

BIZ002166

610000140

Building Address: 4067 CANDLE LIGHT DR  
DAYTON 21036

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: GP-10-81  
 Census Tract: 605101 Subdivision: CASTLEBERRY AT THE OAKS  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 25

Tax Map: 22 Parcel: 60 Grid: \_\_\_\_\_  
 Zoning: RR-DEA Map Coordinates: 4813 Lot Size: 51902

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 MANOR 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: 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: 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>   |
| <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 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 L. Hodge  
 Applicant's Signature

SALLY HODGE  
 Print Name

SALLY@TRINITYHOMES.COM  
 Email Address

6/21/12  
 Date

VP. OPERATIONS - TRINITY  
 Title/Company

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>3/20/13</u> | <u>Neel Scott</u>     |
| <input type="checkbox"/> Fire Protection                 |                |                       |

| 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:   |

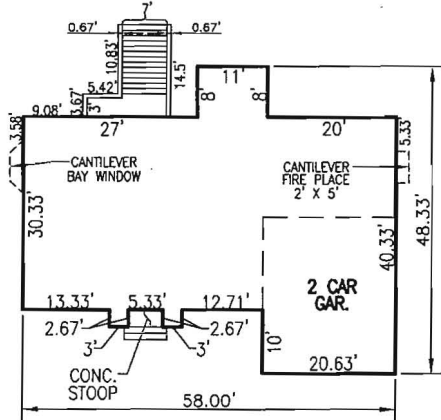
|                 |           |
|-----------------|-----------|
| Filing Fee      | \$ 100.00 |
| Permit Fee      | \$        |
| Tech Fee        | \$        |
| Excise Tax      | \$        |
| PSFS            | \$        |
| Guaranty Fund   | \$ 50.00  |
| Add'l per Fee   | \$        |
| Total Fees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

OK # 025122

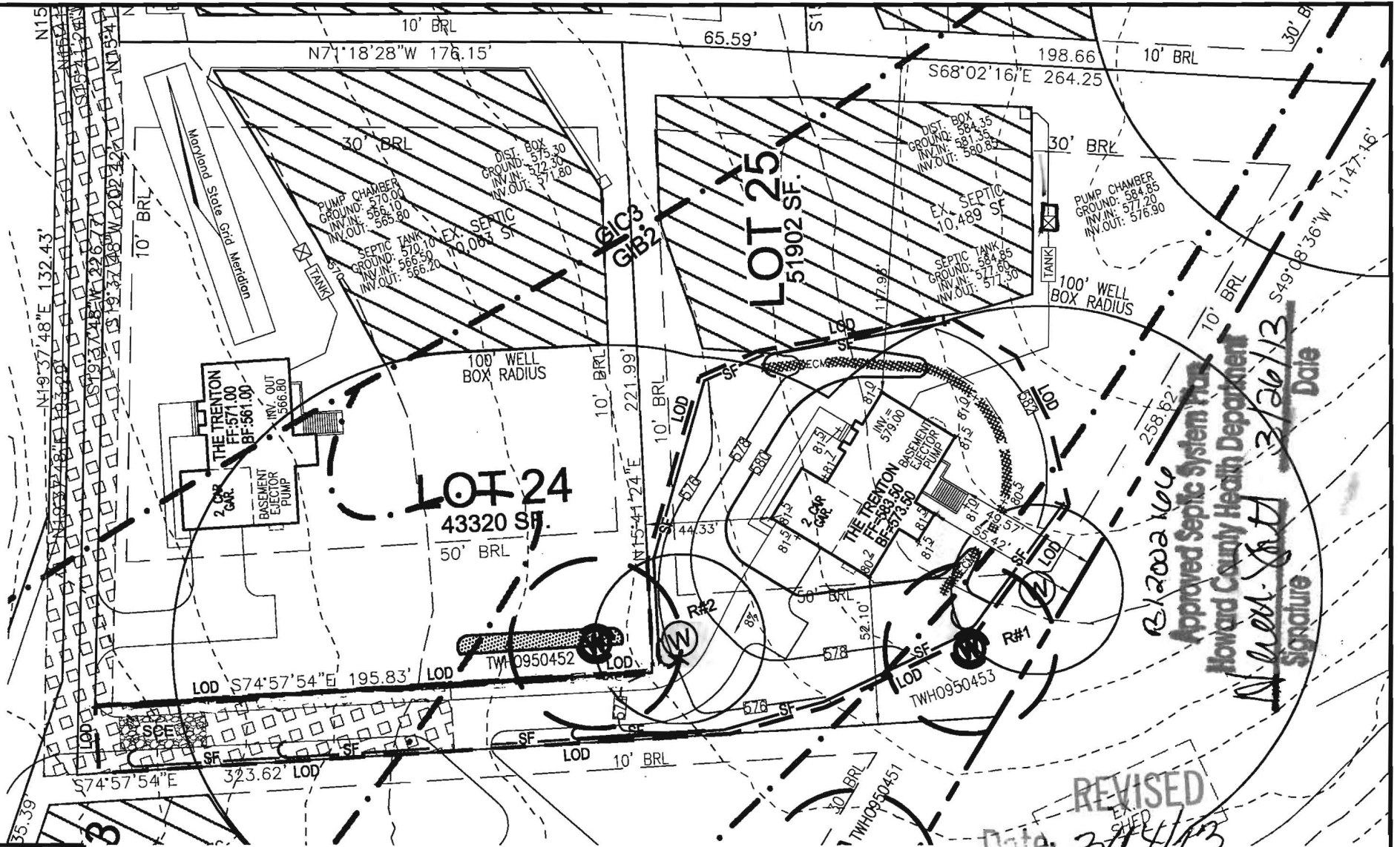
THE EXISTING WELL SHOWN ON LOT 25 TAG NO. 95-0453 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC., AND IS ACCURATELY SHOWN.

BUILDING OF LOT 25 FLOOR AREAS:  
 BASEMENT FLOOR AREA: 1490  
 FIRST FLOOR AREA: 1530  
 SECOND FLOOR AREA: 1840  
 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 TRENTON**  
 W/ CULTURED STONE AND BRICK VENEER  
 SCALE: 1"=30'



*B/2002/06/13*  
 Approved Septic System Plan  
 Howard County Health Department  
 Signature: *N. Allen*  
 Date: *3/26/13*

REVISED  
 Date: *3/14/13*  
 Comments: *B/2002/06/13*

K:\Projects\201708\ENGR\dwg\LOT PLAN\LOT 25.dwg, 2/14/2013 10:51:17 AM, Brother MFC-8480DN Printer, 0/3

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

**PLOT PLAN  
 CASTLEBERRY AT  
 TEN OAKS  
 LOT 25**  
**REF: F-06-130**  
 TAX MAP 22 PARCEL 90  
 BLOCK 19  
 5TH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

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

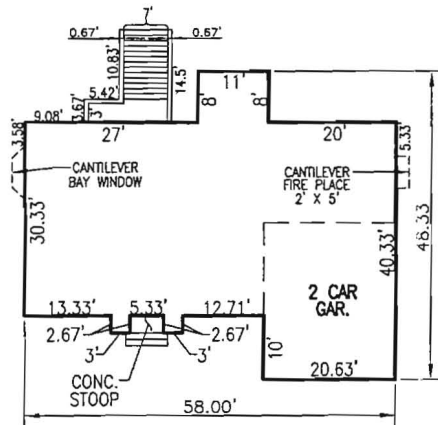
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 DAYTON, MD 21036  
 GP: 10-81

