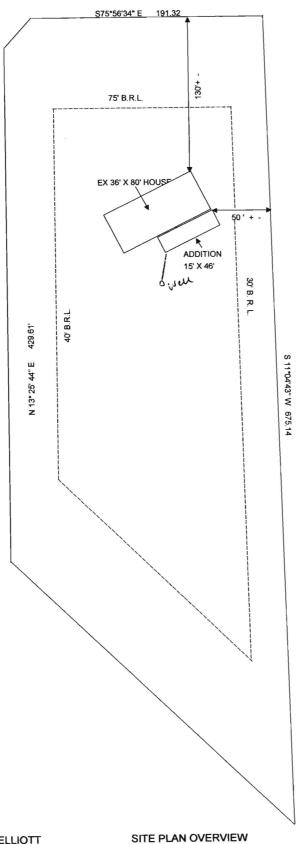
· Heaith Dept

3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043		HOWARD COUNTY		B07004624		
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810		PERMIT APPLICATION		I . •		
AUTOMATED INFORMATION (410) 313-3800  Building Address 13351 Trickely		300 7 00 00 0 0 0 00 0 00 0 0 0 0 0	Property Owner's	Name Yolk	do S. Elliatt	
Clarksuilly, MD 21029			Address 13351 TRIADELPHIA MILLAO Cite/ArkSVIII State MD Zip Code 21029			
· ·			Cite A Suill State MD Zip Code 2/029			
Suite/Apt. #: SDP/WP/Petition #:			Phone 40 531538 Phone 40 -531 - 538 Z Applicant's Name & Mailing Address, (if other than			
Census Tract Subdivision			stated herein):			
2 000 M 2000 M 2 1 M 3 40 1						
Section Area Lot						
Tax Map Parcel Grid						
			Phone	Fax		
Zoning Map Coordinates Lot Size				O Emai	Wells a Plant INIP	
Existing Use Same with addition			Contractor Company G.F. MANCUSO CONT INC Contact Person GATY MANCUS Address 440 Wells PKWY City from State MIZip Code 20183 License No. 671			
Estimated Construction Cost \$ 213,000			Address4440 Wells PKWY			
	• •			City Hy Att Sville State MIZip Code 20189		
Description of Work	Description of Work 33'11"x47" 25tory 2 BR BR Surroom Hourson			Phone 2 1 0 20 Confey 2-1 Cl y Cl 4		
2 BR BR Survoon Hoursam			Phone 301-928-5532Fax 301-864-5764			
Occupant or Tenant			Engineer or Architect Company			
Contact Name			Contact Person			
Contact Haille		<del></del>				
Address		· · · · · · · · · · · · · · · · · · ·	Address			
/						
CityS	stateZip	code	City	State_	Zip Code	
Phone	Fax		Phone	Fax		
		,				
BUILDING DESCR			BUILDING	DESCRIPTIO	N – <u>RESIDENTIAL</u>	
Building Characteristics Height:	Water Supply:	<u>Utilities</u>	Building Char SF Dwelling SF	racteristics Townhouse □	<u>Utilities</u> Water Supply:	
No. of stories:	Public Private		Depth Wide 1st floor: 15 x 46	126 SOF	Public	
	Sewage Dispo	sal:	1 2ª floor: 777 11. 11	151.1563	Sewage Disposal:	
Gross area, sq. ft. per floor:	Public Private		Basement: C/AWI		Public Private	
Use group:		N	Finished Basement   Crawl space   Sla	ifinished Basement 🗆	20 20 20	
Construction type:		es 🗆 No 🗆 es 🗆 No 🗆	No. of Bedrooms		Electric Yes ♣ No □ Gas Yes □ No ❷	
