

B11000107

Building Address 12359 PLEAKLESS CIRCLE
CHURKSVILLE 21029

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

Census Tract _____ Subdivision WALNUT GROVE

Section _____ Area _____ Lot 8

Tax Map 28 Parcel 74 Grid _____

Zoning _____ Map Coordinates 4933 Lot Size 45,331

Property Owner's Name TRINITY QUALITY HOMES
 Address 3675 PARK AVE #301
 City ELLICOTT CITY State MD Zip Code 21043
 Home Phone _____ Work Phone 410-313-5722
 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 \$ 322,195
 Description of Work ASBLT-2 STORY FULL
BSMT 10R, 2FB, 1HB, FRIGORARY
(5 BR)

Occupant or Tenant N/A

Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Contractor Company TRINITY QUALITY HOMES INC
 Contact Person SALLY HODGE
 Address 3675 PARK AVE #301
 City ELLICOTT CITY State MD Zip Code 21043
 License No. 699
 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

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 Crawlspace Slab on Grade

No. of Bedrooms 5

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 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 Sally Hodge
 Email Address SALLY@TRINITYHOMES.COM
 Title/Company VP, OPERATIONS - TRINITY

Print Name SALLY HODGE
 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 1-25-11 [Signature]

Fire Protection _____

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____ Filing fee \$ _____

Rear: _____ Permit fee \$ _____

Side: _____ Excise tax \$ _____

Side St.: _____ Add'l per fee \$ _____

All minimum setbacks met? YES NO TOTAL FEES \$ _____

Sub-total paid \$ _____

Is Entrance Permit Required? YES NO Balance due \$ _____

Historic District? YES NO Check # _____

Lot Coverage for New Town Zone _____ Validation # _____

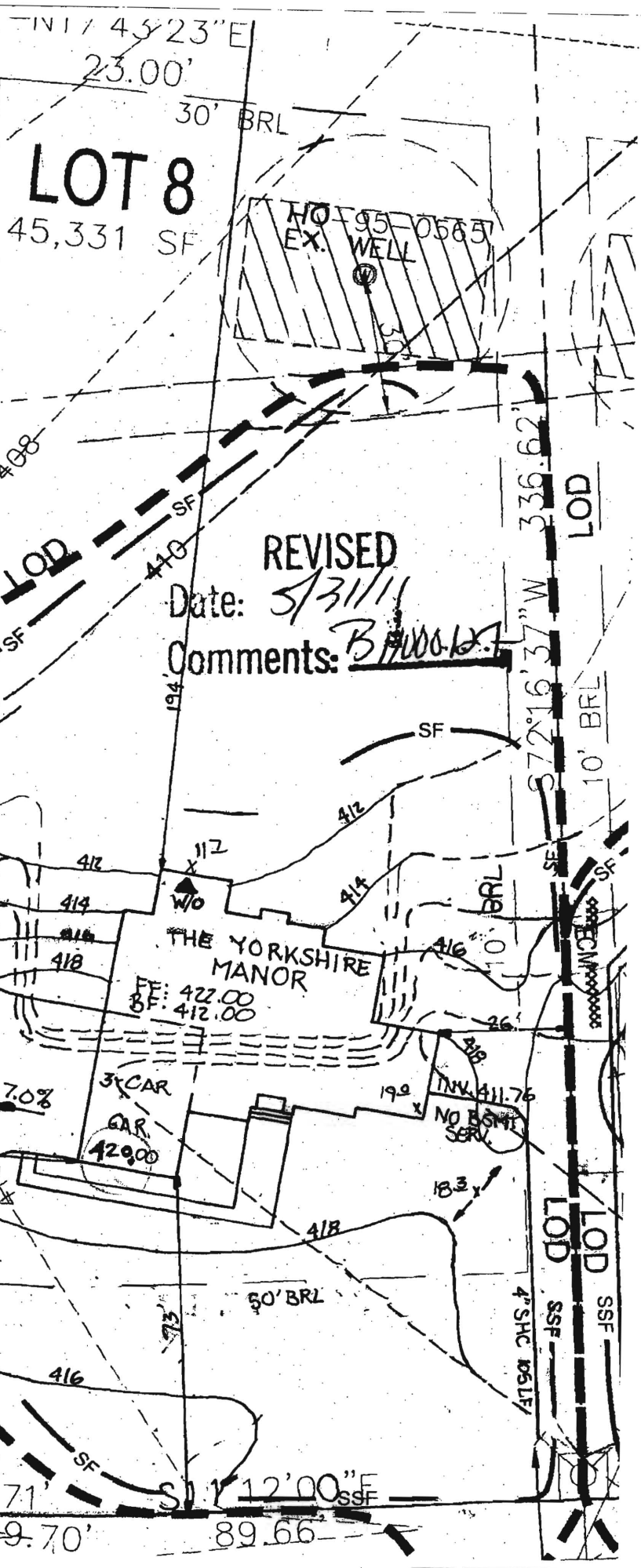
SDP/Red-line approval date _____ Accepted by _____

Revised Plot Plan not submitted to Health Dept. for review.

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 LOT 8 TAG NO.S 95-0565 HAS BEEN FIELD LOCATED BY GUTSCHICK, LITTLE & WEBER PROFESSIONAL LAND SURVEYOR(S) AND IS ACCURATELY SHOWN.

