

PERMIT NUMBER: B

22000234

DATE ACCEPTED:

01/24/22



RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4

www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

Street Address: 13550 Tridelphia Mill Rd. Unit:
City: Clarksville State: MD Zip Code: 21029
Subdivision/Village/Complex Name: SDP/WP/BA #:
Lot: 3 Tax Map: Parcel: 0430 Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: Proposed Use: Estimated Cost: \$ 90,000
Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing None
Retaining wall, Railing, Storage measurements 29'4" x 30' 4" 110' x 4'9"

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Primary Residence: Yes No
Owner's Street Address: 13550 Tridelphia Mill Rd
City: Clarksville State: MD Zip Code: 21029
Phone: 301-306-1051 Email:

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Contact Name:
Street Address:
City: State: Zip Code:
Phone: Email:

CONTRACTOR INFORMATION REQUIRED

Business Name: Licensee's Name: License #:
Street Address:
City: State: Zip Code:
Phone: Email:

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: Name:
Street Address:
City: State: Zip Code:
Phone: Email:

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: SF Dwelling SF Townhouse SF Duplex Mobile Home Multi-Family Dwelling (MF\*) Condo: Yes No
Utilities: Electric Gas Water Supply: Public Private (Well) Sewage Disposal: Public Private (Septic)
Heating System: Electric Natural Gas Propane Other: Fire Place Roadside Tree Project: No Yes: #
Sprinkler System: NFPA 13 NFPA 13R NFPA 13D None Fire Alarm System: Yes No Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options:
# of Bedrooms (SF): # of efficiency units (MF\*): # of 1 BR (MF\*): # of 2 BR (MF\*): # of 3 BR (MF\*):
# Rooms: # Full Baths: # Half Baths: # Fireplaces:
Garage/Carport Info: Attached Garage Detached Garage Integral Garage Carport None
Basement/Foundation Info: Slab on Grade Post & Pier Unfinished Basement Finished Basement: Full or Partial
1st Fl Width: 1st Fl Depth: 2nd Fl Width: 2nd Fl Depth: Bsmt Width: Bsmt Depth:
Energy Method: Prescriptive Performance UA Alternative ERI Gross Area: sq ft Occupiable Area: sq ft

AGREEMENT/ DISCALIMER REQUIRED

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 ORIGINAL SIGNATURE DATE SIGNED 01/24/22

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:
PR DPZ DED Health SHA CID
SUBMITTAL FEES: \$1500 PAYMENT: ACCEPTED BY:

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**

Building Address: 3550 Triadelphia Mill Rd.  
Clarksville MD 21029

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot Size \_\_\_\_\_

Property Owner's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

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

Existing Use \_\_\_\_\_  
 Proposed Use \_\_\_\_\_  
 Estimated Construction Cost \$ \_\_\_\_\_

Description of Work \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

Contractor Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

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

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

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

<u>Building Characteristics</u>	<u>Utilities</u>
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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads

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

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 \_\_\_\_\_

Print Name \_\_\_\_\_

Title/Company \_\_\_\_\_

Date \_\_\_\_\_

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

**\*\*PLEASE WRITE NEATLY AND LEGIBLY.\*\***

**- FOR OFFICE USE ONLY -**

**AGENCY** Land Development, DPZ **DATE** 11-10-11 **SIGNATURE APPROVAL** Dana Benard

**DPZ SETBACK INFORMATION**

Front: \_\_\_\_\_

**Filing fee** \$ \_\_\_\_\_

**State Highways** \_\_\_\_\_

Rear: \_\_\_\_\_

**Permit fee** \$ \_\_\_\_\_

**Building Officials** \_\_\_\_\_

Side: \_\_\_\_\_

**Excise tax** \$ \_\_\_\_\_

**Dev. Engineering, DPZ** \_\_\_\_\_

Side St.: \_\_\_\_\_

**Add'l per fee** \$ \_\_\_\_\_

**Health** 11-10-11 Dana Benard

All minimum setbacks met?

