



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: 8-25-14

Permit No.: B14003081

Building Address: 14528 Edgewoods way
City: Columbia State: MD Zip Code: 21037
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Edgewood Farm
Section: _____ Area: _____ Lot: 57
Tax Map: 21 Parcel: 90 Grid: 22
Zoning: _____ Map Coordinates: _____ Lot Size: 42,742

Existing Use: SFD
Proposed Use: SFD w/ propane tank
Estimated Construction Cost: \$ 8000
Description of Work: Inst. 1100 gallon in-ground propane tank

Occupant or Tenant: _____
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: owner
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:	
Use group:	<input type="checkbox"/> Finished Basement	
	<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	<u>Multi-family Dwelling</u>	
<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	

Property Owner's Name: Tell m v Limited Partnership
Address: 7164 Columbia Gateway Dr
City: Columbia State: MD Zip Code: 21046
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Jeremy Cianey
Address: PO Box 1253
City: Eldersburg State: MD Zip Code: 21784
Phone: 443-280-1289 Fax: _____
Email: Jeremy@appliedandapproved.com

Contractor Company: Tech Air
Contact Person: Jeff Kenney
Address: 8099 D Hill mark ct
City: Fredrick State: MD Zip Code: 21704
License No.: 6B164
Phone: 443-545-4393 Fax: _____
Email: _____

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

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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Permit Number: <u>B14001494</u>	

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 PERFORMED AND POSTING NOTICES.

Applicant's Signature: _____
Print Name: Jeremy Cianey
Email Address: Jeremy@appliedandapproved.com
Title/Company: PERMITS

Print Name: Jeremy Cianey
Date: 8/25/14
AUG 25 2014
RECEIVED

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
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>10/3/14</u>	<u>H. Oswald</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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>3822</u>

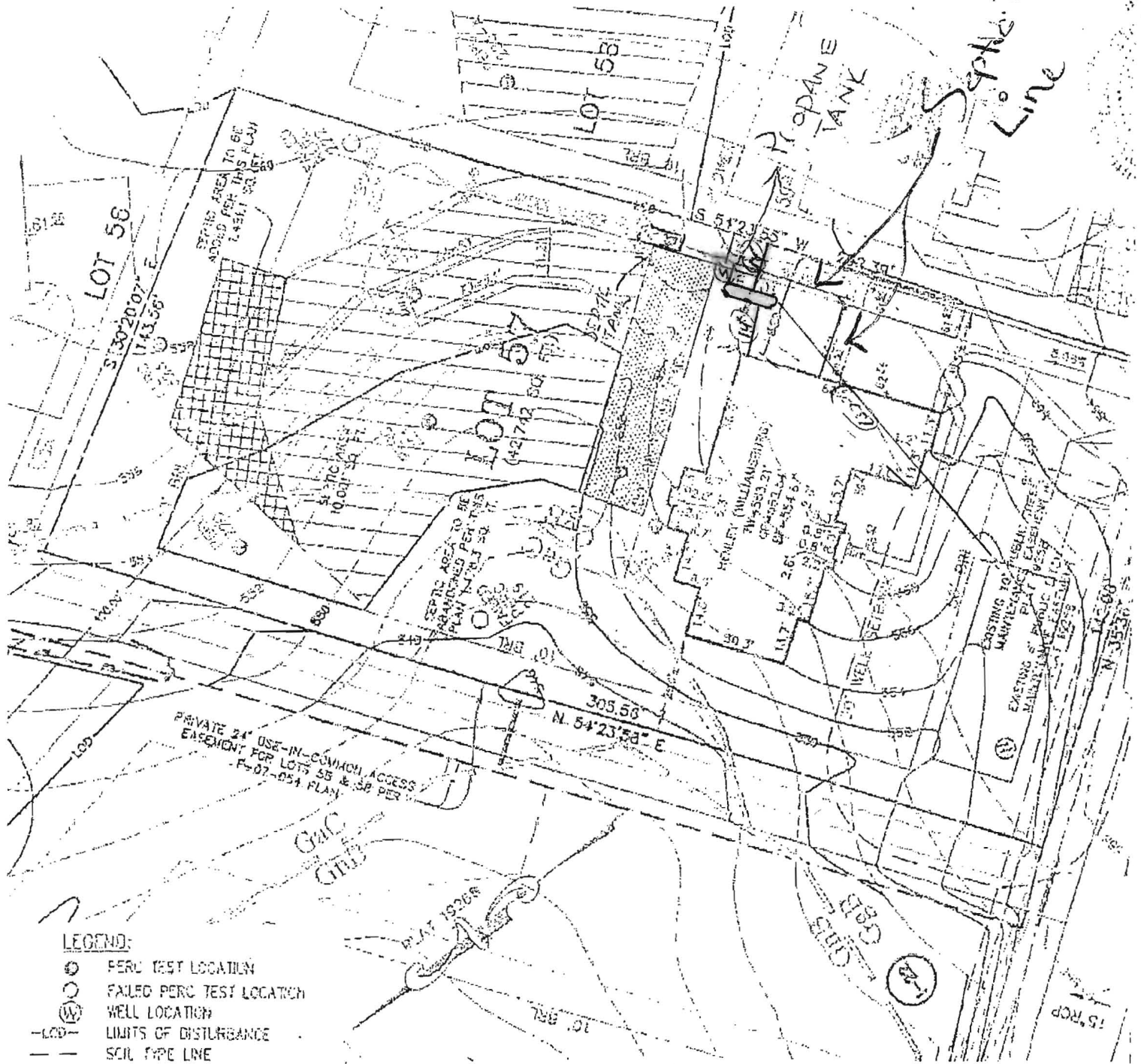
Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

