

B11001937

Building Address: 1813 Mount Royal Dr
Woodstock, MD 21163

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Mengni Lin

Address: 1813 Mount Royal Dr
 City: Woodstock State: MD Zip Code: 21163

Home Phone: _____ Work Phone: _____

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

Phone: _____ Fax: _____

Email: _____

Existing Use: _____

Proposed Use: _____

Estimated Construction Cost: \$ 15000.-

Description of Work: Install wooden deck with
PVC railing

Contractor Company: OWNER

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License No.: _____

Phone: _____ Fax: _____

Email: _____

Occupant or Tenant: Mengni Lin

Was tenant space previously occupied? Yes No

Contact Name: KEVIN HUANG

Address: 4102 Berger Rd

City: Alumina State: MD Zip Code: 21916

Phone: 410 578 484 Fax: 410 381 2465

Email: KEVIN HUANG 656 @HOTMAIL.COM

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
Construction type:	Heating System
<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	Sprinkler System:
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth	<input type="checkbox"/> Public
Width	<input type="checkbox"/> Private
1 st floor: _____	
2 nd 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	Heating System
No. of Bedrooms: _____	<input type="checkbox"/> Electric
Multi-family Dwelling	<input type="checkbox"/> Oil
No. of efficiency units: _____	<input 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: _____	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<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: KEVIN HUANG 656 @HOTMAIL.COM

Email Address: _____

Title/Company: _____

Print Name: KEVIN HUANG

Date: 6-27-2011

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>Wall</u>
Fire Protection		

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

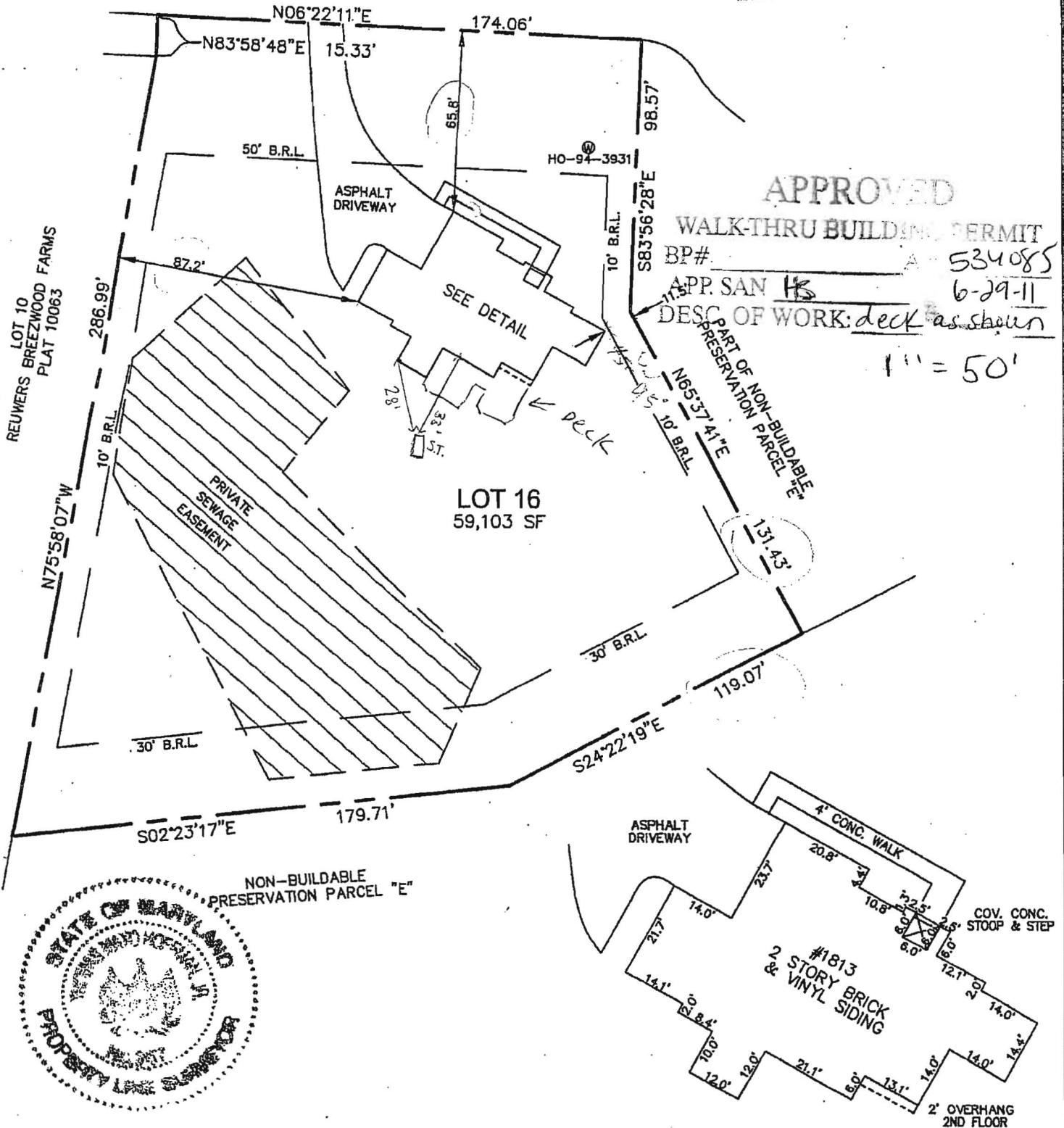
DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input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

