

**Record Detail** (This section is required.)

**Permit Type** Building/Residential/Addition/SFD  
**Permit Number** B24000130  
**Opened Date** 01/12/2024  
**Description of Work**  
 SFD/CONSTRUCT 7382 SQ FT ADDITION ON TO EXISTING HOUSE, 2 STORY, Partial Basement, 5R, 5FB, 1HB, 0FP, OTHER STRUCTURE = None, 4BR, PORCH/DECK = Deck, ENERGY METHOD = Prescriptive Method.

Online BP assigned to OB. Did not see file.  
 JB 1/30/24

[check spelling](#)

**Address** (This section is required.)

Search Reset Clear Get Parcel & Owner  
**Street #** 11507  
**Street Name** BLUE FLAME  
**Street Type** CT  
**Unit Type** -Select-  
**Unit #**  
**X Coordinate** -76.90739  
**Y Coordinate** 39.16524  
**City** CLARKSVILLE  
**State** MD  
**Zip Code** 21029  
**Primary** Yes

**Parcel** (This section is required.)

Search Reset Clear Get Address & Owner  
**GIS ID** 846214  
**Parcel** 415  
**Parcel Area** 2.12  
**Land Value** 287400  
**Improved Value** 584100  
**Exemption Value** 296700  
**Plan Area** RURAL  
**Legal Description**  
 IMPVLOT7 BLK B 2.124ARS[ ]11507 BLUE FLAME CT[ ]FLAMEWOOD

[check spelling](#)

**Block** 7  
**Census Tract** 605102  
**Council Dist** 4  
**Inspection Dist**  
**Supervisor Dist**  
**Map #**  
**DAP Zone**  
**Plan Area**  
**State Tax Id** 1405381088  
**Subdivision Name**  
**Section**  
**Area**  
**Tax Map** 41  
**Grid** 41-15  
**Zoning District** RR-DEO  
**ADC Map** 5052-E4  
**SDP No.**  
**Final Plan No.**  
**WP File No.**  
**Record Plat No.**  
**WS Contract No.**  
**FDP No.**  
**Primary** Yes  
**Owner Occupied**  
 Yes  No  
**Year Built** 1979  
**Historic District**  
 Yes  No  
**Historic District Registry No.** 5-16C  
**Stat Area**  
**Flood Plain**  
 Yes  No  
**Building No**

**Owner** (This section is not required.)

Search Reset Clear  
**Name** NAWAEY SALIN  
**Address Line 1** 11507 BLUE FLAME CT  
**Address Line 2**  
**Address Line 3**  
**Mail City** CLARKSVILLE  
**Mail State** MD  
**Mail Zip Code** 21029  
**Phone** 949-981-6092  
**Primary** Yes  
**E-mail** snawaey1@gmail.com  
**Cell Number**  
**Fax Number**

**Professionals** (This section is not required.)

<b>License #</b> 0	<b>Business Name</b> HOME OWNER			
<b>License Type</b> Home Owner	<b>First Name</b> SALIN	<b>Middle Name</b>	<b>Last Name</b> NAWAEY	
<b>Primary</b> Yes	<b>Address Line 1</b> 11507 BLUE FLAME			
	<b>Address Line 2</b>			
	<b>City</b> CLARKSVILLE		<b>State</b> MD	<b>ZIP Code</b> 21029
	<b>Phone 1</b> 949-981-6092	<b>Phone 2</b>	<b>Fax</b>	
	<b>E-mail</b> snawaey1@gmail.com			

**Applicant** (This section is not required.)

Search As Owner As Lic. Prof As Contact

<b>Type</b> Applicant	<b>First Name</b> Salim	<b>MI</b>	<b>Last Name</b> Nawaey	
<b>Relationship</b> -Select-	<b>Full Name</b> Salim Nawaey			
<b>Primary</b> No	<b>Organization Name</b>			
	<b>Street Address</b> 11507 blue flame ct			
	<b>Address Line 2</b>			
	<b>City</b> Clarksville		<b>State</b> MD	<b>Zip Code</b> 21029
	<b>Phone</b> 949-981-6092	<b>Cell</b> 949-981-6092	<b>Fax</b>	
	<b>E-mail</b> snawaey1@gmail.com			

**Contact** (This section is not required.)

Search As Owner As Lic. Prof As Contact

<b>Type</b> Contact	<b>First Name</b> Salim	<b>MI</b>	<b>Last Name</b> Nawaey	
<b>Relationship</b> Owner	<b>Full Name</b> Salim Nawaey			
<b>Primary</b> Yes	<b>Organization Name</b>			
	<b>Street Address</b> 11507 blue flame ct			
	<b>Address Line 2</b>			
	<b>City</b> Clarksville		<b>State</b> MD	<b>Zip Code</b> 21029
	<b>Phone</b> 949-981-6092	<b>Cell</b> 949-981-6092	<b>Fax</b>	
	<b>E-mail</b> snawaey1@gmail.com			

