

P10001187

Building Address 1075 GARDEN BLVD RD
1075 GARDEN BLVD RD
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision CAKES AT GARDEN
 Section _____ Area _____ Lot 1
 Tax Map _____ Parcel _____ Grid _____

Property Owner's Name TRINITY HOMES
 Address 475 PARK AVE
 City ELLICOTT CITY State MD Zip Code 21043
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein):

 Phone 410-480-0033 Fax _____

Zoning _____ Map Coordinates _____ Lot Size _____
 Existing Use NEW RESIDENTIAL HOME
 Proposed Use INSTALL PREPARED TANK
 Estimated Construction Cost \$ 3000.00
 Description of Work INSTALL 50 GALLON WATER TANK
 Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Contractor Company VALLEY NATIONAL GAS
 Contact Person WILLIAM GEORGE
 Address 7011 BIRCHWOOD RD
 City ELICOTT CITY State MD Zip Code 21043
 License No. 67713
 Phone 410-711-1114 Fax 410-711-6338
 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: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Frame group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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 William George
 Email Address WKENNEDY@VNGAS.COM
 Title/Company PINE INSTALLER

Print Name William George
 Date 4/21/10

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
****PLEASE WRITE NEATLY AND LEGIBLY.****

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ <u>110.00</u>
Building Officials			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ <u>10.00</u>
Health <u>5/19/10 Brian Baber</u>			All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>192</u>
			Lot Coverage for New Town Zone _____	Validation # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by _____
ONE STOP SHOP: <input type="checkbox"/>				

1010.07'

GIB2

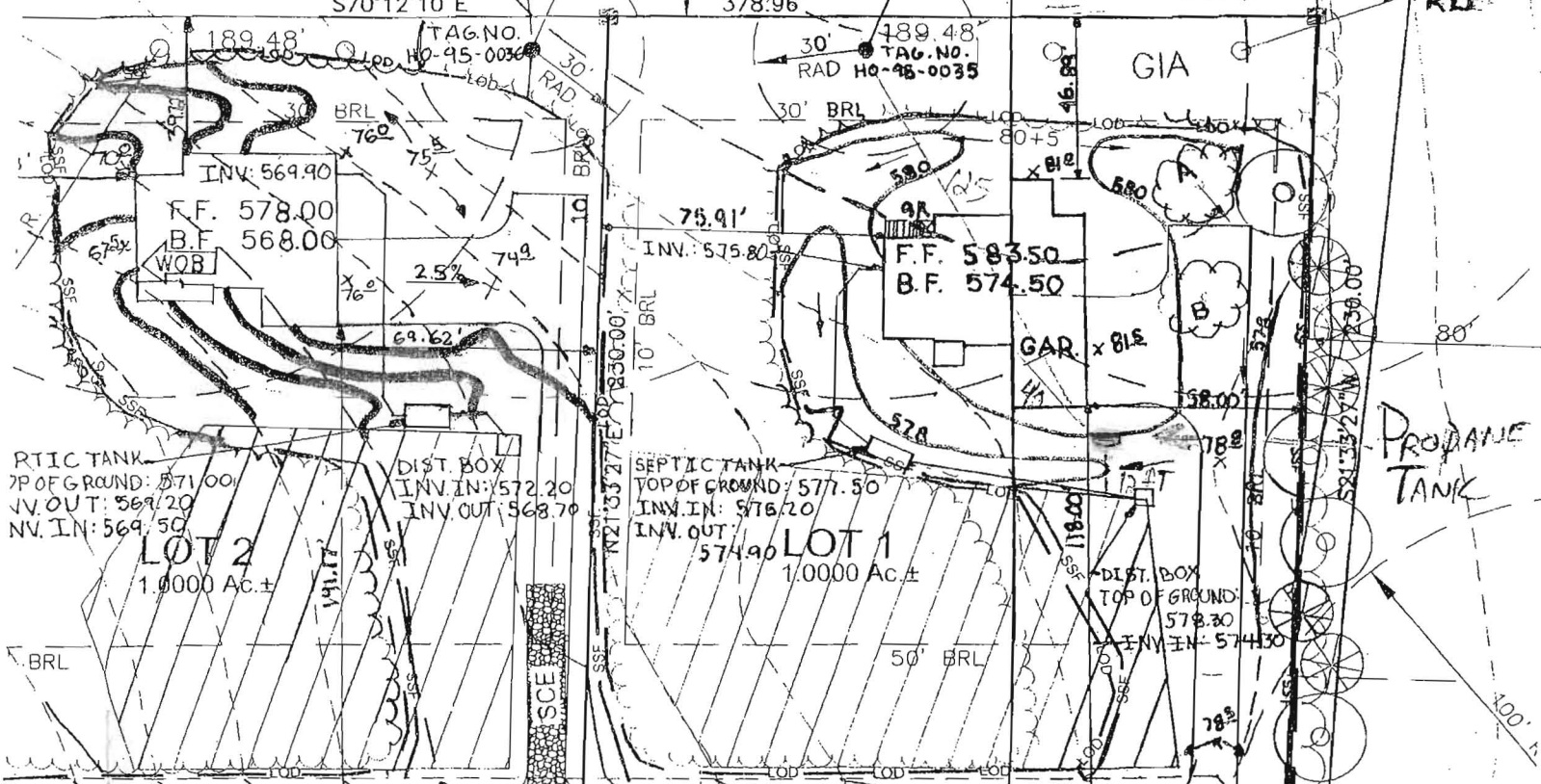
5002 GREEN DRAGON RD

S70°12'10"E

378.96'

TAG. NO. HO-95-0036

TAG. NO. HO-95-0035



RTIC TANK
 7'0" OF GROUND: 571.00
 V.V. OUT: 569.20
 NV. IN: 569.50

DIST. BOX
 INV. IN: 572.20
 INV. OUT: 568.70

SEPTIC TANK
 TOP OF GROUND: 577.50
 INV. IN: 576.20
 INV. OUT: 574.90

DIST. BOX
 TOP OF GROUND: 578.30
 INV. IN: 574.30

PROPANE TANK

LOT 2
 1.0000 Ac. ±

LOT 1
 1.0000 Ac. ±

EROSION CONTROL MATTING

GIB2

24' PRIVATE USE-IN-COMMON EASEMENT FOR LOTS 1-4 AND FUTURE LOTS 5 & 6.

GIA

FUTURE LOT 6

FUTURE LOT 15

B10001187

5/17/10

Propane tank location

O.K.

PROP. 24' PRIVATE USE-IN-COMMON ACCESS ESMT. FOR LOTS 1-4, RESIDUE PARCEL 13 AND FUTURE LOTS 5 & 6

570

572

574

576

R/W WIDENING

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

Building Address 5002 GLENN BARBER RD
DARTON 21036
 Suite/Apt. #: _____ SDP/WP/Petition #: SP07-03
 Census Tract _____ Subdivision DAKS AT BRIDAL CREEK
 Section _____ Area _____ Lot 1
 Tax Map 28 Parcel 13 Grid 7
 Zoning _____ Map Coordinates 4933 Lot Size 1AC
B3

Property Owner's Name TRINITY QUALITY HOMES
 Address 3675 PARK AVE #301
 City LINCOLN CITY State MD Zip Code 21043
 Home Phone _____ Work Phone 410-313-5722
 Applicant's Name & Mailing Address, (if other than stated herein):

 Phone _____ Fax 410-313-5731

Existing Use VACANT LOT
 Proposed Use SFD
 Estimated Construction Cost \$ 243,700

Contractor Company TRINITY QUALITY HOMES
 Contact Person SALLY HODGE
 Address 3675 PARK AVE #301
 City LINCOLN CITY State MD Zip Code 21043
 License No. L95
 Phone _____ Fax _____
410-313-5722 410-313-5731

Description of Work 2 STORY FULL FINISH
76 3FB, 1HB, FP, GARAGE
(4BR)

Engineer or Architect Company N/A
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Occupant or Tenant N/A
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ _____ Public _____ Private
Depth _____ Width _____	Sewage Disposal: _____ _____ Public _____ Private
1 st floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2 nd floor: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other:
No. of Bedrooms <u>4</u>	
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: _____	
_____ State Certified Modular _____ Manufactured Home	

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.

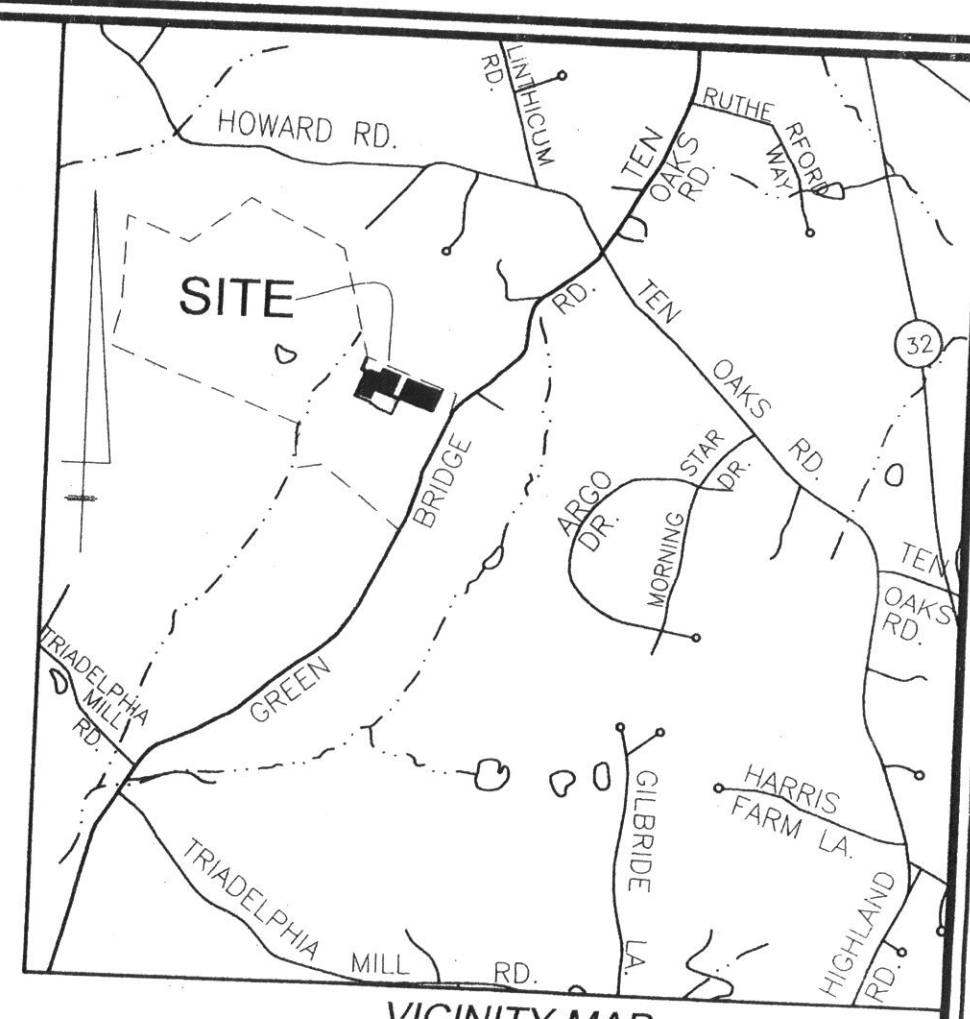
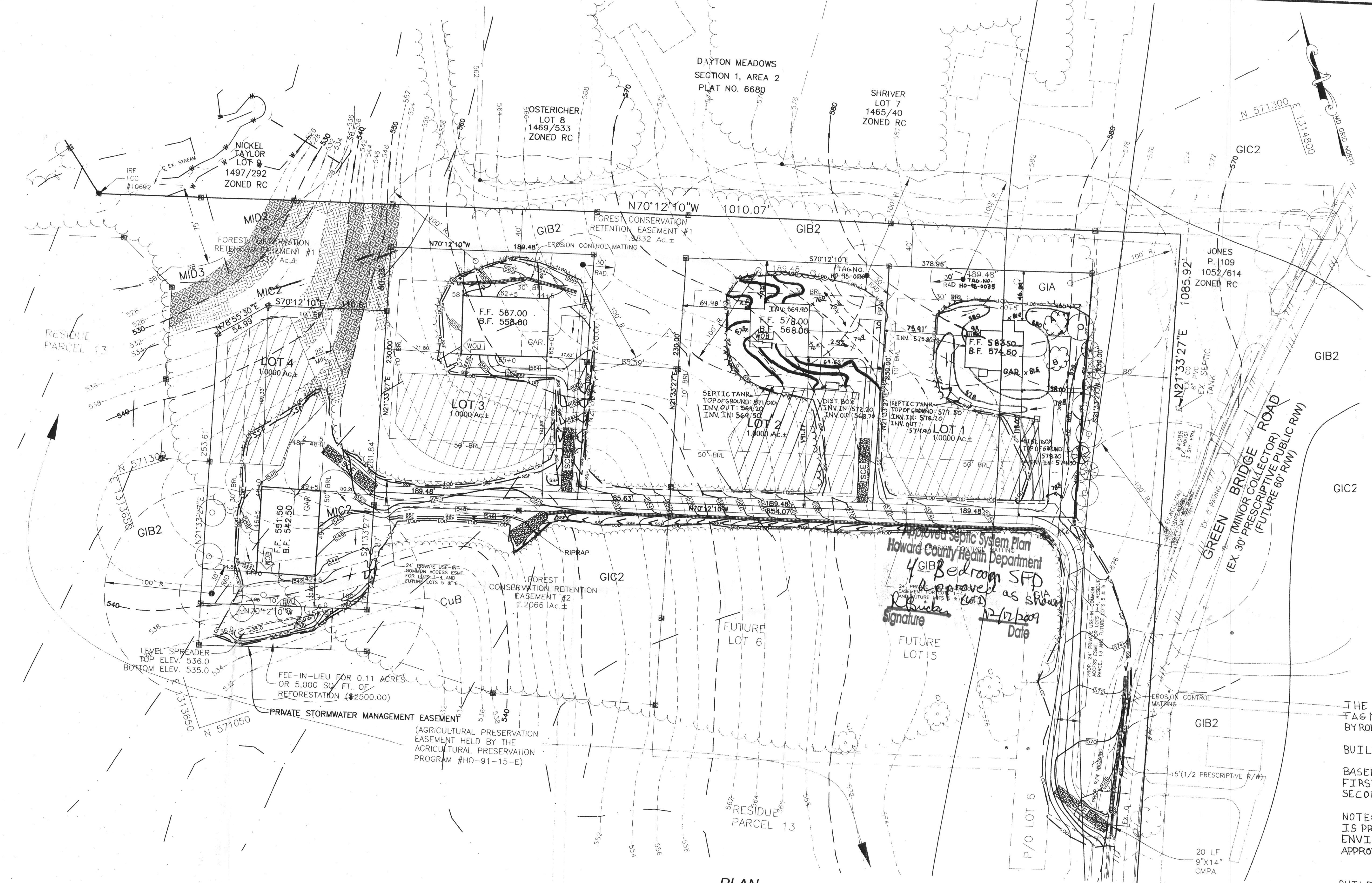
Applicant's Signature Sally Hodge
 Title/Company OP. OPERATIONS - TRINITY

Print Name SALLY HODGE
 Date 12/4/09

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Officials		
Dev. Engineering, DPZ		
Health	<u>12/17/2009</u>	<u>R. Bucker</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 \$ <u>150</u>
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 # <u>17524</u>
SDP/Red-line approval date _____	Validation # _____
	Accepted by _____



NOTE: STOCKILING WILL NOT BE PERMITTED ON SITE.

- LEGEND**
- 520--- Existing 10' (Index) Contours
 -522..... Existing 2' Contours
 - Proposed Primary Wells
 - Proposed Alternate Wells
 - ▨ Proposed Sewage Disposal Easement
 - ▭ Building Restriction Line
 - ▭ Proposed Dwelling
 - Ex. Stream
 - Ex. Tree Line
 - Prop. Tree Line
 - Soil Boundary
 - Steep Slopes (25% or greater)
 - Steep Slopes (15 to 24.9%)
 - Forest Conservation Signage
 - Specimen Tree

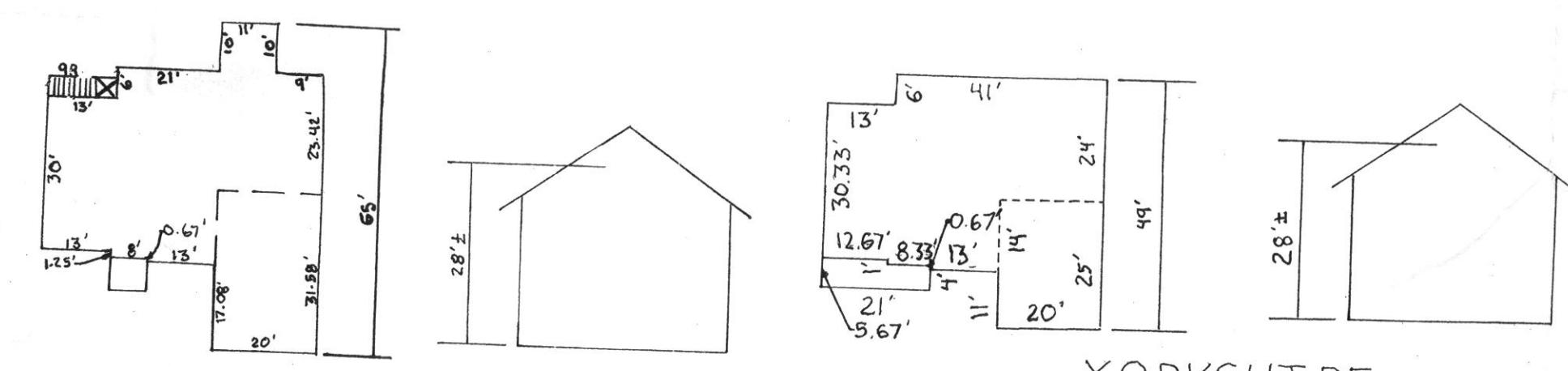
THE EXISTING WELL SHOWN ON LOT 1 TAG NO. 87-95-022 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC.

BUILDING OF LOT 1 FLOOR AREAS:

BASEMENT FLOOR AREA: 1510
 FIRST FLOOR AREA: 1530
 SECOND FLOOR AREA: 1800

NOTE: STORMWATER MANAGEMENT FOR THESE LOTS IS PROVIDED BY SWM CREDITS FOR ENVIRONMENTALLY SENSITIVE DEVELOPMENT APPROVED UNDER F-06-014.

PLAN SCALE: 1" = 50'



YORKSHIRE MANOR HOUSE PLAN/LOT 2
 1" = 30'
 OWNER / DEVELOPER

TRINITY QUALITY HOMES
 3675 PARK AVENUE, STE. 301
 ELLICOTT CITY, MD 21043
 (410) 480-0023

BUILDING PERMIT NO. _____

PLOT PLAN THE OAKS AT BRIDLE CREEK LOTS 1-4
 TAX MAP 28 GRID 7 PARCEL 13
 5TH ELECTION DISTRICT HOWARD COUNTY, MD

ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET ELLICOTT CITY, MD 21043 TEL: 410.461.7666 FAX: 410.461.8961

DESIGN BY: MR. _____
 DRAWN BY: DRN. _____
 CHECKED BY: RHV. _____
 DATE: MAY 8, 2006
 SCALE: AS SHOWN
 W.O. NO.: 06-22-00

1 SHEET OF 2

THESE PLANS HAVE BEEN REVIEWED FOR HOWARD COUNTY SOIL CONSERVATION DISTRICT AND MEET THE TECHNICAL REQUIREMENTS FOR SOIL EROSION AND SEDIMENT CONTROL. <i>Jim Meyer</i> 7/29/06 DATE	BY THE ENGINEER I HEREBY CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS. THIS PLAN WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT. <i>Mike Razi</i> 7/18/06 SIGNATURE OF ENGINEER DATE MIKE RAZI, P.E.	
	BY THE DEVELOPER I/WE CERTIFY THAT ALL DEVELOPMENT AND/OR CONSTRUCTION WILL BE DONE IN ACCORDANCE TO THESE PLANS, AND THAT ANY RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF THE ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. <i>Michael Pflum</i> 7/18/06 SIGNATURE OF DEVELOPER DATE	