

B12002055

Building Address: 16331 CANNAL RIVER DR
WOODBINE 21797

Suite/Apt. # _____ SDP/WP/BA #: GP-07-69

Census Tract: 604001 Subdivision: CHASE AT STONEY BROOK

Section: _____ Area: _____ Lot: 6

Tax Map: 7 Parcel: 133 Grid: 17

Zoning: RC-DEO Map Coordinates: 4691 Lot Size: 48,193

Existing Use: VACANT LOT

Proposed Use: SFD

Estimated Construction Cost: \$ 282,500

Description of Work: 2 STORY, FULL BSMT,
9 R, 2 FB, 1 HB, FP & 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: _____

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: 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: ELICOTT 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 |
| | <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> |
| <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 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 | <u>Roadside Tree Project Permit #</u> |
| <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

6/14/12
 Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

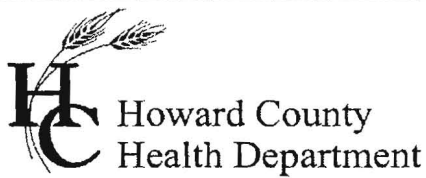
| AGENCY | DATE | SIGNATURE OF APPROVAL |
|--|------|-----------------------|
| <input checked="" type="checkbox"/> State Highways | | |
| <input checked="" type="checkbox"/> Building Officials | | |
| <input checked="" type="checkbox"/> PSZA (Zoning) | | |
| <input checked="" type="checkbox"/> PSZA (Engineering) | | |
| <input checked="" type="checkbox"/> Health | | |
| <input checked="" type="checkbox"/> 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# 025121



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, MD 21046
(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

June 27, 2012

RE: Building Permit # B12002055
Tax Map 7, Parcel 133, Lot #06
16331 Cattail River Drive
Woodbine, Maryland 21797

TO: Trinity Quality Homes
c/o Sherry Menshaw
3675 Park Avenue #301
Ellicott City, Maryland 21043

Prior to building permit approval, a revised building site plan is required. Further review is contingent upon submission of a Building Site Plan showing the following:

- ✦ Show three (3) well sites, one existing and two replacements or approximately 1500 square feet of approvable well area for the lot. Wells should be 50 feet apart on lot. Well location and setbacks required are 30 feet from new foundation and 100 feet from septic tank, system and easement. Well tag number for existing well must be included.
- ✦ Percolation holes should be shown and labeled with elevations.
- ✦ Sand mound corners and gravel bed must be staked for field review. The field review must be conducted and have a positive outcome for the Building Permit Application to be approved.

In addition, the evaluation of the sand mound design indicates the following corrections.

- ✦ Topography must contain 1 foot contours.

I hope these comments are helpful in preparing your plan. Your building permit 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, Environmental Sanitarian
Well and Septic Program
Development and Coordination
Phone (410) 313-2775
E-mail: dbernard@howardcountymd.gov

DLB

cc: Well & Septic program file
Vogel Engineering, Inc.



Howard County
Health Department

Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, MD 21046
(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.I.

January 11, 2011

RE: Building Permit # B10003949
Tax Map 7, Parcel 133, Lot #06
16331 Cattail River Drive
Woodbine, Maryland 21797

*CB6 Permit
REVISION
plans*

TO: Trinity Quality Homes
c/o Sherry Menshaw
3675 Park Avenue #301
Ellicott City, Maryland 21043

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- ✦ Sand mound corners and gravel bed must be staked for field review. The field review must be conducted and have a positive outcome for the Building Permit Application to be approved. *Review 2-16-12*

In addition, the evaluation of the sand mound design indicates the following corrections.

- ✦ Topography must contain 1 foot contours.

I hope these comments are helpful in preparing your plan. Your building permit 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, Environmental Sanitarian
Well and Septic Program
Development and Coordination
Phone (410) 313-2775
E-mail: dbernard@howardcountymd.gov

DLB

cc: Well & Septic program file
Vogel Engineering, Inc.

Building Address 10331 CATALP RIVER DR
WOOD BLVD MD 21797

Suite/Apt. #: _____ SDP/WP/Petition #: 6P-07-69

Census Tract _____ Subdivision CHASE AT STONEY BRIDLE

Section _____ Area _____ Lot 6

Tax Map 7 Parcel 133 Grid _____

Zoning _____ Map Coordinates 4691 68 Lot Size 48,193

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

Phone 410-750-9002 Fax 410-750-9003

Existing Use VACANT LOT
 Proposed Use SFD
 Estimated Construction Cost \$ 264,000
 Description of Work VIRKSHIRE MANOR
2 STORY, FULL BSMT, 9R, 2 FB,
1 HB, PO + GARAGE (104BL)

Occupant or Tenant N/A

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

Contractor Company TRINITY QUALITY HOMES
 Contact Person SHERA MENSCHAU
 Address 3675 PARK AVE #301
 City ELLICOTT CITY State MD Zip Code 21043
 License No. 697
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

| Building Characteristics | Utilities |
|--|---|
| Height: _____ | Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private |
| No. of stories: _____ | Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private |
| 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: _____ <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 | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| | Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____ |

BUILDING DESCRIPTION - RESIDENTIAL

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

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Applicant's Signature Shera Menschau
 Email Address SHERA@TRINITYHOMES.COM
 Title/Company OPERATIONS TRINITY QUALITY HOMES

Print Name SHERA MENSCHAU
 Date 12-15-10

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

| AGENCY | DATE | SIGNATURE APPROVAL | DPZ SETBACK INFORMATION | PROPERTY ID # |
|--|------|--------------------|--|-----------------------------|
| Land Development, DPZ | | | Front: _____ | Filing fee \$ <u>700.00</u> |
| State Highways | | | Rear: _____ | Permit fee \$ _____ |
| Building Officials | | | Side: _____ | Excise tax \$ _____ |
| Dev. Engineering, DPZ | | | Side St.: _____ | Add'l per fee \$ _____ |
| Health <u>[Signature]</u> | | | All minimum setbacks met? | TOTAL FEES \$ _____ |
| Fire Protection | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/> | Balance due \$ _____ |
| | | | Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | Check # <u>20956</u> |
| | | | Lot Coverage for New Town Zone _____ | Validation # _____ |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | SDP/Red-line approval date _____ | Accepted by _____ |
| ONE STOP SHOP: <input type="checkbox"/> | | | | |