G00009446

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1910
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00056980

Building Address 14360 Triadelphia Rd
Glenelg MD 21737

Suite/Apt. #: _____ SDP/WP/Petition #: #17723

04-369386

Census Tract 604002 Subdivision Triadelphia Crossing

Section _____ Area Ph 2 Lot 23

Tax Map 21 Parcel 97 Grid 17

Zoning RCDEO Map Coordinates 9D12 Lot size 1.06A

Property Owner's Name Toll MD V LP

Address 7164 Columbia Gateway Dr. #230

City Columbia State MD Zip Code 21046

Home Phone _____ Work Phone 410-489-2275

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

(C) 301-310-0835 410-489-2274

Phone Fax

Existing Use Vacant Lot

Proposed Use Single Family Dwelling

Estimated Construction Cost $ 325,000

Description of Work Malvern - Versailles, 5 Bedrooms 4½ Baths w/Enhanced Courtyard Garage

Contractor Company Toll MD V LP

Contact Person Brett Roberts

Address 7164 Columbia Gateway Dr. #230

City Columbia State MD Zip Code 21046

License No. _____

Phone Fax

Occupant or Tenant Toll Bros, Inc.

Contact Name Brett Roberts

Address 14324 Triadelphia Rd

City Glenelg State MD Zip Code 21737

Phone 410-489-2275 Fax 410-489-2274

Engineer or Architect Company Benchmark Engineering

Contact Person Dave Thompson

Address 84160 Balt. Nat'l Pike #418

City Ellicott City State MD Zip Code 21043

Phone 410-465-6105 Fax 410-465-6694

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
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

SF Dwelling ☒ SF Townhouse ☐

	Depth	Width
1st floor:	81'	79'
2nd floor:	81'	79'
Basement:	81'	79'

Finished Basement ☐ Unfinished Basement ☒
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 5
Height: 32'
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 Height: _____

_____ State Certified Modular
_____ Manufactured Home

Utilities

Water Supply:
____ Public
X Private

Sewage Disposal:
____ Public
X Private

Electric 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.

Brett Roberts
Applicant's Signature

Brett Roberts
Print Name

Construction Mngr. / Toll Bros. Inc.
Title/Company

11/10/05
Date

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

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

67453

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	12-30-05	
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

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 _____

PROPERTY ID#:	
Filing fee	$ 100
Permit fee	$
Excise tax	$
Add'l per. fee	$
TOTAL FEES	$
Sub-total paid	$
Balance due	$
Check	# 1161802
Validation	#

Accepted by DL

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

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Rev. 11/4/04

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B07000951

Building Address 14360 TRIADELPHIA Rd
GLENELG MARYLAND 21737

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision TRIADELPHIA CROSSING PHASE 2

Section _____ Area _____ Lot 23

Tax Map 21 Parcel 97 Grid 17 B2

Zoning RC-DEO Map Coordinates _____ Lot size 46,078 SF.

Property Owner's Name MELVIN AND AURA MORALES

Address 14360 TRIADELPHIA ROAD

City GLENELG State MD Zip Code 21737

Home Phone (W) 489-4932 Work Phone _____

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

Phone _____ Fax _____

Existing Use RESIDENTIAL

Proposed Use RESIDENTIAL

Estimated Construction Cost $ 8000

Description of Work DEMOLISH TOP OF A WALL AND INSTALL WALL COVERING

Contractor Company BY OWNER

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant N/A

Contact Name MRS MORALES

Address SAME AS ABOVE

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company RDR ENGINEERING INC

Contact Person ROSARIO D. MARCO

Address 1446 CROFTON PARK Rd

City MARRIOTTSVILLE State MD Zip Code 21104

Phone (410) 442-1076 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
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☑ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
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: _____

Other Structure: _____
Dimensions: _____
Footings: _____
Roof Height: _____

_____ State Certified Modular
_____ Manufactured Home

Utilities

Water Supply:
____ Public
✓ Private

Sewage Disposal:
____ Public
✓ Private

Electric 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 _____ *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
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	4/4/07	
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

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 _____

PROPERTY ID#:

Filing fee	$
Permit fee	$ 50.00
Excise tax	$ 5.00
Add'l per. fee	$ 100.00
TOTAL FEES	$ 155.00
Sub-total paid	$ 155.00
Balance due	$
Check	# 1091
Validation	#

