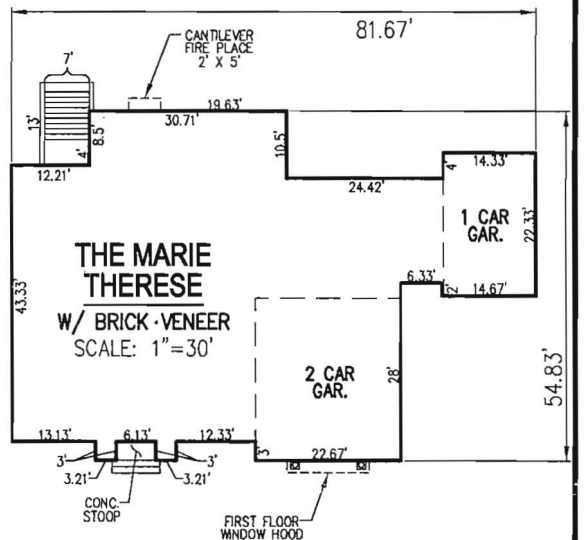


THE EXISTING WELL SHOWN ON LOT 6 TAG NO. 95-1389 HAS BEEN FIELD LOCATED BY FISHER, COLLINS, & CARTER, INC., AND IS ACCURATELY SHOWN.

BUILDING OF LOT 6 FLOOR AREAS:  
 BASEMENT FLOOR AREA: 2270  
 FIRST FLOOR AREA: 2305  
 SECOND FLOOR AREA: 2670  
 BEDROOMS: 4

NOTE: STORMWATER MANAGEMENT (WQv AND CPv) IS PROVIDED BY EXTENDED DETENTION FACILITY, ONE RAIN GARDEN, ROADWAY GRASS CHANNELS, AND ON-LOT LEVEL SPREADERS (F-07-076). LOT 6 DOES NOT REQUIRE ANY PRACTICES.

BUILDING PERMIT NO. \_\_\_\_\_



SCALE: AS SHOWN  
 DRAWN BY: JMR  
 CHECKED BY: RHV  
 DATE: AUGUST 2013  
 PROJECT #: 13-21  
 SHEET#: 1 OF 1

**PLOT PLAN**  
**WALNUT CREEK**  
**LOT 6**  
**REF: F-07-076**  
 TAX MAP 28 PARCEL 49  
 BLOCK 11  
 5TH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

**ADDRESS**  
 12317 AUTUMN TREE LANE  
 ELLICOTT CITY, MD 21042  
 GP: 13-038

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

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



# 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: 9/4/13

Permit No.: B13003373

Building Address: 12317 Autumn Tree Ln.  
 City: Clarksville State: MD Zip Code: 21029  
 Suite/Apt. # \_\_\_\_\_ SOP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: Walnut Creek  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 6  
 Tax Map: 28 Parcel: 49 Grid: 17 & 18  
 Zoning: RC-DEO Map Coordinates: \_\_\_\_\_ Lot Size: 33,000

Property Owner's Name: Trinity Quality Homes Inc.  
 Address: 3675 Park Ave #301  
 City: Ellicott City State: MD Zip Code: 21043  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Existing Use: Vacant Lot  
 Proposed Use: SFD  
 Estimated Construction Cost: \$ 471,974  
 Description of Work: 2 story, full finished basement with full bath, FP, 3 car garage, 9 rooms, 4 bedrooms, 4 baths  
 Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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: 443-535-8516 Fax: \_\_\_\_\_  
 Email: sherry@trinityhomes.com

Engineer/Architect Company: NA  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:	
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement:	
	<input checked="" 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: <u>4</u>	
<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	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	<u>G13000238</u>
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.

Sherry Mewshaw  
 Applicant's Signature  
sherry@trinityhomes.com  
 Email Address  
Selections Director  
 Title/Company

Sherry Mewshaw  
 Print Name  
9/4/13  
 Date

**RECEIVED**  
 SEP 04 2013  
 LICENSES & PERMITS  
 DIVISION

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)		
Health		<u>9/25/13 [Signature]</u>

Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

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	\$
Check	# <u>028708</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA