

B12002160

610000123

Building Address: 4071 CANDLE LIGHT DR
DAYTON 21036

Suite/Apt. # _____ SDP/WP/BA #: GP-10-52

Census Tract: 605101 Subdivision: CASTLEBERRY AT TWO OAKS

Section: _____ Area: _____ Lot: 23

Tax Map: 22 Parcel: 90 Grid: _____

Zoning: RR-DEA Map Coordinates: 4813 Lot Size: 54,307

Existing Use: VACANT LOT

Proposed Use: SPD

Estimated Construction Cost: \$263,754

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

Occupant or Tenant: NIA

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: ELLCOTT CITY MD 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: ELLCOTT CITY MD 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
Area of construction (sq. ft.):	<u>Sewage Disposal</u>
Use group:	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
	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>6/13/12</u>	<u>[Signature]</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



January 24, 2013

dedicated to excellence and service

RE: Building Permit #B12002160
Lot #23 Castleberry at Ten Oaks
4071 Candle Light Dr.
Dayton, MD 21036

Attn: Plan Review

Please approve the following changes to above permit. House type change to a Briarcliff Manor, 2 story, full basement, 10 rooms (4 bed, 3.5 baths), Fire place, 3 car garage.

2 sets of construction drawings are included.

Please call when approved.

Thank you,

Sherry Mewshaw
Trinity Quality Homes
410-531-5813

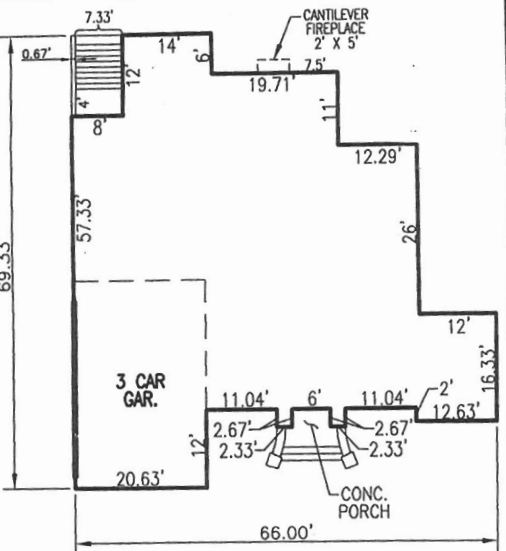
Heather

Check # 027452
invoice # 306111

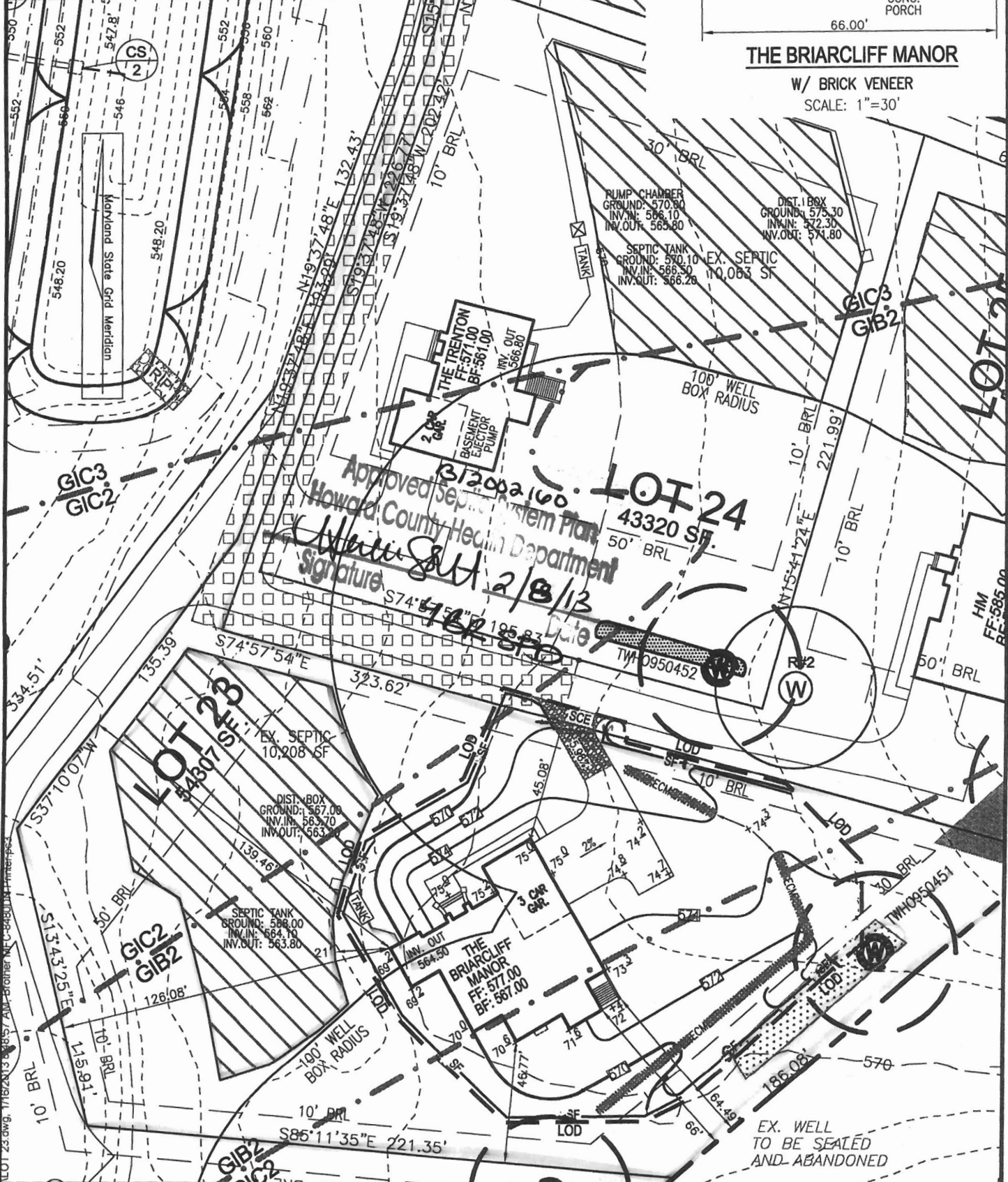
THE EXISTING WELL SHOWN ON LOT 23 TAG NO. 95-0451 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC., AND IS ACCURATELY SHOWN.

BUILDING OF LOT 23 FLOOR AREAS:
 BASEMENT FLOOR AREA: 2390
 FIRST FLOOR AREA: 2450
 SECOND FLOOR AREA: 2230
 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. _____



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



Approved Sept. System Plan
 Howard County Health Department
 Signature: *[Signature]* 2/8/13
 TWP 0950452

SCALE: AS SHOWN
 DRAWN BY: JMR
 CHECKED BY: RHV
 DATE: JANUARY 2013
 PROJECT #: 2017085
 SCALE: 1"=50'
 SHEET#: 1 OF 1

PLOT PLAN
CASTLEBERRY AT
TEN OAKS
LOT 23
REF: F-06-130
 TAX MAP 22 PARCEL 90
 BLOCK 19
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

ADDRESS	OWNER
4071 CANDLE LIGHT DR. DAYTON, MD 21036 GP: 10-52	CASTLEBERRY AT TEN OAKS, LLC. 3675 PARK AVENUE, SUITE 301 ELLCOTT 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