

606001234

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 513-2455 INSPECTIONS (410) 513-1810
AUTOMATED INFORMATION (410) 513-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
606001233

Building Address **14630 Triadelphia Mill Rd.**
Dayton, MD 21036

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map **27** Parcel **96** Grid _____

Zoning _____ Map Coordinates _____ Lot size **5.0**

Property Owner's Name **Kerry & Scott Posey**

Address **14630 Triadelphia Mill Rd.**

City **Dayton** State **MD** Zip Code **21036**

Home Phone **(410) 531-8553** Work Phone _____

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

Phone _____ Fax _____

Existing Use **single family dwelling**

Proposed Use **addition to single family dwelling**

Estimated Construction Cost **\$ 750,000.**

Description of Work **add 4200 sq.ft. two story addition with 3 BR and 3 car garage**
Remodel existing dwelling with 1 BR

Contractor Company **Crosen Homes, Inc.**

Contact Person **Leslie Crosen**

Address **3785 Shady Lane**

City **Glenwood** State **MD** Zip Code **21738**

License No. **Reg#868** **05-123216**

Phone **(410) 442-8262** Fax **(410) 489-5242**

Occupant or Tenant **Kerry & Scott Posey**

Contact Name **KERRY & SCOTT POSEY**

Address **14630 Triadelphia Mill Rd.**

City **Dayton** State **MD** Zip Code **21036**

Phone **(410) 531-8553** Fax _____

Engineer or Architect Company **Shanaberger & Lane**

Contact Person **Rich**

Address **8726 Town & Country Blvd**

City **Ellicott City** State **MD** Zip Code **21043**

Phone **(410) 461-9563** Fax **(410) 461-9693**

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling ☐ SF Townhouse ☐ Depth _____ Width _____	Water Supply: _____ Public _____ Private ☒
1st floor: _____	Sewage Disposal: _____ Public _____ Private ☒
2nd floor: _____	Electric Yes ☒ No ☐ Gas Yes ☐ No ☐
Basement: _____	Heating System: _____ Electric ☒ Oil ☐ Natural Gas ☐ Propane Gas ☐
Finished Basement ☐ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms 4	Sprinkler system: N/A ☐ NFPA #13D _____ NFPA #13R _____ Other: _____
Height: _____	
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 Height: _____	
State Certified Modular _____	
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

Title/Company

Print Name

Date

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	7/31/06	Leslie Crosen	
Fire Protection			
Is Sediment Control approval required prior to issuance?			
YES ☐ NO ☐			

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES ☐ NO ☐	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES ☐ NO ☐	Check # 1333
Historic District?	Validation # _____
YES ☐ NO ☐	
Lot Coverage for New Town Zone _____	
SDP/Red-line approval date _____	

