

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:

812002173

G1000017

Building Address: 4659 LINDLE LIGHT DR
DAYTON 21036

Suite/Apt. # _____ SDP/WP/BA #: GP-10-68
 Census Tract: 605101 Subdivision: CASTLEBERRY
AT THE OAKS
 Section: _____ Area: _____ Lot: 27
 Tax Map: 22 Parcel: 60 Grid: _____
 Zoning: RR-DEA Map Coordinates: 4813 Lot Size: 43,650

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

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 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 MD Zip Code: 21043
 License No.: 699

Phone: 410-313-8722 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>
Depth Width	<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
	<input type="checkbox"/> Oil
<u>Multi-family Dwelling</u>	<input checked="" type="checkbox"/> Natural Gas
No. of efficiency units:	<input type="checkbox"/> Propane Gas
No. of 1 BR units:	
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Footings:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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
6/17/12
 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>1/24/13</u>	<u>RSieck</u>
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	\$

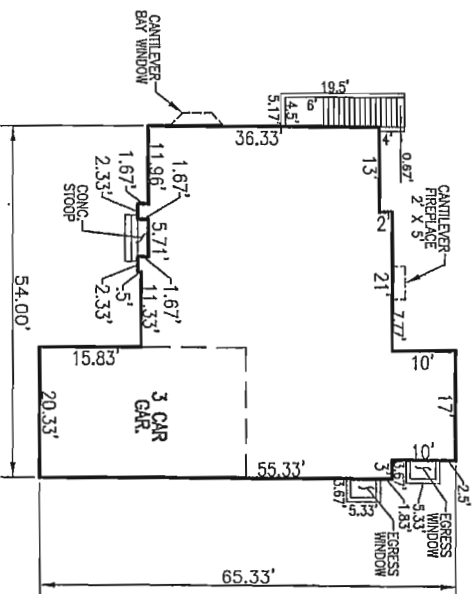
CK# 025122

THE EXISTING WELL SHOWN ON LOT 27 TAG NO. 95-0455 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC., AND IS ACCURATELY SHOWN.

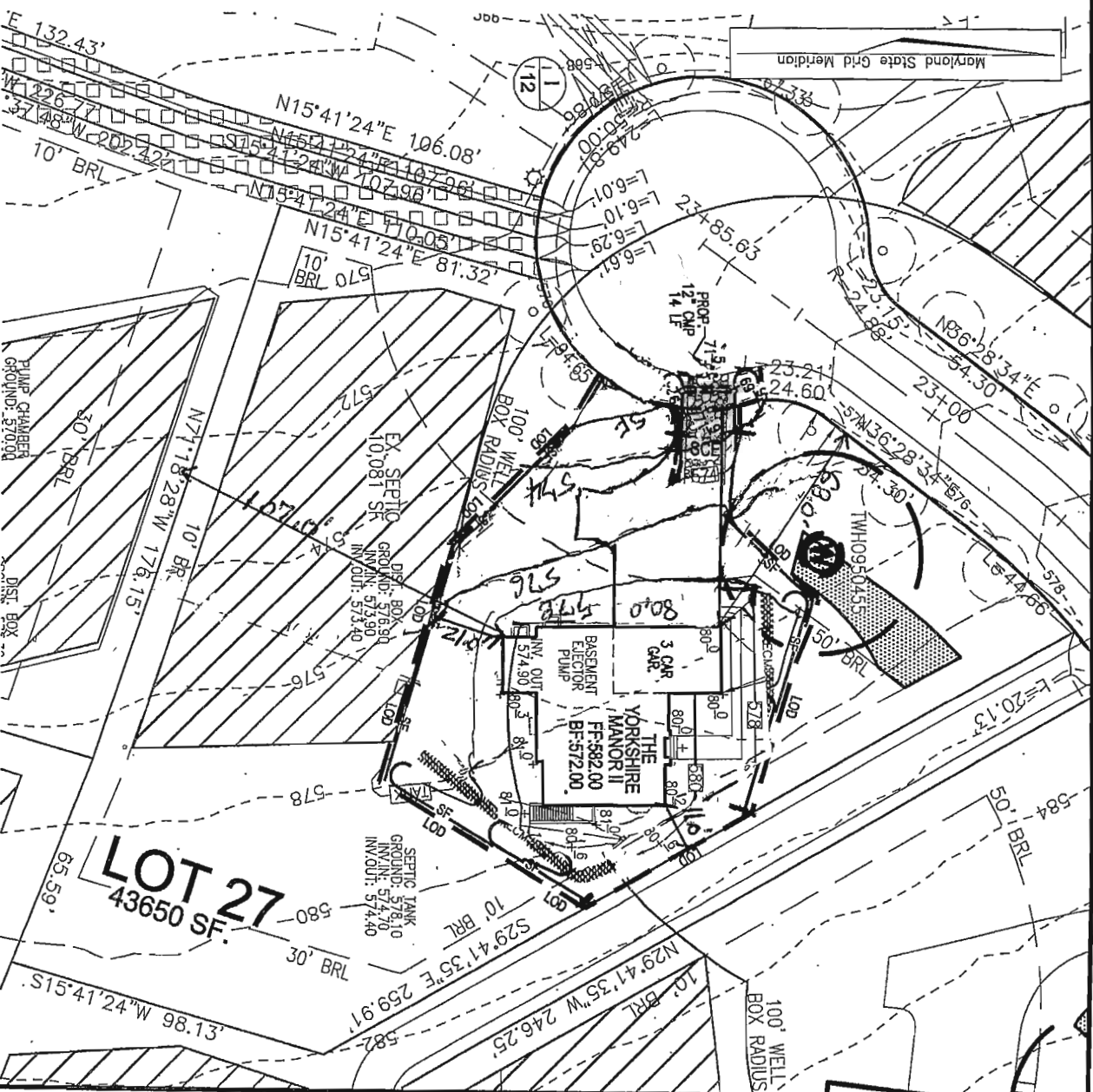
BUILDING OF LOT 27 FLOOR AREAS:
 BASEMENT FLOOR AREA: 1860
 FIRST FLOOR AREA: 1890
 SECOND FLOOR AREA: 2105
 BEDROOMS: 5

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. _____



THE YORKSHIRE MANOR II
 W/ CULT. STONE &
 BRICK VENEER
 SCALE: 1"=30'



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

PILOT PLAN
CASTLEBERRY AT
TEN OAKS
LOT 27

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: 410.451.7666
 FAX: 410.451.8961

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

SCALE
 1"=50'

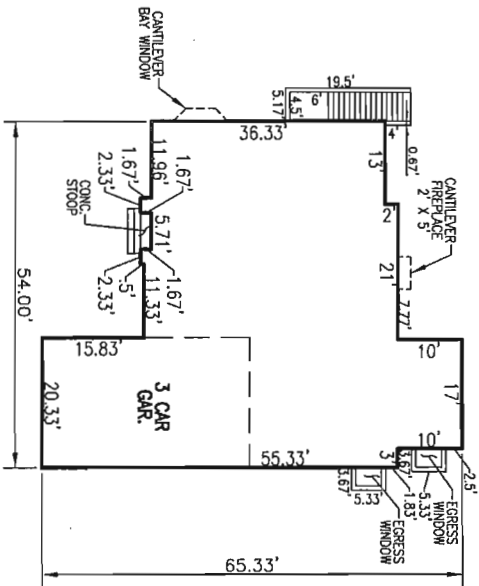
ADDRESS
 4059 CANDLE LIGHT DR.
 DAYTON, MD 21036
 GP: 10-68

THE EXISTING WELL SHOWN ON LOT 27 TAG NO. 95-0455 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC., AND IS ACCURATELY SHOWN.