**Addl Info**

<b>Est Construction Cost</b> 400000	<b>Housing Units</b> 0	<b>Number of Buildings</b> 0	<b>Public Owned</b> No
<b>Construction Type</b> 101 - Single Family Houses Detached			

**RESIDENTIAL ADDITION INFORMATION**

<b>RESIDENTIAL ADDITION INFORMATION</b>							
<b>Capital Project-No Fee</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Capital Project Number</b>	<b>Fee Exempt</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Roadside Tree Project Permit</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Roadside Tree Project Permit #</b>			
<b>No of Stories</b> 2	<b>Foundation</b> Partial Basement	<b>Basement</b> Unfinished	<b>No of Rooms</b> 5	<b>Full Baths</b> 5	<b>Half Baths</b> 1	<b>Existing Use</b> Existing Structure	<b>Condominium</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Model</b> SFD/CONSTRUCT 7382 SQ FT ADDITON ON TO EXISTING HOUSE							

[check spelling](#)

<b>Other Structure</b> None	<b>Bedrooms</b> 4	<b>Porch Deck</b> Deck	<b>No of Fireplaces</b> 0	<b>Type of Fireplace</b> Prefab	<b>Energy Code</b> Prescriptive Method
<b>W &amp; S Fees Paid</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Water</b> Private	<b>Sewage</b> Private	<b>Utilities</b> Electric	<b>Heating System</b> Electric	<b>Sprinkler System</b> None
<b>1st Floor Width</b> FT	<b>1st Floor Depth</b> FT	<b>2nd Floor Width</b> FT	<b>2nd Floor Depth</b> FT	<b>Basement Width</b> FT	<b>Basement Depth</b> FT
<b>Total Square Footage</b> 7382	<b>Occupiable Square Footage</b> SQFT 0	<b>Affordable Housing Funding</b> SQFT N/A		<b>Foundation Measurement</b> FT	<b>Height</b> FT
<b>Walls</b>	<b>Roof</b>	<b>Change In Use</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Grading Permit No</b>	<b>Senior Housing</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>MIHU Outside Downtown Columbia</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Additional Description Info</b>				<b>Expiration Date</b> 7/23/2024	<b>MIHU Provided Units</b> 0
				<b>MIHU Required Units</b> 0	<b>Affordable Downtown Columbia</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
				<b>MIHU Required Units</b> 0	<b>Plan Submittal</b> Electronically by Invitation from ProjectDox

[check spelling](#)

**GREEN INFORMATION**

<b>Goal Level</b> --Select--	<b>Actual Level</b> --Select--	<b>Leed Registration Number</b>	<b>Date of Leed Certification</b> [ ]
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**STORM WATER MANAGEMENT**

<b>Green Roofs A1</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Permeable Pavements A2</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Reinforced Turf A3</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Disconnection of Rooftop Runoff N1</b>	<b>Disconnection of Non Rooftop Runoff N2</b> <input type="radio"/> Yes <input type="radio"/> No
<b>Sheetflow to Conservation Areas N3</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Rainwater Harvesting M1</b>	<b>Submerged Gravel Wetlands M2</b>	<b>Landscape Infiltration M3</b>	<b>Infiltration Berms M4</b>
<b>Dry Wells M5</b>	<b>Micro Bioretention M6</b>	<b>Rain Gardens M7</b>	<b>Swales M8</b>	<b>Enhanced Filters M9</b>

PSWM Certification Received in CID on [ ]

Submit    Cancel



Office of the Health Officer

8930 Stanford Drive, MD 21045  
Main: 410-313-6300 | Fax: 410-313-6303  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

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

DATE: February 7, 2024

TO: David Anderson (Applicant)  
Via E-mail: [skirunnr@hotmail.com](mailto:skirunnr@hotmail.com)

RE: **Building Permit #B24000206**  
**14675 Triadelphia Road**  
**Glenelg, MD 21737**

Mr. Anderson,

We appreciate your submission of building permit B24000206 for review. Regrettably, we are unable to grant approval for your building permit at this time due to the amount of trench needed to support your building permit proposal.

To proceed with your building permit, you will have to complete the following:

1. Extend your trenches 35 feet to accommodate the bedroom addition. Once installed and completed your building permit will be approved.

Furthermore, please be aware that a site visit will be conducted to assess both the septic system and the well as part of the overall evaluation process. We appreciate your cooperation and adherence to the regulatory guidelines. If you have any questions or require further clarification, feel free to contact our office.

Your building permit will continue to be placed "on hold" until all Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

*Dana Bernard*

Dana Bernard, REHS/RS  
Environmental Specialist II  
Phone (410) 313-2775

Record Detail (This section is required.)