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

FUTURE IMPROVEMENTS. THIS PLAT DOES NOT PROVIDE THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS PLAT CONTAINS A TOLERANCE OF ACCURACY OF 0.5' MORE OR LESS.

1813
MOUNT DENALI DRIVE
 40' RIGHT-OF-WAY

MARYLAND STATE GRID MERIDIAN (NAD83/91)



I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN AND THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.

Thomas M. Williams Jr.

4-07-11

B.P.# B10002183
 1813 MOUNT DENALI DRIVE

DEPT. OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2455
 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 B10002R3

Building Address 1813 MOUNT DENALI DR.
WOODSTOCK, MD 21163

Suite/Apt. #: _____ SDR/W/P/Petition #: 06-09

Census Tract _____ Subdivision WAVELY CKN

Section _____ Area _____ Lot 16

Tax Map 31 Parcel 226 Grid _____

Zoning _____ Map Coordinates _____ Lot Size 57,103 sq ft

Existing Use VACANT LOT

Proposed Use SPA

Estimated Construction Cost \$ 263,753

Description of Work 2 Story, Full Bsmt. 10R, 3FC
1UB, PP + GARAGE

Occupant or Tenant N/A

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name TRINITY QUALITY HOMES, INC.

Address 3675 DARK AVE # 301

City ELLICOTT CITY State MD Zip Code 21043

Home Phone _____ Work Phone 410-750-9003

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

Phone _____ Fax 410-750-9003

Contractor Company Trinity Quality Homes, Inc.

Contact Person SHERRY MEWSHAW

Address 3675 DARK AVE # 301

City ELLICOTT CITY State MD Zip Code 21043

License No. 699

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <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	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1 st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2 nd floor: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input 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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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Sherry K. Mewshaw
 Applicant's Signature

