

**\*PROBLEM ADDRESS\*** G-10000140

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:

**B12001925**

Building Address: 4003 Candle Light Dr.  
Dayton, MD 21036  
 Suite/Apt. #: \_\_\_\_\_  
 G-P SBP/WP/BA #: G-P-10-81  
 Census Tract: \_\_\_\_\_ Subdivision: Candleberry at Ten Oaks  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 45  
 Tax Map: 22 Parcel: 60 Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 5,778 sq ft

Existing Use: Vacant Lot  
 Proposed Use: S.F.O.  
 Estimated Construction Cost: \$ 263,753.53  
 Description of Work: 2 Story Full Finished basement w/ Bath, 10 room (5 BR) 4 BA, 1 HBA, FP, 3 car garage  
 Occupant or Tenant: \_\_\_\_\_ n/a  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: Trinity Quality Homes, Inc.  
 Address: 3675 Park Ave. #301  
 City: Ellicott City State: MD Zip Code: 21043  
 Home Phone: \_\_\_\_\_ Work Phone: 410-531-5813  
 Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: Trinity Quality Homes, Inc.  
 Contact Person: Sherry Mewshaw  
 Address: 3675 Park Ave. #301  
 City: Ellicott City State: MD Zip Code: 21043  
 License No.: 699  
 Phone: 410-531-5813 Fax: 410-531-8534  
 Email: Sherry@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
<u>Roadside Tree Project Permit #</u>	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 checked="" type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input 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	<u>Roadside Tree Project Permit #</u>
<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.

Sherry Mewshaw  
 Applicant's Signature  
 Sherry@trinityhomes.com  
 Email Address  
 Operations, Trinity Quality Homes, Inc.  
 Title/Company

Sherry Mewshaw  
 Print Name  
 \_\_\_\_\_  
 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>6/18/12</u>	<u>R. B. [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# 025997

THE EXISTING WELL SHOWN ON LOT 45 TAG NO. 95-0473 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC., AND IS ACCURATELY SHOWN.

BUILDING OF LOT 45 FLOOR AREAS:  
 BASEMENT FLOOR AREA: 1936  
 FIRST FLOOR AREA: 1970  
 SECOND FLOOR AREA: 2310  
 BEDROOMS: 5

