



**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: B14001721  
Permit No.: 122200038

Building Address: 14290 TRIADAPHLIA ROAD  
City: GLENELG State: MD Zip Code: 21737  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
Tax Map: 21 Parcel: 104 Grid: 18  
Zoning: RC-D60 Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: VACANT  
Proposed Use: \_\_\_\_\_

Estimated Construction Cost: \$ 59,000.00  
Description of Work: CONSTRUCT GROUND LEVEL DECK  
(450 S.F.)

Occupant or Tenant: HOMWOOD INTERIORS  
Was tenant space previously occupied? ☐ Yes ☐ No  
Contact Name: STACIA SMITH  
Address: 11362 HOMWOOD ROAD  
City: BELMONT CITY State: MD Zip Code: 21042  
Phone: 410-530-8330 Fax: 410-964-5630  
Email: stacia@homewoodinteriors.com

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: <u>1</u>	<u>Depth</u> <u>Width</u>
Gross area, sq. ft./floor: _____	1 <sup>st</sup> floor: _____
	2 <sup>nd</sup> floor: _____
Area of construction (sq. ft.): <u>450</u>	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 checked="" 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 type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: HOMWOOD PROPERTIES, LLC  
Address: 6339 TEN OAKS ROAD SUITE 150  
City: CLARKSVILLE State: MD Zip Code: 21029  
Phone: 410-530-8330 Fax: 410-964-5630  
Email: stacia@homewoodinteriors.com

Applicant's Name & Mailing Address, (If other than stated herein)  
Applicant's Name: JOHN I. LEHMAN  
Address: 6888 MINK HOLLOW RD  
City: HIGHLAND State: MD Zip Code: 20777  
Phone: 301-854-1109 Fax: 301-854-1072  
Email: jlehman@lpc.us

Contractor Company: ALC CONTRACTORS, LLC  
Contact Person: ANDREW LOHMEYER  
Address: 19632 GUNPOWDER ROAD  
City: MILLERS State: MD Zip Code: 21102  
License No.: 458609  
Phone: 443-324-7038 Fax: 443-708-0506  
Email: alohmeyer@alccontractors.com

Engineer/Architect Company: LEHMAN ASSOCIATES, P.C.  
Responsible Design Prof.: JOHN I. LEHMAN, AIA  
Address: 6888 MINK HOLLOW RD  
City: HIGHLAND State: MD Zip Code: 20777  
Phone: 301-854-1109 Fax: 301-854-1072  
Email: jlehman@lpc.us

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Other: _____
<u>Sprinkler System:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>Grading Permit Number:</u>
<u>Building Shell Permit Number:</u>

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

Principal - LEHMAN ASSOC., P.C.  
Title/Company

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? <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	# <u>4611</u>

Distribution of Copies: White: Building Officials

Green: PSZA, Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA



**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: 7-23-14  
Permit No.: B14002571

Building Address: 14290 Tradehills rd  
City: Glen Elg State: MD Zip Code: 21737  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_  
Existing Use: Single family dwelling  
Proposed Use: Fuel supply for generator  
Estimated Construction Cost: \$ 6,700  
Description of Work: Removal of propane tank and installation of gas line from tank to generator  
Occupant or Tenant: \_\_\_\_\_  
Was tenant space previously occupied? ☐ Yes ☒ No  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Property Owner's Name: Stacia Smith  
Address: 14290 Tradehills rd  
City: Glen Elg State: MD Zip Code: 21737  
Phone: 410-530-8330 Fax: 410-964-5030  
Email: stacia@homedesigners.com  
Applicant's Name & Mailing Address, (if other than stated herein)  
Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Contractor Company: Suburban Propane  
Contract Person: Brent Stubbs  
Address: 31 Derwood Cir  
City: Rockville State: MD Zip Code: 20850  
License No.: \_\_\_\_\_  
Phone: 301-251-0606 Fax: 301-251-0608  
Email: \_\_\_\_\_  
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 <sup>st</sup> floor: _____
Area of construction (sq. ft.): _____	2 <sup>nd</sup> floor: _____
Use group: _____	Basement: _____
Construction type: _____	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Craw Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	<u>Multi-family Dwelling</u>
	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
	Footings: _____
	Roof: _____
	<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 type="checkbox"/> No
Gas: <input 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: Brent Stubbs Print Name: Brent Stubbs  
Email Address: BSTUBBS@SUBURBANPROPANE.COM Date: 7/23/14  
Title/Company: CSC Manager Suburban Propane

