Permits: 410-313-2455
Inspections: 410-313-1810
Automated Line: 410-313-3800

Howard County Building/Fire Permit Application

Department of Inspections, Licenses & Permits
3430 Court House Drive
Ellicott City, MD 21043

Permit Number:

Building Address: 13331 Triadelphia Mill Rd
Clarksville MD 21029

Suite/Apt. #_____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD

Proposed Use: SFD

Estimated Construction Cost: $ 400,000

Description of Work: _____

Occupant or Tenant: _____

Was tenant space previously occupied? ☐Yes ☐No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

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: _____

Email: _____

Contractor Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License No.: _____

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height:	***Water Supply***
No. of stories:	☐ Public
Gross area, sq. ft./floor:	☐ Private
	Sewage Disposal
Area of construction (sq. ft.):	☐ Public
	☐ Private
Use group:	Electric: ☐ Yes ☐ No
	Gas: ☐ Yes ☐ No
Construction type:	***Heating System***
☐ Reinforced Concrete	☐ Electric ☐ Oil
☐ Structural Steel	☐ Natural Gas ☐ Propane Gas
☐ Masonry	***Sprinkler System:***
☐ Wood Frame	☐ N/A
☐ State Certified Modular	☐ Full
➢ **Roadside Tree Project Permit**	☐ Partial
☐Yes ☐No	☐ Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION – RESIDENTIAL

Building Characteristics	***Utilities***
☐ SF Dwelling ☐ SF Townhouse	***Water Supply***
Depth **Width**	☐ Public
1st floor:	☐ Private
2nd floor:	***Sewage Disposal***
Basement:	☐ Public
☐ Finished Basement	☐ Private
☐ Unfinished Basement	Electric: ☐ Yes ☐ No
☐ Crawl Space	Gas: ☐ Yes ☐ No
☐ Slab on Grade	***Heating System***
No. of Bedrooms: 6 plus	☐ Electric
Multi-family Dwelling	☐ Oil
No. of efficiency units:	☐ Natural Gas
No. of 1 BR units:	☐ Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	➢ **Roadside Tree Project Permit**
Roof:	**☐Yes ☐No**
☐ State Certified Modular	**Roadside Tree Project Permit #**
☐ 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 ***Print Name***

Email Address ***Date***

Title/Company

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	1/30/12	
Fire Protection		

Is Sediment Control approval required for 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 New Town Zone:
SDP/Red-line approval date:

Filing Fee	$
Permit Fee	$
Tech Fee	$
Excise Tax	$
PSFS	$
Guaranty Fund	$
Add'l per Fee	$
Total Fees	$
Sub- Total Paid	$
Balance Due	$

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

F:\Operations\Updated Forms\New building app 11.10.2010.docx

Howard County
Health Department

7178 Columbia Gateway Drive, Columbia MD 21046
Phone (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

November 16, 2011

RE: 13331 Triadelphia Mill Road
Clarksville, Maryland 21029
Building Permit # B11003274
Building Site Plan

TO: WESLEY WESTCOTT (Applicant)
WHITE WAVE BUILDERS
2304 BELLOW CT, Crofton, Maryland 21114
Via e-mail at: WES@WHITEWAVEBUILDERS.COM

Fortunately, our department can verify percolation testing has been completed on your property and a septic easement has been established. Percolation testing will not be required by the Howard County Health Department. A percolation certification plan will be required to update your records and process your building permit.

The Howard County Code (sec.3.0808) requires a Percolation Certification Plan for an increase in living space of 250sq.ft. This plan delineates the existing septic reserve area and reflects any proposed changes to the property. Requirements for this plan can be found on our web site: http://www.howardcountymd.gov/Health/docs/perstestandplanreqs.pdf. Prior to building permit approval, an approved Percolation Certification Plan is required. Once you have submitted your Percolation Certification Plan and it is approved, it can serve as your building plan.

