

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:

B12003976

G-12000340

Building Address: 5517 Trotter Rd  
Clarksville, Md 21029  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: 12-068  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 4  
 Tax Map: 0029 Parcel: 0088 Grid: 0020  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 1.07 ACRES

Property Owner's Name: Thomas Samuel + Sissy Ambily  
 Address: 5517 Trotter Rd  
 City: Clarksville State: Md Zip Code: 21029  
 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: \$ 350,000  
 Description of Work: New SFD  
3 Floors 4 bedroom  
 Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: Mara Greenwell  
 Address: 134 Holiday Ct Suite 300  
 City: Annapolis State: Md Zip Code: 21401  
 Phone: 410-266-5634 Fax: \_\_\_\_\_  
 Email: mgreenwell@ndimd.com

Contractor Company: NDI of Maryland LLC  
 Contact Person: Mara Greenwell  
 Address: 134 Holiday Ct Suite 300  
 City: Annapolis State: Md Zip Code: 21401  
 License No.: 2516  
 Phone: 410-266-5634 Fax: \_\_\_\_\_  
 Email: MGreenwell@ndimd.com

Engineer/Architect Company: Fisher Colman & Carter  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 <sup>st</sup> floor:	<input checked="" type="checkbox"/> Private
2 <sup>nd</sup> floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input checked="" type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input checked="" type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input checked="" type="checkbox"/> <u>Natural Gas</u>
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<input type="checkbox"/> 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.

Mara Greenwell  
 Applicant's Signature  
mgreenwell@ndimd.com  
 Email Address  
Agent / Ndi Homas  
 Title/Company

Mara Greenwell  
 Print Name  
12/5/12  
 Date

RECEIVED

DEC 05 2012

LICENSES & PERMITS  
 DIVISION

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		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$ 100.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50.00
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

CHECK 6296

N 56°25'0" E 135.00'  
059H331 2

ADJACENT PLANNING AREAS

LANDSCAPE PERIMETER P-3

531°51'25"E

135.00'

APPROXIMATE LOCATION OF EXISTING SEPTIC TRENCH PER: HO. CO. HEALTH DEPT. NOTES

Lot 5  
2000 GAL SEPTIC TANK  
DB 0155 PG 7  
ZONED: R-20

Approved  
20  
B12003276

EXISTING USE

EXISTING WELL

60' R/W  
22' PAV.

EXISTING SHED TO BE DEMOLISHED AT THE TIME OF DEMOLITION OF THE EXISTING HOUSE

DIST. BOX  
EX. GRD. INV. 443.30  
INV. 440.30

LOT 4  
46,661 SQ. FT.  
OR  
1.0712 ACRES

SEPTIC FIELD  
AREA: 10,102 SQ. FT.  
P.C.E. 441.42

SAMUEL RESIDENCE

GAR.

STOCKPILE AREA

WOODS LINE P.C.A. 437.59

PROPOSED TREELINE

EXISTING 10' TREE (TO BE REMOVED)

710 SQ. FT. NON-ROOFTOP DISCONNECTION (N-2)

830 SQ. FT. NON-ROOFTOP DISCONNECTION (N-2)

840 SQ. FT. NON-ROOFTOP DISCONNECTION (N-2) WITH A SUPPLEMENTAL PEA GRAVEL DIAPHRAGM 2.0' WIDE X 2.0' DEEP 80 LF.

PROPOSED TREELINE

LANDSCAPE PERIMETER P-4

53E

ADD

**Williams, Jeffrey**

---

**From:** Frances, Bob  
**Sent:** Monday, March 25, 2013 1:53 PM  
**To:** Williams, Jeffrey; Goss, Dennis; Rolls, Steve  
**Cc:** Logan, Shari; Yan, Nicole M; Swinder, Dan; CARRIGANHOMES@COMCAST.NET; Davis, Michael J; Nixon, Bert F; Merson, Annette  
**Subject:** 5517 Trotter Road

Jeff/Dennis/Steve:

Building permit B12003976 was applied for by NDI Homes. Everything was signed off and approved and it was ready to be issued. The homeowner changed contractors to Carrigan Homes and submitted a new application and plans under building permit B13000950. The new plans were submitted via a redline revision to the SDP and the revised house is actually a little smaller than originally proposed. The number of bedrooms is the same.

