

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Tanks	B22004254	11/15/2022
Description of Work		
SFD//INSTALL (1) 1000 GAL UNDERGROUND PROPANE TANK		

[check spelling](#)

Address * (This section is required.)

Approved 11/17/22
AW

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
13609	NOBLE	WAY	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.9576	39.19631
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
11059890	0389	48991	241200	241200	0	RURAL

Legal Description
LOT 7 48,991 SQ[]13609 NOBLE WAY[]THE ESTATES @ RIVER HILL

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
17	7	605101	5				
Plan Area	State Tax Id	Subdivision Name					
	1405601935	The Estates at River Hill					
Section	Area	Tax Map					
		34					
Grid	Zoning District	ADC Map					
34-17	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 checked="" 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							

Owner * (This section is required.)

Search Reset Clear

Name *

ESTATES AT RIVER HILL LLC

Address Line 1

3675 PARK AVE

Address Line 2

STE 301

Address Line 3

Mail City

ELLICOTT CITY

Mail State

MD

Mail Zip Code

21043

Phone

301-725-3232

E-mail

Primary

Yes

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

Date: 10/24/19

To: Robert Bucher Health Dept
(Person's Name and Division)

From: Tim Keane, Trinity Homes 443,324-9806
(Your Name, Company Name and Telephone Number)

Subject: Project name Estates at River Hill lot 4
Project site address ~~13605, 13601, 13603, 13605, 13607, 13609~~ 13621, 13617, 13613, 13609,
Permit # B-19003289 SDP # 13605, 13601
Other information pertinent to this project B19003289, 90, 91, 92, 93 94 Highland NOBLE WAY

- 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
 - 2 Copies of Plot Plans to Scale (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)

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. 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 LLP

Health Department

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: *13609 Noble Way*, Potential Basement Bedroom

DATE: November 16, 2021

I have reviewed the floor plans in support of Building Permit **B19003292** for a new home at **13609 Noble 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.



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 10:11
Date Received: _____

Permit No.: **B1900329**

Building Address: **13609 NOBLE WAY**
City: **HIGHLAND** State: **MD** Zip Code: **20777**
Suite/Apt. #: _____ SDP/WP/BA #: **GP-19-080**
Subdivision: **ESTATES at River Hill**
Lot: **7** 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, 6 Bedrooms, 3 1/2 Bath, SITTING ROOM, 14x18' 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: _____

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: 66'0" x 54'0"
Area of construction (sq. ft.):	2nd floor: 66'52" x 54'
Use group:	Basement: <input type="checkbox"/> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement
Construction type:	<input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: 5
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units:
<input type="checkbox"/> Wood Frame	No. of 1 BR units:
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: **ESTATES at River Hill, LLC**
Address: **3675 Park Ave**
City: **FC** State: **MD** Zip Code: **21043**
Phone: **443.324-9806** x: **410.480.00**
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**
Contact Person: **Jim Keane**
Address: **3675 Park Ave**
City: **FC** State: **MD** Zip Code: **21043**
License No.: **7646**
Phone: **443.324-9806** x: **410.480.0013**
Email: **TKeane@TrinityHomes.com**

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

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: Fireplace	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	619000136
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: _____
Title/Company: _____

Print Name: **Tim Keane**
Date: **9/27/19**
RECEIVED
SEP 27 2019

LICENSES & PERMITS DIVISION

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	11/4/19	<i>[Signature]</i>

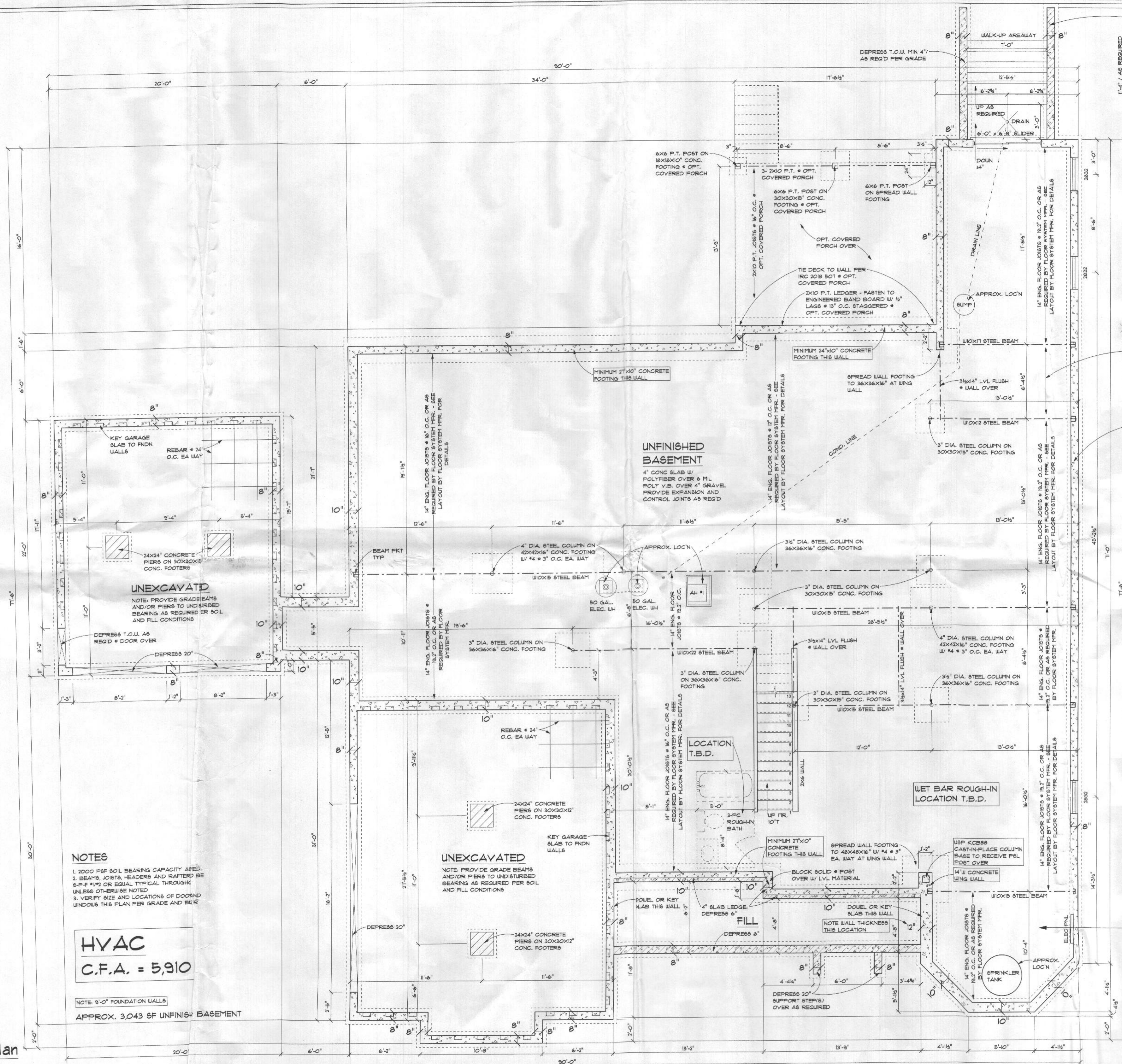
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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	\$ 100
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# 002629

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

KEEP B1900329 END SITE PLAN



NOTE: PLUMBER PASSIVE RADON SYSTEM
 3" PVC PIPE VENTED THROUGH ROOF (LOCATION PER PLUMBER)

HVAC: EQUIPMENT - GOODMAN
 ZONE 1: 92% EFFICIENCY PROPANE GAS FURNACE WITH 14 SEER A/C UNIT 5 TON
 ZONE 2: 14 SEER HEAT PUMP 4 1/2 TON
 *VENT RANGE HOOD TO EXTERIOR

14" ENG. FLOOR JOISTS @ 19.2" O.C. OR AS REQUIRED BY FLOOR SYSTEM MFR.

NOTE: FOOTING SIZES CALLED ARE CALCULATED BASED ON ACTUAL BUILDING WEIGHTS AND DESIGN LOADS

MINIMUM 8" REINFORCED CONCRETE FOUNDATION WALL - THICKNESS PER GRADE & SOIL CONDITIONS AND LOCAL CODES - ON MINIMUM 11"x8" CONCRETE FOOTING U.O.N.

- NOTES**
1. 2000 PBF SOIL BEARING CAPACITY AFTER
 2. BEAMS, JOISTS, HEADERS AND RAFTERS BE 8-F # 1/2 OR EQUAL TYPICAL THROUGH UNLESS OTHERWISE NOTED
 3. VERIFY SIZE AND LOCATIONS OF DOOR AND WINDOWS THIS PLAN PER GRADE AND BUR

HYAC
 C.F.A. = 5,910

NOTE: 9'-0" FOUNDATION WALLS
 APPROX. 3,043 SF UNFINISH BASEMENT

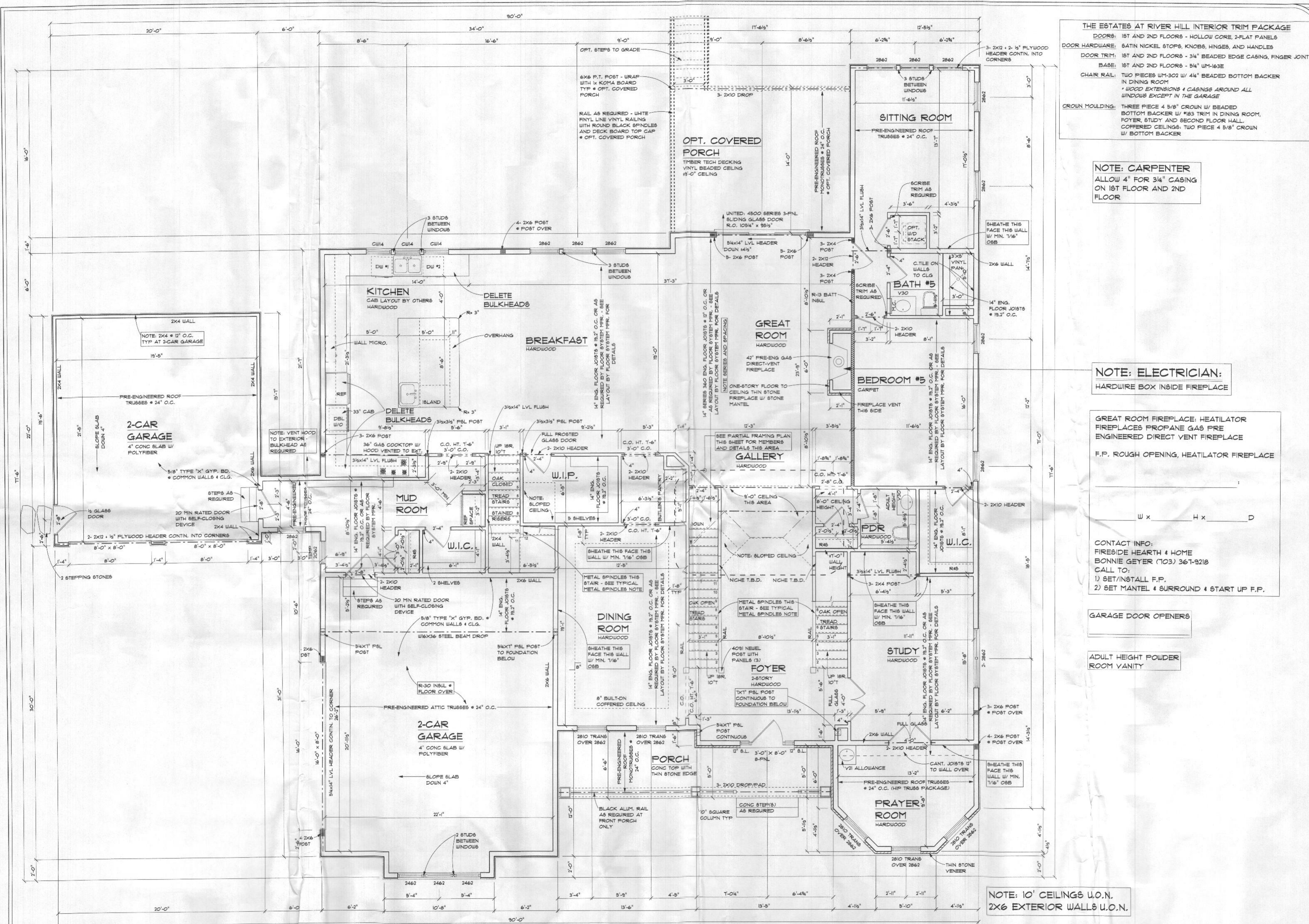
NOTE: 9'-0" FOUNDATION WALLS

NOTE: ENGINEERED FLOOR JOISTS TO BE MINIMUM WYERHAEUSER TJI 210 SERIES OR EQUAL UNLESS OTHERWISE NOTED. FLOOR JOISTS TO BE DESIGNED FOR L/480 MAX DEFLECTION (L/840 * TILE/BRITTLE FINISHES) TYPICAL THROUGHOUT.

