

607000165 Standard 2/10/10

<small>DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3400 COURT HOUSE DRIVE ELLSWORTH CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800</small>	<h2 style="margin:0;">HOWARD COUNTY PERMIT APPLICATION</h2>	<h2 style="margin:0;">PERMIT NUMBER</h2> <p style="font-size: 2em; margin:0;">B100095</p>
Building Address <u>10207 CATTAIL RUN DR</u> Suite/Apt. #: _____ SDP/WP/Petition #: <u>61-07-19</u> Census Tract _____ Subdivision <u>CHDSC RESIDENTIAL BROOK</u> Section _____ Area _____ Lot <u>12</u> Tax Map <u>7</u> Parcel <u>15</u> Grid <u>17</u> Zoning <u>DED</u> Map Coordinates <u>3D12</u> Lot size <u>50,000 sq ft</u>	Property Owner's Name <u>TRINITY HOME</u> Address <u>475 PARK AVE #301</u> City <u>ELLSWORTH CITY</u> State <u>MD</u> Zip Code <u>21044</u> Home Phone _____ Work Phone <u>410-313-8702</u> Applicant's Name & Mailing Address, (if other than stated hereon): Phone _____ Fax <u>410-313-8701</u>	
Existing Use <u>VACANT LOT</u> Proposed Use _____ Estimated Construction Cost \$ <u>269,875</u> Description of Work <u>2 STORY FULL FINISH</u> <u>CONCRETE SLAB ON GRADE</u> <u>(W/2) FINISH W/ BRICK W/FB</u>	Contractor Company <u>TRINITY QUALITY HOMES INC</u> Contact Person <u>SALLY HODGE</u> Address <u>475 PARK AVE #301</u> City <u>ELLSWORTH CITY</u> State <u>MD</u> Zip Code <u>21045</u> License No. <u>619</u> Phone <u>410-313-8702</u> Fax <u>410-313-8701</u>	
Occupant or Tenant <u>N/A</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>SAME</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	

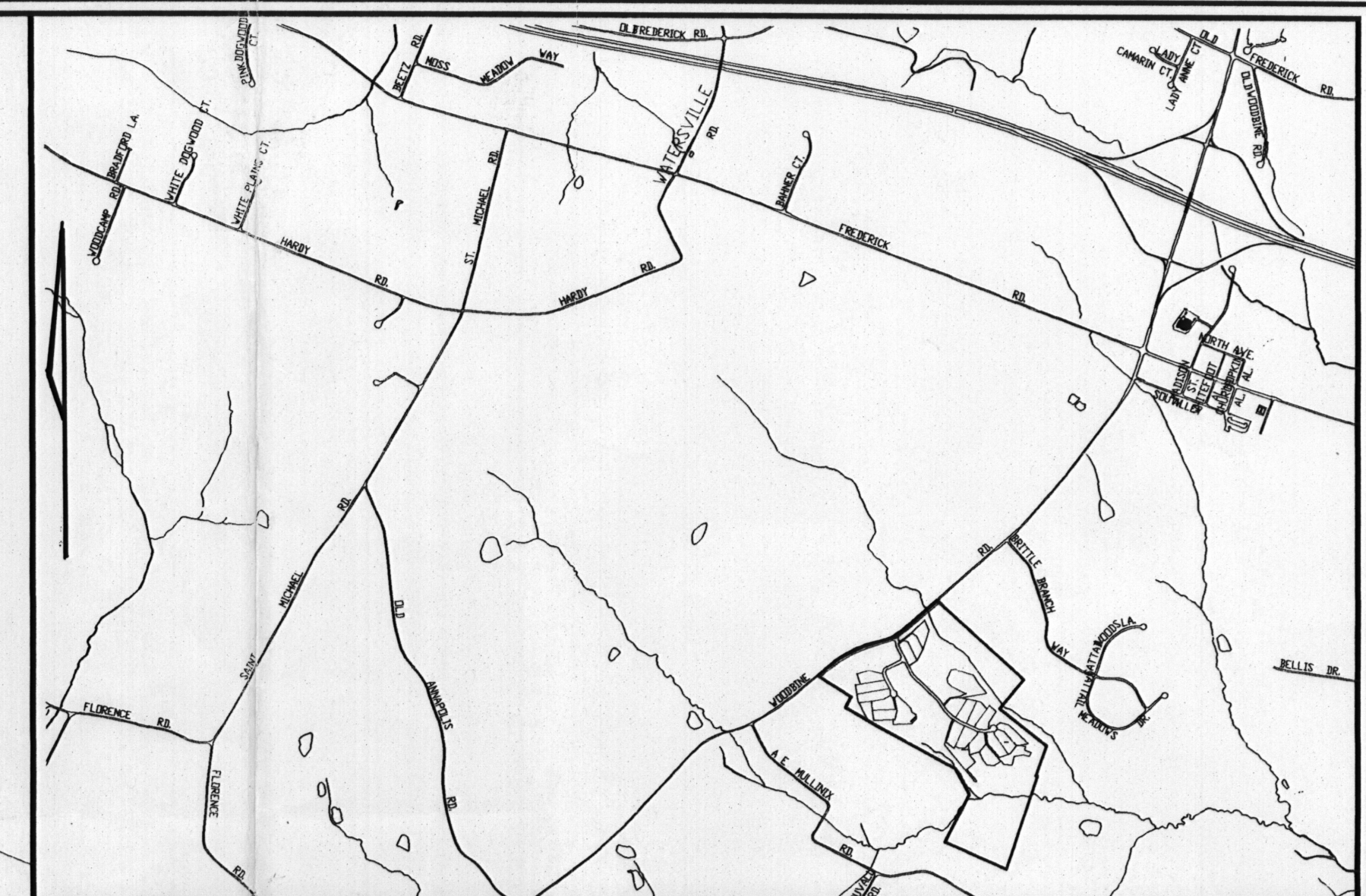
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Height: _____ 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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 <u>[Signature]</u> Title/Company _____	Print Name <u>SALLY HODGE</u> Date <u>2/20/10</u>
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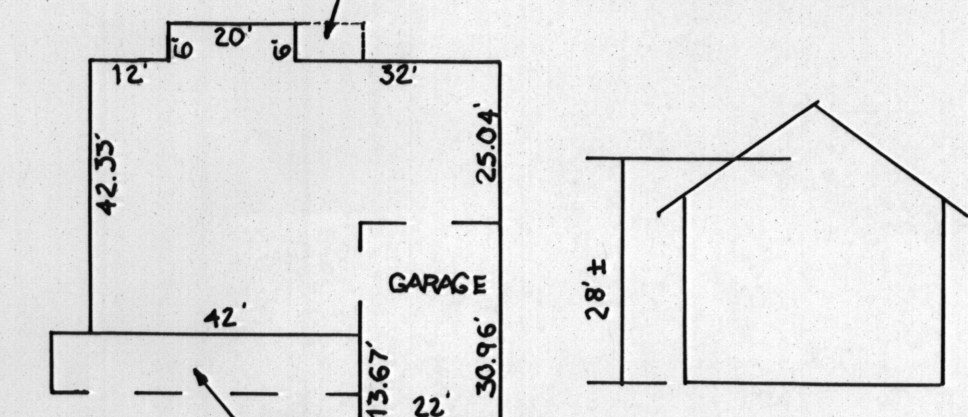
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY Land Development, DPZ _____ State Highways _____ Building Official _____ Dev. Engineering, DPZ _____ Health <u>4-30-10</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 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"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for NewTown Zone _____ SDP/Red-line approval date _____	PROPERTY ID#: TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # <u>11947</u> Validation # _____ Accepted by _____
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VICINITY MAP

SCALE: 1"=2000'
DPT. 10.67' X 6'
MORNING ROOM



THE HIGHLAND MANOR HOUSE PLAN

1"=30'

THE EXISTING WELL SHOWN ON LOT 12 TAG NO. H0-95-0115 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC. BUILDING OF LOT 12 FLOOR AREAS:
BASEMENT FLOOR AREA: 1910
FIRST FLOOR AREA: 1950
SECOND FLOOR AREA: 2200

SWM FOR THESE LOTS IS PROVIDED BY AN EXISTING EXTENDED DETENTION FACILITY UNDER F-05-17C

LEGEND	
—202—	EXISTING 2 FT CONTOUR
—200—	EXISTING 10 FT CONTOUR
—100—	LIMIT OF DISTURBANCE
—SSP—	SUPER SILT FENCE

Approved Septic System Plan
Howard County Health Department
4-30-10
Signature: *YBR SFD* Date

PARCEL "D"
76,200 SQ.FT.
1.75 AC

PLAN
SCALE: 1"=50'

NOTE: STOCKPILING WILL BE PERMITTED ON EACH LOT ONLY.

FOR GRADING PERMIT REFERENCE GP-07-69

GRADING AND SEDIMENT EROSION CONTROL PLAN
THE CHASE AT STONEYBROOK
PHASE I LOTS 6, 12 & 17
BUILDING PERMIT NO. _____
REF: S-01-21, P-05-001, F-06-170
ZONED: RC-DEO

TAX MAP: 7 BLOCK: 17
4TH ELECTION DISTRICT

PARCEL 133
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 4

OWNER / DEVELOPER
TRINITY QUALITY HOMES, INC.
3675 PARK AVENUE SUITE 301
ELLICOTT CITY, MARYLAND 21043
(410) 480-0223

REVIEWED FOR HOWARD SCD AND MEETS TECHNICAL REQUIREMENTS
Jim Myers 5/8/10
USDA-NATURAL RESOURCE CONSERVATION SERVICE
DATE

THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT
Jim K. Roberts 5/8/10
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 5/17/10
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 05/02/10
MICHAEL L. PFAU DATE

GP-07-69

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
110002072

Building Address 16507 C... Dr
...
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision ...
 Section _____ Area _____ Lot 12
 Tax Map 7 Parcel 133 Grid _____
 Zoning _____ Map Coordinates _____ Lot size 1.15 a

Property Owner's Name ...
 Address 3675 Park...
 City ... State ... Zip Code ...
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
...
 Phone ... Fax ...

Existing Use SFD
 Proposed Use SFD w/ 8000 Tank
 Estimated Construction Cost \$ 60000
 Description of Work ...

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. 10777
 Phone _____ Fax _____

Occupant or Tenant _____
 Contact Name ...
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

