

Building Address <u>12100 Triadelphia Road</u> <u>Ellicott City, MD 21042</u>	Property Owner's Name <u>Wm. L. &amp; Debra K. Gneinwieser</u> Address <u>12100 Triadelphia Road</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u> Home Phone <u>301-776-4745</u> Work Phone <u>410-796-1333</u> Applicant's Name & Mailing Address, (if other than stated hereon):  Phone _____ Fax _____
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6030</u> Subdivision _____ Section _____ Area _____ Lot _____ Tax Map <u>16</u> Parcel <u>135</u> Grid <u>19</u> Zoning <u>RR</u> Map Coordinates _____ Lot size _____	Contractor Company <u>Horizons Unlimited, Inc.</u> Contact Person <u>William L. Gneinwieser</u> Address <u>7387 Washington Blvd., Suite 104</u> City <u>Elkridge</u> State <u>MD</u> Zip Code <u>21075</u> License No. <u>16606</u> Phone <u>410-796-1333</u> Fax <u>410-796-4144</u>
Existing Use <u>Single Family</u> Proposed Use <u>Single Family</u> Estimated Construction Cost \$ <u>120,000.00</u> Description of Work <u>Add 2 story 12'x17' addition with basement and 2 car garage, one story addition (approx. 972 sq. ft.) with an attached garage</u>	Engineer or Architect Company <u>L 2 M Architects</u> Contact Person <u>Jeff Mahler</u> Address <u>811 Cromwell Park Drive</u> City <u>Glen Burnie</u> State <u>MD</u> Zip Code <u>21061</u> Phone <u>410-863-1302</u> Fax <u>410-863-1308</u>
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	

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

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 THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO HIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

William L. Gneinwieser, Sr.  
Applicant's Signature  
President/Horizons Unlimited, Inc.  
Title/Company

William L. Gneinwieser, Sr.  
Print Name  
March 21, 2001  
Date

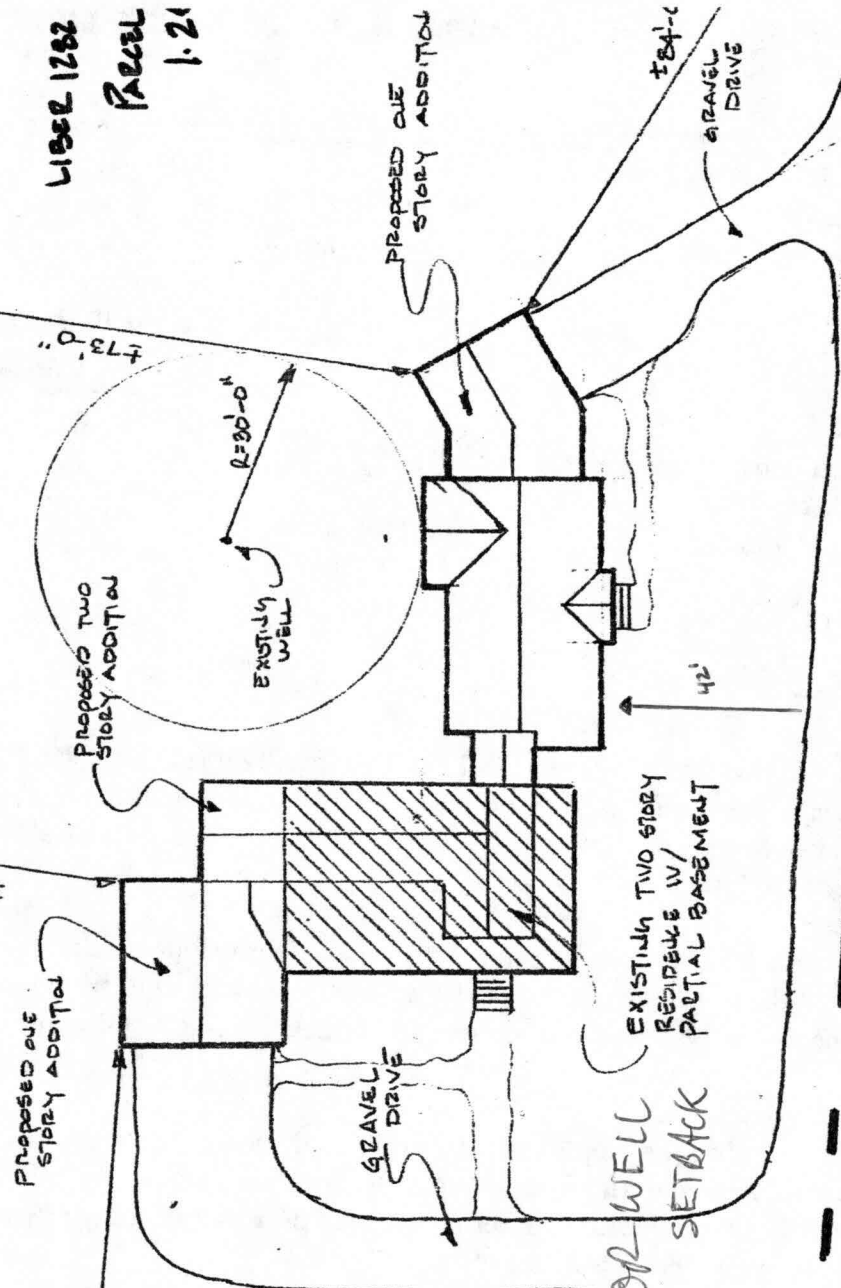
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***  
**- FOR OFFICE USE ONLY -**

