

520144 Kirszenbaum 2004

<small>DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800</small>		<b>HOWARD COUNTY PERMIT APPLICATION</b>		<b>PERMIT NUMBER</b> <b>B07004751</b>	
Building Address <u>11789 Triadelphia Rd</u> <u>Ellicott City, MD 21042</u>				Property Owner's Name _____	
Suite/Apt. #: _____ SDP/MWP/Petition #: _____				Address _____	
Census Tract _____ Subdivision _____				City _____ State _____ Zip Code _____	
Section _____ Area _____ Lot _____				Home Phone _____ Work Phone _____	
Tax Map _____ Parcel _____ Grid _____				Applicant's Name & Mailing Address, (if other than stated hereon): _____	
Zoning _____ Map Coordinates _____ Lot size _____				Phone _____ Fax _____	
Existing Use _____				Contractor Company _____	
Proposed Use _____				Contact Person _____	
Estimated Construction Cost \$ _____				Address _____	
Description of Work <u>Install one 500 gallon</u> <u>underground propane tank.</u>				City _____ State _____ Zip Code _____	
Occupant or Tenant _____				License No. _____	
Contact Name _____				Phone _____ Fax _____	
Address _____				Engineer or Architect Company <u>410-465-0800</u> <u>cell # 443-955-</u> <u>3282</u>	
City _____ State _____ Zip Code _____				Contact Person _____	
Phone _____ Fax _____				Address _____	
				City _____ State _____ Zip Code _____	
				Phone _____ Fax _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b>	<b>Utilities</b>	<b>Building Characteristics</b>	<b>Utilities</b>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
_____ State Certified Modular		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 \_\_\_\_\_

Print Name \_\_\_\_\_

Title/Company \_\_\_\_\_

Date \_\_\_\_\_

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

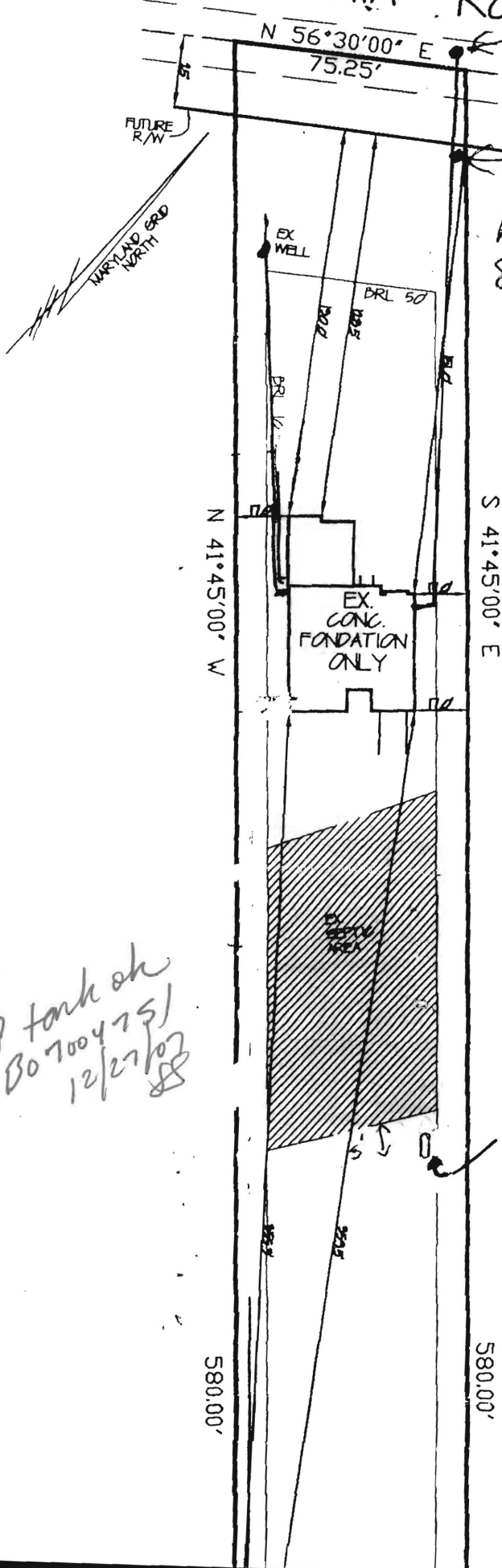
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

**FOR OFFICE USE ONLY**

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ <u>100</u>
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>12/27/07</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>05102007</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by <u>[Signature]</u>
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	

