

G10000111

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:

B12001172

Building Address: 4042 Canale light Dr.
Dayton, md 21036

Suite/Apt. # _____ GP WP/WP/BA #: 10-31
Census Tract: _____ Subdivision: Castleberry at Fen Oaks

Section: _____ Area: _____ Lot: 16

Tax Map: 22 Parcel: 90 Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: 44282 sq ft

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: _____

Existing Use: Vacant Lot

Proposed Use: SFD

Estimated Construction Cost: \$ 263,753.53

Description of Work: 9R, 3FB, 1HB, FA + Garage (4 BR)

Occupant or Tenant: N/A

Was tenant space previously occupied? Yes No

Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: TRINITY Quality Homes
Contact Person: SHERY MURSTAW
Address: 3675 PARK AVE # 301
City: Ellicott 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 type="checkbox"/> Private
	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 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.

Applicant's Signature: Sherry L. Murstaw Print Name: SHERY L. MURSTAW
Email Address: Sherry@Trinityhomes.com Date: 4/16/12
Title/Company: TRINITY Quality Homes, INC.

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		
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: _____

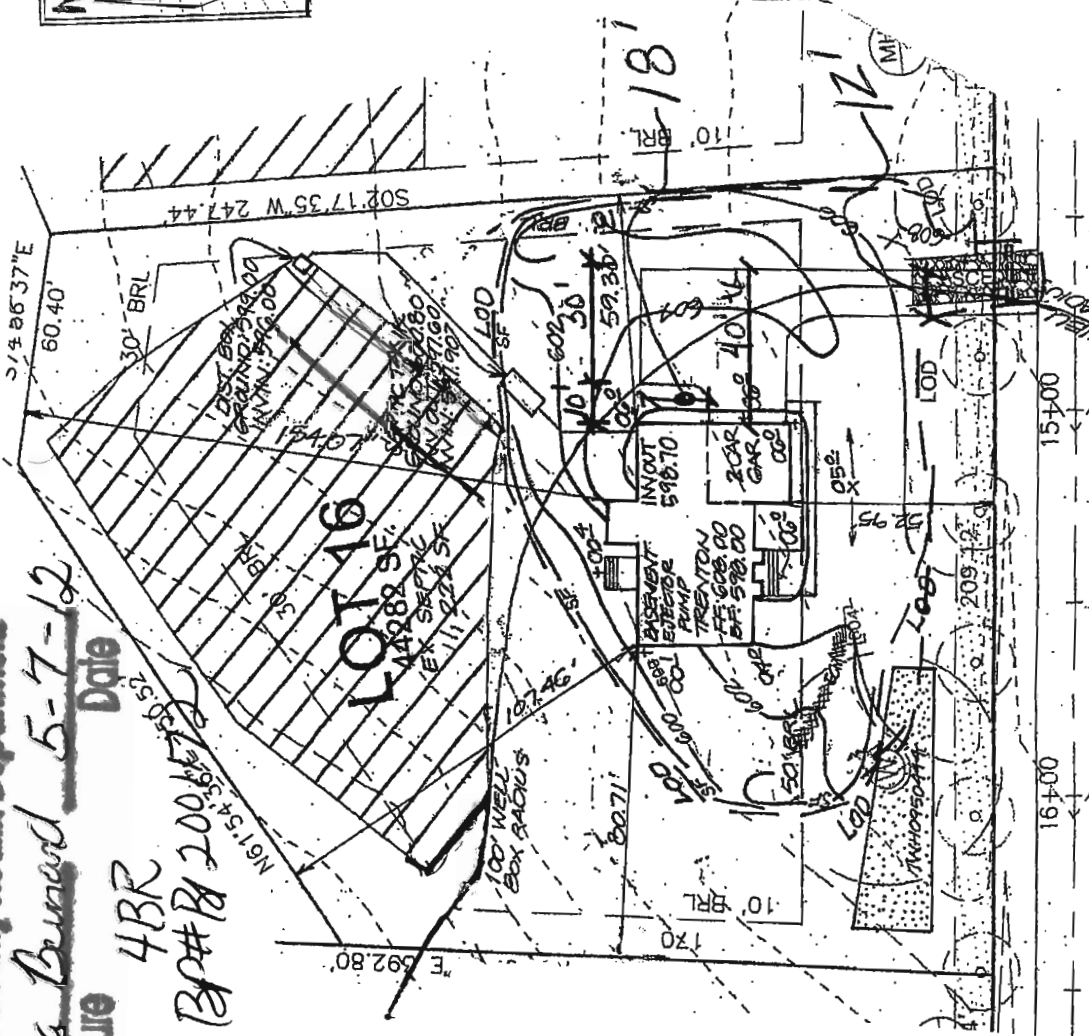
Filing Fee	\$ <u>100.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>500.00</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

