

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
300157496

Building Address 14870 TRIADDELPHIA RD
GLENELG, MD 21737

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

Census Tract 204007 Subdivision _____

Section _____ Area _____ Lot 1

Tax Map 77 Parcel 4 Grid 40

Zoning RC-DEU Map Coordinates _____ Lot size 3ac

Property Owner's Name BARRY & LINDA RUDICK

Address SAME

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

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

Phone 410 747 7800 Fax _____

Existing Use SFD

Proposed Use SFD w/ FINISHED BSMT

Estimated Construction Cost \$ 10,000.00

Description of Work CONSTRUCT WALLS TO CREATE
THREE GAME WETBAR, CLOSETS, 1/2 BATH
BARBER ROOM, UNFINISHED UTILITY AREAS

Contractor Company SUB STRUCTURES, LLC

Contact Person MIKE CROSBY

Address 3 EAST ROLLINGCROSSROADS STE 2561

City CATONSVILLE State MD Zip Code 21228

License No. 91139

Phone 410 747 7800 Fax 410 747 7897

Occupant or Tenant BARRY & LINDA RUDICK

Contact Name SAME

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NEPA #13D <input type="checkbox"/> NEPA #13R <input type="checkbox"/> Other: _____
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 <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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 THERE TO, (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.

[Signature]
Applicant's Signature
PROJECT FREEMAN
Title/Company

EDWARD SCHLISON
Print Name
12/28/05
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Developer, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>12/28/05</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

APPROVED

WALK-THRU BUILDING PERMIT

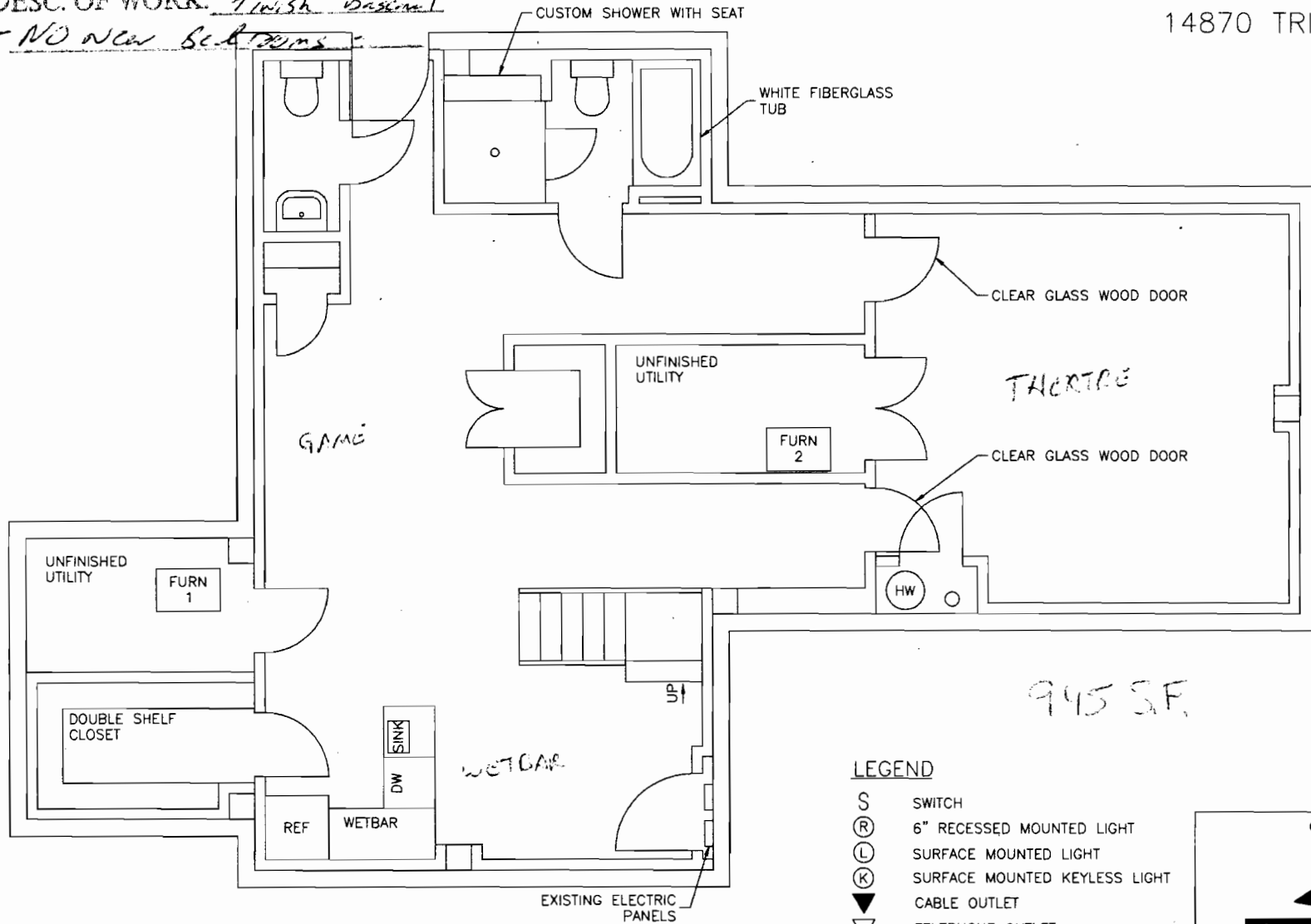
BP# _____ A# 57091

APP. SAN KJB DATE: 12/28/05

DESC. OF WORK: Finish Basement

- NO NEW BEDROOMS -

14870 TRIADELPHIA ROAD



LEGEND

- S SWITCH
- (R) 6" RECESSED MOUNTED LIGHT
- (L) SURFACE MOUNTED LIGHT
- (K) SURFACE MOUNTED KEYLESS LIGHT
- ▼ CABLE OUTLET
- ▽ TELEPHONE OUTLET
- ▽ TELEPHONE/CABLE OUTLET
- [EF] EXHAUST FAN ONLY
- [FL] EXHAUST FAN WITH LIGHT
- ▨ DENOTES UNFINISHED AREA

BASEMENT PLAN

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



SUB STRUCTURES, LLC

PROJECT: 14870 TRIADELPHIA ROAD

DATE: 12/26/05

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

14870/29457/15006

N52°04'29"E 326.57'

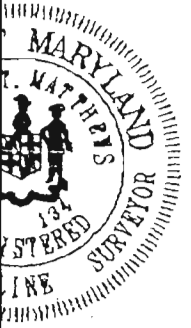
APPROVED

WALK-THRU BUILDING PERMIT 60' B.R.L.

BP# R00156258 A# 37091

APP. SAN KJB DATE: 10/29/05

DESC. OF WORK: 19' x 14'
Sever Room



Drawing

1" = 60'

consumer only insofar as it is
the insurance company or its agent
and transfer, financing or refinancing
reason for the establishment or location
of dwellings or other existing or
does this plat purport to reflect
any specific level of accuracy. This
the accurate identification of
each identification may not be required
securing financing or refinancing.
the dwelling is shown in relation
lines for the property known as

Delphia Road
County, Maryland

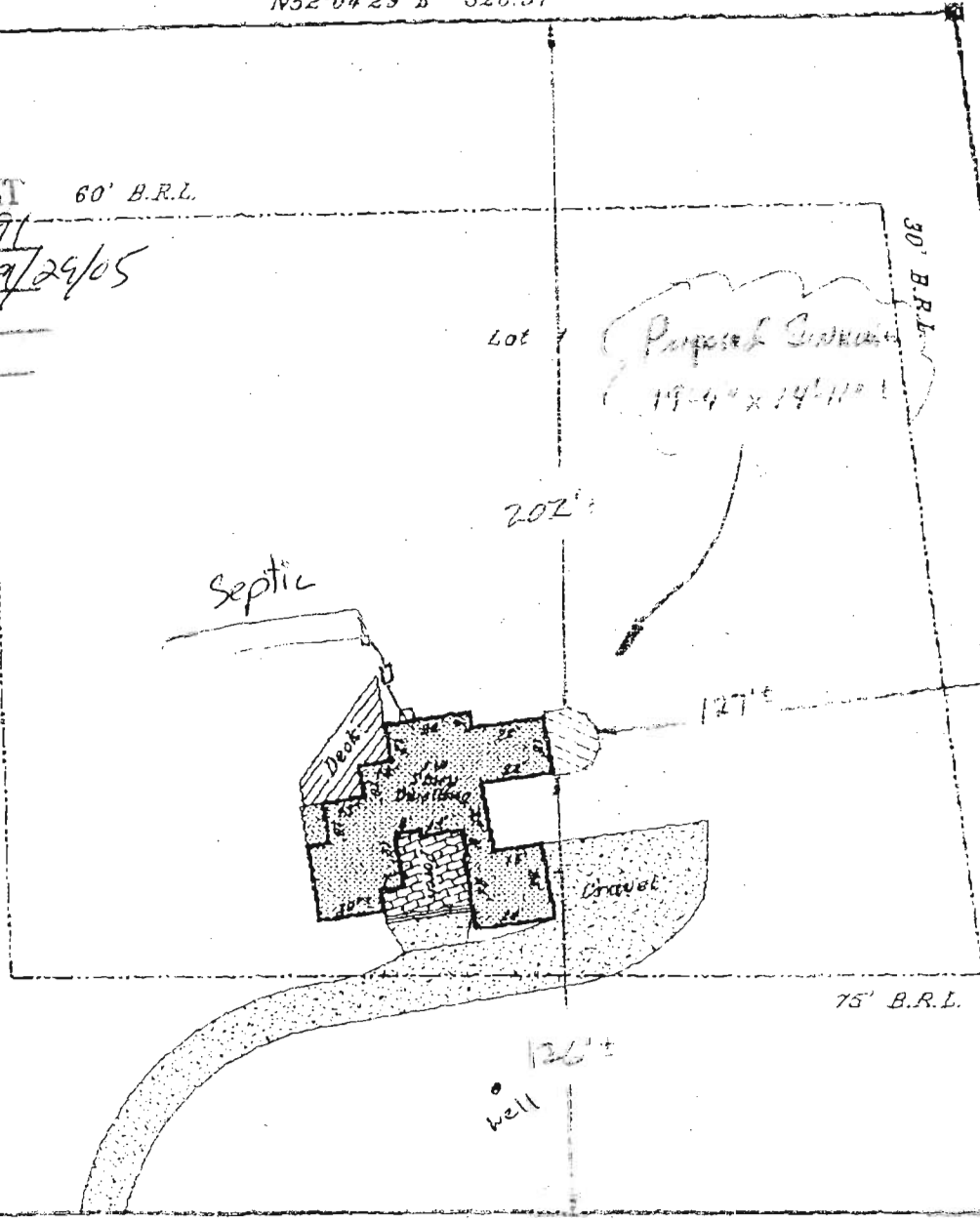
[Signature] 7/25/05

gn Corporation
llona Lane
te 300
ryland 21204
23-5000
23-0115fax

www.ruxtondesign.com 05-0514-04-JM

N37°55'31"W 876.51'

10' B.R.L.



30' B.R.L.

S43°11'11"E 384.76'

75' B.R.L.

N53°07'25"E 361.91'

TRIADELPHIA ROAD

3-23-88
2 PM
3/24/88
START LATER

04-320344

PERMIT

P 40826

A 37091

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 4th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 1/18/88

DATE SYSTEM APPROVED 3/24/88

INSPECTOR RIH

Wade Souder IS PERMITTED TO INSTALL ALTER

ADDRESS 13990 Triadelphia Mill Road, Clarksville, MD 21029 PHONE 531-2166

SUBDIVISION Leisure Living ROAD 14870 Triadelphia Road LOT 1

PROPERTY OWNER Williams

**BUILDING PERMIT SIGNED
AND RETURNED**

ADDRESS _____

Wade's BOO 156258 - SUN ROOM

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet ³ 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 5 1/2 feet of stone below distribution pipe.

LOCATION - Beginning from the left front lot corner, place distribution box 180 feet down the left (1141.02') lot line and 100 feet off the left line as seen when facing property from Triadelphia Road. Run trenches along contour towards the left and right lot lines.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

3/23/88 - OK TO START EFFECTIVE PREP BELOW 3 FT AFTER VISUAL INSPECTION OF TRENCH BY RP
PLANS APPROVED BY Bert Nixon DATE 7/27/87

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES).

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER TWO YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER, CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EM - 2-1186

A 37091