



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: B13000983

Building Address: 14611 TRINDELPHIA Rd
City: Glenelg State: MD Zip Code: 21737
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Warfields II
Section: _____ Area: _____ Lot: 11
Tax Map: 27 Parcel: 114 Grid: 5
Zoning: _____ Map Coordinates: _____ Lot Size: 40,290'

Existing Use: SFD
Proposed Use: SFD w/ Tank
Estimated Construction Cost: \$ 6,000
Description of Work: Install 1000 Gal propane tank underground
Occupant or Tenant: owner
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: TEN OAKS PROPERTY INC
Address: PO Box 30
City: Glenelg State: MD Zip Code: 21737
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: Jeremy Clancy
Address: PO Box 1253
City: Shiloh State: MD Zip Code: 20794
Phone: 410 340 1209 Fax: _____
Email: _____

Contractor Company: Valley National Gas
Contact Person: William Eugene
Address: 7201 Montevideo Rd
City: Jessup State: MD Zip Code: 20794
License No.: 67793
Phone: _____ Fax: _____
Email: _____

Engineer/Architect Company: Contractor
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	<u>Depth</u> <u>Width</u>
Gross area, sq. ft./floor:	1 st floor:
	2 nd floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
<u>Construction type:</u>	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>
<input type="checkbox"/> Masonry	No. of efficiency units:
<input type="checkbox"/> Wood Frame	No. of 1 BR units:
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities
<u>Water Supply</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
<u>Sewage Disposal</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Heating System</u>
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
<u>Sprinkler System:</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number:
Building Shell Permit Number:

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

Email Address

Date

Permits

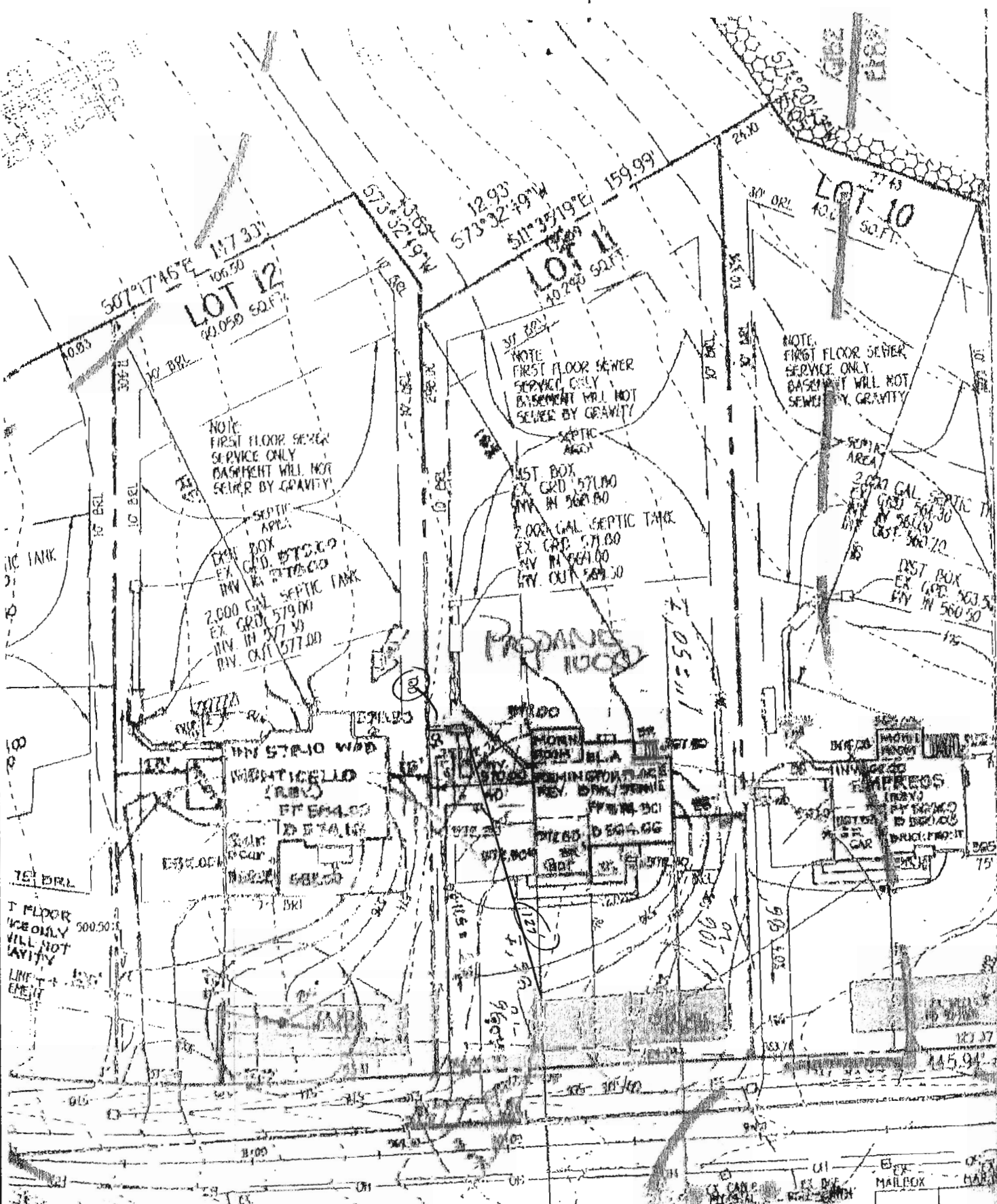
4/5/13

Wen Scott

LICENCES & PERMITS

MAR 20 2013

RECEIVED



TRIADELPHIA ROAD

MINOR COLLECTOR

4/5/13 LR
B13000083 - 1,000 gallon
LP tank OK

Scale = 1" = 60'

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: **B20398**
609000234

Building Address: 14611 TRIADelphia RD Glenelg MD 21737		Property Owner's Name: NVR INC.	
Suite/Apt. #: _____ SDP/WP/BA #: GP 09-63		Address: 9720 Patuxent Woods Drive	
Census Tract: _____ Subdivision: Wardfield II		City: Columbia State: MD Zip Code: 21046	
Section: _____ Area: _____ Lot: 11		Home Phone: _____ Work Phone: _____	
Tax Map: _____ Parcel: _____ Grid: _____		Applicant's Name & Mailing Address, (if other than stated herein): JIM KERWIN PO Box 552 WOODBINE MD 21797	
Zoning: _____ Map Coordinates: _____ Lot Size: _____		Phone: 443-309-7792 Fax: _____	
Existing Use: Vacant lot		Email: Jim@DecaturBuildingServices.com	
Proposed Use: Single Family House		Contractor Company: NV Homes	
Estimated Construction Cost: \$ 250,000		Contact Person: Ryan Johnson	
Description of Work: New 2 story "Remington Place" with 2 car garage, morning room, finished lower level		Address: 9720 Patuxent Woods Dr.	
Occupant or Tenant: _____		City: Columbia State: MD Zip Code: 21046	
Was tenant space previously occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No		License No.: 56	
Contact Name: _____		Phone: 410-379-5956 Fax: 410-379-2430	
Address: _____		Email: _____	
City: _____ State: _____ Zip Code: _____		Engineer/Architect Company: _____	
Phone: _____ Fax: _____		Responsible Design Prof.: _____	
Email: _____		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 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 type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<input type="checkbox"/> Roadside Tree Project Permit	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 st floor: 66 x 54	<input checked="" type="checkbox"/> Private
2 nd floor: 32 x 54	<u>Sewage Disposal</u>
Basement: 56 x 54	<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input 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: 4	<input checked="" type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units: _____	<input type="checkbox"/> Natural Gas
No. of 1 BR units: _____	<input checked="" type="checkbox"/> Propane Gas
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	<input checked="" type="checkbox"/> Roadside Tree Project Permit
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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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Applicant's Signature: **Jim Kerwin**
Print Name: **JIM KERWIN**
Email Address: **Jim@DecaturBuildingServices.com**
Date: **12/6/2012**
Title/Company: **AGENT NV Homes**

