basement Bedroom**

DATE: **October 10, 2019**

I have reviewed the floor plans in support of Building Permit **B19003298** for a new home at **13616 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.

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.

The Health Department strongly recommends sizing the onsite sewage disposal system at least one bedroom larger than the existing **five (5)**-bedroom design to accommodate a future finished basement. If you choose to only size for the existing design, any future building permit for a finished basement may be placed on hold until the system is upgraded to accommodate the proposed number of bedrooms. This memo will be retained in the Health Department file for future reference.

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

Date: 8/24/2020  
To: George Math (Person's Name and Division) DAN  
From: Tim Keane (Your Name, Company Name and Telephone Number)  
Subject: Project name \_\_\_\_\_  
Project site address 13616 Olivia Way  
Permit # B9003298 SDP # \_\_\_\_\_  
Other information pertinent to this project \_\_\_\_\_

*Health*

✓ 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: Change of House Type when submitting for a complete re-review, duplicate sets shall be submitted.
- Letter Summarizing Changes
- Energy conservation calculations
- Copies of \_\_\_\_\_ (be specific).
- Health Department Request  DPZ/ DED Request  Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # \_\_\_\_\_
- Other \_\_\_\_\_

**Contact Person Information: (Required)**

Please Print Name \_\_\_\_\_ Telephone No: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**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. 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**

**AUG 24 2020**

**LICENSES & PERMITS DIVISION**

Received by Drop Box

*ck 2301*



# 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: \_\_\_\_\_

Permit No.: **B19003298**

**HEALTH**

Building Address: 13615 Olivia Way  
 City: Highland State: MD Zip Code: 20777  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: GP-19-071  
 Subdivision: ESTATES at River Hill  
 Lot: Preo. "A" Tax Map: 34 Parcel: 389

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

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

Occupant/Tenant Name: N/A  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

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

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

Engineer/Architect Company: N/A  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth: _____ Width: _____
Gross area, sq. ft./floor:	1st floor: <u>66.0' x 54.0'</u> 2nd floor: <u>66.52' x 54'</u>
Area of construction (sq. ft.):	Basement:
Use group:	<input type="checkbox"/> Finished Basement
<b>Construction type:</b>	<input checked="" type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Masonry	No. of Bedrooms: <u>5</u>
<input type="checkbox"/> Wood Frame	<b>Multi-family Dwelling</b>
<input type="checkbox"/> State Certified Modular	No. of efficiency units:
	No. of 1 BR units:
	No. of 2 BR units:
	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: <u>Fireplace</u>	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Grading Permit Number:	<u>G19000139</u>
<b>Building Shell Permit Number:</b>	

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: Jim Keane  
 Email Address: TKeane@TrinityHomes.com  
 Title/Company: Developer

Print Name: Jim 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	<u>10/01/19</u>	<u>R. B. [Signature]</u>