Reinforced Concrete Structural Steel	Heating System	m·	Multi-family dwelling		Heating System:	
Masonry	Electric	Oil 🗆	No. of efficiency unit No. of 1 BR units:	s:	Electric • Oil 🗆	
Wood Frame	Natural Gas D		No. of 2 BR units:		Natural Gas □ Propane Gas □	
State Certified Modular	Sprinkler syste	-m· N/A □	No. of 3 BR units:		Sprinkler system: N/A	
	Fuli		Other Structure: Dimensions:		NFPA #13D	
	—— Partial Other Su	ppression	Footings:		NFPA #13R Other:	
	# of Hea		Roof Height:			
			State Certified I Manufactured H			
THE UNDERSIGNED HEREBY CERTI CORRECT; (3) THAT HE/SHE WILL C	FIES AND AGREES COMPLY WITH ALL	AS FOLLOWS: (1) THAT HE REGULATIONS OF HOWAI	SHE IS AUTHORIZED TO M COUNTY WHICH ARE A	AKE THIS APPLICATION PPLICABLE THERETO	I DN; (2) THAT THE INFORMATION IS ; (4) THAT HE/SHE WILL PERFORM	
NO WORK ON THE ABOVE REFERE RIGHT TO ENTER ONTO THIS PROPE	ENCED PROPERTY	NOT SPECIFICALLY DESCI	RIBED IN THIS APPLICATION	ON; (5) THAT HE/SHE	GRANTS COUNTY OFFICIALS THE	
711	l e	10			15-41	
Jolands	D. U	leoth	70landa	3. E1	(1077	
// Applicant's Signature			Volanda S. Elliott  Print Name  11-15-07			
		, N	11-15-	07		
Т	itle/Company	′		Date		
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY						
**PLEASE WRITE NEATLY AND LEGIBLY.** - FOR OFFICE USE ONLY -						
"Komiron"	والماليس والمساور	chi di arriva	Colores P. Que established	Later openie ex-		
AGENCY Land Development, DPZ	ATE SIGNAT	URE APPROVAL	-DPZ SETBACK IN Front:	FURMATION	PROPERTY ID#	
State Highways			Rear:		Permit fee \$Excise tax \$	
Building Officials  Dev. Engineering, DPZ			Side:		Add'l per fee \$	
Dev. Engineering, DPZ Health Fire Protection			All minimum setback YES □ NO □	s met?	TOTAL FEES \$Sub-total paid \$	
ls Sediment Control approva! required prior to issuance?			Is Entrance Permit re		Balance due \$	
YES D NO D			YES □ NO □ Historic District?		Check #	
CONTRIORNOLO	ירו בין מתפונים	NI OTADT: -	YES D NO D			
CONTINGENCY C ONE STOP SHOP:	. 5	nstaki: □	Lot Coverage for New SDP/Red-line approv	w 10wn Zone al date	Accepted by	
Distribution of Copies - Wi		Miniale Cunant I			k: Health Gold: SHA	
T: forms/buildingpermitappli		meiais Green; ED	D, DIL Tellow: I	VEU, DEL PIE	REV 10/28/04	



