

Building Address 1875 Mount Laurel Dr
Wormsick MD 21163

Suite/Apt. #: 5A SDP/WP/Petition #: 06-28

Census Tract _____ Subdivision in service of Waverly Glen

Section _____ Area _____ Lot 11

Tax Map 10 Parcel 3044 Grid 102

Zoning _____ Map Coordinates _____ Lot Size 52608 A

Existing Use VACANT LOT

Proposed Use S.F.D.

Estimated Construction Cost \$ 263,753

Description of Work 2 story, Full BSMT, HRM, 5FB IHB, (5BR) 2 GARAGES

Occupant or Tenant N/A

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name TRINITY QUALITY HOMES, INC
 Address 3675 PARK AVE # 301
 City ELLICOTT CITY State MD Zip Code 21044
 Home Phone _____ Work Phone 410-750-9003
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone _____ Fax 410-750-9003

Contractor Company TRINITY QUALITY HOMES, INC
 Contact Person SHERRY MEWSHAW
 Address 3675 PARK AVE #301
 City ELLICOTT CITY State MD Zip Code 21043
 License No. 699
 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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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	Sprinkler system: <u>N/A</u> <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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1 st floor: _____ 2 nd floor: _____ Basement: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u>5</u>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
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.

Sherry L. Mewshaw
 Applicant's Signature

Operations, Trinity Quality Homes, Inc.
 Title/Company

SHERRY L. MEWSHAW
 Print Name

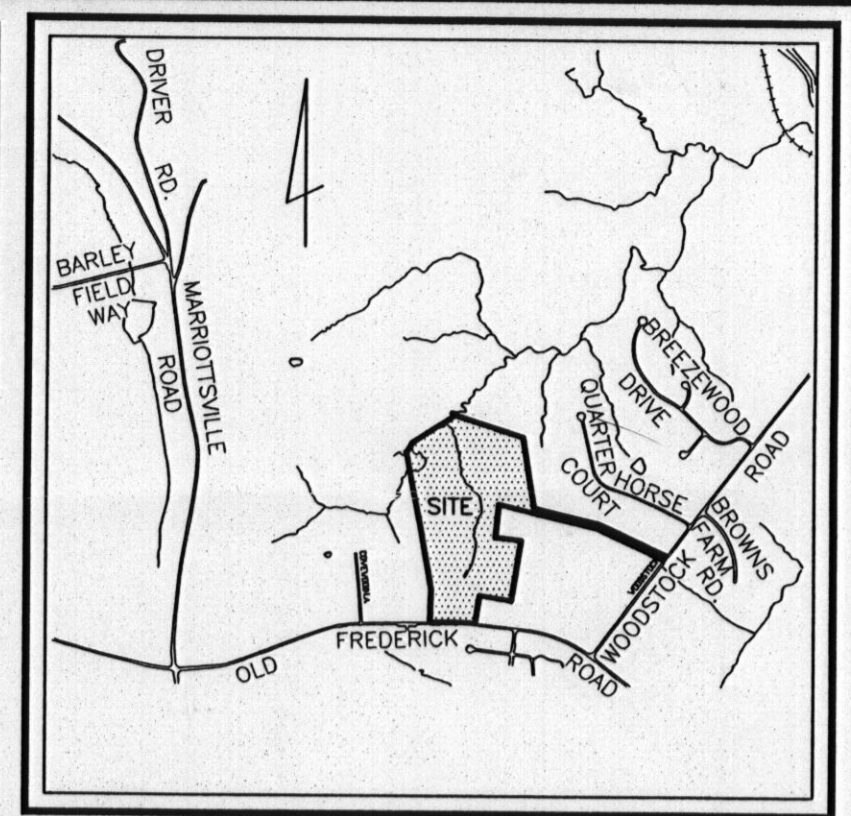
6/19/10
 Date

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

- FOR OFFICE USE ONLY -

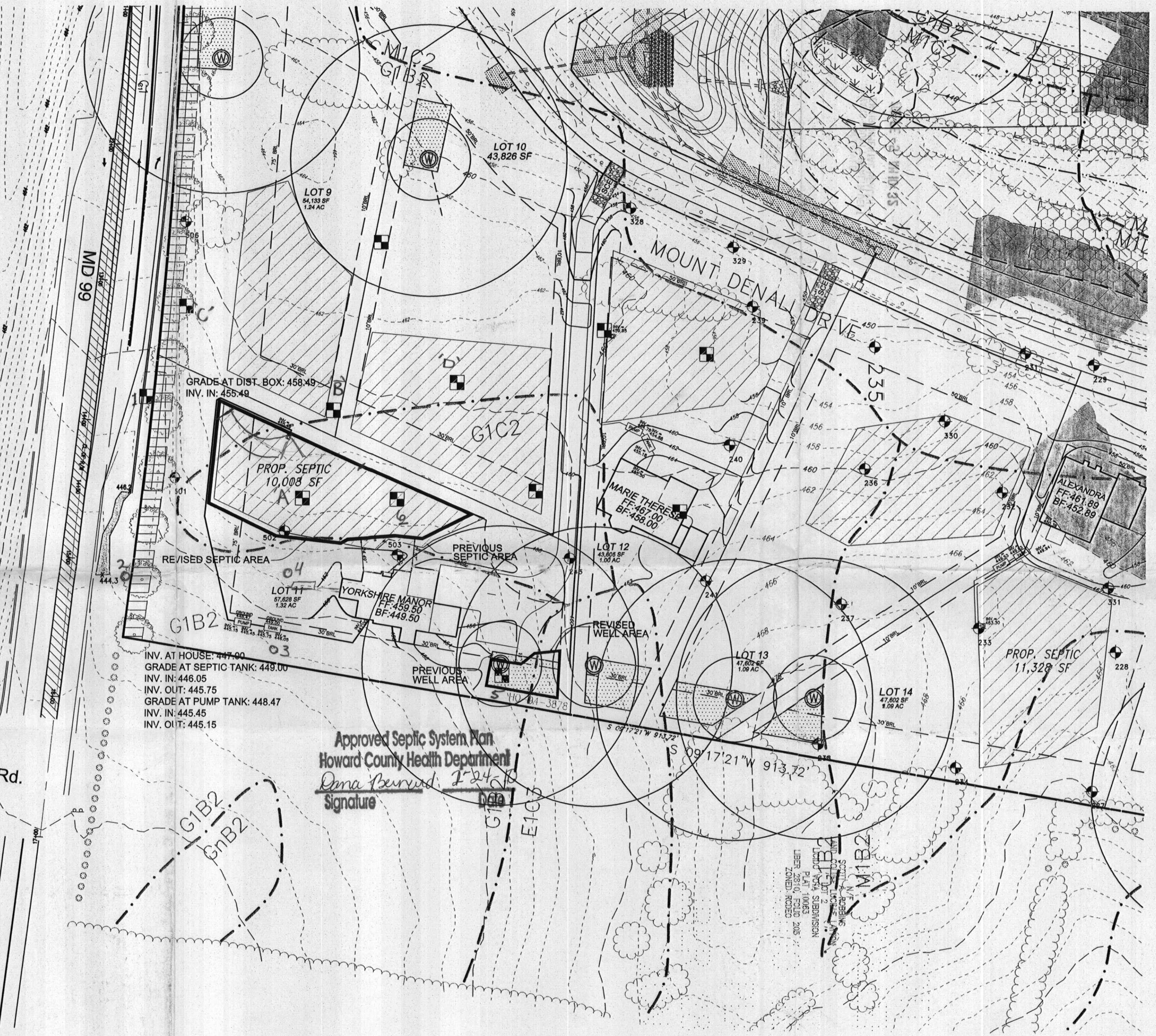
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ <u>150.00</u>
<input checked="" type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Officials			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____
<input checked="" type="checkbox"/> Health <u>2-24-10</u> <u>Dana Bernard</u>			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
<input type="checkbox"/> Fire Protection			Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # <u>17276</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
			Accepted by _____	

SOILS LEGEND				
SYMBOL	NAME / DESCRIPTION	TYPE	'K' VALUE	HYDRIC INCLUSIONS
EIC3	ELIOAK SILTY CLAY LOAM, 8 TO 15 PERCENT SLOPES, SEVERLY ERODED	B	.28	NO
GIB2	GLENELG LOAM, 3 TO 8 PERCENT SLOPES, MODERATELY ERODED	B	.32	NO
GIC2	GLENELG LOAM, 8 TO 15 PERCENT SLOPES, MODERATELY ERODED	B	.32	NO
GIC3	GLENELG LOAM, 3 TO 8 PERCENT SLOPES, SEVERLY ERODED	B	.32	NO
GIB2	GLENVILLE SILT LOAM, 3 TO 8 PERCENT SLOPES, MODERATELY ERODED	C	.32	NO
MIC2	MANOR LOAM, 8 TO 15 PERCENT SLOPES, MODERATELY ERODED	B	.37	NO
MIC3	MANOR LOAM, 15 TO 25 PERCENT SLOPES, SEVERLY ERODED	B	.37	NO
MIE	MANOR LOAM, 25 TO 45 PERCENT SLOPES	B	.37	NO



