

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

811000131

Building Address 12363 WALKERSVILLE CIRCLE
WALKERSVILLE 21029
 Suite/Apt. #: _____ SDP/WP/Petition #: GP-11-35
 Census Tract _____ Subdivision WALNUT GROVE
 Section _____ Area _____ Lot 9
 Tax Map 28 Parcel 74 Grid _____

Property Owner's Name TRINITY QUALITY HOMES
 Address 3675 PARK AVE #301
 City LAWSON CITY State MD Zip Code 21043
 Home Phone _____ Work Phone 410-313-5222
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Zoning _____ Map Coordinates 4933 K9 Lot Size 49,699
 Existing Use VACANT LOT
 Proposed Use SFD
 Estimated Construction Cost \$ 322,195
 Description of Work ABBLY 2 STORY, FULL BSMT, 1DR, 2FB, 1HB, 1PV GARAGE (5BR)
 Occupant or Tenant N/A
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Contractor Company TRINITY QUALITY HOMES
 Contact Person SALLY HODGE
 Address 3675 PARK AVE #301
 City LAWSON CITY State MD Zip Code 21043
 License No. 697
 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 Crawl space Slab on Grade
 No. of Bedrooms _____
 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.

Sally L. Hodge
 Applicant's Signature
SALLY@TRINITYHOMES.COM
 Email Address
VP, OPERATIONS - TRINITY
 Title/Company

SALLY HODGE
 Print Name
12/14/10
 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 Officials			
Dev. Engineering, DPZ			
Health	<u>1-25-11</u>	<u>[Signature]</u>	
Fire Protection			
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>			

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>50.00</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 _____	Check # _____
SDP/Red-line approval date _____	Validation # _____
	Accepted by _____

Skipped 2/2/11 SH



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,

2/2/11

RECEIVED

FEB 02 2011

PLAN REVIEW DIVISION

RE: Permit # B11000131
Lot#9 Walnut Grove
12363 Preakness Circle La.
Clarksville 21029

This is a request to revise the above building permit adding a conservatory.

Enclosed are 2 construction drawings, 5 site plans and a \$50 check.

Thank you.

Sally L. Hodge

Sally Hodge

*cc: zoning
DED
Health*

RECEIVED

FEB 2 2011

LICENSES & PERMITS
DIVISION

CK# 021962

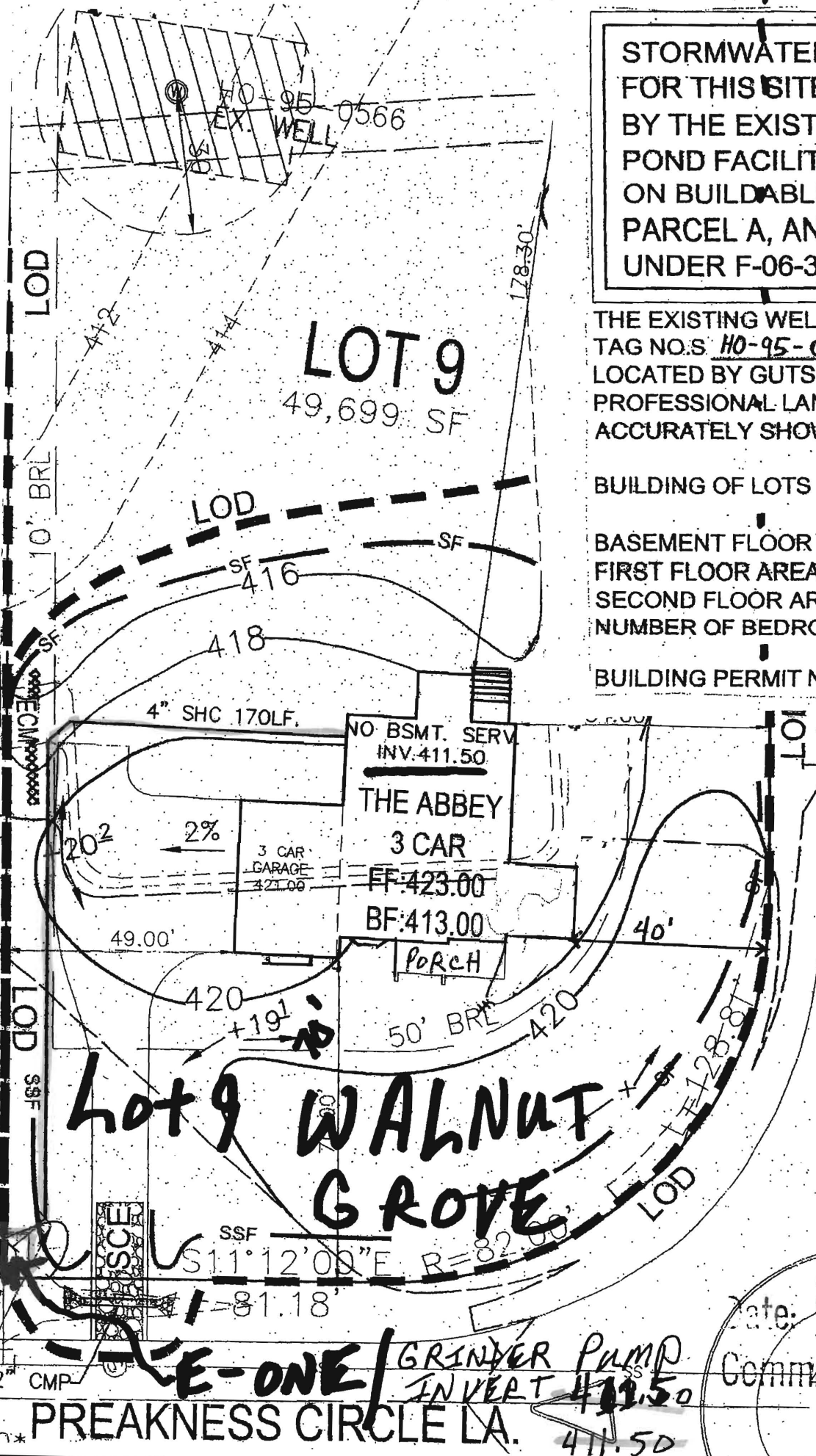
STORMWATER MANAGEMENT FOR THIS SITE IS PROVIDED BY THE EXISTING STORMWATER POND FACILITY LOCATED ON BUILDABLE PRESERVATION PARCEL A, AND APPROVED UNDER F-06-31.

THE EXISTING WELL SHOWN ON LOTS 9 TAG NO.S HO-95-0566 HAS BEEN FIELD LOCATED BY GUTSCHICK, LITTLE & WEBER PROFESSIONAL LAND SURVEYOR(S) AND IS ACCURATELY SHOWN.

BUILDING OF LOTS 9 FLOOR AREAS:

BASEMENT FLOOR AREA: 1695
 FIRST FLOOR AREA: 1750
 SECOND FLOOR AREA: 2312
 NUMBER OF BEDROOMS: 5

BUILDING PERMIT NO. _____



Revision approved 2-24-11
 RK

REVISED

Date: 2/2/11

Comments: B/1000-13/

ONE GRINDER PUMP INVERT 411.50
 PREAKNESS CIRCLE LA. 411.50