

B1100140

3116609

Building Address 12213 RIVINGTON PLACE W
 WILKESVILLE 21029
 Suite/Apt. #: _____ SDP/WP/Petition #: GP-11-35
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot 19
 Tax Map 28 Parcel 74 Grid _____
 Zoning _____ Map Coordinates 4933
 4933 44 Lot Size 34,134

Existing Use VACANT LOT
 Proposed Use SFD
 Estimated Construction Cost \$ 322,195
 Description of Work ADULT 2 STORY FULL
 FRONT W.C., 2 FB, 11B 1/2 COORNL
 (5000)

Occupant or Tenant N/A
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Property Owner's Name TRINITY GUARDIAN HOME 3
 Address 3675 PARK AVE
 City WILKESVILLE State MD Zip Code 21043
 Home Phone _____ Work Phone 410-313-5122
 Applicant's Name & Mailing Address, (if other than stated herein):

 Phone _____ Fax 410-313-5221

Contractor Company TRINITY GUARDIAN HOME SIA
 Contact Person DAVE HODGE
 Address 3675 PARK AVE #301
 City WILKESVILLE State MD Zip Code 21043
 License No. 699
 Phone 410-313-5122 Fax 410-313-5221

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: _____ <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: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 # of Heads _____

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 type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms <u>2</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	

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 DAVE HODGE
 Email Address TRINITYGUARDIANHOME.COM
 Title/Company VP OPERATIONS - TRINITY

Print Name DAVE 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	<u>2-1-11</u>	<u>Adrienne Satt</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	Filing fee	PROPERTY ID #
Front: _____	\$ <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 SDP/Red-line approval date _____	Check # _____	
	Validation # _____	
	Accepted by _____	

RUNNING FENCE LANE

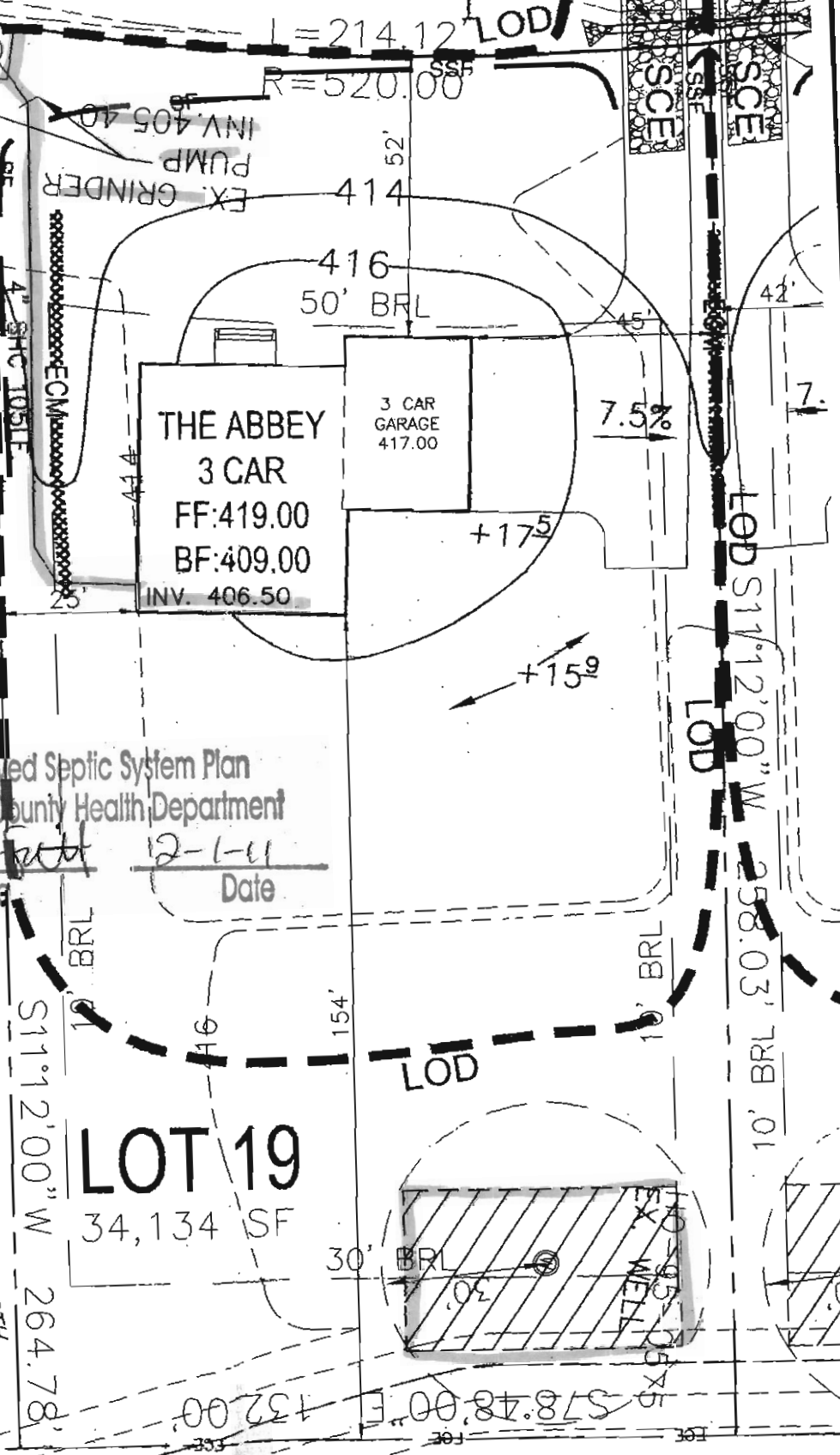
STORMWATER MANAGEMENT FOR THIS SITE IS PROVIDED BY THE EXISTING STORMWATER POND FACILITY LOCATED ON BUILDABLE PRESERVATION PARCEL A, AND APPROVED UNDER F-06-31.

THE EXISTING WELL SHOWN ON LOTS 19 TAG NO. S 10-95-0575 HAS BEEN FIELD LOCATED BY GUTSCHICK, LITTLE & WEBER PROFESSIONAL LAND SURVEYOR(S) AND IS ACCURATELY SHOWN.

BUILDING OF LOTS 19 FLOOR AREAS:

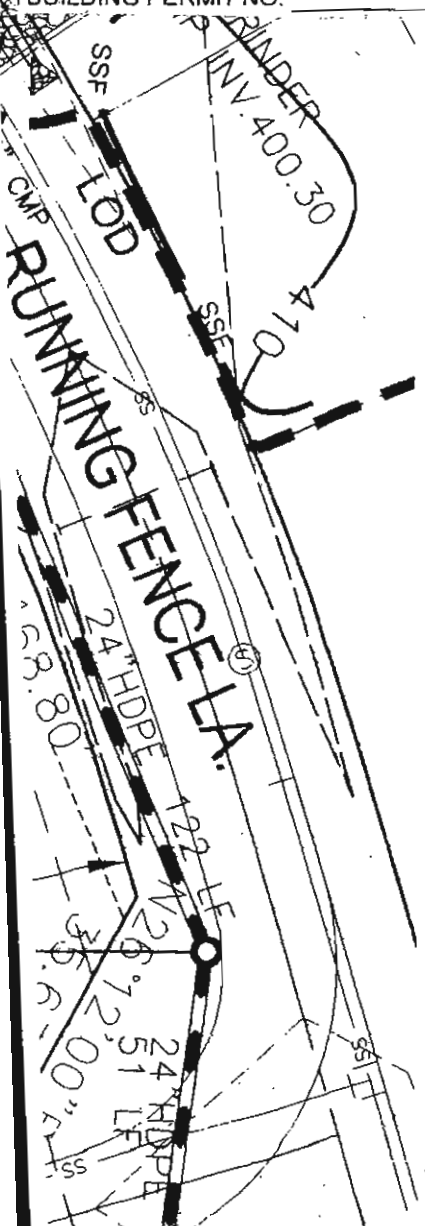
BASEMENT FLOOR AREA: 1695
 FIRST FLOOR AREA: 1750
 SECOND FLOOR AREA: 2312
 NUMBER OF BEDROOMS: 5

BUILDING PERMIT NO.



Approved Septic System Plan
 Howard County Health Department
[Signature] 12-1-11
 Signature Date

LOT 19
 34,134 SF



OWNER / DEVELOPER

GRADING AND

TRINITY QUALITY HOMES, INC.
 3675 PARK AVENUE, SUITE 301



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,

11/1/11

RE: Building permit #B11000140

Lot# 19 Walnut Grove
12213 Running Fence La.
Clarksville 21029

Please revise this house type to a Marie Therese, 2 story, full basement, 10 rooms, 4 full baths, 1 half bath, fireplace and garage (4 bedrooms). Enclosed is a site development plan, 2 sets of construction drawings and a \$50 check. Please let me know when this has your approval.

Thank you.

Sally L. Hodge

*CC: zoning
DED
Health*

RECEIVED

NOV 1 2011

LICENSES & PERMITS
DIVISION

LICENSES & PERMITS

~~2011 OCT 31 PM 4 15~~

DILE

Call # 022486