**TOTAL FEES** \$ \_\_\_\_\_

**Fire Protection** \_\_\_\_\_

YES  NO

**Sub-total paid** \$ \_\_\_\_\_

Is Sediment Control approval required prior to issuance?  
 YES  NO

Is Entrance Permit Required?  
 YES  NO

**Balance due** \$ \_\_\_\_\_

Historic District?  
 YES  NO

**Check** # \_\_\_\_\_

Lot Coverage for New Town Zone \_\_\_\_\_

**Validation** # \_\_\_\_\_

SDP/Red-line approval date \_\_\_\_\_

Accepted by \_\_\_\_\_

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
1300142264

Building Address 13550 Tridelphia Mill Rd  
Clarksville MD 21029

Suite/Apt. # \_\_\_\_\_ SDP/WP/Petition # \_\_\_\_\_

Census Tract 605101 Subdivision Thaler Est

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 1

Tax Map 28 Parcel 64 Grid 20

Zoning RR Map Coordinates 13116 Lot size \_\_\_\_\_

Property Owner's Name Michael Landner

Address 13550 Tridelphia Mill

City Clarksville State MD Zip Code 21049

Home Phone 410 531 9511 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

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

Existing Use S.F.D.

Proposed Use SFD w/ addition

Estimated Construction Cost \$ 50,000

Description of Work 300 sq addition to  
elarge office, kitchen, Breakfast room  
and Butlers pantry in com/su

Contractor Company Robson's Remodeling

Contact Person Craig Robson

Address 5416 Simpkins Ct.

City RLC State MD Zip Code 21043

License No. 42108

Phone 465 7326 Fax 465 8176

Occupant or Tenant Same as owners

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

Address \_\_\_\_\_

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

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

Engineer or Architect Company \_\_\_\_\_

Contact Person Dan Ball

Address \_\_\_\_\_

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

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

BUILDING DESCRIPTION - <u>COMMERCIAL</u>	
<u>Building Characteristics</u>	<u>Utilities</u>
Height _____	Water Supply: Public _____ Private _____
No. of stories _____	Sewage Disposal: Public _____ Private _____
Onyx 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 _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Structural Steel _____	Natural Gas <input type="checkbox"/>
Masonry _____	Propane Gas <input type="checkbox"/>
Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/>
State Certified Modular _____	Full _____
	Partial _____
	Other Suppression _____
	# of Heads _____

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

I, 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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]

Owner/Robson's Remodeling

Title/Company \_\_\_\_\_

Print Name J. Craig Robson

Date 6/4/03

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official	<u>6/4/03</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>6/4/03</u>	<u>Karen Noman</u>
Fire Protection		
Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

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 NewTown Zone \_\_\_\_\_

SDP/Red-line approval date \_\_\_\_\_

PROPERTY ID#: 48017

Filing fee \$ 25

Permit fee \$ 50

Excise tax \$ 222

Add'l per. fee \$ \_\_\_\_\_

TOTAL FEES \$ 297

Sub-total paid \$ \_\_\_\_\_

Balance due \$ \_\_\_\_\_

Check # 4396

Validation # 26400

Accepted by [Signature]

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1850	<b>HOWARD COUNTY          RESIDENTIAL          HEATING-VENTILATION-AIR          CONDITIONING AND          REFRIGERATION PERMIT          APPLICATION</b>	HVACR PERMIT # <u>M11000672</u> BUILDING PERMIT # <u>10001419</u>
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BUILDING ADDRESS: <u>13550 Triadelphia Mill RD</u> SUITE/APT: _____ <u>Clarksville MD 21029</u> SUBDIVISION: _____ CENSUS TRACT: _____ SECTION: _____ AREA: _____ LOT: <u>1</u> TAX MAP: _____ PARCEL: _____ BLOCK: _____ ZONE: _____ PROPERTY ID: _____ MAP COORDINATES: _____ TYPE OF IMPROVEMENTS: _____ USE: _____	OWNERS NAME: <u>Willie White</u> ADDRESS: <u>13550 Triadelphia Mill RD</u> CITY: <u>Clarksville</u> STATE: <u>MD</u> ZIP CODE: <u>21029</u> HOME PHONE: _____ WORK PHONE: _____ <u>301-802-1081</u>
---	--

