

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

Scanner 7/19/12
 Permit Number: B/2002349

Building Address: 4039 CANDLE LIGHT DR
DAYTON 21036
 Suite/Apt. # _____ SDP/WP/BA #: GP-10-41
 Census Tract: 605101 Subdivision: CASTLEBERRY AT THE OAKS
 Section: _____ Area: _____ Lot: 31
 Tax Map: 22 Parcel: _____ Grid: _____
 Zoning: RR-DE Map Coordinates: 4873 Lot Size: 45,977
 Existing Use: VACANT LOT
 Proposed Use: SFD
 Estimated Construction Cost: \$ 263,754
 Description of Work: 2 STORY, FULL BSMT, 9 R, 2 FB, 1 HB, FP & GARAGE (4 BR) YORKSHIRE MANOR PLANS ON FILE
 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 INK
 City: ELLICOTT CITY State: MD Zip Code: 21043
 Home Phone: _____ Work Phone: 410-313-8731
 Applicant's Name & Mailing Address, (if other than stated herein): _____
 Phone: _____ Fax: 410-313-8731
 Email: SALLY@TRINITYHOMES.COM
 Contractor Company: TRINITY QUALITY HOMES
 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: 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"/> Roadside Tree Project Permit	<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 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	<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.

Sally J. Hodge
 Applicant's Signature
SALLY@TRINITYHOMES.COM
 Email Address
VP, OPERATIONS - TRINITY
 Title/Company

SALLY HODGE
 Print Name
6/22/12
 Date

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

JUN 22 2012
 LICENSING & PERMITS DIVISION

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials	<u>7/26/12</u>	<u>[Signature]</u>
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>1-22-13</u>	<u>Dana Beyer</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</u>
Permit Fee	\$ <u>839.66</u>
Tech Fee	\$ <u>83.92</u>
Excise Tax	\$ <u>5034.26</u>
PSFS	\$ <u>569.02</u>
Guaranty Fund	\$ <u>50</u>
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

check 025123

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP
PLANS RECEIVED - TRINITY CAB



Howard County
Health Department

7178 Columbia Gateway Drive, Columbia MD 21046
Phone (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

January 3, 2011

RE: **Building Site Plans for Castleberry at Ten Oaks**

Building Permits -B10003886, B10003888, B10003874, B10003862, B10003858, B10003875, B10003889, B10003864, B10003965, B10003942, B10003951, B10003946, B10003975

TO: Trinity Quality Homes Inc.

C/o Sherry Mewshaw

3675 Park Avenue #301

Ellicott City, Maryland 21043

Prior to building permit approval, an approved Building Plan is required. Further review is contingent upon submission of a Building Plans for Lots # 1, 6, 11, 16, 17, 21, 22, 26, 27, 31, 32, 37 and 43 showing the following:

- ✚ Because of the revision required, please submit separate building plans for each lot submitted.
- ✚ Well box is not defined on building plans. Each lot must show a defined well box. The well box must be 1500 sq. ft. or show existing wells and two (2) replacement well sites. If existing well is shown with two replacements wells, the wells on the property must be 50 feet apart. Well tag numbers for existing wells must be included.
- ✚ Well location and setbacks required are 30 feet from new foundation and 100 feet from septic tank, system and easement, and 10 feet from driveways. (**Just a reminder.**)
- ✚ Elevations for the septic system inverts. (i.e. Invert at the house, grade elevations at the house, inverts in and out of septic tank and invert into distribution box must be shown on each individual plan.
- ✚ Square footage of house must be noted on each plan.
- ✚ Plan should be drawn to a reasonable scale between 1:30 and 1:100 and noted on plan.

In addition, the General Notes on the building site plan must include the following statement:

- ✚ **"The existing well(s) shown on this plan (identified with the attached well tag number ex: (HO-95-0528) has been located by _____ (individual or company name).**

Your building permits 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
Dana Bernard, REHS/RS

Bureau of Environmental Health

Phone (410) 313-2775

E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file

B10003889

G-10000111

Building Address: 4039 Candle Light Dr
Dayton, MD 21036

Suite/Apt. # _____ SDP/WP/BA #: GP-10-41

Census Tract: _____ Subdivision: CASLEBERRY AT TEN OAKS

Section: _____ Area: _____ Lot: 31

Tax Map: 22 Parcel: 90 Grid: 19

Zoning: _____ Map Coordinates: 4813 7B Lot Size: 45777 A

Property Owner's Name: TRINITY QUALITY HOMES, INC

Address: 3675 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: _____

Existing Use: VACANT LOT

Proposed Use: SFD

Estimated Construction Cost: \$ 264,000

Description of Work: YORKSHIRE MANOR
2 STORY FULL BSMT 9R, 2 FB, 118
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: _____

Contractor Company: TRINITY QUALITY HOMES, INC

Contact Person: SHERY MEWSHAW

Address: 3675 PARK AVE #301

City: ELICOTT CITY State: MD Zip Code: 21043

License No.: 1099

Phone: 410-750-9002 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 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 type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input 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: SHERY MEWSHAW Print Name: SHERY MEWSHAW

Email Address: CHERRY@TRINITYHOMES.COM Date: 12/13/10

Title/Company: OPERATIONS, 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>12-5-10</u>	<u>Beunard</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>30.00</u>
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

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: 41911204

B/2002349

Building Address: 4039 CANDLE LIGHT DR DAYTON 21036
 Suite/Apt. # _____ SDP/WP/BA #: GP-10-41
 Census Tract: 605101 Subdivision: CASTLEBERRY AT THE OAKS
 Section: _____ Area: _____ Lot: 3L
 Tax Map: 22 Parcel: _____ Grid: _____
 Zoning: RR-DE Map Coordinates: 4813 Lot Size: 45,977
 Existing Use: VACANT LOT
 Proposed Use: SFD
 Estimated Construction Cost: \$ 263,754
 Description of Work: 2 STORY, FULL BSMT, 9 R, 2 FB, 1 HB, FP & GARAGE (4 BR) YORKSHIRE MAJOR PLANS ON FILE
 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: 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
Area of construction (sq. ft.):	<u>Sewage Disposal</u>
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	

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Sally J. Hodge
 Applicant's Signature
SALLY@TRINITYHOMES.COM
 Email Address
VP, OPERATIONS - TRINITY
 Title/Company

SALLY HODGE
 Print Name
6/22/12
 Date

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

JUN 28 2012
 LICENSING & PERMITS
 DIVISION

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>12512</u>	<u>DBernard</u>
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	\$ <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 025123



dedicated to excellence and service

December 12, 2012

RE: Building Permit #B12002349
Lot #31 Castleberry at Ten Oaks
4039 Candle Light Dr.
Dayton, MD 21036

RECEIVED

DEC 14 2012

PLAN REVIEW DIVISION

Attn: Plan Review

Please approve the following changes to above permit. Added a 16.5 x 10 sun room, 21 x 6 front porch, 3 gar garage, 10 rooms (5 bed rooms, 3.5 baths).

2 sets of construction drawings are included.

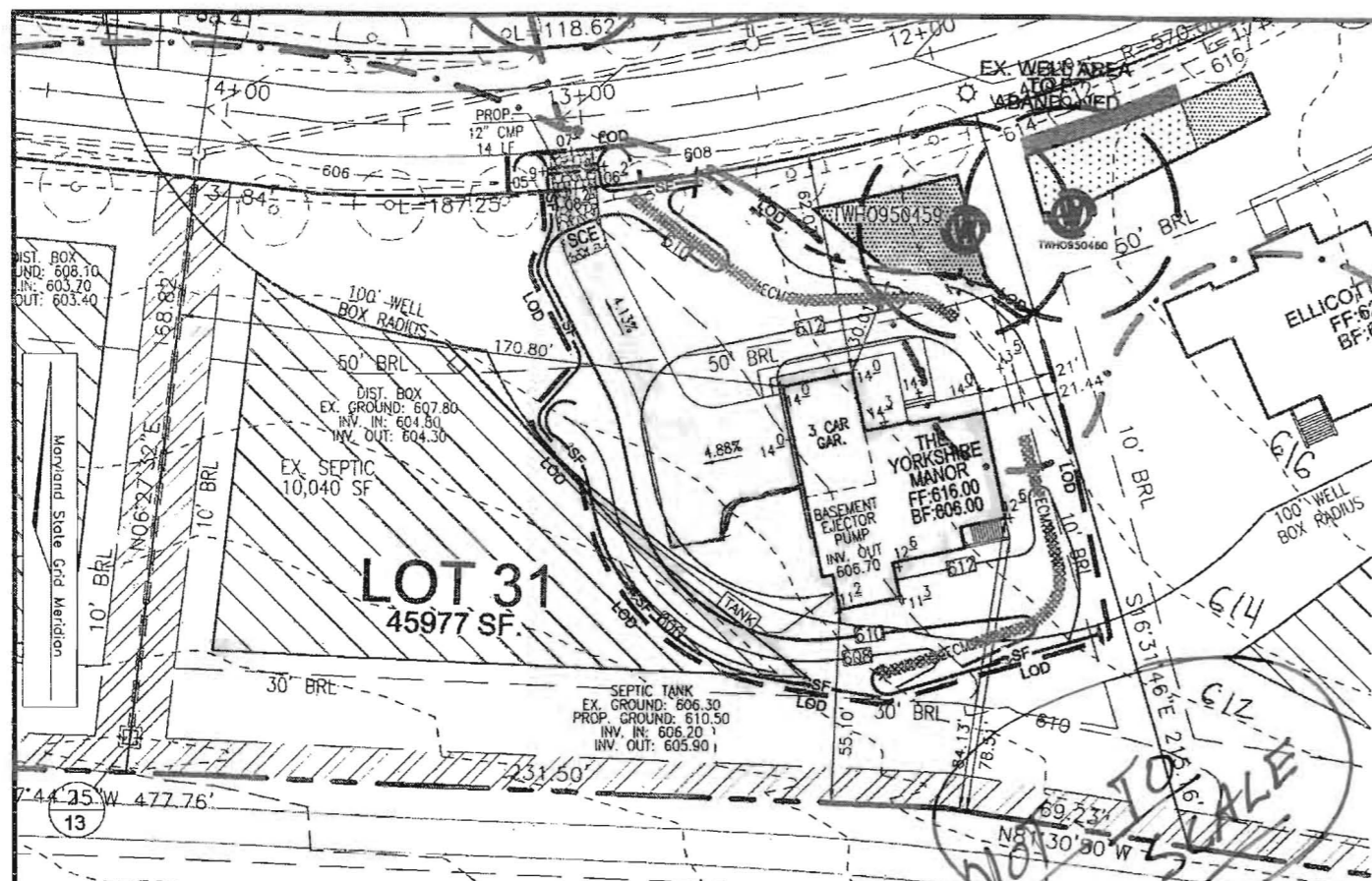
Please call when approved.

Thank you,

Sherry Mewshaw
Trinity Quality Homes
410-531-5813

*Revised
Draw
OK
PB
1-22-13*

cc: Heather

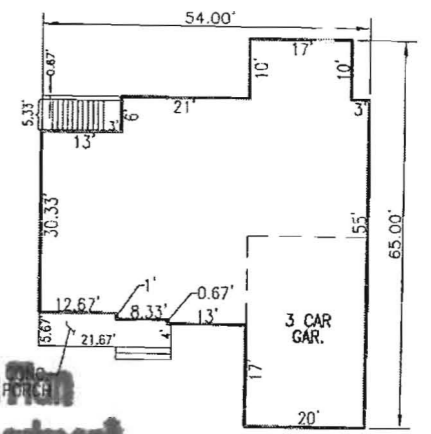


THE EXISTING WELL SHOWN ON LOT 31 TAG NO. 95-0459 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC., AND IS ACCURATELY SHOWN.

BUILDING OF LOT 31 FLOOR AREAS:
 BASEMENT FLOOR AREA: 806
 FIRST FLOOR AREA: 616
 SECOND FLOOR AREA: 1820
 BEDROOMS: 5

NOTE: STORMWATER MANAGEMENT FOR THIS LOT IS PROVIDED BY 2 MICRO-POOL EXTENDED DETENTION PONDS AND ONE BIO-RETENTION FACILITY APPROVED UNDER F-06-130

BUILDING PERMIT NO. _____



Approved Septic System Plan
Howard County Health Department
Dana Bernard 12-5-12
 Signature Date

THE YORKSHIRE MANOR
 W/ CULT. STONE
 VENEER & SIDING
 SCALE: 1"=30'

B12002349

OWNER
 CASTLEBERRY AT TEN OAKS, LLC.
 3675 PARK AVENUE, SUITE 301
 ELLICOTT CITY, MARYLAND 21043
 (410) 740-9401

ADDRESS
 4039 CANDLE LIGHT DR.
 DAYTON, MD 21036
 GP: 10-41

SCALE: AS SHOWN
 DRAWN BY: JMR
 CHECKED BY: RHV
 DATE: NOVEMBER 2012
 PROJECT #: 2017085
 SHEET#: 1 OF 1

PLOT PLAN
CASTLEBERRY AT
TEN OAKS
LOT 31
REF: F-06-130
 TAX MAP 22 PARCEL 90
 BLOCK 19
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

SCALE
 1"=50'

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

OAKWOOD FOREST PLAT 6577 LOT 3 ZONED RR-DEO
 OAKWOOD FOREST PLAT 6577 LOT 2