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FEB 22 2007

LICENSES & PERMITS  
DIVISION

CK 4734

Inv. 92092

\$25.00

Howard County Permits  
Ms Avis Corbin

RE: 14050 Triadelphia Rd  
B07000295

Dear Avis Corbin,

We are submitting a revised site plan for permit #B07000295.  
The owner adjusted the house location within the limits of disturbance.  
Only the location of the house has changed.  
The revised grading plan was signed off by Soil Conservation on 2/20  
Grading permit had not been applied for since the plan revised before we could submit it.

Attached is the revised site plan

Sincerely;

Mark Stevens  
Stevens Builders, Inc.  
Vice President

cc: sediment control  
health  
zoning  
Engineering

<small>DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800</small>	<h2 style="margin:0;">HOWARD COUNTY PERMIT APPLICATION</h2>	<h2 style="margin:0;">PERMIT NUMBER</h2> <p style="font-size: 2em; margin:0;">B0700 4468</p>
Building Address <u>10400 Trumbull Mill Road</u> <u>Darwin Md 21036</u>	Property Owner's Name <u>Capitol</u>	Address <u>6401 Greenfield Rd</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	City <u>Darwin</u> State <u>Md</u> Zip Code <u>21036</u>	Home Phone <u>(301) 844-1451</u> Work Phone _____
Census Tract <u>105001</u> Subdivision <u>Darwin</u>	Applicant's Name & Mailing Address, (if other than stated hereon):	
Section _____ Area _____ Lot _____	Phone _____ Fax _____	
Tax Map <u>37</u> Parcel <u>115</u> Grid <u>24</u>	Contractor Company <u>Ames Building</u>	
Zoning <u>RR</u> Map Coordinates _____ Lot size <u>5A</u>	Contact Person <u>Paul / Michael P. Lock</u>	
Existing Use <u>10 Single Unit</u>	Address <u>8022R Upper Road</u>	
Proposed Use <u>Single Family Home 1000sq</u>	City <u>Darwin</u> State <u>Md</u> Zip Code <u>21036</u>	
Estimated Construction Cost \$ <u>3500</u>	License No. <u>60603</u>	
Description of Work <u>Removal of 1000sq 1P Unit</u>	Phone <u>(301) 662-4101</u> Fax <u>(301) 662-1719</u>	
Occupant or Tenant _____	Engineer or Architect Company _____	
Contact Name _____	Contact Person _____	
Address _____	Address _____	
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____	
Phone _____ Fax _____	Phone _____ Fax _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>	BUILDING DESCRIPTION - <u>RESIDENTIAL</u>								
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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.

[Signature]  
 Applicant's Signature

Paul Lock  
 Print Name

11/19/07  
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY SIDE	
Land Development DPZ State Highway Building Official Dep. Engineering DPZ Health Fire Protection Is Sediment Control approved required prior to issuance? <input type="checkbox"/> YES <input type="checkbox"/> NO	<u>11/19/07</u>	<u>[Signature]</u>	Front: _____ Rear: _____ Side: _____ Side 2: _____ All impervious surfaces met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone SDP/Red line approval date _____	Filing fee \$ _____ Permit fee \$ <u>148.00</u> Excise fee \$ _____ Advt. per. fee \$ _____ <b>TOTAL FEES</b> \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # _____ Valuation \$ _____	Accepted by _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>					
ONE STOP SHOP: <input type="checkbox"/>					
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA					



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NEW OXFORD, PENNSYLVANIA 17350-1296  
(717) 624-4311 FAX (717) 624-5850

**Distance from Tank to:**

- A Corner of House: 19'
- B Corner of House: 41'
- C Well: 197'
- D Septic Tank: 87'
- E Septic Field: 81'
- F Front Property Line: 406'
- G Left Property Line: 271'
- H Right Property Line: 27'
- I Rear Property Line: 271'

14050 Triadelphia mill

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B07000295

Building Address 1405 TRIAD DELAWARE MILL  
ROAD DAYTON, MD 21036  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name GARY & FAMILY BEALL  
Address 5401 GREEN BRIDGE ROAD  
City DAYTON State MD Zip Code 21036  
Home Phone 301 854 0455 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use VACANT LOT  
Proposed Use NEW SINGLE FAMILY HOME  
Estimated Construction Cost \$ 600,000  
Description of Work 1 GARY 2800 SQ FT HOME  
w/ 2 CAR GARAGE, FINISHED B.M.T  
w/ BATH - REAR DECK/MASONRY F.P.  
1 BRD 1-1/2 BATH - MAIN FLOOR

Contractor Company STEVENS BUILDERS INC  
Contact Person MARK STEVENS  
Address 3905 NATIONAL DR. S. 100  
City BURTONSVILLE State MD Zip Code 20806  
License No. MIBR # 86  
Phone 410 984 7196 Fax 301 421 9051

Occupant or Tenant N/A  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company STEVENS BUILDERS  
Contact Person MARK  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
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 _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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 _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>66</u> Depth <u>81</u> Width <u>81</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>NA</u>	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: <u>66</u> <u>81</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms <u>2</u>	Propane Gas <input type="checkbox"/>
Height: <u>48</u>	Sprinkler system: N/A <input checked="" type="checkbox"/>
Multi-family dwellings: _____	NFPA #13D _____
No. of efficiency units: _____	NFPA #13R _____
No. of 1 BR units: _____	Other: _____
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
State Certified Modular _____	
Manufactured Home _____	

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 V.P. STEVENS BUILDERS INC.  
Title/Company

Print Name MARK STEVENS  
Date \_\_\_\_\_

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

FOR OFFICE USE ONLY			
AGENCY	DATE	SIGNATURE APPROVAL	PROPERTY ID#
Land Development DEZ			
State Highway			
Building Office			
Dev. Engineering DEZ			
Health			
Fire Protection			
Is Seismic Critical (Special Seismic Code Requirements)?			
YES <input type="checkbox"/> NO <input type="checkbox"/>			
CONTINGENCY CONSTRUCTION COST			
ONE STOP SHOP <input type="checkbox"/>			
Distribution of Copies			
1 Form PERMIT PRM			