



**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.: B14002554

Building Address: 12307 Pleasant View Dr.  
City: Fulton State: MD Zip Code: 20759  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: Fulton Manor  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 4  
Tax Map: 40 Parcel: 205 Grid: 6  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: ~9266 @

Existing Use: SFD  
Proposed Use: SFD w/ tank  
Estimated Construction Cost: \$ 7,000  
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:	<u>Depth</u>	<u>Width</u>
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	<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: Trinity Homes  
Address: 3075 Park View  
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: Sylkesville State: MD Zip Code: 21784  
Phone: 4433401229 Fax: \_\_\_\_\_  
Email: Jeremy@appliedandapproved.com

Contractor Company: Valley National Gas  
Contact Person: William Pierung  
Address: 7201 Monte Wedo Rd  
City: Bessemer State: MD Zip Code: 20794  
License No.: 60793  
Phone: 410 7991114 Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_  
Responsible Design Prof.: \_\_\_\_\_  
Address: \_\_\_\_\_  
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 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 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: Jeremy Clancy  
Email Address: Jeremy@appliedandapproved.com  
Title/Company: Permitto

Print Name: Jeremy Clancy  
Date: 7/23/14  
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
<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>7/30/14</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	\$ <u>700</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>5799</u>



**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: 6-5-14

Permit No.: B14001919

Building Address: 12307 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: 4  
 Tax Map: 40 Parcel: 205 Grid: 6  
 Zoning: RR-DEO Map Coordinates: \_\_\_\_\_ Lot Size: 40,365

Existing Use: Vacant Lot  
 Proposed Use: SFD  
 Estimated Construction Cost: \$ 313,667  
 Description of Work: 2 story, 3 car garage, full basement, fire place  
9 rooms, 4 bed rooms, 3 full baths, 1 half bath,

Occupant or Tenant: \_\_\_\_\_  
 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 type="checkbox"/> SF Dwelling <input type="checkbox"/> 5F Townhouse
No. of stories: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 <sup>st</sup> floor: _____
Area of construction (sq. ft.): _____	2 <sup>nd</sup> floor: _____
Use group: _____	Basement: _____
<b>Construction type:</b>	<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	<b>Multi-family Dwelling</b>
	No. of efficiency units: _____
	No. of 1 BR units: _____
	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

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: \_\_\_\_\_

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 type="checkbox"/> No	
Gas: <input 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 checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	<u>613004591</u>
Building Shell Permit Number:	<u>G13000302</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 PERMITTED AND POSTING NOTICES.

Sarah Salas  
 Applicant's Signature \_\_\_\_\_ Print Name Sarah Salas  
 sarah@trinityhomes.com \_\_\_\_\_ Date 6/5/14  
 Email Address \_\_\_\_\_  
 Trinity Homes - selections coordinator \_\_\_\_\_  
 Title/Company \_\_\_\_\_

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
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AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
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<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health		
Is Sediment Control approval required for issuance? <input checked="" 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?	<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	# <u>030296</u>

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

Date: 7/3/14  
To: DAN SWINDER, BUILDING REVIEW  
(Person's Name and Division)  
From: SHERY MEUSHAU TRINITY HOMES (443) 535-8516  
(Your Name, Company Name and Telephone Number)  
Subject: Project name FULTON MANOR  
Project site address 12307 PLEASANTVIEW DRIVE FULTON, MD 20759  
Permit Number B14001919 SDP # \_\_\_\_\_  
Other information pertinent to this project \_\_\_\_\_

RECEIVED  
JUL 08 2014  
PLAN REVIEW DIVISION

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

- Letter of response to Howard County plan review code letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Structural steel certification
- Energy conservation calculations
- Certification for \_\_\_\_\_ (be specific).
- 3 Copies of Plot PLAN - Lot 4 (be specific).
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # \_\_\_\_\_
- Other \_\_\_\_\_