145ET0875

10/3/14 B14003081 Approved, H.O.
(LPT)

14528 Edgewoods Way Glenely MD 8

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A LICENSED LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 21245, EXPIRATION DATE 12/31/15.



LEGEND:

- PERC TEST LOCATION
- FAILED PERC TEST LOCATION
- ⊙ WELL LOCATION
- LOD- LIMITS OF DISTURBANCE
- SOIL TYPE LINE
- GcC CARLA LOAM, 0 TO 15 PERCENT SLOPES
- GgB CLEVELG LOAM, 3 TO 8 PERCENT SLOPES
- GgB CLEVELG BAILE SILT LOAMS, 0 TO 8 PERCENT SLOPES
- TW TOP OF WALL
- GF GARAGE FLOOR
- BF BASEMENT FLOOR
- BRL BUILDING RESTRICTION LINE

PERC CERT REVISION
 LOT 57
EDGEWOOD FARM
 USER 10677, FOLIO 461
 PLAT No 19268
 TAX No. 04-372867
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 ADDRESS: 14528 EDGEWOODS WAY

PLAN No. 017 APPROVED FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEM
 PLAN No. 039
 PLAN No. 070 HOWARD COUNTY HEALTH DEPARTMENT
 PLAN No. 521

1" = 40'

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 9/25/14

To: Hank Oswald
(Person's Name and Division)

LICENSES & PERMITS
DIVISION

From: Jeremy Clancy (44) 740-1229
(Your Name, Company Name and Telephone Number)

Subject: Project name Edgewoods Way, Tank

Project site address 14528 Edgewoods Way

Permit # B14003081 SDP # _____

Other information pertinent to this project _____

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Letter Summarizing Changes
- Energy conservation calculations
- Copies of _____ (be specific).
 Health Department Request DPZ/ DED Request Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other Revised Plat for new tank location per comments

Contact Person Information: (Required)

Please Print Name

Telephone No:

E-Mail Address:

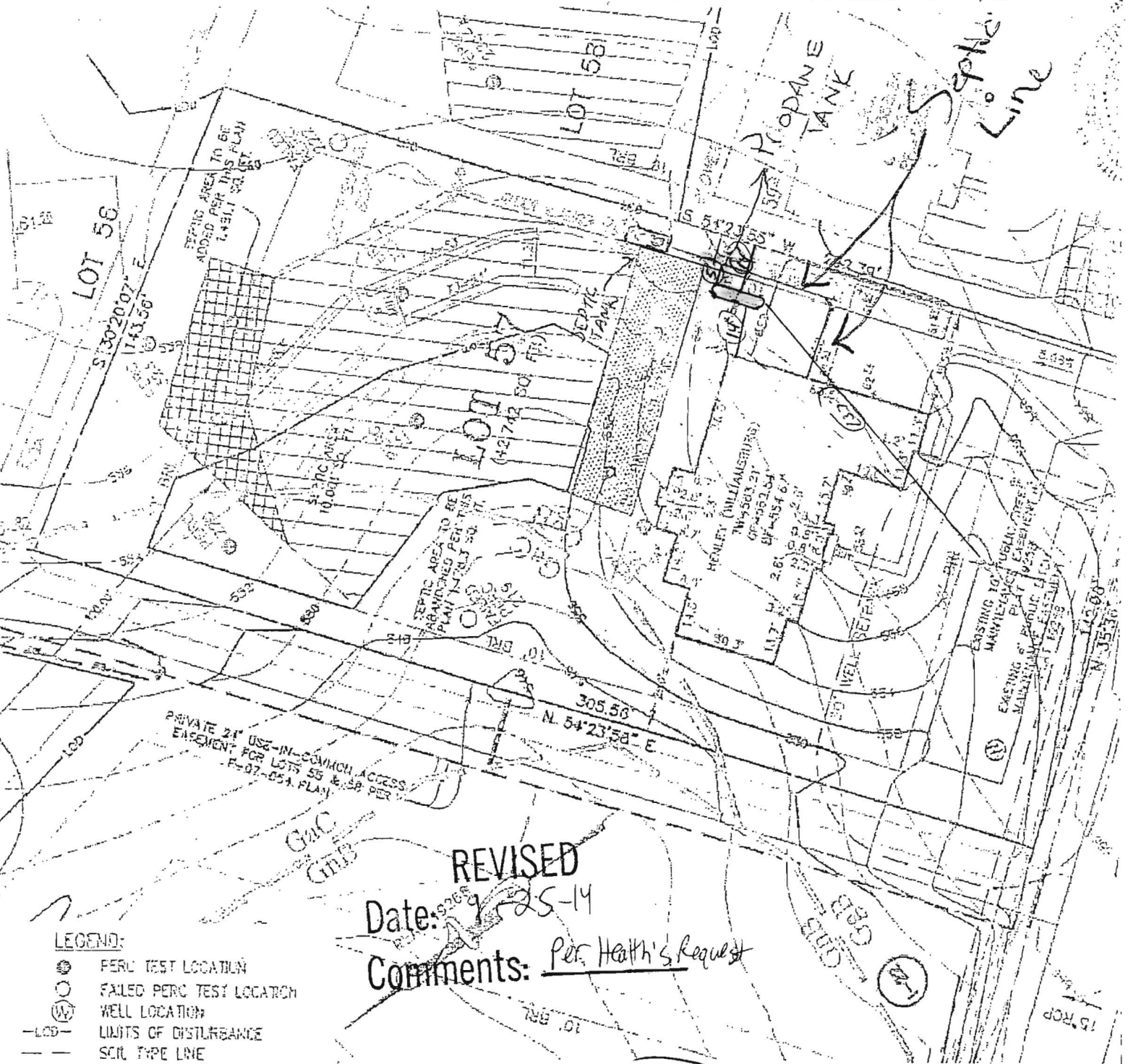
PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by 

Revision #3 CC: DPZ
DET
HEATHER

14528 Edgewoods Way Glenelg MD 8

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I
 A PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 21245, EXPIRATION DATE 11/27/15.



