

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:

B12002174

Building Address: 4035 CANPLE LIGHT PR
DAYTON 21036

Suite/Apt. # _____ SDP/WP/BA #: GP-10-68
 Census Tract: 605101 Subdivision: CASTLEBERRY
AT FLD OAKS
 Section: _____ Area: _____ Lot: 32
 Tax Map: 22 Parcel: 60 Grid: _____
 Zoning: RR-DEA Map Coordinates: 4813 Lot Size: 48,749

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: 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: ELICOTT 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: ELICOTT 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-

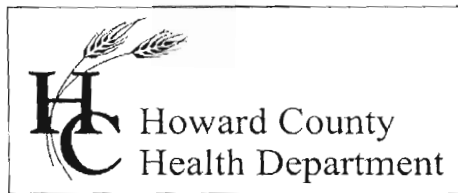
AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>4/16/13</u>	<u>[Signature]</u>
<input checked="" 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



Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

July 9, 2012

TO: Sally Hodge, Trinity Homes, Inc.
Sally@TrinityHomes.com

FROM: Robert C. Bricker, REHS/R.S.
Bureau of Environmental Health
Well and Septic Program

RE: 4035 Candle Light Drive; Castleberry at Ten Oaks, Lot 32; B12002174

The referenced building permit cannot be approved at this time. The Health Department has placed the proposal 'On Hold' as the Plot Plan must be revised.

1. The septic tank must be at least 20 feet from the structure's foundation. (Check to be sure it is 100 feet from any well or wellbox.)
2. The pipe invert elevation at the location where the SHC exits the foundation must be presented.
3. The Plot Plan received by the Health Department is not to scale. Apparently the image has been modified by an automated reproduction device. Re-submit a plan to scale to DILP, and indicate clearly on that plan that it is for the 'Health Dept.'.

Copy: file



7178 Columbia Gateway Drive, Columbia MD 21046
Phone (410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
Website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

January 3, 2011

RE: Building Site Plans for Castleberry at Ten Oaks

Building Permits -B10003886, B10003888, B10003874, B10003862, B10003858, B10003875, B10003889, B10003864, B10003965, B10003942, B10003951, B10003946, B10003975

TO: Trinity Quality Homes Inc.
C/o Sherry Mewshaw
3675 Park Avenue #301
Ellicott City, Maryland 21043

Prior to building permit approval, an approved Building Plan is required. Further review is contingent upon submission of a Building Plans for Lots # 1, 6, 11, 16, 17, 21, 22, 26, 27, 31, 32, 37 and 43 showing the following:

- ✦ Because of the revision required, please submit separate building plans for each lot submitted.
- ✦ Well box is not defined on building plans. Each lot must show a defined well box. The well box must be 1500 sq. ft. or show existing wells and two (2) replacement well sites. If existing well is shown with two replacements wells, the wells on the property must be 50 feet apart. Well tag numbers for existing wells must be included.
- ✦ Well location and setbacks required are 30 feet from new foundation and 100 feet from septic tank, system and easement, and 10 feet from driveways. **(Just a reminder.)**
- ✦ Elevations for the septic system inverts. (i.e. Invert at the house, grade elevations at the house, inverts in and out of septic tank and invert into distribution box must be shown on each individual plan.
- ✦ Square footage of house must be noted on each plan.
- ✦ Plan should be drawn to a reasonable scale between 1:30 and 1:100 and noted on plan.

In addition, the General Notes on the building site plan must include the following statement:

- ✦ **"The existing well(s) shown on this plan (identified with the attached well tag number ex: (HO-95-0528) has been located by _____ (individual or company name).**

Your building permits will be placed "on hold" until all Health Dept. requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana Bernard, REHS/RS
Bureau of Environmental Health
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file

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Howard County Building/Fire Permit Application
 Department of Inspections, Licenses & Permits
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Permit Number: B1000346

Building Address: 4035 Candle Light Dr
Dayton, MD 21036

Suite/Apt. # _____ SDP/WP/BA #: GP-10-68

Census Tract: _____ Subdivision: CASPERBERY ST

Section: _____ Area: _____ Lot: 32

Tax Map: 22 Parcel: 90 Grid: 19

Zoning: _____ Map Coordinates: 413 9B Lot Size: 40,749

Existing Use: VACANT LOT

Proposed Use: SFD

Estimated Construction Cost: \$ 269,000

Description of Work: 2 STORY FULL BSMT 2FB, 1HB, FP+GARAGE (4BR) N/A

Occupant or Tenant: _____

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: 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: _____

Contractor Company: TRINITY QUALITY HOMES INC

Contact Person: SHERLY MENSHAW

Address: 3675 PARK AVE #301

City: ELICOTT CITY State: MD Zip Code: 21043

License No.: 699

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
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	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
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Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction type:	Heating System
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	No. of Heads:

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Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input 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	Heating System
No. of Bedrooms: <u>4</u>	<input type="checkbox"/> Electric
Multi-family Dwelling	<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	

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Applicant's Signature: SHERLY MENSHAW Print Name: SHERLY MENSHAW

Email Address: SHERLY@TRINITYHOMES.COM Date: 12/13/10

Title/Company: OPERATIONS, TRINITY QUALITY HOMES

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		

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

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Front: _____

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Side St.: _____

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Historic District? Yes No

Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

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