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

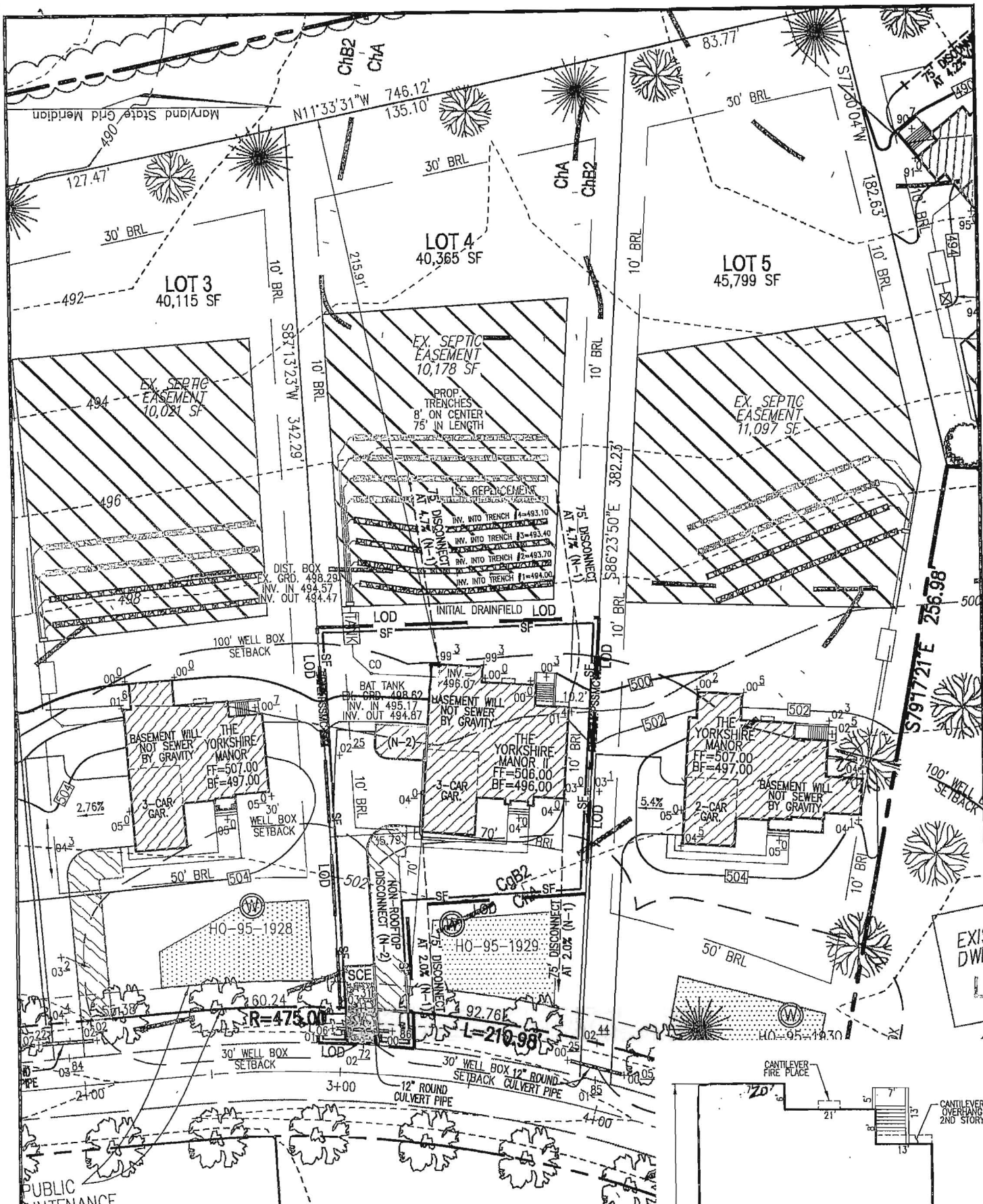
\_\_\_\_\_  
(Person's name) (Telephone number)

**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 MF

Revision #1  
cc: Health  
DPZ  
DED

white: Plan Review Division  
yellow: Applicant  
pink: Permit Division



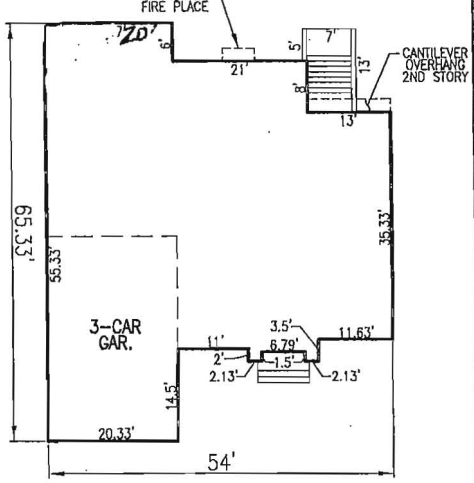
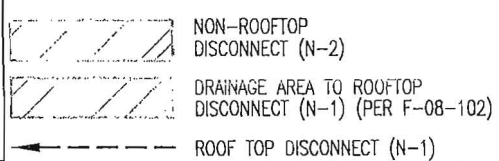
THE EXISTING WELL SHOWN ON LOT 4 TAG NO. 95-1929 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC., AND IS ACCURATELY SHOWN.

BUILDING OF LOT 4 FLOOR AREAS:  
 BASEMENT FLOOR AREA: 1970  
 FIRST FLOOR AREA: 1990  
 SECOND FLOOR AREA: 1620  
 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 II**  
 W/ BRICK VENEER  
 SCALE: 1"=30'

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

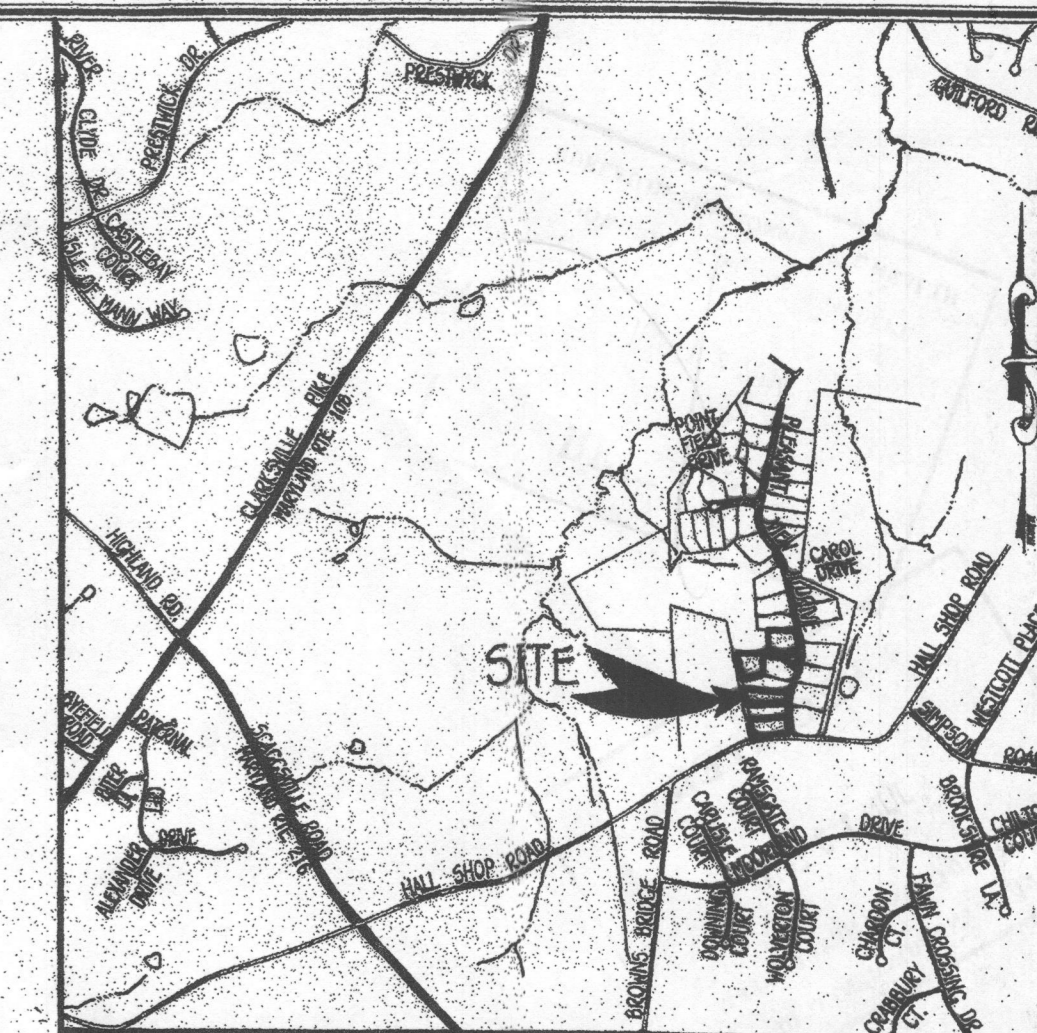
SCALE: 1"=50'  
 DRAWN BY: JMR  
 CHECKED BY: RHV  
 DATE: MAY 2014  
 PROJECT #: 13-33  
 SHEET #: 1 OF 1

**PLOT PLAN**  
**FULTON MANOR II**  
**LOT 4**

**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: 410.461.7866 FAX: 410.461.8961



VICINITY MAP  
SCALE: 1" = 2000'  
ADC MAP PAGE 14 GRID E12

**GENERAL NOTES**

- SUBJECT PROPERTY ZONED: RR-DEO
- TOTAL AREA OF PROPERTY: 3.1619 ACRES
- SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT REVIEW.
- LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
- CONTRACTOR/BUILDER TO VERIFY ELEVATION IN THE FIELD BEFORE BEGINNING ANY CONSTRUCTION.
- FIELD RUN TOPOGRAPHIC SURVEY DONE BY FLOWN AERIAL.
- NO WETLANDS CURRENTLY SHOWN ON THE PROPERTY.
- STORMWATER MANAGEMENT IS PROVIDED PER F-02-102.

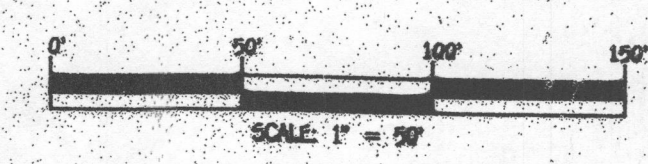
**NOTE**

THE EXISTING WELLS SHOWN ON THIS PLAN, TAG NOS: HO 99-1502 THRU HO 99-1510 HAVE BEEN FIELD LOCATED BY FISHER, COLLINS & CARTER, INC., PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.

SOIL	NAME	CLASS
RR-04	PALE SILT LOAM	D
CoB2	CHESTER GRAVELLY SILT LOAM, 3 TO 8 PERCENT SLOPES, MODERATELY ERODED	B
CoC2	CHESTER GRAVELLY SILT LOAM, 8 TO 15 PERCENT SLOPES, MODERATELY ERODED	B
ChA	CHESTER SILT LOAM, 0 TO 3 PERCENT SLOPES	B
ChB	CHESTER SILT LOAM, 3 TO 8 PERCENT SLOPES, MODERATELY ERODED	B
ChC2	CHESTER SILT LOAM, 8 TO 15 PERCENT SLOPES, MODERATELY ERODED	B
PaB2	PALE SILT LOAM, 3 TO 8 PERCENT SLOPES, MODERATELY ERODED	B
GqB2	GLENNVILLE SILT LOAM, 3 TO 8 PERCENT SLOPES, MODERATELY ERODED	B
GqC2	GLENNVILLE SILT LOAM, 8 TO 15 PERCENT SLOPES, MODERATELY ERODED	B
MaB2	HANDY GRAVELLY LOAM, 3 TO 8 PERCENT SLOPES, MODERATELY ERODED	B
MaC2	HANDY GRAVELLY LOAM, 8 TO 15 PERCENT SLOPES, MODERATELY ERODED	B
MiC2	MIDWAY LOAM, 8 TO 15 PERCENT SLOPES, MODERATELY ERODED	B

NOTES:  
\* HYDRO SOILS AND/OR CONTAINS HYDRO INCLUSIONS  
\*\* MAY CONTAIN HYDRO INCLUSIONS  
† GENERALLY ONLY WITHIN 100-YEAR FLOODPLAIN AREAS

APPROVED PLAN REVISION  
SCD: [Signature] 4/19/13  
NRCS: [Signature] Date



SITE DEVELOPMENT,  
SEDIMENT/EROSION CONTROL PLAN,  
HOUSE TYPE, NOTES & DETAILS  
**FULTON MANOR II**  
LOTS 2, 4, 6 & 7  
ZONED: RR-DEO

TAX MAP NO.: 40 GRID NO.: 6 PARCEL NO.: 205  
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
SCALE: 1" = 50' DATE: APRIL, 2013  
SHEET 1 OF 2



**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. 9753 EXPIRATION DATE: 2/28/14.

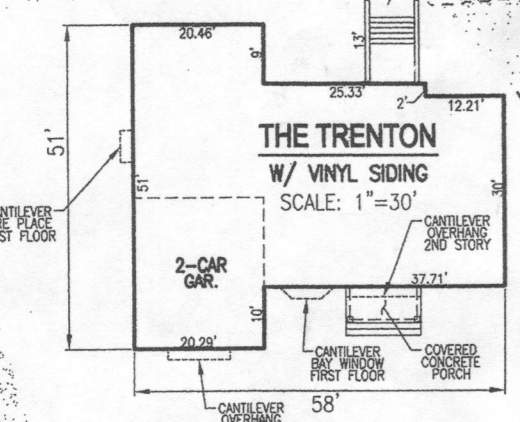
**ENGINEER'S CERTIFICATE**  
I HEREBY CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITION AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD SOIL CONSERVATION DISTRICT.

**DEVELOPER'S CERTIFICATE**  
I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN AND THAT ANY 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.

**OWNER/BUILDER/DEVELOPER**  
TONITY HOMES  
3573 PARK AVENUE  
SUITE 301  
BELTSVILLE CITY, MARYLAND 21104  
410-490-0063

**HOWARD SOIL CONSERVATION DISTRICT**  
[Signature] 5/2/13 DATE

NO.	REVISION	D/E
1	lot 2	



**LEGEND**

SYMBOL	DESCRIPTION
[Line style]	EXISTING CONTOUR 2' INTERVAL
[Line style]	PROPOSED CONTOUR 2' INTERVAL
[Symbol]	SPOT ELEVATION
[Symbol]	SUPER SILT FENCE
[Symbol]	WALK-OUT BASEMENT
[Symbol]	LIMITS OF DISTURBANCE
[Symbol]	EROSION CONTROL MATTING
[Symbol]	STONE CONSTRUCTION ENTRANCE

B14001919

MASTER 04/06/HGP 13-073