



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: 04/11/14

Permit No.: B14001116

Building Address: 12305 Pleasant View Dr.
 City: Fulton State: MD Zip Code: 20759
 Suite/Apt. # _____ SDP/WP/BA #: GP 13-073
 Census Tract: _____ Subdivision: Fulton Manor II
 Section: _____ Area: _____ Lot: 3
 Tax Map: 40 Parcel: 205 Grid: 6
 Zoning: RR-DEO Map Coordinates: _____ Lot Size: 40,115

Property Owner's Name: Trinity Quality Homes Inc.
 Address: 3675 Park Ave #301
 City: Ellicott City State: MD Zip Code: 21043
 Phone: 443-535-8516 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: \$ 313,667
 Description of Work: 2 story, 3 car garage, full basement with full bath, fire place, 9 rooms, 4 bed rooms, 5 full baths,

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

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

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 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 checked="" 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	<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	

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 checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>G13000304</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.

Applicant's Signature: Sarah Sang
 sarah@trinityhomes.com
 Email Address
 Trinity Homes - selections coordinator
 Title/Company

Print Name: Sarah Sang
 Date: 4/10/14

RECEIVED
 APR 10 2014
 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>SHR R. B...</u>

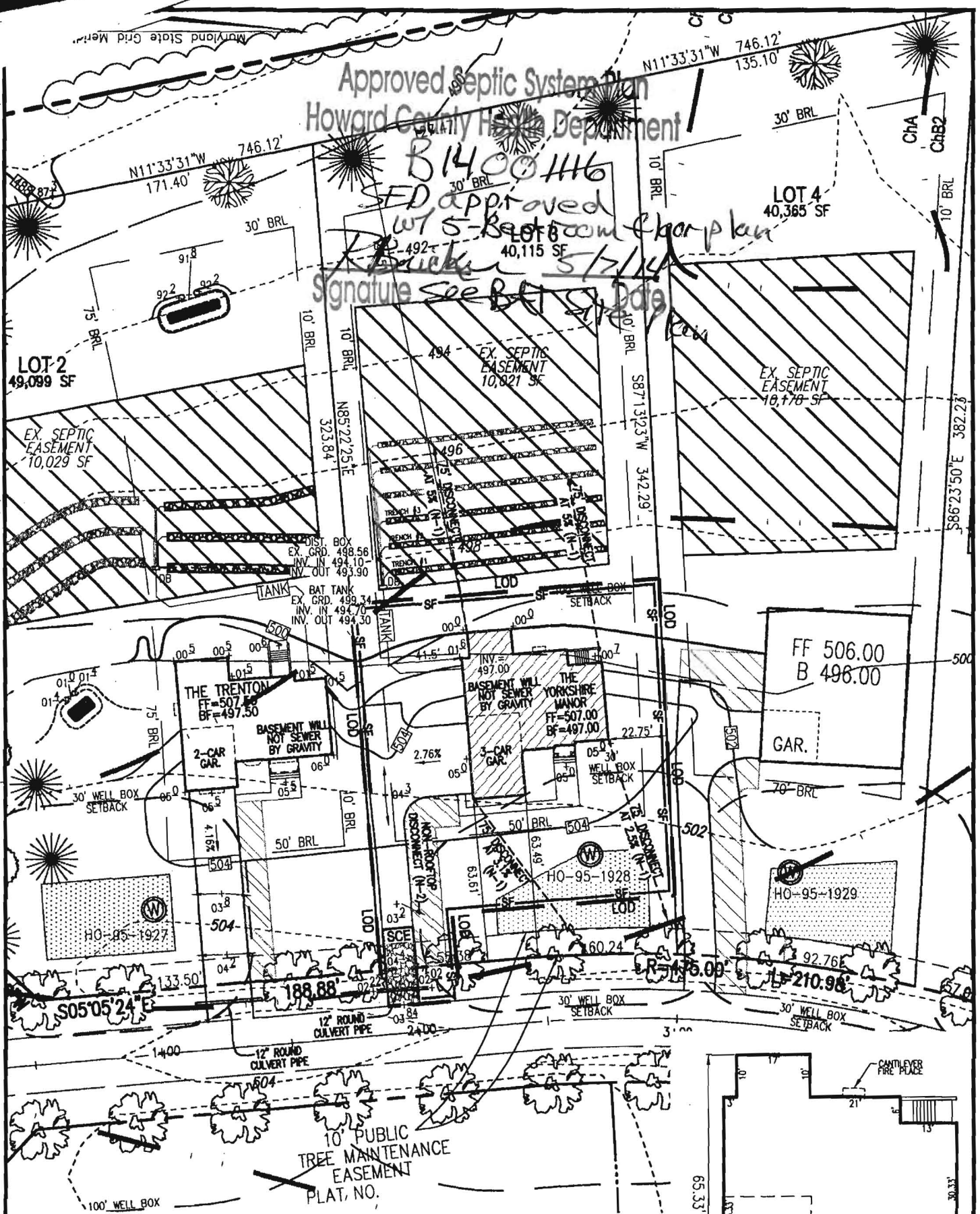
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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>150.00</u>
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub-Total Paid	\$	
Balance Due	\$	
Check	#	<u>030289</u>

Approved Septic System Plan
Howard County Health Department

B14001116
SED approved
W/ 5-Bedroom Char plan
K. Bucks 5/21/14
Signature See B14001116



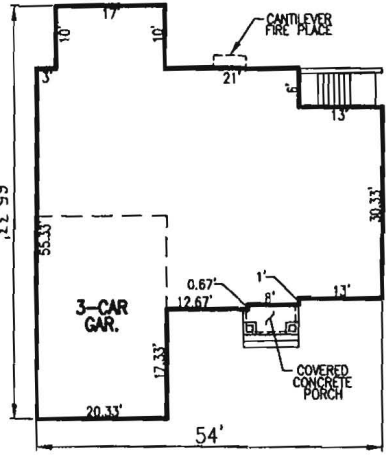
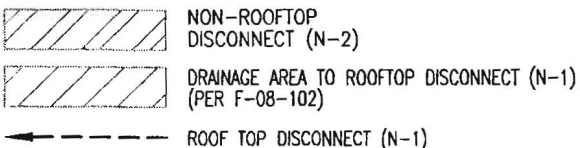
THE EXISTING WELL SHOWN ON LOT 3 TAG NO. 95-1928 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC., AND IS ACCURATELY SHOWN.

BUILDING OF LOT 3 FLOOR AREAS:
 BASEMENT FLOOR AREA: 1700
 FIRST FLOOR AREA: 1750
 SECOND FLOOR AREA: 2070
 BEDROOMS: 4

NOTE: STORMWATER MANAGEMENT FOR THIS LOT IS PROVIDED BY ROOFTOP DISCONNECTS (N-1), AND NON-ROOFTOP DISCONNECTS (N-2).

BUILDING PERMIT NO. _____

NOTE:
- SILT FENCE IS TO BE REPLACED WITH SUPER SILT FENCE AT THE DIRECTION OF THE SEDIMENT CONTROL INSPECTOR.



THE YORKSHIRE MANOR
 W/ BRICK AND STONE VENEER
 SCALE: 1"=30'

OWNER

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

SCALE: 1"=50'
 DRAWN BY: JMR
 CHECKED BY: RHV
 DATE: APRIL 2014
 PROJECT #: 13-33
 SHEET#: 1 OF 1

**PLOT PLAN
 FULTON MANOR II
 LOT 3**

REF: F-08-102
 TAX MAP 40 PARCEL 205
 BLOCK 6
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

ADDRESS

PLEASANT VIEW DRIVE
 FULTON, MD 20759
 F-08-102

ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET TEL: 410.461.7466
 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: 04/11/14

Permit No.: B14001116

Building Address: 12305 Pleasant View Dr.
 City: Fulton State: MD Zip Code: 20759
 Suite/Apt. # SDP/WP/BA #: GP 13-073
 Census Tract: Subdivision: Fulton Manor II
 Section: Area: Lot: 3
 Tax Map: 40 Parcel: 205 Grid: 6
 Zoning: RR-DEO Map Coordinates: Lot Size: 40,115
 Existing Use: Vacant Lot
 Proposed Use: SFD
 Estimated Construction Cost: \$ 313,667
 Description of Work: 2 story, 3 car garage, full basement with full bath,
fire place, 9 rooms, 4 bed rooms, 5 full baths,
 Occupant or Tenant:
 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: 3675 Park Ave #301
 City: Ellicott City State: MD Zip Code: 21043
 Phone: 443-535-8516 Fax:
 Email:
Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's 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:
 Responsible Design Prof.:
 Address:
 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:
Area of construction (sq. ft.):	2 nd floor:
Use group:	Basement:
Construction type:	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: <u>4</u>
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
	No. of efficiency units:
	No. of 1 BR units:
	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
> 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 checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>G13000304</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 HIS 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.

Sarah Jank
 Applicant's Signature
 sarah@trinityhomes.com
 Email Address
 Trinity Homes - selections coordinator
 Title/Company

Sarah Jank
 Print Name
4/10/14
 Date

RECEIVED
 APR 10 2014

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

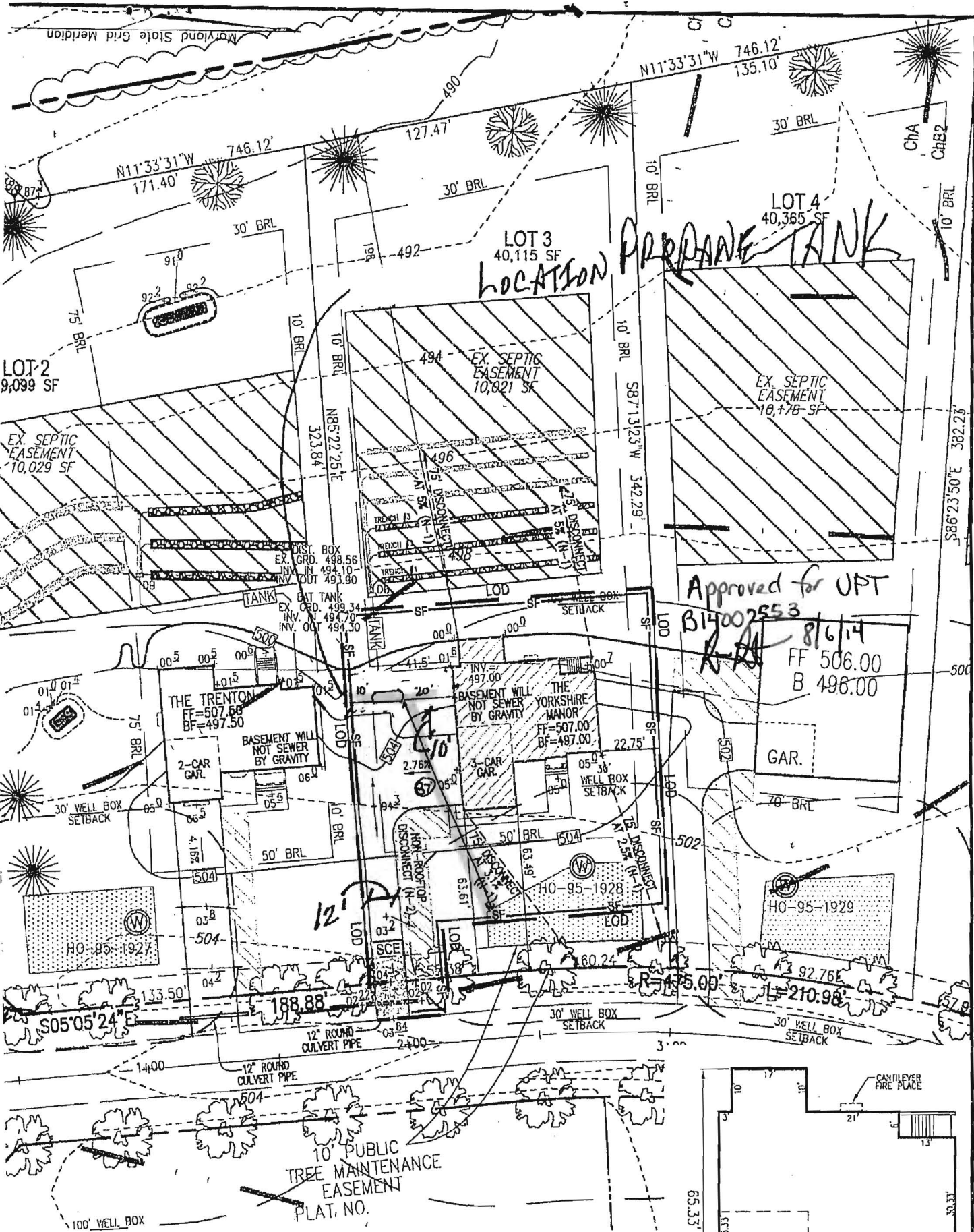
LICENSES & PERMITS DIVISION

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		
Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> 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>150.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>030289</u>



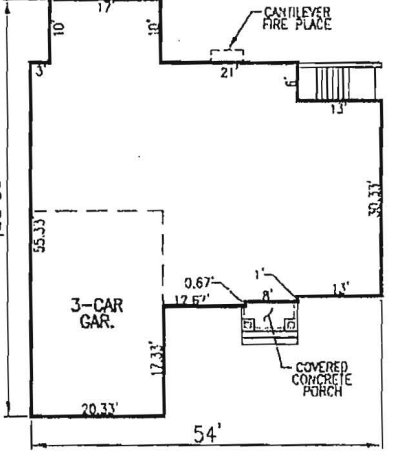
Approved for UPT
 B14002553
 8/6/14
 FF 506.00
 B 498.00

THE TRENTON
 FF=507.68
 BF=497.50

THE YORKSHIRE MANOR
 FF=507.00
 BF=497.00

GAR.

HO-95-1929



THE YORKSHIRE MANOR

W/ BRICK AND STONE VENEER
 SCALE: 1"=30'

OWNER

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

NOTE:
 - SILT FENCE IS TO BE REPLACED WITH SUPER SILT FENCE AT THE DIRECTION OF THE SEDIMENT CONTROL INSPECTOR.

EADER

THE EXISTING WELL SHOWN ON LOT 3 (PG. NO. 95-1928) HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC., AND IS ACCURATELY SHOWN.

BUILDING OF LOT 3 FLOOR AREAS:
 BASEMENT FLOOR AREA: _____
 FIRST FLOOR AREA: _____
 SECOND FLOOR AREA: _____
 BEDROOMS: _____

NOTE: STORMWATER MANAGEMENT FOR THIS LOT PROVIDED BY ROOFTOP DISCONNECTS (N-1), AND NON-ROOFTOP DISCONNECTS (N-2).

