



Health

Building Address: 11814 TRIADELPHIA RD
City: ELLICOTT CITY State: MD Zip Code: 21042
Suite/Apt. # SDP/WP/BA #:
Subdivision: ALTENBERG PROP
Lot: 2 Tax Map: 16 Parcel: 312

Existing Use: SF RES
Proposed Use: ''
Estimated Construction Cost: \$ 100,000

Description of Work: NEW INGROUND CONC POOL
± 22'x41', 825 SF IRREGULAR; 20'x26'
PAVILION (560 SF) W/ FIREPLACE +
POWDER ROOM; FENCE TO CODE
3'-8'

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

Property Owner's Name: DAN GARDNER
Address: 11814 TRIADELPHIA RD
City: ELLICOTT CITY State: MD Zip Code: 21042
Phone: Fax:
Email:

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

Contractor Company: RHINE LANDSCAPING
Contact Person: DAN MURPHY
Address: PO Box 1825
City: SYKESVILLE State: MD Zip Code: 21784
License No.: MHIC # 121739
Phone: 410 442 2445 Fax: 410 489 4312
Email: dan@rhinelandscaping.com

Engineer/Architect Company:
Responsible Design Prof.:
Address:
City: State: Zip Code:
Phone: Fax:
Email:

Table with 2 columns: Commercial Building Characteristics and Residential Building Characteristics. Includes fields for Height, No. of stories, Gross area, Area of construction, Use group, Construction type, and Roadside Tree Project Permit.

Table with 2 columns: Utilities and Water Supply. Includes sections for Water Supply, Sewage Disposal, Heating System, and Sprinkler System.

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: Dan J. Sykes
Email Address: dan@rhinelandscaping.com
Title/Company: LANDSCAPE ARCHITECT

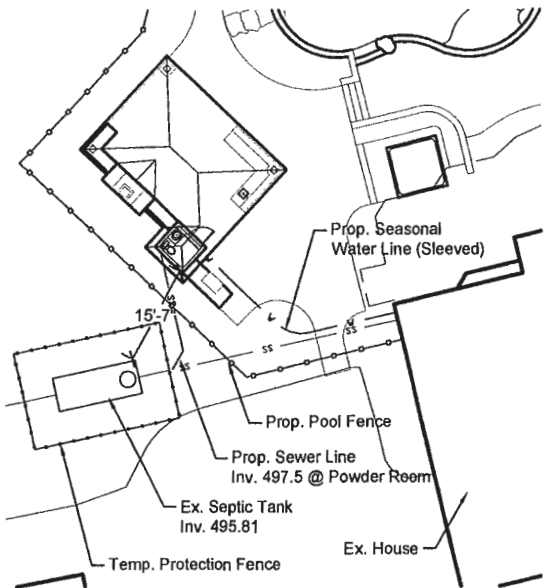
Print Name: DAN MURPHY
Date: 3-10-20

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
FOR OFFICE USE ONLY

Table for Agency Approvals with columns: AGENCY, DATE, SIGNATURE OF APPROVAL. Includes approvals from State Highways, Building Officials, PSZA (Zoning), PSZA (Engineering), and Health.

Table for DPZ Setback Information with fields: Front, Rear, Side, Side St., All minimum setbacks met?, Is Entrance Permit Required?, Historic District?, Lot Coverage for New Town Zone, SDP/Red-line approval date.

Table for Fees with columns: Fee Name, Amount. Includes Filing Fee, Permit Fee, Tech Fee, Excise Tax, PSFS, Guaranty Fund, Add'l per Fee, Total Fees, Sub-Total Paid, Balance Due, Check.

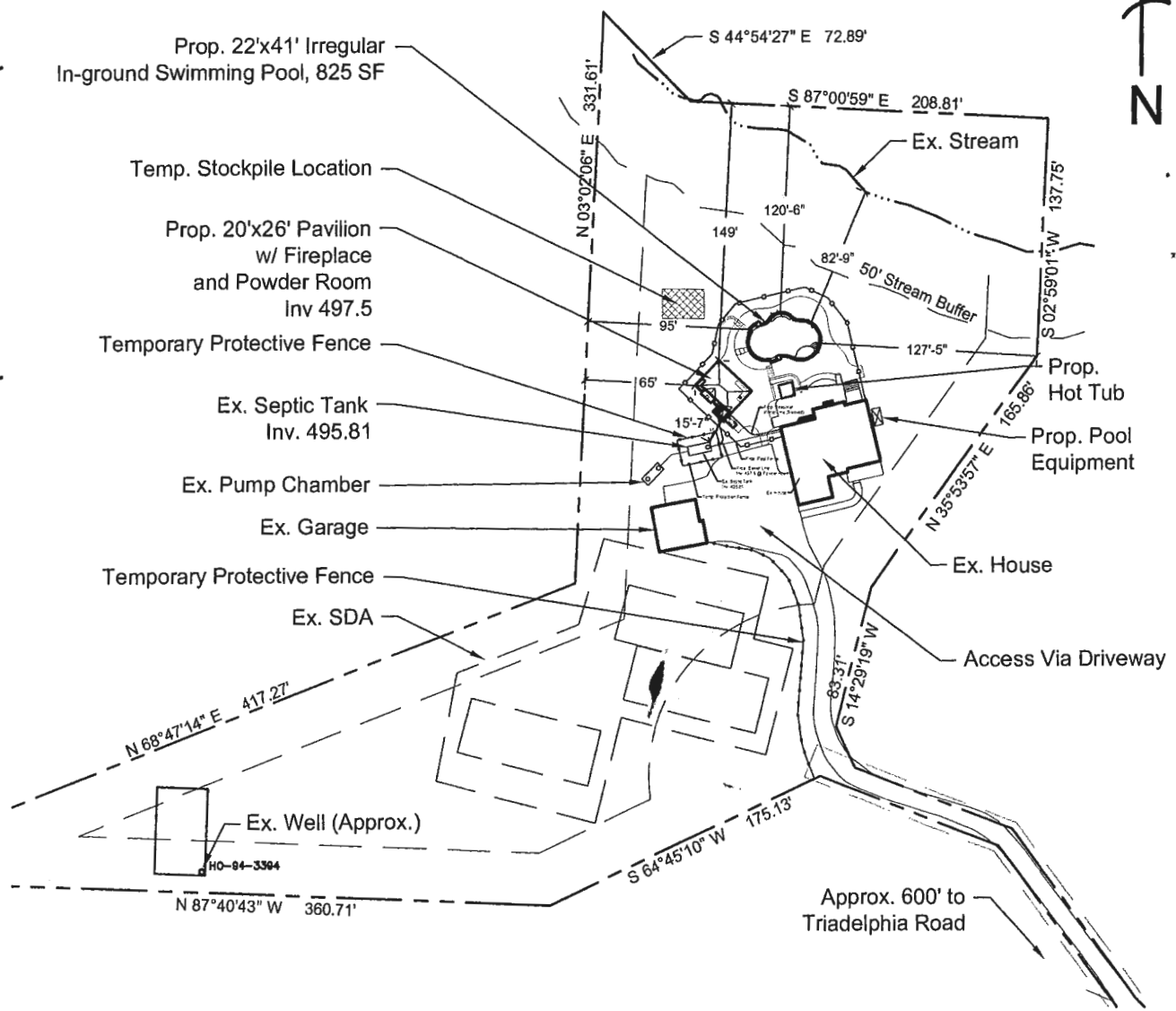


PAVILION DETAIL PLAN
1" = 30' - 0"

Approved Septic System Plan
Howard County Health Department

Signature: *[Handwritten Signature]*

Date: 4-1-20



SITE PLAN
11814 TRIADELPHIA ROAD
ELLCOTT CITY, MD
PLAT #15621
1" = 100' - 0" MARCH 13, 2020

BROWN