

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B1000118

Building Address 16323 Cattail River Dr
Woodbine MD 21797

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

Census Tract _____ Subdivision 1000000000

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name Trinity Homes

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

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

Phone 410-466-6633 Fax _____

Existing Use None Residential Home

Proposed Use Deck Install

Estimated Construction Cost \$ _____

Description of Work 7' x 11' Deck with 4x4 posts and 2x4 joists
on concrete foundation

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Contractor Company Trinity Homes

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. 7712

Phone 410-466-6633 Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

<p>Building Characteristics</p> <p>Height: _____</p> <p>No. of stories: _____</p> <p>Gross area, sq. ft. per floor: _____</p> <p>Use group: _____</p> <p>Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular</p>	<p>Utilities</p> <p>Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____</p>
--	---

<p>Building Characteristics</p> <p>SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/></p> <p>Depth _____ Width _____</p> <p>1st floor: _____</p> <p>2nd floor: _____</p> <p>Basement: _____</p> <p>Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/></p> <p>No. of Bedrooms _____</p> <p>Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____</p> <p>Other Structure: _____</p> <p>Dimensions: _____</p> <p>Footings: _____</p> <p>Roof: _____</p> <p><input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home</p>	<p>Utilities</p> <p>Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/></p> <p>Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____</p>
---	---

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 4/1/10

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
PLEASE WRITE NEATLY AND LEGIBLY.

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development, DPZ			
State Highways			
Building Officials			
Dev. Engineering, DPZ			
Health	<u>5-10-10</u>	<u>DBurnard</u>	
<input checked="" type="checkbox"/> Fire Protection			

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met?
 YES NO

PROPERTY ID #

Filing fee \$ _____

Permit fee \$ 100.00

Excise tax \$ _____

Add'l per fee \$ 100.00

TOTAL FEES \$ _____

Sub-total paid \$ _____

Is Sediment Control approval required prior to issuance?
 YES NO

Is Entrance Permit Required?
 YES NO

Balance due \$ 100.00

Historic District?
 YES NO

Check # _____

Validation # _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____

Accepted by _____

603100147

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B09-3434

Building Address 16323 CHAMBERLAIN RIVER DR
WOODBINE 21797

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

Census Tract 104001 Subdivision CHASE AT STONEY BROOK

Section _____ Area _____ Lot 8

Tax Map 7 Parcel 133 Grid 17

Zoning RCD4B Map Coordinates 4691 68 Lot size 43,758 sq ft

Property Owner's Name Trinity Quality Homes, Inc.

Address 3675 PARK AVE #301

City LILKOP CITY State MD Zip Code 21143

Home Phone _____ Work Phone 410 313-5722

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax 410 313-5731

Existing Use VAC LOT

Proposed Use RES

Estimated Construction Cost \$ 263,750

Description of Work 2 SIDEY FULL BRNT GR
2 FB, 1 HB, 1 P SEPARATE (4BR)

Contractor Company TRINITY QUALITY HOMES, INC.

Contact Person SALLY HODGE

Address 3675 PARK AVE #301

City LILKOP CITY State MD Zip Code 21143

License No. LA9

Phone 410-313-5722 Fax 410-313-5731

Occupant or Tenant N/A

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company N/A

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms <u>4</u>	Propane Gas <input type="checkbox"/>
Height: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
State Certified Modular <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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 Hodge
Applicant's Signature