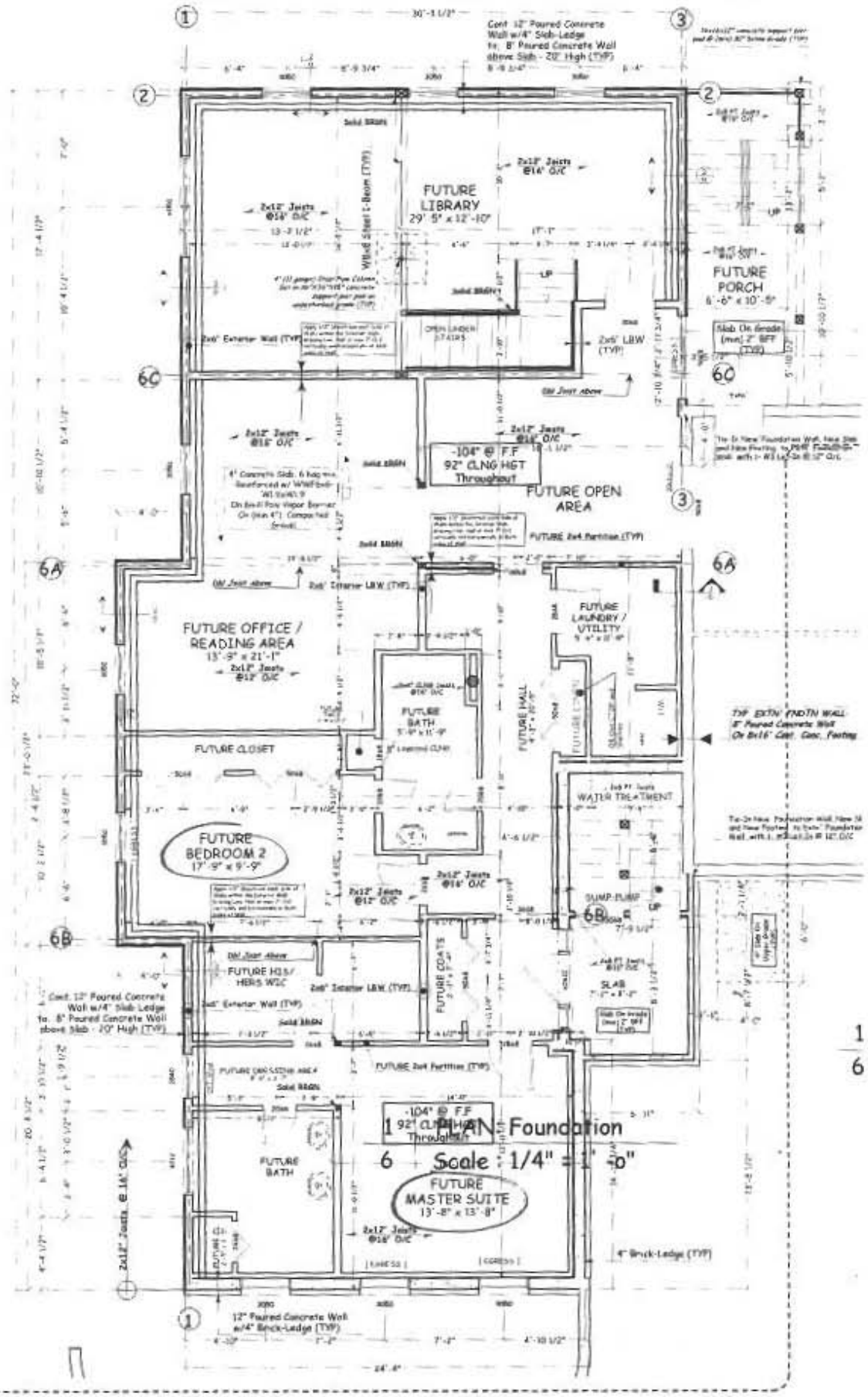
In addition, floor plans for the existing house and proposed addition must be submitted.

Your building permit will be placed "on hold" until all Howard County 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, REHS/RS
Bureau of Environmental Health
Well and Septic Program
Development and Coordination
Phone (410) 313-2775
E-mail: dbernard@howardcountymd.gov

DLB
cc: Well & Septic program file

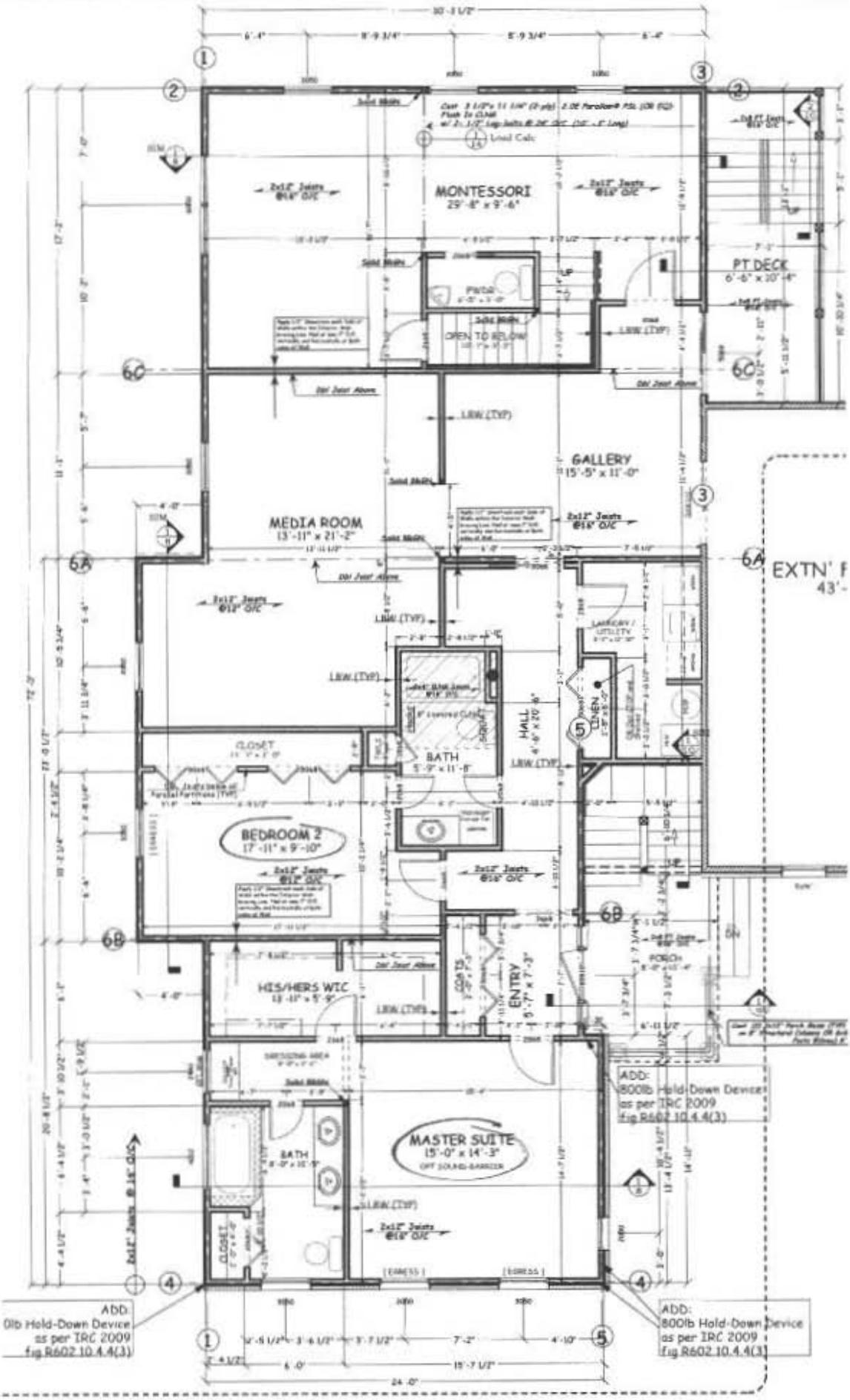


1
6

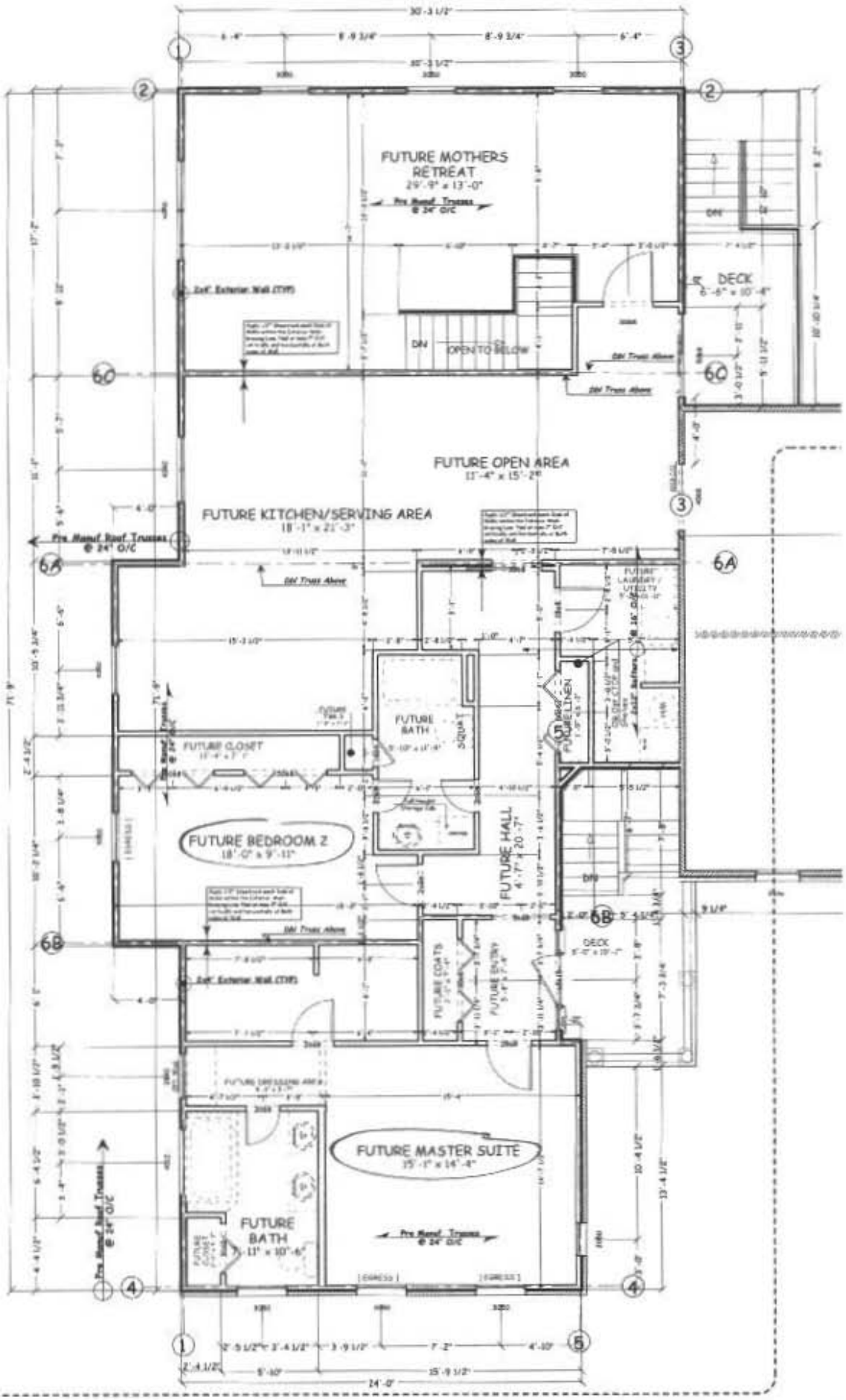
PLAN - Foundation

6 Scale : 1/4" = 1'-0"

Olav Gjerde's CAD STUDIO Basement Vis

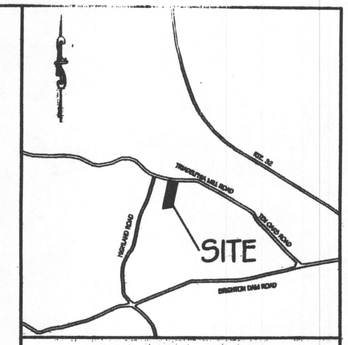


1st Floor

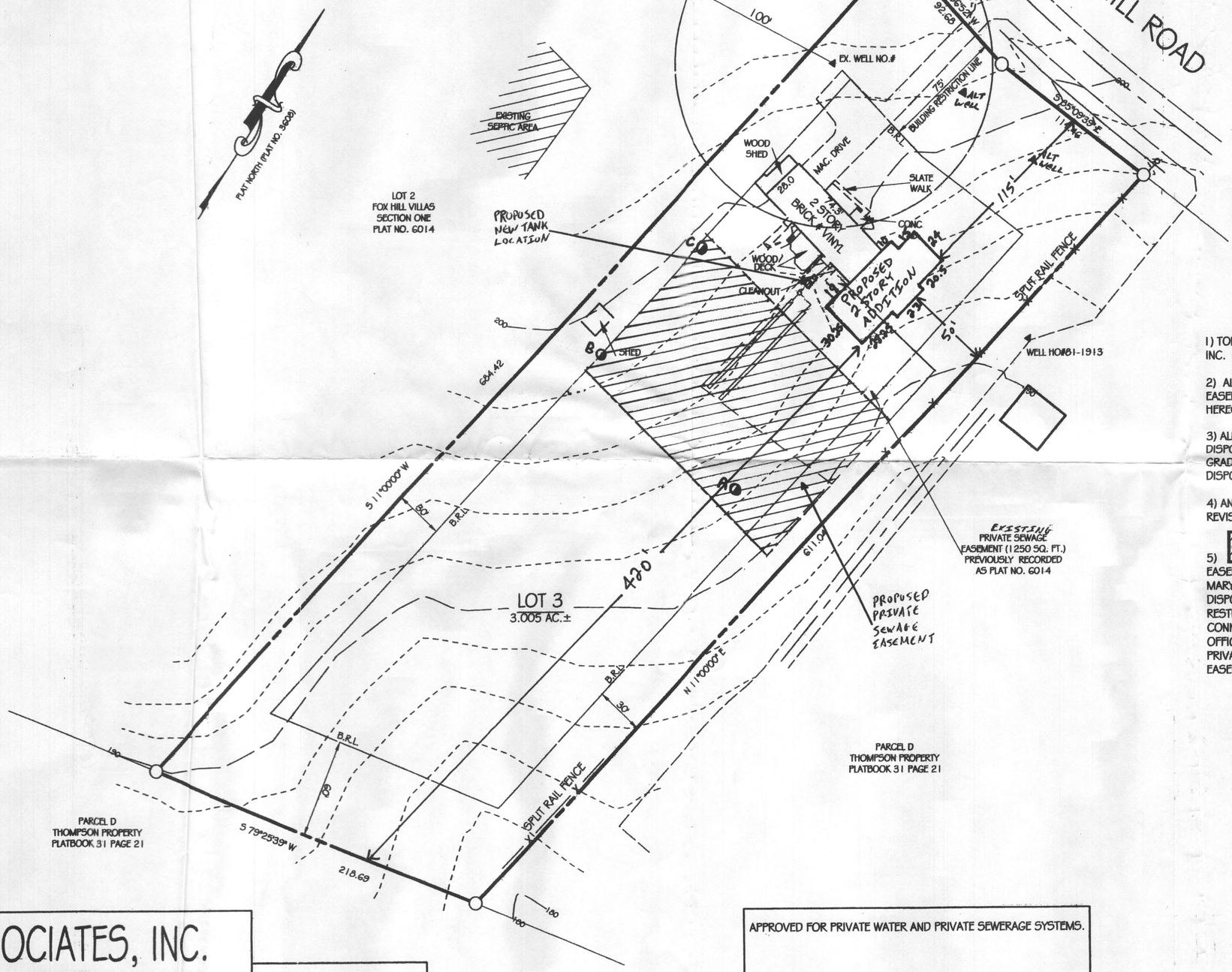


Jav Gjerde's CAD STUDIO 2nd Floor Vis

13331 TRIADELPHIA MILL ROAD



VICINITY MAP
1"=2000'

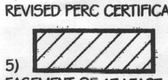


1) TOPOGRAPHY SHOWN HEREON WAS FIELD RUN BY RTF ASSOCIATES, INC. 10-04-2009 AND IS BASED ON ASSUMED DATUM

2) ALL EXISTING WELLS, SEPTIC SYSTEMS AND SEWAGE DISPOSAL EASEMENTS WITHIN 100 FEET OF PROPERTY BOUNDARIES ARE SHOWN HEREON.

3) ALL EXISTING AND PROPOSED WELLS, SEPTIC SYSTEMS AND SEWAGE DISPOSAL SYSTEMS THAT ARE LOCATED WITHIN 200 FEET DOWN GRADIENT OF EXISTING OR PROPOSED SEPTIC SYSTEMS AND SEWAGE DISPOSAL EASEMENTS ARE SHOWN HEREON.

4) ANY CHANGES TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERC CERTIFICATION PLAN.

5)  THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A REVISED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.