Permit Type Building/Residential/Alteration/SFD Permit Number B24000206 Opened Date 01/22/2024 Description of Work SFD/ FINISH BASEMENT TO INCLUDE: GREAT ROOM WITH WET BAR, FULL BATH, BEDROOM, WORKOUT ROOM, & UNFINISHED STORAGE/UTILITY ROOMS, APPROXIMATELY 1,426 FINISHED SQ FT

Online BP, records on public search. (PB) g/d 1/29/24

check spelling

Address (This section is required.)

Search Reset Clear Get Parcel & Owner Street # 14675 Street Name TRIADELPHIA Street Type RD Unit Type --Select-- Unit # X Coordinate -77.02026 Y Coordinate 39.25065 City GLENELG State MD Zip Code 21737 Primary Yes

Parcel (This section is required.)

Search Reset Clear Get Address & Owner GIS ID 927320 Parcel 114 Parcel Area 42917 Land Value 240000 Improved Value 749100 Exemption Value 509100 Plan Area RURAL Legal Description IMPSLOT 7 42917 SQ[ ]14675 TRIADELPHIA RD[ ]THE WARFIELDS II S 2 RSB

check spelling

Block Lot 7 Census Tract 605101 Council Dist 5 Inspection Dist Supervisor Dist Map # DAP Zone Plan Area State Tax Id 1405451752 Subdivision Name The Warfields II Section Area Tax Map 21 Grid 21-23 Zoning District RC-DEO ADC Map 4812-G10 SDP No. Final Plan No. F-07-040 WP File No. Record Plat No. 20252 WS Contract No. FDP No. Primary Yes Owner Occupied Year Built 2013 Historic District Yes No Historic District Registry No. Stat Area 5-01 Flood Plain Yes No Building No

Owner (This section is not required.)

Search Reset Clear Name ANDERSON DAVID JR Address Line 1 14675 TRIADELPHIA RD Address Line 2 Address Line 3 Mail City GLENELG Mail State MD Mail Zip Code 21737 Phone 302-229-9899 Primary Yes E-mail skirunnr@hotmail.com Cell Number Fax Number

**Professionals** (This section is not required.)

<b>License #</b> 0	<b>Business Name</b>			
<b>License Type</b> Home Owner	<b>First Name</b> DAVID	<b>Middle Name</b>	<b>Last Name</b> ANDERSON	
<b>Primary</b> Yes	<b>Address Line 1</b> 14675 TRIADELPHIA RD			
	<b>Address Line 2</b>			
	<b>City</b> GLENELG		<b>State</b> MD	<b>ZIP Code</b> 21737
	<b>Phone 1</b> 302-229-9899	<b>Phone 2</b>	<b>Fax</b>	
	<b>E-mail</b> SKIRUNNR@HOTMAIL.COM			

**Applicant** (This section is not required.)

<b>Search</b>	<b>As Owner</b>	<b>As Lic. Prof</b>	<b>As Contact</b>	
<b>Type</b> Applicant	<b>First Name</b> David	<b>MI</b>	<b>Last Name</b> Anderson	
<b>Relationship</b> Applicant	<b>Full Name</b> David Anderson			
<b>Primary</b> No	<b>Organization Name</b>			
	<b>Street Address</b> 14675 Triadelphia Rd			
	<b>Address Line 2</b>			
	<b>City</b> Glenelg		<b>State</b> MD	<b>Zip Code</b> 21737
	<b>Phone</b> 302-229-9899	<b>Cell</b>	<b>Fax</b>	
	<b>E-mail</b> skirunnr@hotmail.com			

**Contact** (This section is not required.)

<b>Search</b>	<b>As Owner</b>	<b>As Lic. Prof</b>	<b>As Contact</b>	
<b>Type</b> Contact	<b>First Name</b> David	<b>MI</b>	<b>Last Name</b> Anderson	
<b>Relationship</b> Owner	<b>Full Name</b> David Anderson			
<b>Primary</b> Yes	<b>Organization Name</b>			
	<b>Street Address</b> 14675 Triadelphia Rd			
	<b>Address Line 2</b>			
	<b>City</b> Glenelg		<b>State</b> MD	<b>Zip Code</b> 21737
	<b>Phone</b> 302-229-9899	<b>Cell</b>	<b>Fax</b>	
	<b>E-mail</b> skirunnr@hotmail.com			

**Addl Info**

<b>Est Construction Cost</b> 85000	<b>Housing Units</b> 0	<b>Number of Buildings</b> 0	<b>Public Owned</b> No
<b>Construction Type</b> 434 - Additions, Alterations and Conversions - Residential			

**RESIDENTIAL ALTERATION INFO**

**RESIDENTIAL ALTERATION INFORMATION**

<b>Total Square Footage</b> 1426	<b>No of Stories</b> SQFT 3	<b>Basement</b> Partially Finished	<b>Bedrooms</b> 1	<b>Full Baths</b> 1	<b>Half Baths</b> 0	<b>Water</b> Private	<b>Sewage</b> Private	<b>Fee Exempt</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Existing Utilities</b> Electric	<b>Existing Heating System</b> Electric & Propane Gas	<b>Existing Sprinkler System</b> NFPA #13R	<b>Type of New Fireplace</b> Prefab	<b>Expiration Date</b> 7/24/2024				

# APPLICATION

PERCOLATION TESTING

A \_\_\_\_\_  
P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525 H ELLICOTT MILLS DRIVE ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT \_\_\_\_\_  
DATE \_\_\_\_\_

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM

PROPERTY OWNER KENNARD WARFIELD JR

ADDRESS 14663 TRIADELPHIA ROAD PHONE 410-442-2337

AGENT OR PROSPECTIVE BUYER LAND DESIGN & DEVELOPMENT

ADDRESS 8000 MAIN STREET ELLICOTT CITY PHONE 410-480-9105

PROPERTY LOCATION:

SUBDIVISION THE WARFIELDS II LOT NO. ~~7~~ 7

ROAD AND DESCRIPTION SOUTH SIDE OF TRIADELPHIA ROAD AT THE INTERSECTION OF TRIADELPHIA ROAD AND HOWARD ROAD

TAX MAP 21 PARCEL # \_\_\_\_\_

SIZE OF LOT ONE ACRE TYPE BLDG. SINGLE FAMILY DWELL  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

DONALD R. LEWIS  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

## THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

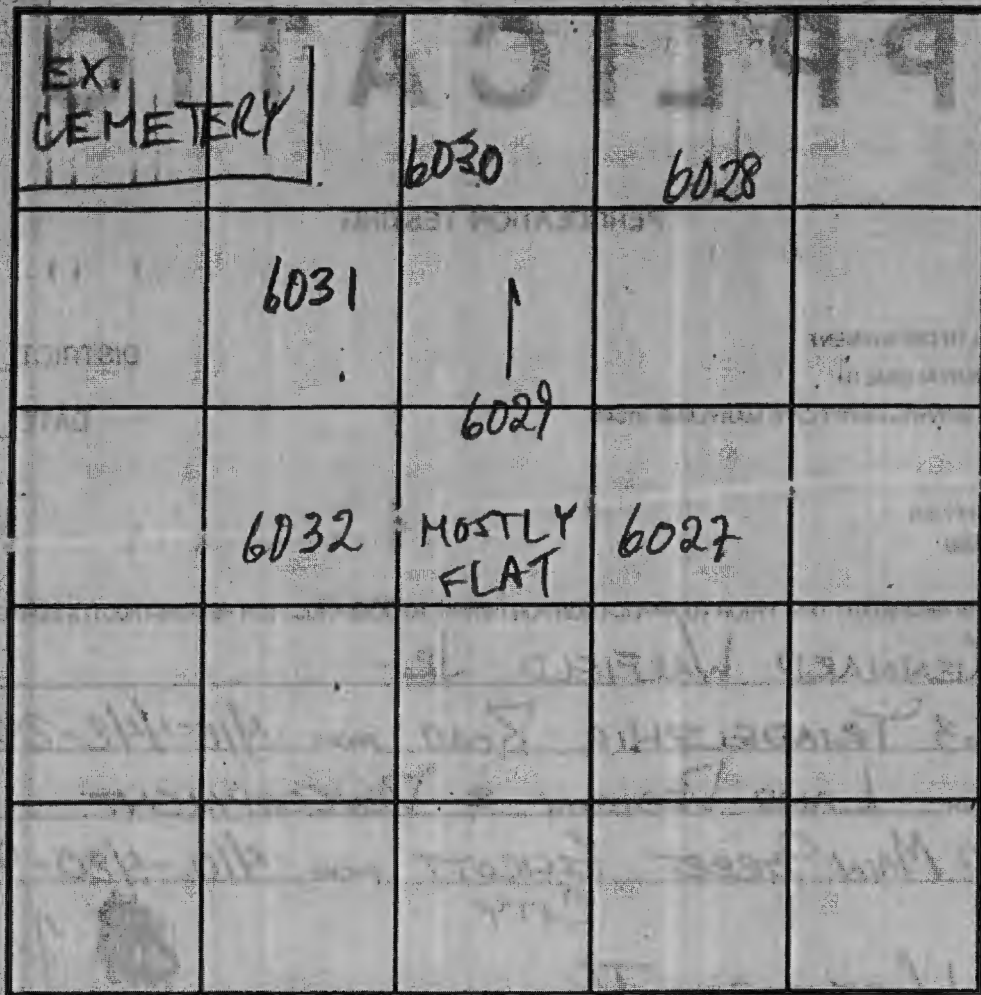
0' 6030  
 orge  
 hvy  
 cl lm  
 5  
 tan yel  
 beige  
 sa/m  
 10%  
 frags  
 13

6029

orge  
 pink  
 hvy loam  
 1  
 3/2  
 tan orge  
 beige  
 gray  
 sa/m  
 10%  
 frags  
 13

6027

orge  
 hvy cl lm  
 5  
 5 1/2  
 tan orge  
 beige  
 gray  
 sa/m  
 10%  
 frags



SOIL PROFILE

0' 6028/6031  
 orge  
 brn  
 lm 4  
 4-5  
 cl lm  
 tan beige  
 1/4 brn  
 gray  
 sa/m  
 10%  
 frags  
 13-  
 14

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

TRIA RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/15/02	6030	8 / 13	12:51	2:55	12:55	3:00	5
	6029	8 1/2 / 13					
	6027	8 1/2 / 13 1/2	3:14	3:17	3:17	3:21	4
10/17/02	6031	5 / 8 / 13	10:04	10:07	10:07	10:12	5
	6032	4' 9" / 7' 3" / 4	10:15	10:17	10:17	10:19	2
			10:08	10:10	10:10	10:13	3

REMARKS ALL HOLES PER PLAN

TYPE OF SOIL

TESTED BY M. Riskin

ALSO PRESENT Mike J. Gray, Tom M.

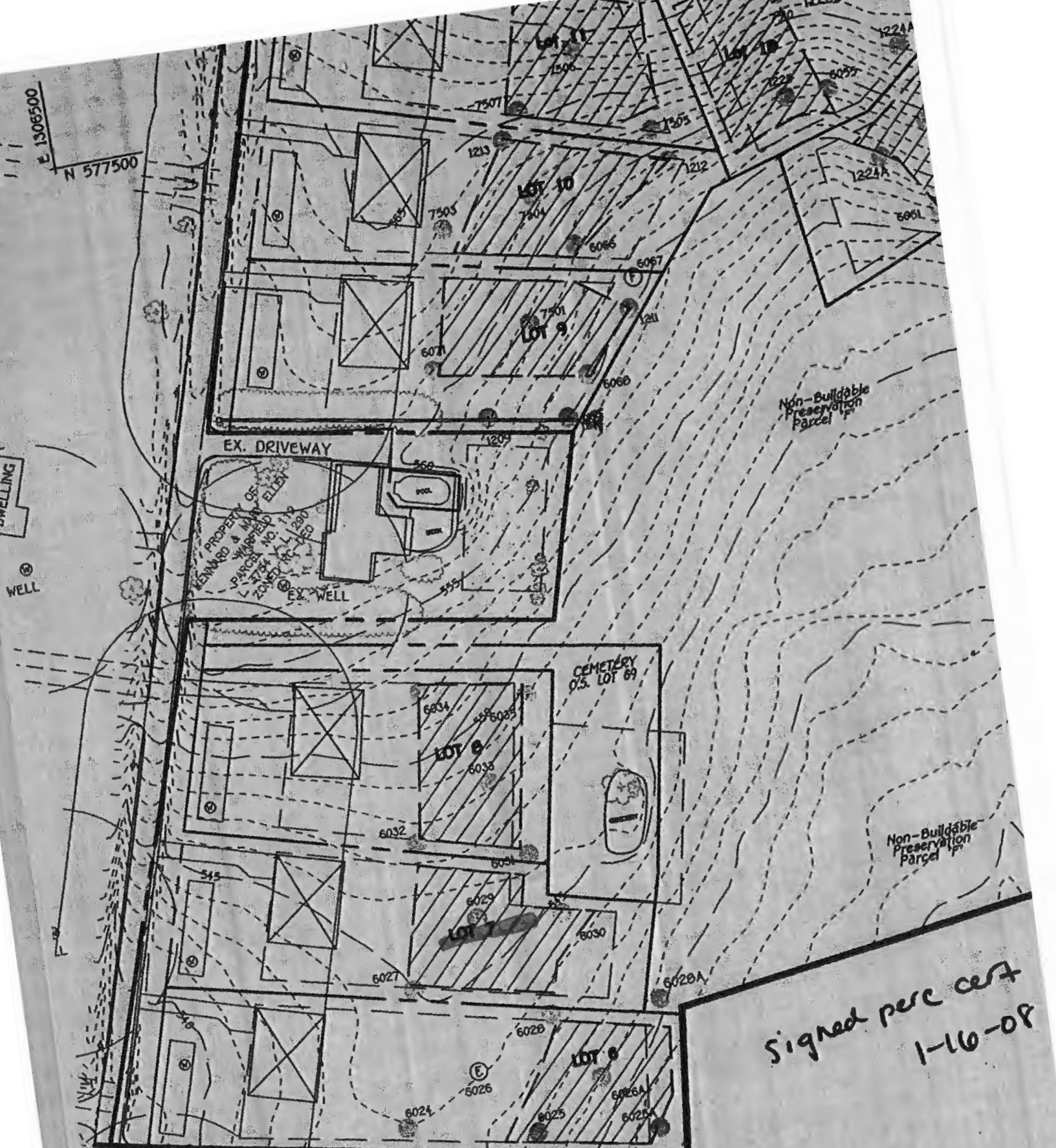
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INI FT DEPTH

MAXIMUM BOTTOM DEPTH

SO FT BEDROOM

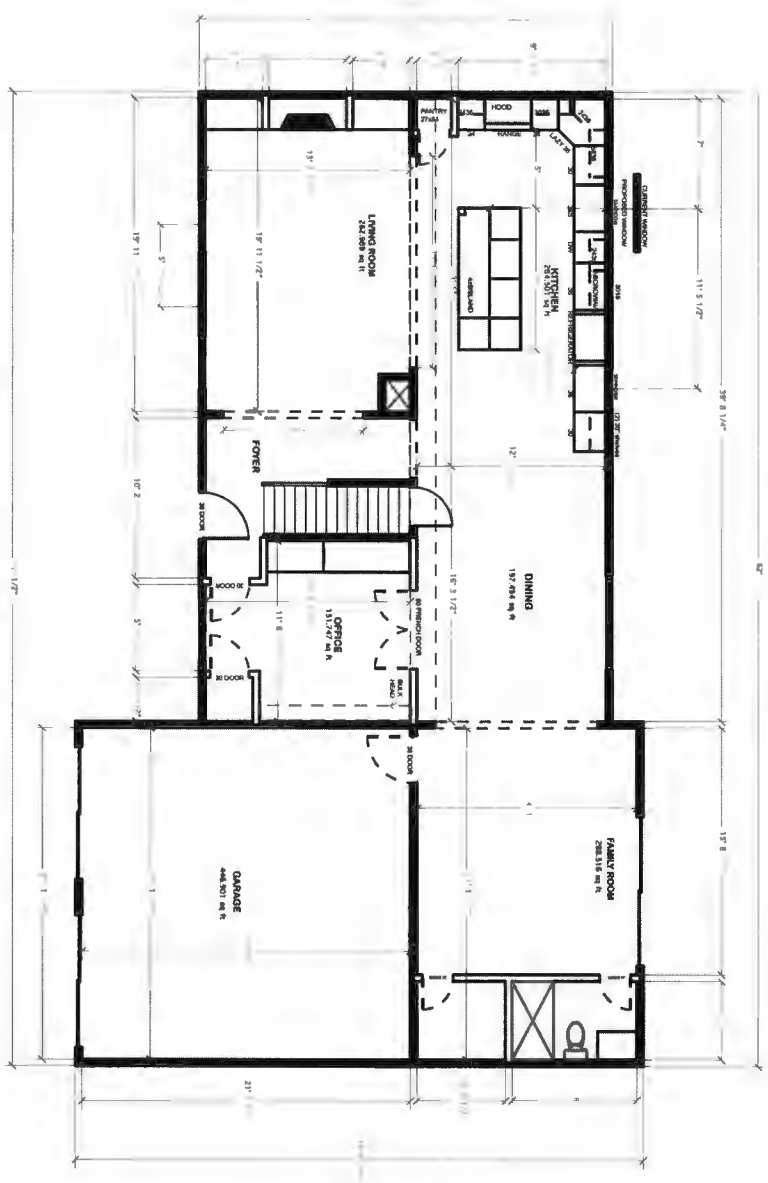


Signed perc cert  
1-16-08

..... MATCH LINE SEE SHEET 4

PROPOSED FLOOR PLAN LEVEL 1  
 FLOOR PLAN

DRAWING TITLE: A1 PROPOSED FLOOR PLAN  
 SCALE: 1/8" = 1'-0"



	SHROOD ROOM
	ELEVATOR SHAFT

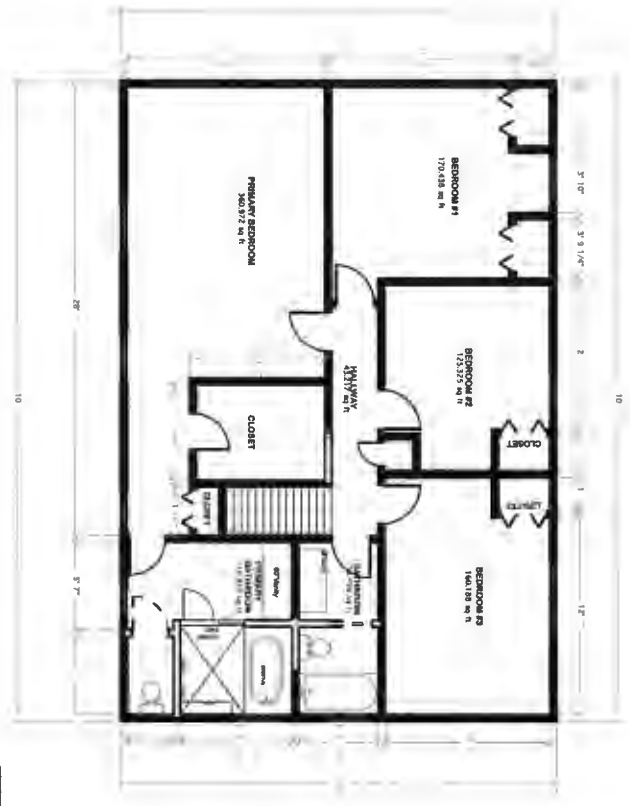
PROJECT: DEVOTI 3500 JUMPERS LANE  
 ELLICOTT MD, 21042

D E GROUP 613 KEITH LANE JOWKS MD | 20736  
 410-610-3372 INFO@DEI.GROUP  
 DESIGNANDINSTALLATIONGROUP.COM

SHEET # A-100

PROPOSED TITLE: ALL PROPOSED LEVELS PLAN  
 SCALE: 1/8" = 1'-0"

22) PROPOSED FLOOR PLAN LEVEL 2

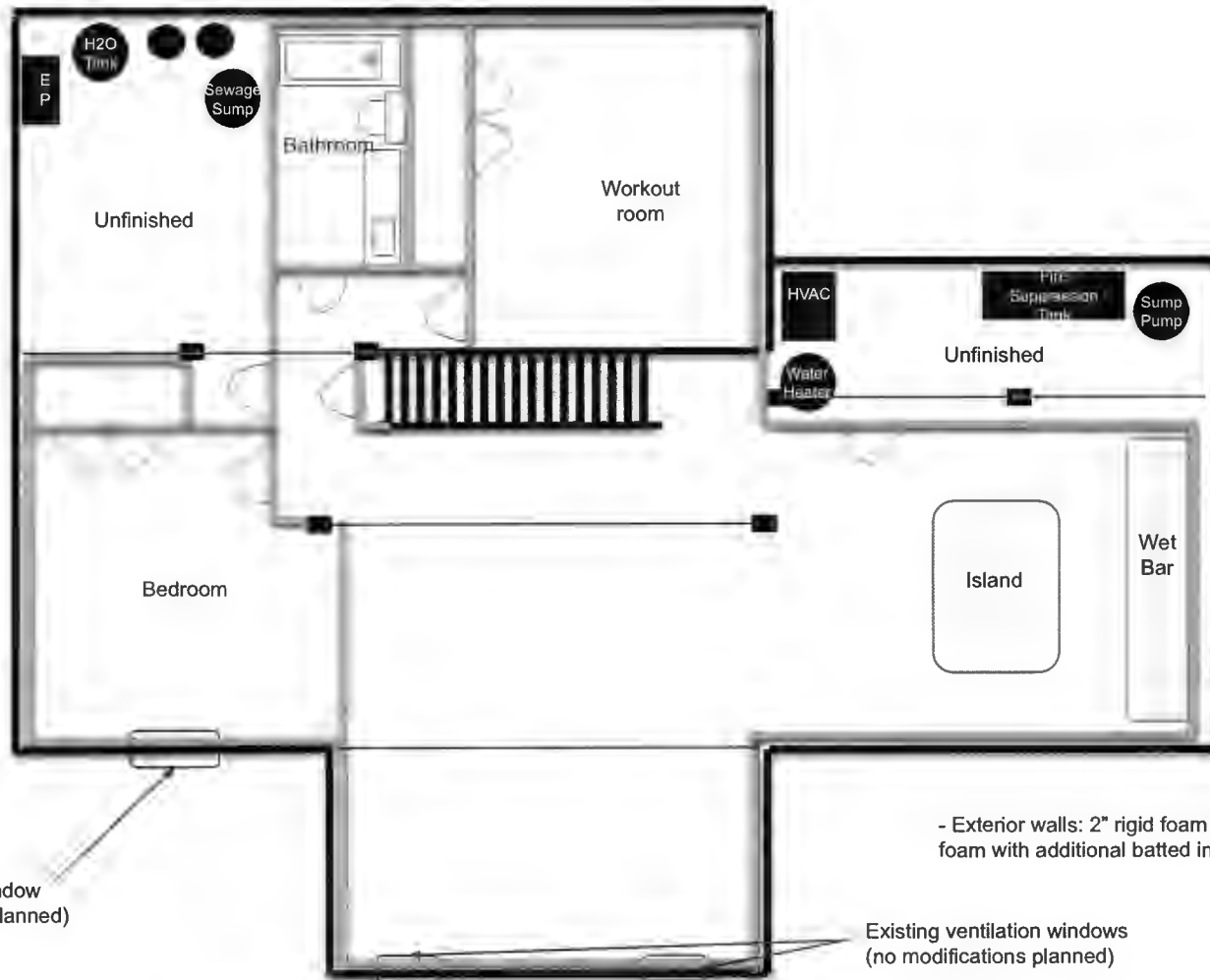


	EXTERIOR WALL
	INTERIOR WALL
	GLASS WALL

PROJECT: DEVOTI 1900 JUMPERS LANE  
 ELLICOTT, MD, 21042

DAI GROUP | 813 KEITH LANE (JOWINGS MD) 20738  
 PHONE: 410-610-3372 | INFO@DAI.GROUP  
 DESIGN@INSTALLATIONGROUP.COM

SHEET # A-101



Existing egress window  
(no modifications planned)

