



# 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.: 16/2003458

Building Address: 16322 Cottail River Dr  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 14  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 1.08(A)

Property Owner's Name: Justin Quality  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: JEREMY CLARKE  
 Address: PO Box 1253  
 City: Eldersburg State: Md Zip Code: 21784  
 Phone: 443-340-2229 Fax: \_\_\_\_\_  
 Email: JEREMY@AppliedAndApproved.com

Existing Use: SFD  
 Proposed Use: SFD w/ propane tank  
 Estimated Construction Cost: \$ 8,500  
 Description of Work: install 500 gal in-ground

Contractor Company: Valley National Co  
 Contact Person: William Green  
 Address: 7201 Montwood Rd  
 City: XPSUP State: Md Zip Code: 20794  
 License No.: 67793  
 Phone: 410-799-1114 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: Cont.  
 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:   | <b>Depth</b> <b>Width</b>                        |                                       |
| Gross area, sq. ft./floor:  | 1 <sup>st</sup> floor:                           |                                       |
|   | 2 <sup>nd</sup> floor:                           |                                       |
| Area of construction (sq. ft.):                                     | Basement:  |                                       |
|   | <input type="checkbox"/> Finished Basement       |                                       |
| Use group:  | <input type="checkbox"/> Unfinished Basement     |                                       |
|   | <input type="checkbox"/> Crawl Space             |                                       |
| <b>Construction type:</b>   | <input type="checkbox"/> Slab on Grade           |                                       |
| <input type="checkbox"/> Reinforced Concrete                        | No. of Bedrooms:                                 |                                       |
| <input type="checkbox"/> Structural Steel                           | <b>Multi-family Dwelling</b>                     |                                       |
| <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:  |                                       |
| <b>Roadside Tree Project Permit #</b>                               | <input type="checkbox"/> State Certified Modular |                                       |
|   | <input type="checkbox"/> Manufactured Home       |                                       |

| Utilities                                   |   |
|---|---|
| <b>Water Supply</b>                         |   |
| <input type="checkbox"/> Public             |   |
| <input checked="" type="checkbox"/> Private |   |
| <b>Sewage Disposal</b>                      |   |
| <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 |
| <b>Heating System</b>                       |   |
| <input type="checkbox"/> Electric           | <input type="checkbox"/> Oil  |
| <input type="checkbox"/> Natural Gas        | <input type="checkbox"/> Propane Gas                                |
| <input type="checkbox"/> Other:             |   |
| <b>Sprinkler System:</b>                    |   |
| <input type="checkbox"/> Yes                | <input type="checkbox"/> No   |
| <b>Grading Permit Number:</b>               |   |
| <b>Building Shell Permit Number:</b>        |   |

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: \_\_\_\_\_ Print Name: JEREMY CLARKE  
 Email Address: Jeremy@AppliedAndApproved.com Date: 10/17/12  
 Title/Company: Permits

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>11-1-12</u> | <u>Dana Bernard</u>   |

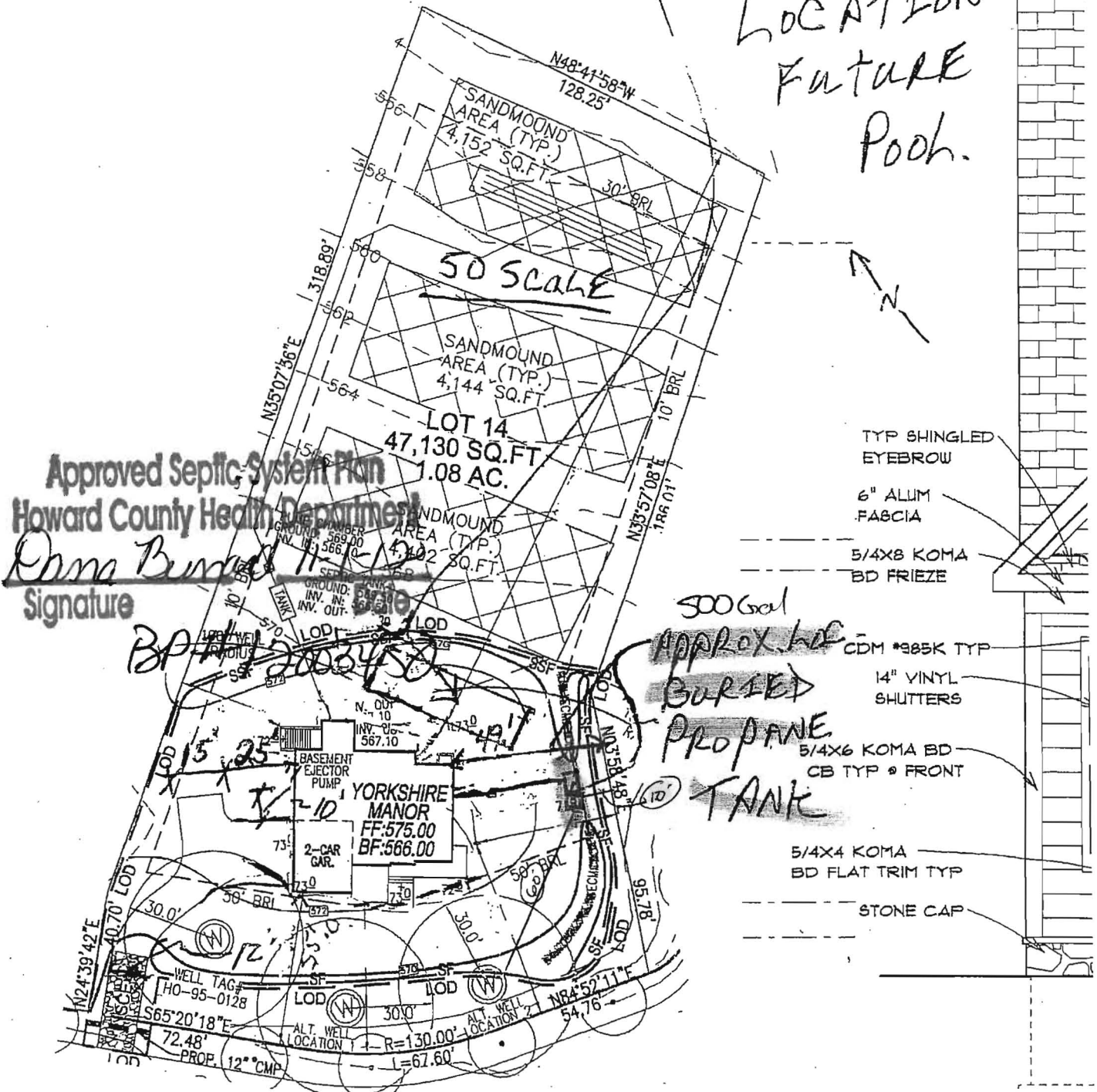
Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

| 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    | \$ |               |
| Check          | #  | <u>3122</u>   |

16322 Cattail River Dr  
woodbine md

APPROX.  
LOCATION  
FUTURE  
Pool.



Approved Septic System Plan  
Howard County Health Department

*Dana Burdett*  
Signature

BP # 2003450

500 Gall  
APPROX. LOCATION  
BURIED  
PROPANE  
TANK

TYP SHINGLED  
EYEBROW  
6" ALLUM  
FASCIA  
5/4X8 KOMA  
BD FRIEZE

CDM #385K TYP  
14" VINYL  
SHUTTERS  
5/4X6 KOMA BD  
CB TYP @ FRONT

5/4X4 KOMA  
BD FLAT TRIM TYP  
STONE CAP

Cattail River Road

50 SCALE

608000147

Permits: 410-313-2455  
Inspections: 410-313-1810  
Automated Line: 410-313-3800

Howard County Building/Fire Permit Application  
Department of Inspections, Licenses & Permits  
3430 Court House Drive  
Ellicott City, MD 21043

Permit Number:

B12002052

Building Address: 16322 Catail River Dr.  
WOODBINE, MD 21797  
Suite/Apt. # 2P SBR/WP/BA #: GP-08-02  
Census Tract: \_\_\_\_\_ Subdivision: The Chase at Stony Brook  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 14  
Tax Map: 7 Parcel: 133 Grid: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 47,130 sq ft

Existing Use: Vacant Lot  
Proposed Use: SFH  
Estimated Construction Cost: \$ 263,753.53  
Description of Work: 2 story, full basement, 9 room, 3FB, 2 car garage, FP, 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: 3675 Park Ave. #301  
City: Ellicott City State: MD Zip Code: 21043  
Home Phone: \_\_\_\_\_ Work Phone: 410-531-5813  
Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

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: 410-531-5813 Fax: 410-531-8534  
Email: Sherry@Trinityhomes.com

Engineer/Architect Company: n/a  
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"/> <u>Roadside Tree Project Permit</u> | <input type="checkbox"/> Partial  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                | <input type="checkbox"/> Other Suppression                                |
| <u>Roadside Tree Project Permit #</u>                                   | 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 <sup>st</sup> floor:  | <input checked="" type="checkbox"/> Private                              |
| 2 <sup>nd</sup> 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:  | <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 checked="" type="checkbox"/> Propane Gas                          |
| No. of 2 BR units:  |  |
| No. of 3 BR units:  |  |
| Other Structure:  |  |
| Dimensions:   |  |
| Footings:   | <input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>  |
| Roof:   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      |
| <input type="checkbox"/> State Certified Modular                                      | <u>Roadside Tree Project Permit #</u>                                    |
| <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.

Sherry Mewshaw

Sherry Mewshaw  
Applicant's Signature

Print Name

Sherry@trinityhomes.com

6/12/12  
Date

Email Address

Operations, Trinity Quality Homes, Inc.

Title/Company

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>7/1/12</u> | <u>[Signature]</u>    |
| <input type="checkbox"/> Fire Protection               |               |                       |

| 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     | \$        |

CK# 024638

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

INV# 281944





Howard County  
Health Department

Bureau of Environmental Health  
7178 Columbia Gateway Drive Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
Website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

June 27, 2012

RE: Building Permit # B10002052  
Tax Map 7, Parcel 133, Lot #14  
16322 Cattail River Drive  
Woodbine, Maryland 21797

TO: Trinity Quality Homes  
c/o Sherry Menshaw  
3675 Park Avenue #301  
Ellicott City, Maryland 21043

Prior to building permit approval, a revised building site plan is required. Further review is contingent upon submission of a Building Site Plan showing the following:

- ✦ Show three (3) well sites, one existing and two replacements or approximately 1500 square feet of approvable well area for the lot. Wells should be 50 feet apart on lot. Well location and setbacks required are 30 feet from new foundation and 100 feet from septic tank, system and easement. Well tag number for existing well must be included.
- ✦ Percolation holes should be shown and labeled with elevations.
- \* Stake Farday morning 7/6/12
- ✦ Sand mound corners and gravel bed must be staked for field review. The field review must be conducted and have a positive outcome for the Building Permit Application to be approved.

*Disturbed*

*Brian or Kevin*

In addition, the evaluation of the sand mound design indicates the following corrections.

- ✦ Topography must contain 1 foot contours.

I hope these comments are helpful in preparing your plan. Your building permit will be placed "on hold" until all Health Dept. requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana Bernard, Environmental Sanitarian  
Well and Septic Program  
Development and Coordination  
Phone (410) 313-2775  
E-mail: [dbernard@howardcountymd.gov](mailto:dbernard@howardcountymd.gov)

DLB

cc: Well & Septic program file  
Vogel Engineering, Inc.

608000147

P1000-950

Building Address 10322 CATAIL RIVER DR  
WOODBINE MD 21797  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: 62-08-02  
 Census Tract \_\_\_\_\_ Subdivision CHASE AT STONEYBROOK  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 14  
 Tax Map 7 Parcel 133 Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates 4691 68 Lot Size 47,130

Property Owner's Name TRINITY QUALITY HOMES, INC  
 Address 3675 PINE AVE #301  
 City ELLICOTT 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

Existing Use VACANT LOT  
 Proposed Use SFD  
 Estimated Construction Cost \$ 264,000  
 Description of Work 2 STORY FULL BSMT, GR, 2 BR, 1 HB, FT + GARAGE, LUBR  
 Occupant or Tenant N/A  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company TRINITY QUALITY HOMES, INC  
 Contact Person SHERRY MEUSHAU  
 Address 3675 PINE AVE #301  
 City ELLICOTT CITY State MD Zip Code 21043  
 License No. 1099  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

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

**BUILDING DESCRIPTION - RESIDENTIAL**

| Building Characteristics   | Utilities  |
|--|--|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>  | Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private                          |
| Depth _____ Width _____  | Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private                       |
| 1 <sup>st</sup> floor: _____   | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                       |
| 2 <sup>nd</sup> floor: _____   | Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| Basement: _____  | Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> | Natural Gas <input checked="" type="checkbox"/>  |
| No. of Bedrooms <u>4</u>   | Propane Gas <input type="checkbox"/>   |
| Multi-family dwellings: _____  | Sprinkler system: <input checked="" type="checkbox"/> N/A <input type="checkbox"/>                                 |
| No. of efficiency units: _____   | <input type="checkbox"/> NFPA #13D   |
| No. of 1 BR units: _____   | <input type="checkbox"/> NFPA #13R   |
| No. of 2 BR units: _____   | <input type="checkbox"/> Other: _____  |
| No. of 3 BR units: _____   |  |
| Other Structure: <input checked="" type="checkbox"/>   |  |
| 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.

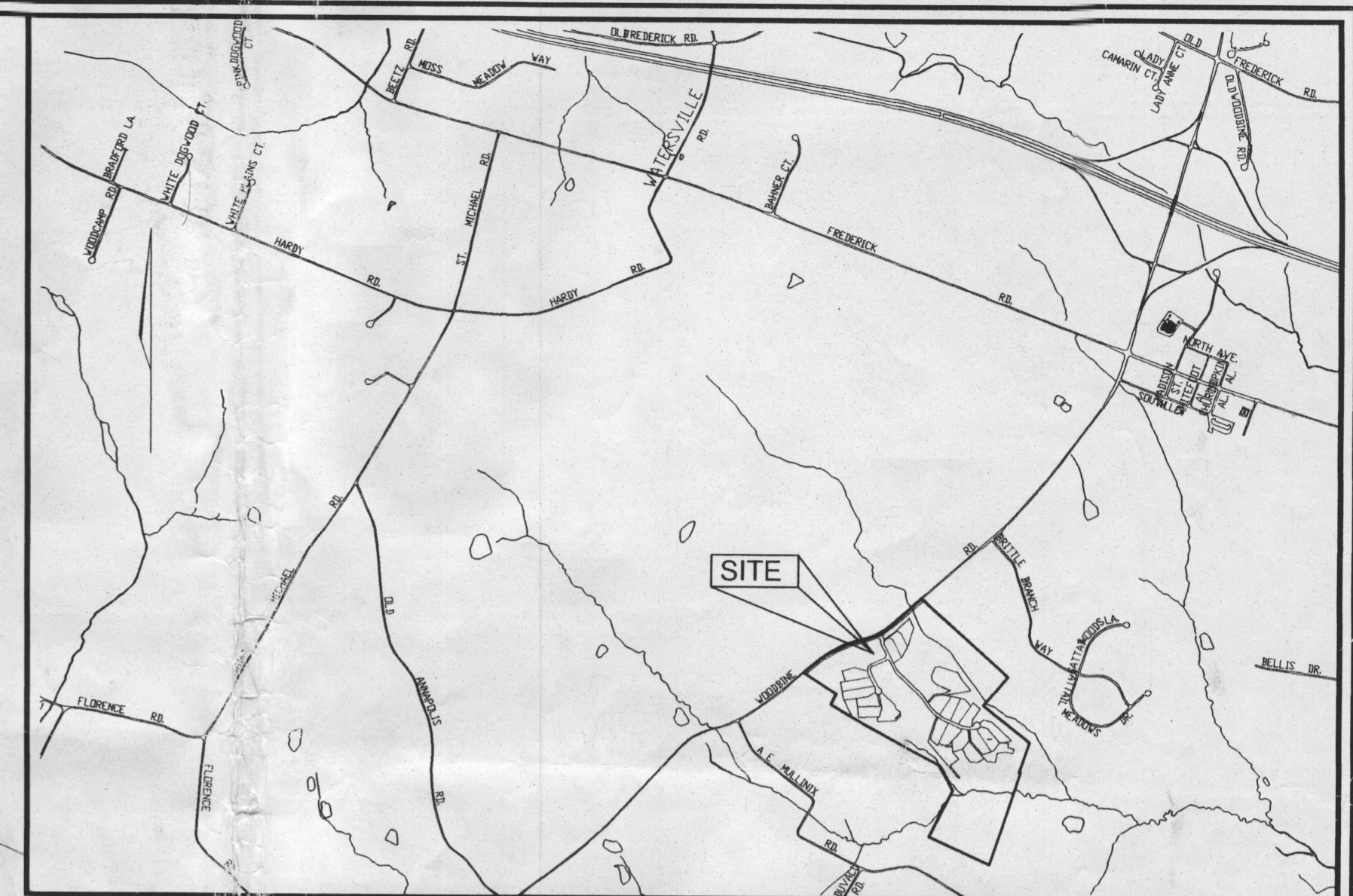
Applicant's Signature Sherry Meusshau  
 Email Address SHERRY@TRINITYHOMES.COM  
 Title/Company OPERATIONS, TRINITY QUALITY HOMES

Print Name SHERRY MEUSHAU  
 Date 12-15-10

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  | Filing fee              | PROPERTY ID # |
|---|------|--------------------|--|-------------------------|---------------|
| <input checked="" type="checkbox"/> Land Development, DPZ   |      |                    | Front: _____   | \$ <u>100.00</u>        |               |
| <input checked="" type="checkbox"/> State Highways  |      |                    | Rear: _____  | Permit fee \$ _____     |               |
| <input checked="" type="checkbox"/> Building Officials  |      |                    | Side: _____  | Excise tax \$ _____     |               |
| <input checked="" type="checkbox"/> Dev. Engineering, DPZ   |      |                    | Side St.: _____  | Add'l per fee \$ _____  |               |
| <input checked="" type="checkbox"/> Health  |      |                    | All minimum setbacks met?  | TOTAL FEES \$ _____     |               |
| <input checked="" type="checkbox"/> Fire Protection   |      |                    | YES <input type="checkbox"/> NO <input type="checkbox"/>                                 | Sub-total paid \$ _____ |               |
| Is Sediment Control approval required prior to issuance?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |      |                    | Is Entrance Permit Required?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | Balance due \$ _____    |               |
|   |      |                    | Historic District?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>           | Check # <u>20710</u>    |               |
|   |      |                    | Lot Coverage for New Town Zone _____   | Validation # _____      |               |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>  |      |                    | SDP/Red-line approval date _____   | Accepted by _____       |               |
| ONE STOP SHOP: <input type="checkbox"/>   |      |                    |  |                         |               |



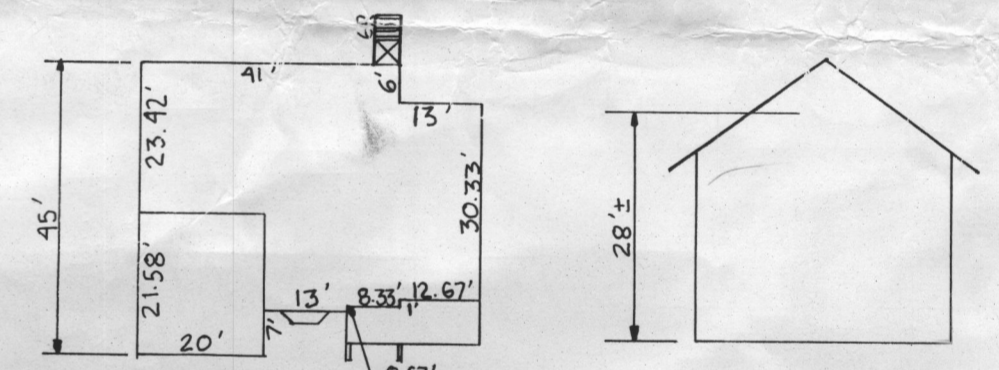
VICINITY MAP  
SCALE: 1"=2000'

Approved Septic System Plan  
Howard County Health Department  
Date: 1/12/07  
see also sand mound spec sheet

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

BUILDING OF LOT \_\_\_\_\_ FLOOR AREAS:  
BASEMENT FLOOR AREA: \_\_\_\_\_  
FIRST FLOOR AREA: \_\_\_\_\_  
SECOND FLOOR AREA: \_\_\_\_\_

SWM FOR THESE LOTS IS PROVIDED BY AN EXISTING EXTENDED DETENTION FACILITY UNDER F-05-170



THE YORKSHIRE MANOR HOUSE PLAN

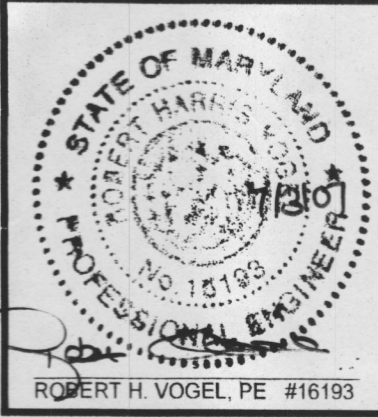
| LEGEND |                        |
|--------|------------------------|
| —202—  | EXISTING 2 FT CONTOUR  |
| —200—  | EXISTING 10 FT CONTOUR |
| LOD    | LIMIT OF DISTURBANCE   |
| —SSP—  | SUPER SILT FENCE       |

- ⊙ PASSED PERC TEST HOLE
- FAILED OR QUESTIONABLE PERC TEST HOLE

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

**GRADING AND SEDIMENT EROSION CONTROL PLAN**  
**THE CHASE AT STONEY BROOK**  
PHASE III LOTS 3, 8, 14 & 16  
REF: S-01-21, P-05-001, F-05-170  
ZONED: RC-DEO  
TAX MAP: 7 BLOCK: 17  
4TH ELECTION DISTRICT  
PARCEL 133  
HOWARD COUNTY, MARYLAND

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



DESIGN BY: RJ  
DRAWN BY: RJ  
CHECKED BY: RHV  
DATE: JANUARY 2007  
SCALE: 1"=50'  
W.O. NO.: 06-34-00

1 SHEET OF 3

REVIEWED FOR HOWARD SCD AND MEETS TECHNICAL REQUIREMENTS  
8/2/07  
DATE  
HOWARD SCD

ENGINEERS CERTIFICATE  
I CERTIFY THAT THIS PLAN FOR SEDIMENT AND EROSION CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.  
2/31/07  
DATE  
ROBERT H. VOGEL, PE #16193

DEVELOPER'S CERTIFICATE  
I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN FOR SEDIMENT AND EROSION CONTROL, AND THAT ALL 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 ALSO AUTHORIZE PERIODIC ON-SITE INSPECTION BY THE HOWARD SOIL CONSERVATION DISTRICT.  
4/31/07  
DATE  
MICHAEL L. PFAU

PLAN  
SCALE: 1"=50'

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