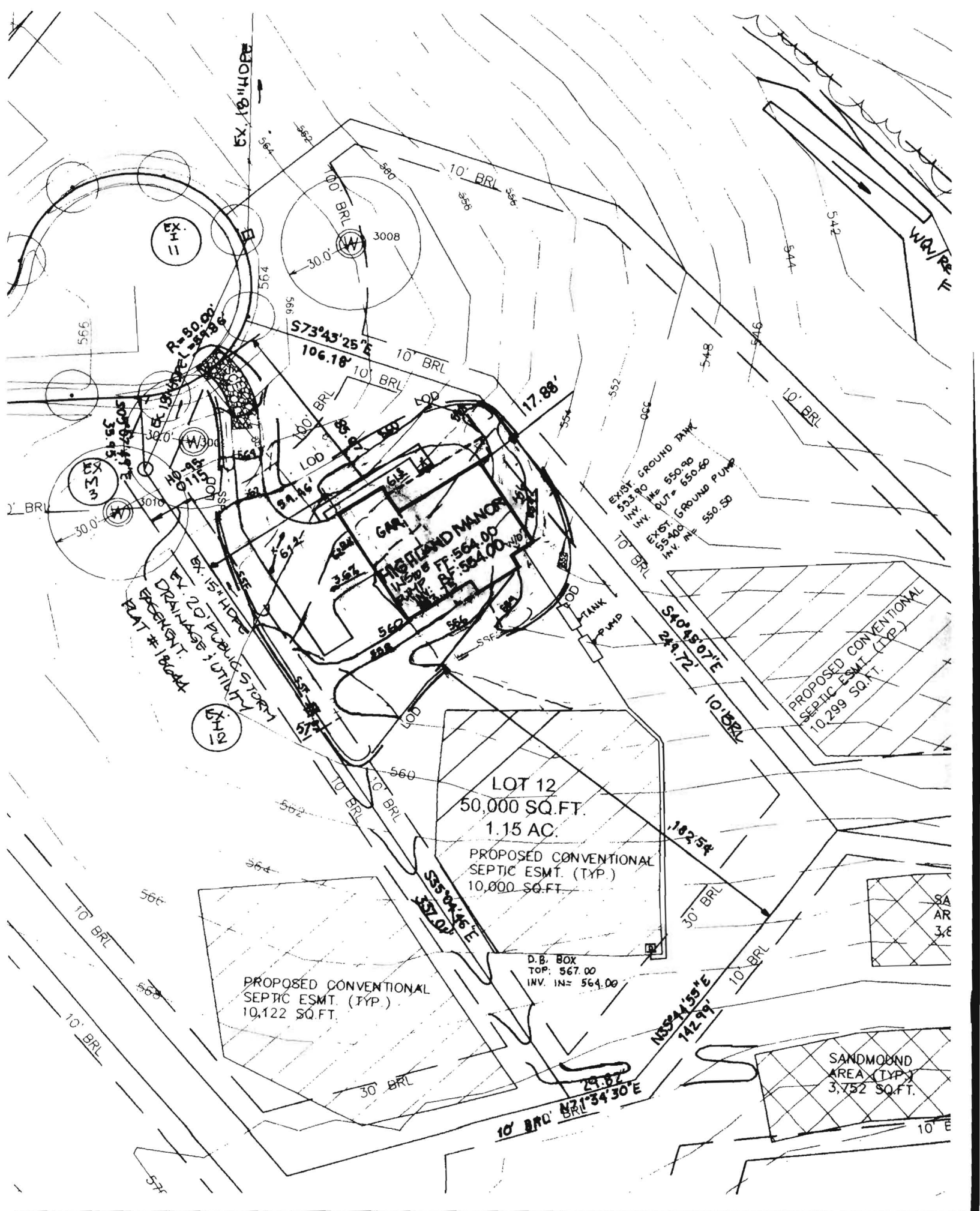
BUILDING CHARACTERISTICS		UTILITIES	
Height: _____	No. of stories: _____	Gross area, sq. ft. per floor: _____	Use group: _____
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____

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Applicant's Signature _____ Print Name ...
 Title/Company _____ Date _____

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AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ <u>11000</u>
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>7/19/10</u>	<u>Walter Smith</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?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>11000</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies:	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
T:\forms\PERMIT.FRM			Lot Coverage for NewTown Zone _____	Accepted by _____
			SDP/Red-line approval date _____	
				Gold: SHA



EX. II

EX. III

EX. IV

EX. V

EX. VI

EX. VII

EX. VIII

EX. 18" HDPE

R=90.00'
S73°43'25"E
106.18'

EX. 15" HDPE
EX. 20" PUBLIC STORM
DRAINAGE UTILITY
PLAT # 18644

LOT 12
50,000 SQ. FT.
1.15 AC.

PROPOSED CONVENTIONAL
SEPTIC ESMT. (TYP.)
10,000 SQ. FT.

PROPOSED CONVENTIONAL
SEPTIC ESMT. (TYP.)
10,122 SQ. FT.

D.B. BOX
TOP: 567.00
INV. IN: 564.00

EXIST. GROUND TANK
TO INV. 553.70
TO INV. 550.90
DUT = 550.80
EXIST. GROUND PUMP
TO INV. 555.40
TO INV. 550.50

PROPOSED CONVENTIONAL
SEPTIC ESMT. (TYP.)
10,299 SQ. FT.

SANDMOUND
AREA (TYP.)
3,752 SQ. FT.

SA
AR
3.8

10' E

WAV/REF

10' BRL

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