Accepted by: Q

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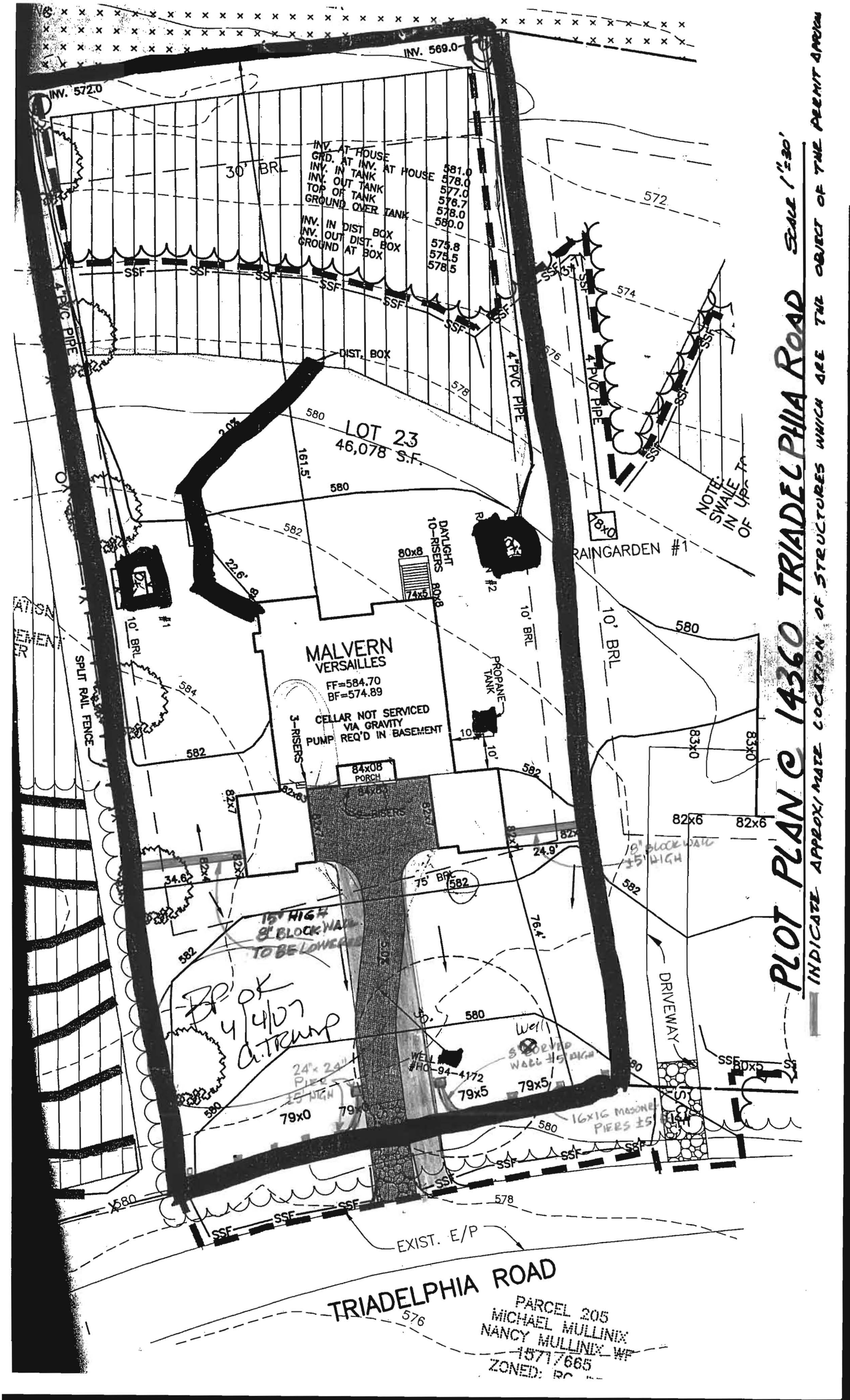

PLOT PLAN @ 14360 TRIADELPHIA ROAD
SCALE 1"=30'
INDICATE APPROX/MATE LOCATION OF STRUCTURES WHICH ARE THE OBJECT OF THE PERMIT APPLICA
INV. 572.0
INV. 569.0
30' BRL
INV. AT HOUSE 581.0
GRD. AT INV. AT HOUSE 578.0
INV. IN TANK 577.0
INV. OUT TANK 576.7
TOP OF TANK 578.0
GROUND OVER TANK 580.0
INV. IN DIST BOX 575.8
INV. OUT DIST. BOX 575.5
GROUND AT BOX 578.5
SSF
4" PVC PIPE
DIST. BOX
LOT 23
46,078 S.F.
161.5'
22.6'
RAINGARDEN #1
DAYLIGHT 10-RISERS
80x8
74x5
MALVERN
VERSAILLES
FF=584.70
BF=574.89
CELLAR NOT SERVICED VIA GRAVITY PUMP REQ'D IN BASEMENT
3-RISERS
PROPANE TANK
84x08
PORCH
10' BRL
SPLIT RAIL FENCE
75' BRL
34.6'
24.9'
76.4'
DRIVEWAY
8" BLOCK WALL ±5' HIGH
15" HIGH 8" BLOCK WALL TO BE LOWERED
BP OK 4/4/07 A. TRUMP
24" x 24" PIERS ±5' HIGH
WELL #HO-94-4172
Well
8" CURVED WALL ±5' HIGH
16x16 MASONRY PIERS ±5'
NOTE: SWALE IN UP... OF
EXIST. E/P
TRIADELPHIA ROAD
PARCEL 205
MICHAEL MULLINIX
NANCY MULLINIX WF
15717/665
ZONED: RC

PRESENT WALL VIEW

STRUCTURAL CERTIFICATION

THE REINFORCED CINDER BLOCK WALL SHOWN HEREON, IF LOWERED AS INDICATED, WILL BE STRUCTURALLY ADEQUATE TO CARRY A 20LBS/SF WIND PRESSURE AS REQUIRED BY THE BUILDING CODE.

Rosario DIMARCO P.E.

STATE OF MARYLAND
ROSARIO DI MARCO
No. 10727
PROFESSIONAL ENGINEER