RTF ASSOCIATES, INC.
PROFESSIONAL LAND SURVEYORS & PLANNERS
142 EAST MAIN STREET
WESTMINSTER, MD 21157
410-848-2040 FAX# 410-840-8387 410-876-1222

CHECKED BY: _____ DATE: 08-20-2008
DRAWN BY: M.B.J. DATE: 11-10-09
SCALE: 1" = 50' R.T.F. JOB # 09-58

I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION AND IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

JOHN E. LEMMERMAN
REGISTERED PROFESSIONAL LAND SURVEYOR NO. 21086

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.

HOWARD COUNTY HEALTH OFFICER

REVISIONS		DEVELOPER
DATE	REASON	MERSON MANAGEMENT & CONSULTING, LLC C/O QUINTON MERSON 1004 CHAPEL ROAD NEW WINDSOR, MD 21776 443-974-8603

EXISTING LOT OF RECORD
PERC CERTIFICATION PLAN
AND
SKETCH OF PROPOSED ADDITION
LOT 3
FOXHALL VILLAS
SECTION ONE
RECORDED AS PLAT NO. 6014

TAX MAP 34 GRID 3 PARCEL 395

Permits: 410-313-2455
Inspections: 410-313-1810
Automated Line: 410-313-3800

Howard County Building/Fire Permit Application

Department of Inspections, Licenses & Permits
3430 Court House Drive
Ellicott City, MD 21043

Permit Number:

Building Address: 13331 Triadelphia Mill Rd Clarksville MD
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Sohaila Ali
Address: 13331 Triadelphia Mill Rd
City: Clarksville State: MD Zip Code: _____
Home Phone: _____ Work Phone: _____
Applicant's Name & Mailing Address, (If other than stated herein):
Phone: _____ Fax: _____
Email: _____

Existing Use: SFD
Proposed Use: SFD
Estimated Construction Cost: $ 23,000.00
Description of Work: Add 312 sq ft office w/ powder room to the rear of existing structure
Occupant or Tenant: _____
Was tenant space previously occupied? ☐Yes ☐No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: White Wave Builders
Contact Person: Wes Westcott
Address: 2304 Bellow Ct
City: Crofton State: MD Zip Code: 21114
License No.: 97305
Phone: 443 250 7042 Fax: _____
Email: wes@whitewavebuilders.com

Engineer/Architect Company: The CAD Studio
Responsible Design Prof.: Olav Gjerde
Address: 8610 Hunters Dr
City: Frederick State: MD Zip Code: 21701
Phone: 240 994 9554 Fax: _____
Email: _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height:	*Water Supply*
No. of stories:	☐ Public
Gross area, sq. ft./floor:	☐ Private
	Sewage Disposal
Area of construction (sq. ft.):	☐ Public
	☐ Private
Use group:	Electric: ☐ Yes ☐ No
	Gas: ☐ Yes ☐ No
Construction type:	*Heating System*
☐ Reinforced Concrete	☐ Electric ☐ Oil
☐ Structural Steel	☐ Natural Gas ☐ Propane Gas
☐ Masonry	*Sprinkler System:*
☐ Wood Frame	☐ N/A
☐ State Certified Modular	☐ Full
➢ Roadside Tree Project Permit	☐ Partial
☐Yes ☐No	☐ Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION – RESIDENTIAL

Building Characteristics	*Utilities*
☒ SF Dwelling ☐ SF Townhouse	*Water Supply*
Depth Width	☐ Public
1st floor:	☒ Private
2nd floor:	*Sewage Disposal*
Basement:	☐ Public
☐ Finished Basement	☒ Private
☐ Unfinished Basement	Electric: ☐Yes ☐ No
☐ Crawl Space	Gas: ☐ Yes ☒No
☐ Slab on Grade	*Heating System*
No. of Bedrooms:	☒ Electric
Multi-family Dwelling	☐ Oil
No. of efficiency units:	☐ Natural Gas
No. of 1 BR units:	☐ Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	➢ Roadside Tree Project Permit
Roof:	☐Yes ☒No
☐ State Certified Modular	Roadside Tree Project Permit #
☐ 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 — *Print Name*: Wes Westcott

