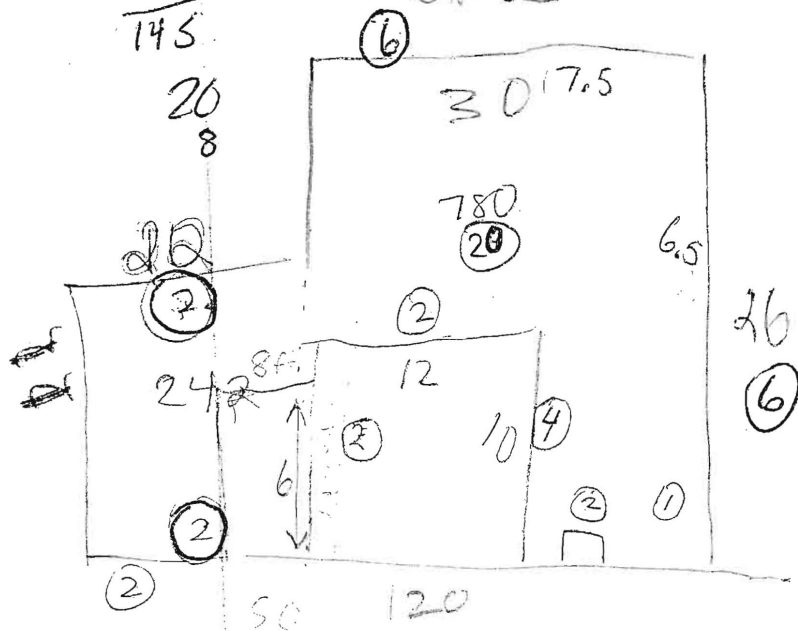


APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# _____
APP. SAN for 12/1/14 DATE: 8/1/14
DESC. OF WORK: Finish Dining
1/ one room + bath (approx
155 ft²) No additional
22 1/2' Bedrooms proposed
have ABR total.

63 Per
 ✓ 30
 ✓ 22
 30
 145

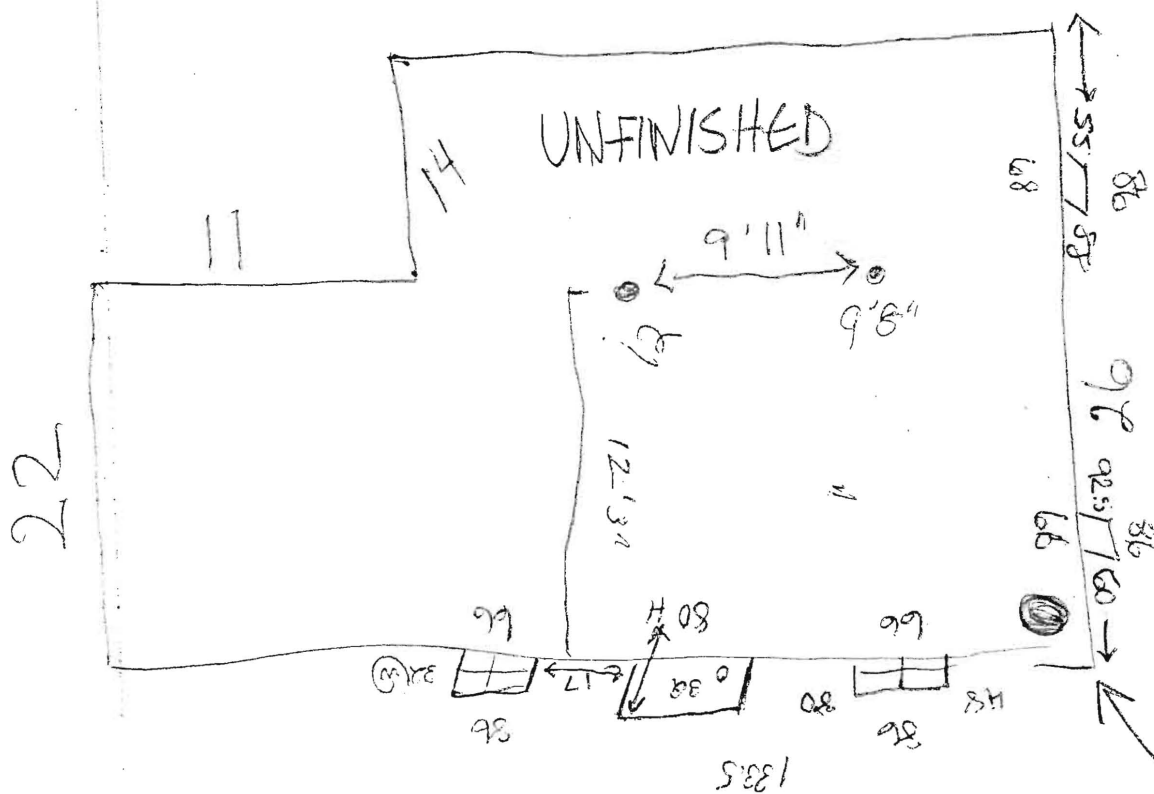
Rooms
 32 Bed
 32 Bath

BASEMENT



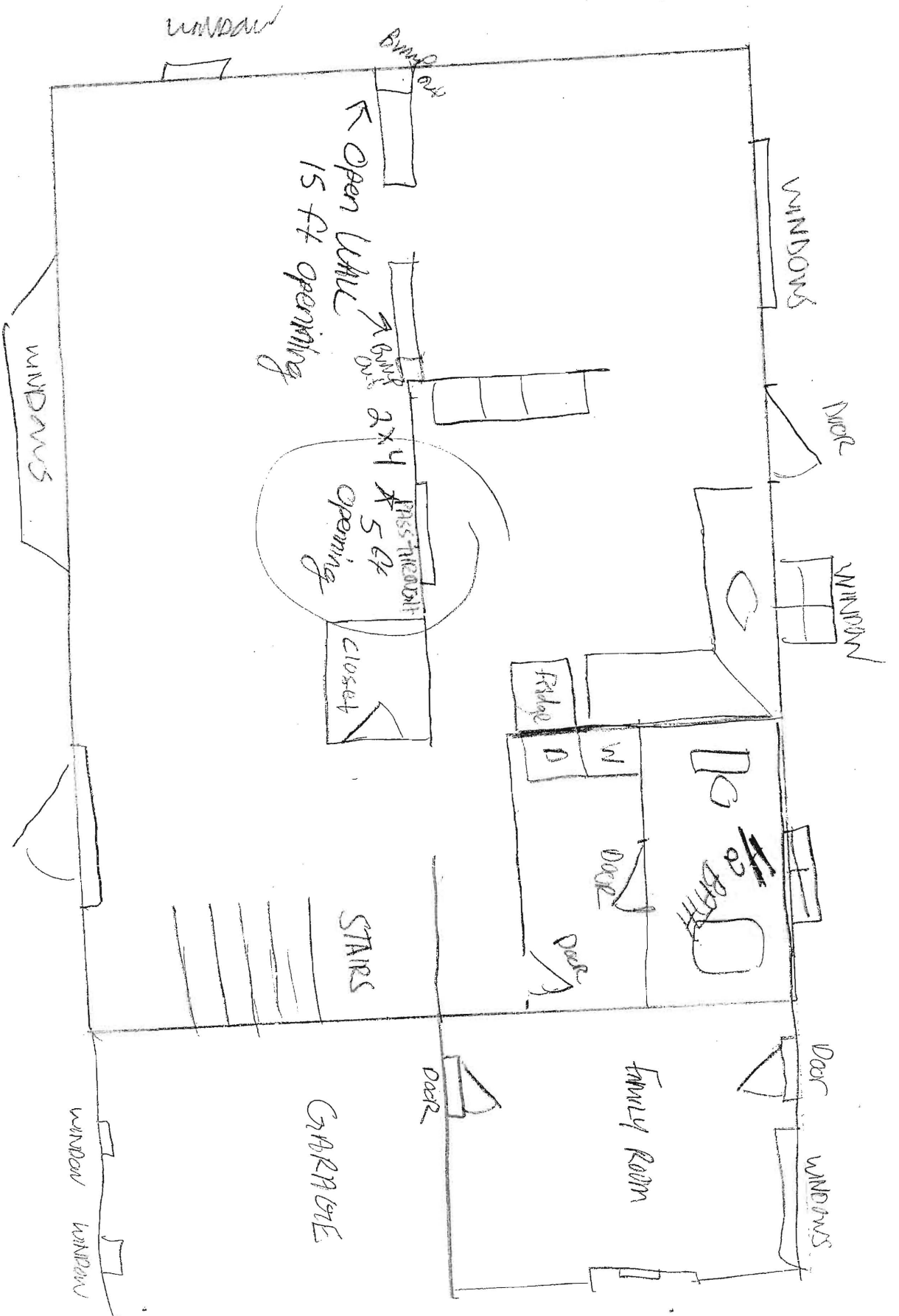
780
 242
 170

