

PERMIT NUMBER: B20004097

DATE ACCEPTED:

RECEIVED

NOV 20 2020



## RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS DIVISION  
 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #1  
[www.howardcountymd.gov](http://www.howardcountymd.gov)

## BUILDING SITE ADDRESS REQUIRED

Street Address: 4050 Triadelphia Mill Rd		Unit:
City: Dayton	State: MD	Zip Code: 21036
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot:	Tax Map:	Parcel:
Grading Permit #:		

## DESCRIPTION OF WORK REQUIRED

Existing Use: SFH	Proposed Use: SFH	Estimated Cost: \$10,000
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None		
Finished basement to include bedroom, bathroom, closet, and unfinished area, apx. 1,445 sq ft.		

## PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Troy Drake		Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 4050 Triadelphia Mill Rd		
City: Dayton	State: MD	Zip Code: 21036
Phone: 757-374-5560	Email:	

## APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: B+G Remodeling LLC		Contact Name:
Street Address: 1824 Woodside Avenue		
City: Halethorpe	State: MD	Zip Code: 21227
Phone: 757-374-5560	Email:	

## CONTRACTOR INFORMATION REQUIRED

Business Name: B+G Remodeling LLC		
Licensee's Name: Bryan Gamet		License #: 114213
Street Address: 1824 Woodside Avenue		
City: Halethorpe	State: MD	Zip Code: 21227
Phone: 757-374-5560	Email:	

## ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name:		Name:
Street Address:		
City:	State:	Zip Code:
Phone:	Email:	

## BUILDING CHARACTERISTICS REQUIRED

Primary Structure: <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)		Condo: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Utilities: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)
Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:		Roadside Tree Project: <input type="checkbox"/> No <input type="checkbox"/> Yes: #
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> None		Fire Alarm System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac

## ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options:				
# of Bedrooms (SF): 2	# of efficiency units (MF*): 0	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):
# Rooms:	# Full Baths: 2	# Half Baths:	# Fireplaces:	
Garage/Carport Info: <input checked="" type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None				
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial				
1 <sup>st</sup> Fl Width:	1 <sup>st</sup> Fl Depth:	2 <sup>nd</sup> Fl Width:	2 <sup>nd</sup> Fl Depth:	Bsmt Width: Bsmt Depth:
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: sq ft	Occupable Area: sq ft	

## AGREEMENT/ DISCALIMER REQUIRED

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.

Bryan Gamet  
 APPLICANT'S ORIGINAL SIGNATURE

11/20/2020  
 DATE SIGNED

## FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

## AGENCIES REQUIRED/APPROVALS:

<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
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SUBMITTAL FEES:

PAYMENT:

ACCEPTED BY:

CHECK # 3110

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

Date: 1/5/2021

To: \_\_\_\_\_  
(Person's Name and Division)

From: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Your Name, Company Name and Telephone Number)

Subject: Project name \_\_\_\_\_  
Project site address 14050 TRIADELPHIA MIL RD  
Permit # B20004097 SDP # \_\_\_\_\_  
Other information pertinent to this project \_\_\_\_\_

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

- \_\_\_\_ Letter of response to address plan review comment letter
- \_\_\_\_ Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- \_\_\_\_ Letter Summarizing Changes
- \_\_\_\_ Energy conservation calculations ROLLED
- ☒ Copies of FLOOR PLANS (be specific).
- ☒ Health Department Request \_\_\_\_\_ DPZ/ DED Request \_\_\_\_\_ Applicant's Request \_\_\_\_\_
- \_\_\_\_ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # \_\_\_\_\_
- \_\_\_\_ Other \_\_\_\_\_

**Contact Person Information: (Required)**

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Telephone No:

\_\_\_\_\_  
E-Mail Address:

**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 DROPBOX

**RECEIVED**

**JAN 05 2021**

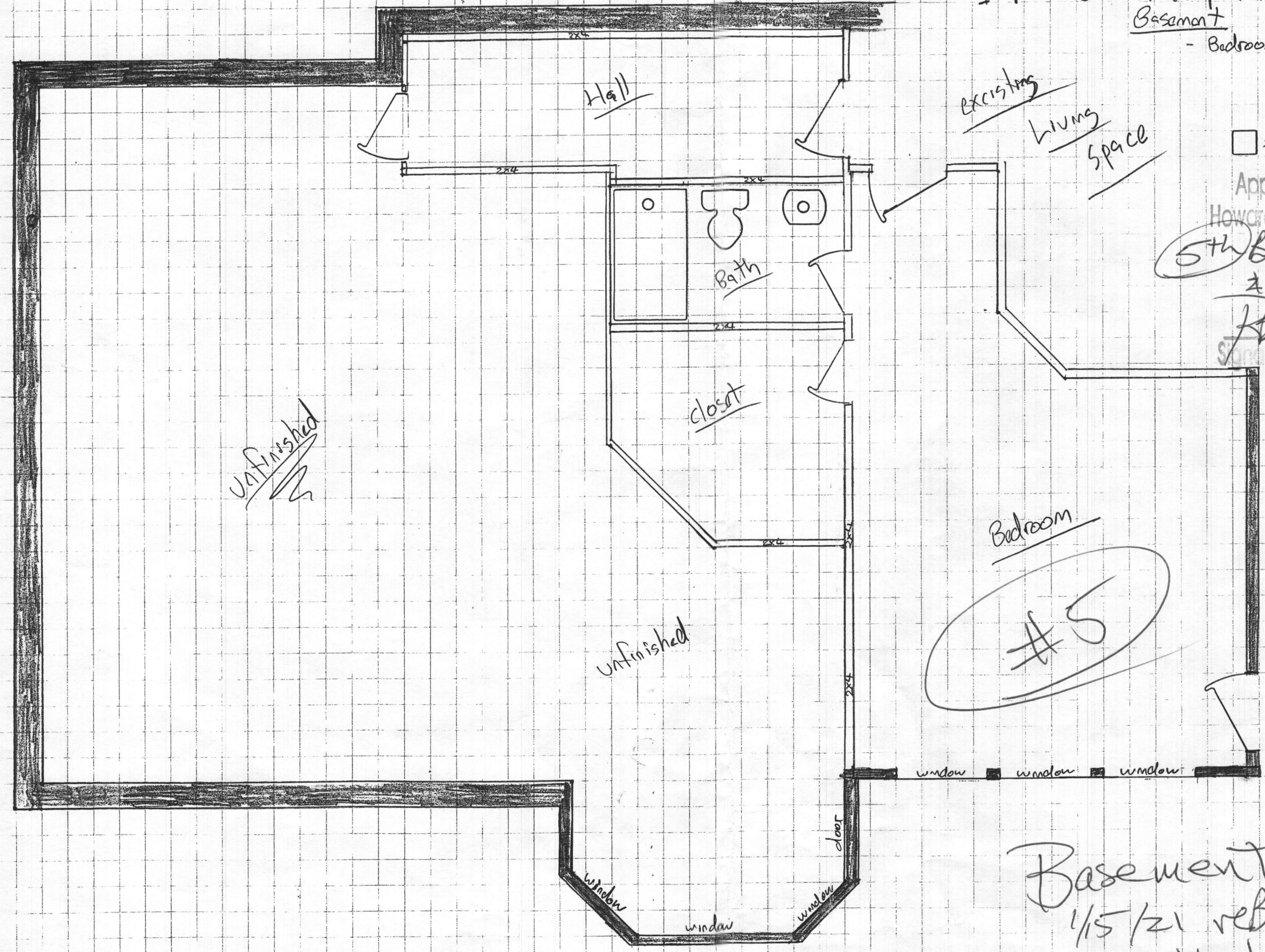
**LICENSES & PERMITS  
DIVISION**

14050

Triadelphia Mill Rd

Basement

- Bedroom, Closet, Bathroom, Hallway



existing  
Living  
space

□ = 1 square foot

Approved Septic System  
Howard County Health Department

5th bedroom w/ Bath  
& closet

1/15/21  
reb

Septic Tank, 1500-gal  
Trenches have  
capacity for 6 bedrooms  
reb

Bedroom

#5

Basement Floor Plan  
1/15/21 reb  
See attached House Plans

ROOFING MATERIAL  
(SEE ROOF PLAN)

G. 1 GUTTER ON 2 X 8 FASCIA  
C/W DOWNSPOUTS (SEE ROOF PLAN)

CEDAR SHINGLES  
(INSTALL PER MANUF. INSTRUCTIONS)

STONE VENEER

THE TYPE OF EXTERIOR FINISH, THE  
INSTALLATION AND THE WATERPROOFING  
DETAILS ARE ALL TO BE THE FULL  
RESPONSIBILITY OF THE OWNER/BUILD.  
THIS DESIGNER ASSUMES NO RESPONSIBILITY  
FOR THE INTEGRITY OF THE BLDG ENVELOPE



LEFT SIDE ELEVATION

SCALE : 1/4" = 1'-0"

GAMES RM. FLOOR



FRONT ELEVATION

SCALE : 1/4" = 1'-0"

THE CONTRACTOR ASSUMES FULL RESPONSIBILITY  
FOR THE CORRECT INSTALLATION OF ALL EXTERIOR  
FINISHES AND WEATHERPROOFING.

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ALAN MASCORD DESIGN ASSOCIATES, INC.  
1000 NW 18th AVE. PORTLAND, OR 97209  
503/225-8181 FAX 503/225-0933  
http://www.mascord.com

1404  
DRAWN 10/17/00 AMP  
REV 05/20/02 LAW

RECEIVED  
JAN 05 2002  
LICENSES & PERMITS  
DIVISION

MAIN FLOOR 2792 SQ. FT.  
LOWER FLOOR 2016 SQ. FT.  
TOTAL AREA 4808 SQ. FT.  
GARAGE AREA + 731 SQ. FT.

1404  
1

Architectural elevation drawing of a house. The drawing includes the following dimensions and annotations:

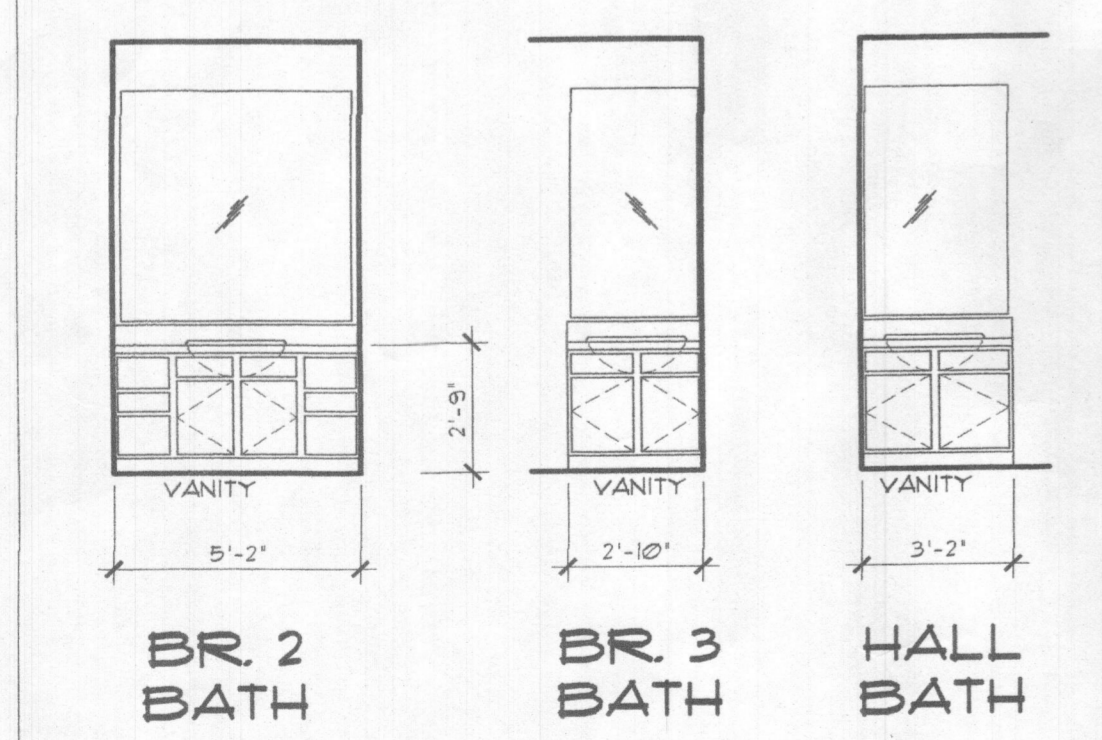
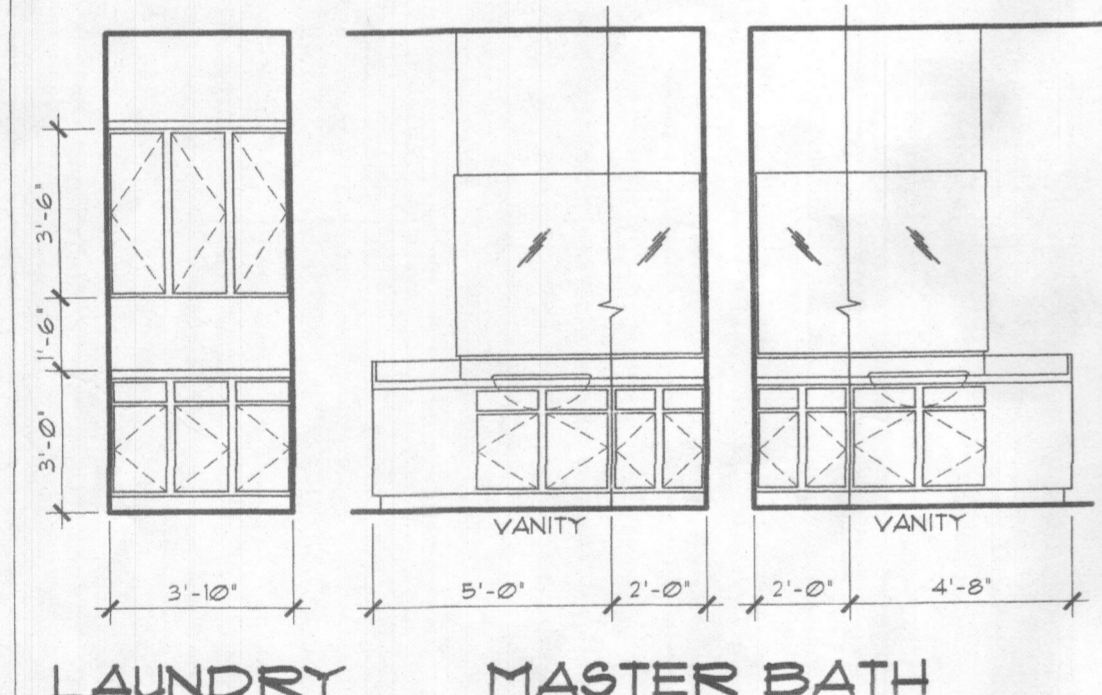
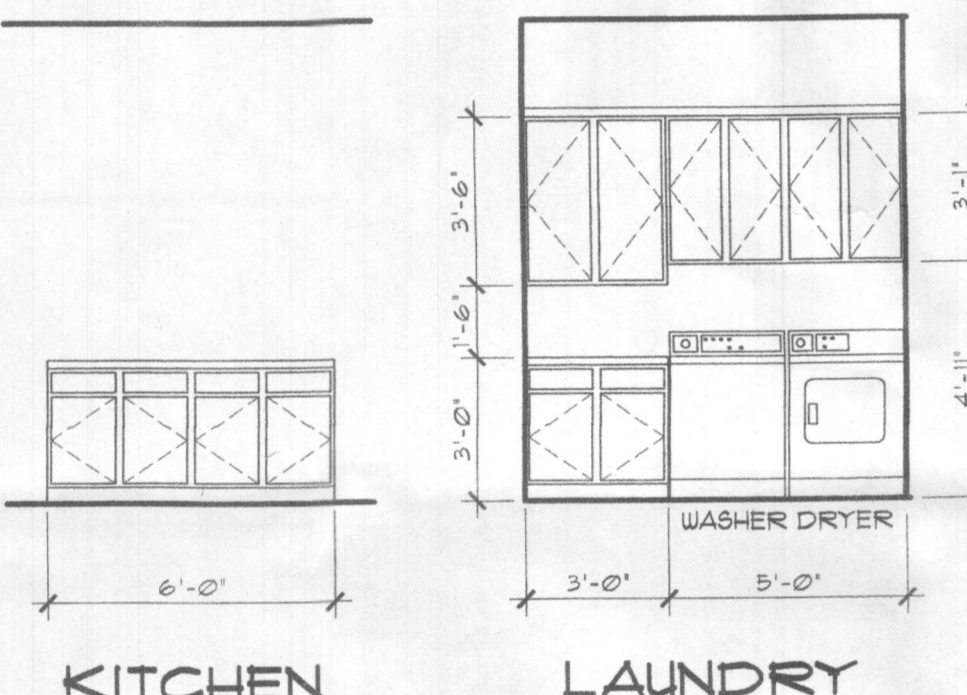
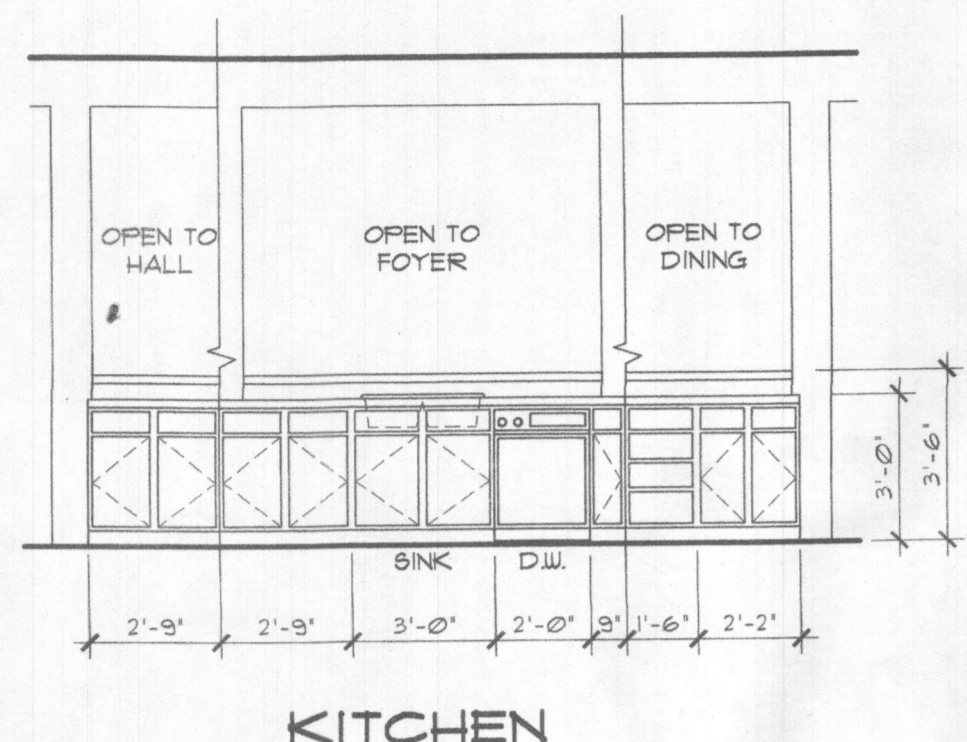
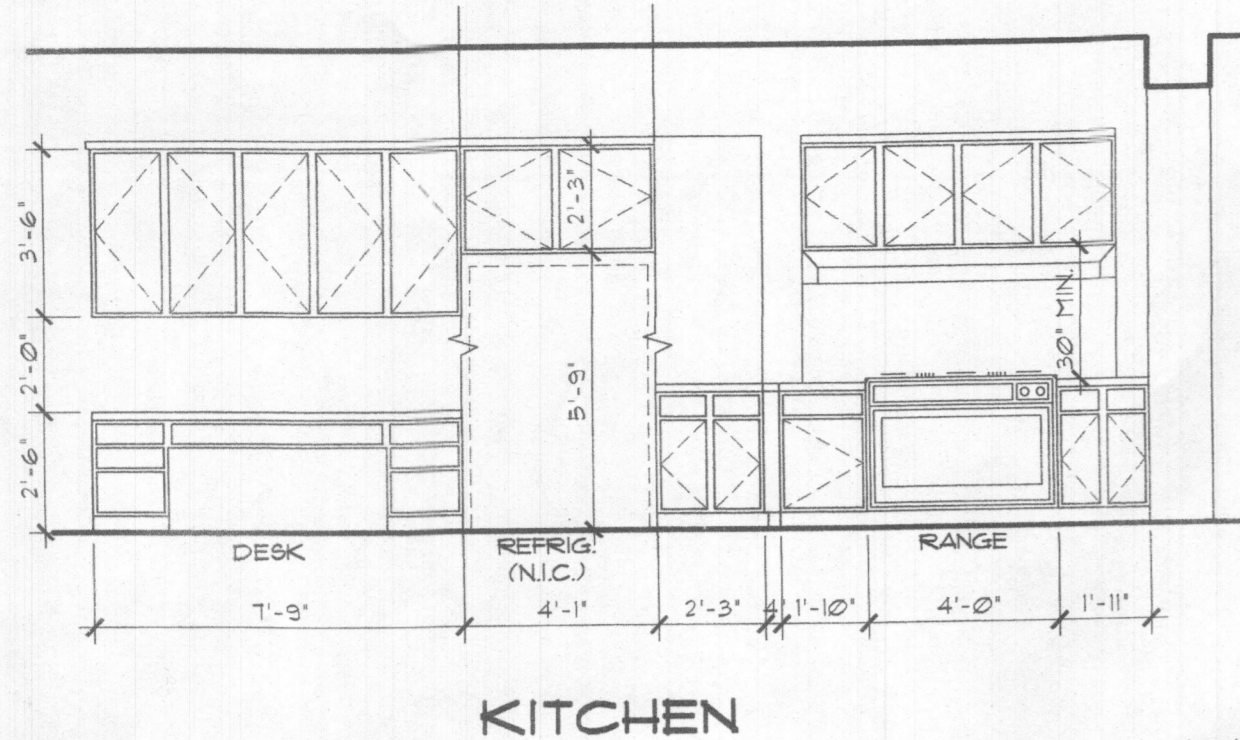
- Vertical dimensions on the left: 11'-2 1/2" and 21'-11 1/2".
- Horizontal dimensions at the top: 12'-0" and 12'-4".
- Annotations: "T.O.P." (Top of Plate) and "T.O.P." (Top of Plate) are marked on the left side.
- Callout: A circular callout with "3" and "G" is located on the right side.