VICINITY MAP
SCALE: 1"=2000'

Maryland State Grid Meridian



GENERAL NOTES:

1. THE PROPERTY OUTLINE IS BASED ON A BOUNDARY SURVEY PREPARED BY FREDERICK WARD ASSOC., DATED MARCH 2001.
2. THE EXISTING FEATURES AND CONTOURS SHOWN HEREON ARE BASED ON AERIAL TOPOGRAPHY PREPARED BY POTOMAC AERIAL SURVEYS, INC. ON APRIL 4, 2001.
3. WELLS HAVE BEEN DRILLED AND FIELD LOCATED FOR LOT 11 (TAG # HO-94-878).
4. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT.
5. ALL WELLS AND SEPTIC SYSTEMS WITHIN 100' FROM THE PROPERTY BOUNDARIES HAVE BEEN SHOWN.
6. ANY CHANGE TO A PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.

LEGEND

- EXISTING CONTOUR
- EXISTING TREES TO REMAIN
- SOIL BOUNDARY
- PASSED PERC. TEST
- FAILED PERC. TEST
- PREVIOUS PASSED PERC. TEST
- EXISTING WELL
- PROPERTY LINE
- PREVIOUSLY APPROVED WELL AREA
- REVISED WELL AREA
- SEPTIC AREA
- REVISED SEPTIC AREA

OWNER/DEVELOPER

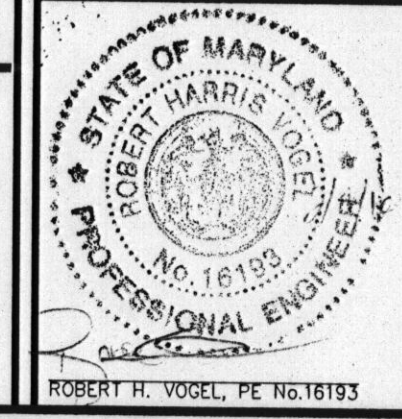
TBI HOMES, INC.
3675 PARK AVENUE, SUITE 301
ELLCOTT CITY, MARYLAND 21043
(410) 480-0023

REVISED PERCOLATION CERTIFICATION PLAN

THE PRESERVE AT WAVERLY GLEN
LOT 11

TAX MAP 10 BLOCK 23 PARCELS '304' & '102'
4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

ROBERT H. VOGEL ENGINEERING, INC.
ENGINEERS • SURVEYORS • PLANNERS
8407 MAIN STREET TEL: 410.461.7666
ELLCOTT CITY, MD 21043 FAX: 410.461.8961



DESIGN BY: RHV
DRAWN BY: JCO
CHECKED BY: RHV
DATE: JANUARY 28, 2010
SCALE: 1"=50'
W.O. NO.: 2017139.0

NOTE:
THE PURPOSE OF THIS REVISED PERCOLATION CERTIFICATION PLAN IS TO REVISE THE SEPTIC EASEMENT AND WELLBOX FOR LOT 11.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEM ON LOT 11.

Dana Beilenson
COUNTY HEALTH OFFICER

PERCOLATION CERTIFICATION:
I CERTIFY THAT THE LOCATIONS SHOWN HEREON ARE BASED ON FIELD LOCATIONS DONE UNDER MY DIRECT SUPERVISION, AND ARE CORRECT, TO THE BEST OF MY PROFESSIONAL KNOWLEDGE AND BELIEF.

Thomas M. Hoffmann, Jr.
THOMAS M. HOFFMANN, JR.
LAND SURVEYOR No. 267

THIS AREA DESIGNATES A MINIMUM 10,000 SQ FT PRIVATE SEWERAGE EASEMENT REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BE NULL AND VOID UPON CONNECTION TO A PUBLIC SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.