

Building Address: 12506 Tridelphia Rd.
Ellicott City, MD 21043

Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Woods Tridelphia
Section: _____ Area: _____ Lot: 2
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____
Proposed Use: _____
Estimated Construction Cost: \$ 800,000
Description of Work: _____
Occupant or Tenant: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: Tridelphia LLC
Address: _____
City: _____ State: MD Zip Code: 21277
Home Phone: _____ Work Phone: _____
Applicant's Name & Mailing Address, (If other than stated herein): _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No.: 60467
Phone: _____ Fax: _____
Email: _____

Engineer/Architect Company: DWTaylor
Responsible Design Prof.: _____
Address: _____
City: _____ State: MD Zip Code: 21242
Phone: 410-441-1111 Fax: 410-441-1124
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 checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input 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:	<input checked="" type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input 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 type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input 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 type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<input type="checkbox"/> Manufactured Home	

HE 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 HIS 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
J. Dineen
Email Address
J.Dineen@goodier.com
Title/Company
ADRIAN

Print Name
J. Dineen
Date
6/10/13

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		8/22/13 Bernard
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	\$

Permits: 410-313-2455
Applications: 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:

B13002250

G13000107

Filing Address: 12506 TRIADELPHIA RD
Ellicott City MD 21042

Unit/Apt. # _____ SDP/WP/BA #: _____

Assessors Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: 2

Section Map: _____ Parcel: _____ Grid: _____

Mapping: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: VACANT LAND

Proposed Use: SFD

Estimated Construction Cost: \$ \$ 800,000

Description of Work: construct single family dwelling

Occupant or Tenant: _____

Has tenant space previously occupied? ☐ Yes ☐ No

Contact Name: _____

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
Area of construction (sq. ft.): _____	<u>Sewage Disposal</u>
Use group: _____	<input type="checkbox"/> Public
Construction type: _____	<input type="checkbox"/> Private
<input type="checkbox"/> Reinforced Concrete	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Structural Steel	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Masonry	<u>Heating System</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Roadside Tree Project Permit	<u>Sprinkler System:</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full
Roadside Tree Project Permit # _____	<input type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression
	No. of Heads: _____

Property Owner's Name: TRIADELPHIA ESTATES LLC

Address: 12506 Luster Dr.

City: Highland State: MD Zip Code: 02777

Home Phone: 410-446-0676 Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein): _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: Goodier BAKER Homes LLC

Contact Person: Steve Appler

Address: 2330 West Joppa Rd.

City: Lutherville State: MD Zip Code: 21093

License No.: 03689522 10462

Phone: 410-616-9631 Fax: 410-616-9682

Email: M.Steven.Appler@goodier.com

Engineer/Architect Company: DW Taylor

Responsible Design Prof.: _____

Address: 5024 Dorsey Hall Dr. Ste 203

City: Ellicott City State: MD Zip Code: 21042

Phone: 410-964-1181 Fax: 410-997-2924

Email: info@DWTaylor.com

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth: _____ Width: _____	<input type="checkbox"/> Public
1 st floor: <u>40'</u> <u>77'</u>	<input checked="" type="checkbox"/> Private
2 nd floor: <u>40'</u> <u>77'</u>	<u>Sewage Disposal</u>
Basement: <u>40'</u> <u>77'</u>	<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 type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: _____	<input 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 type="checkbox"/> Roadside Tree Project Permit
Roof: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit # _____
<input type="checkbox"/> Manufactured Home	

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Applicant's Signature: J. Ducey

