### **DATE ACCEPTED:**



## RESIDENTIAL BUILDING PERMIT APPLICATION

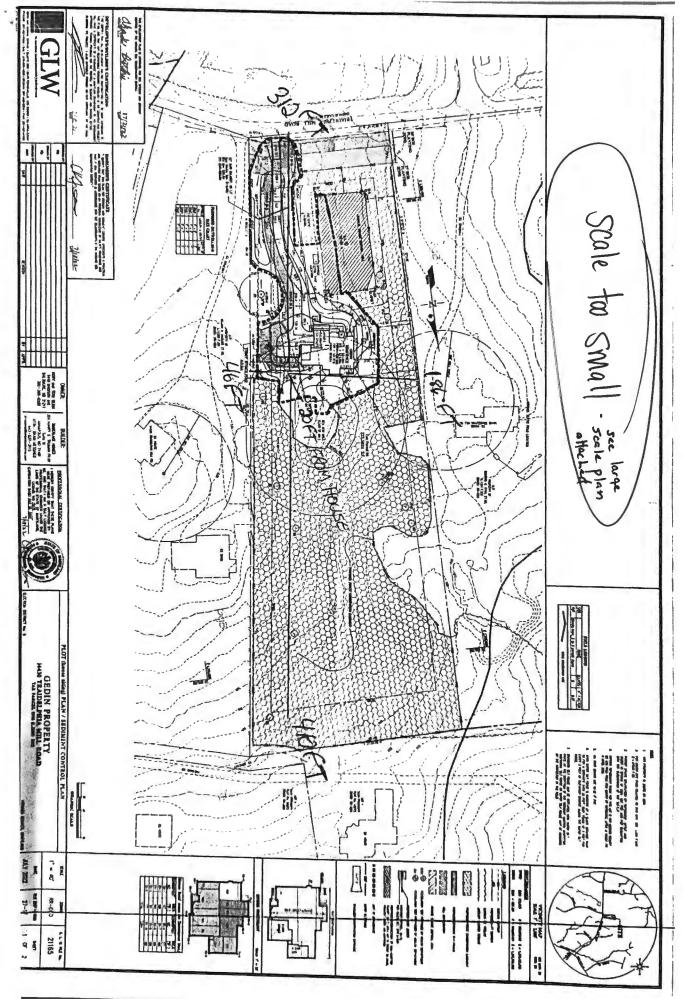
HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4