BUILDING PERMIT NO. _____

- NON-ROOFTOP DISCONNECT (N-2)
- DRAINAGE AREA TO ROOFTOP DISCONNECT (N-1) (PER F-08-102)
- ROOF TOP DISCONNECT (N-1)

SCALE: 1"=50'
 DRAWN BY: JMR
 CHECKED BY: RHV
 DATE: APRIL 2014
 PROJECT #: 13-33
 SHEET #: 1 OF 1

**PLOT PLAN
 FULTON MANOR II
 LOT 3**

REF: F-08-102
 TAX MAP 40 PARCEL 205
 BLOCK 6
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

ADDRESS
 PLEASANT VIEW DRIVE
 FULTON, MD 20759
 F-08-102

ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET ELLICOTT CITY, MD 21043 TEL: 410.461.7666 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: 7/23/14

Permit No.: B14002553

(The Presence of Waiver Only)

Building Address: 12305 Pleasant View Dr
City: Fulton State: MD Zip Code: 20759
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Fulton Manor II
Section: _____ Area: _____ Lot: 3
Tax Map: 40 Parcel: 205 Grid: 6
Zoning: _____ Map Coordinates: _____ Lot Size: 9209 @

Existing Use: SFD
Proposed Use: SFD w/ tank
Estimated Construction Cost: \$ 6,000
Description of Work: Install 500 gal underground propane tank

Occupant or Tenant: Owner
Was tenant space previously occupied? Yes No
Contact Name: _____
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 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	

Property Owner's Name: Trinity Quality Homes
Address: 3015 Park Ave
City: Ellicott City State: MD Zip Code: 21043
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: Jeremy Clancy
Address: PO Box 1253
City: Sikesville State: MD Zip Code: 21784
Phone: 410 340 1229 Fax: _____
Email: Jeremy@appliedandapproved.com

Contractor Company: Valley National Gas
Contact Person: William Pierung
Address: 7201 Monte Vedo Rd
City: Jessup State: MD Zip Code: 20794
License No.: 67793
Phone: 410 799 1114 Fax: _____
Email: _____

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

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 checked="" type="checkbox"/> No	
Gas: <input checked="" 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	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" 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 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
Permit to _____
Title/Company: _____

Print Name: Jeremy Clancy
Date: 7/22/14
RECEIVED
JUL 23 2014
LICENSES & PERMITS DIVISION

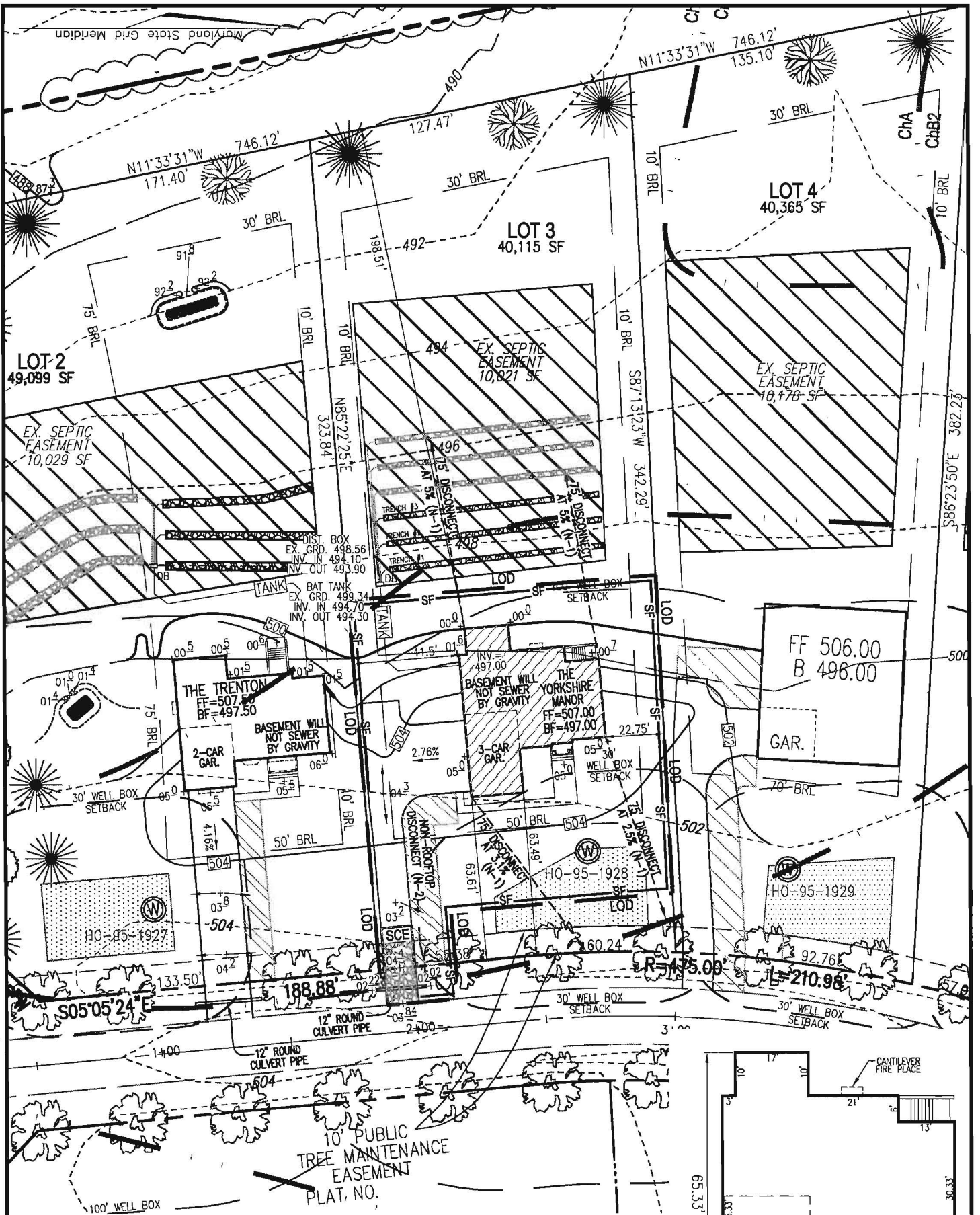
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PEZA (Zoning)		
PEZA (Engineering)		
Health	<u>8/6/14</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>100</u>
Permit Fee	\$ <u>100</u>
Tech Fee	\$ <u>10</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>110</u>
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>3799</u>



THE EXISTING WELL SHOWN ON LOT 3 TAG NO. 95-1928 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC., AND IS ACCURATELY SHOWN.

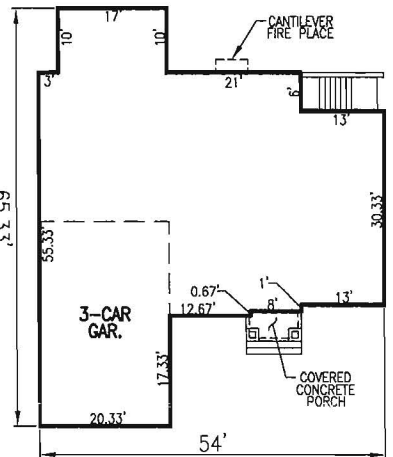
BUILDING OF LOT 3 FLOOR AREAS:
 BASEMENT FLOOR AREA: 1700
 FIRST FLOOR AREA: 1750
 SECOND FLOOR AREA: 2070
 BEDROOMS: 4

NOTE: STORMWATER MANAGEMENT FOR THIS LOT IS PROVIDED BY ROOF TOP DISCONNECTS (N-1), AND NON-ROOF TOP DISCONNECTS (N-2).

BUILDING PERMIT NO. B14001116

NOTE:
 - SILT FENCE IS TO BE REPLACED WITH SUPER SILT FENCE AT THE DIRECTION OF THE SEDIMENT CONTROL INSPECTOR.

