

Building Address: 4055 Candle Light Dr  
Dayton, MD 21036

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: GP-10-41

Census Tract: \_\_\_\_\_ Subdivision: CASPER GARDEN AT FERN OAKS

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 26

Tax Map: 22 Parcel: 90 Grid: 19

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 46415 #

Existing Use: VACANT LOT

Proposed Use: SFD

Estimated Construction Cost: \$ 264,000

Description of Work: YORK STREET MANOR  
2 STORY, FULL BSMT GR, 2FB, 1HB  
FD + GARAGE (4BR)

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: ELICOTT CITY State: MD Zip Code: 21043

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

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

Phone: 410-750-9102 Fax: 410-750-9003

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

Contractor Company: TRINITY QUALITY HOMES

Contact Person: SHERRY MEUSHAU

Address: 3675 PARK AVE #301

City: ELICOTT CITY State: MD Zip Code: 21043

License No.: 697

Phone: 410-750-9003 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 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.

Sherry Meusheu  
 Applicant's Signature SHERRY MEUSHAU Print Name

SHERRY@TRINITYHOMES.COM  
 Email Address 12/13/10 Date

OPERATIONS, TRINITY QUALITY HOMES  
 Title/Company

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  
 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	\$ <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	\$

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:

**B12002348**

**610000111**

Building Address: 4055 CANDLE LIGHT DR  
DAYTON 21036

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: GP-10-41

Census Tract: 605101 Subdivision: CASTLEBERRY AT RED OAKS

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 26

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

Zoning: RR-DEA Map Coordinates: 4813 Lot Size: 1.06AC

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 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
Area of construction (sq. ft.):	<u>Sewage Disposal</u>
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@TRINITYHOMES.COM  
 Email Address

VP, OPERATIONS - TRINITY  
 Title/Company

SALLY HODGE  
 Print Name

6/22/12  
 Date

**RECEIVED**

JUN 22 2012

LICENSES & PERMITS  
 DIVISION

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		<u>[Signature]</u>
PSZA ( Zoning )		
PSZA ( Engineering )		
Health	<u>1-22-13</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required for issuance?  Yes  No

CONTINGENCY CONSTRUCTION START

ONE STOP SHOP

**PLANS RECEIVED - Trinity cab**

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</u>
Permit Fee	\$ <u>839.26</u>
Tech Fee	\$ <u>83.93</u>
Excise Tax	\$ <u>5034.86</u>
PSFS	\$ <u>56.41</u>
Guaranty Fund	\$ <u>50</u>
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

**check 025123**



*dedicated to excellence and service*

December 12, 2012

RE: Building Permit #B12002348  
Lot #26 Castleberry at Ten Oaks  
4055 Candle Light Dr.  
Dayton, MD 21036

Attn: Plan Review

Please approve the following changes to above permit. The house type has been changed to a Trenton. 2 story, 3 car garage, fire place, partial finished basement with full bath, 9 rooms (4 bed rooms, 3.5 baths).

2 sets of construction drawings are included.

Please call when approved.

Thank you,

Sherry Mewshaw  
Trinity Quality Homes  
410-531-5813

cc: Hea/ll



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](http://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*  
Dana Bernard, REHS/RS

Bureau of Environmental Health

Phone (410) 313-2775

E-mail: [DBernard@howardcountymd.gov](mailto:DBernard@howardcountymd.gov)

cc: Well & Septic program file