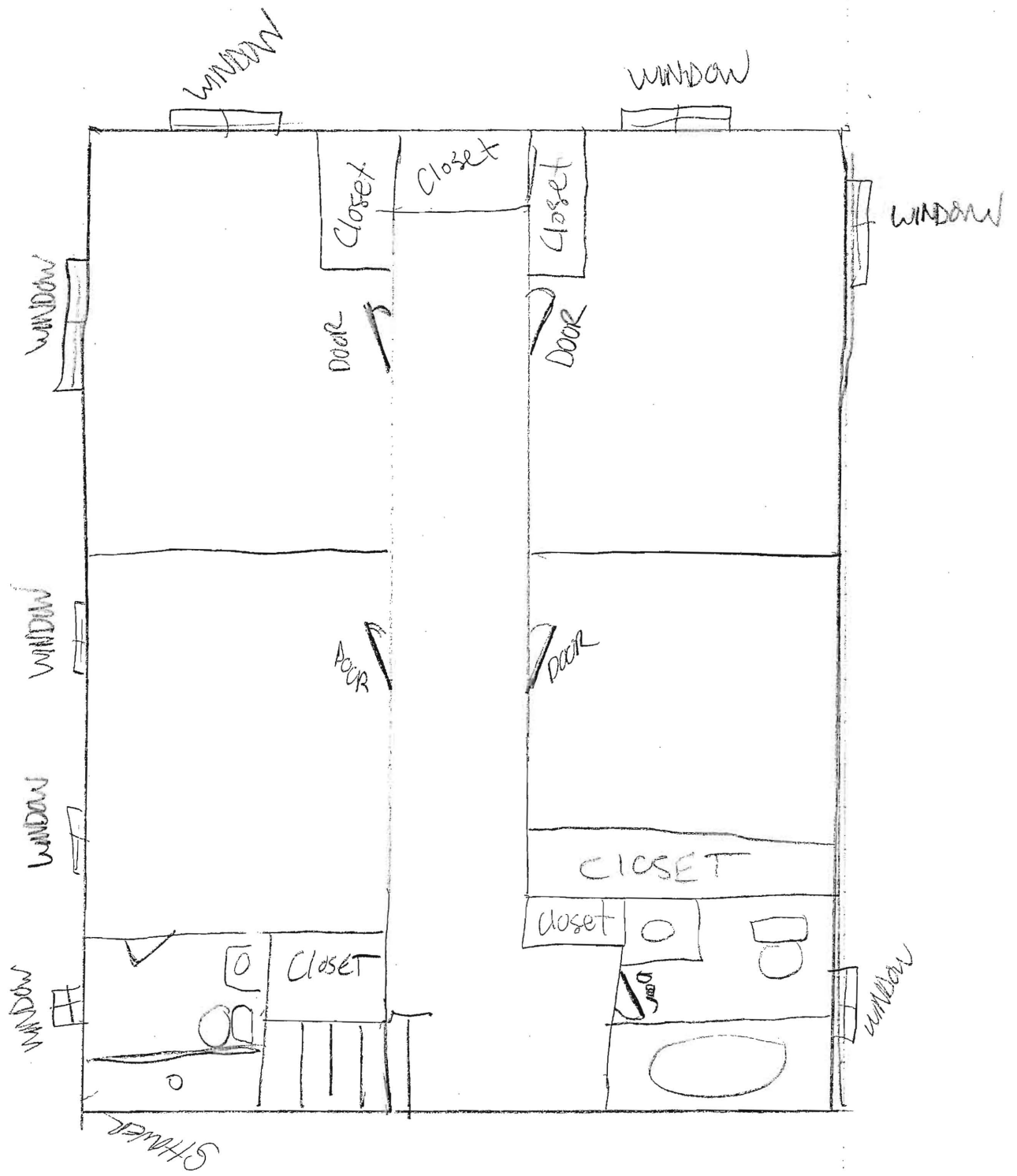
1022 sf
 17' w/bed room



down

MAIN FLOOR





Fogle's Septic Clean, Inc.
580 Obrecht Road
Sykesville, MD 21784
Phone 410-795-5670