Trinity Quality Homes, Inc.
Title/Company

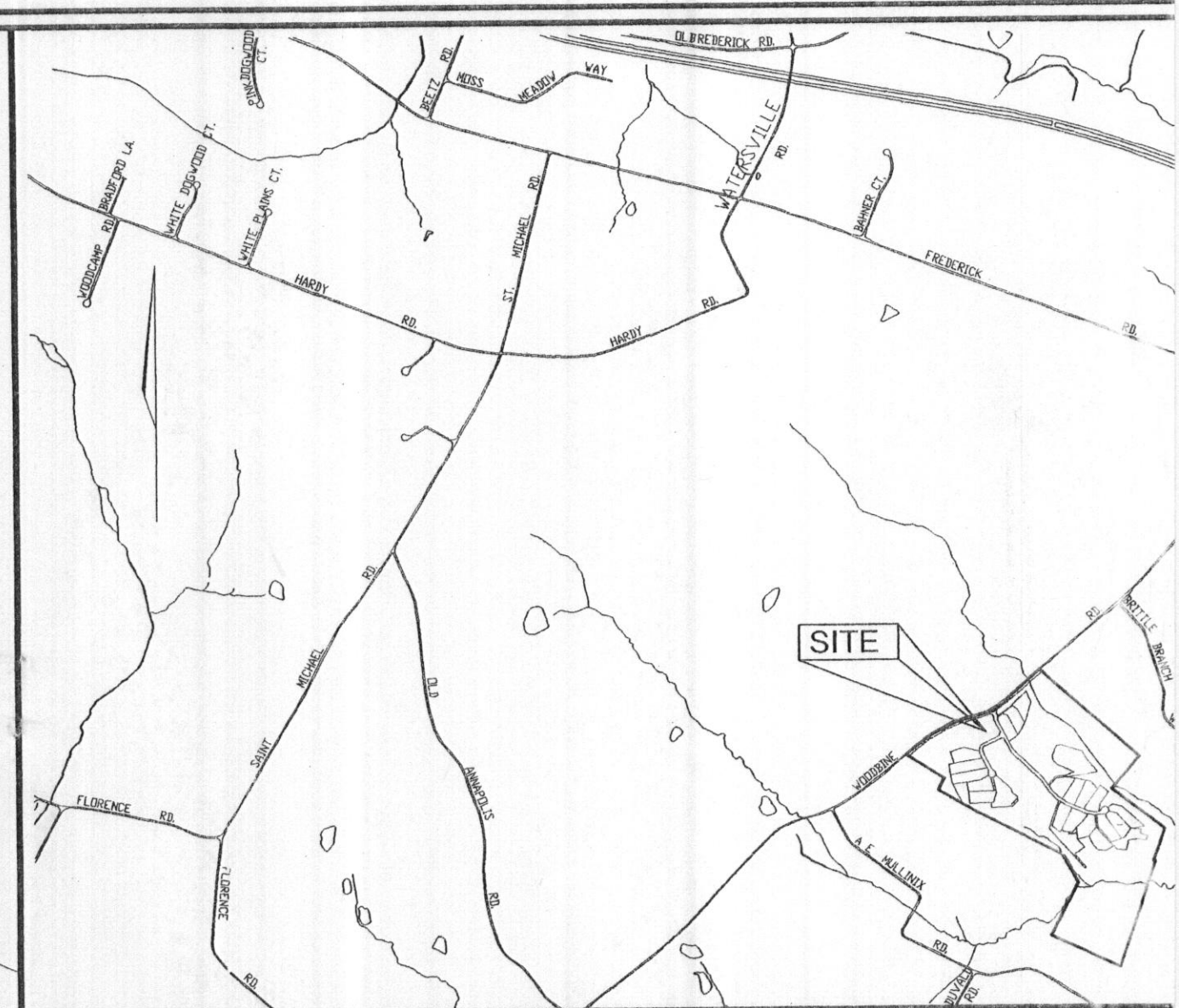
SALLY HODGE
Print Name

12/15/09
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>12/22/09</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

