

611000141

Building Address 12310 EDGEMONT RD  
11413 BILLYE 21127

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: GP-11-35

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 34

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

Zoning \_\_\_\_\_ Map Coordinates 4733 Lot Size 48,272

Existing Use \_\_\_\_\_  
 Proposed Use \_\_\_\_\_  
 Estimated Construction Cost \$ 22,125  
 Description of Work REPLACE EXISTING 1 1/2" DIA. WATER MAIN WITH 2" DIA. PIPING (CONC)

Occupant or Tenant N/A

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

Property Owner's Name DAVID GARDNER  
 Address 475 10th Ave #201  
 City ELLICOTT CITY State MD Zip Code 21043  
 Home Phone \_\_\_\_\_ Work Phone 410-432-2222  
 Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

Phone \_\_\_\_\_ Fax 410-313-2231

Contractor Company DAVID GARDNER  
 Contact Person DAVID GARDNER  
 Address 475 10th Ave #201  
 City \_\_\_\_\_ State MD Zip Code 21043  
 License No. \_\_\_\_\_  
 Phone 410-313-2231 Fax 410-313-2231

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"/> 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 _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

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

Print Name DAVID GARDNER  
 Date 12/14/10

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>2-1-11</u>	<u>Michael Scott</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?  
 YES  NO

DPZ SETBACK INFORMATION	PROPERTY ID #
Front: _____	Filing fee \$ <u>100.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per fee \$ <u>5.00</u>
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 SDP/Red-line approval date _____	Check # _____
	Validation # _____

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

\* PUMP INVERT IS BASED ON CONTRACT NO. 50-4330-D.

STORMWATER MANAGEMENT FOR THIS SITE IS PROVIDED BY THE EXISTING STORMWATER POND FACILITY LOCATED ON BUILDABLE PRESERVATION PARCEL A, AND APPROVED UNDER F-06-31.

THE EXISTING WELL SHOWN ON LOTS 34 TAG NO.S 95-0412 HAS BEEN FIELD LOCATED BY GUTSCHICK, LITTLE & WEBER PROFESSIONAL LAND SURVEYOR(S) AND IS ACCURATELY SHOWN.

BUILDING OF LOTS 34 FLOOR AREAS:

- BASEMENT FLOOR AREA: 2010
- FIRST FLOOR AREA: 2060
- SECOND FLOOR AREA: 1980
- NUMBER OF BEDROOMS: 4

BUILDING PERMIT NO. \_\_\_\_\_

REVISI  
Date: 3/14/11  
Comments: B (ODD) (14)

Approved Septic System Plan  
Howard County Health Department

*Michael Galt*  
Signature  
3-21-11  
Date

THE YORKSHIRE MANOR

FF: 400.50  
BF: 390.50

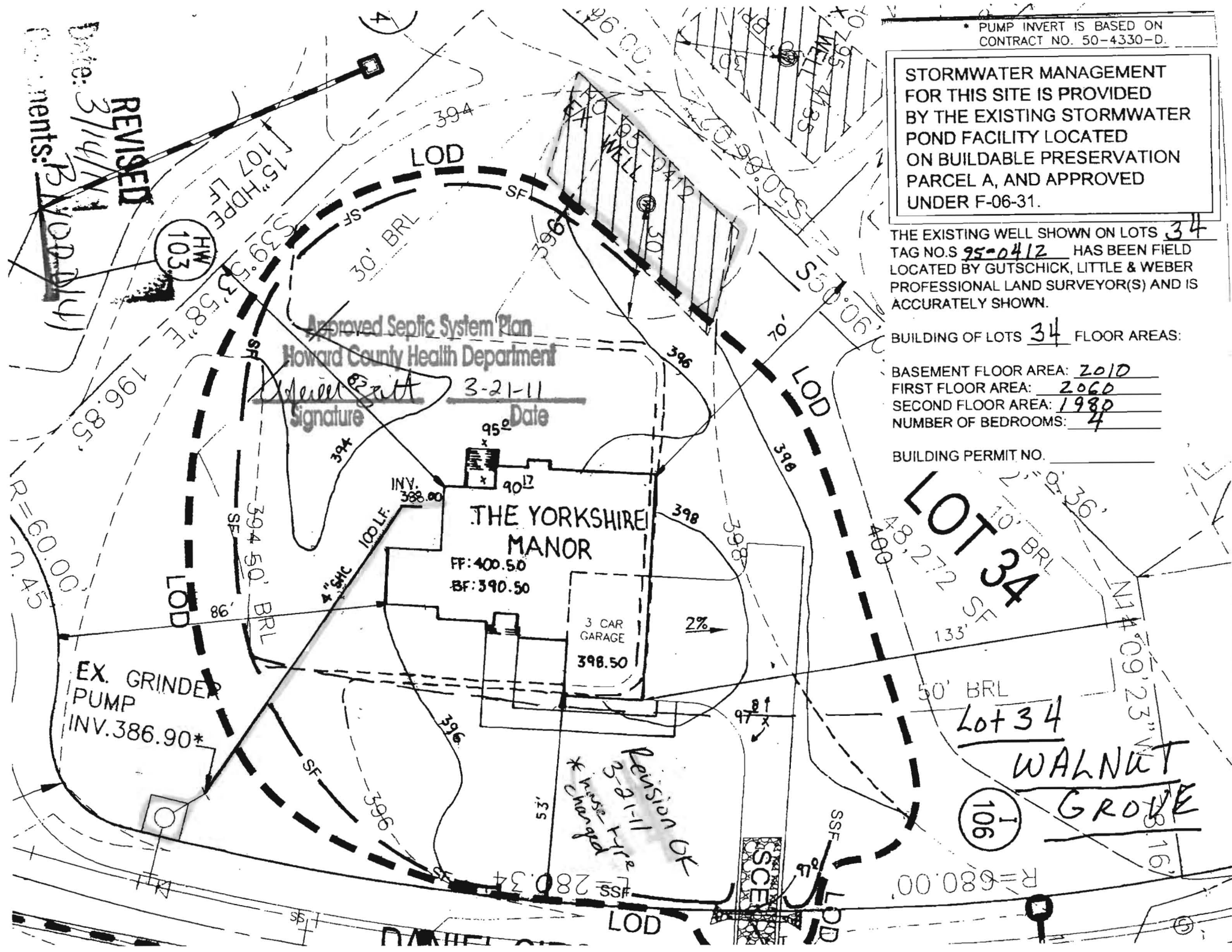
3 CAR GARAGE  
398.50

EX. GRINDER PUMP  
INV. 386.90\*

Revision CK  
3-21-11  
\* House Type Changed

LOT 34  
106

WALNUT GROVE



Handwritten: 5/14/11 JH



*dedicated to excellence and service*

SHERRY L. MEWSHAW  
Selections Director

Office: 410.750.9002  
Fax: 410.750.9003  
Email: sherry@trinityhomes.com  
TrinityHomes.com

Dear Avis Corbin,

March 14, 2011

RE: Building Permit # B11000141  
Lot # 34 Walnut Grove  
12310 Daniel Circle Lane  
Clarksville, MD 21029

Please approve the following changes to above permit. The house type to be built has been changed to a Yorkshire Manor, 2 story, full basement, 10 rooms (4 bedrooms), 3 full baths, 1 half bath, fireplace, 3 car garage. 2 sets of construction drawings are included.

Please call when approved.

Thank you,

Sherry Mewshaw  
Trinity Quality Homes  
410-750-9002

cc: zoning  
health  
DED

**RECEIVED**

MAR 14 2011

LICENSES & PERMITS  
DIVISION

Handwritten: 21960  
234465