	<u>CHECK ONE</u>	<u>HOW MANY</u>		
SINGLE FAMILY DWELLING	<input checked="" type="checkbox"/>	<u>3</u>	ZONES	COMPANY NAME: <u>A Quality HVAC</u>
SINGLE FAMILY TOWNHOUSE	<input type="checkbox"/>	___	ZONES	LICENSEE NAME: <u>JOSHUA A D'ETZ</u>
MULTI-FAMILY / HOTEL/MOTEL	<input type="checkbox"/>	___	ROOMS	ADDRESS: <u>1824 Ridge RD</u>
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS)	<input type="checkbox"/>	___	ROOMS	CITY: <u>Westminster</u>
				STATE: <u>MD</u> ZIP CODE: _____
				PHONE: <u>410 7519700</u> HVACR LICENSE NO: <u>48393</u>

**New**

Heating and Air Conditioning     
  Heating System Only     
  Other Work (Describe): \_\_\_\_\_  
 Geo Thermal System     
  Ductless Mini Splits     
  Thru The Wall Systems

**Replacement**

Heating     
  Heating and Air Conditioning

**Additions and Alterations**

Heating  
 Air Conditioning  
 Heating and Air Conditioning

\*\*\*\*Replacement Geo Thermal Systems are not required; However, if a tax credit is being sought a permit is required\*\*\*\*

Zones	Rooms
Permit Fee = # of Zones x \$40 = <u>120.00</u> Technology Fee (10% of Permit Fee) = <u>12.00</u> Plus Application Fee <u>\$50.00</u> Total Fees Due = <u>182.00</u>	Permit Fee = # of Rooms x \$80 = _____ Technology Fee (10% of Permit Fee) = _____ Plus Application Fee \$50 <u>\$50.00</u> Total Fees Due = _____

I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AND KNOW IT IS TRUE AND CORRECT. THE WORK DESCRIBED HEREIN WILL BE PERFORMED BY A STATE HVACR LICENSED PERSON(S), AND ALL WORK WILL BE PERFORMED IN COMPLIANCE WITH APPLICABLE CODES AND STANDARDS OF HOWARD COUNTY THE STATE OF MARYLAND.

SIGNATURE OF LICENSEE: [Signature] DATE: \_\_\_\_\_  
 PRINT NAME OF LICENSEE: JOSHUA A D'ETZ  
 Email Address: JD'ETZ@AQUALITYHVAC.COM

<b>Validation</b>
Check Number: <u>10462</u> Cash: _____ Receipt Number: <u>296814</u>

Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

M11000672

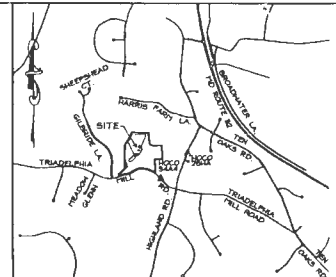
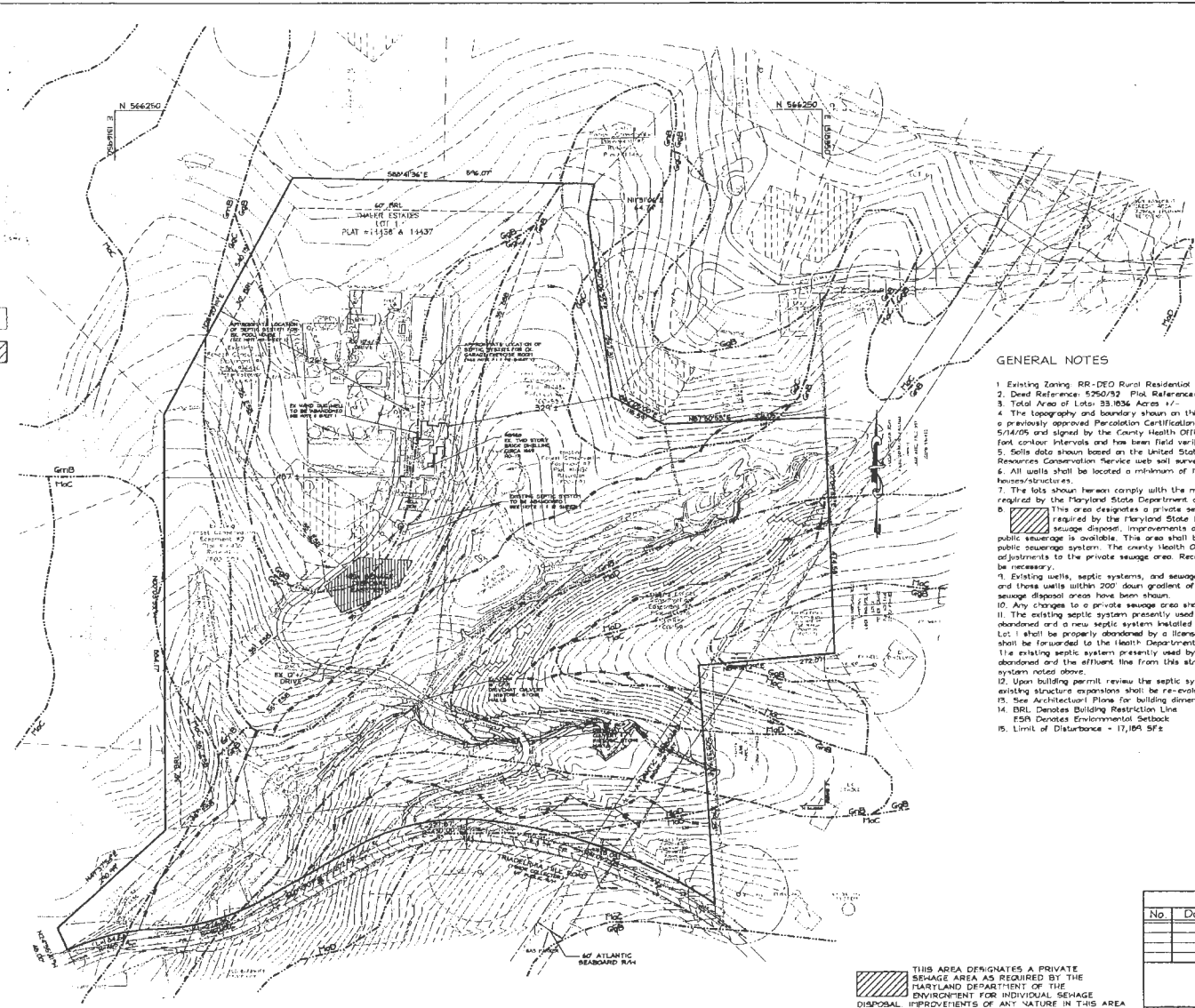
White Resid  
13550 Triadelphia  
Mill Rd

LEGEND

- MINOR CONTOUR - (2' INTERVAL)
- INDEX CONTOUR - (10' INTERVAL)
- SOILS BOUNDARY
- CL. STREAK/POUND
- 100' STREAM BANK BUFFER
- NON TIDAL WETLAND LIMIT
- WETLAND BUFFER
- EXIST. FOREST CONSERVATION EASEMENT
- 100 YR FLOOD PLAIN
- EXISTING DRIVEWAY
- EXISTING TRIFLINE
- PROPOSED TREE LINE
- APPROPRIATE LOCATION EXISTING SEPTIC BASEMENT PLAT 14436
- PROPOSED SEPTIC BASEMENT
- EXISTING WELL
- PROPOSED CONTOURS
- STEEP SLOPES (2% OR GREATER)
- PERC TEST PASSED (7/1/09)
- PERC TEST PASSED (6/14/05)
- PERC TEST FAILED (6/14/05)
- PERC TEST PASSED (12/16/09)
- EXISTING WELL
- PROPOSED PRIMARY WELL
- PROPOSED ALTERNATE WELL

EASEMENT LEGEND

- EXISTING 100-YR FOREST CONSERVATION EASEMENT



ADC Map 14-A-7 VICINITY MAP SCALE: 1"=200'