REVISED
 Date: 9-25-14
 Comments: Per Health's Request

LEGEND:

- PERC TEST LOCATION
- FAILED PERC TEST LOCATION
- ⊙ WELL LOCATION
- LOD- LIMITS OF DISTURBANCE
- - - SOIL TYPE LINE
- GcC GLENELG LOAM, 8 TO 15 PERCENT SLOPES
- GcB GLENELG LOAM, 3 TO 8 PERCENT SLOPES
- GcE GLENVILLE-BARLE SILT LOAMS, 0 TO 9 PERCENT SLOPES
- TY TOP OF WALL
- GF GARAGE FLOOR
- BF BASEMENT FLOOR
- BRL BUILDING RESTRICTION LINE

1"=40'

PERC CERT REVISION
 LOT 57
EDGEWOOD FARM
 LIBER 10577, FOLIO 461
 PLAT No 19268
 TAX No. 04-372867
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

PLAN No. 017 APPROVED FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEMS
 TOWN No. 039
 COUNTY No. 070 HOWARD COUNTY HEALTH DEPARTMENT
 DCEN No. 521

B14001494

Building Address: 14528 Edgewoods Way
Greenbelt MD 21737

Suite/Apt. # _____ SDP/WP/BA #: G14000035

Census Tract: _____ Subdivision: Edgewood Farm

Section: _____ Area: _____ Lot: 57

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Vacant lot

Proposed Use: Residential Home

Estimated Construction Cost: \$ 600,000

Description of Work: 3 Car garage, Casework, Bedroom Sotcs, "Htenley"

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Toll MD V LP

Address: 14540 Edgewoods Way

City: Greenbelt State: MD Zip Code: 21737

Home Phone: _____ Work Phone: 410 489 2275

Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: Toll MD V LP

Contact Person: Nathan Brandenburg

Address: 9, 14540 Edgewoods Way

City: Greenbelt State: MD Zip Code: 21737

License No.: 3630

Phone: 410 489 2275 Fax: _____

Email: Nbrandenburg e Tollbrothersinc.com

Engineer/Architect Company: ESE

Responsible Design Prof.: Mike Boyce

Address: 7164 Columbia Gateway Dr #230

City: Columbia State: MD Zip Code: 21046

Phone: 410 365 4175 Fax: _____

Email: Mboyce e ESEEWG.com

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: <u>67'</u> <u>82'</u>	<input checked="" type="checkbox"/> Private
2 nd floor: <u>67'</u> <u>82'</u>	<u>Sewage Disposal</u>
Basement: <u>67'</u> <u>82'</u>	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>4</u>	<input checked="" type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input checked="" type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	<u>G14000035</u>
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	

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: Nathan Brandenburg

Email Address: Nbrandenburg e Tollbrothersinc.com

Title/Company: Toll Brothers

Print Name: Nathan Brandenburg

Date: 3/20/14

RECEIVED
 MAY 08 2014

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

LICENSES & PERMITS DIVISION

PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>2/24/14</u>	<u>[Signature]</u>
Fire Protection	<u>2</u>	<u>[Signature]</u>

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</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50</u>
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

Check # 09387278



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

September 5, 2014

APPLIED & APPROVED PERMITS

P.O. BOX 1253

SYKESVILLE, MD 21784

JEREMY CLANCY

Sent via email to: JEREMY@APPLIEDANDAPPROVED.COM

RE: B14003081

14528 Edgewoods Way

Glenelg, MD 21737

JEREMY CLANCY:

This letter is in response to building permit B14003081. The application describes the installation of a 1000 gallon in ground propane tank. The plan shows the tank located approximately 2 feet away from the septic line. The setback requirement for a septic line to a propane tank is 5 feet. Please revise your plan to show that the propane tank meets the required setback to the septic line.

Building permit approval is being placed on hold until a revised plan showing required setback is met. I may be reached at (410) 313-1786 if you would like to discuss the project.

Respectfully,

Hank Oswald

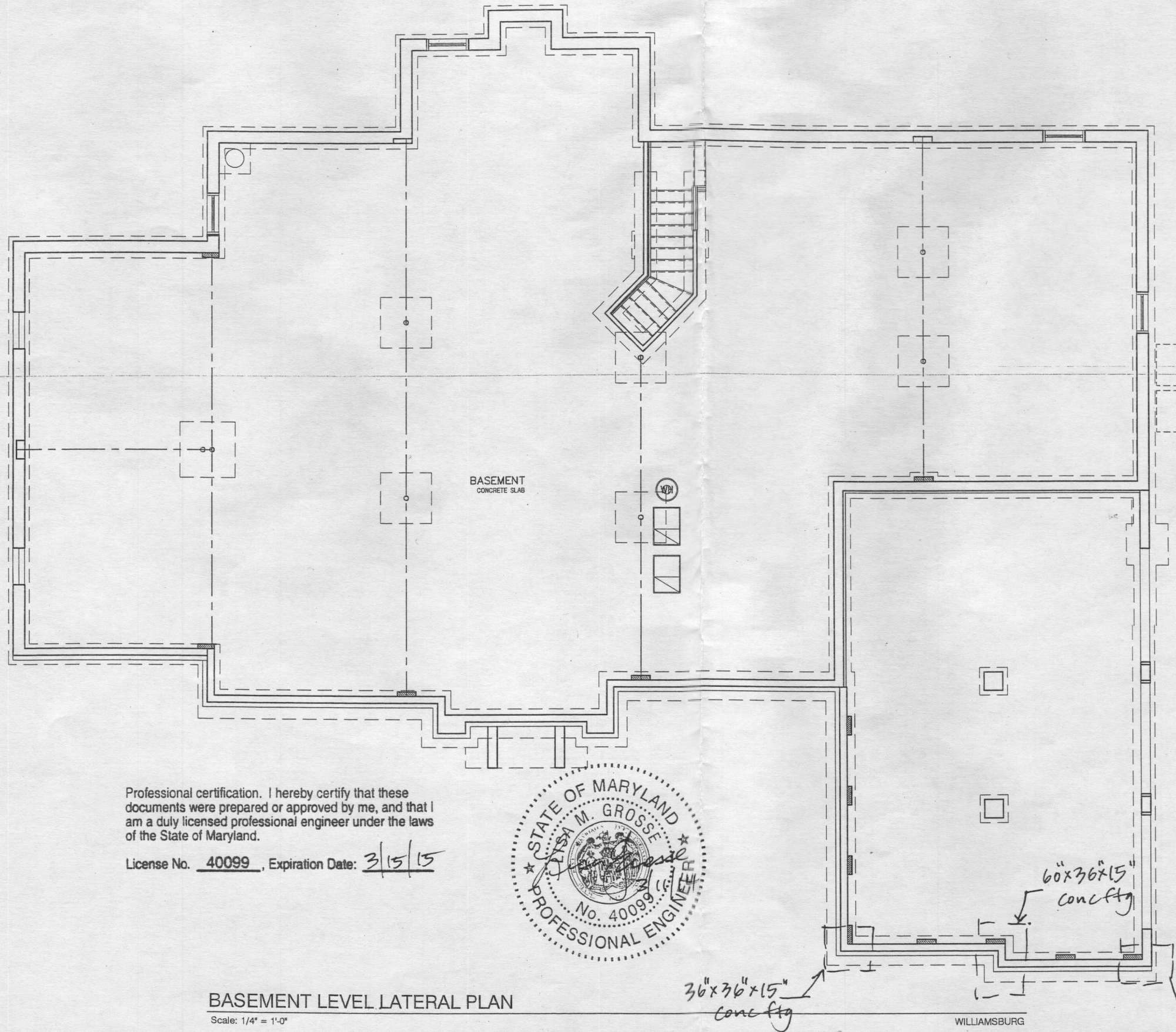
Hank Oswald, L.E.H.S

Bureau of Environmental Health

Well & Septic Program

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TOLL BROTHERS, INC.



Professional certification. I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland.

License No. 40099, Expiration Date: 3/15/15

BASEMENT LEVEL LATERAL PLAN

Scale: 1/4" = 1'-0"

WILLIAMSBURG

Toll Architecture
 A Toll Brothers, Inc. Company
 PHILADELPHIA ■ DALLAS ■
 ORLANDO ■ SEATTLE ■

EASTERN DIVISION (215)993-5300 ■ FAX (215)292-5313
 2 NORTH ■ 250 GIBBALTAR ROAD ■ HORSHEAM ■ PA ■ 19044

DRAWN BY
J. PETERSON

CHECKED BY
Y. JACKSON

SCALE
AS NOTED

SHEET DATE
2/28/2014

SHEET REVISION INFO

SET REVISION INFO

SHEET DESCRIPTION
 BASEMENT LEVEL
 FLOOR PLAN

PRODUCT LINE
SIGNATURE

MODEL/PROJECT NAME
HENLEY

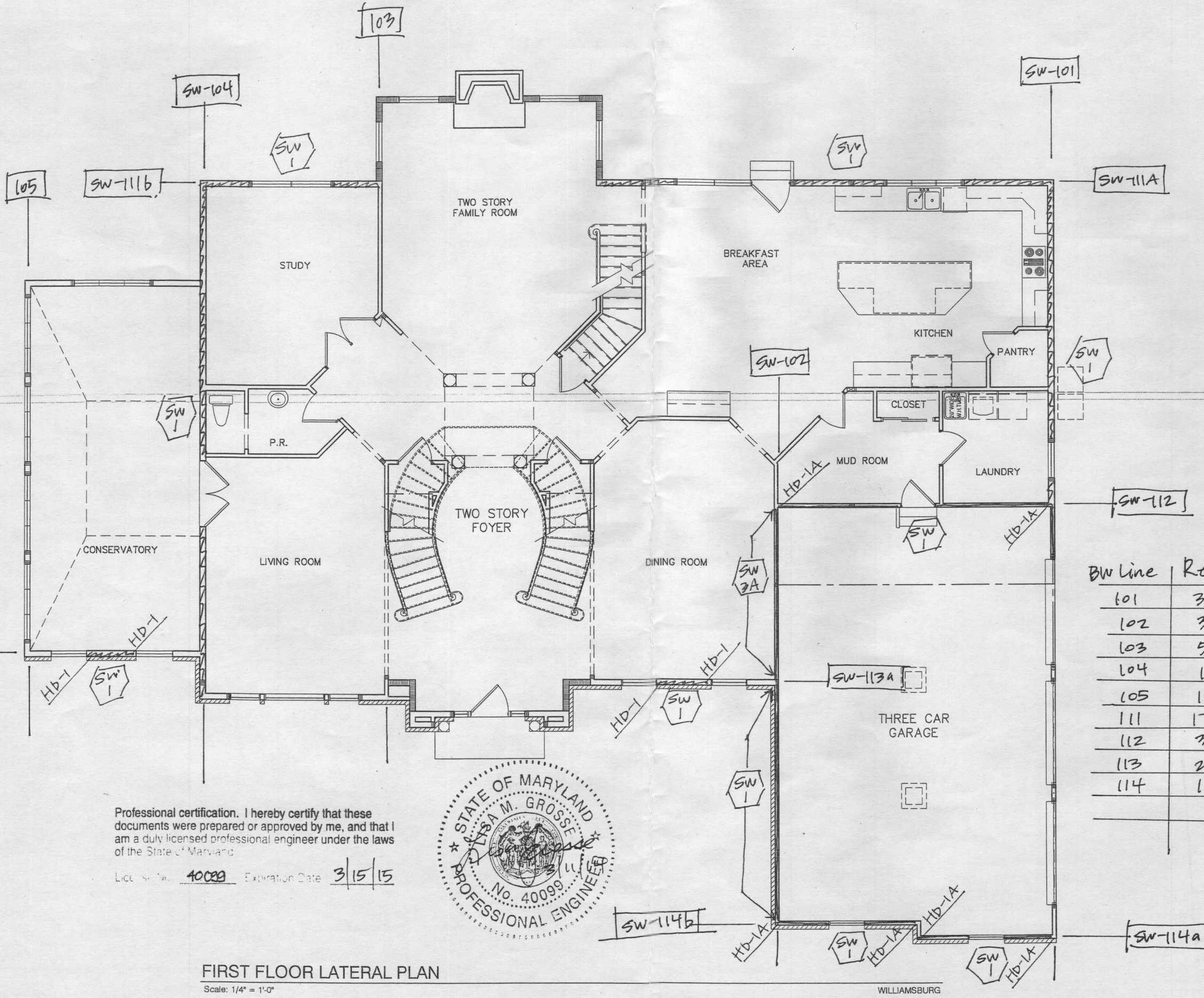
ELEVATION NAME
WILLIAMSBURG

SHEET NUMBER
A1L

SERIAL NUMBER 1009.1

RIGHT HAND SET | RESERVE AT TRIDELPHIA CROSSING - LOT#057 - AO#83389

ALL IDEAS, DESIGNS, ARRANGEMENTS AND PLANS INDICATED OR REPRESENTED BY THIS DRAWING ARE OWNED BY AND THE PROPERTY OF TOLL BROTHERS, INC. AND ARE COPYRIGHTED. THEY WERE CREATED, EVOLVED AND DEVELOPED FOR USE ON, AND IN CONNECTION WITH THE SPECIFIED PROJECT. NONE OF SUCH IDEAS, DESIGNS, ARRANGEMENTS OR PLANS SHALL BE USED BY OR DISCLOSED TO ANY PERSON, FIRM OR CORP-ORATION FOR ANY PURPOSE WHATSOEVER WITHOUT THE WRITTEN PERMISSION OF TOLL BROTHERS, INC. WRITTEN DIMENSIONS ON THESE DRAWINGS SHALL HAVE PRECEDENCE OVER SCALED DIMENSIONS CONTRACTORS SHALL VERIFY, AND BE RESPONSIBLE FOR ALL DIMENSIONS AND CONDITIONS ON THE JOB AND TOLL BROTHERS OFFICE MUST BE NOTIFIED OF ANY VARIATIONS FROM THE DIMENSIONS AND CONDITIONS SHOWN BY THESE DRAWINGS.



Professional certification. I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland.

License No. 40099 Expiration Date 3/15/15



FIRST FLOOR LATERAL PLAN

Scale: 1/4" = 1'-0"

WILLIAMSBURG

BW Line	Req'd.	Provided
101	32'-1"	SW-101
102	35'	SW-102
103	56'	SW-102
104	18.9'	SW-104
105	18.9'	SW-104
111	17.8'	SW-111a,b
112	35.1'	SW-112
113	20.3'	SW-113a,b
114	17.8'	SW-114a,b

RIGHT HAND SET RESERVE AT TRIDELPHIA CROSSING - LOT #057 - AC#83389

Jed Gibson AIA
Lee Golonoshki AIA
David Ruggles AIA
Michael R. LeBlanc AIA
Sylvia E. Seresny AIA
Jeremy Greene, AIA
Kareel R. Da Silva, AIA
Timothy O'Neill, AIA

Toll Architecture
A Toll Brothers, Inc. Company
PHILADELPHIA ■ DALLAS ■
ORLANDO ■ SEATTLE ■
EASTERN DIVISION (215) 993-3300 ■ FAX (215) 993-3313
2 NORTH ■ 230 GIBBALTAR ROAD ■ HORSHEAM ■ PA ■ 19044

DRAWN BY
J. PETERSON
CHECKED BY
Y. JACKSON
SCALE
AS NOTED

SHEET DATE
2/28/2014
SHEET REVISION INFO

SET REVISION INFO

SHEET DESCRIPTION
FIRST FLOOR PLAN

PRODUCT LINE
SIGNATURE
MODEL/PROJECT NAME
HENLEY
ELEVATION NAME
WILLIAMSBURG

SHEET NUMBER
A2L
SERIAL NUMBER 1009.1