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

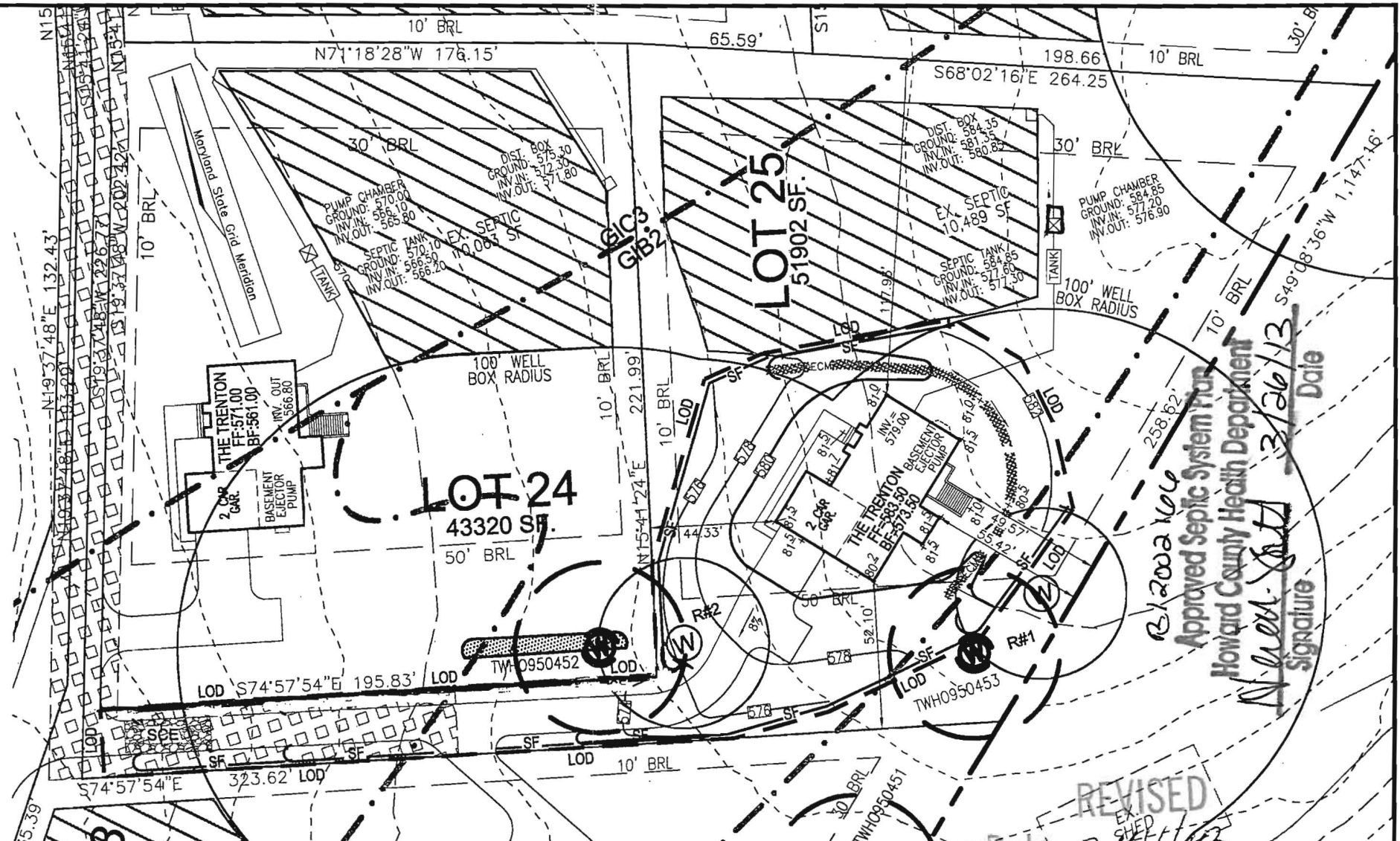
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 SCALE: 1"=30'



Approved Septic System Plan  
 Howard County Health Department  
 Date: 3/26/13  
 Signature: [Handwritten Signature]

REVISED  
 Date: 3/14/13  
 Comments: B/2002/66

K:\Projects\2017085\ENGR\dwg\LOT PLAN LOT 25.dwg - 2/14/2013 10:51:17 AM Brother MFC-8480DN Printer.cps

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**TEN OAKS**  
**LOT 25**  
**REF: F-06-130**  
 TAX MAP 22 PARCEL 90  
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 (410) 740-9401



*dedicated to excellence and service*

March 13, 2013

RE: Building Permit #B12002166  
Lot #25 Castleberry at Ten Oaks  
4067 Candle Light Dr.  
Dayton, MD 21036

Attn: Plan Review

Please approve the following changes to above permit. House type change to a Trenton, 2 story, full finished basement with full bath, 9 rooms (4 bed, 3.5 baths), fire place, 2 car garage, fire place.

2 sets of construction drawings are included.

Please call when approved.

Thank you,

Sherry Mewshaw  
Trinity Quality Homes  
410-531-5813

RECEIVED  
MARCH 13 2013  
LICENSES & PERMITS  
DIVISION