- SOILS LEGEND:
- GgB - Glenelg Loam, 3 to 6 percent slopes
  - GgC - Glenelg Loam, 6 to 15 percent slopes
  - GmB - Glenville Silt Loam, 3 to 6 percent slopes
  - GmC - Glenville-Silt loam, 6 to 8 percent slopes
  - MdC - Minor Loam, 6 to 15 percent slopes
  - MdD - Minor Loam, 15 to 25 percent slopes

GENERAL NOTES

1. Existing Zoning: RR-DED Rural Residential
2. Dead Reference: 5250/32 Plat Reference: 14436
3. Total Area of Lots: 25.836 Acres +/-
4. The topography and boundary shown on this plan is taken from a previously approved Percolation Certification Plan prepared by NJR & Associates dated 5/14/09 and signed by the County Health Officer on 8/8/09. Topography shown is at two foot contour intervals and has been field verified.
5. Soils data shown based on the United States Department of Agriculture Natural Resources Conservation Service web survey.
6. All wells shall be located a minimum of 15' from the road R14 & 30' from houses/structures.
7. The lots shown herein comply with the minimum lot area and ownership width as required by the Maryland State Department of the Environment.
8. This area designates a private sewage area of at least 10,000 square feet as required by the Maryland State Department of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted until public sewerage is available. This area shall become null and void upon connection to a public sewerage system. The County Health Officer shall have the authority to grant adjustments to the private sewage area. Recreational of a modified sewage area shall not be necessary.
9. Existing wells, septic systems, and sewage disposal areas within 100' of the property and those wells within 200' down gradient of existing or proposed septic systems or sewage disposal areas have been shown.
10. Any changes to a private sewage area shall require a revised perc certification plan.
11. The existing septic system presently used by the existing dwelling, #19590, shall be abandoned and a new septic system installed and the existing hand dug well located on Lot 1 shall be properly abandoned by a licensed well driller and the abandonment report shall be forwarded to the Health Department prior to final plat signature approval. The existing septic system presently used by the garage/exercise room on Lot 1 shall be abandoned and the effluent line from this structure shall be tied into the new septic system noted above.
12. Upon building permit review the septic systems for all proposed structures and/or existing structure expansions shall be re-evaluated to determine sufficient system capacity.
13. See Architectural Plans for building dimensions.
14. BRL Denotes Building Restriction Line
15. ESR Denotes Environmental Setback
16. Limit of Disturbance = 17,184 SF±

APPROVED: DEPARTMENT OF PLANNING AND ZONING

CHIEF, DEVELOPMENT ENGINEERING DIVISION \_\_\_\_\_ DATE \_\_\_\_\_

CHIEF, DIVISION OF LAND DEVELOPMENT \_\_\_\_\_ DATE \_\_\_\_\_

REVISIONS

No.	Date	Description

LDE Inc.

Engineers, Surveyors, Planners  
1716 Annapolis Road, Suite 100, Columbia, Maryland 21045  
(410) 731-1000 / (410) 731-1001 FAX: (410) 731-1001

DESIGNER	EDS	SCALE	1"=100'
DRAWN	LDE	CHECKING	1 of 2
CHECKED	EDS	DATE	05-20-10
DATE	5/20/10	OWNER/DEVELOPER	Thaler Estates Hedgeout Farm LLC 13025 Lakeside Drive Clerksville, MD 20621-1025 (301) 922-1051