Propo

Proposal # 39817
Proposal Date 7/10/2018

Proposal Submitted To		Job Location	
BTC INVESTMENTS, LLC 11829 TRIADELPHIA RD ELLICOTT CITY, MD 21042		DONALD DUNN 11829 TRIADELPHIA RD ELLICOTT CITY, MD 21042	
Phone	410-446-6547	Total Cost:	\$5,645.00
E-mail	BTCPM93@GMAIL.COM		
Description of work to be done			
<p>Permit Pump, crush and backfill existing septic tank 1500 Gallon top-seam, two compartment tank Risers and manhole covers to grade Backfill to a rough grade as soil and weather conditions permit A signature and deposit of \$1,800 are required prior to starting work</p> <p>Work described above is subject to Howard County Health Department approval</p> <p style="text-align: center;">Fogle's Septic is not responsible for ground settling after the work has been completed. Extra dirt and equipment for regrading at a later date can be done at an additional expense.</p>			
Military Service Affidavit:			
I, _____ am in the military service.		Branch _____ ID# _____	
I, _____ am not the military service.			
Date of Birth (mm/dd/yyyy) _____		Signature of Affidavit _____ Date (mm/dd/yyyy) _____	
Exclusions: rock removal, cleaning, final grading, seed and straw, any damage to driveway or shrubbery due to the use of heavy equipment and trucks, extra dirt for/ damage to settling at a later date. Fogle's is not responsible for damage to private utility lines, we will call Ms. Utility to mark public utility lines but the homeowner is responsible to mark any private utility lines. We are not responsible for the working conditions of the septic system due to the design by the Health Department.			
Payment to be made as follows:			
Payment is due within 30 days from the date of invoice. A finance charge of 1.5% per month (18% A.P.R.) to be applied on all balances over 30 days. If account is overdue & goes into collection, you will be responsible for collection fees, court costs and attorney fees 25%			
All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written order, and will become an extra charge over and above the estimate. All agreements are contingent upon strikes, accidents or delays beyond our control. Owner is to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.		Authorized Signature: <u>John Hieatzman</u>	
		Notice: This proposal may be withdrawn if not accepted within 60 days	
		Customer signature and deposit are required prior to starting any work	
		Signature: <u>Angela Hutto-Copeland</u>	
		Signature: _____	
		Date of Acceptance: <u>7/23/18</u>	
<div style="text-align: right;">(SEAL)</div> <p>If proposal accepted by Business or Corporation Signature of Individual Responsible</p>			



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.: _____

Building Address: 11829 Triadelphia Rd
City: Edlicott City State: MD Zip Code: 21042
Suite/Apt. # _____ SDP/WP/BA #: _____
Subdivision: _____
Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: Residential
Proposed Use: Residential
Estimated Construction Cost: \$ 65,000
Description of Work: Refinish the basement and paint exterior SF 1022 1st Floor adding pass through & open Concept

Occupant/Tenant Name: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: BTC Investments LLC
Address: 5604 Gera Way
City: Sykesville State: MD Zip Code: 21784
Phone: 443-831-2402 Fax: _____
Email: btcvei@gmail.com

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: BTC Investments LLC
Address: PO BOX 1282
City: Lawrence Harbor State: NJ Zip Code: 08879
Phone: 443-831-2402 Fax: _____
Email: btcvei@gmail.com

Contractor Company: Custom Construction of Carroll County LLC
Contact Person: Kelli Shockey
Address: PO BOX 1194
City: Sykesville State: MD Zip Code: 21784
License No.: MHC #131257 MHRB #7376
Phone: 443-791-4420 Fax: _____
Email: Shockey.william@gmail.com
CONTACT 440-300-6783

Engineer/Architect Company: _____
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:	Depth Width
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
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<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	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input checked="" type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" 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: Chris Gorham
Email Address: chris.gorham
Employee: Custom Construction
Title/Company: _____

Print Name: Chris Gorham
Date: 7/25/18

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	<u>8/1/18</u>	<u>[Signature]</u>

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

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

Distribution of Copies: White: Building Officials

Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA