

B10003909  
 G10000140

Building Address: 4019 Candle Light Dr  
Dayton, MD 21036

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: GP-10-81

Census Tract: \_\_\_\_\_ Subdivision: CRANEBERRYWOOD AT THE OAKS

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 40

Tax Map: 22 Parcel: 9D Grid: 19

Zoning: \_\_\_\_\_ Map Coordinates: 783 73 Lot Size: 46,624 sq ft

Property Owner's Name: TRINITY QUALITY HOMES, INC

Address: 3075 PARK AVE #301

City: ELICOTT CITY State: MD Zip Code: 21043

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Phone: 410-750-9002 Fax: 410-750-9003

Email: \_\_\_\_\_

Existing Use: VACANT LOT

Proposed Use: SFD

Estimated Construction Cost: \$ 214,000

Description of Work: YORKSHIRE MANOR  
2 STORY FULL BSMT GR 2 FB,  
1 HB, 'FP + GARAGE' (4BR)

Occupant or Tenant: N/A

Was tenant space previously occupied?  Yes  No

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor Company: TRINITY QUALITY HOMES, INC

Contact Person: SHERA MUSHAW

Address: 3075 PARK AVE #301

City: ELICOTT CITY State: MD Zip Code: 21043

License No.: 1699

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_

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 type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression
	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 <sup>st</sup> floor:	<input checked="" type="checkbox"/> Private
2 <sup>nd</sup> 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 type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>4</u>	<input 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:	
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: SHERA MUSHAW

Email Address: SHERA@TRINITYHOMES.COM

Title/Company: OPERATIONS, TRINITY QUALITY HOMES

Print Name: SHERA MUSHAW

Date: 12-13-10

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA ( Zoning )		
PSZA ( Engineering )		
Health		
Fire Protection		

DPZ SETBACK INFORMATION

Front: \_\_\_\_\_

Rear: \_\_\_\_\_

Side: \_\_\_\_\_

Side St.: \_\_\_\_\_

All minimum setbacks met?  Yes  No

Is Entrance Permit Required?  Yes  No

Historic District?  Yes  No

Lot Coverage for New Town Zone: \_\_\_\_\_

SDP/Red-line approval date: \_\_\_\_\_

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

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

CR# 20958

Permits: 410-313-2455  
 Inspections: 410-313-1810  
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application  
 Department of Inspections, Licenses & Permits  
 3430 Court House Drive  
 Ellicott City, MD 21043

Permit Number:

B12002168

G10000140

Building Address: 4019 CANDLE LIGHT DR  
DAYTON 21036

Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: GP-10-81

Census Tract: 605101 Subdivision: CASTLEBERRY  
AT THE OAKS

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 40

Tax Map: 22 Parcel: 60 Grid: \_\_\_\_\_

Zoning: RR-DEA Map Coordinates: 4813  
34 Lot Size: 46,624

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: N/A 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: ELICOTT CITY 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: ELICOTT CITY MD Zip Code: 21043

License No.: 699

Phone: 410-313-8722 410-313-8731

Email: SALLY@TRINITYHOMES.COM

Engineer/Architect Company: N/A

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>
Depth Width	<input type="checkbox"/> Public
1 <sup>st</sup> floor:	<input checked="" type="checkbox"/> Private
2 <sup>nd</sup> 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 HODGE  
 Print Name

SALLY@TRINITYHOMES.COM  
 Email Address

VP, OPERATIONS - TRINITY  
 Title/Company

Date: 6/21/12

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>5/21/12 RB</u>	<u>Buckler</u>
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?  Yes  No

Is Entrance Permit Required?  Yes  No

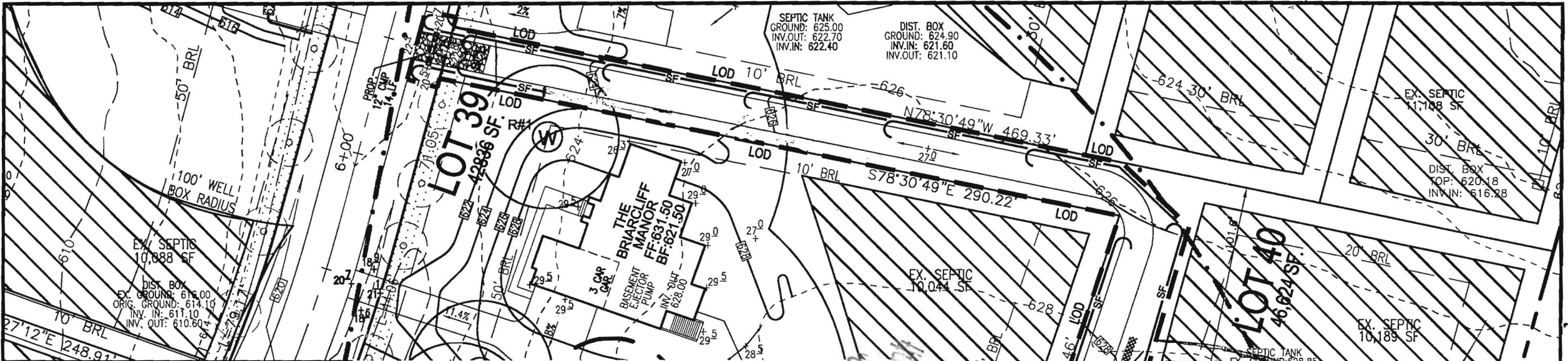
Historic District?  Yes  No

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

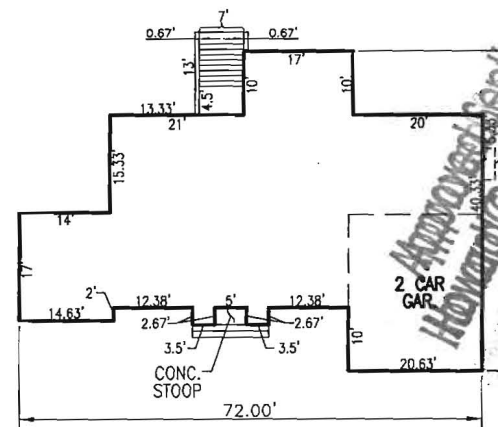


THE EXISTING WELL SHOWN ON LOT 40 TAG NO. 95-0468 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC., AND IS ACCURATELY SHOWN.

BUILDING OF LOT 40 FLOOR AREAS:  
 BASEMENT FLOOR AREA: 1840  
 FIRST FLOOR AREA: 1890  
 SECOND FLOOR AREA: 1810  
 BEDROOMS: 4

NOTE: STORMWATER MANAGEMENT FOR THIS LOT IS PROVIDED BY BIO-RETENTION FACILITY LOCATED ON NON-BUILDABLE PARCEL 'E'. REFERENCE DRAINAGE AREA MAP AND SWM REPORT. F-06-130.

BUILDING PERMIT NO. \_\_\_\_\_



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

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

**PLOT PLAN**  
**CASTLEBERRY AT**  
**TEN OAKS**  
**LOT 40**  
**REF: F-06-130**  
 TAX MAP 22 PARCEL 90  
 BLOCK 19  
 5TH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

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

**SCALE**  
 1"=50'

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

**ADDRESS**  
 4019 CANDLELIGHT DR.  
 DAYTON, MD 21036  
 GP: 10-81

*Approved Septic System Plan  
 Howard County Health Department  
 612-2168  
 Signature: [Handwritten Signature]*

**COMPLETE THIS FORM WHEN DROPPING OFF ANY  
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY  
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 5/22/13  
 To: Debbie Whalen  
 (Person's Name and Division)  
 From: Sherry Newshaw, Trinity Homes (410) 531-5813  
 (Your Name, Company Name and Telephone Number)  
 Subject: Project name Cashberry at Ten Oaks Lot 40  
 Project site address 4019 candle light dr, Dayton, MO 21036  
 Permit Number B2002168 SDP# GP 10-81  
 Other information pertinent to this project \_\_\_\_\_

✓ Please check the attachments below that you are submitting with this transmittal:

- Letter of response to Howard County plan review code letter
- Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- Structural steel certification
- Energy conservation calculations
- Certification for \_\_\_\_\_ (be specific).
- Copies of GP SDP + site specifics (be specific).
- Two sets of single family dwelling model plans to be placed on permanent file DIVISION name and/or # \_\_\_\_\_
- Other HOUSE TYPE CHANGE

**RECEIVED**

MAY 22 2013

LICENSES & PERMITS

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

\_\_\_\_\_  
 (Person's name) (Telephone number)

**PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.**

Received by Ch

t:\Updated forms\transmit.frm - Rev. 5/08

check # ~~7~~ 27875  
 invoice # 319028

white: Plan Review Division  
 yellow: Applicant  
 pink: Permit Division