BUILDING OF LOT 8 FLOOR AREAS:
 BASEMENT FLOOR AREA: 2080
 FIRST FLOOR AREA: 2140
 SECOND FLOOR AREA: 1905
 NUMBER OF BEDROOMS: 4
 BUILDING PERMIT NO. _____



REVISED

Date: 5/31/11

Comments: B. WOOD

3.99'
 INV. = 65.71'
 = 375'
 = 99.70'

89.66'

LOT 8

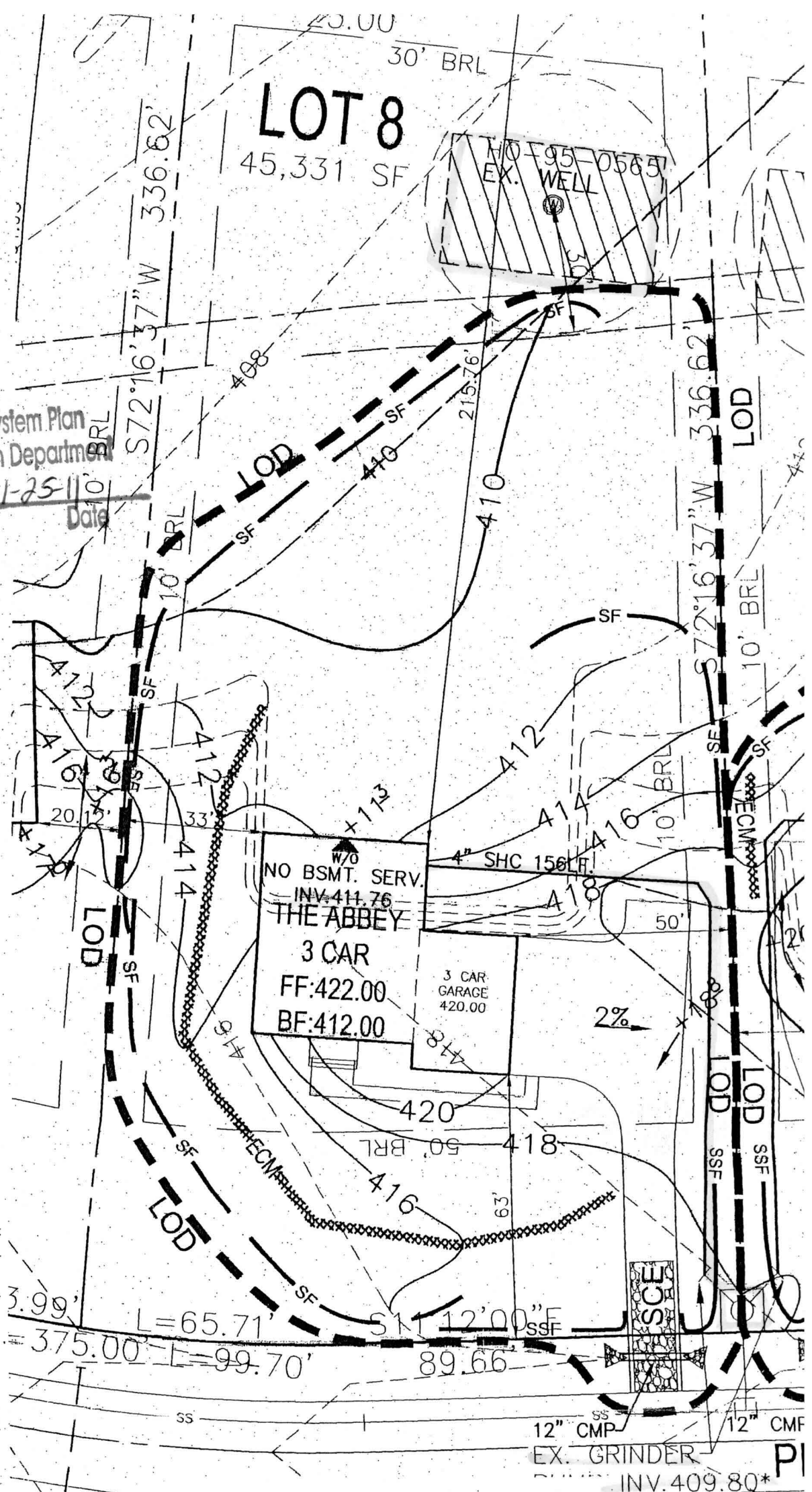
45,331 SF

HO-95-0565
EX. WELL

Approved Septic System Plan
Howard County Health Department

Shawn Scott
Signature

1-25-11
Date



TAG NO.S HO-95-0565 HAS BEEN FIELD LOCATED BY GUTSCHICK, LITTLE & WEBER PROFESSIONAL LAND SURVEYOR(S) AND IS ACCURATELY SHOWN.

BUILDING OF LOTS 8 FLOOR AREAS:

BASEMENT FLOOR AREA:	<u>1695</u>
FIRST FLOOR AREA:	<u>1750</u>
SECOND FLOOR AREA:	<u>2312</u>
NUMBER OF BEDROOMS:	<u>5</u>

1" = 30'

12" CMP
EX. GRINDER
INV. 409.80*