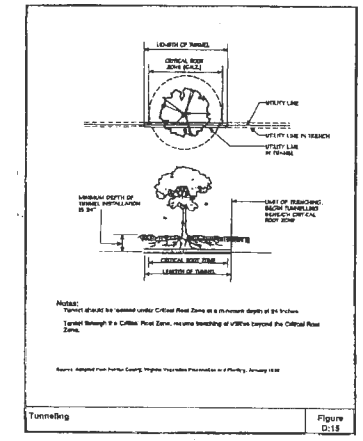
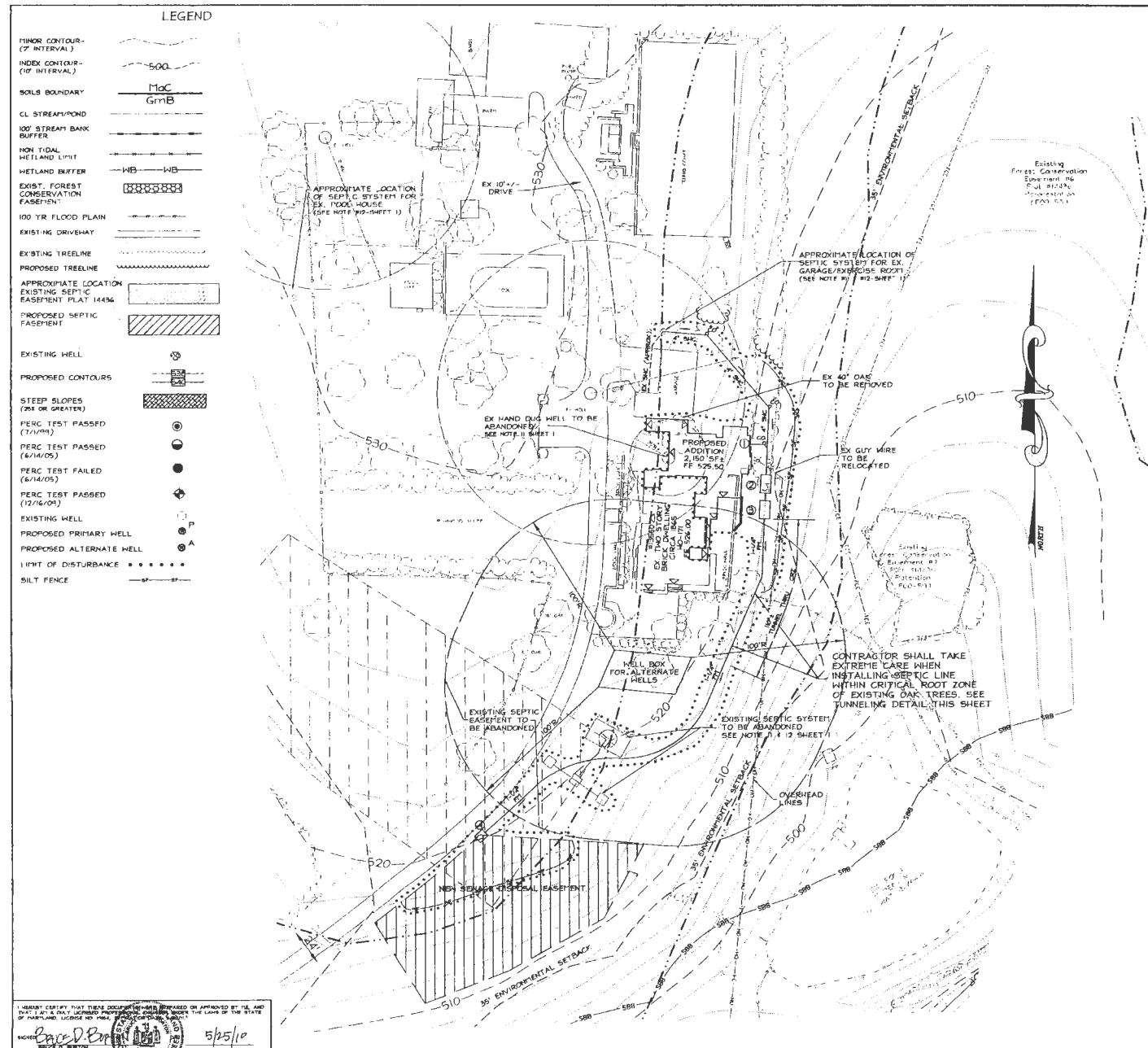
THIS AREA DESIGNATES A PRIVATE SEWAGE AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE BASEMENT.

NOTES:

1. The existing septic system presently used by the existing dwelling, #19590, shall be abandoned and a new septic system installed and the existing hand dug well located on Lot 1 shall be properly abandoned by a licensed well driller and the abandonment report shall be forwarded to the Health Department prior to final plat signature approval. The existing septic system presently used by the garage/exercise room on Lot 1 shall be abandoned and the effluent line from this structure shall be tied into the new septic system for noted above.
2. There are existing dwellings and structures located on Lot 1 to remain. No new buildings, extensions or additions to the existing dwelling and structures are to be constructed at a distance less than the Setback Regulations require.
3. The Additions proposed for Lot 1, as shown herein, are exempt from Stormwater Management Regulations on their construction shall disturb less than 5,000 SF.
4. Upon building permit review the septic systems for all proposed structures and/or existing structure expansions shall be re-evaluated to determine sufficient system capacity.

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER, SURVEYOR OR PLANNER UNDER THE LAWS OF THE STATE OF MARYLAND. LICENSE NO. 17483  

 5/25/10  
 BRUCE D. BURT  
 BRUCE D. BURT



**SEWAGE DISPOSAL SYSTEM DESIGN DATA**

1. INVERT @ FOUNDATION WALL = 516.0
2. 2000 GALLON SEPTIC TANK
  - A. EX. GROUND OVER TANK = 519.0
  - B. PROPOSED GRADE OVER TANK = 519.0
  - C. INVERT IN = 515.0
  - D. INVERT OUT = 541.7
3. 2000 GALLON PUMP PIT (SEE NOTE BELOW)
  - A. EX. GROUND OVER PIT = 518.0
  - B. PROPOSED GRADE OVER PIT = 518.0
  - C. INVERT IN = 514.0
  - D. INVERT OUT = 514.5
4. DISTRIBUTION BOX
  - A. EX. GROUND OVER BOX = 520.0
  - B. PROPOSED GRADE OVER BOX = 520.0
  - C. INVERT IN = 517.0

- NOTES:**
1. THE PROPOSED SEPTIC SYSTEM FOR THIS LOT REQUIRES A PUMP.
  2. PUMP CHAMBER TO BE A MINIMUM 2000 GALLON TOP SEALED PUMP PIT WITH SINGLE EFFLUENT PUMP. PUMP SHALL BE EQUIPPED WITH AUDIBLE AND VISUAL ALARM SYSTEM FOR HIGH WATER AND PUMP MALFUNCTION. ALARM SYSTEM SHALL BE INSTALLED ON A SEPARATE ELECTRICAL CIRCUIT. INSTALL CHECK VALVES AS REQUIRED.
  3. PROVIDE FLANGE CL FLANOUT TO FINISHED GRADE AT PROPOSED SEPTIC TANK AND THE PUMP CHAMBER.
  4. DETAILS AND SPECIFICATIONS OF THE PROPOSED PUMP WITHIN THE PUMP PIT TO BE SUPPLIED BY THE CONTRACTOR FOR REVIEW AND APPROVAL BY THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO ISSUANCE OF A SEPTIC PERMIT.

REVISIONS	
No.	Description

<b>LDE Inc.</b> Engineers, Surveyors, Planners 1718 Annapolis Road, Suite 200, Calverton, Maryland 20618 (410) 326-0010 FAX (410) 326-0011		
DESIGNED EDES EDES	DETAIL PLAN PLOT PLAN FOR BUILDING ADDITION TO 15000 TRAILSIDE DRIVE, ROAD	SCALE 1"=30'
DRAWN LDE	<b>THALER ESTATES</b> LOT 1, THALER ESTATES, PLOT #14436	SHEETING 2 of 2
CHECKED BDES	Plot Plan 20-02-11-20 Parcel 4.2 6th Election District - Howard County, Maryland Project Submittal: P01-06, P02-04, P01-01, 10/04-06, P-01-01	JOB NO. 04-C04
DATE 5/2/2010	OWNER/DEVELOPER: Hodgson Farm LLC 15805 Lakeside Drive Crownsville, MD 21029-1025 (301) 962-1051	FILE NO.

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A duly LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 19842.