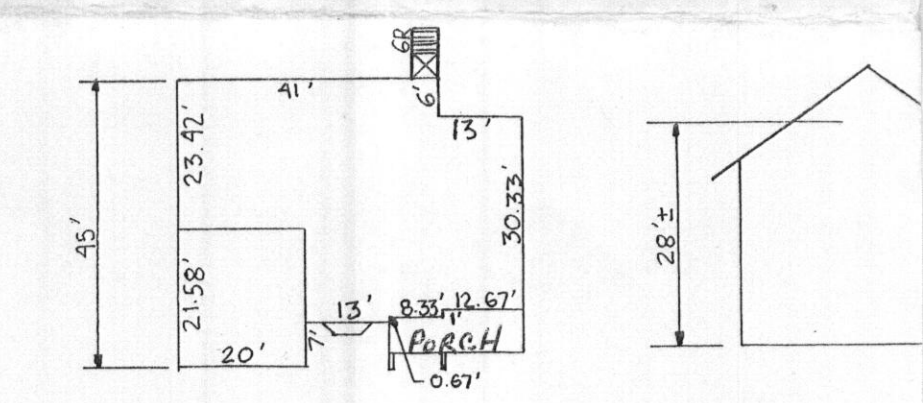


VICINITY MAP
SCALE: 1"=2000'

THE EXISTING WELL SHOWN ON LOT 8 TAG NO. *16-95-011* HAS BEEN FOUND LOCATED BY ROBERT H. VOGEL ENG.

BUILDING OF LOT 8 FLOOR AREA:
BASEMENT FLOOR AREA: *1450*
FIRST FLOOR AREA: *1500*
SECOND FLOOR AREA: *1650*

SWM FOR THESE LOTS IS PROVIDED BY AN EXTENDED DETENTION FACILITY (EDF)



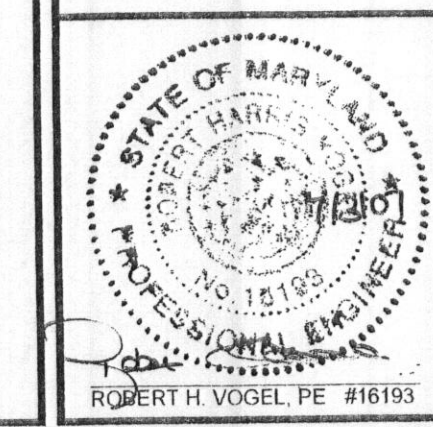
THE YORKSHIRE MANOR HOUSE PLAN

LEGEND	
---202---	EXISTING 2 FT CONTOUR
---200---	EXISTING 10 FT CONTOUR
---	LOD
---	LIMIT OF DISTURBANCE
---	SUPER SILT FENCE

BUILDING PERMIT NO. _____

GRADING AND SEDIMENT EROSION CONTROL PLAN
THE CHASE AT STONEY BROOK
PHASE III LOTS 3, 8, 14 & 16
REF: S-01-21, P-05-001, F-05-1
ZONED: RC-DEO
TAX MAP: 7 BLOCK: 17
4TH ELECTION DISTRICT