Existing ventilation windows  
(no modifications planned)

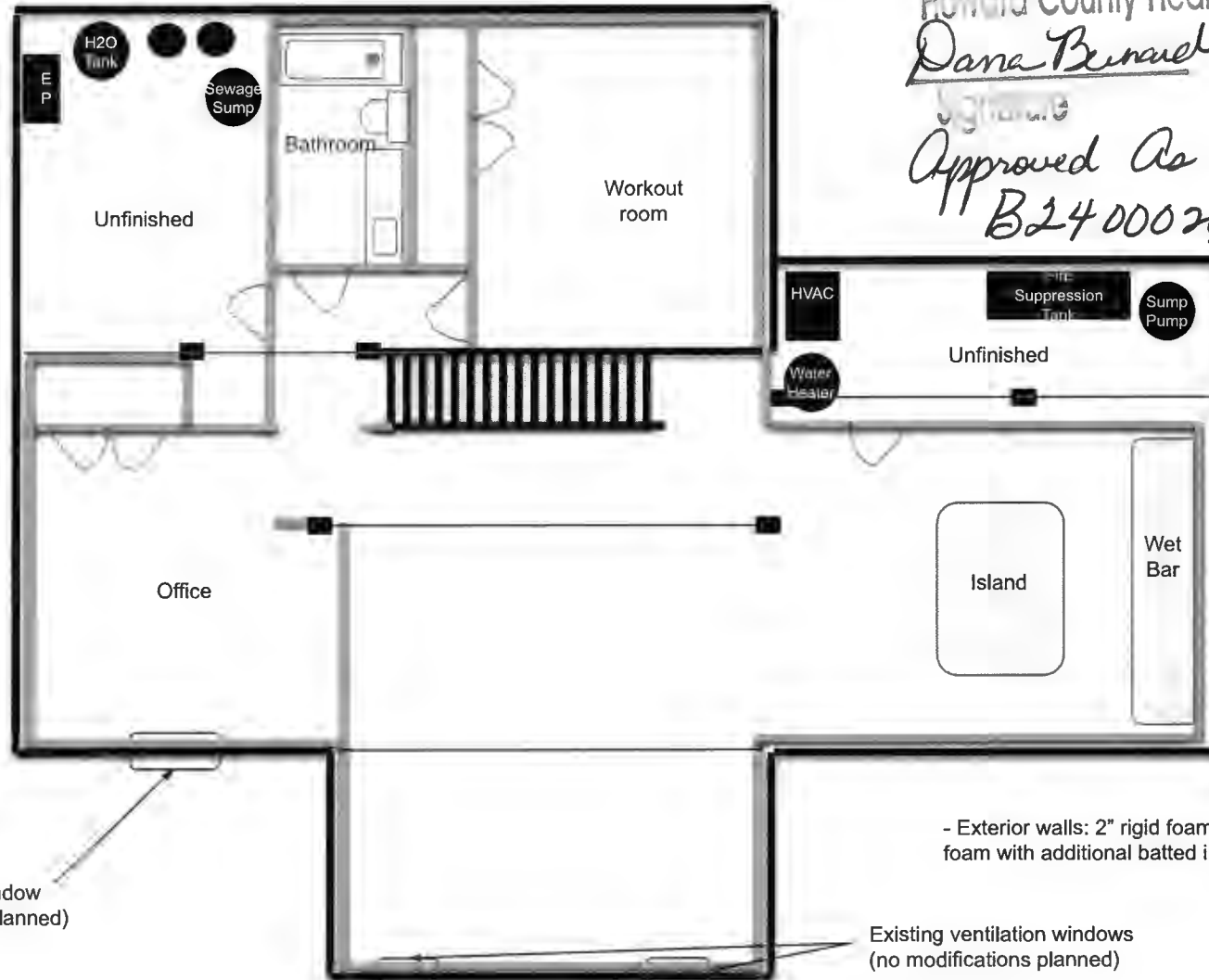
- Exterior walls: 2" rigid foam (R-10), 2x4 framing inside of  
foam with additional batted insulation (min R-13)



Approved Septic System Plan  
Howard County Health Department

*Dana Bernauel* 3-5-24  
Signature Date

Approved As Shown  
B2400026



Existing egress window  
(no modifications planned)

- Exterior walls: 2" rigid foam (R-10), 2x4 framing inside of  
foam with additional batted insulation (min R-13)

Existing ventilation windows  
(no modifications planned)