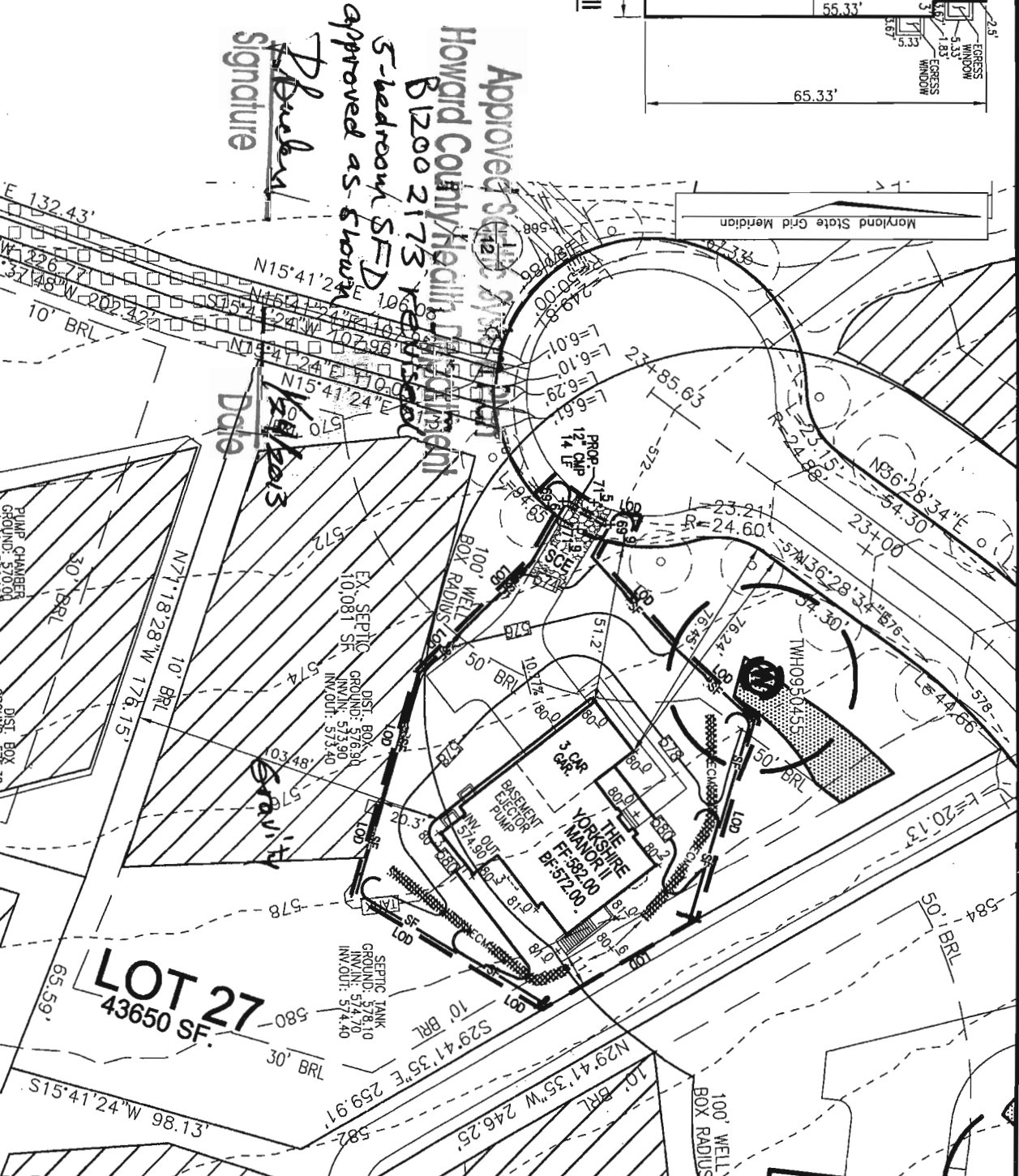
BUILDING OF LOT 27 FLOOR AREAS:
 BASEMENT FLOOR AREA: 1860
 FIRST FLOOR AREA: 1890
 SECOND FLOOR AREA: 2105
 BEDROOMS: 5

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. _____



THE YORKSHIRE MANOR II
 W/ CULT. STONE &
 BRICK VENEER
 SCALE: 1"=30'



Approved Scale 1/2"=10'
 Howard County Health Department
 B1200 2173 Referral
 5-bedroom SFD
 approved as shown
Signature

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

LOT 27
 CASTLEBERRY AT
 TEN OAKS
 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

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

SCALE 1"=50'
 ADDRESS
 4059 CANDIE LIGHT DR.
 DAYTON, MD 21036
 GP: 10-68



dedicated to excellence and service

January 9, 2013

RE: Building Permit #B12002173
Lot #27 Castleberry at Ten Oaks
4059 Candle Light Dr.
Dayton, MD 21036

RECEIVED

JAN 15 2013

**LICENSES & PERMITS
DIVISION**

Attn: Plan Review

Please approve the following changes to above permit. House type change to a Yorkshire Manor II, 2 story, full basement, 10 rooms (5 bed, 4 baths), Fire place, 3 car garage.

2 sets of construction drawings are included.

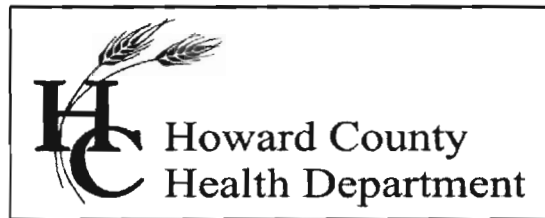
Please call when approved.