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

Number of Copies

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

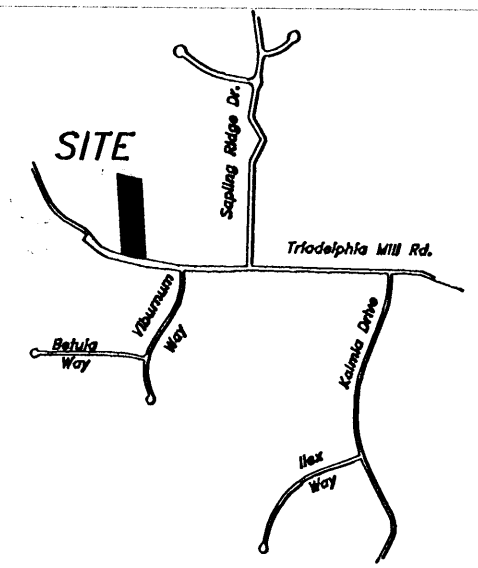
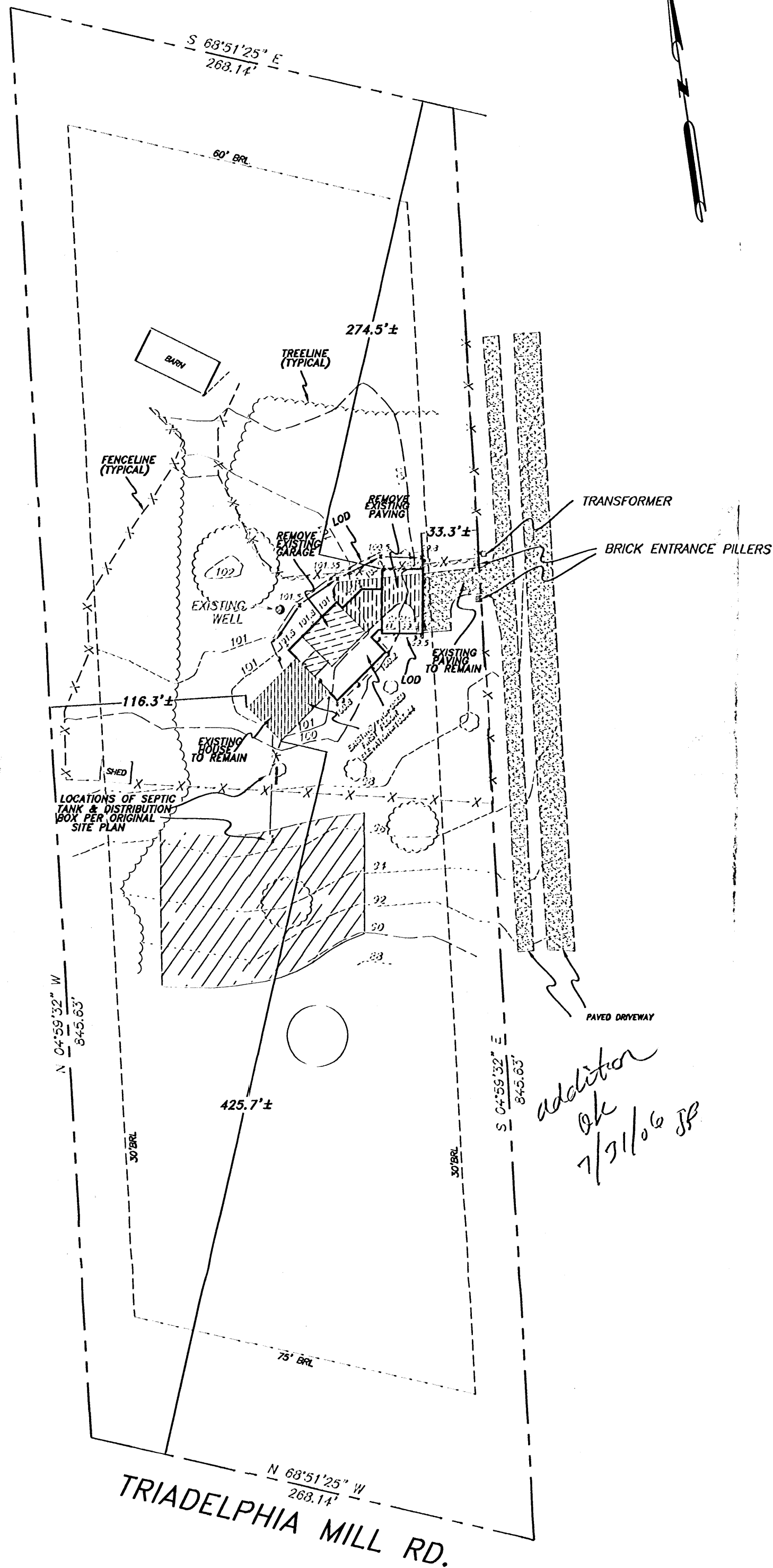
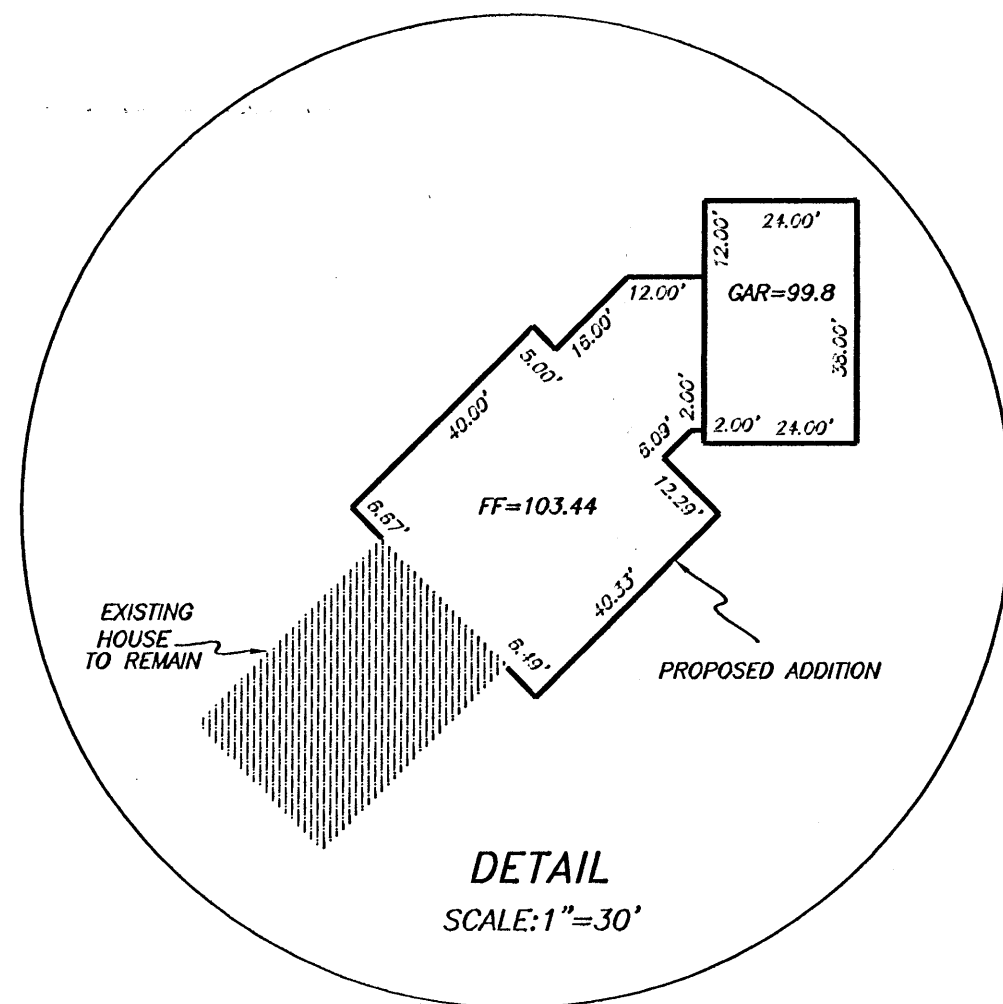
Pink: Health