Addition or 4 124108 HS

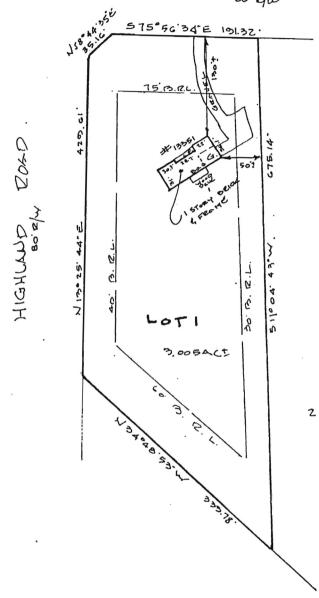
SCALE 1/4' = 20'

PAGE 12

**ELLIOTT** 

FOXHALL VILLAS SECTION ! LOTS 1,2 & 3 RESUB PART PARCEL" D' THOMPSON PROPERTY PLAT GOI 4 5th ELECTION DISTRICT HOWARD COUNTY, MO

TRIADELPHIA MILL ROAD



## LOCATION SURVEY PLAT

CERTIFICATION	SEAL	SCALE 12100
This is to certify that I have surveyed the property known as:  13351 TRIMORIPHIA MILL  20AD for the purpose of locating the improvements thereon, and the Improvements are located as shown.	200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PHONE B28.9060 TOWSON 730.9060 COLUMBIA HUDKINS ASS Surveyors and Si

ONE 18-9060 TOWSON 10-9060 COLUMBIA

HUDKINS ASSOCIATES, INC. Surveyors and Subdivision Designers

DATE 8-15-1985

SUITE 231, JOSEPH SOUARE 5485 HARPERS FARM ROAD COLUMBIA, MARYLAND 21044 WALTER PARK, L.S. # 5539



## Bureau of Environmental Health 7178 Columbia Gateway Drive, Columbia, MD 21046-2147 (410) 313-2640 Fax (410) 313-2648 TDD (410) 313-2323 Toll Free 1-866-313-6300 website: www.hchealth.org

## Peter L. Beilenson, M.D., M.P.H., Health Officer

December 7<sup>th</sup>, 2007

Yolanda S. Elliot 13351 Triadelphia Mill Rd. Clarksville, MD 21029

Re:

Building Permit #B07004624

Dear Ms. Elliott,

This office has recently received the above referenced building permit application for an addition. However, we are unable to recommend approval of your application at this time.

The proposal is to add two bedrooms, a sunroom and storeroom to the existing house. Any proposal for an increase in the amount of living space indicates a potential increase in sewage flow. Prior to building permit approval an approved Percolation Certification Plan is required per Howard County Code Sec. 3.805. This plan will formally establish a septic easement on the property. Our records for your property indicate a final plan in which a septic easement was established based on percolation testing completed in December 1981. Therefore, this septic easement must be described in a Percolation Certification Plan to be submitted for approval by the Health Officer and will remain on file with the Health Dept. I have enclosed the requirements for this plan with this letter. Also, please be aware that an addition must maintain a setback of 30' from any existing well.

Furthermore, Health Dept. records of the septic system currently serving the existing house indicate a system sized for only three bedrooms, installed in May of 1984. Therefore evaluation and upgrade of the existing septic system shall be necessary which includes abandonment of the dry well, installation of a trench system and a septic tank upgrade. A septic permit for an upgrade may be obtained and paid for at our office during business hours.

Your building permit will be placed on hold until these requirements are met. If you have any questions or concerns please call our office at 410-313-1771 or you may contact me directly at 410-313-6287.

Sincerely.