Sherry@TrinityHomes.com
 Email Address

Operations, Trinity Quality Homes, Inc.
 Title/Company

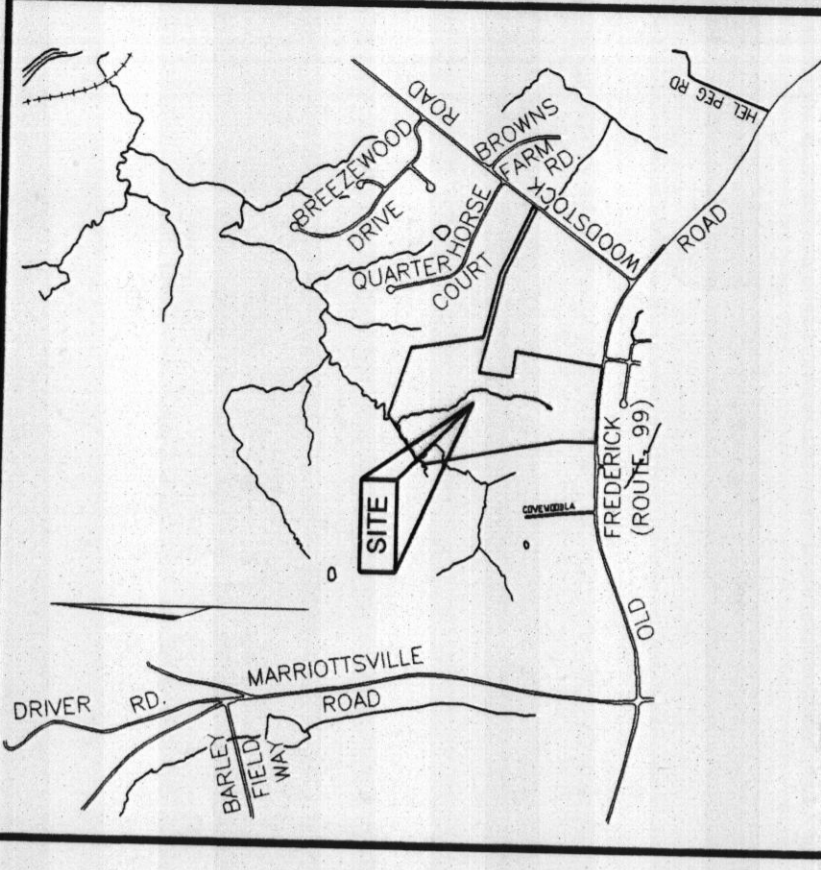
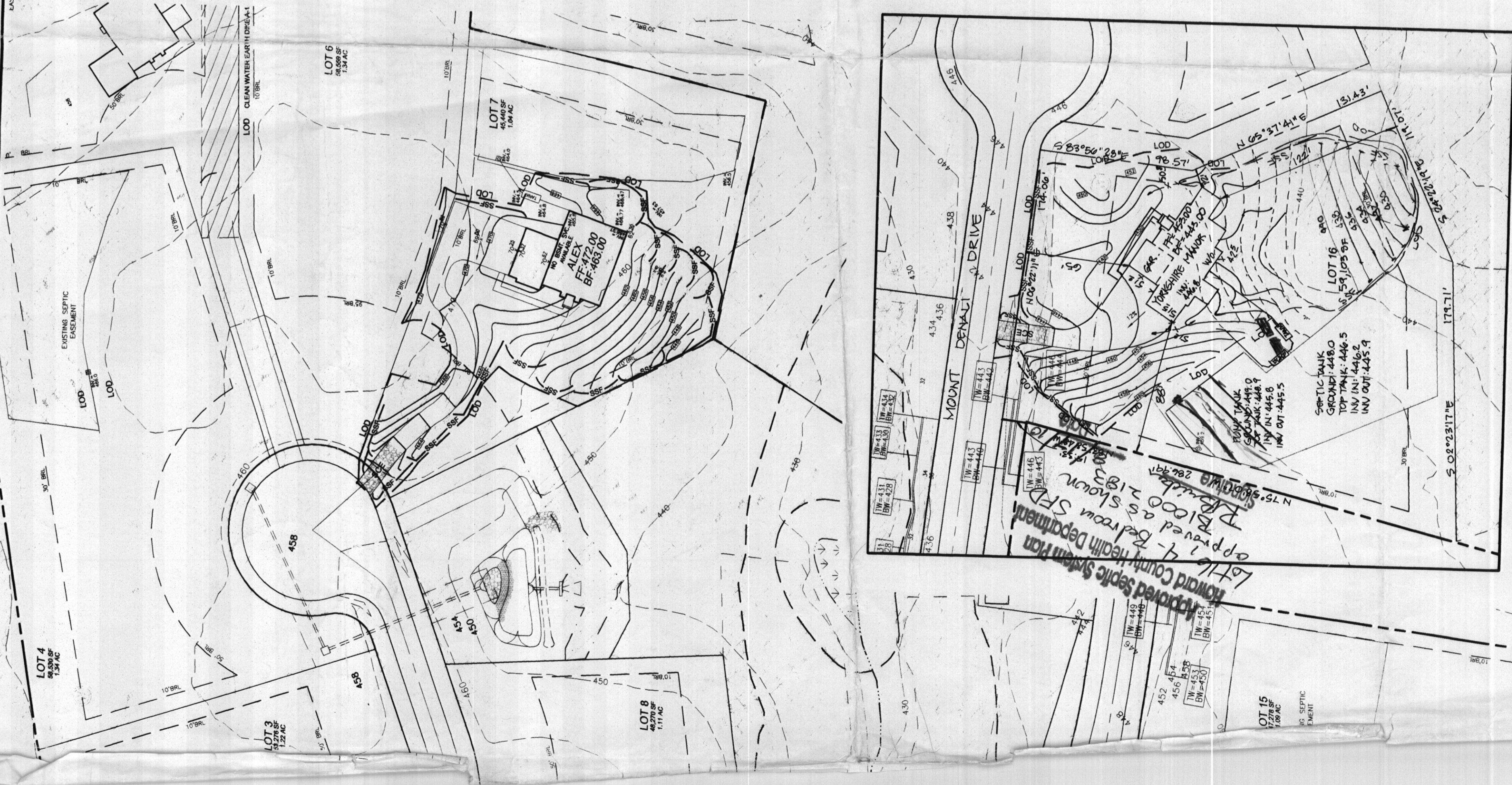
SHERRY MEWSHAW
 Print Name