AGENCY <u>Land Development, DPZ</u> <u>State Highways</u> <u>Building Official</u> <u>Dev. Engineering, DPZ</u> <u>Health</u> <u>Fire Protection</u> Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE <u>4/17/01</u>	SIGNATURE APPROVAL <u>Mark Lefkin</u>	DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____ Accepted by _____	PROPERTY ID#: <u>45182</u> Filing fee \$ <u>25</u> Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # _____ Validation # _____
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CONTINGENCY CONSTRUCTION START: ☐  
ONE STOP SHOP: ☐

N 72° 37' 30" E 388.50'

LISSER 1282  
RACEL  
1.21



REVISED

Date: 7/11/01

Comments: 600129181

OK AS REVISED FOR WELL

MR 7/16/01

SMIENWEISER RESIDENCE

The Advise Is An Integral Part Of This  
Plat & Is Found On The Affixed Page.

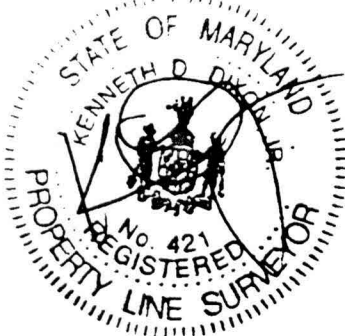
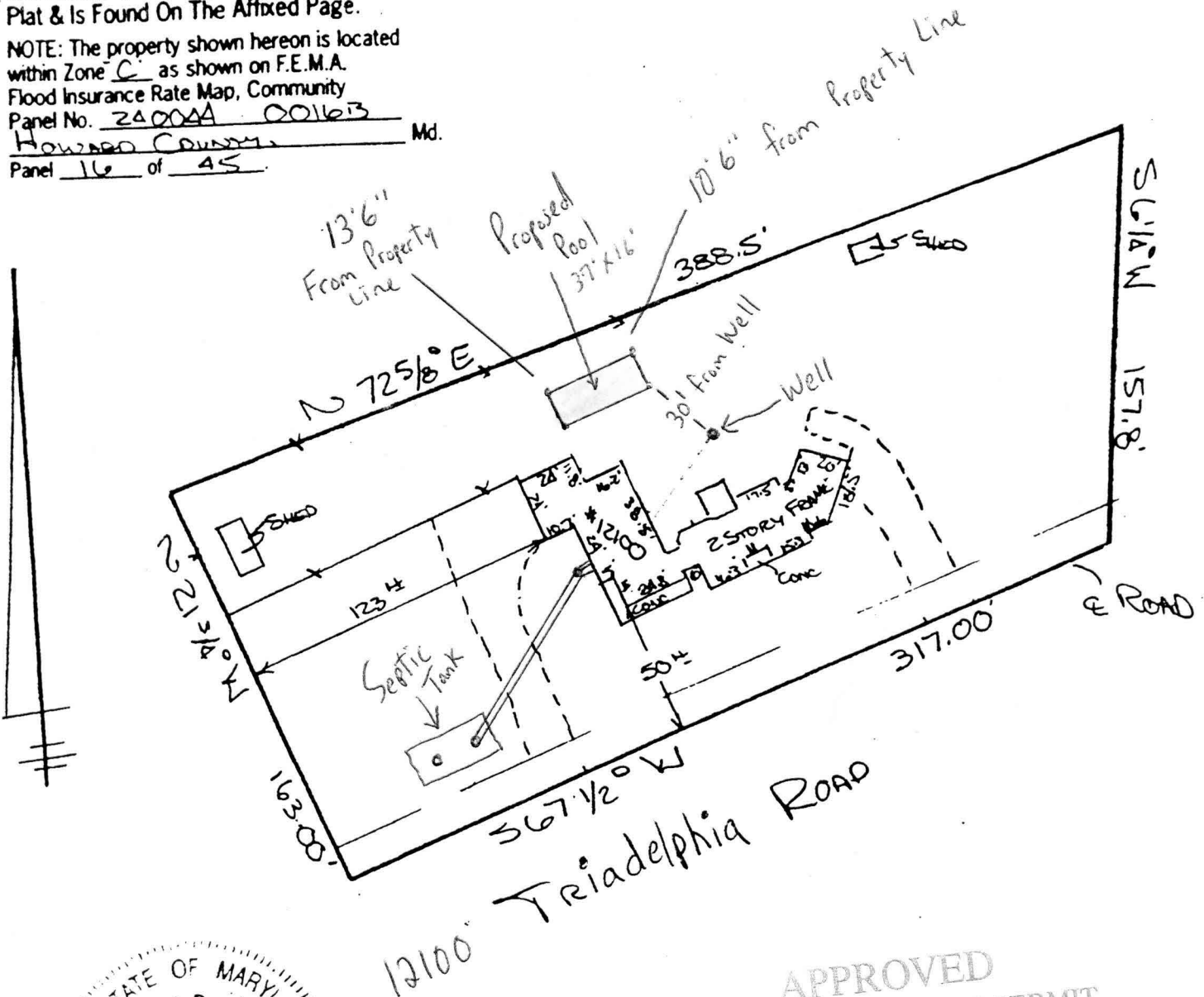
NOTE: The property shown hereon is located  
within Zone C as shown on F.E.M.A.