www.howardcountymd.gov

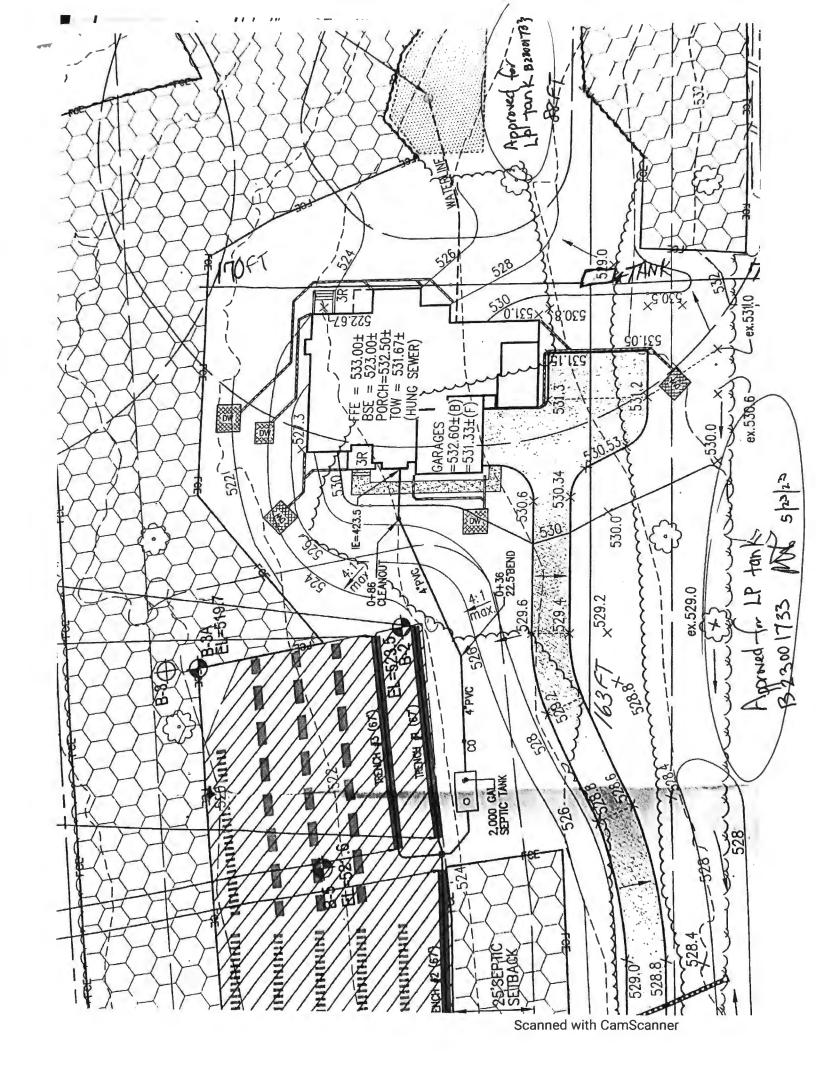
BUILDING SITE ADI	DRESS	REQUIRED									
Street Address: 14430 Tr	iadelphi	a Mill Road					•		Unit:		
City: Dayton						State: MD			Zip Cod	de: <b>21036</b>	
Subdivision/Village/Comple	x Name:						SI	DP/WP/BA #:			- Constant of the constant of
Lot:	Tax I	Map: <b>0027</b>		Parcel:(	0096		Grading Pe	rmit #: <b>G220</b>	00201		
DESCRIPTION OF W	ORK	REQUIRED									1
Existing Use: Vacant wo	oded pa	ırcel	Proposed	Use: <b>Si</b> i	ngle fa	mily detac	hed dwelli	ng	Estima	ted Cost: \$ <b>650</b> ,	00.00
Trade Work to Be Complete	ed <i>(Separ</i>	ate Permits Requ	uired): 🔳	Mechar	nical (HV	ACR) <b>E</b> E	lectrical <b></b>	Plumbing	□ N	one	
Construct a new two	story si	ngle family c	detached	home	with 3	3 car garag	e, loft and	finished b	asem	ent.	
PROPERTY OWNER	INFORM	A NOITAN	REQUIREL	)							
Owner(s) Name(s) (As it a	ppears on	tax records): Ko	ory & To	nii Ged	din				Primar	y Residence:	Yes □ No
Owner's Street Address: 14	118 Mad	ison Avenue	)								
City: Baltimore					State: MD				Zip Code: <b>21217</b>		
Phone: (202) 368-0289				Ema	il:kory	.gedin@ho	tmail.com				
APPLICANT NAME	REQU	IRED - INDIV	VIDUAL W	VHO SI	GNS TI	HIS APPLIC	ATION				
Buness Name: Timberla	ake Buil	ding & Reno	vations,	LLC		Contact Nan	ne: <b>Brian M</b> e	essineo			
Street Address: 304 Harr	y S. Tru	man Parkwa	y, Suite	M							
City: Annapolis					State: MD				Zip Code: <b>21401</b>		
Phone: (443) 837-3115				Ema	il:bme	ssineo@tir	nberlakeho	omes.com	n		
CONTRACTOR INFO	RMATIC	ON REQUI	RED								
Business Name: Timberla	ake Buil	ding & Reno	vations,	LLC							
Licensee's Name: Brian I	Messine	90				License #:	MHBR 376	9			
Street Address: 304 Harr	y S. Tru	man Parkwa	ıy, Suite	M							
City: <b>Annapolis</b>					State: MD				Zip Code: <b>21401</b>		
Phone: (443) 837-3115				Ema	il∶bme	ssineo@tir	nberlakeh	omes.com			
ARCHITECT/ENGIN	EER IN	FORMATION	INDIVI	DUAL	WHO S	IGNED PLA	NS, IF APPL	LICABLE			
Business Name: Architec						Name: Dave	e Robbins				<u></u>
Street Address: 8334 Ma	in Stree	t									
City: Ellicott City					State: MD Zip Code: 21043						
Phone: (410) 465-7500				Ema	il∶davi	drobbins@	archcol.co	om			
BUILDING CHARAC											
Primary Structure: ■ SF D				<del></del>						Condo:  Yes	
	Gas	Water Supply			■ Private (Well) Sewage Disposal: [						
Heating System: Electr								· · · · · · · · · · · · · · · · · · ·			
Sprinkler System:   NFPA			NFPA 130		None		arm System:		No E	1 Voice Evac	
ADDITIONAL RESID								T APPLY)			
Model Name & Options: H	<del></del>										
# of Bedrooms (SF): 6	# of eff	ficiency units (M		# 0	f 1 BR (i	<del></del>	# of 2 BR (1	MF*):	T =:	# of 3 BR (MF*	):
# Rooms: 18	A 11	# Full Baths:			<b>.</b>	# Half Baths		<b>-</b>	# FIF	eplaces:1	
Garage/Carport Info:		······································	tached Gar			<del></del>	□ Carport	□ None		E Do-tiel	
Basement/Foundation Info			Post & Pie		Untinist	ned Basement				or Partial	-tl CO
1 <sup>st</sup> Fl Width: <b>76</b>	1 <sup>st</sup> Fl Dep		2 <sup>nd</sup> Fl Wid			2 <sup>nd</sup> Fl Depth		Bsmt Width		Bsmt Der	
Energy Method: ☐ Prescr				ative i	J EKI	Gross Area:	9,045	sq ft	Occup	iable Area: <b>7,84(</b>	) sqft
AGREEMENT/ DISC THE UNDERSIGNED HEREBY CERT WITH ALL REGULATIONS OF HON THIS APPLICATION; (5) THAT	TFIES AND AC	GREES AS FOLLOWS: TY WHICH ARE APPLI	(1) THAT HE/SI	TO; (4) TH	AT HE/SHE	WILL PERFORM N	IO WORK ON THE THE PURPOSE O	ABOVE REFEREN	CED PROI E WORK F	PERTY NOT SPECIFICA	LLY DESCRIBED IN
APPLICANT'S ORIGINAL SIGNA	ATURE					D/	ATE SIGNED	/			
FOR OFFICE USE O	NLY					CHECKS PAY	ABLE TO: DIREC	TOR OF FINAN	CE OF H	OWARD COUNTY	
AGENCIES REQUIRED/APP											
		<u> </u>		/				1.16.27			
7 PR	10/6PZ		🗷	DED		·····	Health	HANKC	بحساجة	SHA □	CID
SUBMITTAL FEES:	15000		PAYMENT	Т:	CK	、# 00	05-000	49 993	ACCEF	PTED BY:	