SCALE : 1/4" = 1'-0"

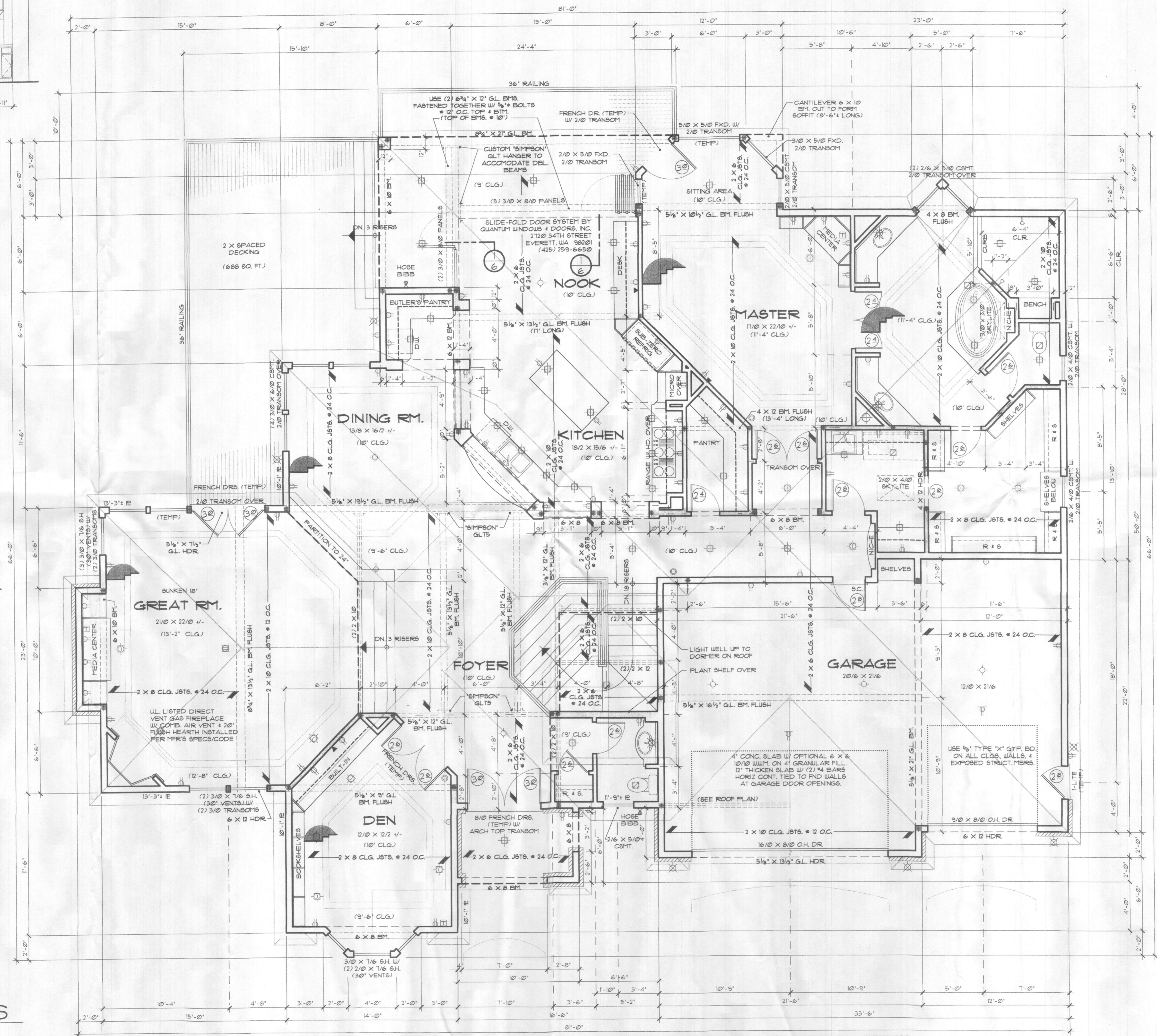
SCALE : 1/4" = 1'-0"

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140  
2



CABINET ELEVATIONS  
SCALE: 1/4" = 1'-0"



- LEGEND**
- RECESSED INCANDESCENT
  - RECESSED DIRECTIONAL INCANDESCENT FIXTURE
  - WALL MOUNTED INCANDESCENT
  - SURFACE MOUNTED INCANDESCENT
  - SURFACE MOUNTED FLUORESCENT
  - RECESSED EXHAUST FAN VENTED TO THE EXTERIOR
  - CASABLANCA TYPE CEILING FAN
  - DUPLEX OUTLET
  - CEILING MOUNTED DUPLEX OUTLET
  - 220V OUTLET
  - FLUSH FLOOR MOUNTED OUTLET (VERIFY LOC.)
  - TELEPHONE OUTLET
  - DATA OUTLET
  - TELEVISION OUTLET
  - SPEAKER LOCATION
  - 120 VOLT SMOKE DETECTOR (SEE GENERAL NOTES FOR OTHER SPEC'S)
  - BEARING POINT LOCATION (PROVIDE SOLID BEARING MIN. OF MEMBER WIDTH UNO.)
  - POINT LOAD FROM ABOVE
  - 4 X 4 POST FROM ROOF HIP, VALLEY OR RIDGE DOWN TO BEARING POINT ON WALL BELOW (MAX. OF 45" FROM VERT.)
  - BEARING WALL SUPPORTING STRUCTURE ABOVE
  - 4 X 12 HDR. DR. OPENINGS OR FLUSH FLOOR FRAMING MEMBERS W/ BUILT-UP COL. OF 3" X MEMBER WIDTH
  - DROPPED STRUCT. MEMBER BEARING WALL

MAIN FLOOR PLAN  
SCALE: 1/4" = 1'-0"

IF LATERAL ENGINEERING IS APPLICABLE REFER TO L SHEET FOR PANEL & HOLDOWN INFORMATION PRIOR TO CONSTRUCTION

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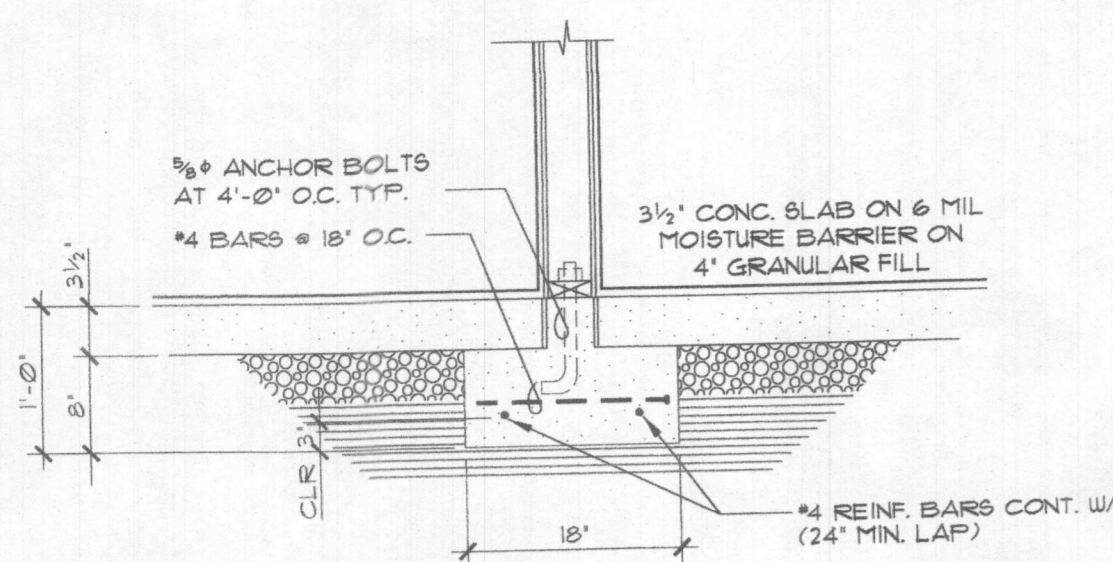
**Mascord** COLLECTION

1404  
3

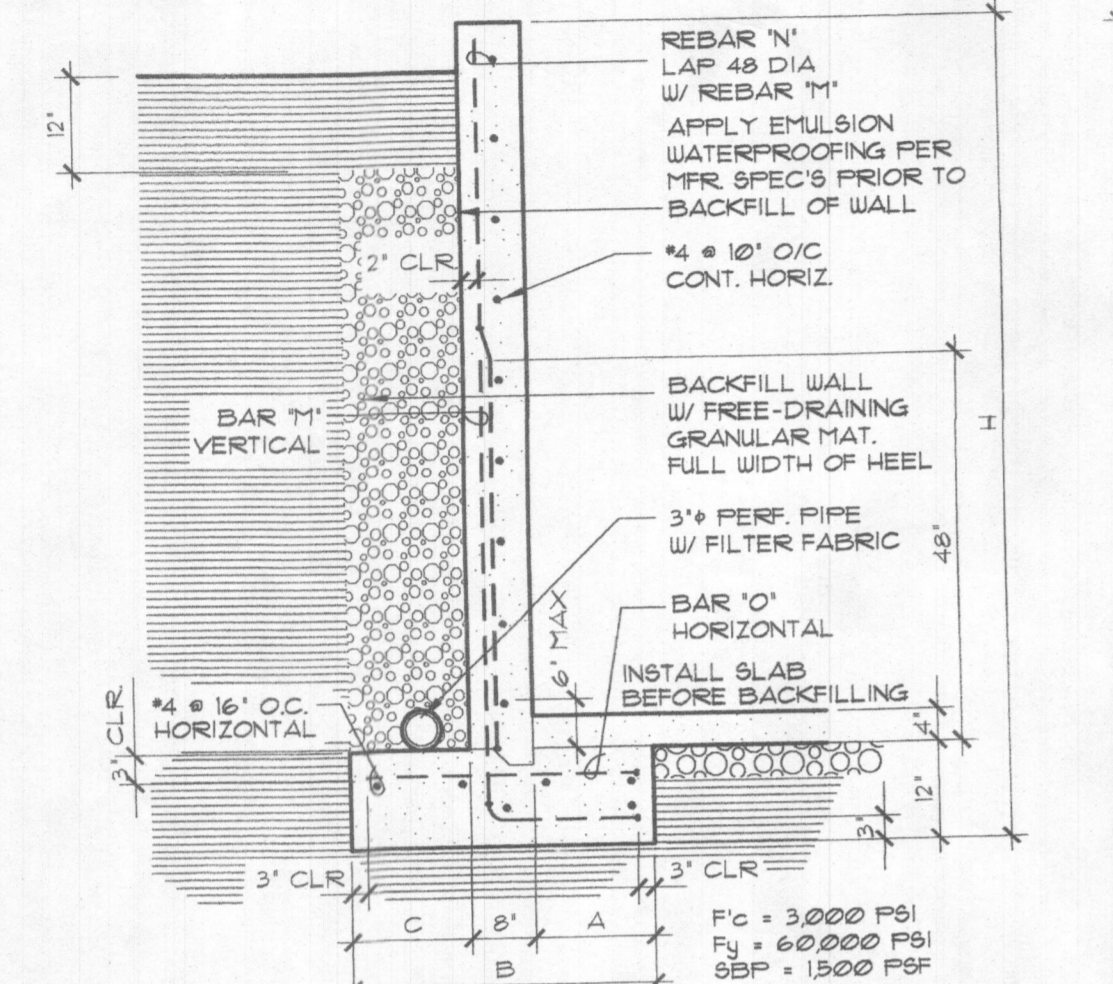
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JAN 05 2020  
PERMITS  
DIVISION

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ALAN MASCORD DESIGN ASSOCIATES, INC.  
1000 NW 8TH AVE. PORTLAND, OR 97209 503.225.5101 FAX 503.225.9332



**3 DETAIL**  
SCALE: 3/4" = 1'-0"



35 PSF EQUIVALENT FLUID PRESSURE RETAINING WALL DESIGN

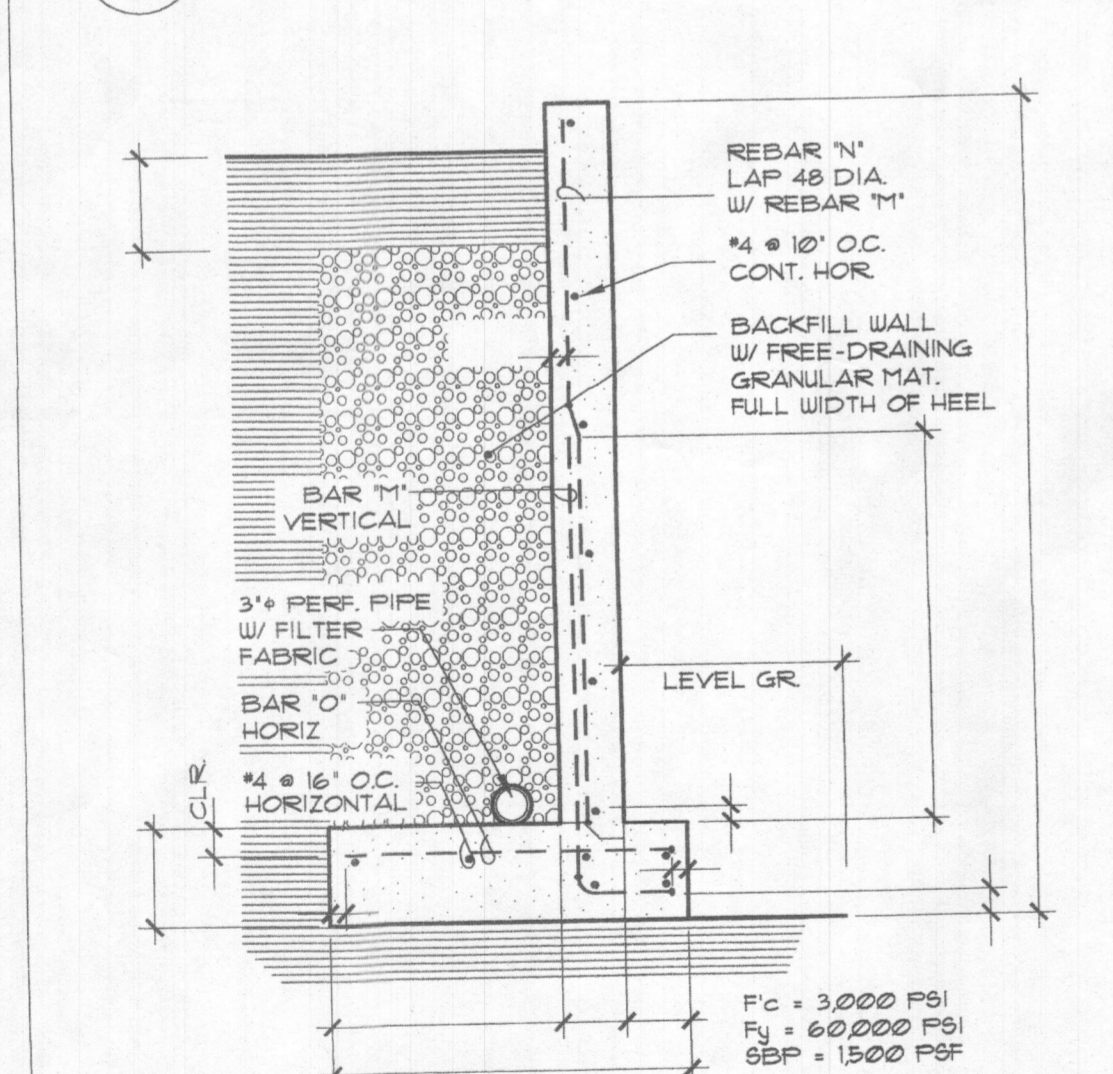
H	A	C	B	BAR 'M'	BAR 'N'	BAR 'O'
5'-4"	10'	10'	2'-4"	#4 @ 18" O.C.	#4 @ 18" O.C.	#4 @ 18" O.C.
7'-4"	11'-2"	11'-2"	3'-0"	#4 @ 18" O.C.	#4 @ 18" O.C.	#4 @ 18" O.C.
9'-4"	11'-8"	11'-8"	4'-0"	#5 @ 9" O.C.	#4 @ 18" O.C.	#4 @ 18" O.C.
10'-4"	12'-0"	12'-0"	4'-8"	#5 @ 9" O.C.	#4 @ 18" O.C.	#4 @ 18" O.C.

40 PSF EQUIVALENT FLUID PRESSURE RETAINING WALL DESIGN

H	A	C	B	BAR 'M'	BAR 'N'	BAR 'O'
5'-4"	10'	10'	2'-4"	#4 @ 18" O.C.	#4 @ 18" O.C.	#4 @ 18" O.C.
7'-4"	11'-3"	11'-3"	3'-2"	#4 @ 18" O.C.	#4 @ 18" O.C.	#4 @ 18" O.C.
9'-4"	11'-10"	11'-10"	4'-4"	#5 @ 9" O.C.	#4 @ 18" O.C.	#4 @ 18" O.C.
10'-4"	12'-2"	12'-2"	5'-0"	#5 @ 9" O.C.	#4 @ 18" O.C.	#4 @ 18" O.C.

THE OWNER/BUILDER MUST CONFIRM THAT THE SITE SPECIFIC CONDITIONS AND REQ'TS MEET THE DESIGN PARAMETERS OF THIS RETAINING WALL. PLEASE DIRECT ALL INQUIRIES TO THE CONTACT INFORMATION PROVIDED ON THE ATTACHED RETAINING WALL DESIGN CALCULATIONS

**R2 RETAINING WALL**  
SCALE: 1/2" = 1'-0"



35 PSF EQUIVALENT FLUID PRESSURE RETAINING WALL DESIGN

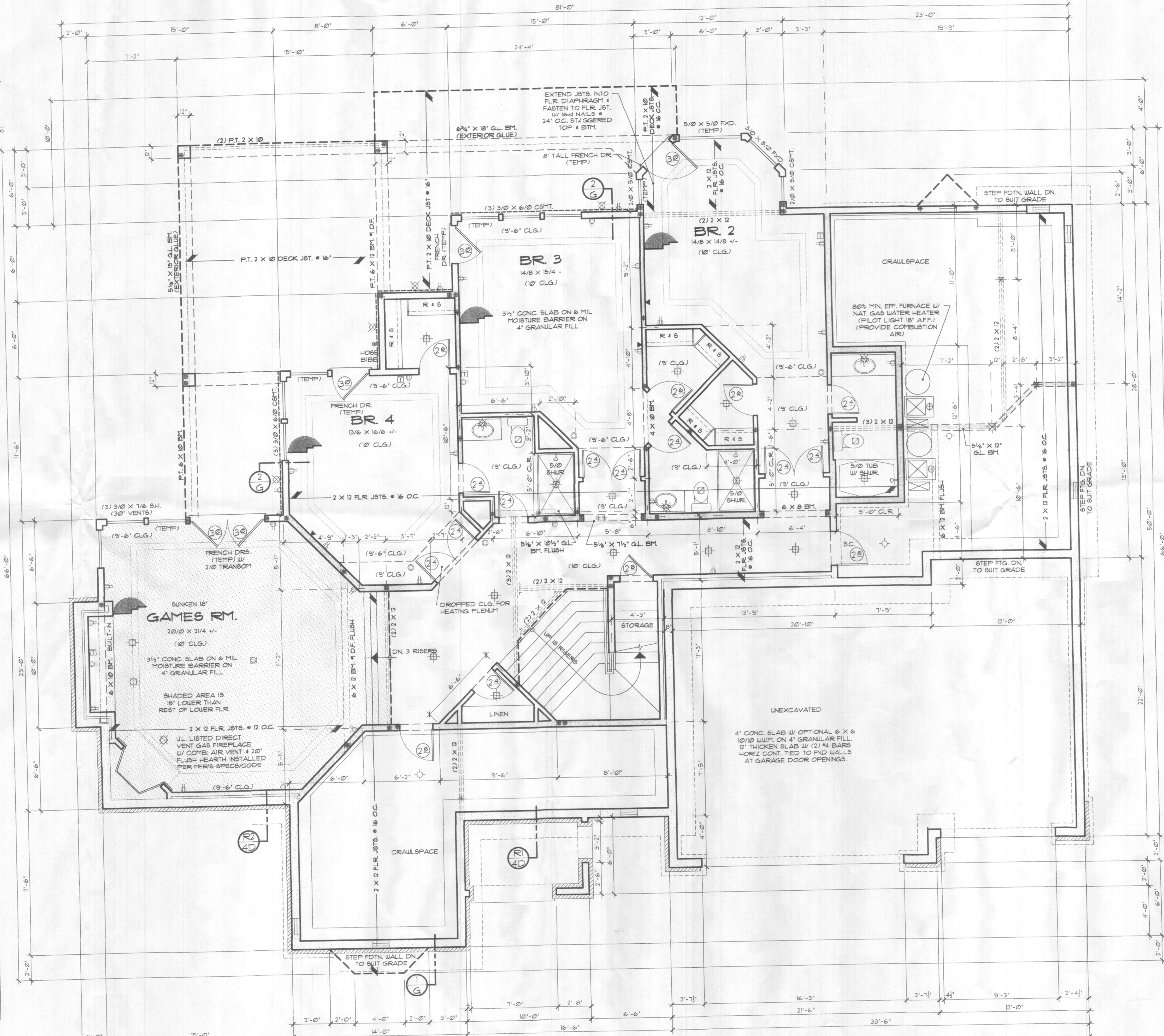
H	A	C	B	BAR 'M'	BAR 'N'	BAR 'O'	Ht
4'-0"	8'	1'-4"	2'-8"	#4 @ 18" O.C.	#4 @ 18" O.C.	#4 @ 18" O.C.	12'
6'-0"	8'	2'-10"	4'-2"	#4 @ 18" O.C.	#4 @ 18" O.C.	#4 @ 18" O.C.	12'
8'-0"	8'	4'-2"	5'-6"	#4 @ 18" O.C.	#4 @ 18" O.C.	#5 @ 10" O.C.	12'
10'-0"	12'	5'-6"	7'-2"	#5 @ 9" O.C.	#4 @ 18" O.C.	#5 @ 8" O.C.	12'

40 PSF EQUIVALENT FLUID PRESSURE RETAINING WALL DESIGN

H	A	C	B	BAR 'M'	BAR 'N'	BAR 'O'	Ht
4'-0"	8'	1'-6"	2'-10"	#4 @ 18" O.C.	#4 @ 18" O.C.	#4 @ 18" O.C.	15'
6'-0"	8'	3'-2"	4'-6"	#4 @ 18" O.C.	#4 @ 18" O.C.	#4 @ 18" O.C.	15'
8'-0"	8'	4'-10"	6'-2"	#4 @ 18" O.C.	#4 @ 18" O.C.	#5 @ 10" O.C.	15'
10'-0"	11'-2"	6'-4"	8'-2"	#5 @ 9" O.C.	#4 @ 18" O.C.	#5 @ 9" O.C.	15'

THE OWNER/BUILDER MUST CONFIRM THAT THE SITE SPECIFIC CONDITIONS AND REQ'TS MEET THE DESIGN PARAMETERS OF THIS RETAINING WALL. PLEASE DIRECT ALL INQUIRIES TO THE CONTACT INFORMATION PROVIDED ON THE ATTACHED RETAINING WALL DESIGN CALCULATIONS

**R1 RETAINING WALL**  
SCALE: 1/2" = 1'-0"



**LOWER FLOOR PLAN**  
SCALE: 1/4" = 1'-0"

IF LATERAL ENGINEERING IS APPLICABLE REFER TO L SHEET FOR PANEL & HOLDOWN INFORMATION PRIOR TO CONSTRUCTION

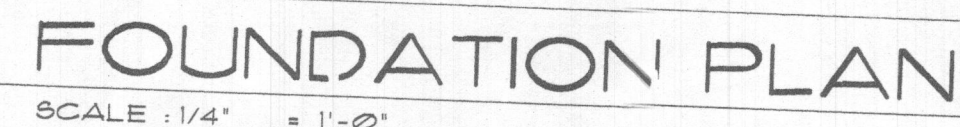
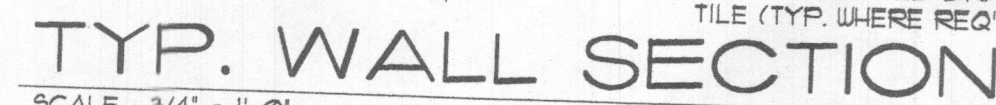
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  - WALL MOUNTED INCANDESCENT
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  - SURFACE MOUNTED FLUORESCENT
  - RECESSED EXHAUST FAN VENTED TO THE EXTERIOR
  - CASABLANCA TYPE CEILING FAN
  - DUPLEX OUTLET
  - CEILING MOUNTED DUPLEX OUTLET
  - 220V OUTLET
  - FLUSH FLOOR MOUNTED OUTLET (VERIFY LOC.)
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  - DATA OUTLET
  - TELEVISION OUTLET
  - SPEAKER LOCATION
  - 110 VOLT SMOKE DETECTOR (SEE 'GENERAL NOTES' FOR OTHER SPEC'S)
  - BEARING POINT LOCATION (PROVIDE SOLID BEARING - MIN. OF MEMBER WIDTH UNO.)
  - POINT LOAD FROM ABOVE
  - 4 X 4 POST FROM ROOF HIP VALLEY OR RIDGE DOWN TO BEARING POINT ON WALL BELOW (MAX. OF 45" FROM VERT.)
  - BEARING WALL SUPPORTING STRUCTURE ABOVE
  - 4 X 12 HDR. OR DR. OPENINGS OR FLUSH FLOOR FRAMING MEMBERS W/ BUILT-UP COL. OF 3" X MEMBER WIDTH
  - DROPPED STRUCT. MEMBER BEARING ON WALL

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JAN 05 2020

ENSES & PERMITS  
DIVISION

	2792 SQ. FT.	2016 SQ. FT.	4808 SQ. FT.	732 SQ. FT.
MAIN FLOOR				
LOWER FLOOR				
TOTAL AREA				
GARAGE AREA				

**1404**  
**4**



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LICENSES & PERMITS  
DIVISION