

E10003885  
 G10000140

Building Address: 4006 Candle Light Dr  
Dayton, MD 21030  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: GP-10-81  
 Census Tract: \_\_\_\_\_ Subdivision: CASTLEBERRY AT PINOAKS  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 10  
 Tax Map: 22 Parcel: 90 Grid: 19  
 Zoning: \_\_\_\_\_ Map Coordinates: 4813 9B Lot Size: 410327

Property Owner's Name: TRINITY QUALITY HOMES INC  
 Address: 3675 PARK AVE #301  
 City: ELICOTT CITY State: MD Zip Code: 21043  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Applicant's Name & Mailing Address, (If other than stated herein): \_\_\_\_\_  
 Phone: 410-750-9102 Fax: 410-750-9003  
 Email: \_\_\_\_\_

Existing Use: VACANT LOT  
 Proposed Use: SFD  
 Estimated Construction Cost: \$ 214,000  
 Description of Work: YORKSHIRE MANOR  
2 STORY FULL BASMT 9R 2FB, 11TB,  
FP + GALABE (4BR)  
 Occupant or Tenant: N/A  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: TRINITY QUALITY HOMES  
 Contact Person: SHERY M NEWSHAM  
 Address: 3675 PARK AVE #301  
 City: ELICOTT CITY State: MD Zip Code: 21043  
 License No.: 679  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 <sup>st</sup> floor:	<input type="checkbox"/> Private
2 <sup>nd</sup> floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>4</u>	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input checked="" type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	
Roof:	
<input type="checkbox"/> State Certified Modular	
<input type="checkbox"/> 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: SHERY M NEWSHAM Print Name: SHERY M NEWSHAM  
 Email Address: SHERY@TRINITYHOMES.COM Date: 12-13-10  
 Title/Company: OPERATIONS, TRINITY/QUALITY HOMES

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

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA ( Zoning )		
PSZA ( Engineering )		
Health	<u>2-8-12</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START  
 ONE STOP SHOP

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$ <u>100.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50.00</u>
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

B10003885

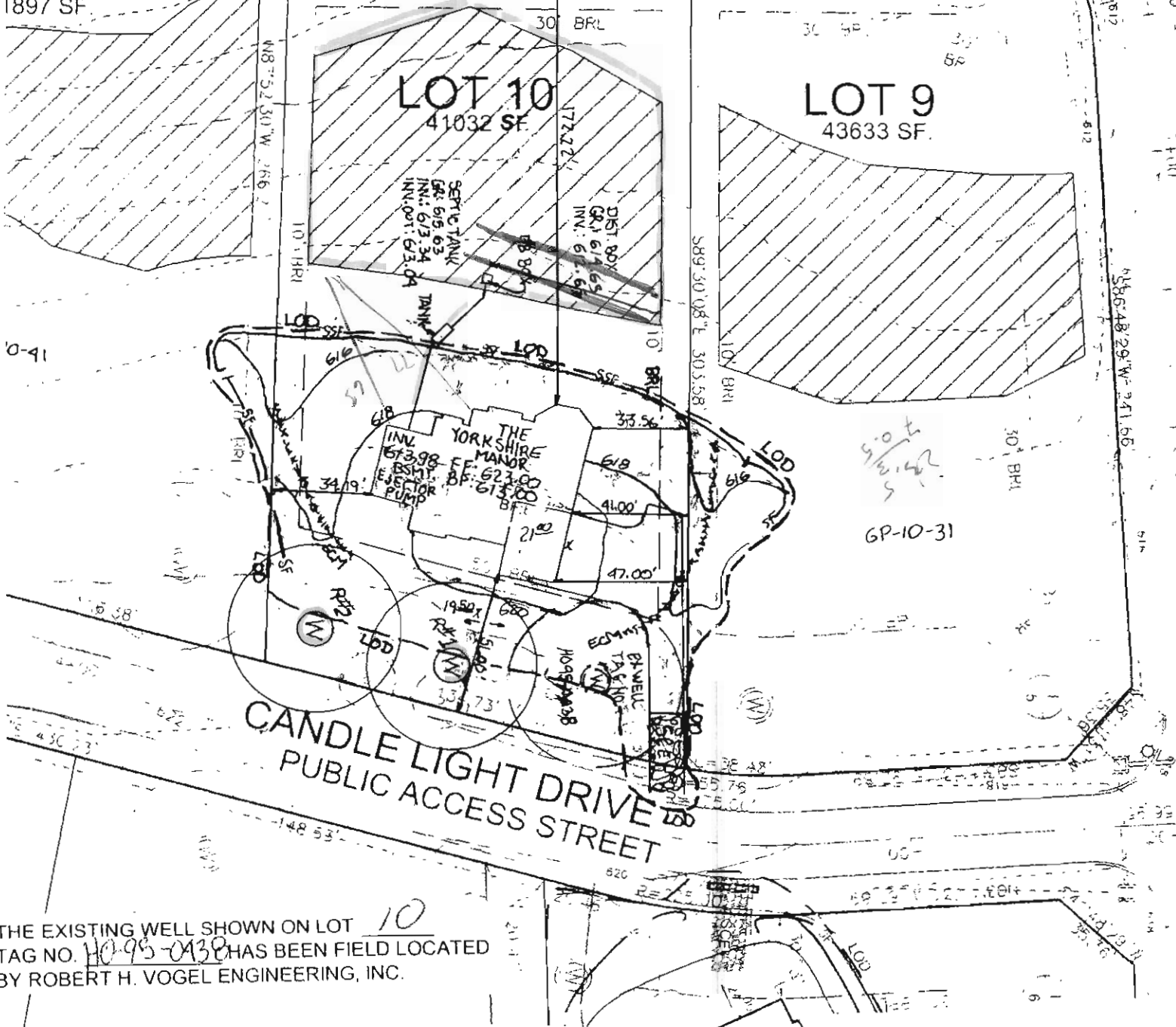
Approved Septic System Plan  
Howard County Health Department

*Robert H. Vogel* 2-8-12  
Signature Date

462 SPD

DT-11  
1897 SF

0-41



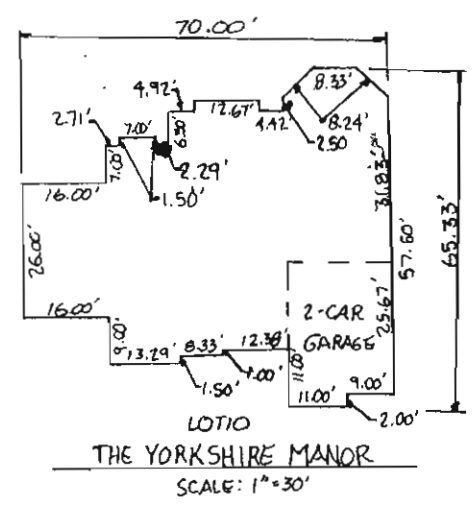
THE EXISTING WELL SHOWN ON LOT 10 TAG NO. HC-95-0138 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC.

BUILDING PERMIT NO. B10003885

GRADING AND SEDIMENT EROSION CONTROL PLAN  
CASTLEBERRY AT TEN OAKS

LOTS 5,10,45  
REF: F-06-130

1" = 50'



#5

\$50.00 CK #22444  
Scanned 1/25/12



*dedicated to excellence and service*

SALLY L. HODGE  
Vice President of Operations

3675 Park Ave., Suite 301  
Ellicott City, MD 21043

Office 410-313-8722  
Fax 410-313-8731  
sally@trinityhomes.com

Dear Avis Corbin,

1/17/12

RE: Building permit #B10003885

Lot# 10 Castleberry at Ten Oaks

4006 Candle Light Dr.

Dayton 21036

Please revise this house type to a Yorkshire Manor, 2 story, full basement, 10 rooms, 4 full baths, 1 half bath and garage (5 bedrooms). Enclosed is a site development plan, 2 sets of construction drawings and a \$50 check.

Please let me know when this has your approval.

Thank you.

*Sally L. Hodge*

CC: zoning  
Heather  
DED

**RECEIVED**

JAN 24 2012

LICENSES & PERMITS  
DIVISION