2018 CODE

Foundation Plan
 SCALE: 1/4" = 1'-0"

REVISIONS	
DATE	10-28-2021
SHEET NO.	A-3
	© 2021



THE ESTATES AT RIVER HILL INTERIOR TRIM PACKAGE

DOORS: 1ST AND 2ND FLOORS - HOLLOW CORE 2-FLAT PANELS

DOOR HARDWARE: SATIN NICKEL STOPS, KNOBS, HINGES, AND HANDLES

DOOR TRIM: 1ST AND 2ND FLOORS - 3/4" BEADED EDGE CASING, FINGER JOINT BASE, 1ST AND 2ND FLOORS - 5/4" UM-163E

CHAIR RAIL: TWO PIECES UM-1302 W/ 4/4" BEADED BOTTOM BACKER IN DINING ROOM
* WOOD EXTENSIONS 4 CASINGS AROUND ALL WINDOWS EXCEPT IN THE GARAGE

CROWN MOULDING: THREE PIECE 4 5/8" CROWN W/ BEADED BOTTOM BACKER W/ 1/8" TRIM IN DINING ROOM, FOYER, STUDY AND SECOND FLOOR HALL, COFFERED CEILING; TWO PIECE 4 5/8" CROWN W/ BOTTOM BACKER

NOTE: CARPENTER
ALLOW 4" FOR 3/4" CASING ON 1ST FLOOR AND 2ND FLOOR

NOTE: ELECTRICIAN:
HARDWARE BOX INSIDE FIREPLACE

GREAT ROOM FIREPLACE: HEATILATOR FIREPLACES PROPANE GAS PRE ENGINEERED DIRECT VENT FIREPLACE

F.P. ROUGH OPENING, HEATILATOR FIREPLACE

CONTACT INFO:
FIRESIDE HEARTH & HOME
BONNIE GEYER (703) 367-9218
CALL TO:
1) SET/INSTALL F.P.
2) SET MANTEL & SURROUND & START UP F.P.

GARAGE DOOR OPENERS

ADULT HEIGHT POWDER ROOM VANITY

NOTE: 10' CEILINGS U.O.N.
2X6 EXTERIOR WALLS U.O.N.