I don't see anything that has changed that affects the Health, DED, or Sediment & Erosion Control approvals, therefore, I am going to update the sign offs for those agencies indicating "Review Not Required". I will post appropriate cross-reference comments in the sign off fields referencing the original permit. This will make permit B13000950 ready for issuance.

If any of you have any questions, please let me know.

Thanks,

Bob

ps to CID: Grading permit G12000340 is still applicable and once we receive documentation from the owner, a contractor name change will be processed.

## **Bernard, Dana**

---

**From:** Bernard, Dana  
**Sent:** Monday, January 07, 2013 4:05 PM  
**To:** 'biju20770@yahoo.com'  
**Subject:** Building Permit Review Status

Mr. Samuel,

Please be advised that the following requirements must be met in order to satisfy the health department requirements for issuing your building permit.

1. The well completion report must be submitted to the Howard County Health Department.
2. A letter from the excavator verifying the septic abandonment.

Once we receive this information we can move forward with processing your building permit. If you have any questions don't hesitate to give me a call.

Respectfully,

Dana Bernard, REHS/RS  
Environmental Specialist II  
Bureau of Environmental Health  
Well and Septic Program  
Phone (410) 313-2775  
E-mail: [DBernard@howardcountymd.gov](mailto:DBernard@howardcountymd.gov)

Date: September 20, 2012

To: Howard County Health Department  
Water and Sewer Program  
7178 Columbia Gateway Drive  
Columbia, MD 21046

From: Thomas Samuel  
5517 Trotter Road  
Clarksville, MD 21029  
PH#: 301-552-0005

RE: Release Letter to Apply for Demolition Permit

Dear Sir/Madam,

We're planning to apply for demolition permit with Howard County Department of Inspections, Licenses and Permits. They're requesting that we obtain a release letter from your agency in order to process the application.

Our plan is to demolish the current house on our lot and build a new house at the same location. There is no public water available from the road (Trotter Road) in front of the house, therefore we have private well and septic. The current well and septic will be abandoned instead a new well and septic will be constructed at nearby locations. We have already received percolation certification from the health department for the new design of well and septic.

I'm enclosing the demolition permit application as per direction from your agency. I would appreciate if you could write a release letter granting your approval to apply for demolition permit. Please advise if we need to do anything from our part. Thanks for your help.

Sincerely,



Thomas Samuel

Maryland Department of Assessments and Taxation  
Real Property Data Search (vw3.1A)  
HOWARD COUNTY

[Go Back](#)  
[View Map](#)  
[New Search](#)  
[GroundRent](#)  
[Redemption](#)  
[GroundRent](#)  
[Registration](#)

**Account Identifier:** District - 05 Account Number - 343011

**Owner Information**

**Owner Name:** SAMUEL THOMAS V  
AMBILY SISSY M T/E  
**Use:** RESIDENTIAL  
**Principal Residence:** YES  
**Mailing Address:** 5517 TROTTER RD  
CLARKSVILLE MD 21029-1221  
**Deed Reference:** 1) /12539/ 00403  
2)

**Location & Structure Information**

**Premises Address** 5517 TROTTER RD  
CLARKSVILLE 21029-0000  
**Legal Description** LOT 4 1.07 A.  
5517 TROTTER RD

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Assessment Area	Plat No:
0029	0020	0088		0000			4	2	Plat Ref:

**Special Tax Areas**  
**Town** NONE  
**Ad Valorem** 101  
**Tax Class**

Primary Structure Built	Enclosed Area	Property Land Area	County Use
1959	1,472 SF	1.0700 AC	

