

B12002163

G10000123

Building Address: 4007 CANDLE LIGHT DR
DAYTON 21036

Suite/Apt. # _____ SDP/WP/BA #: GP-10-52
 Census Tract: 605101 Subdivision: CASTLEBERRY AT FLY OAKS
 Section: _____ Area: _____ Lot: 44

Tax Map: 22 Parcel: 90 Grid: _____
 Zoning: RR-DCA Map Coordinates: 4813 Lot Size: 50,257

Existing Use: VACANT LOT
 Proposed Use: SFD

Estimated Construction Cost: \$ 263,754

Description of Work: 2 STORY, FULL BSMT,
9 R, 2 FB, 1 HB, FP & GARAGE
(4 BR) YORKSHIRE MAJOR PLANS ON

Occupant or Tenant: NIA FILE

Was tenant space previously occupied? Yes No

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

Property Owner's Name: TRINITY QUALITY HOMES
 Address: 3675 PARK AVE #301 INC

City: ELlicott City State: MD Zip Code: 21043
 Home Phone: _____ Work Phone: 410-313-8722

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

Phone: _____ Fax: 410-313-8731

Email: SALLY@TRINITYHOMES.COM

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: 410-313-8722 Fax: 410-313-8731

Email: SALLY@TRINITYHOMES.COM

Engineer/Architect Company: NIA

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
<u>Construction type:</u>	<u>Heating System</u>
<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	<u>Sprinkler System:</u>
<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 checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input checked="" type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input checked="" type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input checked="" type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input checked="" 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 checked="" 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.

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

SALLY HODGE
 Print Name
6/21/12
 Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

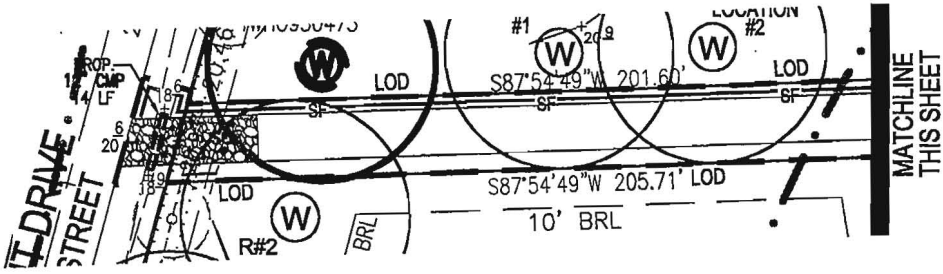
AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>5/28/13</u>	<u>Kevin Galt</u>
<input type="checkbox"/> Fire Protection		

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

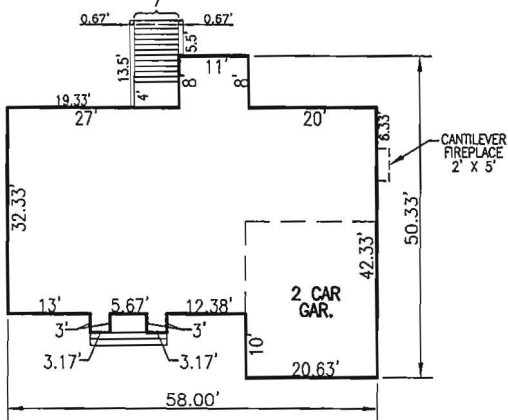
DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot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

Filing Fee	\$ 100.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50.00
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

CK#025122

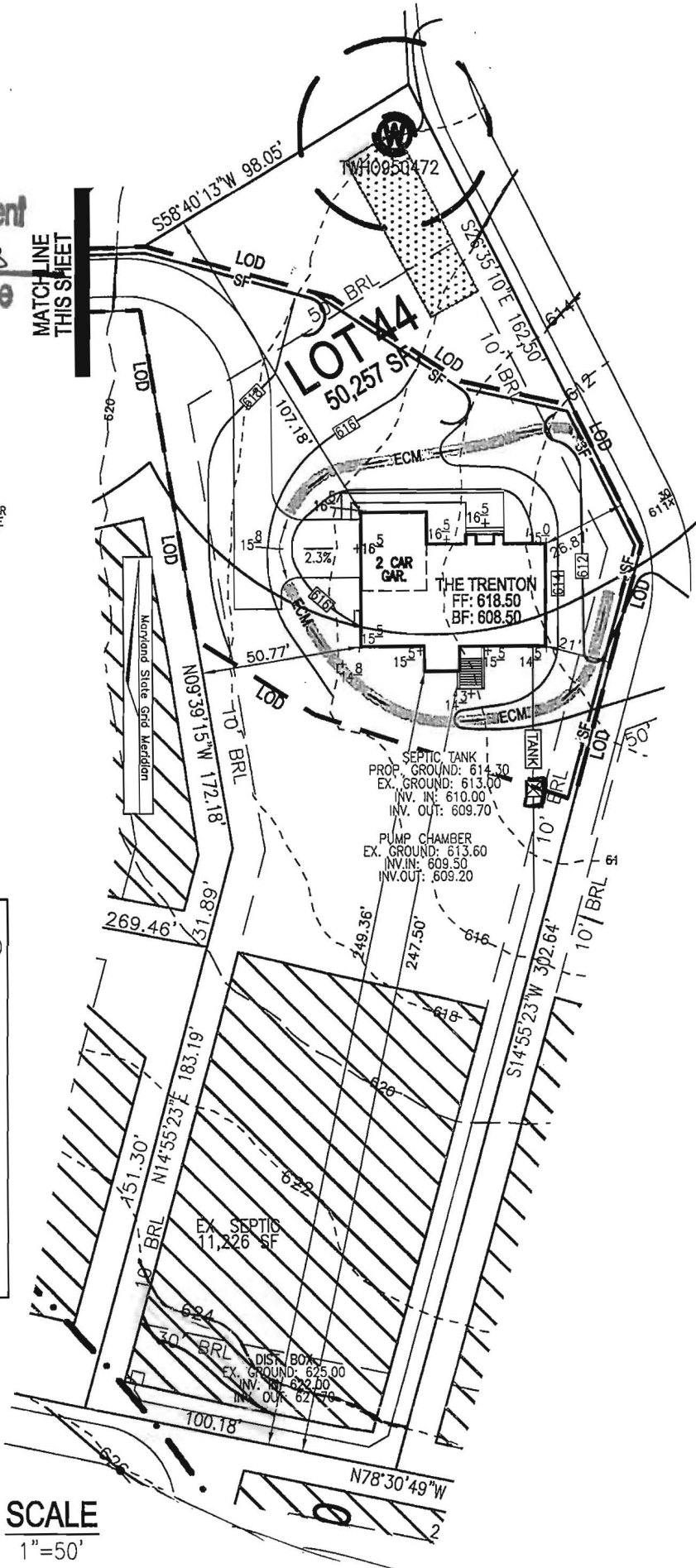


B12002163
 Approved Septic System Plan
 Howard County Health Department
Wesley Smith 5/20/13
 Signature 482 SFD Date
 Revision of



THE TRENTON
 W/ BRICK VENEER
 SCALE: 1"=30'

THE EXISTING WELL SHOWN ON LOT 44 TAG NO. 95-0472 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC., AND IS ACCURATELY SHOWN.
 BUILDING OF LOT 44 FLOOR AREAS:
 BASEMENT FLOOR AREA: 1530
 FIRST FLOOR AREA: 1570
 SECOND FLOOR AREA: 1930
 BEDROOMS: 4
 NOTE: STORMWATER MANAGEMENT FOR THIS LOT IS PROVIDED BY 2 MICRO-POOL EXTENDED DETENTION PONDS AND ONE BIO-RETENTION FACILITY APPROVED UNDER F-06-130
 BUILDING PERMIT NO. _____



SCALE
 1"=50'

SCALE: AS SHOWN
 DRAWN BY: JMR
 CHECKED BY: RHV
 DATE: MAY 2013
 PROJECT #: 2017085
 SHEET#: 1 OF 1

PLOT PLAN
CASTLEBERRY AT
TEN OAKS
LOT 44
REF: F-06-130
 TAX MAP 22 PARCEL 90
 BLOCK 19
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

ADDRESS
 4007 CANDLE LIGHT DR.
 DAYTON, MD 21036
 GP: 10-52

OWNER
 CASTLEBERRY AT TEN OAKS, LLC.
 3675 PARK AVENUE, SUITE 301
 ELLICOTT CITY, MARYLAND 21043
 (410) 740-9401

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

May 22, 2013

RE: Building Permit # B12002163
Lot #44 Castleberry at Ten Oaks
4007 Candle Light Drive
Dayton, MD 21036

RECEIVED

MAY 22 2013

**LICENSES & PERMITS
DIVISION**

Attn: Debbie Whalen – Plan Review

Please approve the following changes to above permit. House type change to a Trenton. 9 rooms, 4 bedrooms, 3 full baths, 1 ½ bath, FP, Partial finished basement w/ full bath.

2 sets of construction drawings are included.

Please call when approved.

Thank you,

Sherry Mewshaw

Sherry Mewshaw
Trinity Quality Homes
410-531-5813

CC: DPZ
DED
Heather