- NON-ROOF TOP DISCONNECT (N-2)
- DRAINAGE AREA TO ROOF TOP DISCONNECT (N-1) (PER F-08-102)
- ROOF TOP DISCONNECT (N-1)



THE YORKSHIRE MANOR

W/ BRICK AND STONE VENEER
 SCALE: 1"=30'

OWNER

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

SCALE: 1"=50'
 DRAWN BY: JMR
 CHECKED BY: RHV
 DATE: APRIL 2014
 PROJECT #: 13-33
 SHEET #: 1 OF 1

**PLOT PLAN
 FULTON MANOR II
 LOT 3**

REF: F-08-102
 TAX MAP 40 PARCEL 205
 BLOCK 6
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

ADDRESS
 12305 PLEASANT VIEW DRIVE
 FULTON, MD 20759
 F-08-102

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

Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-1771 | 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

May 5, 2014

TO: Jeremiah Reynolds
Robert H. Vogel Engineering, Inc.

FROM: Robert Bricker, CPSS, REHS/R.S., L.E.H.S.
Environmental Sanitarian II

RE: **12305 Pleasant View Drive (B14001116), BAT Site Plan: comment**

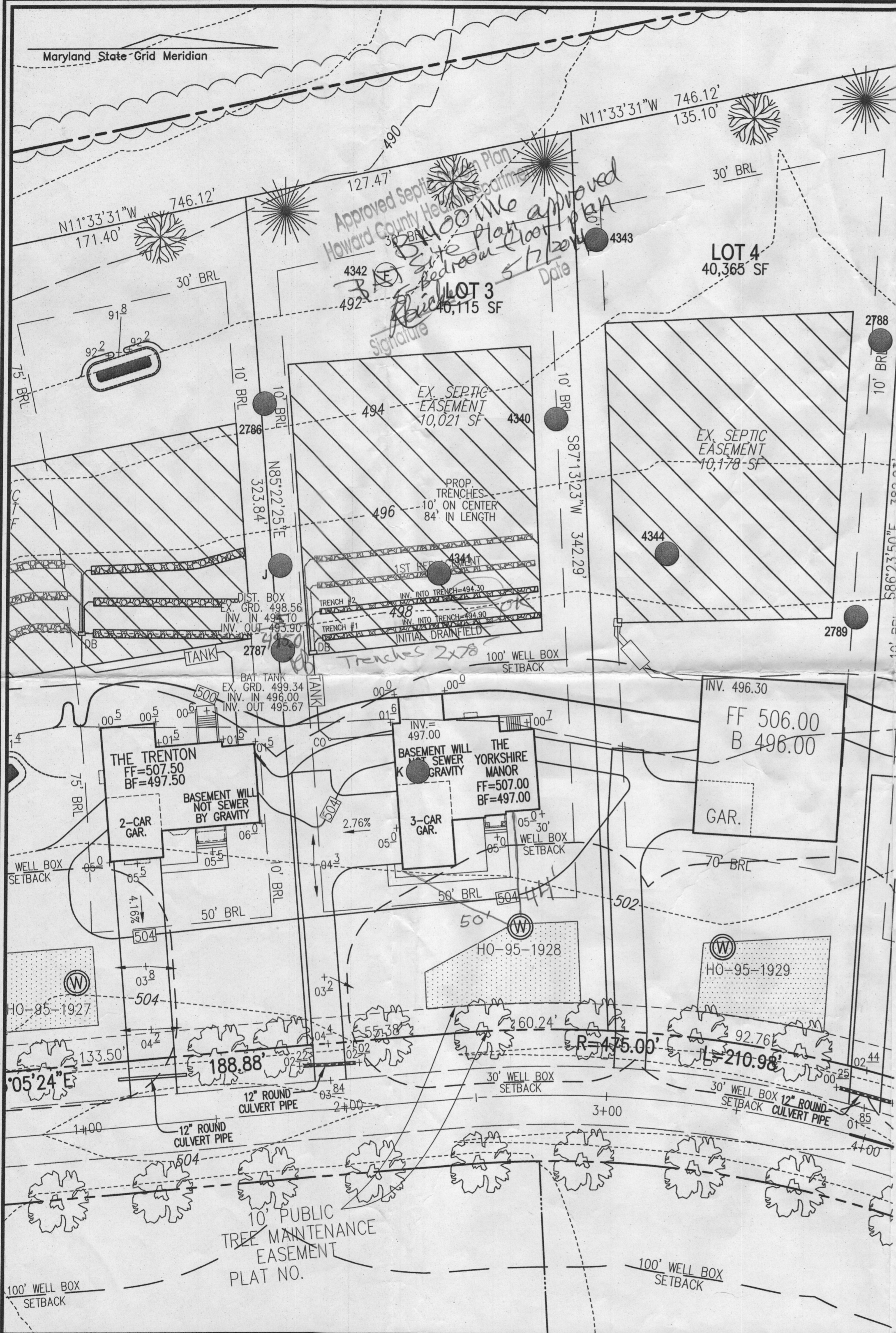
The BAT Site Plan needs to be amended as follows:

1. The floor plan illustrates 5 rooms that fit the County Code definition of 'bedroom'.
 - a. The trenches need to be designed for estimated discharge from a 5-bedroom residence.
 - b. I believe the trench specs were incorrect. I am attaching a revision of the Trench Specifications Sheet. Use these revised specs to design initial drainfield and the 1st replacement drainfield.
 - c. Revise the TRENCH INFO table accordingly.
2. Add elevation labels to the proposed trenches. This is a requirement specified in the list of BAT Site Plan requirements.
3. The slope of the SHC is too steep, the septic tank (re: BAT unit) is deeper than the manufacturer's recommendation, and the trench inlets are deeper than 4 feet.
 - a. The septic tank inlet should be between 495.34' and 496' elevations.
 - b. Trench inlets can be no deeper than 4 feet. Label trenches' approximate inlet elevations.
 - c. Position the Distribution Box accordingly.
4. The perc test location label 'N' is incorrect. The correct label for the illustrated location is 'J'.
5. The Trench Detail illustrates 1.67 feet of gravel over top of the 4-inch distribution pipe. All that is required is about 0.17' (2-inches) of cover over the pipe.
6. Indicate the property address in the Title block: '12305' Pleasant View Drive.

Re-submit two (2) copies of the revised plan directly to the Bureau of Environmental Health, to my attention.