Email Address: J.Ducey@goodier.com

Title/Company: GOODIER BAKER HOMES LLC
ADMIN

Print Name: Jeannine Ducey

Date: 6/10/13

G13000107

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

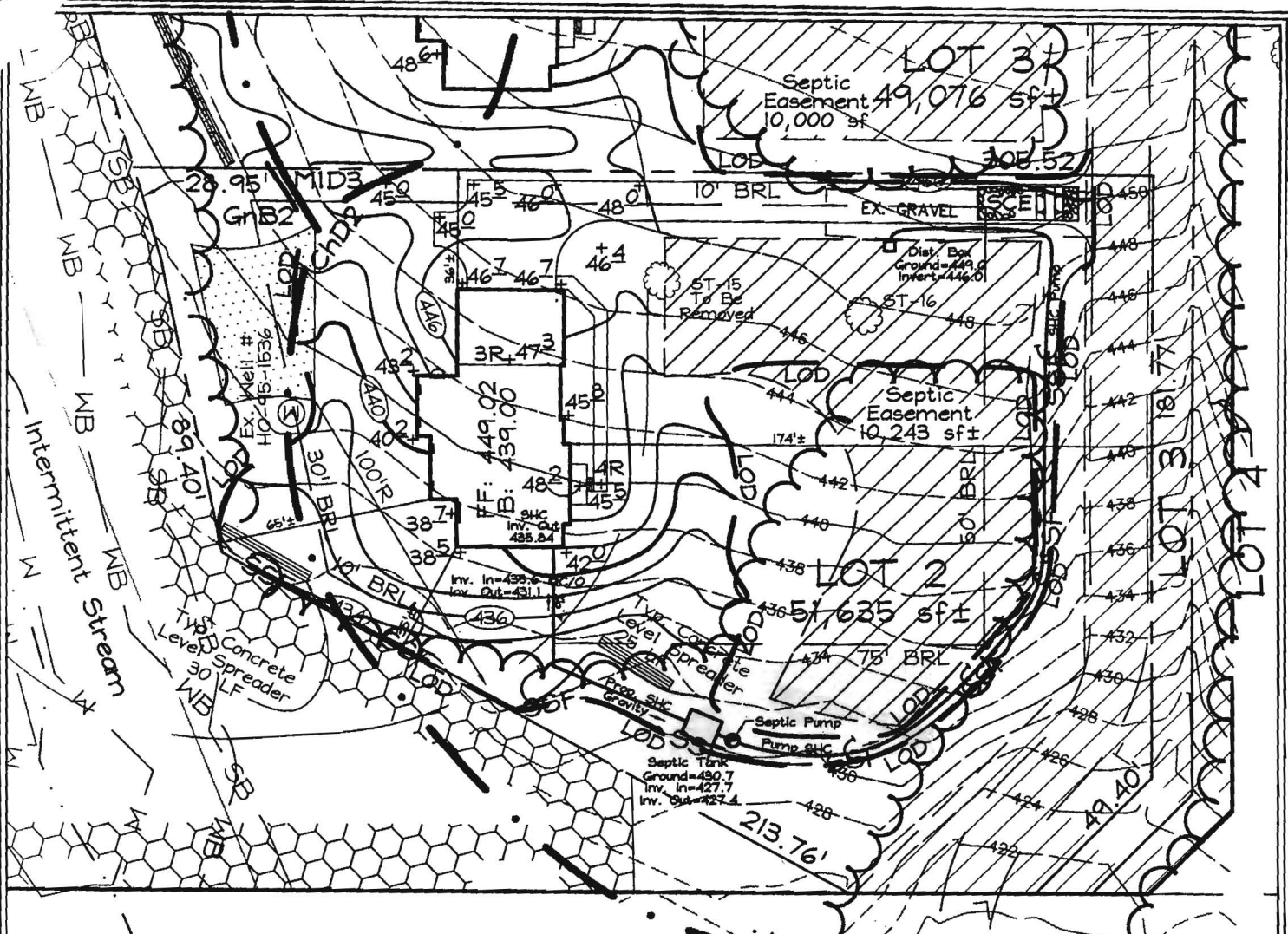
☐ ONE STOP SHOP

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

Check 10156 (\$100)
money order (\$50)

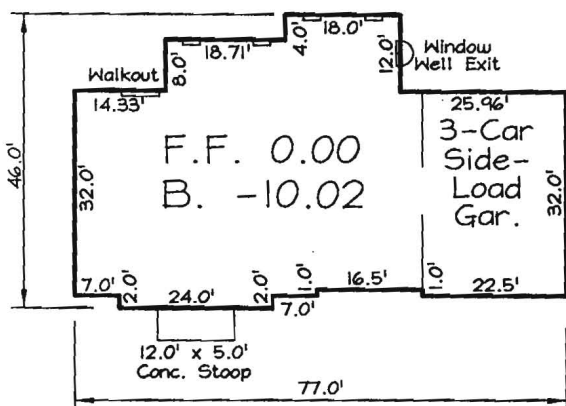
Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



PLAN
Scale: 1"=50'

GENERAL NOTES

1. See approved Mass Grading Plan GP-08-54 for entire site. Grading Permit G13000107 for entire site.
2. The lots shown hereon comply with the minimum ownership width and lot area as required by the Maryland State Department of the Environment.
3. The existing well shown on this plan (identified with the attached well tag number: HO-95-1536) has been field located by FSH Associates, Inc on 4-2-13 and is accurately shown.
4. Private well water and private septic will serve this lot.
5. Existing Topography on site is based on field run by FSH Associates Survey performed on or about 4-2-13.
6. Contractor to confirm all dimensions, utilities and topography in the field. If any conflicts arise, contact Engineer before beginning any work.
7. This area designates a private sewage easement, of at least 10,000 SF as required by the Maryland State Department of the Environment for individual sewage disposal (COMAR 26.04.03). Improvements of any nature in this area are restricted until public sewerage is available. These easements shall become null and void upon connection to a public sewerage system. The County Health Officer shall have the authority to grant adjustments to the private sewage easement. Recordation of a modified sewage easement shall not be necessary.
8. All septic lines are to be 4" PVC.



HOUSE TEMPLATE

Scale: 1"=30'

BUILDER

Goodier Baker Homes
2330 West Joppa Road, Suite 395
Lutherville, Maryland 21093
Phone: 410-818-7382

Approved Septic System Plan
Howard County Health Department

Signature *Bernard* Date *8-22-13*

FSH Associates

Engineers Planners Surveyors
6339 Howard Lane Elkridge, MD 21075
Tel: 410-567-5200 Fax: 410-796-7562
E-mail: Info@fsheri.com



LOT RESITE

LOT 2

THE WOODS AT TRIADELPHIA

Rev 4

DESIGN BY: CRH2

DRAWN BY: CRH2

CHECKED BY: ZYF

SCALE: As Shown

DATE: Aug. 9, 2013

W.O. No.: 3383

SHEET No.: 1 OF 1

TAX MAP 22 GRIDS 5 & 6
3RD ELECTION DISTRICT

PARCEL 528
HOWARD COUNTY, MARYLAND

GP-08-54



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: 5/6/14

Permit No.: B14001805

Building Address: 12506 Tridelphin Rd
City: Annapolis State: Md Zip Code: 21042
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: 2
Tax Map: 0022 Parcel: 0582 Grid: 0006
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD
Proposed Use: SFD w/ tank
Estimated Construction Cost: \$ 1600.00
Description of Work: Install 1 1000 gallon underground propane tank in accordance with NFPA 58
Occupant or Tenant: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

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

Property Owner's Name: Goodier Baker Homes
Address: 2350 West Joppa Rd Suite 395
City: Lutherville State: Md Zip Code: 21093
Phone: 410 580 0911 Fax: 410 997 7504
Email: Craig.Goodier@Goodier

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: Brad Perkins
Address: 13944 Old Hanover Rd
City: Reisterstown State: Md Zip Code: 21136
Phone: 410 833 1400 Fax: 410 861 8435
Email: R.Hieronymus@SuburbanPropane.com

Contractor Company: Suburban Propane
Contact Person: Brad Perkins
Address: 13944 Old Hanover Rd Reisterstown
City: Reisterstown State: Md Zip Code: 21136
License No.: 72302
Phone: 410 833 1400 Fax: _____
Email: R.Hieronymus@SuburbanPropane.com

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

Utilities
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____
Sprinkler System:
<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: R.Hieronymus Print Name: Randall Hieronymus
Email Address: R.Hieronymus@SuburbanPropane.com Date: 5-6-14
Title/Company: Service Manager

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		
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		

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 New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check #	<u>1308</u>

Distribution of Copies: White: Building Officials Green: PSZA, Zoning Yellow: PSZA, Engineering Pink: Health Gold: SHA

T:\Operations\Updated Forms\Building applmp 8 2012 docx

mail to central@...

RECEIVED

JUN 30 2014

HOWARD COUNTY HEALTH DEPT
BUREAU OF ENVIRONMENTAL HEALTH