*Ernest D. Br...* 5/25/10

2010 05/25/10 09:00 AM PLOT PLAN FOR BUILDING ADDITION TO 15000 TRAILSIDE DRIVE, ROAD

call cost - 50

BP  
C

DEPARTMENT OF INSPECTIONS, LICENSING AND PERMITS  
3000 COUNTY HOUSE DRIVE  
ELKLOFF CITY, MD 21043  
COUNTY HEALTH INSPECTIONS (410) 313-1811  
ALTERNATED INFORMATION (410) 313-3880

**HOWARD COUNTY PERMIT APPLICATION**

**PERMIT NUMBER**  
500142196

Building Address 13550 Triadelphia Mill Rd  
Clarksville MD 21029

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 605101 Subdivision Thaler Estates

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 1

Tax Map 28 Parcel 64 Grid 2U

Zoning RR Map Coordinates 13H6 Lot size \_\_\_\_\_

Property Owner's Name Michael Loncher

Address 13550 Triadelphia Mill Rd

City Clarksville State \_\_\_\_\_ Zip Code 21029

Home Phone 410 531 9511 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

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

Existing Use Detached Garage 5THdr

Proposed Use Same w/ Garage

Estimated Construction Cost \$ 40,000

Description of Work Replace existing garage w/ new to include 2 car garage, Bathroom Exercise room and Garage

Contractor Company Robson's Remodeling

Contact Person Craig Robson

Address 5416 Hopkins Ct.

City Elkoff City State MD Zip Code 21043

License No. 421087

Phone 465 7326 Fax 465 8176

Occupant or Tenant Same as owners + source

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

Address \_\_\_\_\_

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

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

Engineer or Architect Company \_\_\_\_\_

Contact Person N/A

Address \_\_\_\_\_

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

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

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

**Building Characteristics**

Height: \_\_\_\_\_

No. of stories: \_\_\_\_\_

Gross area, sq. ft. per floor: \_\_\_\_\_

Use group: \_\_\_\_\_

Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

**Utilities**

Water Supply:  
 Public  
 Private

Sewage Disposal:  
 Public  
 Private

Electric Yes  No   
 Gas Yes  No

Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas

Sprinkler system: N/A   
 Full  
 Partial  
 Other Suppression  
 # of Heads \_\_\_\_\_

**Building Characteristics**

SF Dwelling  SF Townhouse

**Depth** **Width**

1st floor: \_\_\_\_\_

2nd floor: \_\_\_\_\_

Basement: \_\_\_\_\_

Finished Basement  Unfinished Basement

Crawl space  Slab on Grade

No. of Bedrooms \_\_\_\_\_

Multi-family dwellings:  
 No. of efficiency units: \_\_\_\_\_  
 No. of 1 BR units: \_\_\_\_\_  
 No. of 2 BR units: \_\_\_\_\_  
 No. of 3 BR units: \_\_\_\_\_

Other Structure: \_\_\_\_\_  
 Dimensions: \_\_\_\_\_  
 Footings: \_\_\_\_\_  
 Roof: \_\_\_\_\_

State Certified Modular  
 Manufactured Home

**Utilities**

Water Supply:  
 Public  
 Private

Sewage Disposal:  
 Public  
 Private

Electric Yes  No   
 Gas Yes  No

Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas

Sprinkler system: N/A   
 NFPA #13D  
 NFPA #13R  
 Other: \_\_\_\_\_

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]

Title/Company Owner/Robson's Remodeling

Print Name Craig Robson

Date 6/2/03

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 FOR OFFICE USE ONLY -

**AGENCY** **DATE** **SIGNATURE APPROVAL**

Land Development, DPZ \_\_\_\_\_

State Highways \_\_\_\_\_

Building Official \_\_\_\_\_

Dev. Engineering, DPZ \_\_\_\_\_

Health 6/14/03 Kaei Norma

Fire Protection \_\_\_\_\_

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

**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 NewTown Zone \_\_\_\_\_

SDP/Red-line approval date \_\_\_\_\_

**PROPERTY ID#:** 48017

Filing fee \$ 25

Permit fee \$ \_\_\_\_\_

Excise tax \$ \_\_\_\_\_

Add'l per. fee \$ \_\_\_\_\_

TOTAL FEES \$ \_\_\_\_\_

Sub-total paid \$ \_\_\_\_\_

Balance due \$ \_\_\_\_\_

Check # 4386

Validation # 20026

Accepted by [Signature]