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

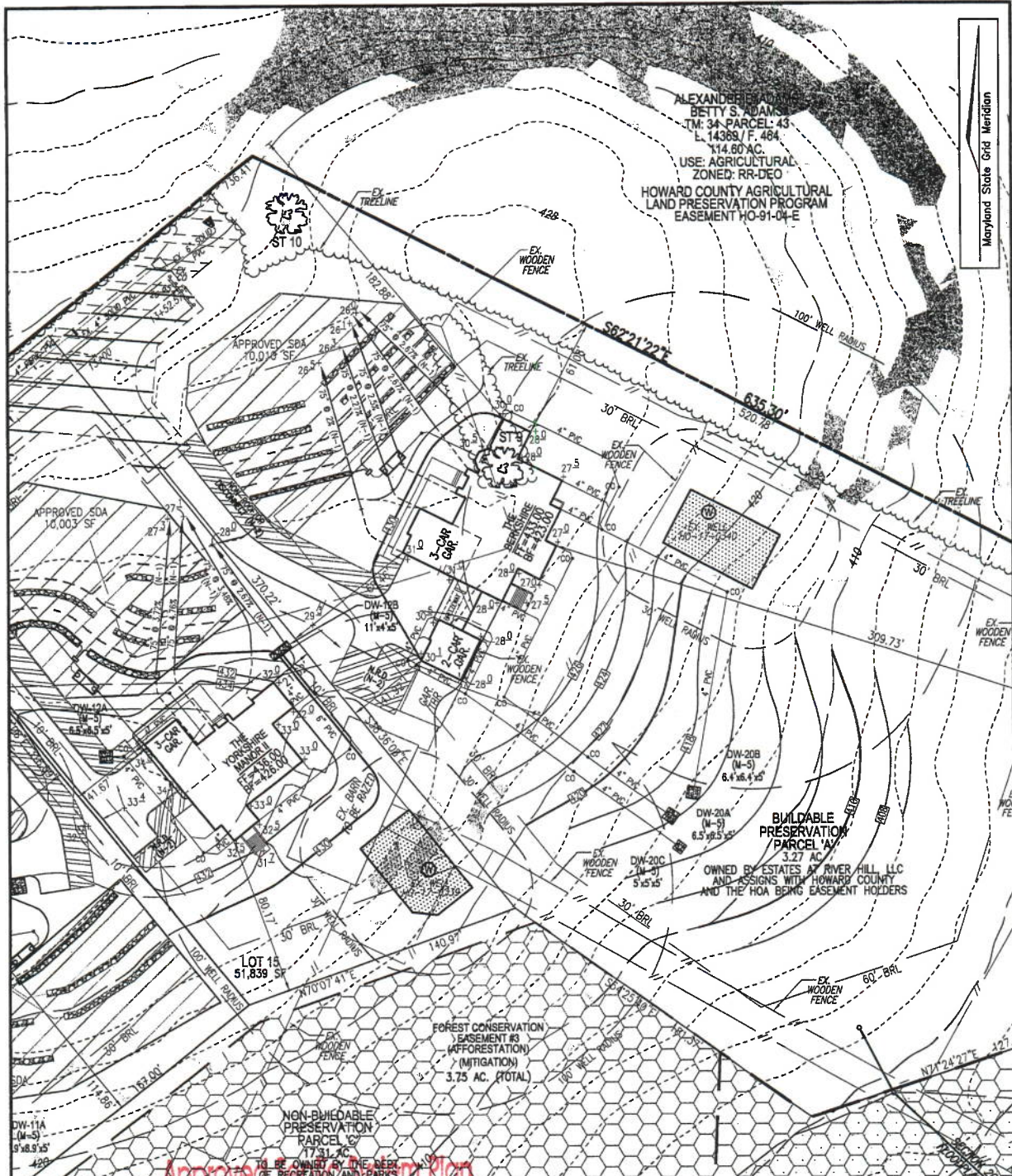
**DPZ SETBACK INFORMATION**

Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St.: \_\_\_\_\_  
 All minimum setbacks met?  Yes  No  
 Is Entrance Permit Required?  Yes  No  
 Historic District?  Yes  No  
 Lot Coverage for New Town Zone: \_\_\_\_\_  
 SDP/Red-line approval date: \_\_\_\_\_

Filing Fee	\$ <u>100</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50</u>
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check #	<u>002637</u>

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

**HEALTH**



Approved Site Plan  
 Howard County Health Department  
 SITE PLAN  
 SCALE: 1"=50'

B19003298

*[Signature]*  
 Signature

5/7/2021  
 Date

*Deletes Detached Garage  
 Adds Breezeway  
 Attached Garage*

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

**DEVELOPER**  
 TRINITY HOMES MARYLAND, LLC  
 3675 PARK AVENUE, SUITE 301  
 ELLICOTT CITY, MD 21043  
 (410) 480-0023

**VOGEL ENGINEERING**  
**TIMMONS GROUP**  
 3300 NORTH RIDGE ROAD, SUITE 110, ELLICOTT CITY, MD 21043  
 P: 410.461.7666 F: 410.461.8961 www.timmons.com

SCALE \_\_\_\_\_ AS SHOWN  
 DRAWN BY \_\_\_\_\_ JMR  
 CHECKED BY \_\_\_\_\_ RHY  
 DATE \_\_\_\_\_ MARCH 19, 2021  
 W. O. # \_\_\_\_\_ 15-39  
 SHEET# \_\_\_\_\_ 1 OF 3

5TH ELECTION DISTRICT  
 TAX MAP: 34 PARCEL: 389  
 DPZ REF'S: ECP-16-064, WP-17-034,  
 WP-17-128, SP-17-007, F-18-064

**THE ESTATES AT RIVER HILL  
 BUILDABLE PRESERVATION PARCEL 'A'**

13616 OLIVIA WAY  
 HIGHLAND, MD 20777

BLOCK: 23  
 ZONED: RR-DEO  
 HOWARD COUNTY, MARYLAND

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

April 21, 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 **B19003298**

Dear sir or madam,

This letter will serve as a request to revise an existing permit for **B19003298**, located at **13616 Olivia Way, Highland, MD 20777**, also known as **Estates at River Hill Lot Buildable Preservation Parcel 'A'**.

The House changed to the following Description of Work:

- Add Detached Garage and Breezeway

Please find attached the following:

- One (1) set of Revised F-Plan
- Three (3) sets of house plans.
- Five (5) sets of Plot Plans
- Accela print-out showing the existing permit has been issued
- Check for \$50.00

Please call me if you have any questions.

Respectfully,

  
Tim Keane  
tkeane@trinityhomes.com  
4433249806

RECEIVED

APR 21 2021

LICENSES & PERMITS  
DIVISION

Menu Save Reset Cancel Help

Record Detail \* (This section is required.)

Permit Type Building/Residential/Misc/Tanks Permit Number B20003298 Opened Date 09/27/2020

Description of Work SFD/ INSTALL (1) 1,000 GALLON UNDERGROUND PROPANE TANK

check spelling

Approved in DILP Accela 10/2/20

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 13616 Street Name OLIVIA Street Type WAY Unit Type -Select- Unit # X Coordinate -76.95765 Y Coordinate 39.19906 City HIGHLAND State MD Zip Code 20777 Primary Yes

Not in EH Accela

Parcel \* (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID \* 11059909 Parcel 0389 Parcel Area 0 Land Value 0 Improved Value 0 Exemption Value 0 Plan Area RURAL

Legal Description

check spelling

Block 16 Lot A Census Tract 605101 Council Dist 5 Inspection Dist Supervisor Dist Map # DAP Zone

Plan Area State Tax Id Subdivision Name The Estates at River Hill

Section Area Tax Map 34

Grid 34-17 Zoning District RR-DEO ADC Map 4933-G9

SDP No. Final Plan No. ECP-16-064 WP File No. Primary Yes

Record Plat No. 25085-2509 WS Contract No. FDP No.

Owner Occupied Year Built Historic District No

Historic District Registry No. Stat Area 5-04A Flood Plain No

Building No

**Owner** \* (This section is required.)

Search      Reset      Clear

**Name \***  
 ESTATES AT RIVER HILL LLC

**Address Line 1**  
 3675 PARK AVE

**Address Line 2**  
 \_\_\_\_\_

**Address Line 3**  
 \_\_\_\_\_

**Mail City**      **Mail State**      **Mail Zip Code**  
 ELLICOTT CITY      MD      21043

**Phone**      **Primary**  
 301-725-3232      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 Gs      SEAN      MICHAEL      UNDERWOOD

**Primary**      **Address Line 1**  
 Yes      360 MAIN STREET

**Address Line 2**  
 \_\_\_\_\_

**City**      **State**      **ZIP Code**  
 LAUREL      MD      207070000

**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
3000	0	0	No
Construction Type			
329 - Structures Other Than Buildings (Retaining Walls/Tents)			

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	3/31/2021	0	

PAYMENT INFORMATION

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

Related Records

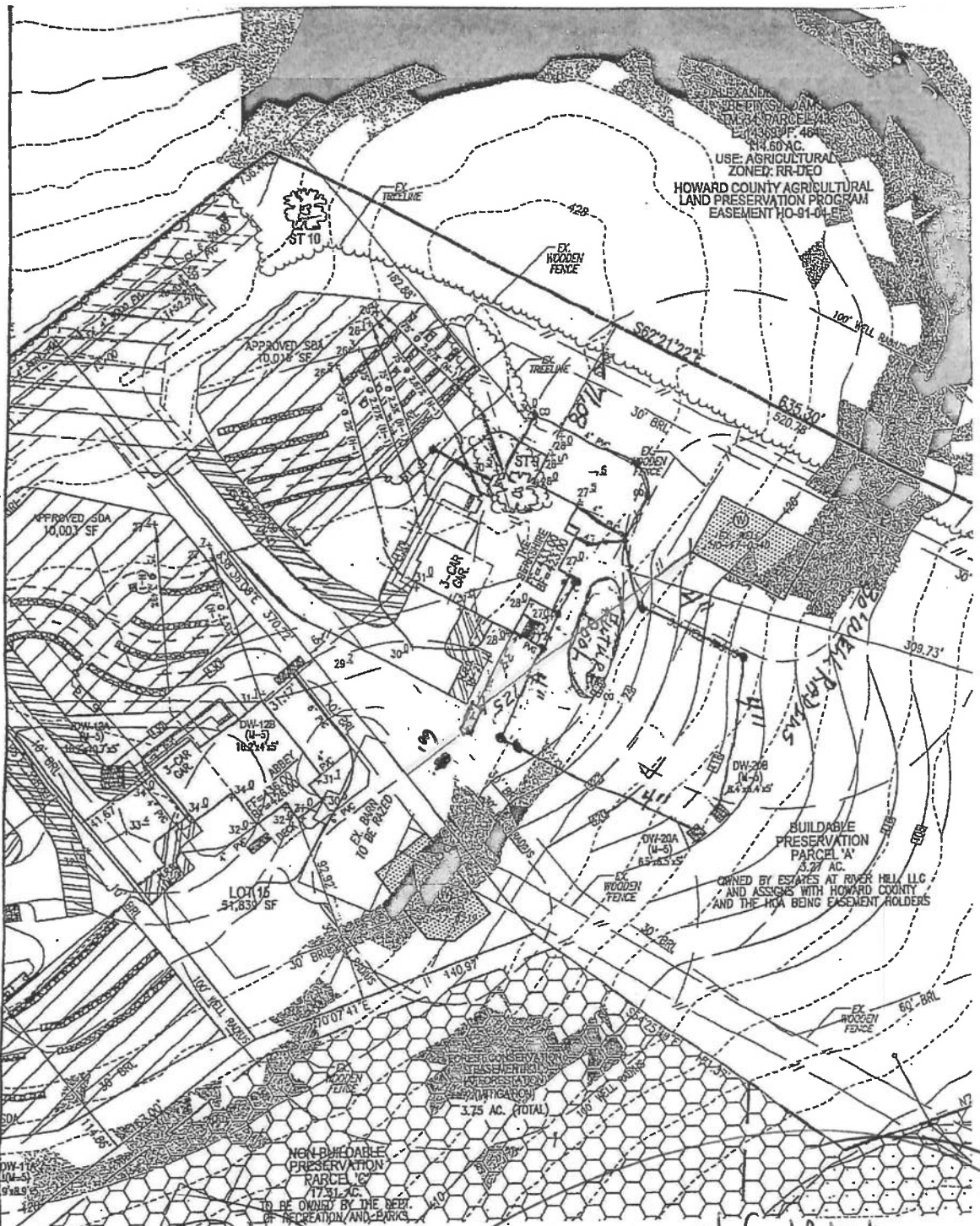
« 1 »

Permit Number	Record Type Alias	Status	Number	Street Name	Opened Date	Description
B19003298	Residential New Single Family Dwelling Permit	Issued	13616	OLIVIA	09/27/2019	SFD/ MOD
B20003298	Residential Tank Permit	Application Accepted	13616	OLIVIA	09/27/2020	SFD/ INST

« 1 »

< \_\_\_\_\_ >

Submit Cancel



HOWARD COUNTY AGRICULTURAL  
LAND PRESERVATION PROGRAM  
EASEMENT HO-81-04-ES  
USE: AGRICULTURAL  
ZONED: RR-DEO

BUILDABLE PRESERVATION  
PARCEL 'A'  
3.27 AC.  
OWNED BY ESTATES AT RIVER HILL, LLC  
AND ASSIGNS WITH HOWARD COUNTY  
AND THE HOA BEING EASEMENT HOLDERS

NON-BUILDABLE PRESERVATION  
PARCEL 'C'  
17.81 AC.  
TO BE OWNED BY THE DEPT.  
OF RECREATION AND PARKS

SITE PLAN  
SCALE: 1"=50'

Approved for LP tank  
B20003298 10/2/20  
not to scale - look at OSDS plan  
1"=50'

VOGEL ENGINEERS

TIMMONS GROUP

3300 NORTH RIDGE ROAD, SUITE 110, ELLICOTT CITY,  
P: 410.461.7666 F: 410.461.8961 www.timmons

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

**DEVELOPER**  
TRINITY HOVES MARY LAND, LLC  
3675 PARK AVENUE, SUITE 301  
ELLICOTT CITY, MD 21043  
(410) 480-0023

SCALE \_\_\_\_\_ AS SHOWN  
DRAWN BY \_\_\_\_\_ JMR  
CHECKED BY \_\_\_\_\_ RHV  
DATE \_\_\_\_\_ AUGUST 19, 2020  
W. O. # \_\_\_\_\_ 15-39  
SHEET# \_\_\_\_\_ 1 OF 3

5TH ELECTION DISTRICT  
TAX MAP: 34 PARCEL: 389  
DPZ REF'S: ECP-16-064, WP-17-034,  
WP-17-128, SP-17-007, F-18-064

PLOT PLAN  
**THE ESTATES AT RIVER HILL  
BUILDABLE PRESERVATION PARCEL 'A'**

13616 OLIVIA WAY  
HIGHLAND, MD 20777