

10001652

Building Address 12335 PELAKNLS SCIENCE  
CLARKSVILLE 21029

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: GP-08-92

Census Tract \_\_\_\_\_ Subdivision INDLNHT GRPINE

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 2

Tax Map 28 Parcel 74 Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates 4933 Lot Size 1.1 AC

Property Owner's Name TRINITY QUALITY HOMES  
Address 2675 PARK AVE #301  
City LINCOLN CAT State MD Zip Code 21043  
Home Phone \_\_\_\_\_ Work Phone 410-313-5731  
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 \$ 522,200

Description of Work 2 STORY FULL FINISH  
11K 3 BR, 1 1/2 BATH, 2 CAR GARAGE (4 BR)  
FINISHES EXTERIOR W/PP

Occupant or Tenant N/A

Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company TRINITY QUALITY HOMES  
Contact Person SALE HODGE  
Address 2675 PARK AVE #301  
City LINCOLN CAT State MD Zip Code 21043  
License No. 679  
Phone 410-313-5722 Fax 410-313-5731

Engineer or Architect Company N/A  
Contact Person \_\_\_\_\_  
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 <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1 <sup>st</sup> floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2 <sup>nd</sup> floor: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" 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 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.

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

SALLY HODGE  
Print Name  
2/5/10  
Date

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>6/16/10</u>	<u>[Signature]</u>	
Fire Protection			

Is Sediment Control approval required prior to issuance?  
YES  NO

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: \_\_\_\_\_  
Rear: \_\_\_\_\_  
Side: \_\_\_\_\_  
Side St.: \_\_\_\_\_

All minimum setbacks met?  
YES  NO

Is Entrance Permit Required?  
YES  NO

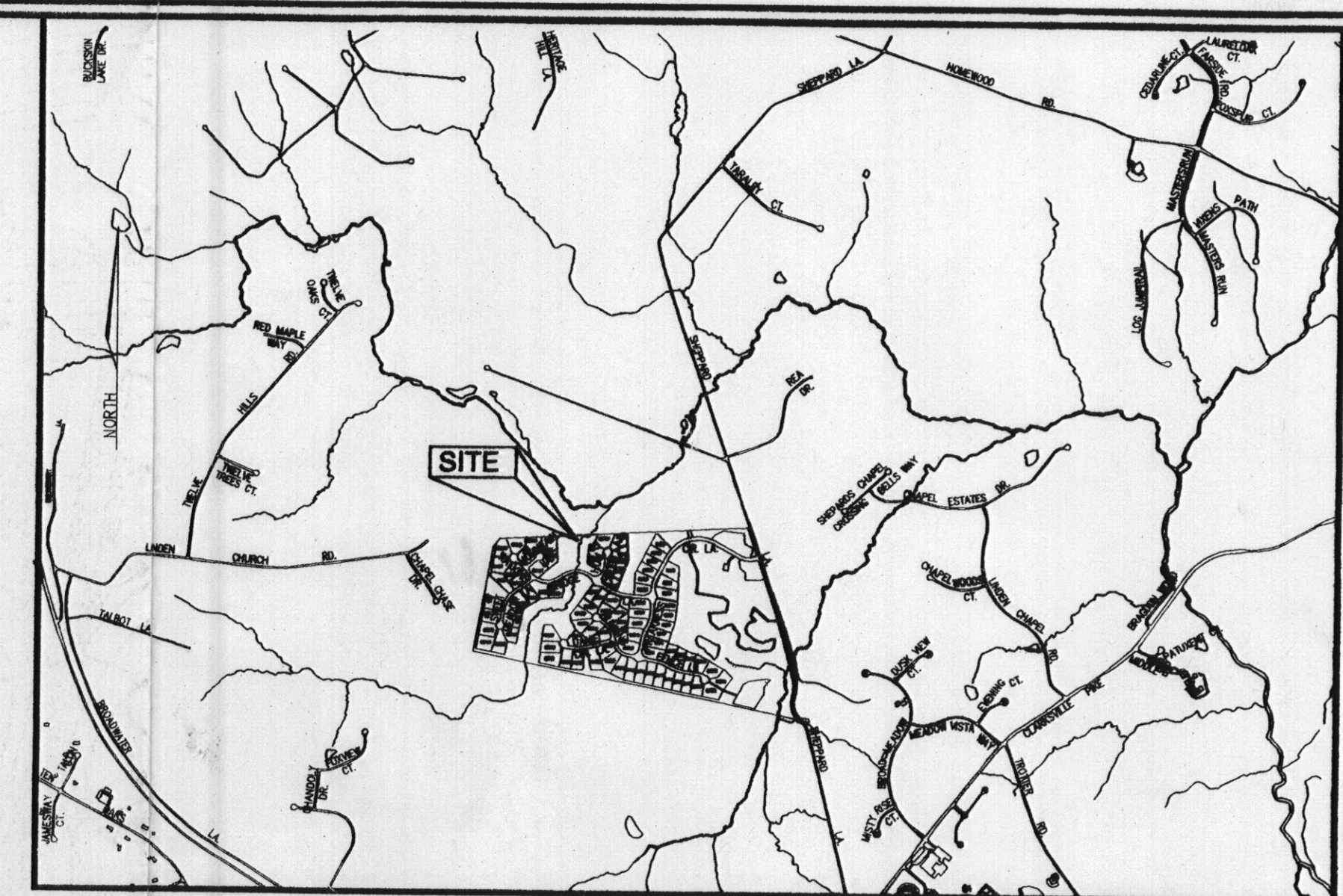
Historic District?  
YES  NO

Lot Coverage for New Town Zone \_\_\_\_\_  
SDP/Red-line approval date \_\_\_\_\_

PROPERTY ID #
Filing fee \$ <u>150</u>
Permit fee \$ _____
Excise tax \$ _____
Add'l per fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # <u>14714</u>
Validation # _____