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

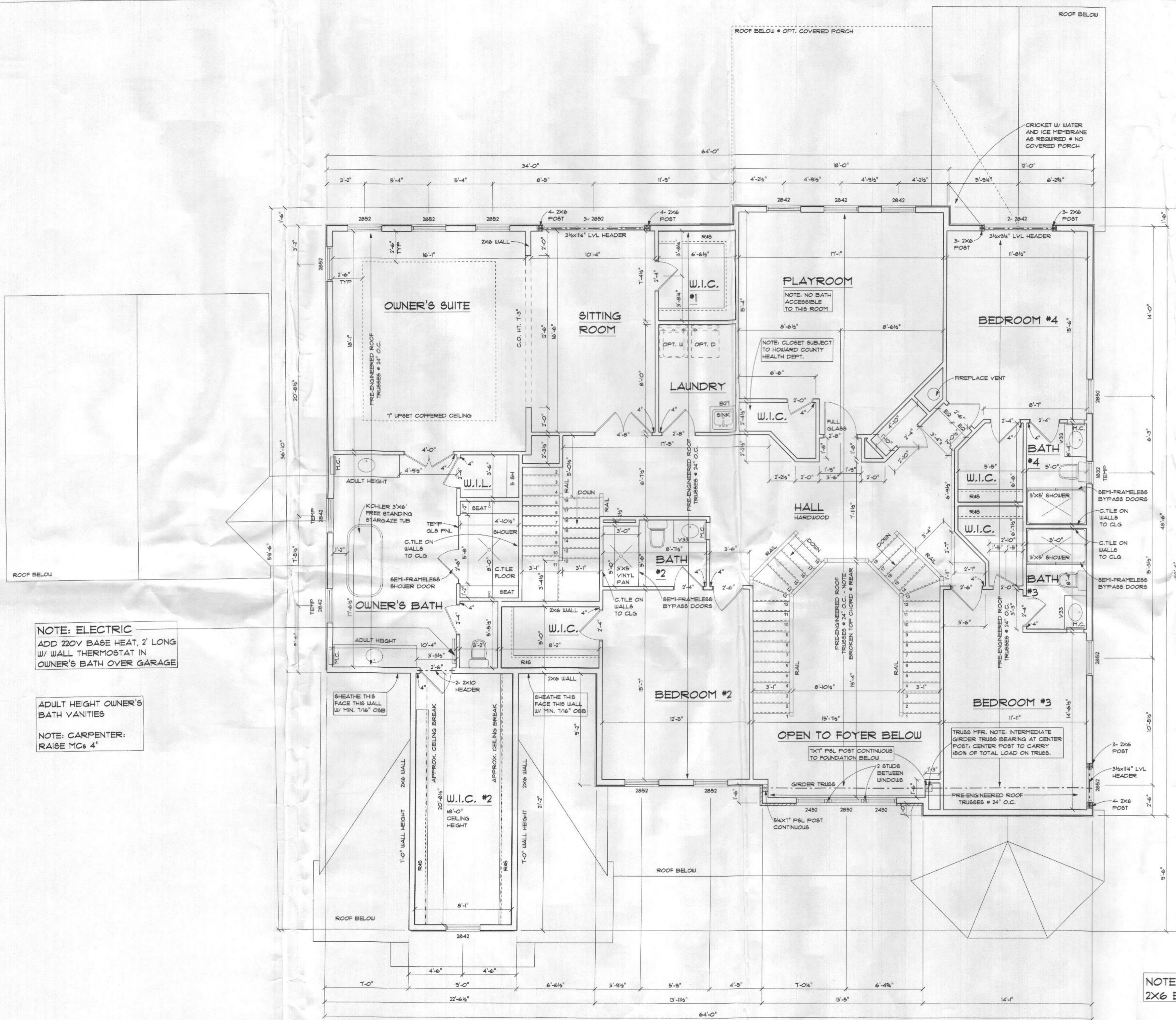
NOTE: 10'-1/8" WALL HEIGHT
ANGLES AS DECREASED TYP U.O.N.
APPROX. 3,093 SF 1ST FLOOR

TYPICAL METAL SPINDLES
INCLUDES SATIN BLACK IRON BASKET AND STRAIGHT BALUSTERS FRONT & REAR STAIRS (PER PLAN)

NOTE: 7'-0" HI INTERIOR DOORS THIS FLOOR ONLY

NOTE: ENGINEERED FLOOR JOISTS TO BE MIN-UM KEY BRIMBAUER 1 1/2" SERIES OR EQUAL UNLESS OTHERWISE NOTED. FLOOR JOISTS TO BE DESIGNED FOR L/480 MAX DEFLECTION (L/540 = TILE/BRITTLE FINISHES) TYPICAL THROUGHOUT.

2018 CODE



NOTE: ELECTRIC
 ADD 220V BASE HEAT, 2' LONG
 W/ WALL THERMOSTAT IN
 OWNER'S BATH OVER GARAGE

ADULT HEIGHT OWNER'S
 BATH VANITIES
 NOTE: CARPENTER:
 RAISE MCs 4"

NOTE: 9'-1/4" WALL HEIGHT U.O.N.
 ANGLES 45 DEGREES TYP U.O.N.

APPROX. 2,811 SF 2ND FLOOR
 APPROX. 218 SF OPEN FOYER
Second Floor Plan
 SCALE: 1/4" = 1'-0"

NOTE: 6'-8" HI INTERIOR DOORS THIS FLOOR ONLY

NOTE: 9' CEILINGS U.O.N.
 2X6 EXTERIOR WALLS

REVISIONS	
DATE	10-28-2021
SHEET NO.	A-5
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2018 CODE

The Berkshire III