Gold: SHA

Accepted by _____

Rev. 11/4/04

1. THE TOPOGRAPHY SHOWN HEREON WAS FIELD-RUN BY SHANABERGER & LANE ON JUNE 10, 2006 (AND IS BASED ON A PREVIOUSLY ASSUMED ELEVATION OF 100.00' FROM 1998 SURVEY/SITE PLAN WE PREPARED FOR CONSTRUCTION OF "NOW EXISTING HOUSE")
2. BRL DESIGNATES BUILDING RESTRICTION LINE
3. ☉ DESIGNATES EX. WELL
4. THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS DISPOSAL AREA SHALL BECOME NULL & VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE DISPOSAL AREA.
5. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP AND LOT AREA AS REQUIRED BY THE MD STATE DEPARTMENT OF THE ENVIRONMENT.
6. SUBJECT PROPERTY ZONED: RR-DEO
7. TOTAL PROPERTY AREA PER DEED L.4516/F.160: 5 ACRES
8. LIMIT OF DISTURBANCE: 4760 S.F.±
9. DESIGNATES PAVING TO BE REMOVED.
10. DESIGNATES PAVING TO REMAIN.
11. DESIGNATES EXISTING GARAGE TO BE REMOVED.
12. DESIGNATES EXISTING HOUSE TO REMAIN.
13. DESIGNATES TREELINE TO REMAIN.
14. DESIGNATES TREE LINE TO BE REMOVED.
15. DESIGNATES LIMIT OF DISTURBANCE.
16. DESIGNATES EXISTING CONTOUR.
17. DESIGNATES PROPOSED SPOT ELEVATION.
18. DESIGNATES EXISTING FENCE.



VICINITY MAP
SCALE: 1" = 2000'

OWNER PROPOSES TO USE EXISTING SEPTIC SYSTEM

BUILDER:
CROSEN HOMES
3785 SHADY LANE
GLENWOOD, MD 21738

OWNER
D. SCOTT POSEY
KERRY DOYLE
14630 TRIADDELPHIA MILL RD. *
DAYTON, MD 21036

SHANABERGER & LANE
8726 TOWN & COUNTRY BLVD.
SUITE 201
ELLCOTT CITY, MD. 21043
PHONE: 410-461-9563
FAX: 410-461-9693

*SITE PLAN
PROPOSED ADDITION TO THE
POSEY RESIDENCE
14630 TRIADELPHIA MILL RD.
DAYTON MD, 21036
L.4516/F.160
TAX MAP 27
5TH ELECTION DIST. PARCEL 96
SCALE:1"=60' HOWARD CO.,MD.
JULY 7, 2006*