check 025 316

Approved Septic System Plan
Howard County Health Department

Rana Burned
 Signature
 Date 5-7-12

4BR
 Signature
BP# R 200172



Owner: Trinity Quality Homes, Inc.

Address: 4042 Candlelight Dr. Dayton

DAYTON, MD. 21036

GP: 10:41

THE EXISTING WELL SHOWN ON LOT 16 TAG NO. 95-0444 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC.

BUILDING OF LOT 16 FLOOR AREAS:

BASEMENT FLOOR AREA: 1500

FIRST FLOOR AREA: 1930

SECOND FLOOR AREA: 1530

BE DR. ROOMS: 4

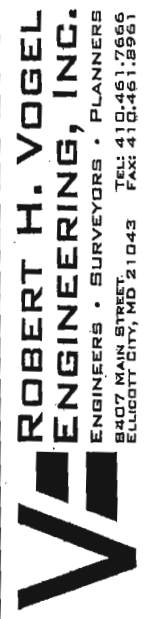
NOTE: STORMWATER MANAGEMENT FOR THESE LOTS IS PROVIDED BY 2 MICROPOOL EXTENDED DETENTION PONDS AND ONE BIORETENTION FACILITY APPROVED UNDER F-06-130. RAINGARDENS ARE REQUIRED FOR LOTS 20, 35 AND 41.

BUILDING PERMIT NO. B12001172

GRADING AND SEDIMENT EROSION CONTROL PLAN
CASTLEBERRY AT TEN OAKS

LOT: 16
 REF: F-06-130

TAX MAP 22
 5TH ELECTION DISTRICT
 PARCEL 60, LOTS 6 & 7 KEN WARFIELD SUBDIVISION, AND P/O PARCEL 90 HOWARD COUNTY, MARYLAND



ROBERT H. VOGEL ENGINEERS, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET, ELICOTT CITY, MD 21043
 TEL: 410-461-7666
 FAX: 410-461-8961

SCALE: 1"=50'

Building Address: 4042 Candle Light Dr

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____

Proposed Use: _____

Estimated Construction Cost: \$ _____

Description of Work: _____

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein):

Phone: _____ Fax: _____

Email: _____

Contractor Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License No. : _____

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
	<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 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: <u>Sq. Ft. 1409</u>	<input type="checkbox"/> Private
2 nd floor: <u>Sq. Ft. 1409</u>	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input 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	<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 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 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.

Applicant's Signature

Email Address

Title/Company

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
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>5-7-12</u>	<u>O. Bernard</u>
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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

B16003862

G-10000111

Building Address: 4042 Candle Light Dr
Dayton, MD 21030

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

Census Tract: _____ Subdivision: CASCADEBERRY AT TEN OAKS

Section: _____ Area: _____ Lot: 16

Tax Map: 22 Parcel: 90 Grid: 19

Zoning: _____ Map Coordinates: 4413 98 Lot Size: 44282 1A

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: _____

Existing Use: VACANT LOT

Proposed Use: SFD

Estimated Construction Cost: \$ 264,000

Description of Work: YORKSHIRE MANOR
2 STORY FULL BSMT, 9K, 2 FB,
1 HB, FR + GARAGE (LBR)

Occupant or Tenant: N/A

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: TRINITY QUALITY HOMES

Contact Person: SHERRY MENSHAW

Address: 3675 PARK AVE #301

City: ELICOTT CITY State: MD Zip Code: 21043

License No.: 699

Phone: 410-750-9002 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 type="checkbox"/> Private
	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 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 type="checkbox"/> Unfinished Basement	Electric: <input 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: <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	

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Sherry L. Menshaw
 Applicant's Signature

SHERRY MENSHAW
 Print Name

SHERRY@TRINITYHOMES.COM
 Email Address

OPERATIONS, TRINITY QUALITY HOMES
 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	\$



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