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. \_\_\_\_\_

**ADDRESS**  
 4003 CANDELIGHT DR.  
 DAYTON, MD 21036  
 GP: 10-81

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

SCALE: AS SHOWN  
 DRAWN BY: JMR  
 CHECKED BY: RHY  
 DATE: MAY 2012  
 PROJECT #: 2017085  
 SHEET#: 1 OF 1

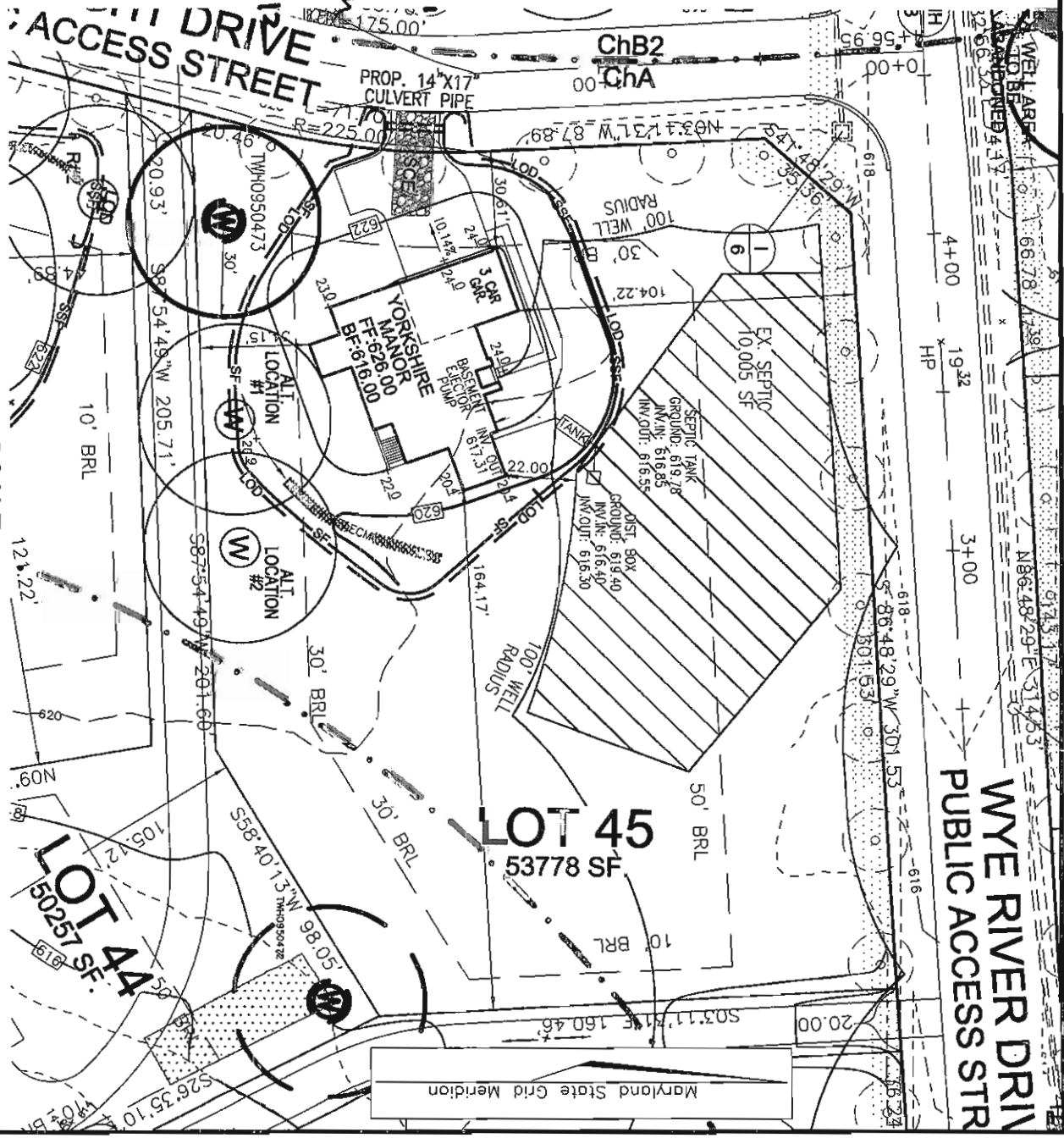
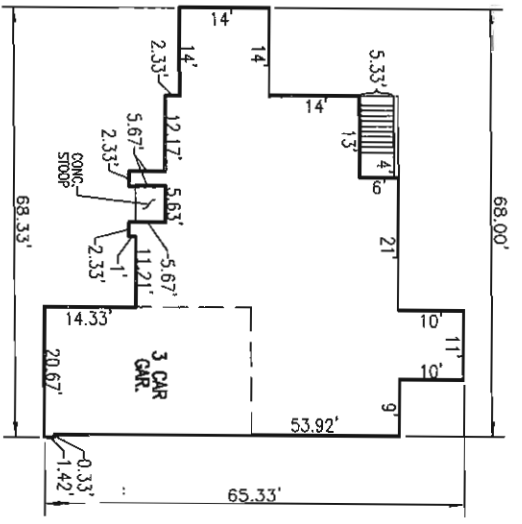
**PLOT PLAN**  
**CASTLEBERRY AT**  
**TEN OAKS**  
**LOT 45**

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  
 ELLICOTT CITY, MD 21043  
 TEL: 410.461.7666  
 FAX: 410.461.8961

**THE YORKSHIRE MANOR**  
 W/ CULT. STONE & BRICK SYSTEM PLAN  
 Approved by the System Plan  
 SCALE: 1"=30'  
 Howard County Health Department  
 5-Bedroom SFD  
 approved as shown  
 R 12001925  
 R. B. Brien  
 Signature  
 6/18/2012  
 Date



**WYE RIVER DRIN**  
**PUBLIC ACCESS STR**