



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 4:10:12

Date Received: _____

Permit No.: **B19003295**

Building Address: 13600 Olivia Way
 City: Hugabond State: MD Zip Code: 20717
 Suite/Apt. #: _____ SDP/WPP/BA #: GP-19-071
 Subdivision: ESTATED at River Hill
 Lot: 12 Tax Map: 34 Parcel: 389

Existing Use: VACANT LOT
 Proposed Use: NEW SFD
 Estimated Construction Cost: \$ 300,000

Description of Work: ABBY: FR, SUN ROOM, BREAKFAST KITCHEN, GALLERY, LIBRARY, L.R., 3 CAR GARAGE, D.R., 5 BEDROOM, 3 1/2 BATHS, LOFT, 16'x16' DECK

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: ESTATED at River Hill, LLC
 Address: 3675 Park Ave
 City: EC State: MD Zip Code: 21043
 Phone: 443.324.9806 Fax: 410.480.0013
 Email: TKeane@TrinityHomes.com

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: N/A
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Trinity Homes Maryland, LLC
 Contact Person: Tim Keane
 Address: 3675 Park Ave
 City: EC State: _____ 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>60' x 71.8'</u>
Area of construction (sq. ft.): _____	2nd floor: <u>49 60</u>
Use group: _____	Basement: _____
Construction type:	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: <u>5</u>
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
<input checked="" type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of 1 BR units: _____
Roadside Tree Project Permit #	No. of 2 BR units: _____
_____	No. of 3 BR units: _____
_____	Other Structure: _____
_____	Dimensions: _____
_____	Footings: _____
_____	Roof: _____
_____	<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	
Grading Permit Number:	<u>G19000159</u>
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: TKeane@TrinityHomes.com
 Email Address: _____
 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	<u>10/01/19</u>	<u>R. Bjeders</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?	<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	\$ <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>002031</u>

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

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

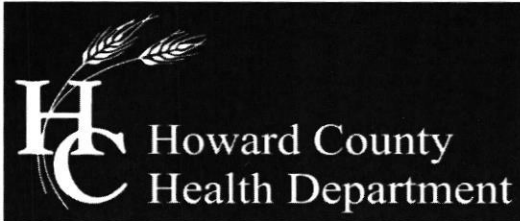
Respectfully,



Tim Keane

tkeane@trinityhomes.com

4433249806



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

Facebook: www.facebook.com/hocohealth

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

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: **13600 Olivia Way, Potential Basement Bedroom**

DATE: **October 10, 2019**

I have reviewed the floor plans in support of Building Permit **B19003295** for a new home at **13600 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 are 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: Building/Residential/Misc/Tanks Permit Number: B22000319 Opened Date: 01/27/2022

Description of Work: SFD//INSTALL (1) UNDERGROUND PROPANE TANK

check spelling

Address (This section is required)

Search Reset Clear Get Parcel & Owner

Street #: 13600 Street Name: OLIVIA Street Type: WAY

Unit Type: --Select-- Unit #: X Coordinate: .76, 95991 Y Coordinate: 39, 19817

City: HIGHLAND State: MD Zip Code: 20777 Primary: Yes

Approved 2/4/22
MHA

Parcel (This section is required)

Search Reset Clear Get Address & Owner

GIS ID: 11059904 Parcel: 0389 Parcel Area: 0 Land Value: 0 Improved Value: 0 Exemption Value: 0 Plan Area: RURAL

Legal Description

check spelling

Block: 16 Lot: 12 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: 34-16 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: Yes No Year Built: Historic District: Yes No

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

Building No:

Owner (This section is required)

Search Reset Clear

Name: NI JASON H

Address Line 1: 13600 OLIVIA WAY

Address Line 2:

Address Line 3:

Mail City: HIGHLAND Mail State: MD Mail Zip Code: 20777

Phone: 301-725-3232 Primary: Yes

E-mail:

Cell Number: Fax Number:

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
103851	HJ POIST		
License Type *	First Name	Middle Name	Last Name
Propane Gs	SEAN		UNDERWOOD
Primary	Address Line 1		
Yes	360 MAIN STREET		
	Address Line 2		
	City	State	ZIP Code
	LAUREL	MD	20707
	Phone 1	Phone 2	Fax
	301-725-3232		
	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	--Select--		

TANK INFORMATION

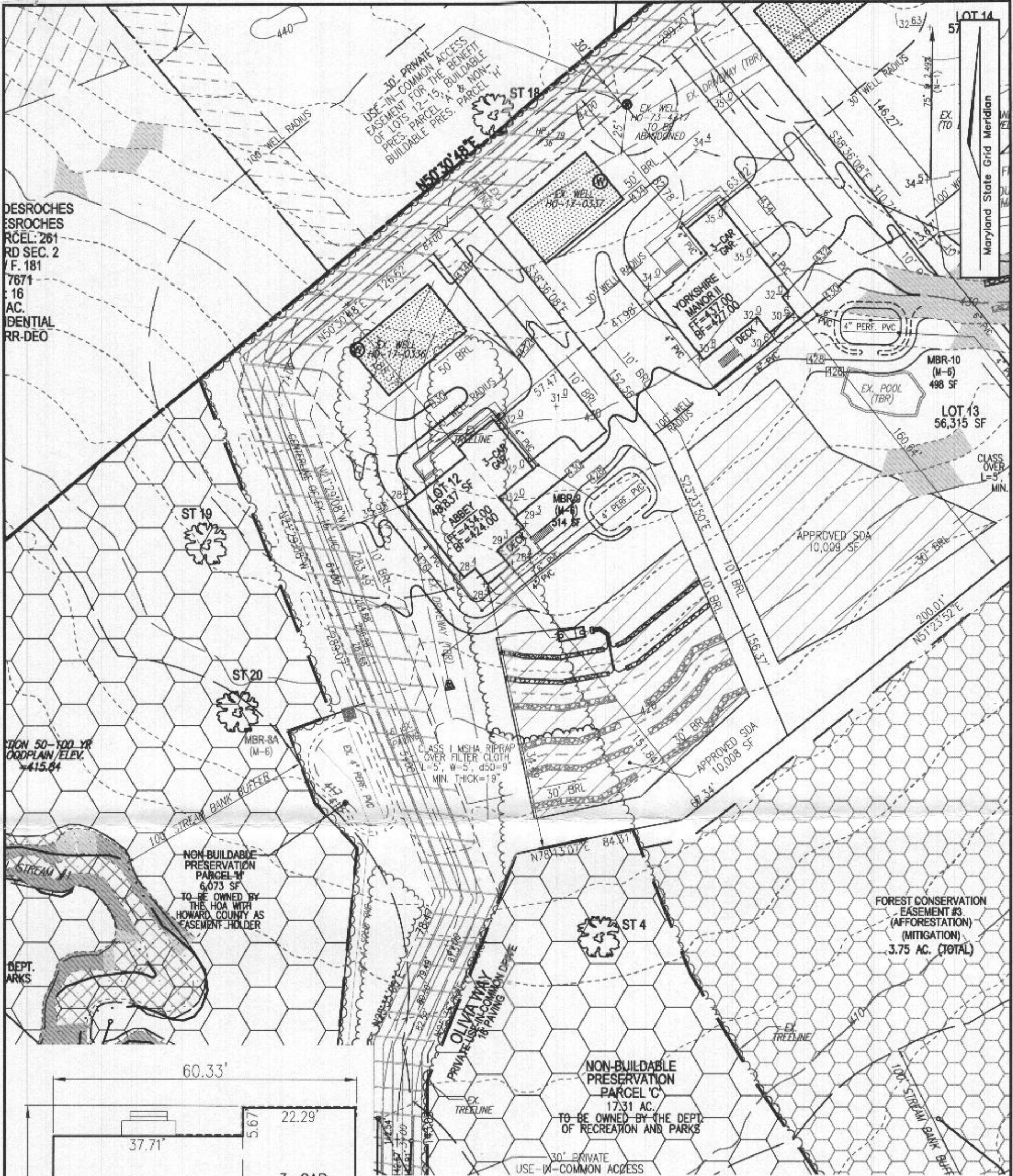
RESIDENTIAL TANK INFORMATION

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 *		
--Select--	1	0		
Water Supply	Sewage Disposal	Expiration Date	Relocate Existing Tank *	
Private	Private	8/3/2022	0	