Thank you,

Sherry Mewshaw
Trinity Quality Homes
410-531-5813

CC: Heath

Check # 27466
invoice # 305052



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-6300 | Fax: 410-313-6303

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

March 15, 2013

To: Sherry Mewshaw, smewshaw@trinityhomes.com

From: Robert Bricker, REHS/R.S.
Environmental Sanitarian
Well and Septic Program

RE: 4059 Candle Light Drive, B12002173 revision (3/4/2013), Health Dept. comment

The proposed revision is 'On Hold'. The foundation of the dwelling proposed at the subject address encroaches on the 30-foot setback to the wellbox.

RB

Copy: file

March 4, 2013

RE: Building Permit #B12002173
Lot #27 Castleberry at Ten Oaks
4059 Candle Light Dr.
Dayton, MD 21036

Dear Shari Logan,

The angle of the house siting has been slightly modified.

2 sets of Site Development Plans are included

Thank you,

Sherry Mewshaw
Trinity Quality Homes, Inc.
410-531-5813

CC: Hea/MH

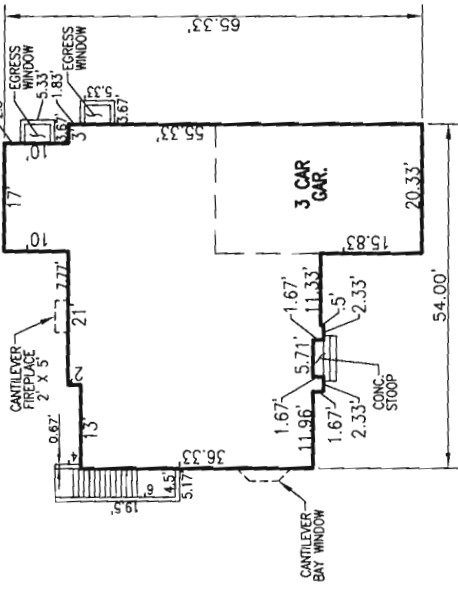
\$2500 revision fee
check # 027459
Invoice # 309332

THE EXISTING WELL SHOWN ON LOT 27 TAG NO. 95-0455 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC., AND IS ACCURATELY SHOWN.