14630 Truadelphia Mill Rd

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
7/19/06	Adding an extra bedroom total to be 4. Need a septic upgrade. and new tank. Either a 1250 gal two compartment or a piggy back 500 gal. Need an additional 45' trench. JR
.5	

3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410)313-2458 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00136098
Building Address <u>14630 Triadelphia Mill Road</u> <u>Dayton MD 21036</u>		Property Owner's Name <u>D. Scott Posey</u> Address <u>14630 Triadelphia Mill Road</u> City <u>Dayton</u> State <u>MD</u> Zip Code <u>21036</u> Home Phone <u>410-531-8553</u> Work Phone <u>301-252-1094</u> Applicant's Name & Mailing Address, (if other than stated hereon): Phone _____ Fax _____	
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>605101</u> Subdivision <u>Dayton</u> Section _____ Area _____ Lot <u>23</u> Tax Map <u>27</u> Parcel <u>14696</u> Grid <u>16</u> Zoning <u>RRPEO</u> Map Coordinates <u>B63</u> Lot size _____		Contractor Company <u>Sturdy-Built Mfg.</u> Contact Person <u>Douglas Patete</u> Address <u>P.O. Box 187</u> City <u>East Freedom</u> State <u>PA</u> Zip Code <u>16637</u> License No. <u>26570</u> Phone _____ Fax _____	
Existing Use <u>Single Family Home</u> Proposed Use <u>Same with garage</u> Estimated Construction Cost: \$ <u>24,000</u> Description of Work <u>2 story 2 car</u> <u>garage attached to side</u> <u>with breezeway storage above</u>		Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	
Occupant or Tenant <u>owner</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
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: <u>Garage</u> Dimensions: <u>24' x 20'</u> 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:

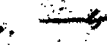
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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 Kerry A. Posey
Print Name S-10-02
Title/Company _____
Date _____

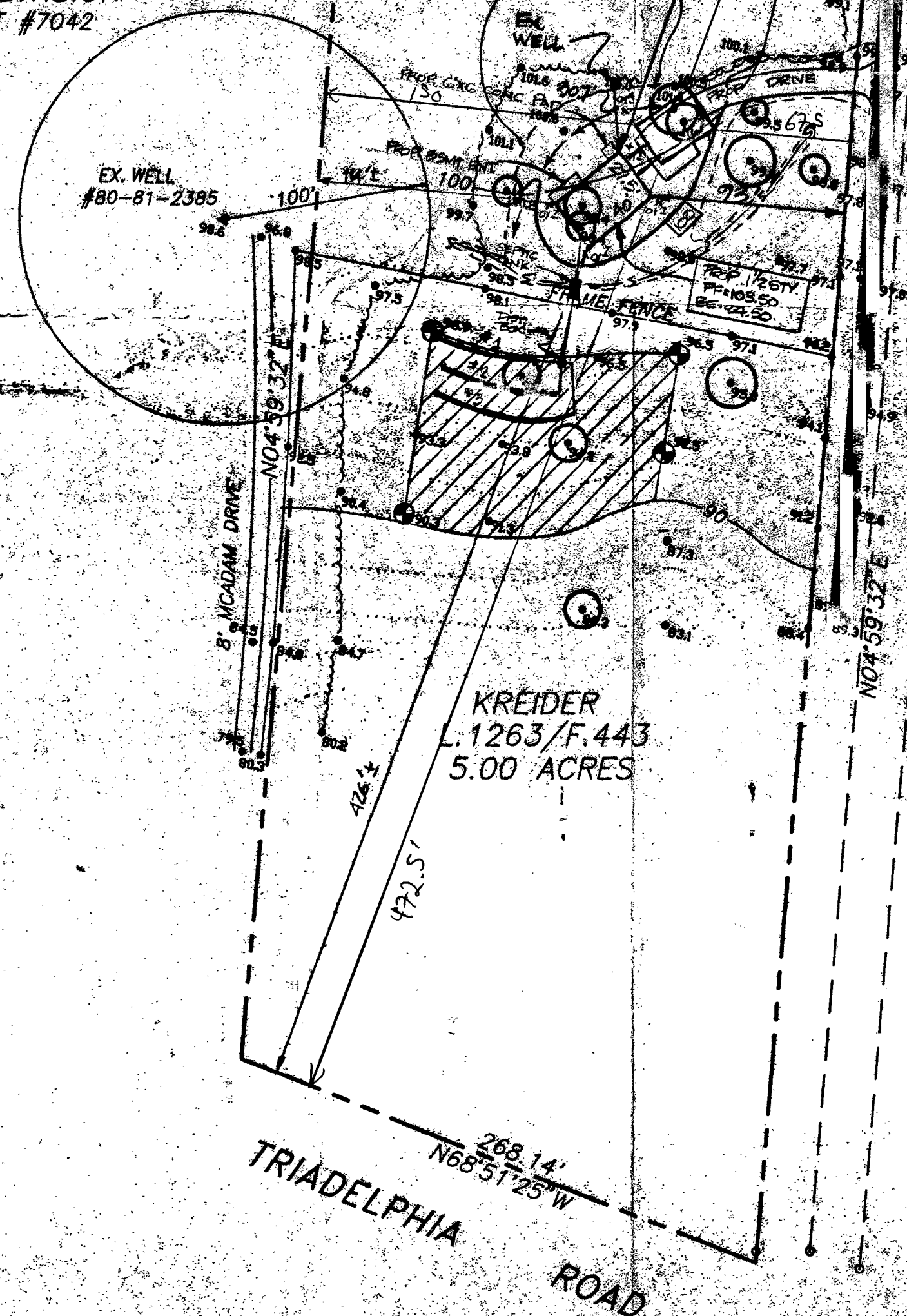
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY **

AGENCY SIGNATURE APPROVAL		DPZ SETBACK INFORMATION		PROPERTY ID# <u>36061</u>	
Development DPZ	_____	Front: _____	_____	Filing fee	\$ <u>15</u>
Highway	_____	Rear: _____	_____	Permit fee	\$ _____
Official	_____	Side: _____	_____	Excise tax	\$ _____
Engineer	_____	Side St: _____	_____	Add'l per fee	\$ _____
Other	_____	All minimum setbacks met?	YES ☐ NO ☐	TOTAL FEES	\$ _____
Comments and/or recommendations	_____	Is Entrance Permit required?	YES ☐ NO ☐	Sub-total paid	\$ _____
YES ☐ NO ☐	_____	Historic District?	YES ☐ NO ☐	Balance due	\$ _____
Comments and/or recommendations	_____	Lot Coverage for New Town Zone	_____	Check	<u>101</u>
YES ☐ NO ☐	_____	SDP/Red-line approval date	_____	Validation	<u>1550</u>
Comments and/or recommendations	_____	Yellow: DED, DPZ	_____	Accepted by	_____
YES ☐ NO ☐	_____	Pink: Health	_____	Gold: SHA	_____
Comments and/or recommendations	_____	Green: LDD, DPZ	_____	Rev: 5/17/00	_____
YES ☐ NO ☐	_____	White: Building Official	_____		_____

NOTES:

1. THE TOPOGRAPHY SHOWN HEREON WAS FIELD-RUN BY SHANABERGER & LANE ON JUNE 1 & 2, 1998.
2.  DESIGNATES EX. TREE
 DESIGNATES EDGE OF WOODS
 DESIGNATES FIELD-LOCATED PERC TEST
3.  THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 S.F. AS REQUIRED BY THE MD. STATE DEPT. OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED PLAT SHALL NOT BE NECESSARY.
4. THE TOPOGRAPHY SHOWN HEREON IS BASED ON AN ASSUMED ELEVATION OF 100.00.
5. TOTAL DISTURBED AREA: 3,090^{sq} ft
6.  DESIGNATES SILT FENCE

BRUFFEY
SUBDIVISION
PLAT #7042



SEPTIC SYSTEM DATA

AT HOUSE:
EX. GRADE 99.3
FIN. GRADE 101.7
INV. OUT 96.7

SEPTIC TANK:
EX. GRADE 98.3
FIN. GRADE 98.3
INV. IN 96.3
INV. OUT 96.05

DISTRIBUTION BOX:
EX. GRADE 96.6
FIN. GRADE 96.0
INV. IN 93.7
INV. OUT 93.7

TRENCHES	#1	#2	#3
EX. GRADE	96.5	95.0	94.8
FIN. GRADE	96.5	95.0	94.8
INV. IN	93.5	92.8	91.8
BOTTOM	89.5	88.8	87.8
LENGTH	80'	60'	70'

5/30/02
Ms. Rosey
called - said
well 21' from
proposed garage

SHANABERGER & LANE
8726 TOWN & COUNTRY BLVD.
SUITE 104
ELLICOTT CITY, MD., 21043
(410)-481-9563

SITE PLAN
KREIDER PROPERTY
L.1263/F.443

5TH ELECTION DIST. HOWARD CO., MD.
JUNE 3, 1998
SCALE: 1"=60'
REVISED 7/10/98