Email Address: wes@whitewavebuilders.com — *Date*: 10/18/17

Title/Company: Pres. / White Wave Builders

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	10/19/17	
Fire Protection		

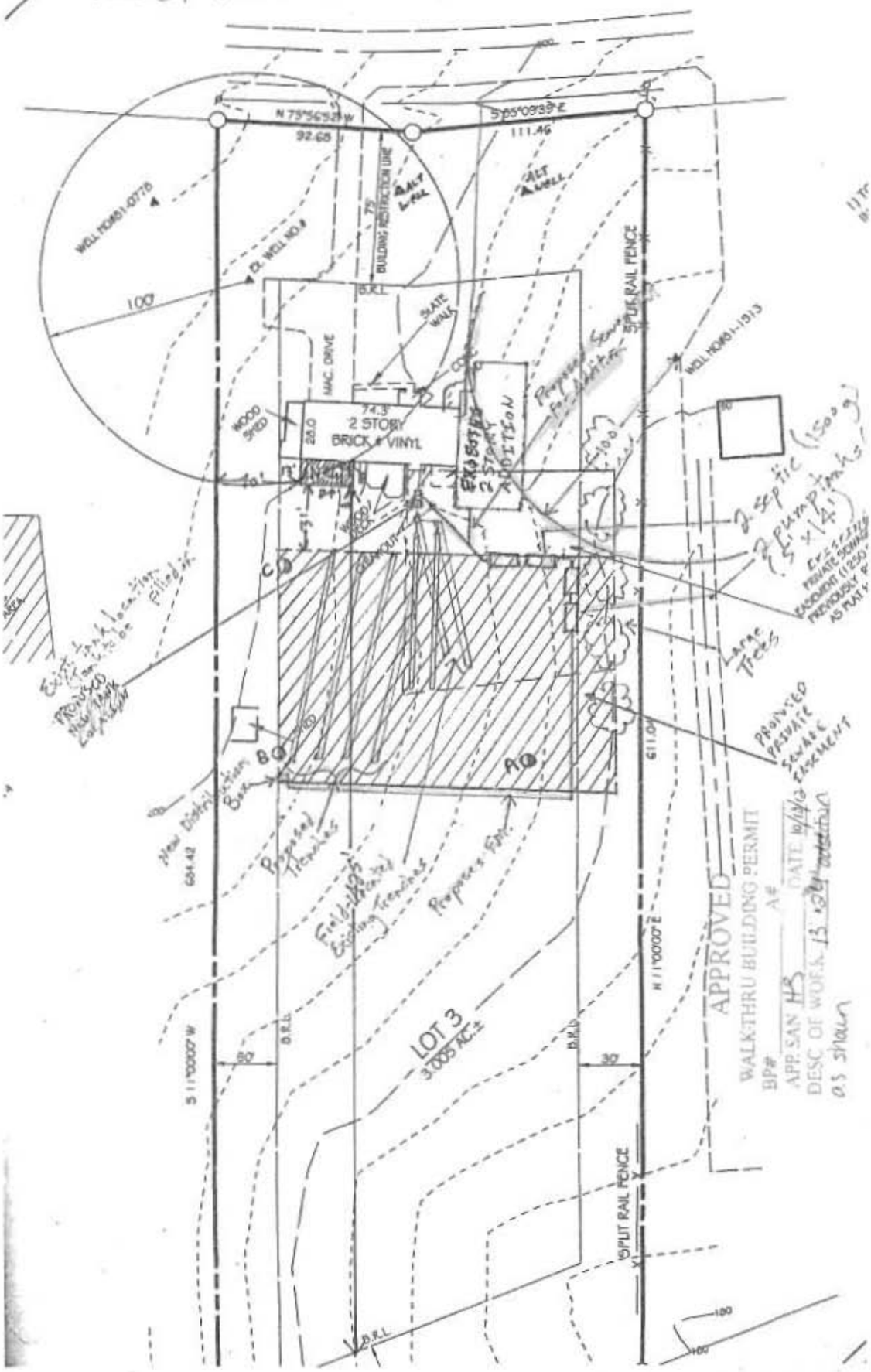
Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START
☐ ONE STOP SHOP

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 New Town Zone:
SDP/Red-line approval date:

Filing Fee	$
Permit Fee	$
Tech Fee	$
Excise Tax	$
PSFS	$
Guaranty Fund	$
Add'l per Fee	$
Total Fees	$
Sub- Total Paid	$
Balance Due	$

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA
T:\Operations\Updated Forms\New building app 11.10.2010.docx

13331 TRIADELPHIA MILL ROAD



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: ____________

Permit No.: ____________

Building Address: 13331 TRIADELPHIA MILL ROAD
City: CLARKSVILLE State: MD Zip Code: 21029
Suite/Apt. #: ______ SDP/WP/BA #: ______
Census Tract: ______ Subdivision: ______
Section: ______ Area: ______ Lot: ______
Tax Map: ______ Parcel: ______ Grid: ______
Zoning: ______ Map Coordinates: ______ Lot Size: ______

Existing Use: SFD
Proposed Use: SFD
Estimated Construction Cost: $ 70,000
Description of Work: Finish existing 2nd floor to create Master suite, bedroom, office area, mothers retreat, bath w/ laundry facility & future kitchen
Occupant or Tenant: ______
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: ______
Address: ______
City: ______ State: ______ Zip Code: ______
Phone: ______ Fax: ______
Email: ______

Property Owner's Name: Schaila M. Ali
Address: 13331 Triadelphia Mill Rd
City: Clarksville State: MD Zip Code: 21029
Phone: 4__-751-6184 Fax: ______
Email: sbhassan1@gmail.com

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: ______
Address: ______
City: ______ State: ______ Zip Code: ______
Phone: ______ Fax: ______
Email: ______

Contractor Company: Home owner
Contact Person: ______
Address: ______
City: ______ State: ______ Zip Code: ______
License No.: ______
Phone: ______ Fax: ______
Email: ______

Engineer/Architect Company: ______
Responsible Design Prof.: ______
Address: ______
City: ______ State: ______ Zip Code: ______
Phone: ______ Fax: ______
Email: ______

Commercial Building Characteristics	*Residential Building Characteristics*
Height:	☐ SF Dwelling ☐ SF Townhouse
No. of stories:	**Depth** **Width**
Gross area, sq. ft./floor:	1st floor:
	2nd floor:
Area of construction (sq. ft.):	Basement:
	☐ Finished Basement
Use group:	☐ Unfinished Basement
	☐ Crawl Space
Construction type:	☐ Slab on Grade
☐ Reinforced Concrete	No. of Bedrooms:
☐ Structural Steel	***Multi-family Dwelling***
☐ Masonry	No. of efficiency units:
☐ Wood Frame	No. of 1 BR units:
☐ State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
➤ **Roadside Tree Project Permit**	Footings:
☐ Yes ☐ No	Roof:
Roadside Tree Project Permit #	☐ 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	
☐ Other:	
Sprinkler System:	
☐ Yes ☑ No	
Grading Permit Number:	
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.

