

Building Address 15529 CATTAIL OAKS
GREENWOOD 21738

Suite/Apt. #: _____ SDP/WP/Petition #: 6P00-194

Census Tract 1111 Subdivision RENEFIELDS AT CATTAIL CREEK

Section _____ Area _____ Lot 9

Tax Map _____ Parcel _____ Grid _____

Zoning 116 Map Coordinates _____ Lot size 40,533

Property Owner's Name Trinity Builders
QUALITY HOME

Address 7300 Grace Dr.

City Columbia State MD Zip Code 21044

Home Phone _____ Work Phone 410-313-8720

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

Phone _____ Fax 410-313-8791

Existing Use Vacant Lot

Proposed Use S.F.D

Estimated Construction Cost \$ 120,000

Description of Work CUSTOM KENT WITH CHANGES, 2 STORY, FINISHED BSMT, 2FB, 1HB, 9RS, FP and garage

Contractor Company Same

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. 699

Phone _____ Fax _____

Occupant or Tenant N/A

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company Same

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL **BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities

Water Supply:
 Public
 Private

Sewage Disposal:
 Public
 Private

Electric Yes No

Gas Yes No

Heating System:
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads _____

Building Characteristics

SF Dwelling SF Townhouse
Depth Width

1st floor: _____

2nd floor: _____

Basement:
 Finished Basement Unfinished Basement

Crawl space Slab on Grade

No. of Bedrooms 4

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

Utilities

Water Supply:
 Public
 Private

Sewage Disposal:
 Public
 Private

Electric Yes No

Gas Yes No

Heating System:
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 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 THEREON, (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
1/12/01
 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 Official
Dev. Engineering, DPZ 1/18/01 Mark Riffes
Health
Fire Protection

Is Sediment Control approval required prior to issuance?
 YES NO

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#: 49200

Filing fee \$ _____

Permit fee \$ _____

Excise tax \$ _____

Sub-total paid \$ _____

Add'l permit fee \$ _____

TOTAL FEES \$ _____

Balance due \$ _____

Check # 1132

Validation # _____

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Accepted by 2

546
544
542
540
538
536
534
530
528
526
524
522
520
518
516
5

PUBLIC STORMWATER
MANAGEMENT, DRAINAGE
AND UTILITY
EASEMENT

507°00'27"E 122.11'

9
40,533 SF
30' BRL

Total linear feet of trench required 280 feet
Width of trench(es) 3 feet
Depth of trench(es) 4.5 feet
Depth of stone required below distribution pipe 2 feet

507°00'27"E 115.09'

7
41,253 SF

328.91'
502°19'18"W
20' PUBLIC DRAINAGE AND UTILITY EASEMENT

Distribution Box
Ex. Grd. = 542.0
10V = 539.5
2000 Gal. Septi Tank
Inv. In = 539.9
Inv. Out = 539.6

KENT
FF = 551.30
B = 542.35
Gar. + 48
49.5'

2000 Gal. Septic Tank
Inv. In = 538.5
Inv. Out = 538.2

ABBEY (CREV.)
FF = 550.28
B = 541.67
Gar. + 48
48.5'

Signature
Mark P. [unclear]
Date 11/10/01

Howard County Health Department
Sanitary System Plan

10' PUBLIC TREE MAINT. ESMT.

10' PUBLIC TREE MAINT. ESMT.

OAKS
LOC
N13°48'25"W
293.09'

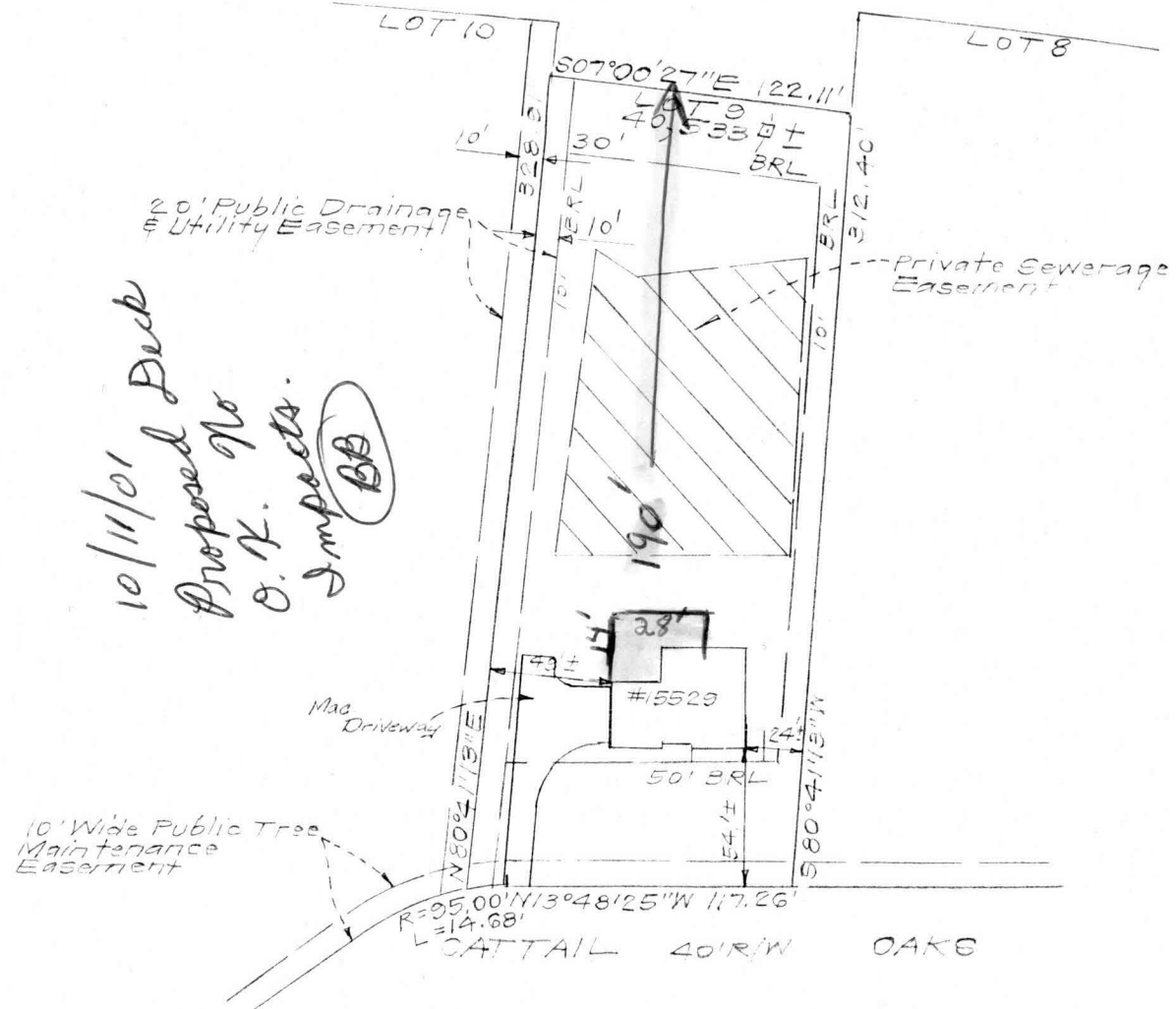
513°48'25"E
SF
30' Well

ABBEY
FF = 555.30
B = 545.69
Gar. + 53
Inv. = 551.0

2000-Gal Septic Tank
Inv. In = 550.4
Inv. Out = 550.

292.99'
N156°2'

NON-BUILDABLE
PRESERVATION
PARCEL A



10/11/01 Deck
Proposed No
O.K. Impacts.
BB

CONSUMER INFORMATION

1. This plat is of benefit to the consumer only insofar as it is required by a lender of a title insurance company or its agent in connection with contemplated transfer, financing or refinancing purposes.
2. This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future structures.
3. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.