Flood Insurance Rate Map, Community

Panel No. 2400AA 00163

Howard County Md.

Panel 16 of 45.



APPROVED  
WALK-THRU BUILDING PERMIT  
BP# 600183554 # PH 51504  
APP. SAN KJB DATE: 5/4/05  
DESC. OF WORK: 37 x 16 Pool

For Description See Deed Liber 5333/539

I HEREBY CERTIFY THAT I HAVE SURVEYED  
LOT NO. ... OF SECTION ... OF  
#12100 TRIADAPHA ROAD  
SUBDIVISION FOR THE PURPOSE OF  
LOCATING THE IMPROVEMENTS AND THE  
IMPROVEMENTS ARE LOCATED AS SHOWN.

Kenneth D. Dixon, Jr. 10-14-04  
KENNETH D. DIXON, JR. DATE  
REG. PROPERTY LINE SURVEYOR NO. 421

PLAT RECORDED IN PLAT BOOK NO. ....  
FOLIO NO. .... PLAT NO. ....  
SCALE 1" = 60' W.O. NO. CA-695  
THIS PLAT IS NOT INTENDED TO BE USED  
FOR THE PURPOSE OF ESTABLISHING  
PROPERTY LINES

KEN DIXON SURVEYS  
P.O. BOX 1179  
PASADENA, MD 21123-1179 (410) 437-6632

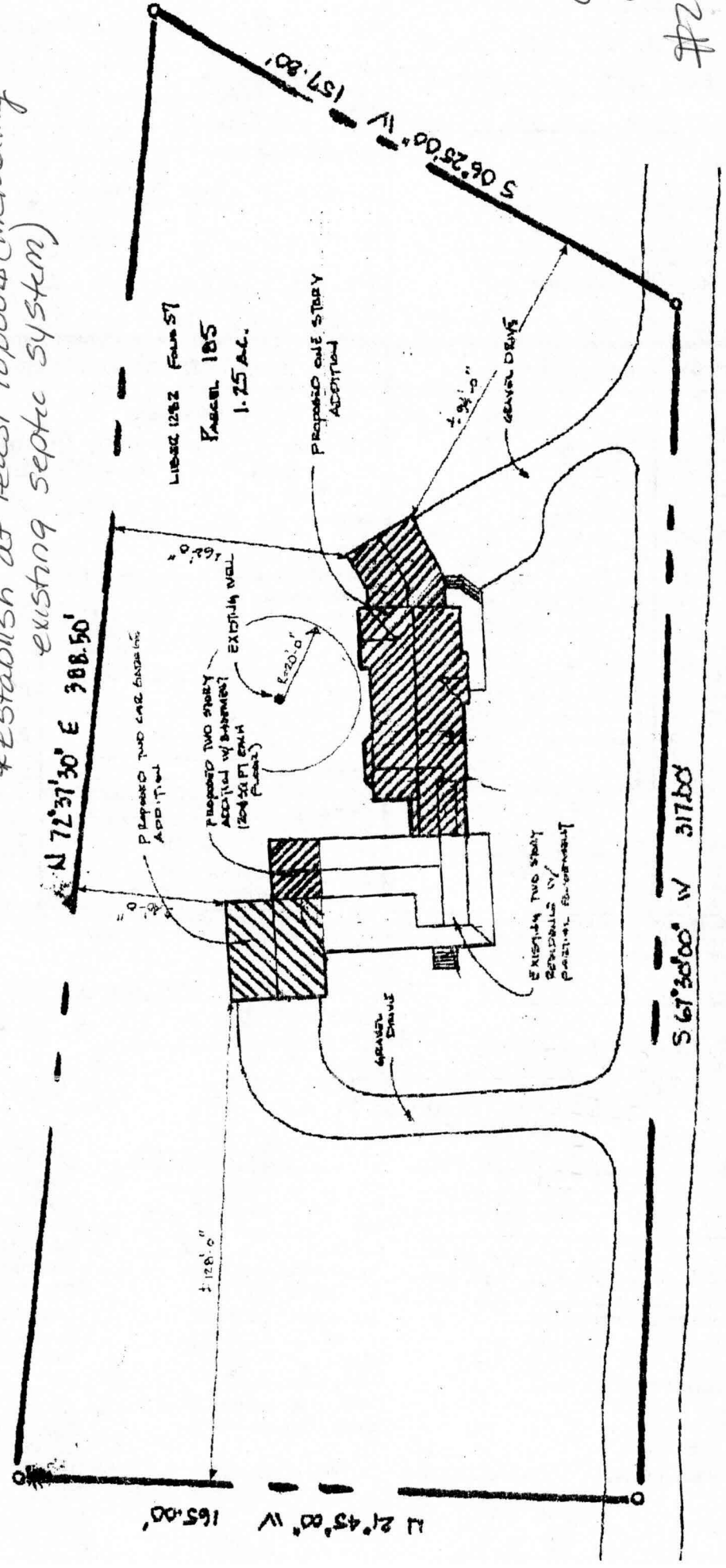
4/11/01 Spoke w/ owner - ok to build in-law apt. w/ adding capacity to existing septic system & establishing repair area for 4 bdrm total. All

4/11/01 well-house sep. #1 ~~verify~~ verify well to in-law suite has kit # BK in fin. hse incr => s.s. expansion

T/C w/ OWNER Re: 2nd dwelling unit state he reports previous verbal approval from other agencies, and is extremely frustrated. DPZ reports BP signed off w/o knowledge of in-law suite, owner to consult DPZ

#2 AMENDED PLAN COMING w/ NO KIT, 30' TO WELL (M)

\*Establish at least 10,000 (including existing septic system)



# GMIENWEISER RESIDENCE

12400 TRIANGLE ROAD - HOWARD COUNTY

12400  
1-40

*allison - Mark*  
**Horizons Unlimited Home Improvements, Inc**

7387 Washington Blvd.  
Suite 104  
Elkridge, MD 21075

*al*  
Phone: 410-796-1333 or 301-596-8833  
Fax: 410-796-4144

July 9, 2001

**RECEIVED**

JUL 11 2001

LICENSES & PERMITS  
DIVISION

Ms. Avis Corbin  
Howard County Inspections, Licenses & Permits  
3430 Court House Drive  
Ellicott City, MD 21043-4395

Re: Permit #B00129181

Dear Ms. Corbin,

I am writing this letter in regards to Permit #B00129181 address 12100 Triadelphia Road, Ellicott City, MD 21042. I have enclosed a copy of the revised plat with the additions on the right and rear. After meeting with Mark from the Health Department it was advised that we had certain requirements to meet as follows:

- 1.) To extend drain fields 180' to meet septic requirements for the in-law suite.
- 2.) The addition on the right side of the existing 2 story residence had to be moved 8' forward to meet the requirements for the set back of the existing well which is 30' before the house was built.

At the time of the footer inspection, approved plans were on the job site. At this time we are now at the drywall stage and I am requesting your approval to finish the house. If you have any additional questions or I can provide any further information please contact my office. Thank you in advance for your prompt attention to this matter.

Sincerely,

*William L. Gmeinwieser, Sr.*

William L. Gmeinwieser, Sr.  
President

OK (MR)  
Ho Co Health  
7/16/01

*RASHA P*  
*cc Health Dept*  
*Thank you*  
*al*  
*DPZ*