Vient Save Reset Cancel Help Wrong address in Record Detail \* (This section is required.) **Permit Type** HD ACCELH Permit Number **Opened Date** Building/Residential/Misc/Tanks B23001733 05/17/2023 Description of Work SFD/ Install (1) 500 gailon underground propane tank 1 check spelling 5/22/23 -reviewed can I see on this plan where the Plante is going. Address \* (This section is required.) must provide a revised plan Search Reset Get Parcel & Owner that Jhows well scotic ilptank Street # Street Name Street Type RD 14430 TRIADEI PHIA MILL 1600 1025. **Unit Type** X Coordinate Y Coordinate --Select---77.0132 39.2302 City State Zip Code Primary 5/23/23 - large Scale plan DAYTON MD 21036 Yes provided and well is septic set backs Parcel \* (This section is required.) Search Reset Get Address & Owner Plan Area GIS ID \* Parcel Parcel Area Land Value Improved Value **Exemption Value** RURAL 883206 275800 96 5.11 Legal Description 5.112 A[]14430 TRIADELPHIA MILL R[]DAYTON check spelling **Block** Lot Census Tract **Council Dist** Inspection Dist Supervisor Dist 605101 State Tax Id **Subdivision Name** Plan Area 1405361583 Section Area Tax Map 27 **ADC Map** Grid **Zoning District** 27-17 RR-DEO 4932-H4 SDP No. Final Plan No. WP File No. Primary FDP No. Record Plat No. WS Contract No. Yes **Owner Occupied Historic District** Year Built O Yes @ No ○ Yes ® No Historic District Registry No. Stat Area Flood Plain - B2300 1733 5-01 ○Yes ® No **Building No** as 6015 Offshore is incorrect. Owner \* (This section is required.) Search Reset Clear Should be 14430 Tri. Mill Rd. Name \* **GEDIN KORY** Address Line 1 1418 MADISON AVENUE

```
Address Line 2
   Address Line 3
   Mail City
                                 Mail State
                                               Mail Zip Code
   BALTIMORE
                                  MD
                                               21217
   Phone
                                 Primary
   240-517-9971
                                  Yes
   E-mail
   Cell Number
                              Fax Number
 Professionals (This section is not required.)
  License # *
                          Business Name
   20100079809
                          MID ATLANTIC COOPERATIVE SOLUTIONS DBA AERO ENERGY
  License Type *
                         First Name
                                                       Middle Name
                                                                        Last Name
   Propane Gs
                          3ICHARD
                                                       THOMAS
                                                                        JARCY
  Primary
                          Address Line 1
   Yes
                          230 LINCOLN WAY EAST
                          Address Line 2
                         City
                                                                      State
                                                                                     ZIP Code
                          NEW OXFORD
                                                                                      17350-0000
                                                                       PA
                         Phone 1
                                                                         Fax
                                                 Phone 2
                          2406744592
                          E-mail
                          RJARCY@AEROENERGY.COM
 Applicant (This section is not required.)
   Search
                As Owner
                             As Lic. Prof
                                             As Contact
  Type *
                         First Name
                                                        MI
                                                                Last Name
   Applicant
                                                                 dannenfeldt
                          steve
  Relationship
                          Full Name
   --Select--
                          steve dannenfeldt
  Primary
                          Organization Name
   Yes
                          Aero Energy
                          Street Address
                          230 lincoln way East
                          Address Line 2
                         City
                                                                      State
                                                                                  Zip Code
                          New Oxford
                                                                     - PA
                                                                                  17350
                          Phone
                                                   Cell
                          717-577-5923
                          sdannenfeldt@aeroenergy.com
Addtl Info
  Est Construction Cost *
                                                     Number of Buildings * Public Owned
                             Housing Units *
  Construction Type
   --Select--
TANK INFORMATION
RESIDENTIAL TANK INFORMATION_
                                                                            Roadside Tree Project Permit * Roadside Tree Permit #
Capital Project-No Fee * Capital Project Number
                                                  Fee Exempt *
 O Yes 
No
                                                   O Yes 
No
                                                                             O Yes ® No
                                                       Number of Tanks Removed *
Existing Use *
                           Number of Tanks Installed *
 SFD
               Sewage Disposal Expiration Date
Water Supply
                                                        Relocate Existing Tank *
```