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? ☐ 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
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

110

Distribution of Copies: White: Building Officials Green: PSZA/Zoning Yellow: PSZA/Engineering Pink: Health Gold: SHA  
T:\Operations\Updated Forms\Building appamp 8.2012.docx  
17-054439644



# HEALTH

## 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: 7-23-14

Permit No.: B14002571

Building Address: 14290 Tradelphila rd.  
City: Glen elg State: MD Zip Code: 21737  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: Single family dwelling  
Proposed Use: Fuel supply for generator  
Estimated Construction Cost: \$ 6,700  
Description of Work: Burial of propane tank and installation of gas line from tank to generator  
Occupant or Tenant: \_\_\_\_\_  
Was tenant space previously occupied? ☐ Yes ☒ No  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Property Owner's Name: Stacia Smith  
Address: 14290 Tradelphila rd.  
City: Glen elg State: MD Zip Code: 21737  
Phone: 410.530.8330 Fax: 410.964.5130  
Email: stacia@homewoodinteriors.com

Applicant's Name & Mailing Address, (If other than stated herein)  
Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Contractor Company: Suburban Propane  
Contact Person: Brant Stubbs  
Address: 31 Berwood av.  
City: Rockville State: MD Zip Code: 20850  
License No.: \_\_\_\_\_  
Phone: 301 251 0606 Fax: 301 251 0608  
Email: \_\_\_\_\_

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:	<u>Depth</u>	<u>Width</u>
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:	
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>	
<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:	
<b>Roadside Tree Project Permit</b>	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

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

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: [Signature]  
Email Address: BSTUBBS@SUBURBANPROPANE.COM  
Title/Company: CSC Manager, SUBURBAN PROPANE

Print Name: DAVE MORGAN  
Date: 7/23/14

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

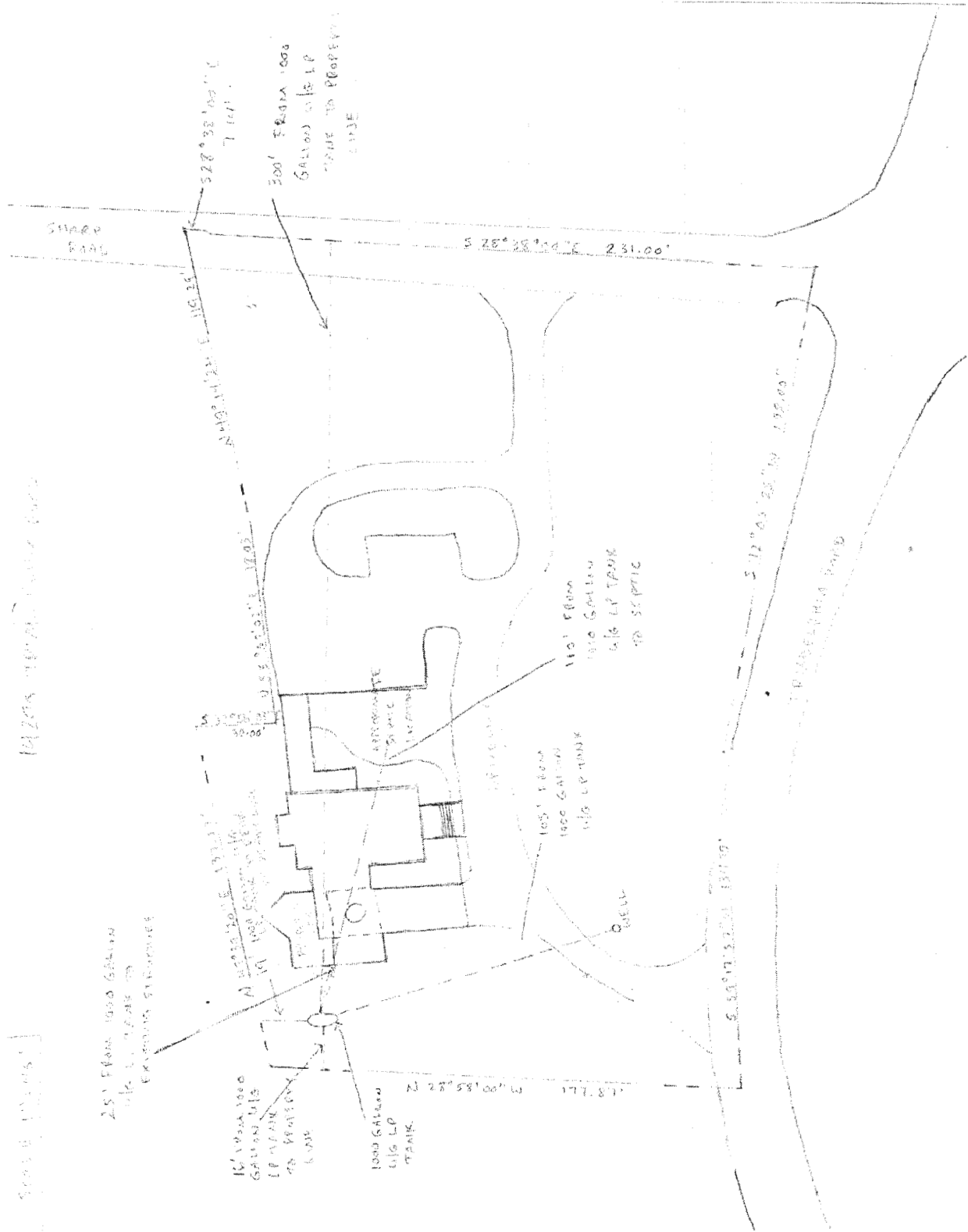
PLEASE WRITE NEATLY & LEGIBLY  
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>7/23/14</u>	<u>[Signature]</u>
Is Sediment Control approval required for assistance? <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 #	







# 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: 5-23-13

Permit No.: B13002038

Building Address: 14290 Tridellon Rd  
 City: Glenly State: MD Zip Code: 21037  
 Suite/Apt. #: NA SDP/WP/BA #:   
 Census Tract: Subdivision: NA  
 Section: Area: 2 Lot:   
 Tax Map: 21 Parcel: 135 Grid: 19  
 Zoning: Map Coordinates: Lot Size: 40,031

Existing Use: Residential  
 Proposed Use:   
 Estimated Construction Cost: \$ 500K +/-  
 Description of Work: Interior Renovation  
 to Sanctuary, Repairs as  
 needed to comply with ADA  
 Occupant or Tenant: NA  
 Was tenant space previously occupied? ☐ Yes ☒ No  
 Contact Name:   
 Address:   
 City: State: Zip Code:   
 Phone: Fax:   
 Email:

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

Property Owner's Name: Homeowner Properties LLC  
 Address: 6339 Ten Oaks Rd  
 City: Glenly State: MD Zip Code: 21037  
 Phone: 410 531-0021 Fax: 410 531-9009  
 Email:

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name:   
 Address:   
 City: State: Zip Code:   
 Phone: Fax:   
 Email:

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

Engineer/Architect Company: Lehman Associates P.C.  
 Responsible Design Prof.: John Lehman  
 Address: 6426 Minh How Rd  
 City: Highland State: MD Zip Code: 20777  
 Phone: 301-454-1109 Fax:   
 Email: JLEHMAN@LAPL.US

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Gas: <input type="checkbox"/> Yes <input checked="" 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 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: G Phillips Date: 5/23/2013  
 Email Address: GPhillips@MRED.US  
 Title/Company: Owners Rep

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	6/11/13	Carol Smith

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 checked="" type="checkbox"/> No Is Entrance Permit Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Lot Coverage for New Town Zone: SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$ 25
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 1706





LEHMAN ASSOCIATES, PC  
a r c h i t e c t s

RECEIVED

NOV 15 2013

LICENSES & PERMITS  
DIVISION

November 15, 2013

RECEIVED

NOV 15 2013

PLAN REVIEW DIVISION

Mr. Don Mock, PE, Head of Plans Review  
Howard County Government  
Department of Inspections, Licenses and Permits  
3430 Courthouse Drive  
Ellicott City, MD 21043

RE: Modification to Existing Permit  
Homewood Properties, LLC  
14290 Triadelphia Road  
Glenelg, MD 21737  
PERMIT NO: B13002038

Dear Mr. Mock,

Per your request, I am submitting a proposed ground level deck design which is a modification request for the deck shown on the approved permit documents. Generally, the deck has changes shapes from a rectangle to a pointed shape which mimics the 12:12 roof pitch of the immediately adjacent structure. The overall size will increase from 412 sq. ft. to 464 sq. ft. The deck as before will be approximately 18 inches above grade and will have a built-in bench as well as a 36 inch high cable rail railing around the perimeter.

The attached drawing should provide you with all of the details necessary for a thorough review.

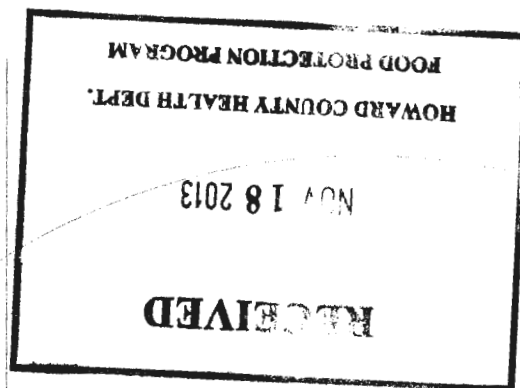
Please let us know at your decision at your earliest convenience as we would like to begin construction as soon as possible.

We thank you for your consideration.

Sincerely,

  
John J. Lehman, AIA  
Principal and Architect of Record

cc: Ms. Stacia Smith  
Gregory Phillips

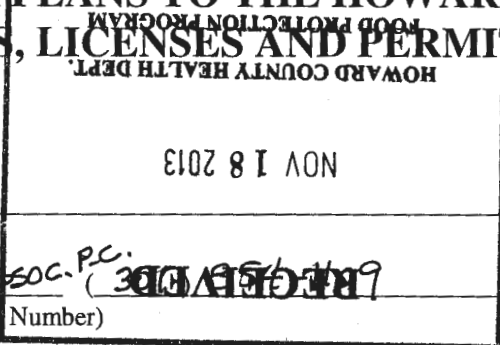


Was an old church  
Now a resident -  
Spoke to John Lehman  
11.15.13

6888 Mink Hollow Road  
Highland, MD 20777-9766  
301.854.1109 t  
301.854.1072 f

www.lapc.us

COMPLETE THIS FORM WHEN DROPPING OFF ANY  
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY  
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:



RECEIVED

NOV 15 2013

PLAN REVIEW DIVISION

Date: 11-15-13  
To: RESID. PLAN REVIEW  
(Person's Name and Division)  
From: JOHN I. LEHMAN LEHMAN ASSOC. PC. (301) 854-1109  
(Your Name, Company Name and Telephone Number)  
Subject: Project name HOMEWOOD PROPERTIES, LLC  
Project site address 14290 TRIADELPHIA ROAD, GLENELG, MD 21737  
Permit Number B13002038 SDP # \_\_\_\_\_  
Other information pertinent to this project \_\_\_\_\_

☒ Please check the attachments below that you are submitting with this transmittal:

- ☐ Letter of response to Howard County plan review code letter
- ☒ Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted
- ☐ Structural steel certification
- ☐ Energy conservation calculations
- ☐ Certification for \_\_\_\_\_ (be specific).
- ☐ Copies of \_\_\_\_\_ (be specific).
- ☐ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # \_\_\_\_\_
- ☐ Other \_\_\_\_\_

NO plot plan submitted  
11/15/13  
DEB

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

JOHN I. LEHMAN, AIA (301) 854-1109  
(Person's name) (Telephone number)

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by AKH

PERMIT ISSUED

INV# 340905

340108

CK# 4533

white: Plan Review Division  
yellow: Applicant  
pink: Permit Division

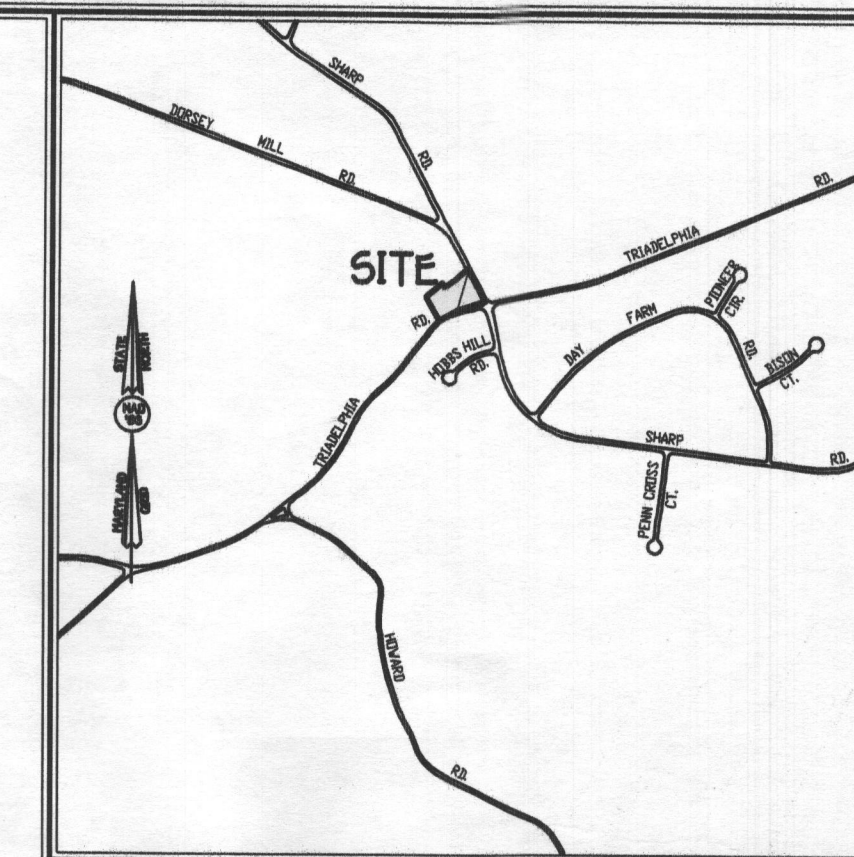
\* TAKE IN \$200  
REV. FEE PER  
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CC: DPZ  
DED  
Health