PAYMENT INFORMATION

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

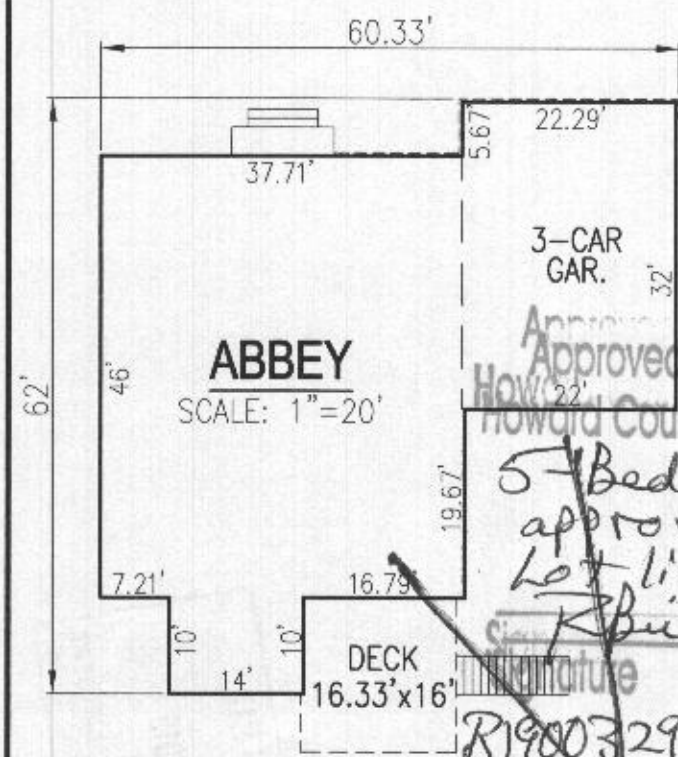
Submit Cancel



DESROCHES
DESROCHES
RCEL: 261
RD SEC. 2
F. 181
7671
16
AC.
IDENTIAL
RR-DEO

SECTION 50-100 YR
WOODPLAIN/ELEV.
=415.64

DEPT.
PARKS



SITE PLAN
SCALE: 1"=50'

OWNER

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

DEVELOPER

TRINITY HOMES MARY LAND, LLC
3675 PARK AVENUE, SUITE 301
ELLCOTT CITY, MD 21043
(410) 480-0023

Approved Septic System Plan
Howards County Health Department

5 Bedroom SFD -
approved as illustrated
Lot limited to 5 Bedrooms
K. Bueker
10/10/19
Data
819003295
Super Codes
02/27/21

**ROBERT H. VOGEL
ENGINEERING, INC.**
ENGINEERS • SURVEYORS • PLANNERS
3300 N. RIDGE ROAD, SUITE 110
ELLCOTT CITY, MD 21043
TEL: 410.461.7666
FAX: 410.461.8961

SCALE AS SHOWN
DRAWN BY JMR
CHECKED BY RHV
DATE MAY 03, 2019
W. O. # 15-39
SHEET# 1 OF 3

PLOT PLAN
THE ESTATES AT RIVER HILL - LOT 12
13600 OLIVIA WAY
HIGHLAND, MD 20777

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

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

Material	Specification	Size	Notes
Plantings	see Appendix A, Table A.4	n/a	plantings are site-specific
Planting soil [2' to 4' deep]	loamy sand (60 - 65%) & compost (35 - 40%) or sandy loam (30%), coarse sand (30%) & compost (40%)	n/a	USDA soil types loamy sand or sandy loam; clay content < 5%
Organic content	Min. 10% by dry weight (ASTM D 2974)		
Mulch	shredded hardwood		aged 6 months, minimum; no pine or wood chips
Pea gravel diaphragm	pea gravel: ASTM-D-448	NO. 8 OR NO. 9 (1/8" TO 3/8")	
Curtain drain	ornamental stone: washed cobbles	stone: 2" to 5"	
Geotextile		n/a	PE Type I nonwoven
Gravel (underdrains and infiltration berms)	AASHTO M-43	NO. 57 OR NO. 6 AGGREGATE (3/8" to 3/4")	
Underdrain piping	F 758, Type PS 28 or AASHTO M-278	4" to 6" rigid schedule 40 PVC or SDR35	Slotted or perforated pipe; 3/8" perf. @ 6" on center, 4 holes per row; minimum of 3" of gravel over pipes; not necessary underneath pipes. Perforated pipe shall be wrapped with 1/2-inch galvanized hardware cloth
Poured in place concrete (if required)	MSHA Mix No. 3; $f_c = 3500$ psi @ 28 days, normal weight, air-entrained; reinforcing to meet ASTM-615-60	n/a	on-site testing of poured-in-place concrete required: 28 day strength and slump test; all concrete design (cast-in-place or pre-cast) <i>not using previously approved State or local standards</i> requires design drawings sealed and approved by a professional structural engineer licensed in the State of Maryland - design to include meeting ACI Code 350.R/89; vertical loading [H-10 or H-20]; allowable horizontal loading (based on soil pressures); and analysis of potential cracking
Sand	AASHTO-M-6 or ASTM-C-33	0.02" to 0.04"	Sand substitutions such as Diabase and Graystone (AASHTO) #10 are not acceptable. No calcium carbonated or dolomitic sand substitutions are acceptable. No "rock dust" can be used for sand.

OPERATION AND MAINTENANCE SCHEDULE FOR (M-6) MICROBIORETENTION AREAS

1. ANNUAL MAINTENANCE OF PLANT MATERIAL, MULCH LAYER AND SOIL LAYER IS REQUIRED. MAINTENANCE OF MULCH AND SOIL IS LIMITED TO CORRECTING AREAS OF EROSION OR WASH OUT. ANY MULCH REPLACEMENT SHALL BE DONE IN THE SPRING. PLANT MATERIAL SHALL BE CHECKED FOR DISEASE AND INSECT INFESTATION AND MAINTENANCE WILL ADDRESS DEAD MATERIAL AND PRUNING. ACCEPTABLE REPLACEMENT PLANT MATERIAL IS LIMITED TO THE FOLLOWING: 2000 MARYLAND STORMWATER DESIGN MANUAL VOL. II, TABLE A.4.1 AND 2.
2. SCHEDULE OF PLANT INSPECTION WILL BE TWICE A YEAR IN SPRING AND FALL. THIS INSPECTION WILL INCLUDE REMOVAL OF DEAD AND DISEASED VEGETATION CONSIDERED BEYOND TREATMENT, TREATMENT OF ALL DISEASED TREES AND SHRUBS AND REPLACEMENT OF ALL DEFICIENT STAKES AND WIRES.
3. MULCH SHALL BE INSPECTED EACH SPRING. REMOVE PREVIOUS MULCH LAYER BEFORE APPLYING NEW LAYER ONCE EVERY 2 TO 3 YEARS.
4. SOIL EROSION TO BE ADDRESSED ON AN AS NEEDED BASIS WITH A MINIMUM OF ONCE PER MONTH AND AFTER HEAVY STORM EVENTS.

MICROBIORETENTION NOTES:

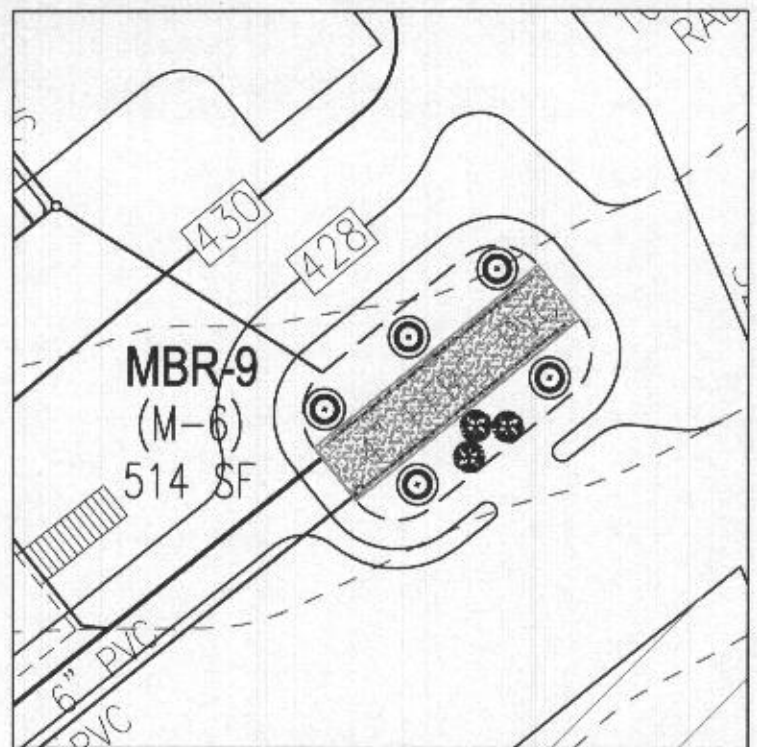
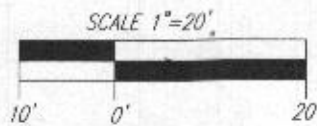
1. ONLY THE SIDES OF MICROBIORETENTION ARE TO BE WRAPPED IN FILTER FABRIC. FILTER FABRIC BETWEEN LAYER OR AT THE BOTTOM OF THE MICROBIORETENTION WILL CAUSE THE MBR TO FAIL, AND THEREFORE SHALL NOT BE INSTALLED.
2. WRAP THE PERFORATED MBR UNDERDRAIN PIPE WITH 1/4" MESH (4x4) OR SMALLER GALVANIZED HARDWARE CLOTH.
3. PROVIDE 5' MINIMUM SPACING BETWEEN UNDER DRAIN AND PERFERATED PIPE THROUGH STONE RESERVOIR OR SPACE PIPE EQUALLY ACROSS BOTTOM FOR SMALL BIOS. (SEE PLANS)

"MICRO-BIORETENTION" PLANTING SCHEDULE NOTES:

1. ALL PLANT MATERIALS SHALL BE FULL AND HEAVY, BE WELL FORMED AND SYMMETRICAL, CONFORM TO THE MOST CURRENT AAN SPECIFICATIONS AND BE INSTALLED IN ACCORDANCE WITH HOWARD COUNTY PLANTING SPECIFICATIONS.
2. CONTRACTOR SHALL VERIFY LOCATION OF ALL UNDERGROUND UTILITIES PRIOR TO DIGGING.
3. FINAL LOCATION OF PLANT MATERIAL MAY NEED TO VARY TO MEET FINAL FIELD CONDITIONS. TREES SHALL NOT BE PLANTED IN THE BOTTOM OF DRAINAGE SWALES.
4. CONTRACTOR SHALL VERIFY PLANT QUANTITIES PRIOR TO BIDDING. IF PLAN DIFFERS FROM LANDSCAPE SCHEDULE, THE PLAN SHALL GOVERN.
5. MICROBIORETENTION AREAS ARE TO BE PLANTED BASED ON A MINIMUM DENSITY OF 1000 STEMS PER PLANTED ACRE (0.229 STEMS PER SQUARE FOOT). ABOVE PLANTING RATIOS ARE TO BE APPLIED TO THE AREAS PROVIDED IN THE ESDv SUMMARY.
6. FILTER AREA SHALL BE 50% COVERED BY PLANTINGS AT FULL GROWTH

KEY	QTY	BOTANICAL NAME/COMMON NAME	SIZE	REMARKS
	5	LINDERA BENZOIN SPICEBUSH	3 GALLON	CONT
	3	ILEX GLABRA INKBERRY	3 GALLON	CONT
	200 SF	LOBELIA CARDINALIS CARDINAL FLOWER	2" POT	1" O.C.

1. SF x 0.0229 STEMS PER SQUARE FOOT = PLANTS REQUIRED
2. PLANTINGS REQUIRED: 7
3. (50 SF) CARDINAL FLOWER = 1 PLANTING UNIT



MBR-9 PLANTING DETAIL (514 SF)
SCALE: 1"=20'

ROBERT H. VOGEL ENGINEERING, INC.
ENGINEERS • SURVEYORS • PLANNERS
3300 N. RIDGE ROAD, SUITE 110 TEL: 410.461.7666
ELLCOTT CITY, MD 21043 FAX: 410.461.8961

OWNER
ESTATES AT RIVER HILL, LLC
MICHAEL PFAU, MEMBER
3675 PARK AVENUE, SUITE 301
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DEVELOPER
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