ROBERT H. VOGEL
ENGINEER
ENGINEERS • SURVEYORS
8407 MAIN STREET
ELlicott CITY, MD 21044



DESIGN BY: _____
DRAWN BY: _____
CHECKED BY: _____
DATE: JANUARY 2007
SCALE: 1"=50'
W.O. NO.: 06-34-00

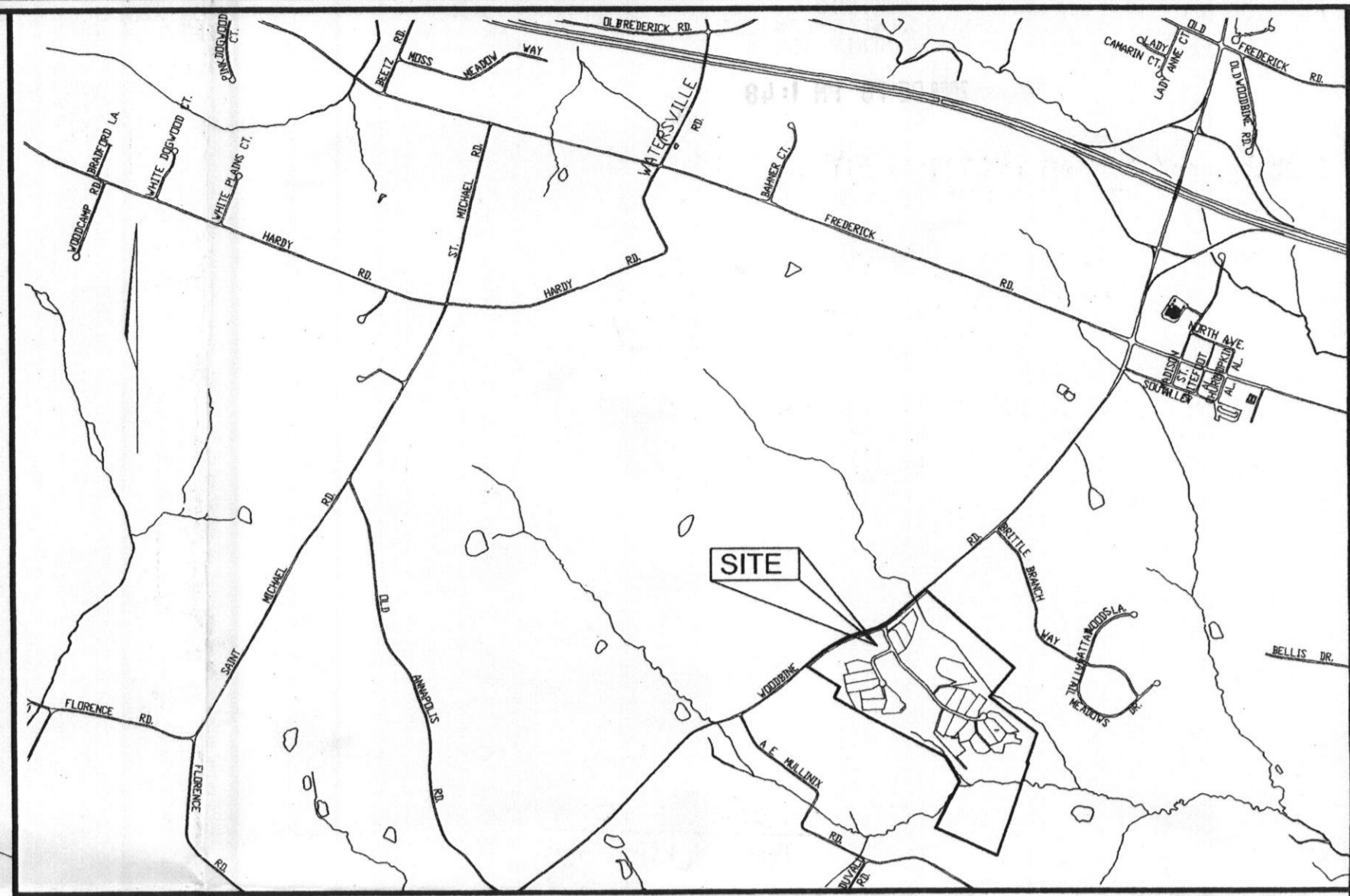
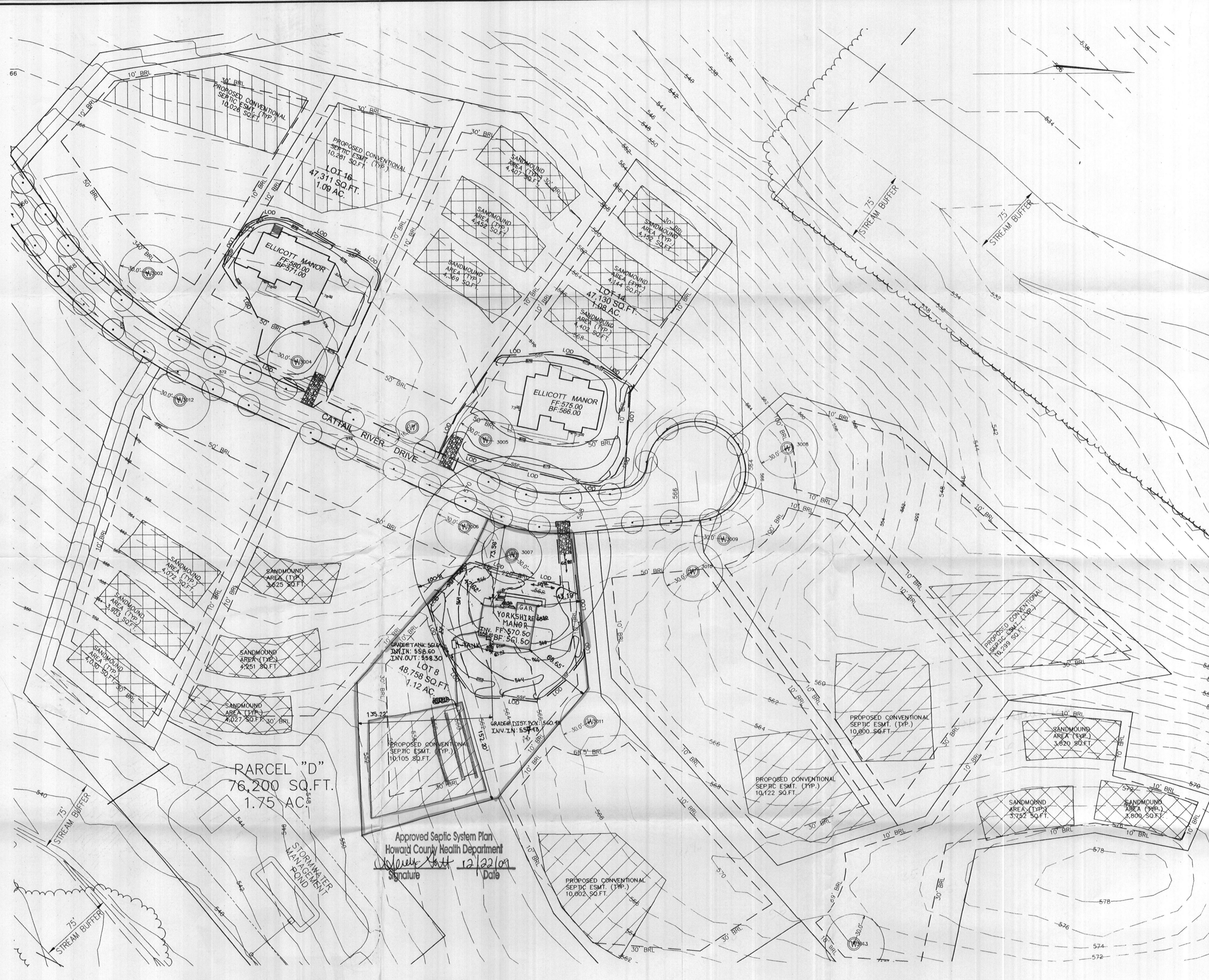
OWNER / DEVELOPER
TRINITY QUALITY HOMES, INC.
3675 PARK AVENUE, SUITE 301
ELlicott CITY, MARYLAND 21043
(410) 480-0023

PLAN
SCALE: 1"=50'

COMPLIES AND MEETS TECHNICAL REQUIREMENTS
DATE: *8/2/07*
DATE: *8/2/07*

ENGINEER'S CERTIFICATE
I CERTIFY THAT THIS PLAN FOR SEDIMENT AND EROSION CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.
Robert H. Vogel
ROBERT H. VOGEL, PE #16193
DATE: *7/31/07*

DEVELOPER'S CERTIFICATE
I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN FOR SEDIMENT AND EROSION CONTROL, AND THAT ALL RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF THE ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT.
Michael L. Pfaus
MICHAEL L. PFAUS
DATE: *7/31/07*

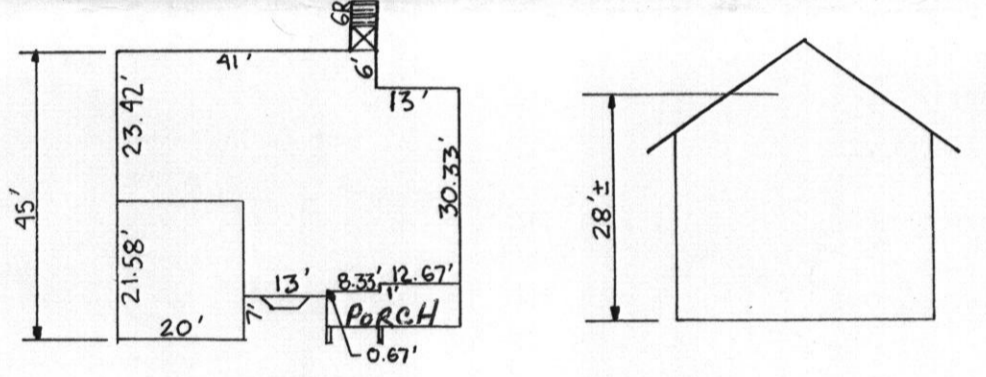


VICINITY MAP
SCALE: 1"=2000'

THE EXISTING WELL SHOWN ON LOT 8 TAG NO. HP-95-0111 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC.

BUILDING OF LOT 8 FLOOR AREAS:
BASEMENT FLOOR AREA: 1450
FIRST FLOOR AREA: 1500
SECOND FLOOR AREA: 1650

SWM FOR THESE LOTS IS PROVIDED BY AN EXISTING EXTENDED DETENTION FACILITY UNDER F-05-170.



THE YORKSHIRE MANOR HOUSE PLAN

LEGEND	
--- 202 ---	EXISTING 2 FT CONTOUR
--- 200 ---	EXISTING 10 FT CONTOUR
--- LOD ---	LIMIT OF DISTURBANCE
--- SSF ---	SUPER SILT FENCE

BUILDING PERMIT NO. _____

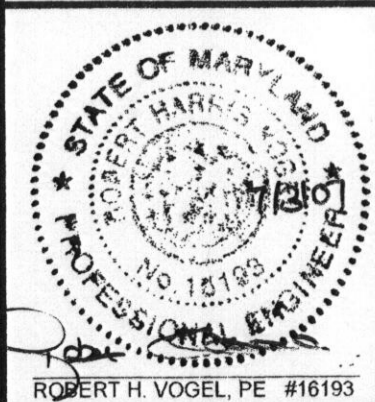
GRADING AND SEDIMENT EROSION CONTROL PLAN
THE CHASE AT STONEY BROOK

PHASE III LOTS 3, 8, 14 & 16

REF: S-01-21, P-05-001, F-05-170
ZONED: RC-DEO

TAX MAP: 7 BLOCK: 17 PARCEL 133
4TH 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



DESIGN BY: RJ
DRAWN BY: RJ
CHECKED BY: RHV
DATE: JANUARY 2007
SCALE: 1"=50'
W.O. NO.: 06-34.00

1 SHEET OF 3

PLAN SCALE: 1"=50'

REVIEWED FOR HOWARD SCD AND MEETS TECHNICAL REQUIREMENTS
Jim Meyer 8/2/07
USDA-NATURAL RESOURCES CONSERVATION SERVICE DATE
THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT
John R. Robertson 8/2/07
HOWARD SCD DATE

ENGINEERS CERTIFICATE
I CERTIFY THAT THIS PLAN FOR SEDIMENT AND EROSION CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.
Robert H. Vogel 7/31/07
ROBERT H. VOGEL, PE #16193 DATE

DEVELOPER'S CERTIFICATE
I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN FOR SEDIMENT AND EROSION CONTROL, AND THAT ALL RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF THE ENVIRONMENT APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT. I ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT.
Michael L. Pfau 4/31/04
MICHAEL L. PFAU DATE

Approved Septic System Plan
Howard County Health Department
Moore 12/22/09
Signature Date