7/30/10
 Date

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

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #
Land Development, DPZ			Front: _____	Filing fee \$ <u>1</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Officials			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____
Health <u>8/16/2010</u> <u>R. Bicker</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 \$ <u>2013</u>
			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
			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"/>				



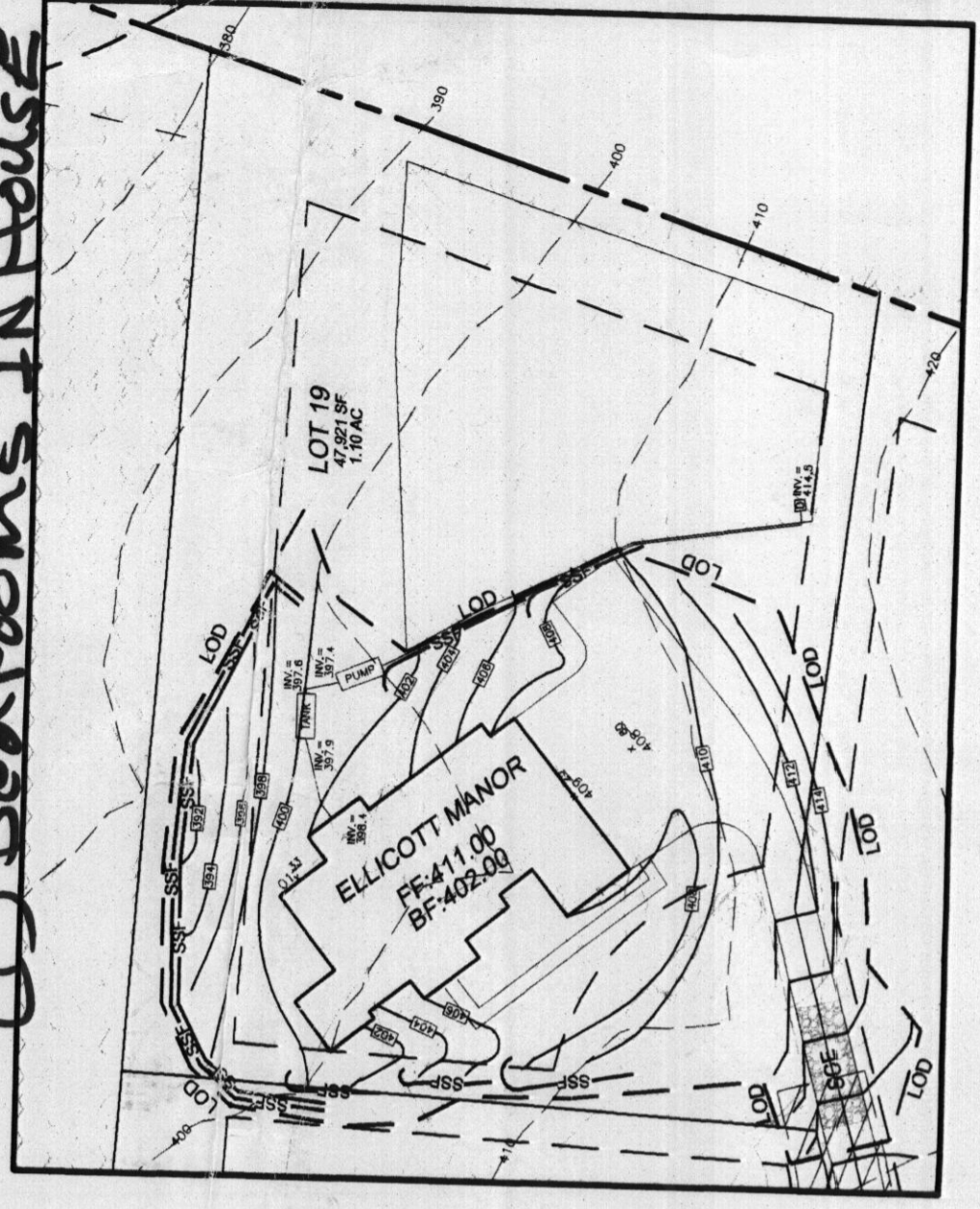
VICINITY MAP
SCALE: 1"=2000'

