



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: BV400061

Handwritten: HARMON 1/14/14

Building Address: 5020 Green Bridge Rd
 City: Darton State: md Zip Code: 21036
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: the oaks @ bridge creek
 Section: _____ Area: _____ Lot: 4
 Tax Map: 28 Parcel: 417 Grid: 7
 Zoning: _____ Map Coordinates: _____ Lot Size: 1.00(A)

Existing Use: SFD
 Proposed Use: SFD w/ propane tank
 Estimated Construction Cost: \$ 6000
 Description of Work:
Install 500 gallon in-ground propane tank

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: contractor
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Trinity Quality Homes
 Address: 3675 Park Ave
 City: Ellittts City State: md Zip Code: 21013
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Jeremy Clancy
 Address: PO Box 1253
 City: Eldersburg State: md Zip Code: 21784
 Phone: 443-740-1229 Fax: _____
 Email: JEREMY@AppliedAndApproved.com

Contractor Company: Valley National Gas
 Contact Person: William Greenig
 Address: 7201 Montevideo Rd
 City: Jessup State: md Zip Code: 20794
 License No.: 607793
 Phone: 410-799-1114 Fax: _____
 Email: 8

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: contractor
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System	
<input type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grading Permit Number:	
Building Shell Permit Number:	

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: Jeremy Clancy
 Email Address: Jeremy@AppliedAndApproved.com
 Title/Company: Permits

Print Name: Jeremy Clancy
 Date: 1/14/14

JAN 15 2014

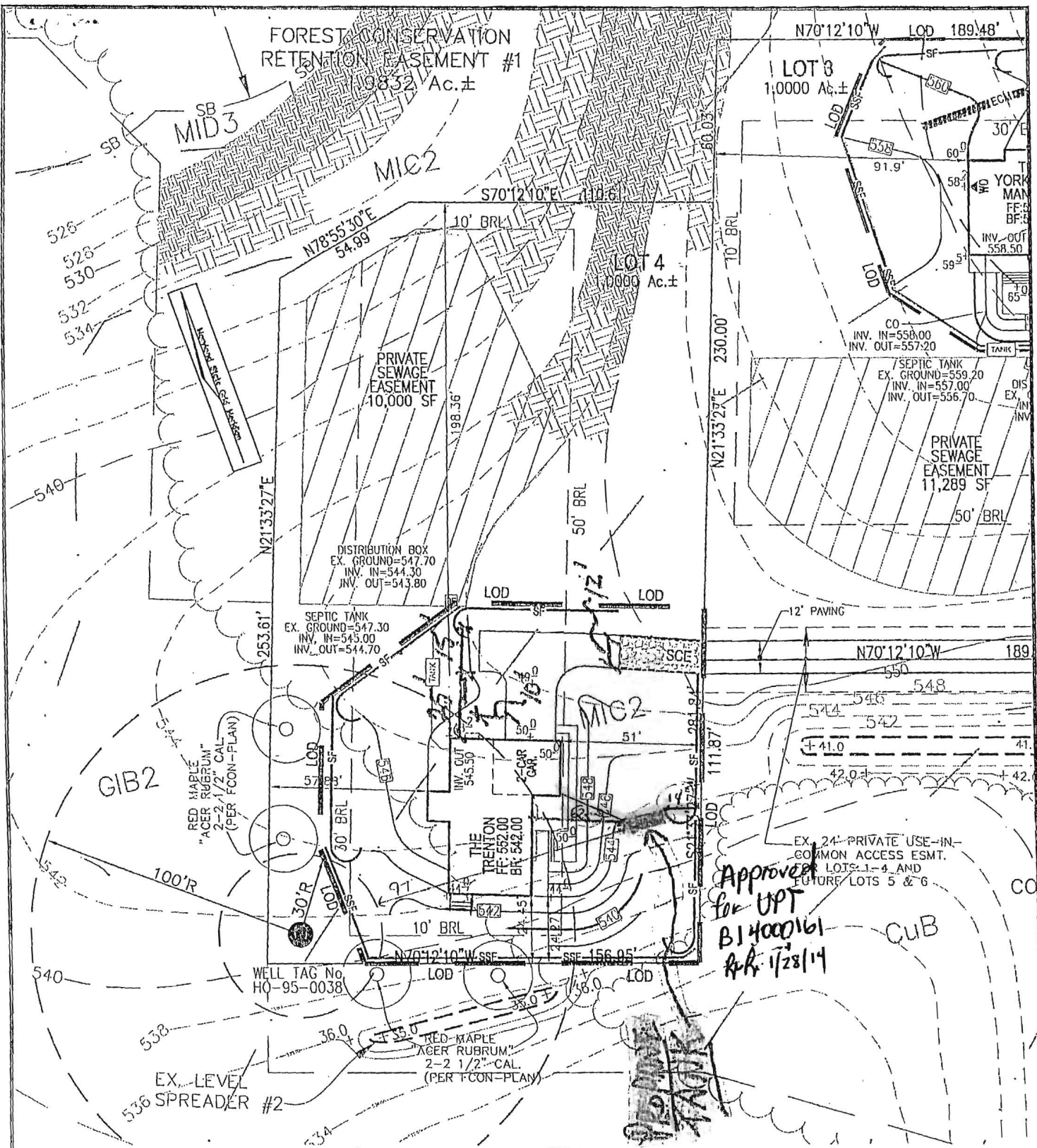
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>1/28/14</u>	<u>[Signature]</u>

Is Sediment Control approval required for Issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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	\$ <u>110.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$ <u>3429</u>
Check	# <u>3429</u>



SCALE
1"=50'

THE EXISTING WELL SHOWN ON LOT 4 TAG NO. 95-0038 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC., AND IS ACCURATELY SHOWN.

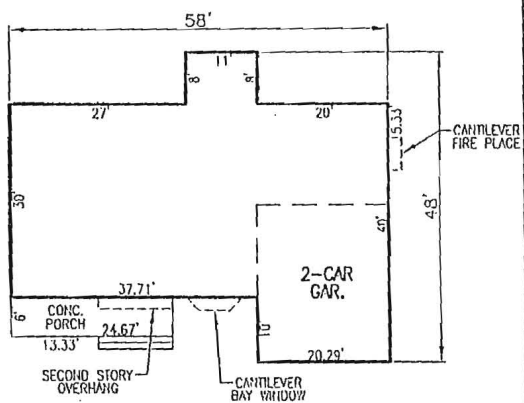
BUILDING OF LOT 4 FLOOR AREAS:
 BASEMENT FLOOR AREA: 1510
 FIRST FLOOR AREA: 1540
 SECOND FLOOR AREA: 1840
 BEDROOMS: 4

NOTE: STORMWATER MANAGEMENT FOR THIS LOT WILL BE MET VIA CREDITS FOR ENVIRONMENTALLY SENSITIVE DEVELOPMENT UNDER F-06-014.

BUILDING PERMIT NO. _____

ADDRESS
5020 GREEN BRIDGE ROAD
DAYTON, MD 21036
GP: 07-03

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



THE TRENTON
W/ CULTURED STONE VENEER & SIDING
SCALE: 1"=30'

SCALE: AS SHOWN
 DRAWN BY: JMR
 CHECKED BY: RHV
 DATE: AUGUST 2013
 PROJECT #: 06-22
 SHEET #: 1 OF 1

PLOT PLAN
THE OAKS AT BRIDLE CREEK
LOT 4
REF: F-06-014
TAX MAP 28 PARCEL 417
BLOCK 7
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

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

P10004023
G00002652

Building Address: 5030 GREEN BRIDGE RD
DAYTON, MD 21030

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

Census Tract: _____ Subdivision: OAKS AT GREENLEAF

Section: _____ Area: _____ Lot: 4

Tax Map: 28 Parcel: 13 Grid: _____

Zoning: _____ Map Coordinates: 49283 Lot Size: 43500

Existing Use: VACANT LOT

Proposed Use: SFD

Estimated Construction Cost: \$ 264,000

Description of Work: YORKSHIRE MANOR
2 STORY FULL BSMT, GR, 2 FB, 1 HB,
FP, GARAGE (4BR)

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: 3075 PARK AVE #301

City: ELICOTT 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

Email: _____

Contractor Company: TRINITY QUALITY HOMES, INC

Contact Person: STEPHEN M. WISHAW

Address: 3075 PARK AVE #301

City: ELICOTT CITY State: MD Zip Code: 21043

License No.: 699

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: _____

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 type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression
	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 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: <u>4</u>	<input 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:	
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.

Applicant's Signature: Stephen M. Wishaw Print Name: STEPHEN M. WISHAW

Email Address: SMWISHAW@TRINITYHOMES.COM Date: 12-15-10

Title/Company: OPERATIONS TO TRINITY QUALITY HOMES

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>1-19-11</u>	<u>Bernard</u>
Fire Protection		

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? Yes No

Is Entrance Permit Required? Yes No

Historic District? Yes No

Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

Filing Fee	\$ <u>100.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50.00</u>
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

B12001927

G060002652

Building Address: 5020 GREEN BRIDGE RD
DAYTON 21036

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

Census Tract: _____ Subdivision: OAKS AT BRIDAL CREEK

Section: _____ Area: _____ Lot: 4

Tax Map: 28 Parcel: 4713 Grid: 7

Zoning: _____ Map Coordinates: B3 Lot Size: 1 AC

Existing Use: VACANT LOT

Proposed Use: SFD

Estimated Construction Cost: \$ 282,532

Description of Work: 2 STORY, FULL BSMT,
9R, 2FB, 1HB, FP & GARAGE
(4 BR)

Occupant or Tenant: NIA

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: TRINITY QUALITY HOMES

Address: 3675 PARK AVE #301 INC

City: ELLICOTT 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: ELLICOTT CITY State: MD Zip Code: 21043

License No.: 699

Phone: 410-313-8722 Fax: 410-313-8731

Email: SALLY@TRINITYHOMES.COM

Engineer/Architect Company: NIA

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	Roadside Tree Project Permit #
<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

6/6/12
 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	<u>6-25-12</u>	<u>Dana Bevard</u>
<input 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	\$

CP# 024639

Name: Trinity Homes
Street Address: 3675 Park Ave #301
City, State, Zip: Ellicott City, MD 21043
Date: _____

Amendment, Permit # B12001927

Mrs. Shari Logan
Acting Chief, Licenses and Permits Division
Department of Inspections, Licenses and Permits
Howard County Government
3430 Court House Dr
Ellicott City, MD 21043

RECEIVED
NOV 21 2013
LICENSES & PERMITS
DIVISION

Dear Mrs. Logan:

I am requesting to amend Permit # B12001927 at
5020 Green Bridge Rd. Dayton, MD 21036 to
moved house 15' towards septic, revised 2nd floor to
9' ceilings + finished basement.

Enclosed:

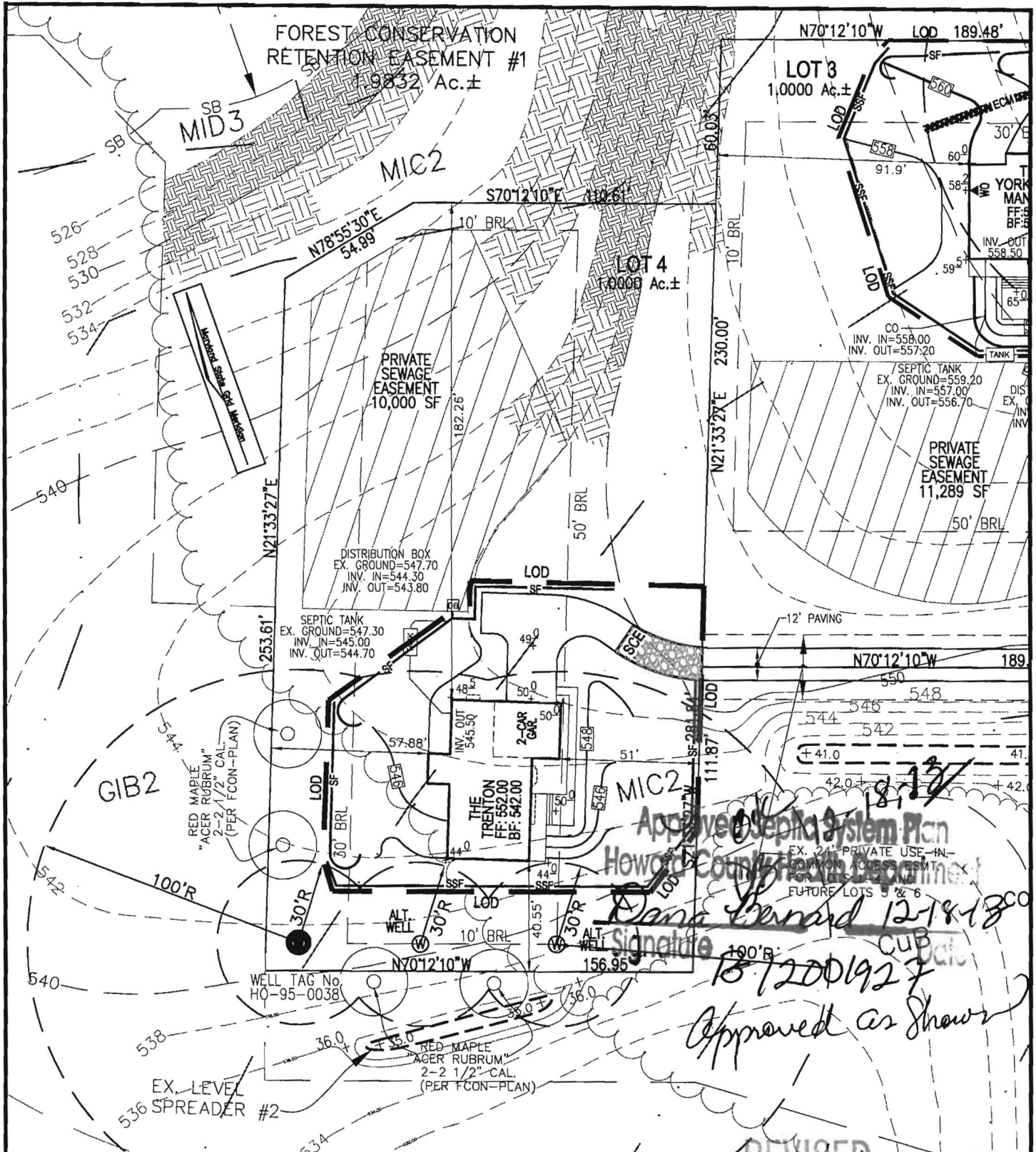
Fee: 50
Plot Plans
 Sets of Construction Drawings
Other: _____

Check #025135
invoice #341121

If there is anything we can do to assist you, please let me know.

Sincerely,

Name: Sherni Mewshaw
Title: _____
Phone: 443-538-8516
Email: Sherni@Trinityhomes.com
CC: DPZ, DET, Health



SCALE
 1"=50'

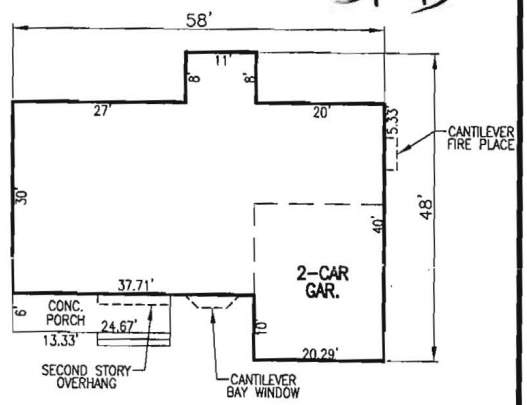
REVISED

Date: 11-21-13
 Comments: relocate
SFD

THE EXISTING WELL SHOWN ON LOT 4 TAG NO. 95-0038 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC., AND IS ACCURATELY SHOWN.
 BUILDING OF LOT 4 FLOOR AREAS:
 BASEMENT FLOOR AREA: 1510
 FIRST FLOOR AREA: 1540
 SECOND FLOOR AREA: 1840
 BEDROOMS: 4
 NOTE: STORMWATER MANAGEMENT FOR THIS LOT WILL BE MET VIA CREDITS FOR ENVIRONMENTALLY SENSITIVE DEVELOPMENT UNDER F-06-014.
 BUILDING PERMIT NO. _____

ADDRESS
 5020 GREEN BRIDGE ROAD
 DAYTON, MD 21036
 GP: 07-03

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



THE TRENTON
 W/ CULTURED STONE
 VENEER & SIDING
 SCALE: 1"=30'

SCALE: AS SHOWN
 DRAWN BY: JMR
 CHECKED BY: RHV
 DATE: OCTOBER 2013
 PROJECT #: 06-22
 SHEET#: 1 OF 1

PLOT PLAN
THE OAKS AT
BRIDLE CREEK
LOT 4
 REF: F-06-014
 TAX MAP 28 PARCEL 417
 BLOCK 7
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 6407 MAIN STREET ELLICOTT CITY, MD 21043 TEL: 410.461.7666 FAX: 410.461.8961

THE EXISTING WELL SHOWN ON LOT 4 TAG NO. ~~45-0038~~ HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC.

BUILDING OF LOT 4 FLOOR AREAS:

BASEMENT FLOOR AREA: 1580
 FIRST FLOOR AREA: 1605
 SECOND FLOOR AREA: 1495
 BED ROOMS: 4

NOTE: STORMWATER MANAGEMENT FOR THESE LOTS IS PROVIDED BY SWM CREDITS FOR ENVIRONMENTALLY SENSITIVE DEVELOPMENT APPROVED UNDER F-06-C14.

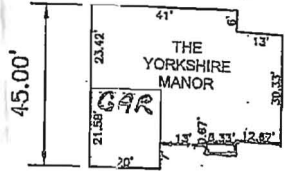
BUILDING PERMIT NO. _____

Approved Septic System Plan
Howard County Health Department
Conna Barnard
 Signature
 4/22
 Date
 6-25-12

BP# B12001927

50 SCALE

54.00'

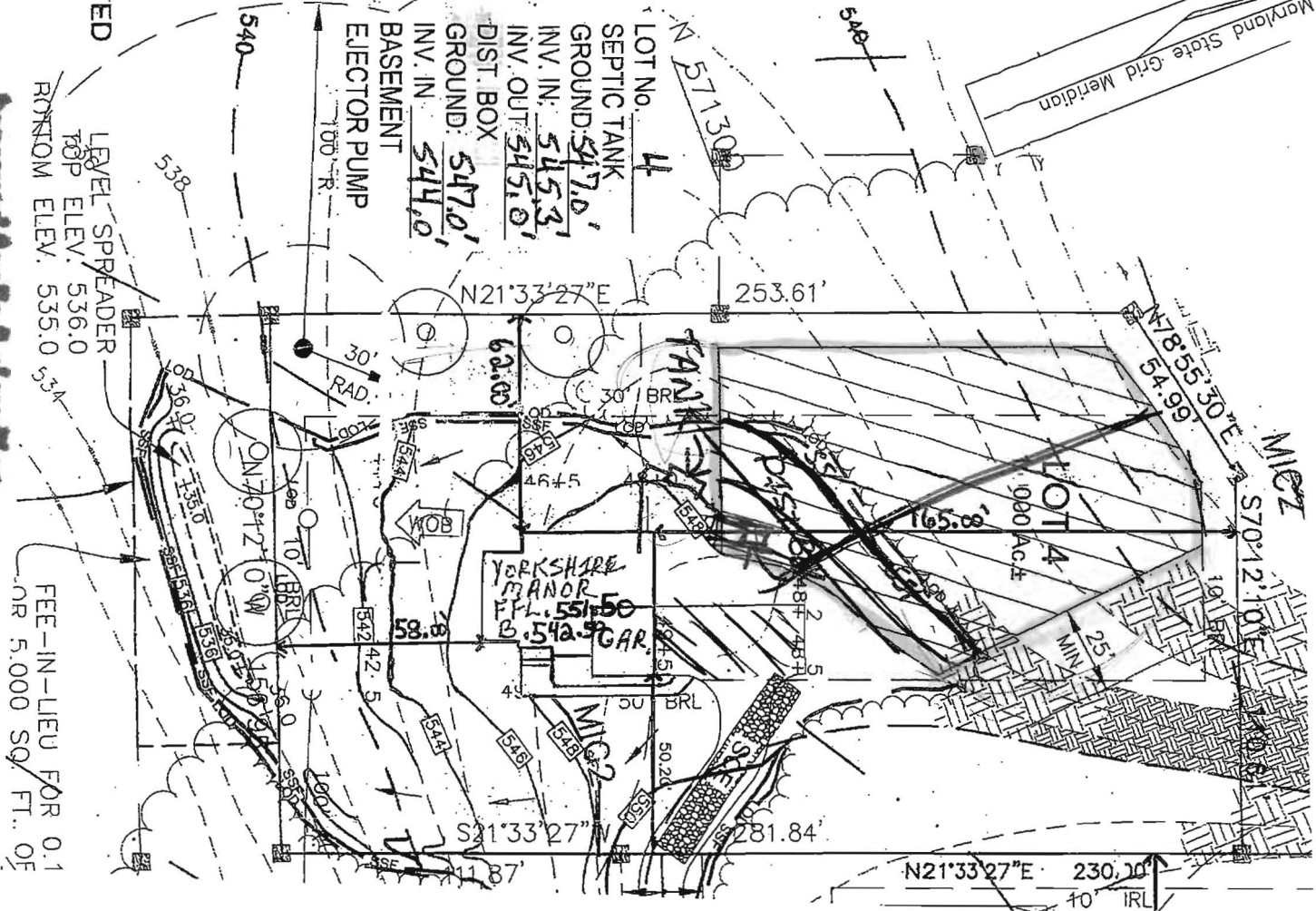


ADDRESS

5020 Greenbidge Rd
 DAYTON, MD
 GP: 07-03

OWNER

TRINITY Quality Homes
 3675 PARIC AVE
 ELLICOTT CITY, MD 21043



FEE-IN-LIEU FOR 0.1 ACR. OF 5,000 SQ. FT. OF

SCALE: AS SHOWN
 DRAWN BY: JMR
 CHECKED BY: RHV
 DATE: MAY 2012
 PROJECT #:
 SHEET#: 1 OF 1

PLOT PLAN
 OAKS AT Bridle Creek
 LOT 4
 REF: Parcel 13
 TAX MAP 28
 BLOCK 7
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

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

SCALE
 1"=50'

C:\Projects\2012\08\20120815\ENR\DWG\120815\120815.PLOT.PLAN\LOT_45.dwg, 5/16/2012 9:20:34 AM, E:\College\MISC-R\ROB\ENR\120815.dwg