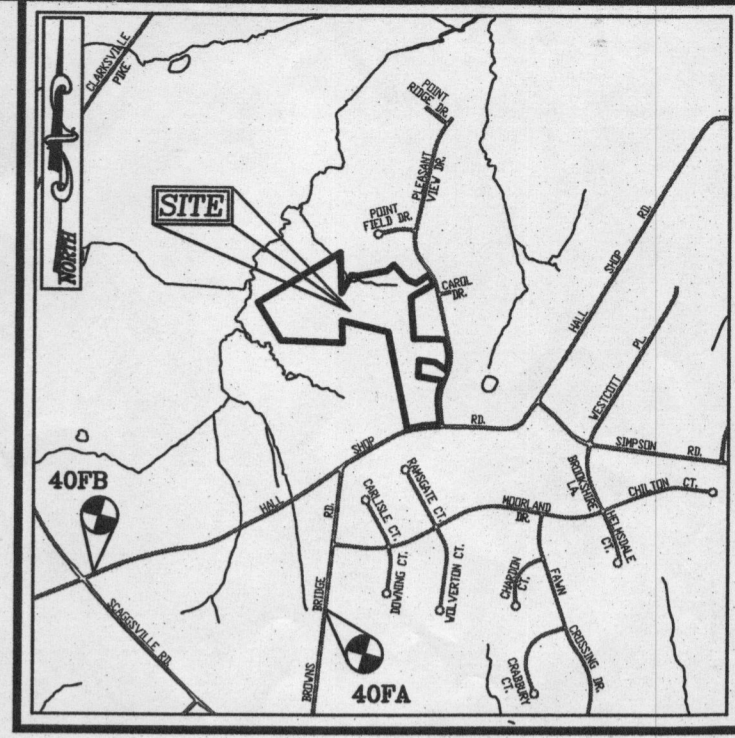
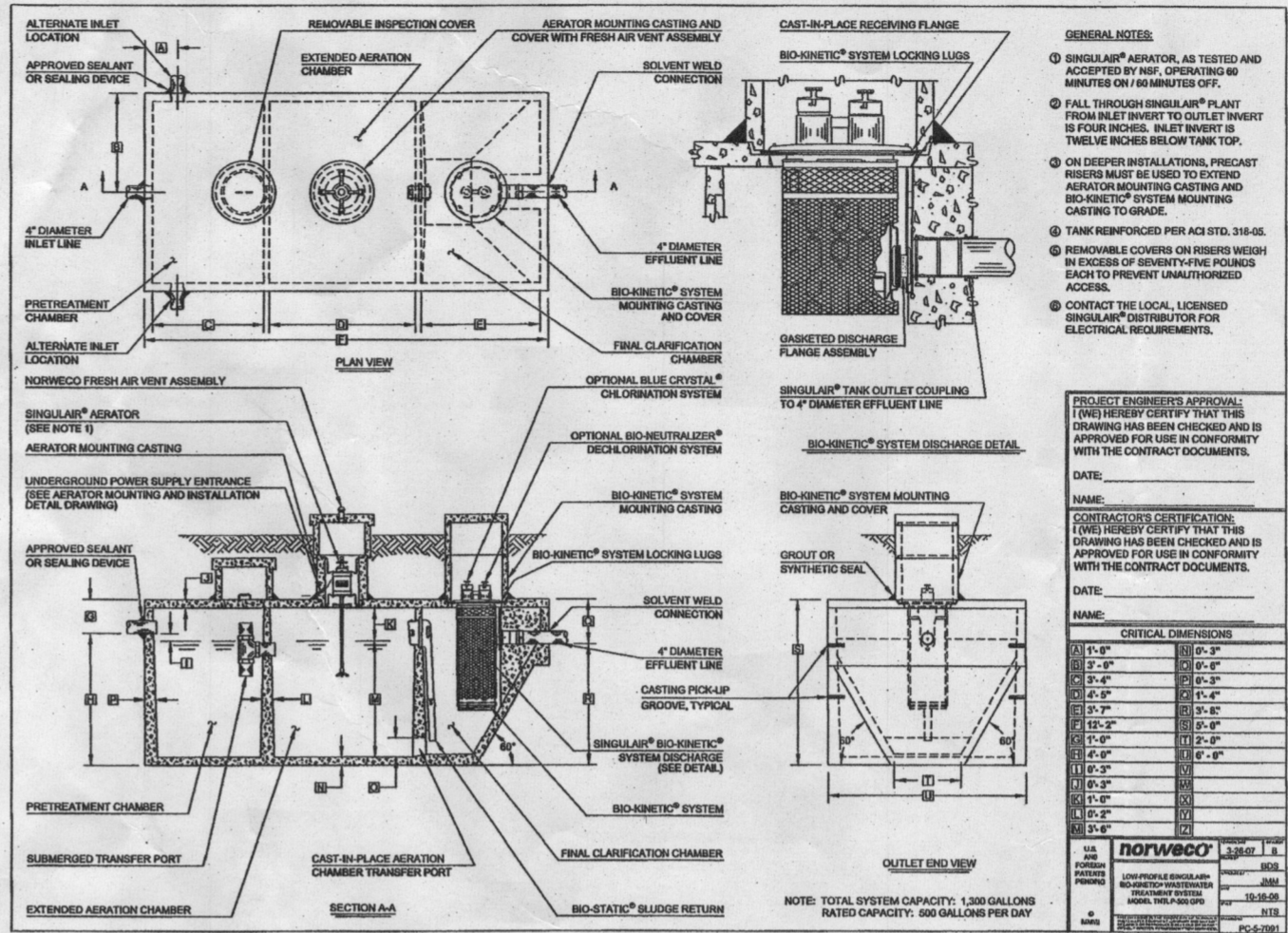
Copy: Rob Vogel, Robert H. Vogel Engineering, Inc.
Tim Keane, Trinity Quality Homes, Inc.

Maryland State Grid Meridian



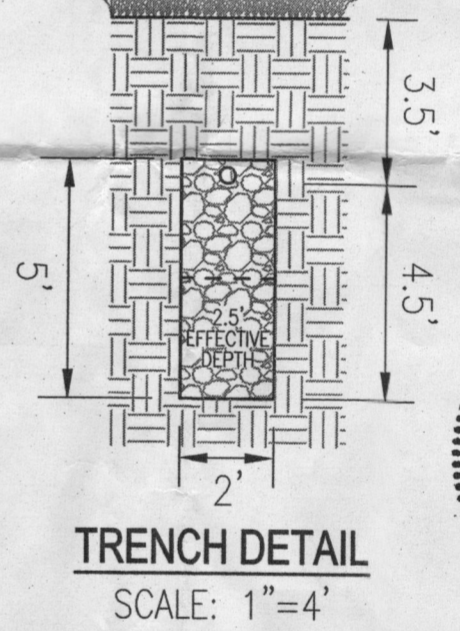
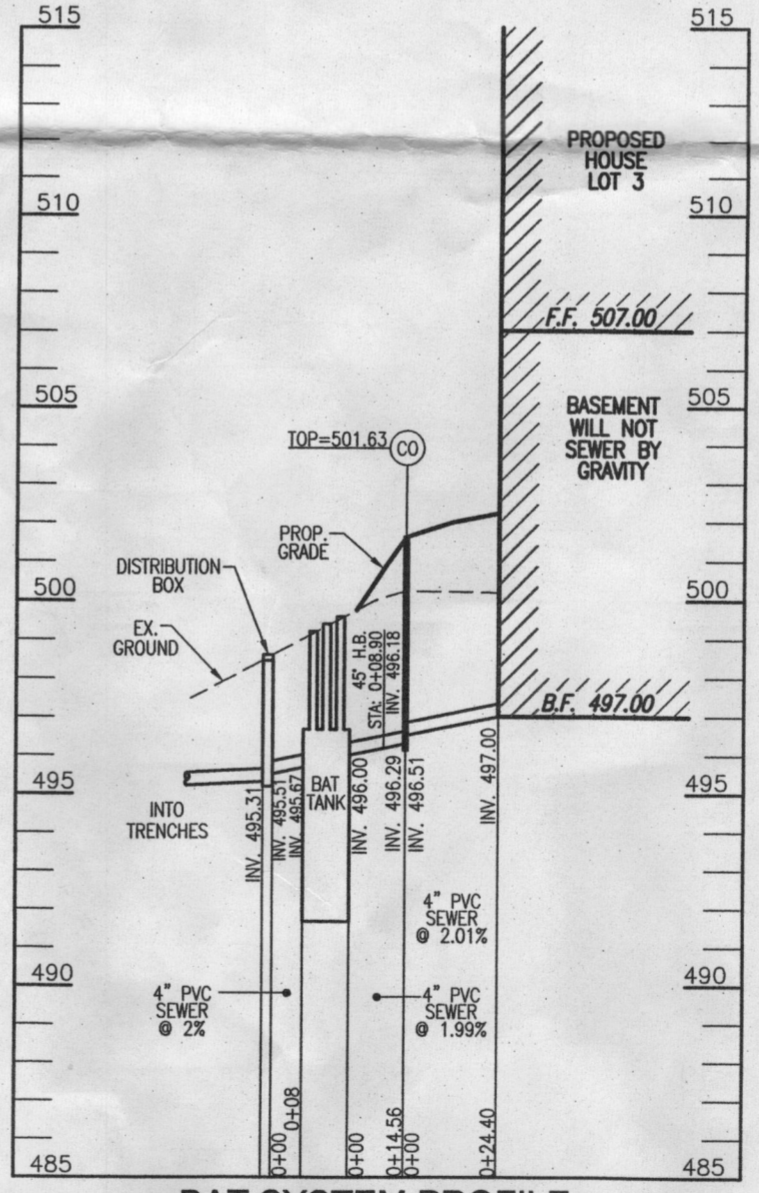
GENERAL NOTES:

1. ANY CHANGE TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REVISED SITE PLAN MAY BE REQUIRED.
2. THE MAXIMUM DEPTH OF THE BAT PER THE MANUFACTURER'S SPECIFICATION IS 3 FEET.
3. NO BLOWER IS REQUIRED. THE NORWECO WASTEWATER TREATMENT SYSTEM HAS AN AERATOR MOUNTED IN THE TANK.
4. THE BAT SYSTEM SHALL BE MAINTAINED AND OPERATED FOR THE LIFE OF THE SYSTEM.
5. THE BAT SHALL BE OPERATED BY AND MAINTAINED BY A CERTIFIED SERVICE PROVIDER.
6. WITHIN ONE MONTH OF INSTALLATION, A PERSON INSTALLING THE BAT SYSTEM SHALL REPORT TO THE MARYLAND DEPARTMENT OF THE ENVIRONMENT (MDE) IN A MANNER ACCEPTABLE TO MDE, THE ADDRESS AND DATE OF COMPLETION OF THE BAT INSTALLATION AND THE TYPE OF BAT INSTALLED.
7. ELECTRICAL WORK FOR THE BAT INSTALLATION MUST BE PERFORMED BY A LICENSED ELECTRICIAN.
8. AN AGREEMENT AND EASEMENT MUST BE COMPLETED AND SIGNED BY ALL APPLICABLE PARTIES, AND RECORDED IN LAND RECORDS OF HOWARD COUNTY.
9. THE HEALTH DEPARTMENT REQUIRES DOCUMENTATION FOR THE START-UP CERTIFICATION FROM THE MANUFACTURER PRIOR TO FINAL APPROVAL OF THE INSTALLATION.



LEGEND

EXISTING 2' CONTOUR	---	382
EXISTING 10' CONTOUR	---	380
RIGHT-OF-WAY	---	
BOUNDARY	---	
ADJACENT BOUNDARY	---	
PASSED PERC. TEST	●	
FAILED PERC. TEST	○	
EXISTING WELL FIELD LOCATED	⊙	
APPROVED WELL AREA	▨	
PROPOSED MICRO-BIORETENTION FACILITY (M-6)	▨	



TRENCH INFO.

TRENCH	TRENCH LENGTH	INV. INTO TRENCH	BOTTOM OF TRENCH	EXISTING GROUND
1	84'	494.90	490.40	498.40
2	84'	494.30	489.80	497.80

STATE OF MARYLAND
 PROFESSIONAL ENGINEER
 No. 16193

OWNER/DEVELOPER
 TRINITY HOMES
 PARK AVENUE, SUITE 301
 ELICOTT CITY, MARYLAND 21043
 (410) 480-0023

SITE PLAN FOR BAT INSTALLATION

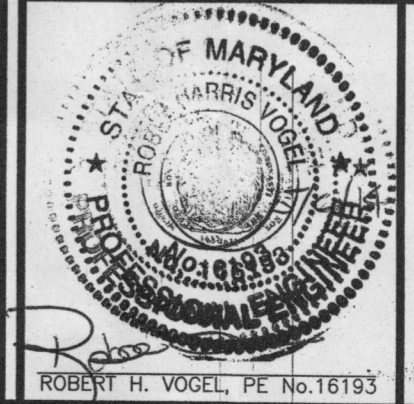
FULTON MANOR II - LOT 3

12305 STELLA DRIVE
 FULTON, MD 20759
 B1400116

TAX MAP: 40 BLOCK: 6
 5TH ELECTION DISTRICT

PARCEL: 205 & 94
 ZONED: RR-DEO
 HOWARD COUNTY, MARYLAND

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



DESIGN BY: RHV
 DRAWN BY: JMR
 CHECKED BY: RHV
 DATE: MAY 2014
 SCALE: 1"=30'
 W.O. NO.: 13-33

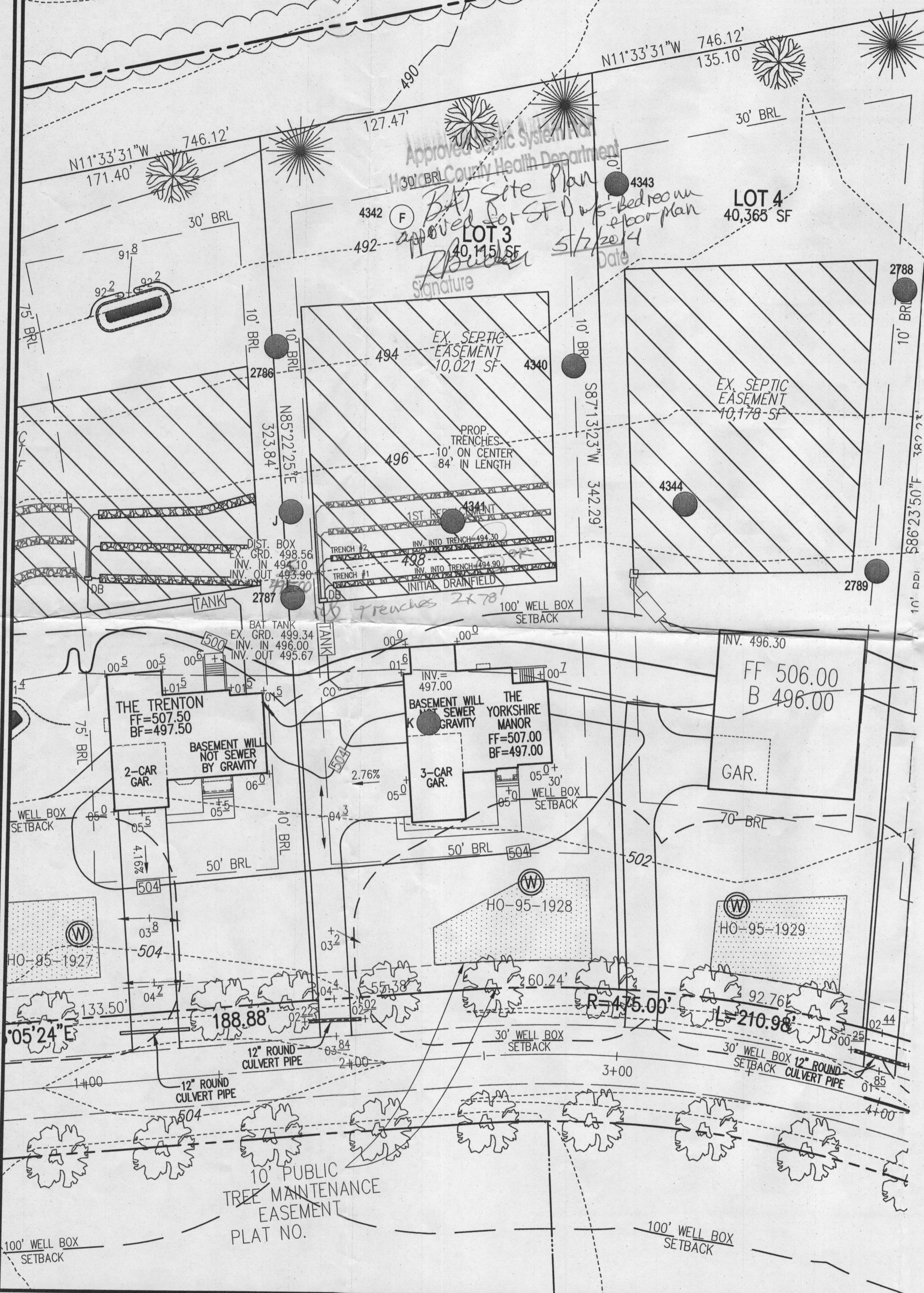
1 SHEET OF 1

SYSTEM CALCULATIONS:
 5 BEDROOMS AT 750gpd / 1.2 ABSORPTION RATE = 625 SQ. FT.
 625 SQ. FT. / 2 (TRENCH WIDTH) x .50 (SIDEWALL REDUCTION) = 156 LINEAR FEET
 2 TRENCHES OF 84 FEET IN LENGTH ARE PROVIDED WITH THE SYSTEM FOR LOT 3.