Accepted by \_\_\_\_\_

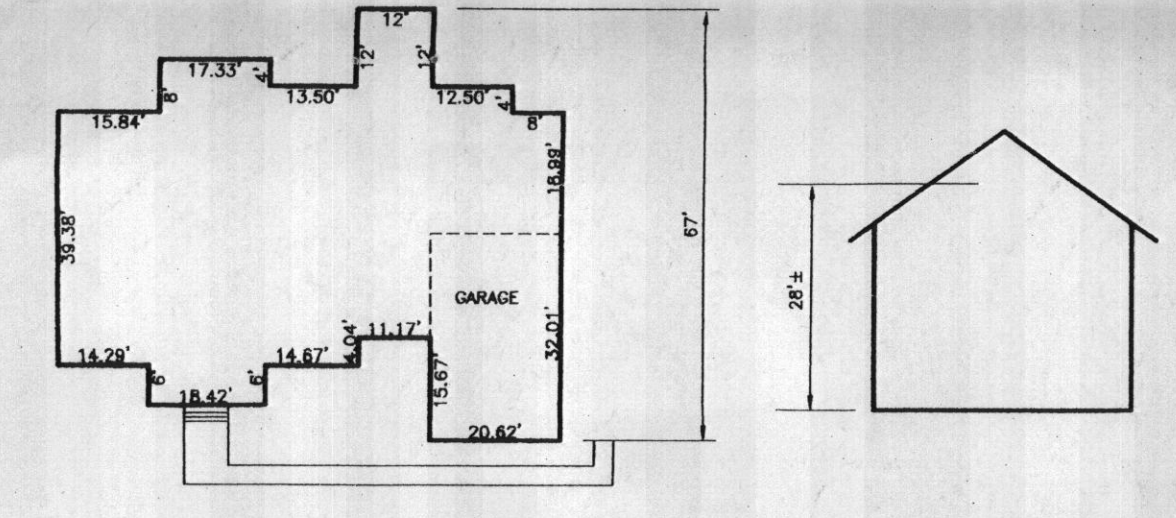
202099



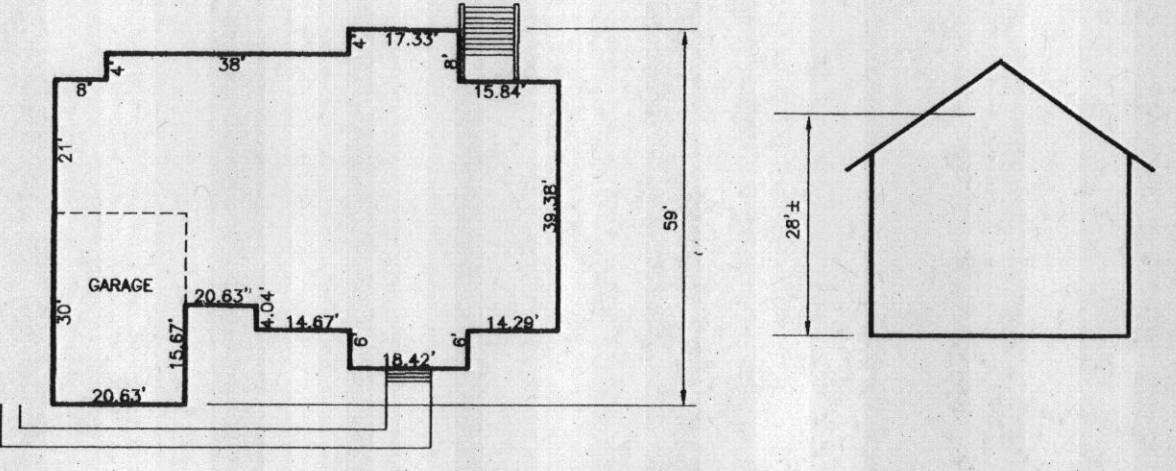
VICINITY MAP  
SCALE: 1"=2000'

LEGEND

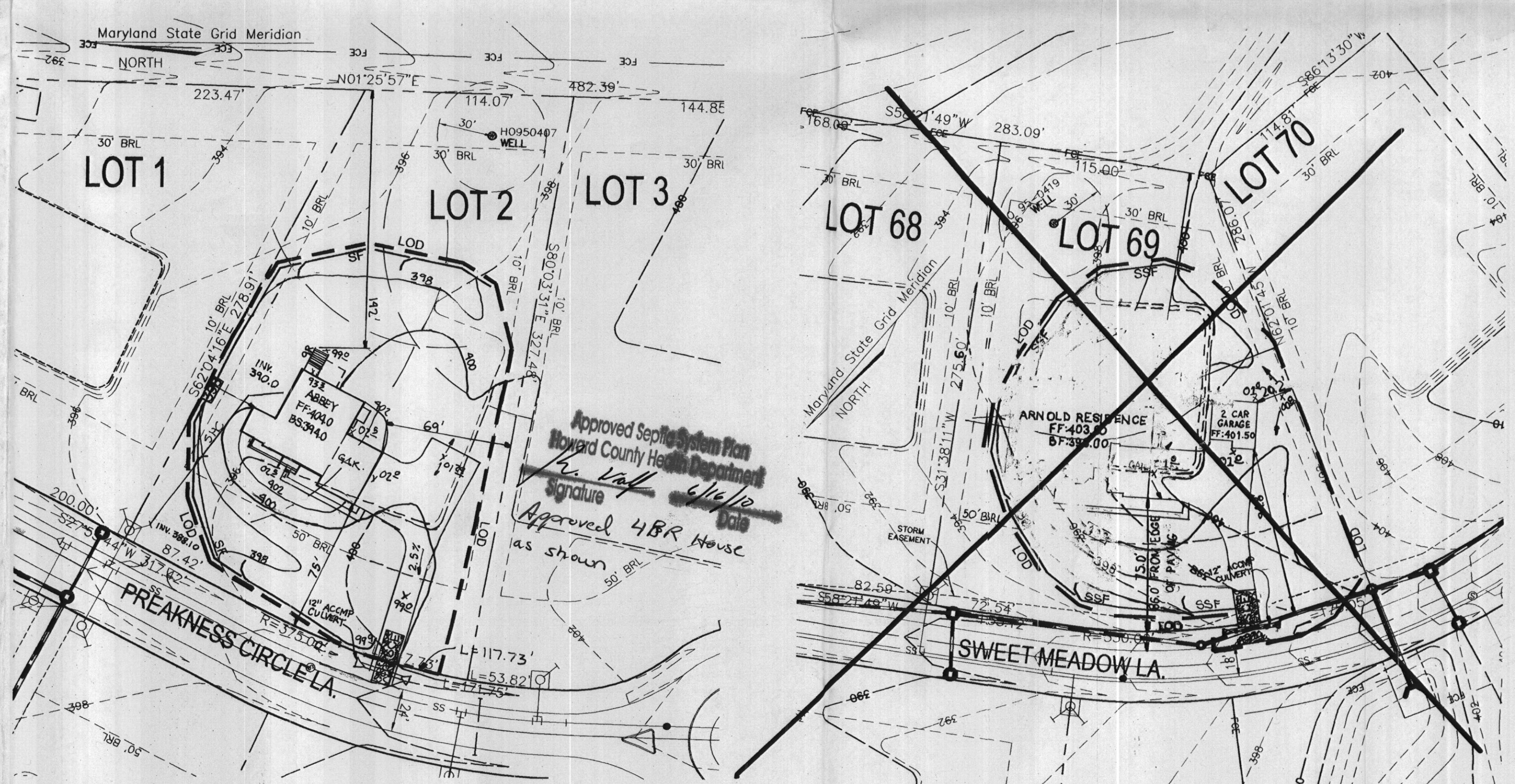
— 202 —	EXISTING 2 FT CONTOUR
— 200 —	EXISTING 10 FT CONTOUR
---	LIMIT OF DISTURBANCE
SSF	SUPER SILT FENCE



ELLICOTT MANOR  
SCALE: 1"=30'

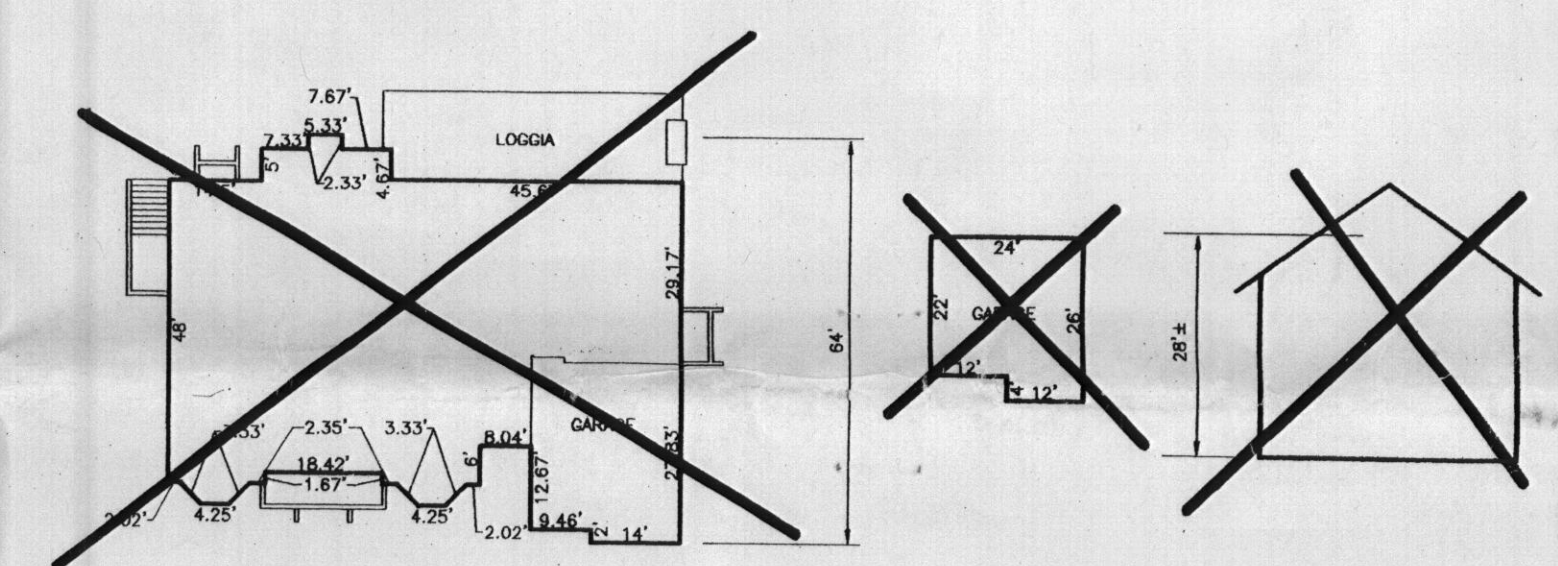


BERKSHIRE  
SCALE: 1"=30'



PLAN VIEWS  
SCALE: 1"=50'

SEE SHEET 2 FOR LOT 69



ARNOLD RESIDENCE

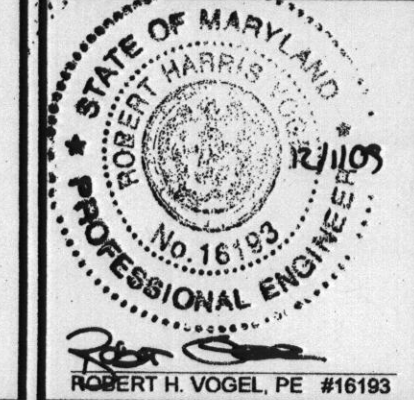
The existing well shown on Lot 2  
Tag No. Ho 950407 has been field  
located by GURCHICK, LITTE & WEBER  
Building of Lot 2 floor areas:  
Basement Floor Area: 2020 SF.  
First Floor Area: 2060 SF.  
Second Floor Area: 2040 S.F.  
For Grading Permit reference GP- 0892

GRADING AND SEDIMENT EROSION CONTROL PLAN  
WALNUT GROVE  
LOTS 2, 40-42, AND 58-62 & 69  
BUILDING PERMIT #

TAX MAP: 28 GRID: 17, 18, AND 24  
5TH ELECTION DISTRICT

PARCEL 74  
HOWARD COUNTY, MARYLAND

**ROBERT H. VOGEL ENGINEERING, INC.**  
ENGINEERS • SURVEYORS • PLANNERS  
8407 MAIN STREET  
ELLICOTT CITY, MD 21043  
TEL: 410.461.7666  
FAX: 410.461.6961



DESIGN BY: RJ  
DRAWN BY: HD  
CHECKED BY: RHV  
DATE: APRIL 2 2008  
SCALE: 1"=50'  
W.O. NO.: 08-22

1 SHEET OF 2

REVIEWED FOR HOWARD SCD AND MEETS TECHNICAL REQUIREMENTS

ENGINEERS CERTIFICATE  
I CERTIFY THAT THIS PLAN FOR SEDIMENT AND EROSION CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.

*Robert H. Vogel*  
ROBERT H. VOGEL, PE #16193  
DATE: 12/1/09

DEVELOPER'S CERTIFICATE  
I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN FOR SEDIMENT AND EROSION CONTROL, AND THAT ALL 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 ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT.

*Michael L. Pugh*  
MICHAEL L. PUGH  
DATE: 12-1-09

THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT

*John K. Rhoten*  
DATE: 6/25/08

OWNER / DEVELOPER  
TRINITY QUALITY HOMES, INC.  
3675 PARK AVENUE, SUITE 301  
ELLICOTT CITY, MARYLAND 21043  
(410) 480-0023