# LEGEND

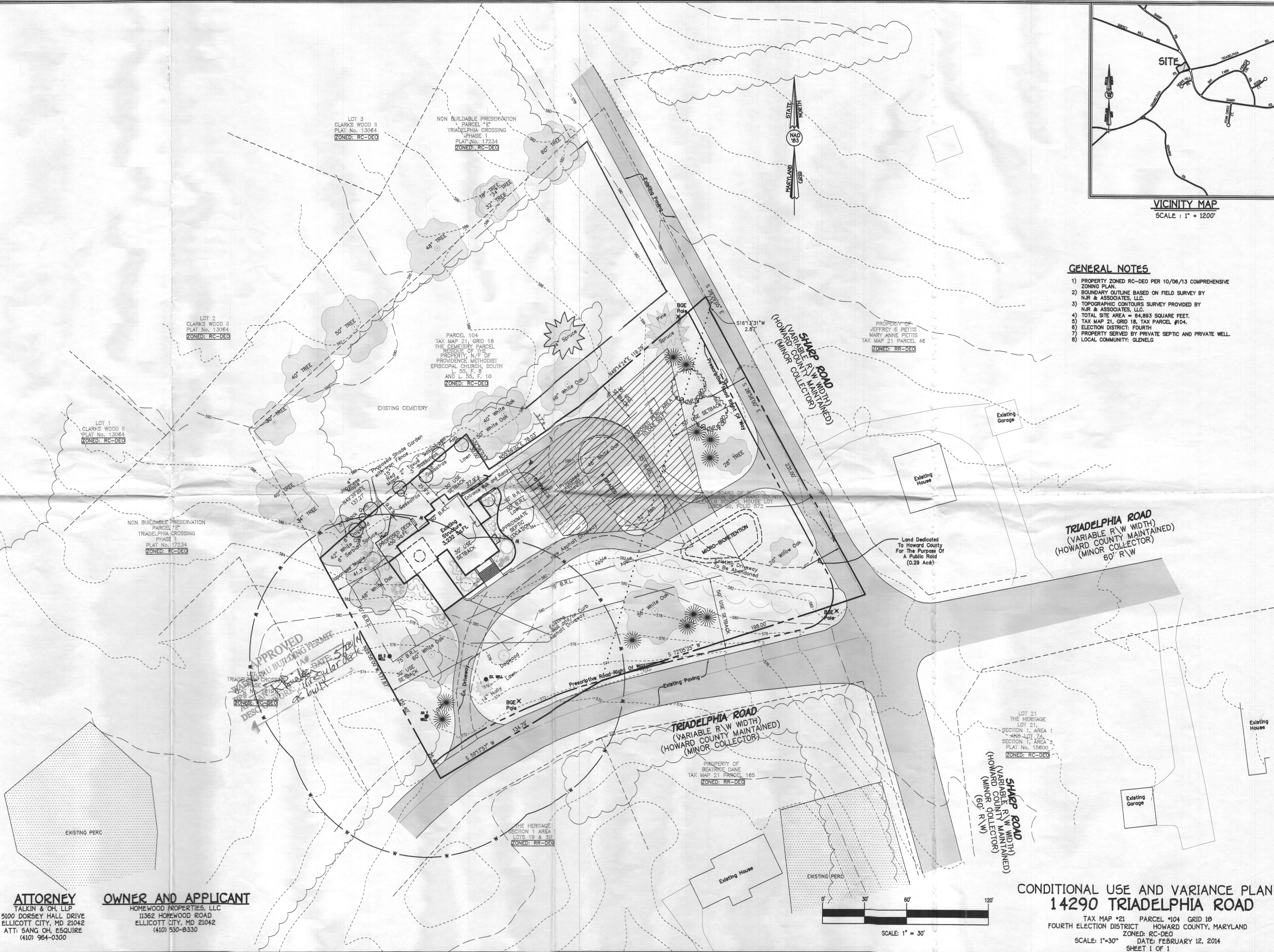
- PRIVATE SEWERAGE EASEMENT
- EXISTING PRIVATE SEWERAGE EASEMENT
- BRL (BUILDING RESTRICTION LINE)
- PROPERTY LINE
- HOWARD COUNTY PRESCRIPTIVE ROAD RIGHT OF WAY
- EXISTING SHADE TREES
- EXISTING EVERGREEN TREES
- PROPOSED EVERGREEN TREES
- PROPOSED SHADE TREES



VICINITY MAP  
SCALE: 1" = 1200'

## GENERAL NOTES

- 1) PROPERTY ZONED RC-DEO PER 10/06/13 COMPREHENSIVE ZONING PLAN.
- 2) BOUNDARY OUTLINE BASED ON FIELD SURVEY BY N.R. & ASSOCIATES, LLC.
- 3) TOPOGRAPHIC CONTOURS SURVEY PROVIDED BY N.R. & ASSOCIATES, LLC.
- 4) TOTAL SITE AREA = 64,893 SQUARE FEET.
- 5) TAX MAP 21, GRID 18, TAX PARCEL #104.
- 6) ELECTION DISTRICT: FOURTH
- 7) PROPERTY SERVED BY PRIVATE SEPTIC AND PRIVATE WELL.
- 8) LOCAL COMMUNITY: GLENELG



**ATTORNEY**  
TALKIN & OH, LLP  
5100 DORSEY HALL DRIVE  
ELLICOTT CITY, MD 21042  
ATT: SANG OH, ESQUIRE  
(410) 964-0300

**OWNER AND APPLICANT**  
HOMWOOD PROPERTIES, LLC  
11362 HONEWOOD ROAD  
ELLICOTT CITY, MD 21042  
(410) 330-8330

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLICOTT CITY, MARYLAND 21042  
(410) 461-2295

## CONDITIONAL USE AND VARIANCE PLAN 14290 TRIADELPHIA ROAD

TAX MAP #21 PARCEL #104 GRID 18  
FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
ZONED: RC-DEO  
SCALE: 1"=30" DATE: FEBRUARY 12, 2014  
SHEET 1 OF 1