LEGEND

- 200' EXISTING 2 FT CONTOUR
- 100' EXISTING 10 FT CONTOUR
- LIMIT OF DISTURBANCE
- SUPER SILT FENCE
- EXISTING TREELINE

NOTE: NO STOCKPILING WILL BE PERMITTED ON SITE.

THE EXISTING MAP SHOWN ON LOT 16 TAG NO. ~~10-24-331~~ HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC. BUILDING OF LOT 16 FLOOR AREAS:
 BASEMENT FLOOR AREA: 1980
 FIRST FLOOR AREA: 2005
 SECOND FLOOR AREA: 1715
(4) Bedrooms IN House



NO.	REVISION	DATE
1	EXPAND GRADING LOT 1C	2/1/07

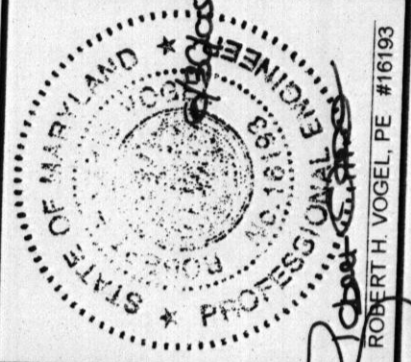
GRADING AND SEDIMENT EROSION CONTROL PLAN
THE PRESERVE AT WAVERLY GLEN
 BUILDING PERMIT # **1510002183**
 LOTS 2, 7, 9, 13, 16 AND 19

REF: S-01-06, P.02-27, F.04-74
 WP-03-07

TAX MAP: 31 BLOCK: 21
 1ST ELECTION DISTRICT

PARCEL 228
 HOWARD COUNTY, MARYLAND

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



OWNER / DEVELOPER

THE PRESERVE AT WAVERLY GLEN, LLC
 3675 PARK AVENUE, SUITE 301
 ELLICOTT CITY, MARYLAND 21043
 (410) 480-0023

NOTE: SWM FOR THESE LOTS (W/M, REV. 3, CR) IS PROVIDED BY 3 EXISTING FACILITIES AND CREDITS APPROVED UNDER F-03-1073. NO ADDITIONAL SWM REQUIRED.

Approved Septic System Plan
 Howard County Health Department
 Approved as shown
 Permit # 1510002183
 2/1/07