Schaila Mohsin Ali
Applicant's Signature

SCHAILA MOHSIN ALI
Print Name

sbhassan1@gmail.com
Email Address

12/19/17
Date

______
Title/Company

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	12/18/18	[signature]

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

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 New Town Zone:
SDP/Red-line approval date:

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

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

T:\Operations\Updated Forms\Building applmp 8.2012.docx

Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 13331 TRIADELPHIA MILL ROAD
City: CLARKSVILLE State: MD Zip Code: 21029
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD
Proposed Use: SFD
Estimated Construction Cost: $ 70,000
Description of Work: Finish existing basement & create Master Suite, bedroom, sitting area, library & bath w/ laundry in 1/2 bath area
Occupant or Tenant: _____
Was tenant space previously occupied? ☐Yes ☐No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: Sohaila Ali
Address: 13331 Triadelphia Mill Rd
City: Clarksville State: MD Zip Code: 21029
Phone: 410-781-6184 Fax: _____
Email: Sshassan1@gmail.com

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: Homeowner
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No.: _____
Phone: _____ Fax: _____
Email: _____

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

Commercial Building Characteristics	*Residential Building Characteristics*
Height:	☑ SF Dwelling ☐ SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1st floor:
	2nd floor:
Area of construction (sq. ft.):	Basement:
	☐ Finished Basement
Use group:	☐ Unfinished Basement
	☐ Crawl Space
Construction type:	☐ Slab on Grade
☐ Reinforced Concrete	No. of Bedrooms:
☐ Structural Steel	*Multi-family Dwelling*
☐ Masonry	No. of efficiency units:
☐ Wood Frame	No. of 1 BR units:
☐ State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
> **Roadside Tree Project Permit**	Footings:
☐Yes ☐No	Roof:
Roadside Tree Project Permit #	☐ 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	
☐ Other:	
Sprinkler System:	
☐ Yes ☑ No	
Grading Permit Number:	
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.

Sohaila Mohsin Ali
Applicant's Signature

SOHAILA MOHSIN ALI
Print Name

Sshassan1@gmail.com
Email Address

12/19/13
Date

Title/Company

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	12/19/13	

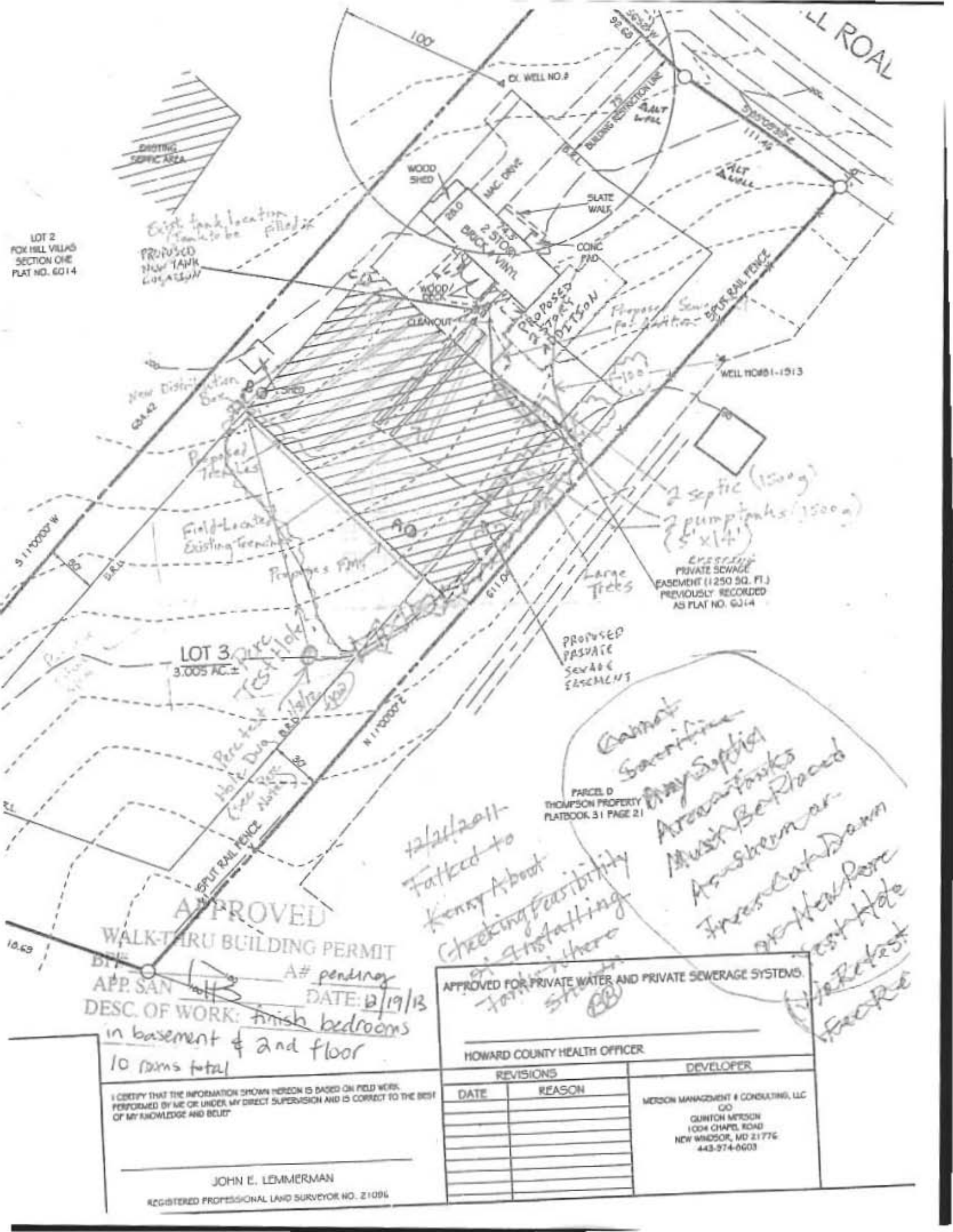
Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

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 New Town Zone:	
SDP/Red-line approval date:	

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

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

T:\Operations\Updated Forms\Building approval 8.2012.docx


LOT 2
FOX HILL VILLAS
SECTION ONE
PLAT NO. 6014
EXISTING SEPTIC AREA
EXIST. WELL NO.#
100'
WOOD SHED
MAC. DRIVE
SLATE WALK
2.5 STORY BRICK & VINYL
CONC. PAD
PROPOSED 2 STORY ADDITION
CLEANOUT
WOOD DECK
SPLIT RAIL FENCE
WELL NO#81-1513
LOT 3
3.005 AC.±
PROPOSED PRIVATE SEWAGE EASEMENT
PARCEL D
THOMPSON PROPERTY
PLATBOOK 31 PAGE 21
APPROVED
WALK-THRU BUILDING PERMIT
A# pending
DATE: 12/19/13
DESC. OF WORK: finish bedrooms in basement & 2nd floor
10 rooms total
APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.
HOWARD COUNTY HEALTH OFFICER
I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION AND IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF
JOHN E. LEMMERMAN
REGISTERED PROFESSIONAL LAND SURVEYOR NO. 21094
REVISIONS
DATE
REASON
DEVELOPER
MERSON MANAGEMENT & CONSULTING, LLC
C/O
QUINTON MERSON
10014 CHAPEL ROAD
NEW WINDSOR, MD 21776
443-974-0603

Permits: 410-313-2455
Inspections: 410-313-1810
Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
Department of Inspections, Licenses & Permits
3430 Court House Drive
Ellicott City, MD 21043

Permit Number:

Building Address: 13331 Triadelphia Mill Rd Clarksville MD

Suite/Apt. #: _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD

Proposed Use: SFD

Estimated Construction Cost: $ 30,000.00

Description of Work: Add 599 sq ft. garage to front of existing structure

Occupant or Tenant: _____

Was tenant space previously occupied? ☐Yes ☐No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Sohaila Ali

Address: 13331 Triadelphia Mill Rd

City: Clarksville State: MD Zip Code: _____

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein):

Phone: _____ Fax: _____

Email: _____

Contractor Company: White Wave Builders

Contact Person: Wes Westcott

Address: 2304 Bellow Ct

City: Crofton State: MD Zip Code: 21114

License No.: 97305

Phone: 443 250 7042 Fax: _____

Email: wes@whitewavebuilders.com

Engineer/Architect Company: The CAD Studio

Responsible Design Prof.: Olav Gjerde

Address: 8610 Hunters Dr

City: Frederick State: MD Zip Code: 21701

Phone: 240 994 4554 Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height:	*Water Supply*
No. of stories:	☐ Public
Gross area, sq. ft./floor:	☐ Private
	Sewage Disposal
Area of construction (sq. ft.):	☐ Public
	☐ Private
Use group:	Electric: ☐ Yes ☐ No
	Gas: ☐ Yes ☐ No
Construction type:	*Heating System*
☐ Reinforced Concrete	☐ Electric ☐ Oil
☐ Structural Steel	☐ Natural Gas ☐ Propane Gas
☐ Masonry	*Sprinkler System:*
☐ Wood Frame	☐ N/A
☐ State Certified Modular	☐ Full
➢ Roadside Tree Project Permit	☐ Partial
☐Yes ☐No	☐ Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION – RESIDENTIAL

Building Characteristics	Utilities
☒ SF Dwelling ☐ SF Townhouse	*Water Supply*
Depth Width	☐ Public
1st floor:	☒ Private
2nd floor:	*Sewage Disposal*
Basement:	☐ Public
☐ Finished Basement	☒ Private
☐ Unfinished Basement	Electric: ☐Yes ☐ No
☐ Crawl Space	Gas: ☐ Yes ☒No
☐ Slab on Grade	*Heating System*
No. of Bedrooms:	☒ Electric
Multi-family Dwelling	☐ Oil
No. of efficiency units:	☐ Natural Gas
No. of 1 BR units:	☐ Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	➢ Roadside Tree Project Permit
Roof:	☐Yes ☒No
☐ State Certified Modular	Roadside Tree Project Permit #
☐ 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 — *Print Name*: Wes Westcott

Email Address: wes@whitewavebuilders.com — *Date*: 10/18/12

Title/Company: Pres. / White Wave Builders

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
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Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	10/18/12	[signature]
Fire Protection		

Is Sediment Control approval required for issuance? ☐ Yes ☐ No

☐ CONTINGENCY CONSTRUCTION START

☐ ONE STOP SHOP

DPZ SETBACK INFORMATION	
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Rear:	
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13331 TRIADELPHIA MILL ROAD - GARAGE