Scanned with CamScanner



# HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE - ELLICOTT CITY, MD 21043

\* THIS PERMIT MUST BE CONSPICUOUSLY POSTED ON SITE \*

### Residential New Single Family Dwelling Permit

PERMIT NUMBER: B22004134 APPLICATION DATE: 11/3/2022 ISSUE DATE: 12/13/2022

SITE ADDRESS: PROPERTY OWNER INFO:

14430 TRIADELPHIA MILL RD

DAYTON, MD 21036

KORI & TONII GEDIN

1418 MADISON AVENUE

BALTIMORE, MD 21217

Phone #: 202-368-0289

Subdivision:

Lot No.: Tax Map: 27 Grid: 27-17

ADC Map: 4932-H4 SDP No.: Zoning: RR-DEO Census Tract: 605101

**DESCRIPTION OF WORK:** 

SFD/ MODEL 'HAWTHORNE', 2 STORY, FULL BASEMENT, BASEMENT = FULL FINISHED, 18R, 6FB, 1HB, 1FP, 3 CAR ATTACHED, 6BR, N/A, ENERGY METHOD = UA ALTERNATIVE, SUBJECT TO CB-76-2018.LOFT/\*\*11.15.22 REVISION REQUEST TO REMOVE SOLID WALL THAT SHOULD HAVE BEEN A DOORWAY BETWEEN THE EXERCISE/THEATRE ROOM, REMOVED THE HALLWAY DOOR TO THE BATHROOM.

PRIMARY CONTRACTOR INFO: PRIMARY CONTACT INFO:

Contractor License No.: 3769 Contact Type: CONTACT

TIMBERLAKE BUILDING AND

TIMBERLAKE BUILDING AND

License Address: RENOVATIONS, LLC

BRIAN MESSINEO

304 HARRY S. TRUMAN PKWY STE M 304 HARRY S. TRUMAN PKWY STE M

ANNAPOLIS, MD 21401

Phone #: ANNAPOLIS, MD 21401 443-837-3131

443-837-3131 Phone #:

Building/Lot Characteristics

Legal Description: 5.112 A[]TRIADELPHIA RD[]DAYTON

Existing Use: Vacant Lot Water Supply: Private

Height: Sewage Disposal: Private

Basement: Full Finished

SF # of Bedrooms: 6
SF # of Full Baths: 6
SF # of Half Baths: 1

Zoning Setback Requirements: Permit Fees:

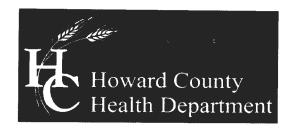
Front -Required: 75 Proposed: n/a **Total Fees Invoiced:** \$80,535.38 60 Required: Rear -Proposed: n/a **Total Fees Paid:** \$80,535.38 Side -Proposed: Required: 30 n/a **Balance Due:** \$0.00

Side Street - Proposed: n/a Required: n/a

Meets Minimum Required Setbacks?: Yes Lot Coverage for NT Zoning:

To schedule an inspection or check the results of an inspection please call (410) 313-3800

APPROVED BY THE DIRECTOR OF INSPECTIONS, LICENSES AND PERMITS - BUILDING OFFICIAL



#### Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045 Main: 410-313-2640 | Fax: 410-313-2648 TDD 410-313-2323 | Toll Free 1-866-313-6300 www.hchealth.org

Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

#### **MEMORANDUM**

TO:

**Interested Parties** 

FROM:

Jeff Williams

Program Supervisor, Well & Septic Program

RE:

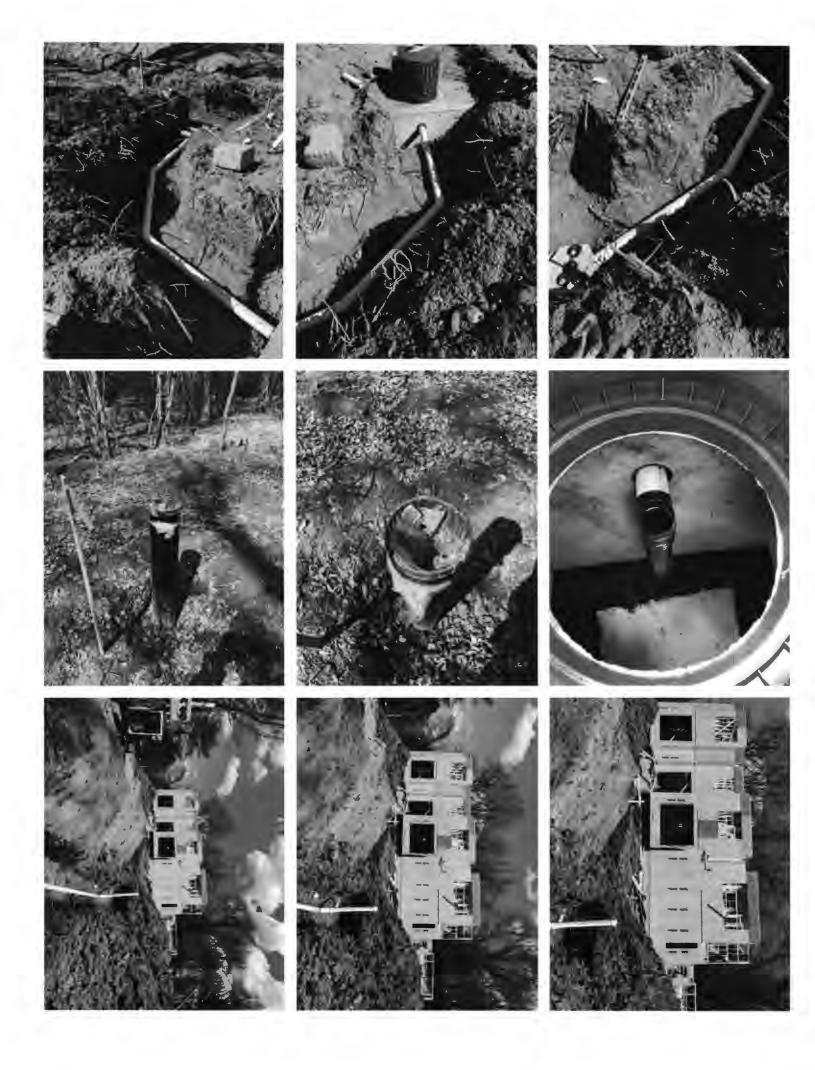
Building Permit attachments for properties with onsite sewage disposal