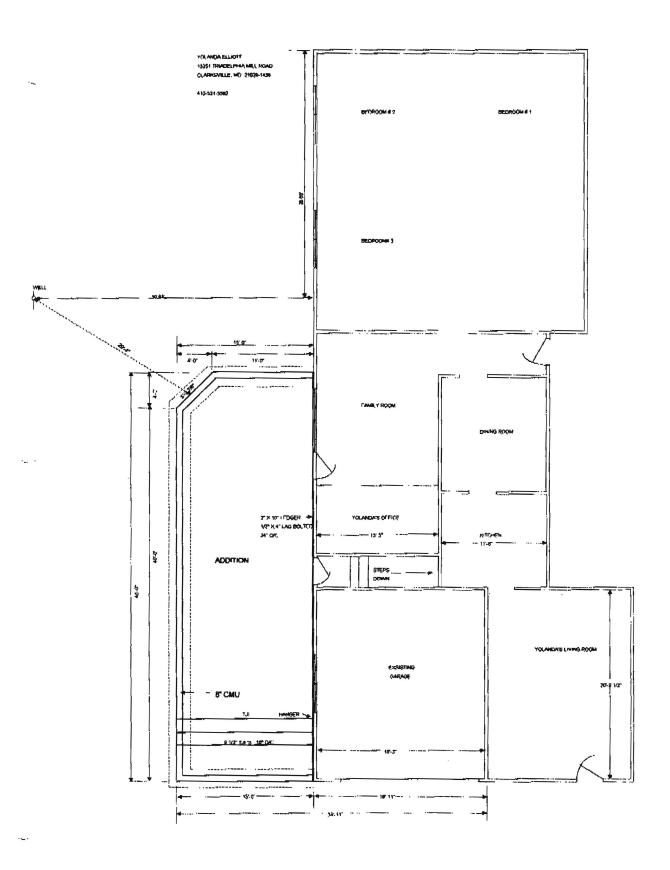
Heidi Scott

Well & Septic Program

**Development Coordination Section** 

Enclosures
Cc: File

PAGE 04



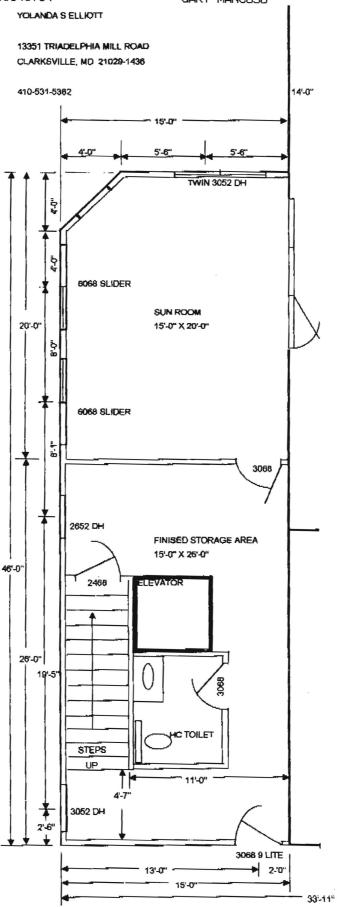
ELLIOTT

1ST FLOOR ADDITION

FOOTINGS & BLOCK WALLS

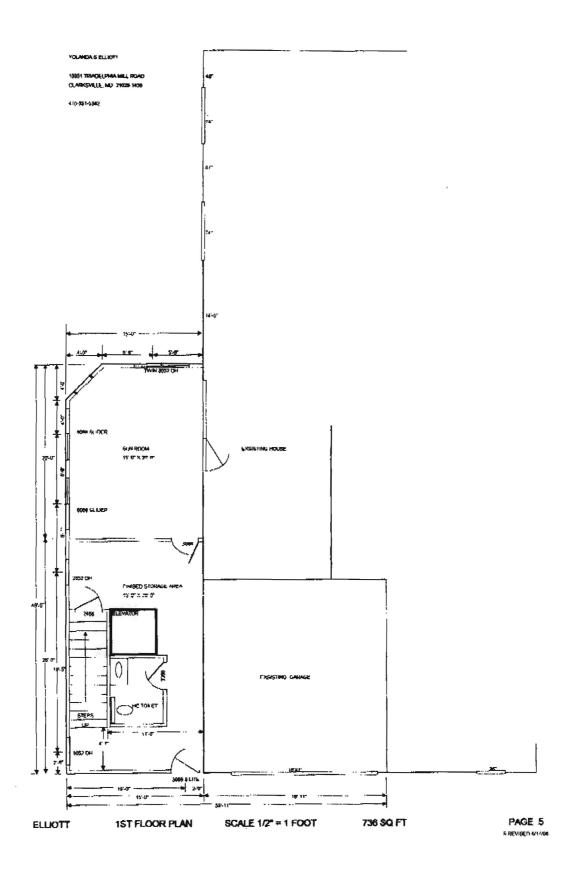
SCALE 1/2" = 1FOOT

PAGE 4



ELLIOTT 1ST FLOOR PLAN PAGE 5 A

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