Stories	Basement	Type	Exterior
1.000000	YES	STANDARD UNIT BRICK	

**Value Information**

	Base Value	Value	Phase-in Assessments	
		As Of 01/01/2011	As Of 07/01/2012	As Of 07/01/2013
<b>Land</b>	300,700	275,700		
<b>Improvements:</b>	149,950	102,400		
<b>Total:</b>	450,650	378,100	378,100	378,100
<b>Preferential Land:</b>	0			0

**Transfer Information**

**Seller:** BERRY LUCIEN G JR AND WF  
**Type:** ARMS LENGTH IMPROVED  
**Date:** 06/29/2010  
**Deed1:** /12539/ 00403  
**Price:** \$420,000  
**Deed2:**

**Seller:**  
**Type:**  
**Date:**  
**Deed1:**  
**Price:**  
**Deed2:**

**Seller:**  
**Type:**  
**Date:**  
**Deed1:**  
**Price:**  
**Deed2:**

**Exemption Information**

Partial Exempt Assessments	Class	07/01/2012	07/01/2013
<b>County</b>	000	0.00	
<b>State</b>	000	0.00	
<b>Municipal</b>	000	0.00	0.00

**Tax Exempt:**  
**Exempt Class:**  
**Special Tax Recapture:** NONE

**Homestead Application Information**

**Homestead Application Status:** Approved 08/10/2010

RECEIVED

File No. SDP-12-068  
CUNWOOD

SEP 27 2012

DEPARTMENT OF PLANNING AND ZONING  
SDP/ORIGINAL FOR SIGNATURE APPROVAL

This form is for the processing of original plans for signature approvals. If corrections or additions must be made to the original, the corrections needed must be identified in the space provided and the plans must be returned unsigned to the Department of Planning and Zoning. DPZ will notify the owner of the required revisions and request that the owner's engineer make the corrections or contact the appropriate County agency with questions concerning such revisions.

DPZ Jennifer Wellen Date Received 9/21/12 Date Forwarded 9/25/12  
Reviewing Agent

Rejected For: revise landscaping component to street w/ grading permit

SCD John R. Rhotzer Date Received SEP 25 2012 Date Forwarded 9/27/12  
Reviewing Agent

Rejected For:

DED JAMES H. PANCITOLI Date Received 9/27/2012 Date Forwarded 10/2/2012  
Reviewing Agent

Rejected For: ~~DOE for SWM not executed, Energy Fee not paid~~  
O.K.

HEALTH Dana Stewart Date Received ? Date Forwarded 10-9-12  
Reviewing Agent

Rejected For: Waiting for well abandonment report and demo.

DILP [Signature] Date Received 10-2-12 Date Forwarded 10-3-12  
Reviewing Agent

Rejected For: ~~DOE for SWM not executed, Energy Fee not paid~~

Chief, DLD Date Received Date Forwarded

Reviewing Agent

Rejected For:

## Bernard, Dana

---

**From:** Thomas Samuel [biju20770@yahoo.com]  
**Sent:** Monday, January 07, 2013 4:07 PM  
**To:** Bernard, Dana  
**Subject:** Re: Building Permit Review Status

Hi Ms. Bernard,

I will arrange the submission of these documents. Thanks

Thomas

On Jan 7, 2013, at 4:03 PM, "Bernard, Dana" <[dbernard@howardcountymd.gov](mailto:dbernard@howardcountymd.gov)> wrote:

Mr. Samuel,

Please be advised that the following requirements must be met in order to satisfy the health department requirements for issuing building permit.

1. The well completion report must be submitted to the Howard County Health Department.
2. A letter from the excavator verifying the septic abandonment.

Once we receive this information we can move forward with processing your building permit. If you have any questions don't hesitate to give me a call.

Respectfully,

Dana Bernard, REHS/RS  
Environmental Specialist II  
Bureau of Environmental Health  
Well and Septic Program  
Phone (410) 313-2775  
E-mail: [DBernard@howardcountymd.gov](mailto:DBernard@howardcountymd.gov)