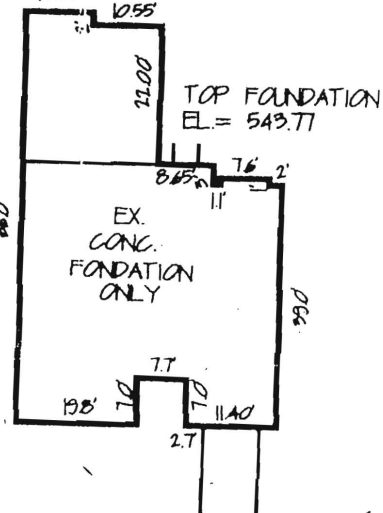
# TRIADDELPHIA ROAD

(THE LOT SHOWN HEREON IS IN FLOOD  
ZONE "C" PER FEMA FLOOD  
INSURANCE RATE MAP #240044006B



electric 24503  
pole #

phone etc.  
pole #  
816046



FOUNDATION DETAIL  
SCALE 1" = 30'

NOTE: ACCURACY OF APPARENT SETBACK DISTANCES ARE 1 FT. +/-

NOTE: (A) THIS PLAT IS NOT INTENDED FOR USE IN ESTABLISHING PROPERTY LINES AND DOES NOT CONSTITUTE A BOUNDARY SURVEY.

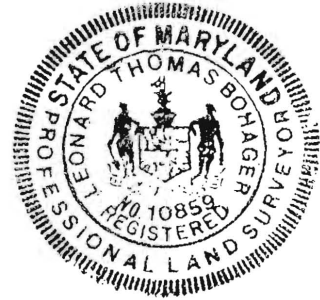
(B) THIS PLAT IS OF THE BENEFIT TO THE CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.

(C) THIS PLAT SHOULD NOT BE RELIED UPON FOR THE LOCATION OR ESTABLISHMENT OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS

THIS IS TO CERTIFY THAT WE HAVE LOCATED THE IMPROVEMENTS AS SHOWN ACCORDING TO THE REGULATIONS GOVERNING THE MARYLAND STANDARDS OF PRACTICE FOR PROFESSIONAL LAND SURVEYORS EFFECTIVE DATE AUGUST, 2005

*Donald T. Boyager* 02806  
MR. LEONARD T. BOYAGER NO. REG. NO. 10859 DATE

CP tank ok  
B07004751  
12/27/03  
SS



FOUNDATION CERTIFICATION  
FOR

#11789 TRIADDELPHIA ROAD

TAX MAP 16, GRID 20, PARCEL 76

3RD ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

G 9492

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELICOTT CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B 00157157

Building Address 11789 TRIADELPHIA ROAD  
ELICOTT CITY, MD, 21042Suite/Apt. #: 03-279952 SDPWP/Petition #: \_\_\_\_\_Census Tract 603000 Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map 16 Parcel 76 Grid 20Zoning RX10 Map Coordinates 10.11 Lot size 1 ACExisting Use RESIDENTIAL/HOUSE BASEDProposed Use SINGLE FAM RESEstimated Construction Cost \$ 350,000.00Description of Work NEW HOUSE  
CONSTRUCTIONOccupant or Tenant N/AContact Name BRYAN ROBERTSAddress 10149 REED LANECity ELICOTT CITY State MD Zip Code 21042Phone 443-253-3925 Fax 410-461-6122Property Owner's Name SOUTHERN HOMES, LLCAddress DOUBLE R. DEV.  
546-A MARMICH COURTCity ELDERSBURG State MD Zip Code 21784

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

10149 REED LANE, ELICOTT CITY, MD 21042Phone 443-253-3925 Fax 410-461-6122Contractor Company SOUTHERN HOMES, LLCContact Person BRYAN ROBERTSAddress 10149 REED LANECity ELICOTT CITY State MD Zip Code 21042License No. 2916Phone 443-253-3925 Fax 410-461-6122Engineer or Architect Company N/A

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

## 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☐ PrivateElectric Yes ☐ No ☐Gas Yes ☐ No ☐

Heating System:

Electric ☐ Oil ☐Natural Gas ☐Propane Gas ☐Sprinkler system: N/A ☐☐ Full☐ Partial☐ Other Suppression☐ # of HeadsBUILDING DESCRIPTION - RESIDENTIAL

## Building Characteristics

SF Dwelling ☒ SF Townhouse ☐

Depth Width

1st floor: 37' x 41'2nd floor: 66' x 41'Basement: 37' x 41'Finished Basement ☐ Unfinished Basement ☒Crawl space ☐ Slab on Grade ☐No. of Bedrooms 3Height: 5

Multi-family dwellings:

No. of efficiency units: \_\_\_\_\_

No. of 1 BR units: \_\_\_\_\_

No. of 2 BR units: \_\_\_\_\_

No. of 3 BR units: \_\_\_\_\_

Other Structure: GARAGEDimensions: 21x25

Footings: \_\_\_\_\_

Roof Height: 28'☐ State Certified Modular☐ Manufactured Home

## Utilities

Water Supply:

☐ Public☒ Private

Sewage Disposal:

☐ Public☒ PrivateElectric 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

MEMBER, SOUTHERN HOMES, LLC.

Title/Company

Print Name

BRYAN ROBERTS

Date

Nov 23, 2015Checks 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

Fire Protection

Is Sediment Control approval required prior to issuance?

YES ☒ NO ☐CONTINGENCY CONSTRUCTION START: ☐ONE STOP SHOP: ☐

Distribution of Copies

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

Name/PERMIT FROM

## 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 NewTown Zone

SDP/Red-line approval date

Filing fee \$ 100.00

Permit fee \$ \_\_\_\_\_

Excise tax \$ \_\_\_\_\_

Add'l per. fee \$ \_\_\_\_\_

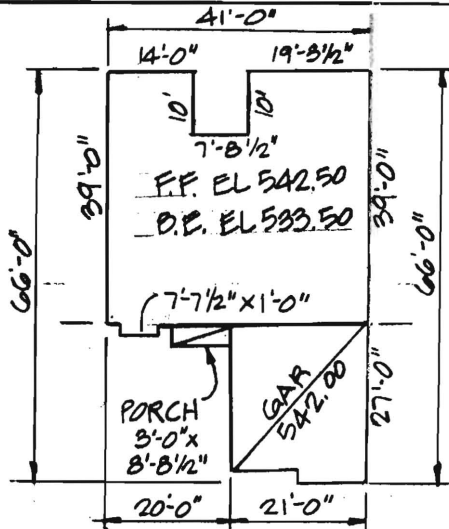
TOTAL FEES \$ \_\_\_\_\_

Sub-total paid \$ \_\_\_\_\_

Balance due \$ \_\_\_\_\_

Check \$ 875Validation \$ 103.215Accepted by 99

Rev. 11/14/04

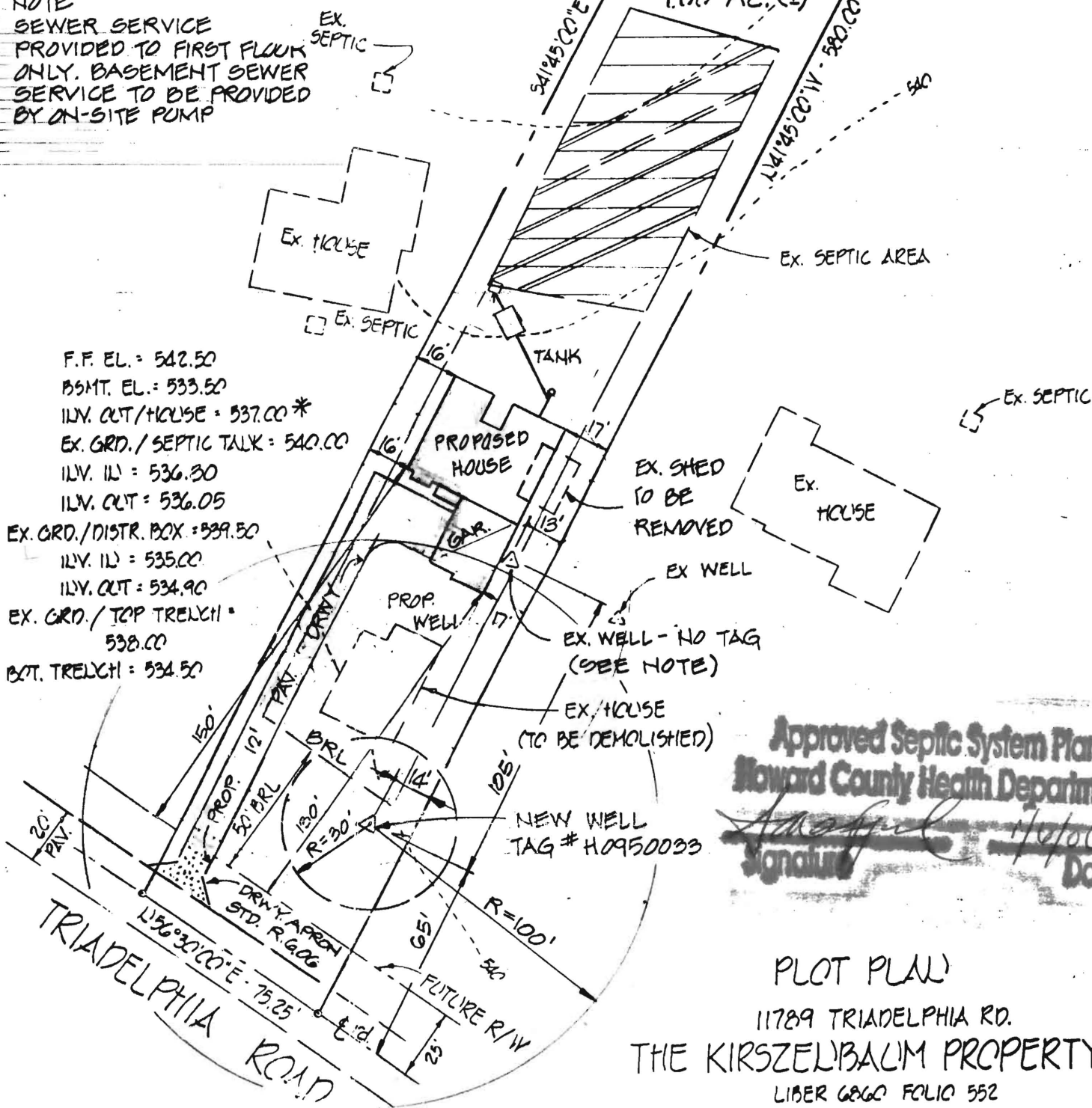


**HOUSE DETAIL**

SCALE: 1" = 30'

EXIST. WELL NOTE  
EX. WELL TO BE ABANDONED  
PER HEALTH DEPT. STDS.  
AND REGULATIONS.

NOTE  
SEWER SERVICE  
PROVIDED TO FIRST FLOOR  
ONLY. BASEMENT SEWER  
SERVICE TO BE PROVIDED  
BY ON-SITE PUMP



F.F. EL. = 542.50  
BSMT. EL. = 533.50  
INV. OUT/HOUSE = 537.00 \*  
EX. GRD./SEPTIC TANK = 540.00  
INV. IN = 536.30  
INV. OUT = 536.05  
EX. GRD./DISTR. BOX = 539.50  
INV. IN = 535.00  
INV. OUT = 534.90  
EX. GRD./TOP TRENCH = 538.00  
BOT. TRENCH = 534.50

**Approved Septic System Plan**  
**Howard County Health Department**

*[Signature]*  
**Signature**      **Date** 7/6/06

**PLOT PLAN**

11789 TRIADELPHIA RD.

**THE KIRSZELBAUM PROPERTY**

LIBER 6860 FOLIO 552

3RD. ELECTION DISTRICT HOWARD COUNTY, MD.

TAX MAP 16, GRID 20, PARCEL 76

APRIL, 2005

SCALE: 1" = 50'

**CHARLES R. CROCKEN AND ASSOCIATES, INC**  
Civil Engineering - Land Planning  
PO Box 307  
Westminster, Maryland 21157  
Tel. (410) 549-2708



Howard County  
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

July 9, 2004

MEMORANDUM

TO: Bryan Roberts  
10149 Reed Lane  
Ellicott City, MD 21042

FROM: Mark Rifkin, R.S. *MR*  
Well and Septic Program  
Bureau of Environmental Health

RE: 11789 Triadelphia Road  
Tax Map 16, Parcel 76

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the referenced property.

You have indicated that proper well and septic abandonment will occur during the demolition process as appropriate. You have also indicated that required documentation will be submitted to this office prior to issuance of a building permit for a replacement dwelling.

6/9/05 - Spoke to Brian Roberts (Southern Thomas)  
Send prop. to the let's has septic in rear  
Also discussed <sup>well</sup> abandonment documentation *only* *SC*

MR  
cc: File