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

FOR OFFICE USE ONLY

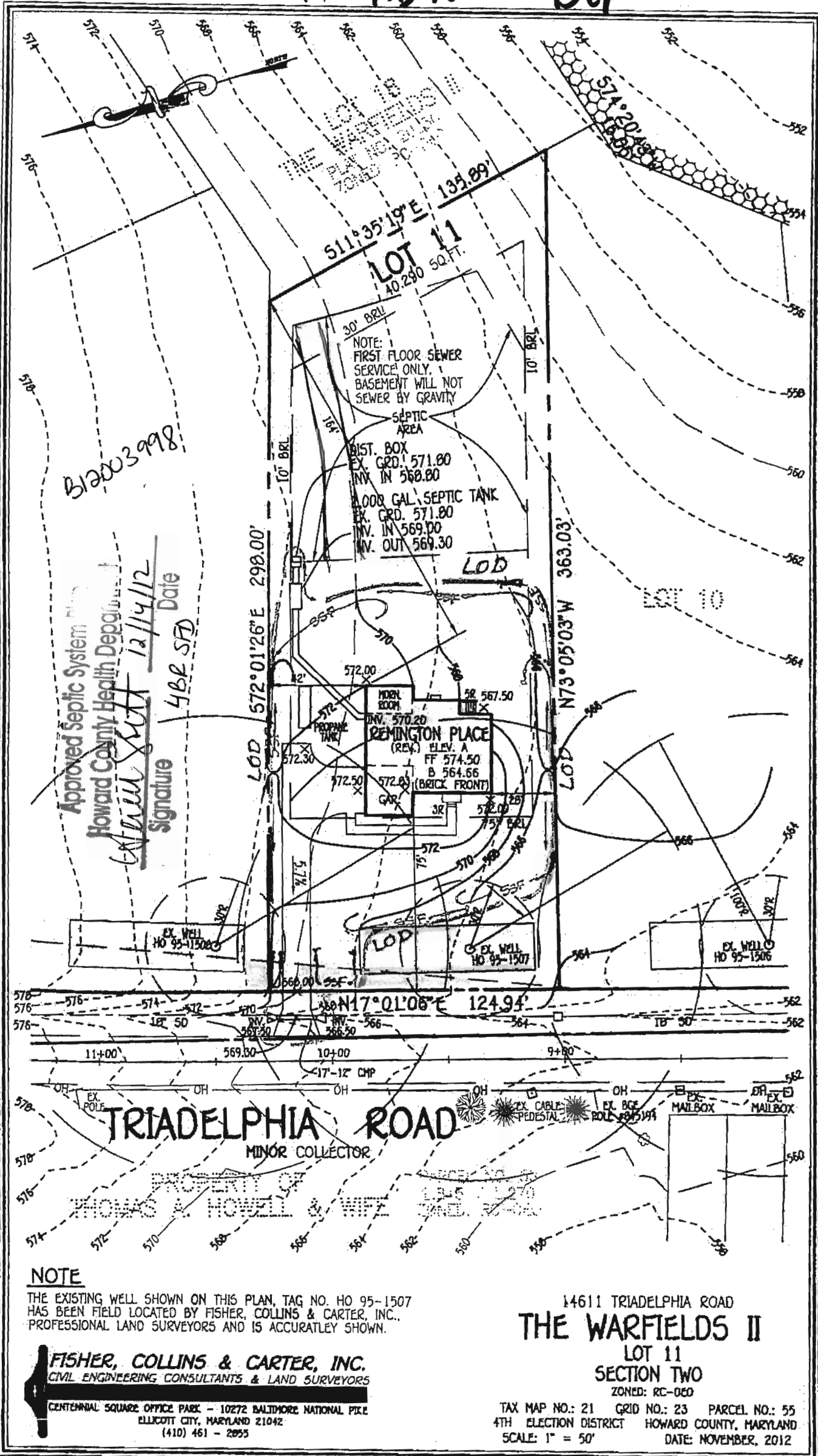
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	12/14/12	John S. A.
Fire Protection		

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	\$ 150.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

HEALTH DEPT



Scale 1" = 30'

Approved Septic System Plan
Howard County Health Department

Cam Bernard
Signature

4-3-13
Date

2,000 GAL. SEPTIC TANK
EX GRD. 547.00
INV. IN 544.20
INV. OUT 543.90

B 3000981

574.22' E 292.17'

W 362.67'

PROPANE TANK

REMINGTON PLACE

ELEV. 'A' (REV.)
FE 551.00
B 541.16
549.33 (SIDING FRONT)
GAR. 3R

EX. WELL
HO 95-1504

EX. WELL
HO 95-1503

N17°01'06"E 125.84'

15'-12" CMP

EX. MAILBOX

EX. BGE
POLE #134679

TRIADPHIA ROAD



Howard County
Health Department

Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

Friday, January 18, 2008

IMPORTANT

MEMORANDUM

To: WELL DRILLER,
FILE

From: Kevin Wolf, Sanitarian
Well and Septic Program

Re: The Warfield's II (F-07-040)
Lot's 6-14

- In order to preserve the quality of ground drinking water, a special condition has been set for wells of lots 6 through 14 for the above referenced property. This condition requires the driller to seal off the upper strata by placing a certain amount of casing to the approximate depth below the very first water-bearing fracture OR a minimum of 75 feet (whichever comes first). For example, if you hit a water-bearing fracture at 53 feet, then there should be at least 55 feet of casing or enough casing to get below that fracture. Any deviations to this condition are to be prior approved by the Health Department.