DATE:

February 1, 2017

Howard County Health Department, in its review of Building Permit applications, must accurately determine the number of bedrooms in a proposed dwelling or existing dwelling with a proposed addition in order to ensure adequate onsite sewage disposal on properties not served by public sewer. As the definition of a bedroom in Howard County Code Title 3, Subtitle 8, Onsite Sewage Disposal Systems, differs from the definition in the Building Code, the Health Department must review floor plans as part of the building permit review process.

In order to make the review process more efficient and consistent across Departments, all building permit applications for construction of new dwellings or additions/renovations to existing dwellings must include a simplified floor plan in addition to the two full construction plans required by DILP. The simplified plan will be forwarded by DILP to Health with a copy of the plot plan. The simplified plan may be shrunk to fit smaller size sheets, ideally 11x17. This floor plan must contain a diagram of each room, labeled with intended use and level of the dwelling including windows, doors, plumbing fixtures, and rough-in plumbing. Unfinished space must be clearly indicated. Floor plan packages for home models must clearly indicate the optional features chosen for this house.





pies from Contractor
(#2) lower trench Complete
3/29/23 M

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

Date:		11/15/2022		O ONLINE SUBMI	TTAL O PAPER	R SUBMITTAL	
То:		Hank Oswa	ıld	Healt	h Department	<u> </u>	
		(Reviewer/Reques	stor's Name)	(Divisio	*		
From:		Brian Messin	eo, Timberlake Ho	omes	(443	) 837-3115	
		(Your Name, Con	npany Name)		(Phone 1	Number)	
Subject:		Project name	Gedin Property				
3		Project site addr	ress 14430 Tr	idelphia Mill Road, l	Dayton, MD 2103	36 .	
		Permit #	B22004134	SDP	#		
		Other information	on pertinent to this pr	oject			
✓ <u>Plea</u>	se checl	k the attachments	below that you are su	bmitting with this transmitt	al:		
Letter of response to address plan review comment letter							
V	Revised plans and/or revised details: When submitting for a complete <b>re</b> -review, <b>duplicate sets shall be submit</b> Letter Summarizing Changes						
П	Energy conservation calculations						
Ħ	Copies of (be specific).						
Health Department Request DPZ/ DED Request Applicant's Request							
	Two sets of single-family model plans to be placed on permanent file: Model Name/#						
H							
	Other	Am 14 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4					
	Conta	act Person Info	rmation: (Required	<b>d</b> )			
	Bria	n Messineo		Telephone No:	(443) 837-311	5	
Pleas		Print Name			bmessineo@timberlakehomes.com		
				E-Mail Addres	s:	iakeiloilles.coill	

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 OPTION #4 OR BY VISITING MYHOWARD.INFO. 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

NOV 1 5 2022

LICENSES & PERMITS
DIVISION

White-Plan Review / Yellow-Applicant / Pink-Permit Division T:\Operations\Updated forms\HoCoTransmittalForm05.2022

Received by



November 15, 2022

Hank Oswald Howard County Health Department 3430 Court House Drive Ellicott City, MD 21043 (410) 313-2455

RE: Building Permit #B22004134 - 14430 Triadelphia Mill Road, Dayton, Maryland

Dear Hank,

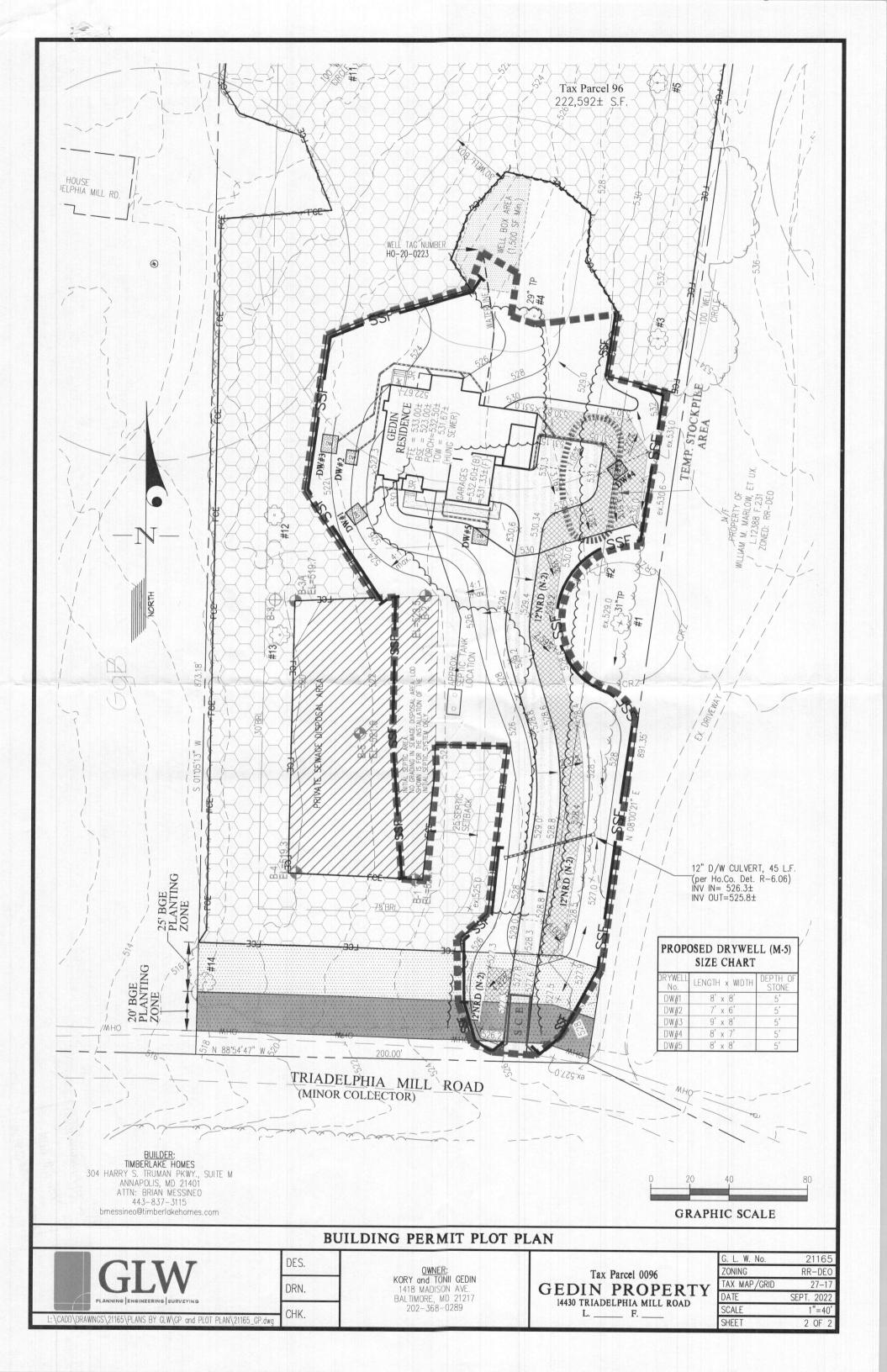
Please find enclosed one (1) copy of revised architectural plan sheets A401 and A402 for permit #B22004134. As we discussed last week on sheet A402 we removed the solid wall that should have been a doorway going into the exercise/theatre room and we removed the hallway door to the bathroom. If you have any questions, please let me know.

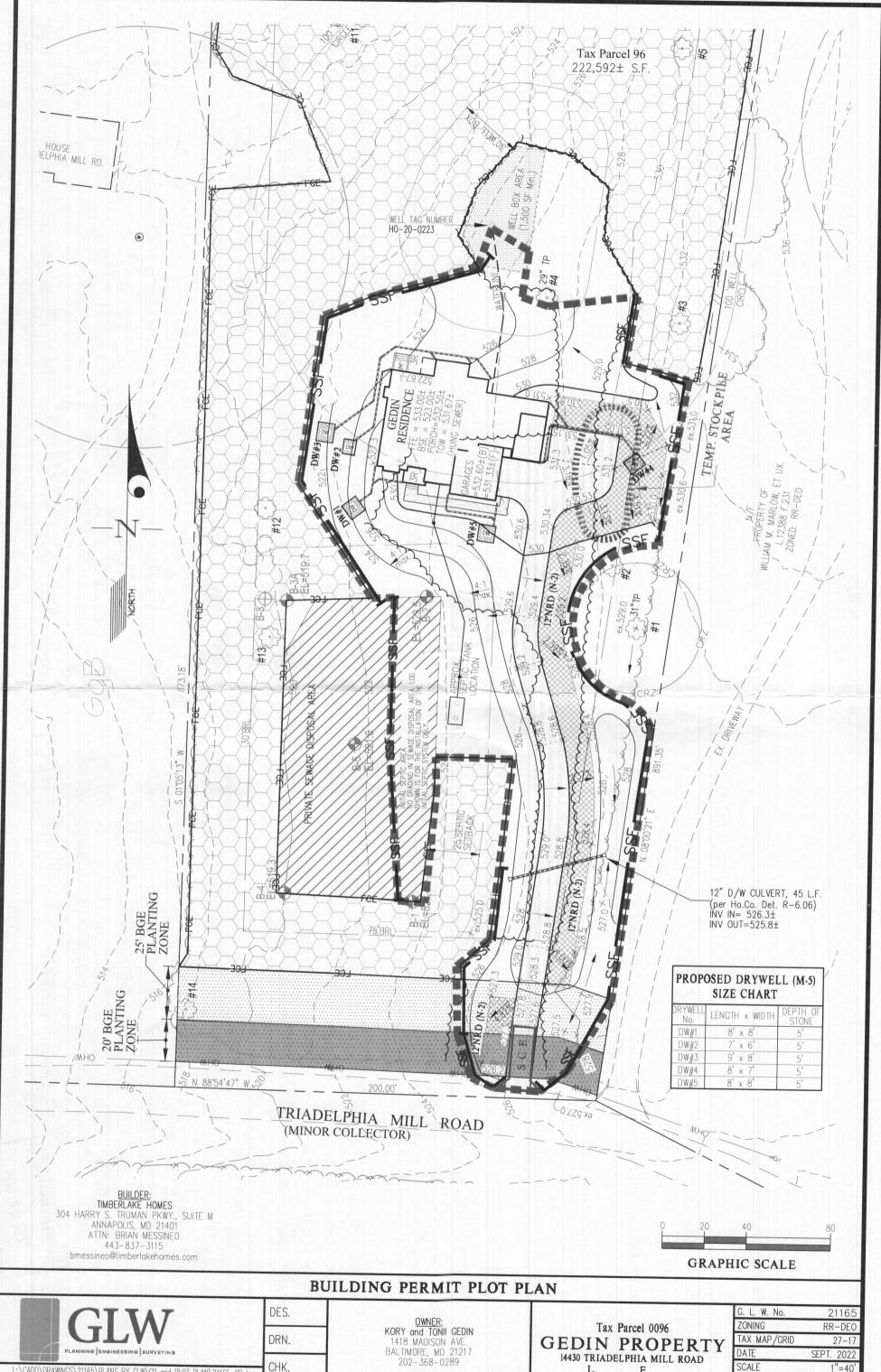
Thank you,

Brian Messineo

bmessineo@timberlakehomes.com

(443) 837-3115





L:\CADD\DRAWINGS\21165\PLANS BY GLW\GP and PLOT PLAN\21165\_GP.dwg

CHK.

G. L. W. No.	21165
ZONING	RR-DEO
TAX MAP/GRID	27-17
DATE	SEPT. 2022
SCALE	1"=40'
SHEET	2 OF 2