BUILDING OF LOT 27 FLOOR AREAS:
 BASEMENT FLOOR AREA: 1860
 FIRST FLOOR AREA: 899
 SECOND FLOOR AREA: 2105
 BEDROOMS: 5

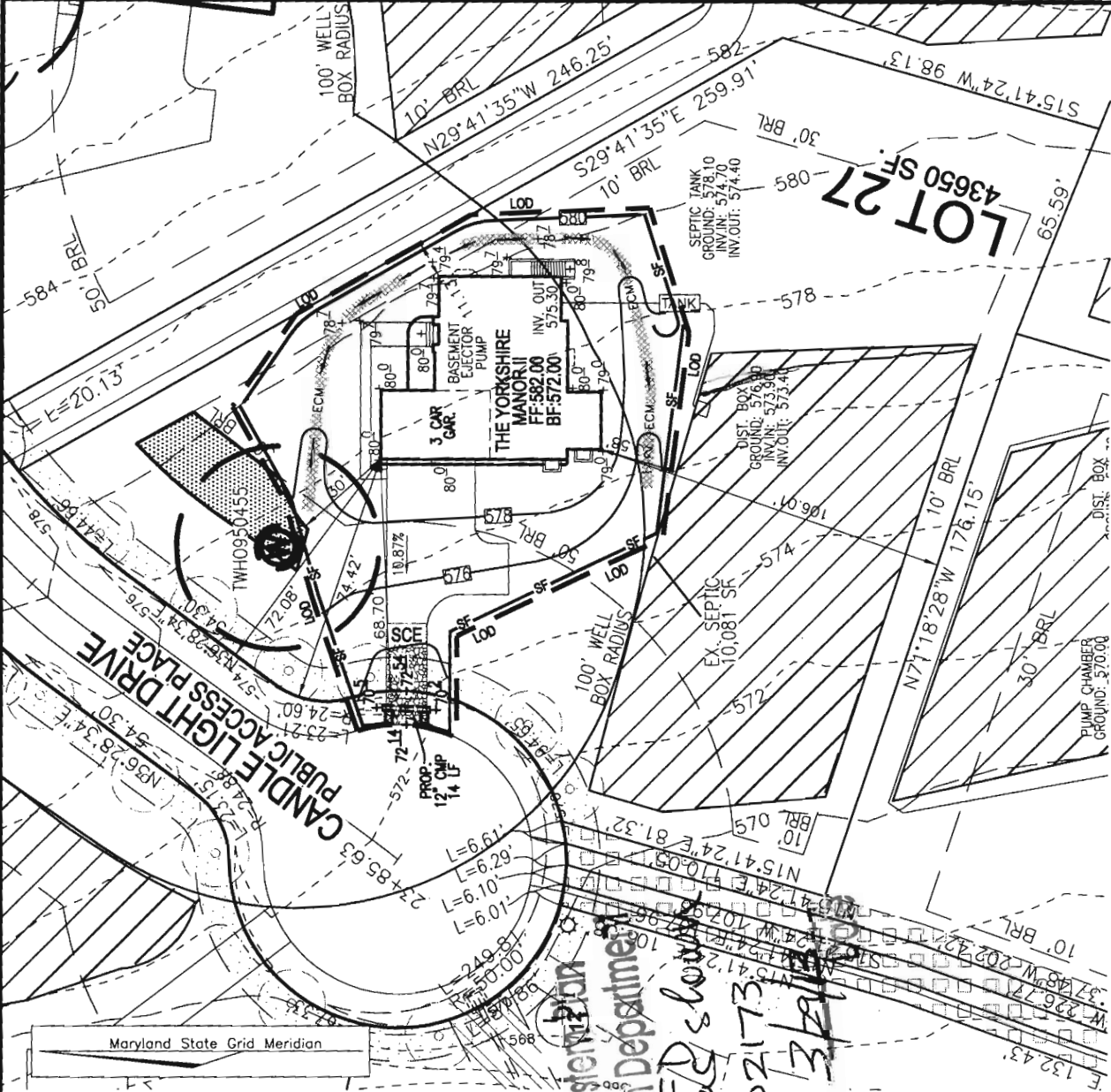
NOTE: STORMWATER MANAGEMENT FOR THIS LOT IS PROVIDED BY 2 MICRO-POOL EXTENDED DETENTION PONDS AND ONE BIO-RETENTION FACILITY APPROVED UNDER F-06-130

BUILDING PERMIT NO. _____



THE YORKSHIRE MANOR II
 W/ CULT. STONE & BRICK VENER
 SCALE: 1" = 30'

House Type & Foundation Location Revised
Approved Septic System Plan
Howard County Health Department
5-Bedroom STD should be approved as shown
 B12002173
 3/8/13
Signature
 per MSD



VE
ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET, ELLICOTT CITY, MD 21043
 TEL: 410-461-7666
 FAX: 410-461-5961

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

PLOT PLAN
CASTLEBERRY AT TEN OAKS
LOT 27
 REF: F-06-130
 TAX MAP 22 PARCEL 90
 BLOCK 19
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

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

SCALE
 1" = 50'

ADDRESS
 4059 CANDLE LIGHT DR.
 DAYTON, MD 21036
 CP: 10-68

G10000117

Building Address: 4059 Candle Light Dr
Dayton, MD 21036

Suite/Apt. # _____ SDP/WP/BA #: 62-10-68

Census Tract: _____ Subdivision: CASTLE BERRY AT TEN OAKS

Section: _____ Area: _____ Lot: 27

Tax Map: 22 Parcel: 90 Grid: 19

Zoning: _____ Map Coordinates: 4813 98 Lot Size: 436504

Existing Use: VACANT LOT

Proposed Use: SFD

Estimated Construction Cost: \$ 264,000

Description of Work: WORK SHIP MANOR
2 STORY, FULL BSMT GR, 2FB, 1TB,
FR + 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: 410-750-9002 Fax: 410-750-9003

Email: _____

Contractor Company: TRINITY QUALITY HOMES

Contact Person: STERRY MENSTADT

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
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
Area of construction (sq. ft.):	<u>Sewage Disposal</u>
Use group:	<input type="checkbox"/> Public
	<input checked="" type="checkbox"/> Private
	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input checked="" 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 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 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>9</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.

Sterry Menstadt
 Applicant's Signature _____ Print Name STERRY MENSTADT

sterry@trinityhomes.com
 Email Address _____ Date 12/13/10

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>150.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$