
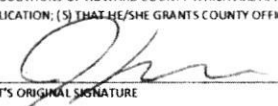


PERMIT NUMBER: B 20004492

DATE ACCEPTED:

LICENSED & DIVISION

|  RESIDENTIAL BUILDING PERMIT APPLICATION HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS 2430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4 www.howardcountymd.gov | | | |
|---|--|--|---|
| BUILDING SITE ADDRESS REQUIRED | | | |
| Street Address: 13069 Triadelphia Mill Rd | | Unit: | |
| City: Clarksville | State: MD | Zip Code: 21029 | |
| Subdivision/Village/Complex Name: | | SDP/WP/BA #: | |
| Lot: | Tax Map: | Parcel: | Grading Permit #: |
| DESCRIPTION OF WORK REQUIRED | | | |
| Existing Use: SFO | | Proposed Use: SFO | |
| Trade Work to Be Completed (Separate Permits Required): | | Estimated Cost: \$ | |
| <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None | | | |
| Install 40' x 11.5' off house open wood framed deck with steps to grade 460 sq ft | | | |
| PROPERTY OWNER INFORMATION REQUIRED | | | |
| Owner(s) Name(s) (As it appears on tax records): Kathryn + Knowles Atchison | | Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Owner's Street Address: 13069 Triadelphia Mill Rd | | | |
| City: Clarksville | State: MD | Zip Code: 21029 | |
| Phone: 931-224-0782 | Email: phelps.kate4@gmail.com | | |
| APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION | | | |
| Business Name: Sentra Properties LLC | | Contact Name: Jeff Landon | |
| Street Address: 8249 Hickory Hollow Dr | | | |
| City: Glen Burnie | State: MD | Zip Code: 21060 | |
| Phone: 410-984-6229 | Email: Sentra2@gmail.com | | |
| CONTRACTOR INFORMATION REQUIRED | | | |
| Business Name: Sentra Properties LLC | | | |
| Licensee's Name: Jeff Landon | | License #: 118302 | |
| Street Address: 8249 Hickory Hollow Dr | | | |
| City: Glen Burnie | State: MD | Zip Code: 21060 | |
| Phone: 410-984-6229 | Email: Sentra2@gmail.com | | |
| 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: <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*) | | Condo: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Utilities: <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Gas | Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well) | Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic) | |
| Heating System: <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other: | | Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: # | |
| Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> None | | Fire Alarm System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None | | | |
| Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial | | | |
| 1 st Fl Width: | 1 st Fl Depth: | 2 nd Fl Width: | 2 nd Fl Depth: |
| Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> 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 THERE TO; (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 | | 12-15-20 DATE SIGNED | |
| FOR OFFICE USE ONLY | | | |
| CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY | | | |
| AGENCIES REQUIRED/APPROVALS: | | | |
| <input checked="" type="checkbox"/> PR | <input checked="" type="checkbox"/> DPZ | <input checked="" type="checkbox"/> EED | <input checked="" type="checkbox"/> Health 1/14/2021 <input type="checkbox"/> SHA <input type="checkbox"/> CID |
| SUBMITTAL FEES: 55 | | PAYMENT: 1644 | ACCEPTED BY: |

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 1-7-21

To: Hank Oswald
(Person's Name and Division)

From: _____ (_____) _____
(Your Name, Company Name and Telephone Number)

Subject: Project name _____
Project site address 13069 Triadelphia Mill Rd
Permit # B20004492 SDP # _____
Other information pertinent to this project _____

☒ Please check the attachments below that you are submitting with this transmittal:

- ☐ Letter of response to address plan review comment letter
- ☒ Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- ☐ Letter Summarizing Changes
- ☐ Energy conservation calculations
- ☐ Copies of _____ (be specific).
- ☒ Health Department Request ☐ DPZ/ DED Request ☐ Applicant's Request
- ☐ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- ☐ Other _____

Contact Person Information: (Required)

Please Print Name

Telephone No: _____

E-Mail Address: _____

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by Drop Box

White-Plan Review / Yellow-Applicant / Pink-Permit Division
t:\Operations\Updated forms\transmit.frm - Rev. 04/2014

RECEIVED

JAN 07 2021

LICENSES & PERMITS
DIVISION

Oswald, Hank

From: Oswald, Hank
Sent: Tuesday, January 5, 2021 9:46 AM
To: SCUTRO2@GMAIL.COM
Subject: B200004492_13069 Triadelphia Mill Road
Attachments: Septic Record_13069 Triadelphia Mill Road.pdf

Please update the site plan to include the well and septic system components and resubmit revised site plan to permits office. I've attached the septic record for your convenience.

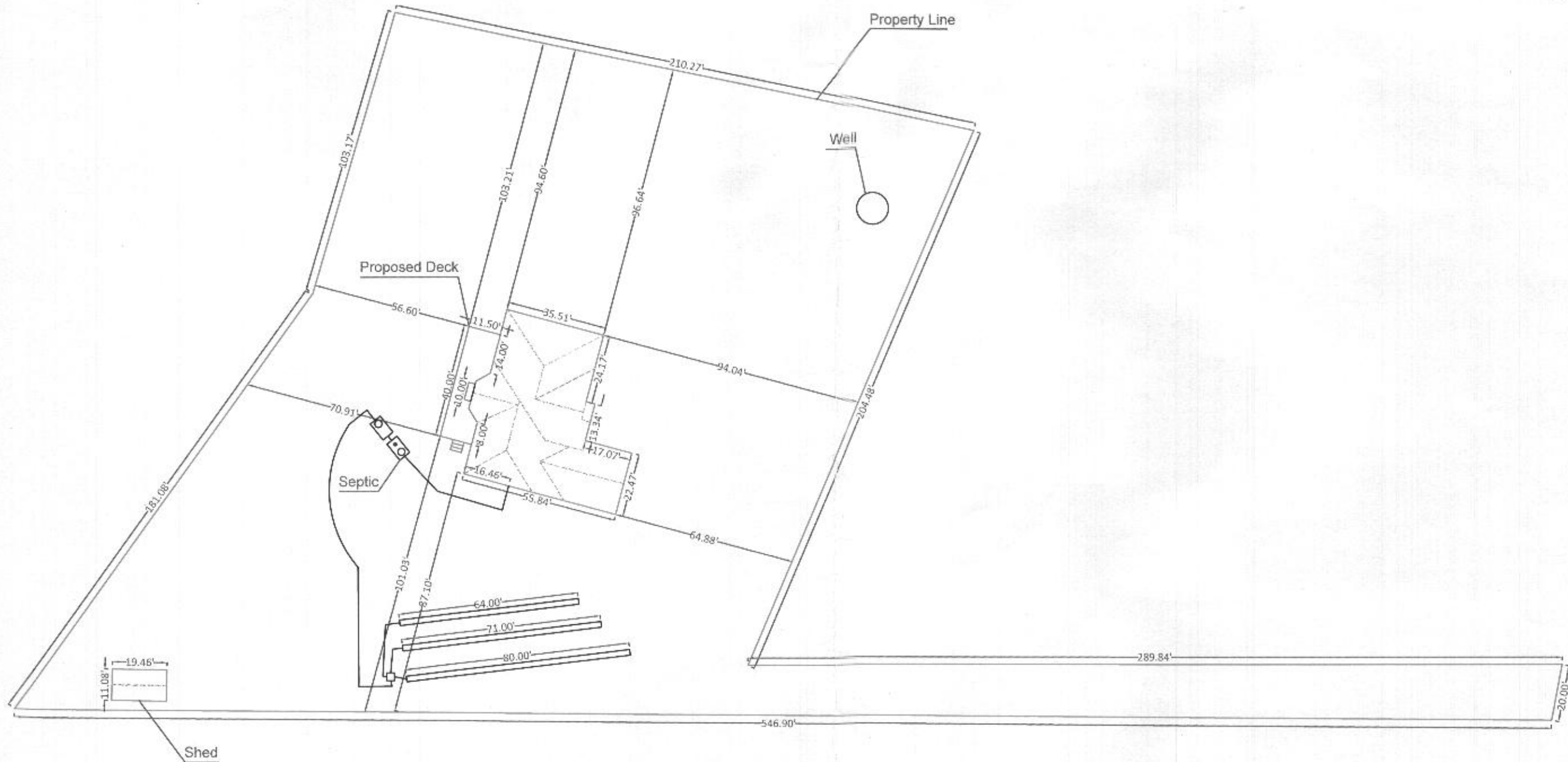
Please keep me posted. Should you have any questions, please don't hesitate to ask.

Thanks,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
(410) 313 - 1786
hoswald@howardcountymd.gov

B20004492 (40' x 11.5' deck)



13069 Triadelphia Mill Rd
Clarksville, MD 21209
Scale: 1"=40'