2x78 bat reb

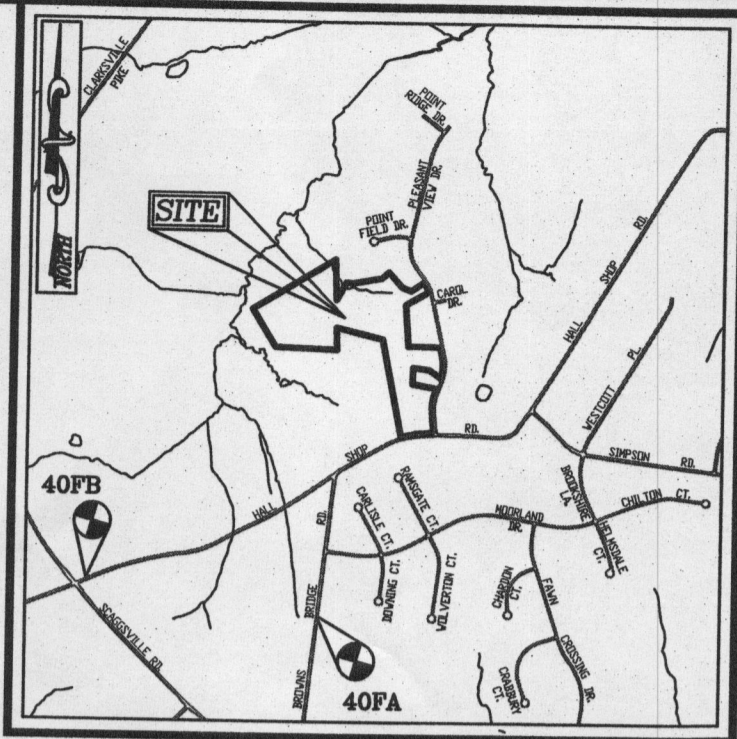
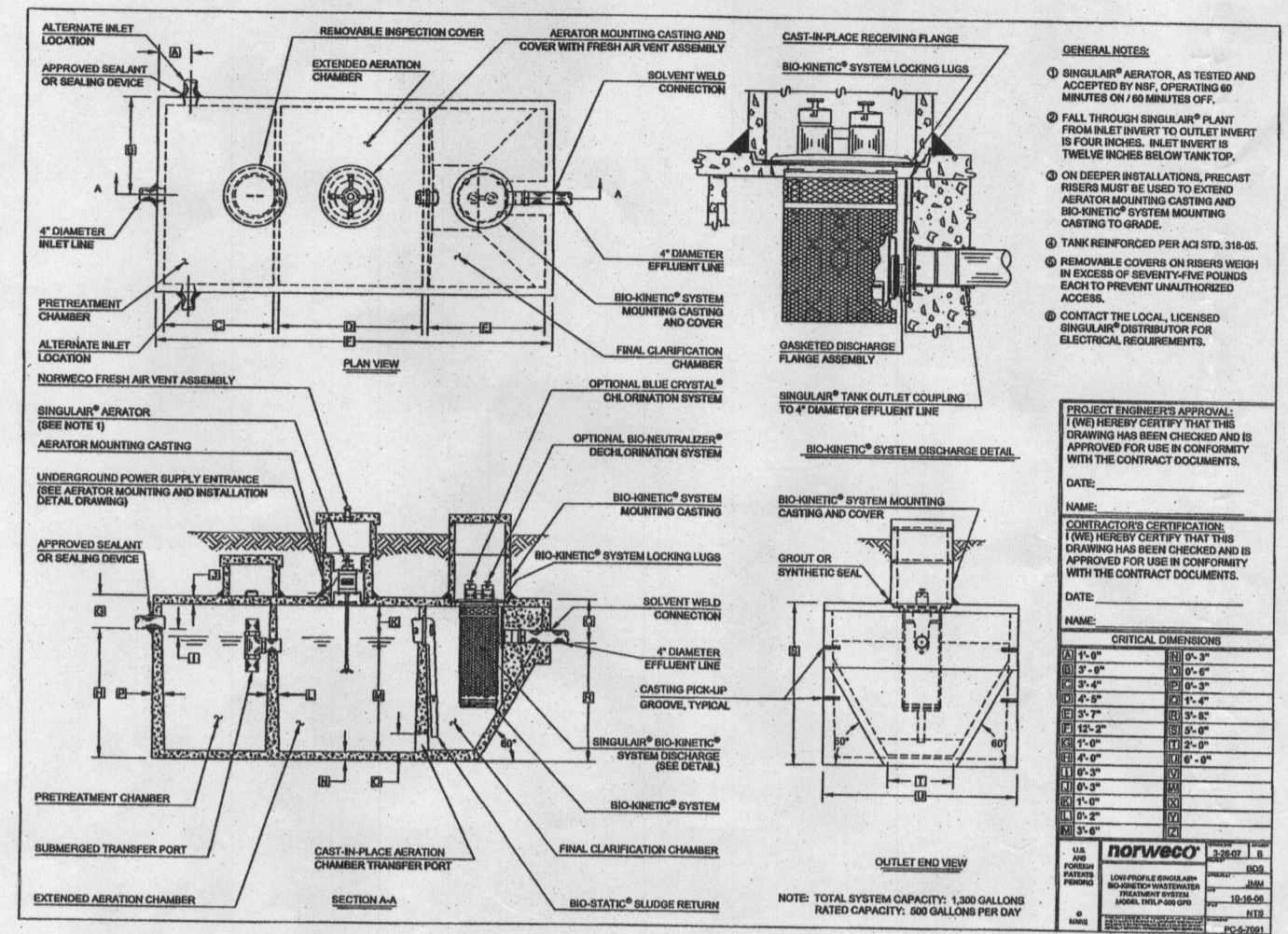
THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS EASEMENT ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

Maryland State Grid Meridian



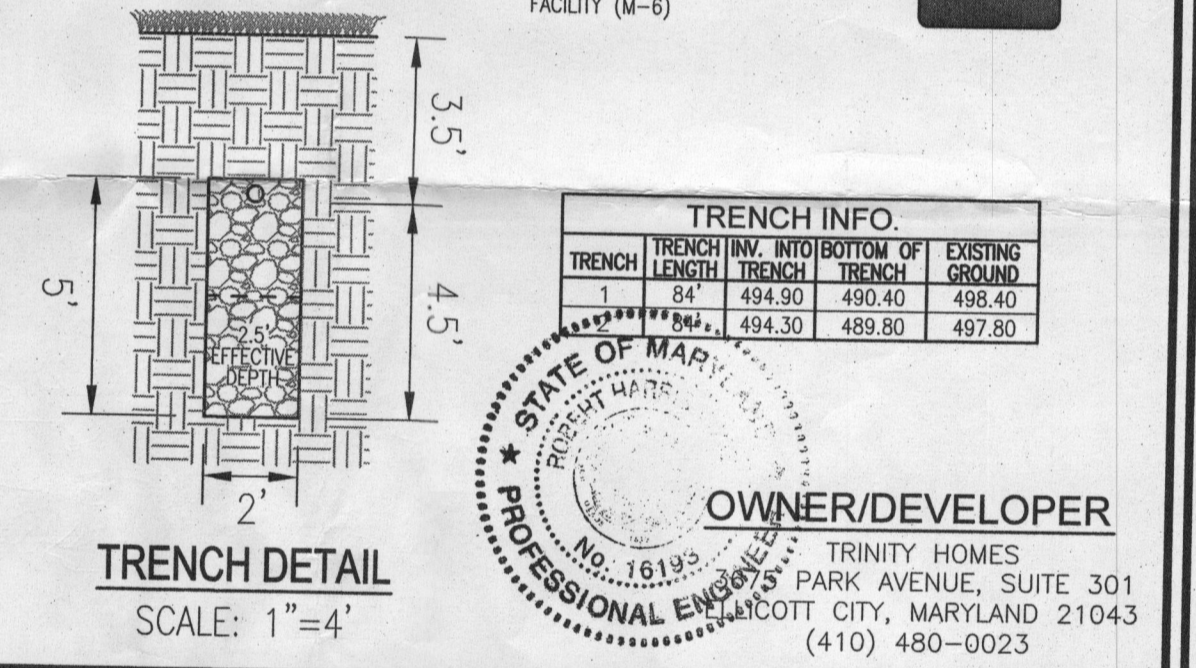
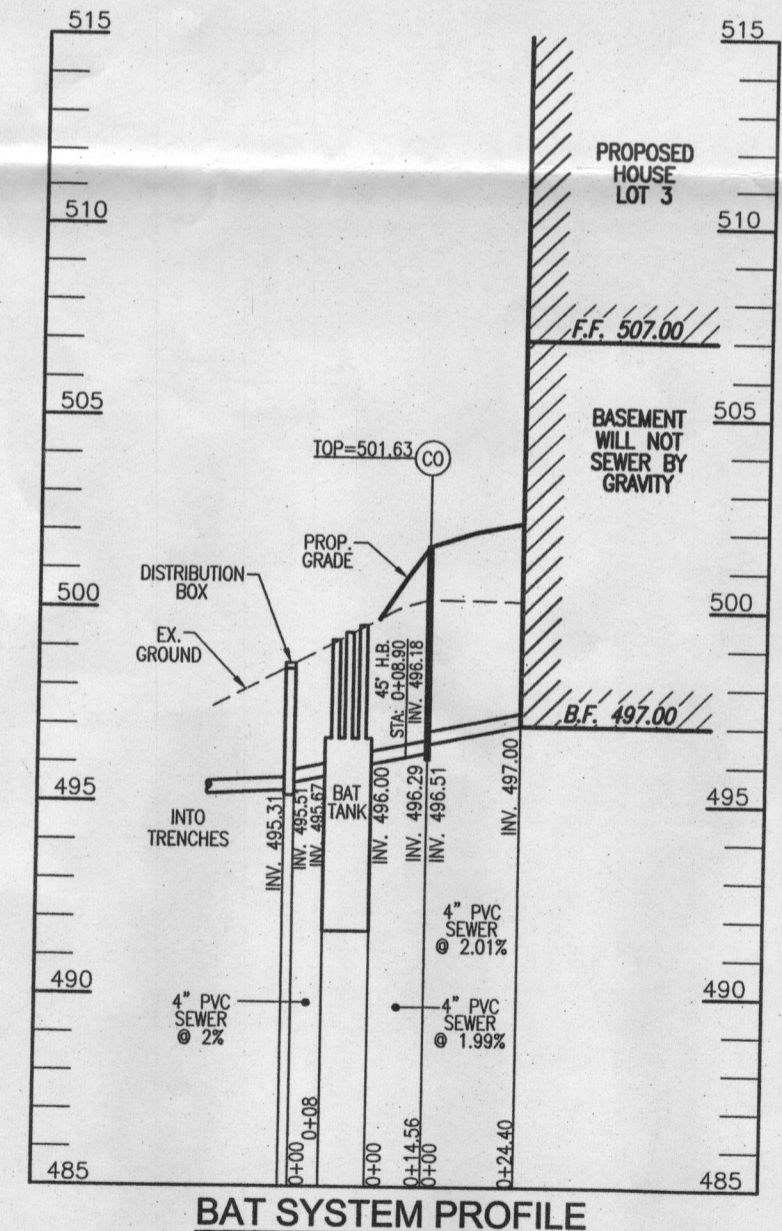
GENERAL NOTES:

1. ANY CHANGE TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REVISED SITE PLAN MAY BE REQUIRED.
2. THE MAXIMUM DEPTH OF THE BAT PER THE MANUFACTURER'S SPECIFICATION IS 3 FEET.
3. NO BLOWER IS REQUIRED. THE NORWECO WASTEWATER TREATMENT SYSTEM HAS AN AERATOR MOUNTED IN THE TANK.
4. THE BAT SYSTEM SHALL BE MAINTAINED AND OPERATED FOR THE LIFE OF THE SYSTEM.
5. THE BAT SHALL BE OPERATED BY AND MAINTAINED BY A CERTIFIED SERVICE PROVIDER.
6. WITHIN ONE MONTH OF INSTALLATION, A PERSON INSTALLING THE BAT SYSTEM SHALL REPORT TO THE MARYLAND DEPARTMENT OF THE ENVIRONMENT (MDE) IN A MANNER ACCEPTABLE TO MDE, THE ADDRESS AND DATE OF COMPLETION OF THE BAT INSTALLATION AND THE TYPE OF BAT INSTALLED.
7. ELECTRICAL WORK FOR THE BAT INSTALLATION MUST BE PERFORMED BY A LICENSED ELECTRICIAN.
8. AN AGREEMENT AND EASEMENT MUST BE COMPLETED AND SIGNED BY ALL APPLICABLE PARTIES, AND RECORDED IN LAND RECORDS OF HOWARD COUNTY.
9. THE HEALTH DEPARTMENT REQUIRES DOCUMENTATION FOR THE START-UP CERTIFICATION FROM THE MANUFACTURER PRIOR TO FINAL APPROVAL OF THE INSTALLATION.



LEGEND

EXISTING 2' CONTOUR	---	382
EXISTING 10' CONTOUR	---	380
RIGHT-OF-WAY	---	
BOUNDARY	---	
ADJACENT BOUNDARY	---	
PASSED PERC. TEST	○	
FAILED PERC. TEST	○	F
EXISTING WELL FIELD LOCATED	○	W
APPROVED WELL AREA	□	
PROPOSED MICRO-BIORETENTION FACILITY (M-6)	□	



SITE PLAN FOR BAT INSTALLATION

FULTON MANOR II - LOT 3

12305 STELLA DRIVE
 FULTON, MD 20759

TAX MAP: 40 BLOCK: 6
 5TH ELECTION DISTRICT

PARCEL: 205 & 94
 ZONED: RR-DEO
 HOWARD COUNTY, MARYLAND

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

DESIGN BY: RHV
 DRAWN BY: JMR
 CHECKED BY: RHV
 DATE: MAY 2014
 SCALE: 1"=30'
 W.O. NO.: 13-33

1 SHEET OF 1

SYSTEM CALCULATIONS:

5 BEDROOMS AT 750gpd / 1.2 ABSORPTION RATE = 625 SQ. FT.
 625 SQ. FT. / 2 (TRENCH WIDTH) x .50 (SIDEWALL REDUCTION) = 156 LINEAR FEET
 2 TRENCHES OF 84 FEET IN LENGTH ARE PROVIDED WITH THE SYSTEM FOR LOT 3.

278 feet

THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS EASEMENT ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.