

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B10000786

Received 4/15/10

Building Address 5008 Greenbridge Rd
Daytone MD 21036
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision The Oaks at Bode Creek
Section _____ Area _____ Lot 2
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Trinity Homes
Address 3675 PORK AVE #301
City Ellicott City State MD Zip Code 21043
Phone 410-410-0023 Phone 410-410-0013
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax 410-486-0013

Existing Use New Residential
Proposed Use Install Sewerage Treatment Plant
Estimated Construction Cost \$ _____
Description of Work Install Sewerage Treatment Plant
for the Property Tract at 5008 Greenbridge Rd
Daytone MD

Contractor Company Vally National Gas
Contact Person William Gerwig
Address 7701 Montevideo Rd
City _____ State MD Zip Code 21794
License No. 7793
Phone 410-799-1114 Fax 410-799-0838

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: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ 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"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input checked="" 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 _____	Propane Gas <input checked="" type="checkbox"/>
Height: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ 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 _____	
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 THERE TO; (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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

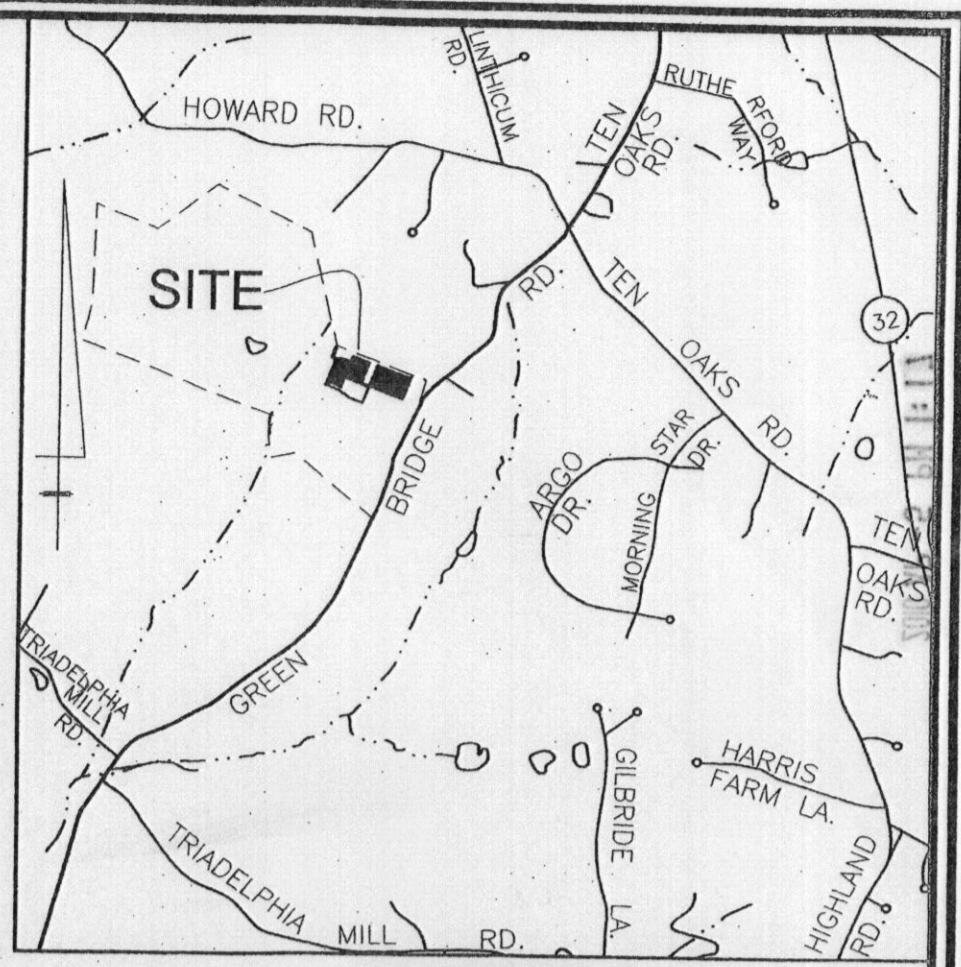
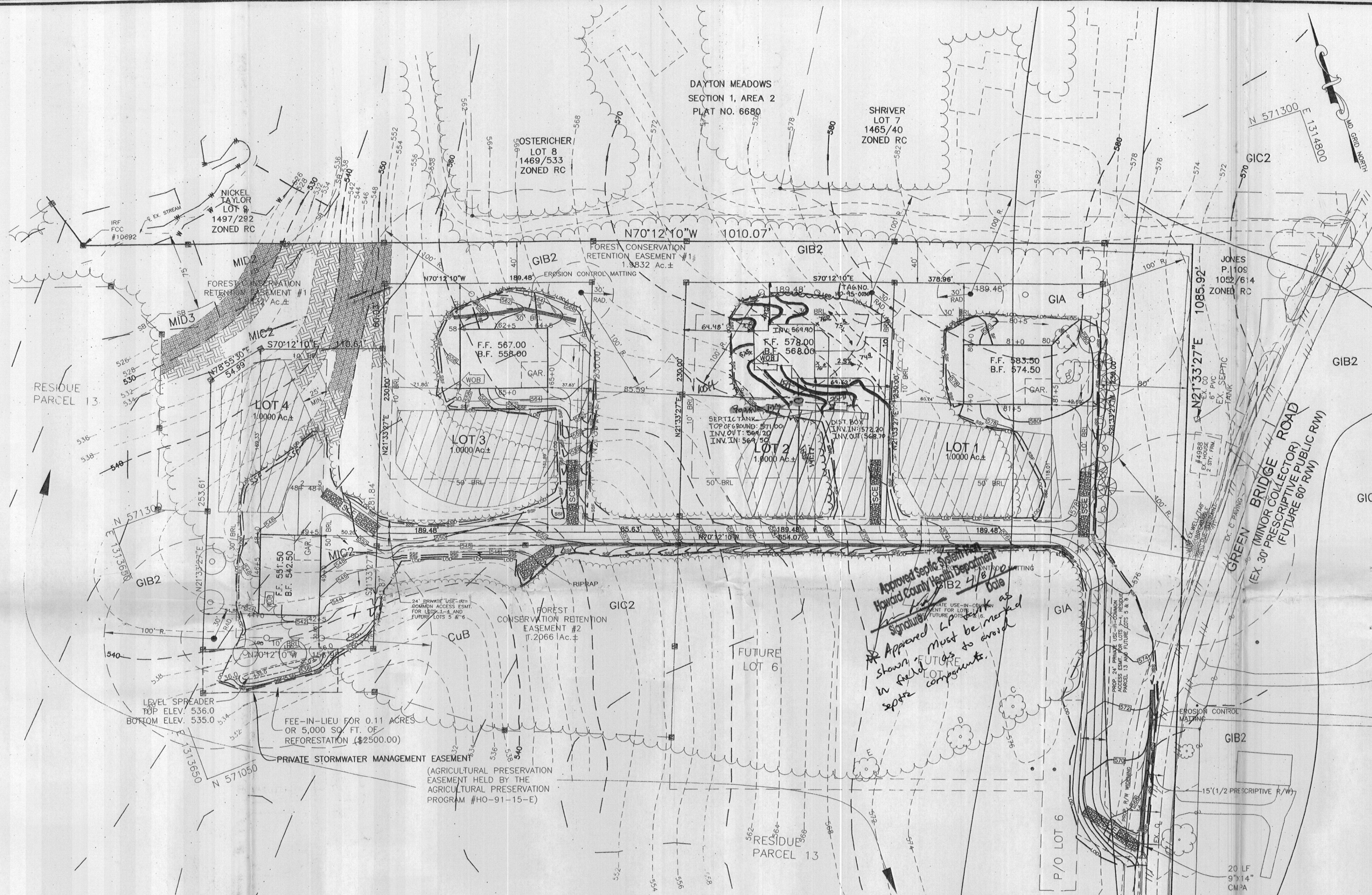
William R. Gerwig
Applicant's Signature
William R. Gerwig
Title/Company

William R. Gerwig
Print Name
3/31/10
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	<u>4/8/10</u>	<u>[Signature]</u>
Health		
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"/>		
Distribution of Copies- White: Building Official Green: LDD, DPZ		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ <u>100.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ <u>10.00</u>
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>110.00</u>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
	Balance due \$ _____
	Check # <u>1791</u>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by _____
Yellow: DED, DPZ	Pink: Health
Gold: SHA	



VICINITY MAP
SCALE: 1"=2,000'

NOTE: STOCKING WILL NOT BE PERMITTED ON SITE.

