

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:

B/2002351

610000111

Building Address: 4011 CANDLE LIGHT DR  
DAYTON 21036  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: GP-10-41  
 Census Tract: 605101 Subdivision: CASTLEBERRY AT THE OAKS  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 43  
 Tax Map: 22 Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: RR-DEA Map Coordinates: 4813 Lot Size: 417851

Property Owner's Name: TRINITY QUALITY HOMES  
 Address: 3675 PARK AVE #301 INC  
 City: ELlicott City MD State: MD Zip Code: 21043  
 Home Phone: \_\_\_\_\_ Work Phone: 410-313-8722  
 Applicant's Name & Mailing Address, (If other than stated herein): \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: 410-313-8231  
 Email: SALLY@TRINITYHOMES.COM

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 FILE  
 Occupant or Tenant: NIA FILE  
 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: SALLY HODGE  
 Address: 3675 PARK AVE #301  
 City: ELlicott City MD State: MD Zip Code: 21043  
 License No.: 699  
 Phone: 410-313-8722 Fax: 410-313-8231  
 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"/> <b>Roadside Tree Project Permit</b>	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<b>Roadside Tree Project Permit #</b>	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"/> <b>Roadside Tree Project Permit</b>
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<b>Roadside Tree Project Permit #</b>
<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

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*

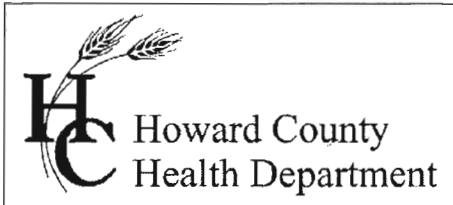
-FOR OFFICE USE ONLY-

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>12-5-12</u>	<u>[Signature]</u>
<input checked="" 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	\$ <u>100</u>
Permit Fee	\$
Tech Fee	\$ <u>50.00</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50.00</u>
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

# 025123



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:

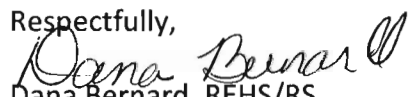
- ✦ Because of the revision required, please submit separate building plans for each lot submitted.
- ✦ Well box is not defined on building plans. Each lot must show a defined well box. The well box must be 1500 sq. ft. or show existing wells and two (2) replacement well sites. If existing well is shown 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, REHS/RS  
Bureau of Environmental Health  
Phone (410) 313-2775  
E-mail: [DBernard@howardcountymd.gov](mailto:DBernard@howardcountymd.gov)

cc: Well & Septic program file

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

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**MEMORANDUM**

TO: Sally Hodge  
Trinity Quality Homes Inc.

FROM: Dana Bernard, REHS/ R.S.  
Well and Septic Program  
Development Coordination Section

RE: Building Permit Plot Plans  
**Castleberry at Ten Oaks**  
**Lots 1, 14, 21, 24, 26, 31, 34, 39, 43**

DATE: July 24, 2012

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The following items must be addressed. Please revise and resubmit prior to building permit approval.  
(Direct submittal to Health Dept. is acceptable).

**Lot #1 B12002345**

- Plan must be to scale.

**Lot # 14 - B12002316**

- Show invert out of house.
- Define house.

**Lot # 21- B12002346**

- Building plan must accompany application.

**Lot #24 B12002339**

- Plan must be to scale
- Building Plan must match percolation certification plan. If building plan is correct, a new percolation certification plan must be submitted.

**Lot #26-B12002348**

- Define the well box.
- The existing septic system must be abandoned before building permit approval.
- Show invert out of house.
- Plan must be to scale.

**Lot 31-B12002349**

- Proposed house is less than 30' from well box.

**Lot # 34 B12002342**

- Building Plan must match percolation certification plan. If building plan is correct, a new percolation certification plan must be submitted.

**Lot # 39 B12002344**

- Show invert out of house.

**Lot # 43 B12002351**

- Plan must be to scale.
- Show invert out of house.



*dedicated to excellence and service*

November 28, 2012

RE: Building Permit #B12002351  
Lot #43 Castleberry at Ten Oaks  
4011 Candle Light Dr.  
Dayton, MD 21036

Attn: Plan Review

Please approve the following changes to above permit. The house type to be built has been changed to an Abbey 2 Car, 2 story, full finished basement with bath, 9 rooms, (4 bedrooms, 3 baths), fire place, 2 car garage.

2 sets of construction drawings are included.

Please call when approved.

Thank you,

Sherry Mewshaw  
Trinity Quality Homes  
410-531-5813

cc: Health

Revision  
2/16  
AS  
1-22-13

2012 DEC 3 AM 10 38

DILP

Building Address: 4011 Candle Light Dr  
Dayton, MD 21036  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: GP-10-41  
 Census Tract: \_\_\_\_\_ Subdivision: CANDLELIGHT AT THE OAKS  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 43  
 Tax Map: 22 Parcel: 90 Grid: 19  
 Zoning: \_\_\_\_\_ Map Coordinates: 4813 90 Lot Size: 41785 sq ft

Existing Use: VACANT LOT  
 Proposed Use: SFD  
 Estimated Construction Cost: \$ 264,000  
 Description of Work: Yorkshire Manor  
2 story Full Bsmnt, 9R, 2FG, 1HD,  
FR + GARAGE (4BR)  
 Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 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:

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: 410-750-9002  
 Applicant's Name & Mailing Address, (If other than stated herein):  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Contractor Company: TRINITY QUALITY HOMES, INC.  
 Contact Person: SHERY MEWSHAW  
 Address: 3675 PARK AVE # 301  
 City: Ellicott City State: MD Zip Code: 21043  
 License No.: 1699  
 Phone: 410-750-9002 Fax: 410-750-9003  
 Email: \_\_\_\_\_  
 Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input 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 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 type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>4</u>	<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:	
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 Mewshaw  
 Applicant's Signature SHERRY MEWSHAW Print Name  
Sherry@trinityhomes.com Email Address  
Operations, Trinity Quality Homes, Inc. Title/Company  
 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	\$