- LEGEND**
- 520--- Existing 10' (Index) Contours
 -522..... Existing 2' Contours
 - Proposed Primary Wells
 - Proposed Alternate Wells
 - ▨ Proposed Sewage Disposal Easement
 - ▭ Building Restriction Line
 - Proposed Dwelling
 - ~ Ex. Stream
 - - - Ex. Treenline
 - Prop. Treenline
 - Soil Boundary
 - ▧ Steep Slopes (25% or greater)
 - ▨ Steep Slopes (15 to 24.9%)
 - ▩ Forest Conservation Signage
 - Specimen Tree

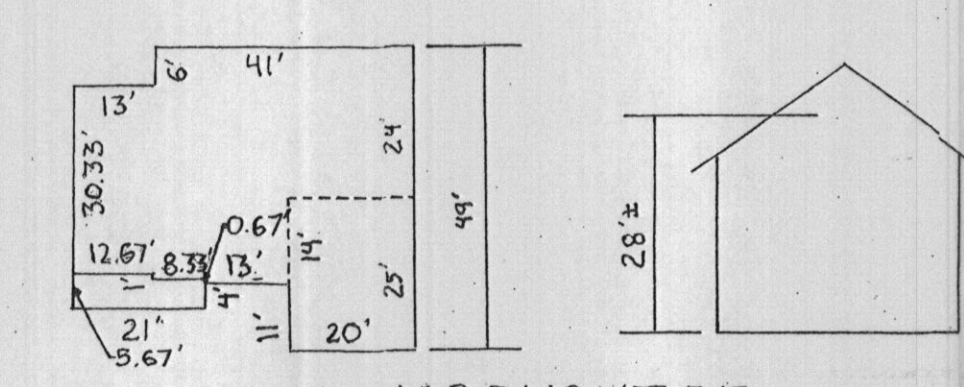
THE EXISTING WELL SHOWN ON LOT 2 TAG NO. ~~HO-91-0034~~ HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC.

BUILDING OF LOT 2 FLOOR AREAS:
 BASEMENT FLOOR AREA: 1590 A
 FIRST FLOOR AREA: 1590 A
 SECOND FLOOR AREA: 1651 A

NOTE: STORMWATER MANAGEMENT FOR THESE LOTS IS PROVIDED BY SWM CREDITS FOR ENVIRONMENTALLY SENSITIVE DEVELOPMENT APPROVED UNDER F-06-01H.

BUILDING PERMIT NO. _____

PLAN
SCALE: 1" = 50'



YORKSHIRE MANOR HOUSE PLAN
1"=30'

OWNER / DEVELOPER
 TRINITY QUALITY HOMES
 3675 PARK AVENUE, STE. 301
 ELLICOTT CITY, MD 21043
 (410) 450-0023

THESE PLANS HAVE BEEN REVIEWED FOR HOWARD COUNTY SOIL CONSERVATION DISTRICT AND MEET THE TECHNICAL REQUIREMENTS FOR SOIL EROSION AND SEDIMENT CONTROL. <i>Jim Meyer</i> 7/20/06 HOWARD COUNTY SOIL CONSERVATION SERVICE DATE	BY THE ENGINEER I HEREBY CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS. THIS PLAN WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT. <i>Mike Kazani</i> 7/18/06 SIGNATURE OF ENGINEER MIKE KAZANI, P.E. DATE	BY THE DEVELOPER I/WE CERTIFY THAT ALL DEVELOPMENT AND/OR CONSTRUCTION WILL BE DONE IN ACCORDANCE TO THESE PLANS, AND THAT ANY 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>Michael Plow</i> 7/18/06 SIGNATURE OF DEVELOPER DATE
	THESE PLANS FOR SOIL EROSION AND SEDIMENT CONTROL MEET THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT. <i>John R. Robinson</i> 7/20/06 HOWARD SCD DATE	

PLOT PLAN AT BRIDLE CREEK
 LOTS 1 - 4
 TAX MAP 28 GRID 7 PARCEL 13
 5TH ELECTION DISTRICT HOWARD COUNTY, MD

ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET ELLICOTT CITY, MD 21043 TEL: 410-451-7566 FAX: 410-451-8961

DESIGN BY: MR
 DRAWN BY: DRN
 CHECKED BY: RHV
 DATE: MAY 8, 2006
 SCALE: AS SHOWN
 W.O. NO.: 06-22-00

1 SHEET OF 2

Address 5008 GREENBRIDGE RD.
Dayton, 21036

Suite/Apt. #: _____ SDP/WP/Petition #: GP-07-03

Census Tract _____ Subdivision THE OAKS AT BRIDLE CREEK

Section _____ Area _____ Lot 2

Tax Map 28 Parcel 13 Grid _____

Zoning _____ Map Coordinates 4933A Lot Size 1 ACRE

Property Owner's Name TRINITY QUALITY HOMES, INC.
Address 3675 PARK AVE # 301
City ELLIOTT CITY State MD Zip Code 21043
Home Phone _____ Work Phone 410-750-9002
Applicant's Name & Mailing Address, (if other than stated herein): _____
Phone _____ Fax 410-750-9003

Existing Use VACANT LOT
Proposed Use SFD
Estimated Construction Cost \$ 263,753

Description of Work 2 story 9R, 3FB, 1HB
FP + GARAGE (4 BR) FULL FINISHED
Basement with Full bath.

Occupant or Tenant N/A

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

Contractor Company TRINITY QUALITY HOMES, INC.
Contact Person SHERRY MEWSHAW
Address 3675 PARK AVE # 301
City ELLIOTT CITY State MD Zip Code 21043
License No. 699
Phone _____ Fax 410-750-9003

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ 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"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private _____
1 st floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2 nd floor: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ 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: _____	
State Certified Modular _____	
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 PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Sherry L. Mewshaw
Title/Company Operations, Trinity Quality Homes, Inc.

Print Name SHERRY MEWSHAW
Date 11/10/09

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY AND LEGIBLY.
- FOR OFFICE USE ONLY -
Selma, 6145.74

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Officials	<u>11/23/09</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>3/22/2010</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID #
Front: _____	Filing fee \$ <u>100.00</u>
Rear: _____	Permit fee \$ <u>978.38</u>
Side: _____	Excise tax \$ <u>9121.40</u>
Side St.: _____	Add'l per fee \$ <u>97.04</u>
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 New Town Zone _____	Check # <u>18598</u>
SDP/Red-line approval date _____	Validation # _____
	Accepted by _____

Building Address: 5008 GREENBRIDGE RD.
Dayton, 21036

Suite/Apt. #: _____ SDP/WP/Petition #: GP-07-03

Census Tract _____ Subdivision THE OAKS AT BRIDLE CREEK

Section _____ Area _____ Lot 2

Tax Map 28 Parcel 13 Grid _____

Zoning _____ Map Coordinates 4933A Lot Size 1 ACRE

Existing Use VACANT LOT
 Proposed Use SFD
 Estimated Construction Cost \$ 263,753

Description of Work 2 STORY 9R, 3FB, 1HB
 FP + GARAGE (4 BR) FULL FINISHED
 BASEMENT WITH FULL BATH.

Occupant or Tenant N/A

Contact Name _____
 Address _____
 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 21043
 Home Phone _____ Work Phone 410-750-9002
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone _____ Fax 410-750-9003

Contractor Company TRINITY QUALITY HOMES, INC.
 Contact Person SHERRY MEWISHAU
 Address 3675 PARK AVE # 301
 City ELLICOTT CITY State MD Zip Code 21043
 License No. 699
 Phone _____ Fax 410-750-9003

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

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1 st floor: _____ 2 nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input 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>4</u> <i>see Acella</i>	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: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	State Certified Modular _____ 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 PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Sherry L. Mewshaw Print Name: SHERRY MEWISHAU
 Title/Company: Operations, Trinity Quality Homes, Inc. Date: 11/10/09

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

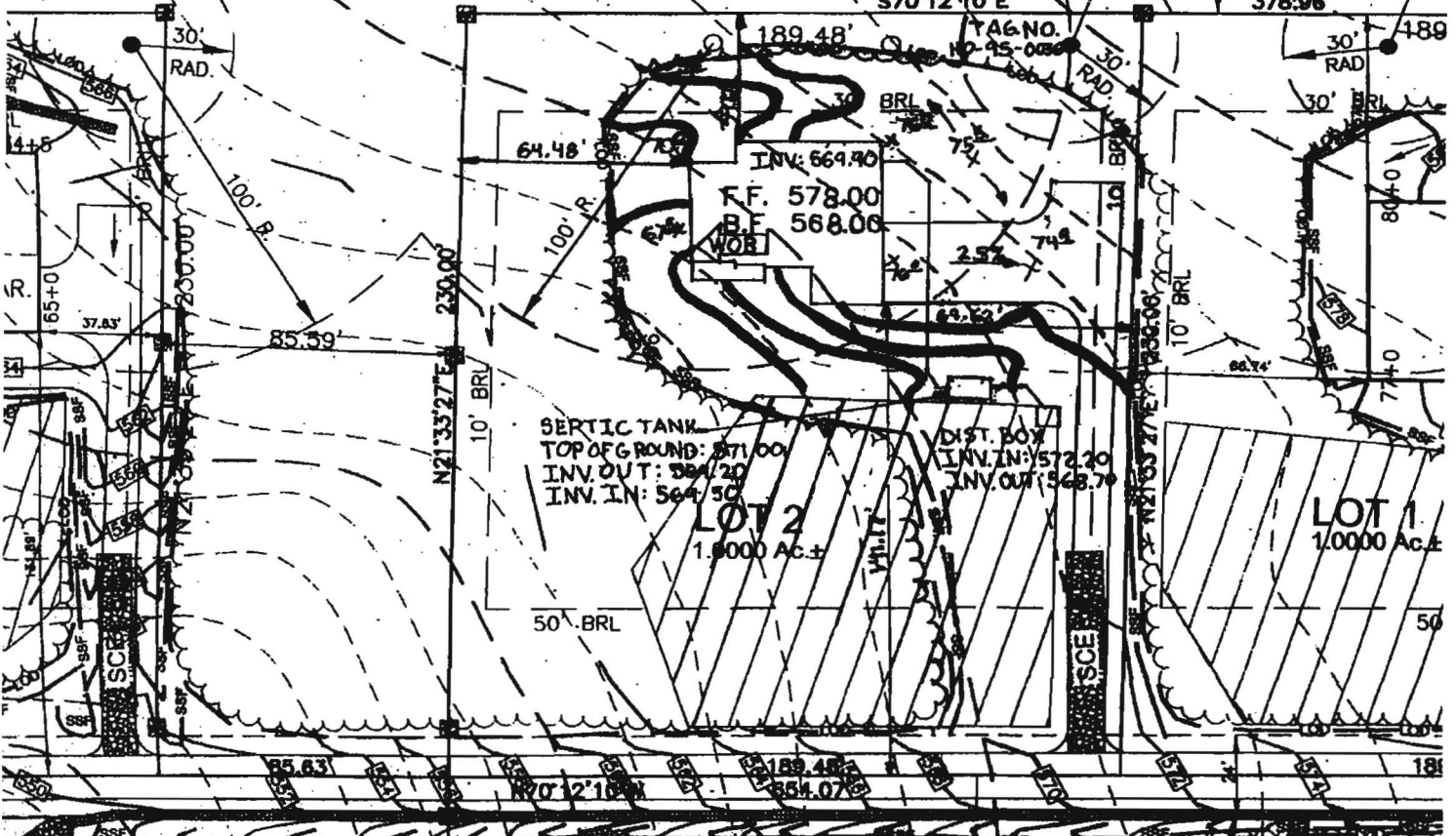
AGENCY	DATE	SIGNATURE	APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ				Front: _____	Filing fee - \$ _____
State Highways				Rear: _____	Permit fee - \$ <u>976.38</u>
Building Officials	<u>11/28/09</u>	<u>[Signature]</u>		Side: _____	Excise tax - \$ <u>3121.46</u>
Dev. Engineering, DPZ				Side St: _____	Add'l per fee - \$ <u>976.04</u>
Health	<u>3/22/2010</u>	<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"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Is Entrance Permit Required?	Check # <u>18578</u>
ONE STOP SHOP: <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
				Historic District?	Accepted by _____
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				Lot Coverage for New Town Zone	
				SDP/Red-line approval date	

IB2

FOREST CONSERVATION
RETENTION EASEMENT #1
1.9832 Ac.±

GIB2

EROSION CONTROL MATTING



FOREST
CONSERVATION RETENTION
EASEMENT #2
2.0661 Ac.±

GIC2

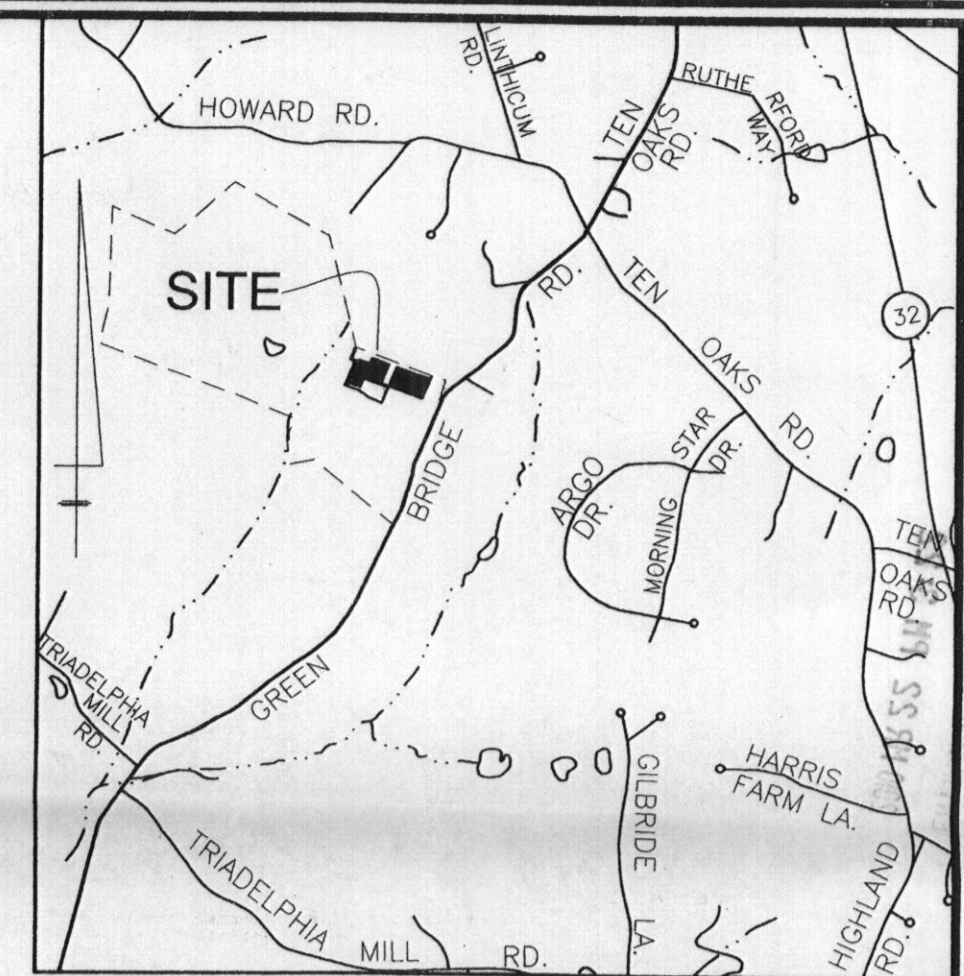
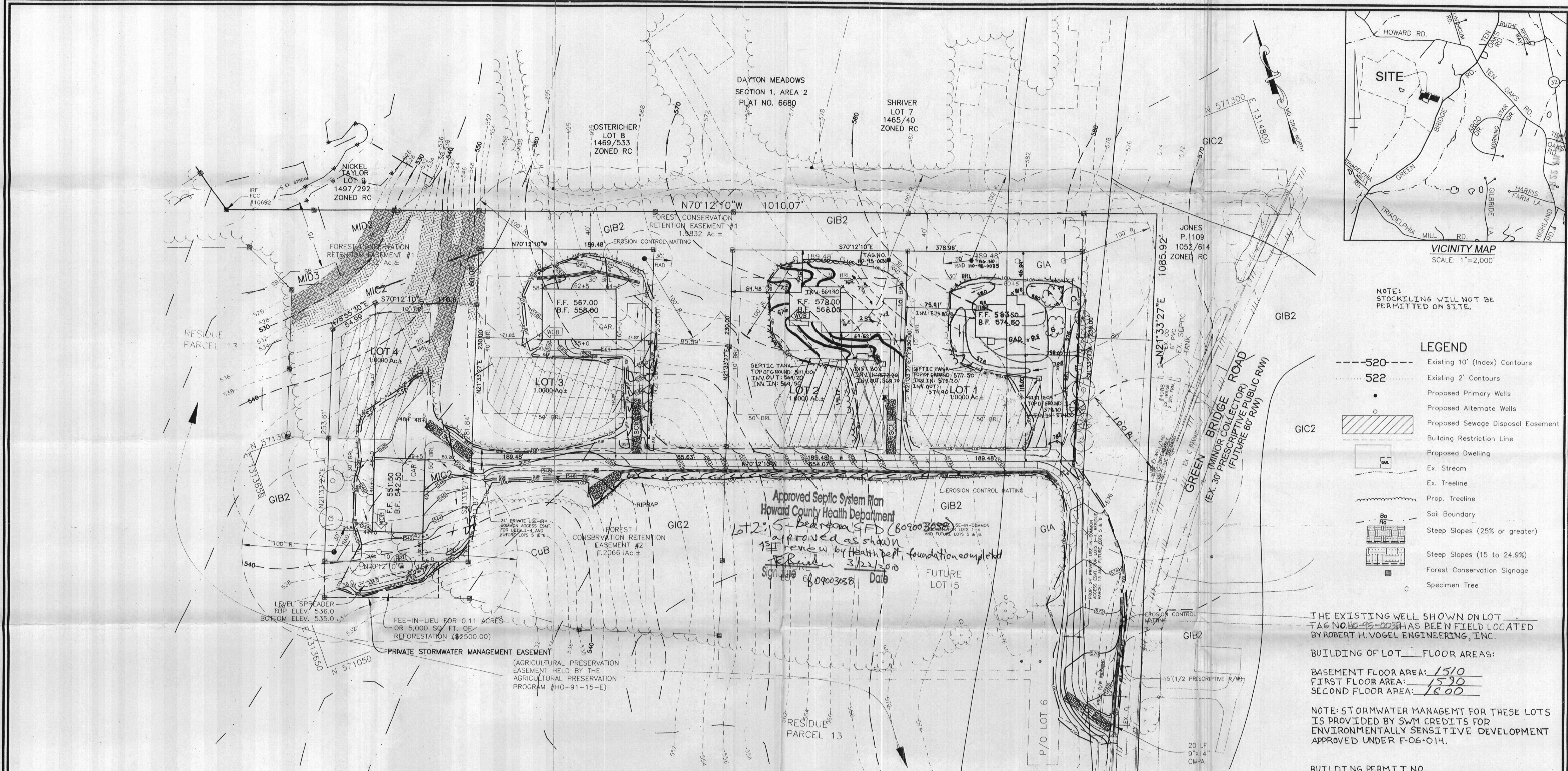
Approved Septic System Plan
Howard County Health Department
24' PRIVATE USE-IN-COMM
EASEMENT FOR LOTS 1, 2,
AND FUTURE LOTS 5 & 6.

5008 Green Bridge Rd. (Lot 2)
5-Bed room SFD

FUTURE APPROVED AS SHOWN FUTURE
LOT 6 K. Bicker 3/22/2010 LOT 15
Signature Date

BO9003038
5008 Green Bridge Rd.

TION
TION



NOTE: STOCKILING WILL NOT BE PERMITTED ON SITE.

- LEGEND**
- 520--- Existing 10' (Index) Contours
 -522..... Existing 2' Contours
 - Proposed Primary Wells
 - Proposed Alternate Wells
 - ▨ Proposed Sewage Disposal Easement
 - ▭ Building Restriction Line
 - ▭ Proposed Dwelling
 - Ex. Stream
 - Ex. Treeline
 - Prop. Treeline
 - Soil Boundary
 - ▭ Steep Slopes (25% or greater)
 - ▭ Steep Slopes (15 to 24.9%)
 - ▭ Forest Conservation Signage
 - Specimen Tree

THE EXISTING WELL SHOWN ON LOT TAG NO. 95-0038 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC.

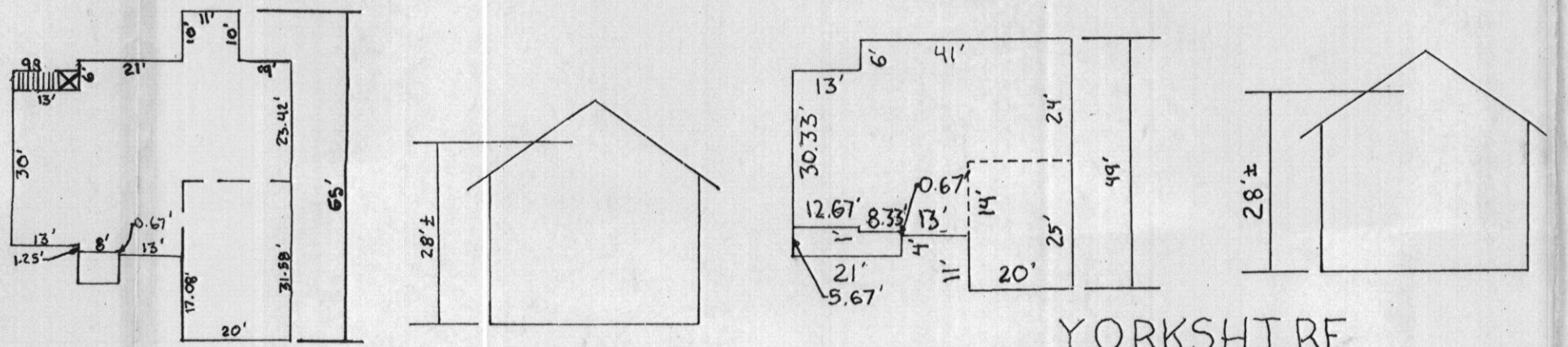
BUILDING OF LOT FLOOR AREAS:

BASEMENT FLOOR AREA: 1510
FIRST FLOOR AREA: 1590
SECOND FLOOR AREA: 1800

NOTE: STORMWATER MANAGEMENT FOR THESE LOTS IS PROVIDED BY SWM CREDITS FOR ENVIRONMENTALLY SENSITIVE DEVELOPMENT APPROVED UNDER F-06-014.

BUILDING PERMIT NO. _____

PLAN
SCALE: 1" = 50'



OWNER / DEVELOPER

TRINITY QUALITY HOMES
3675 PARK AVENUE, STE. 301
ELLCOTT CITY, MD 21043
(410) 486-0023

THESE PLANS HAVE BEEN REVIEWED FOR HOWARD COUNTY SOIL CONSERVATION DISTRICT AND MEET THE TECHNICAL REQUIREMENTS FOR SOIL EROSION AND SEDIMENT CONTROL.

BY THE ENGINEER
7/20/06
DATE

THESE PLANS FOR SOIL EROSION AND SEDIMENT CONTROL MEET THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.

7/18/06
DATE

HOWARD SCD

BY THE ENGINEER
I HEREBY CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS. THIS PLAN WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.

7/18/06
DATE

SIGNATURE OF ENGINEER
MIKE RAZAVI, P.E.

BY THE DEVELOPER
I/WE CERTIFY THAT ALL DEVELOPMENT AND/OR CONSTRUCTION WILL BE DONE IN ACCORDANCE TO THESE PLANS, AND THAT ANY 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.

7/18/06
DATE

SIGNATURE OF DEVELOPER
MICHAEL FLOW



DESIGN BY: MR.
DRAWN BY: DRN
CHECKED BY: RLV
DATE: MAY 8, 2006
SCALE: AS SHOWN
W.O. NO.: 06-22.00