

Permits: 410-313-2435
 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: **B13000238**

Building Address: 12305 Autumn Tree Ln.
Clarksville, MD 21029

Suite/Apt. # _____ SDP/WP/BA #: GP-13-038

Census Tract: _____ Subdivision: Walnut Creek

Section: _____ Area: _____ Lot: 3

Tax Map: 28 Parcel: 49 Grid: 17 & 18

Zoning: RC-DEO Map Coordinates: _____ Lot Size: 33,406

Existing Use: Vacant Lot

Proposed Use: SFD

Estimated Construction Cost: \$ 263,753.53

Description of Work: 2 story, 3 car garage, FP, full basement, 10 rooms, 4 bedrooms, 4 baths, 1 half bath

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"/> 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: <u>4</u>	<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:	<u>613000238</u>
Dimensions:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Footings:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Roof:	Roadside Tree Project Permit #
<input type="checkbox"/> State Certified Modular	
<input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Sherry Mewshaw
 Applicant's Signature

Sherry@trinityhomes.com
 Email Address

Operations, Trinity Quality Homes, Inc.
 Title/Company

Print Name: _____
8/1/13
 Date

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>8/20/13</u>	<u>Sherry Mewshaw</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	\$

CL# 028701

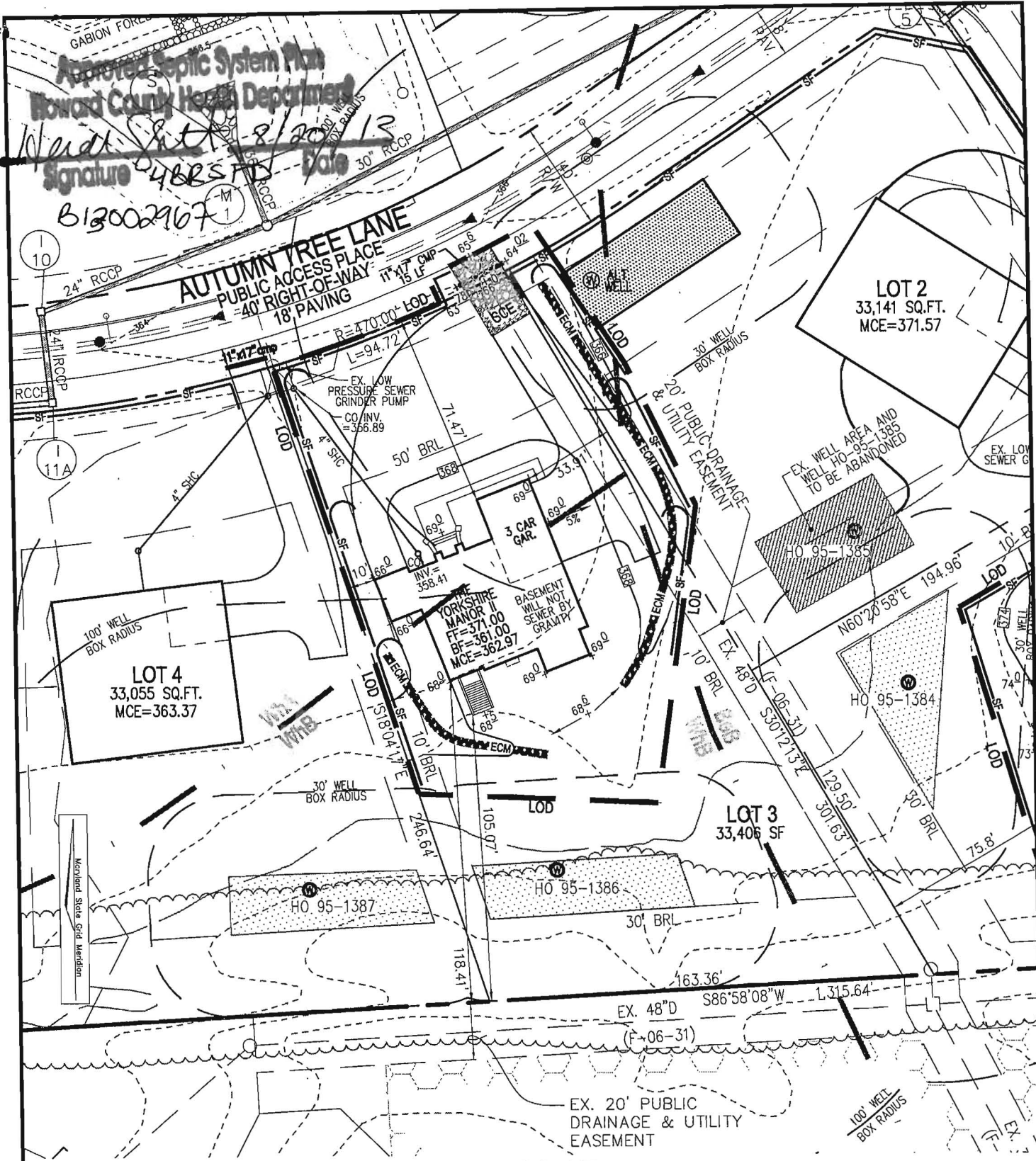
Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

T:\Operations\Updated Forms\New building app 11.10.2010.docx

13 set 0824

308431

Approved Septic System Plan
 Howard County Health Department
 Field Site 8/20/13
 Signature 4825AD Date
 B13002967



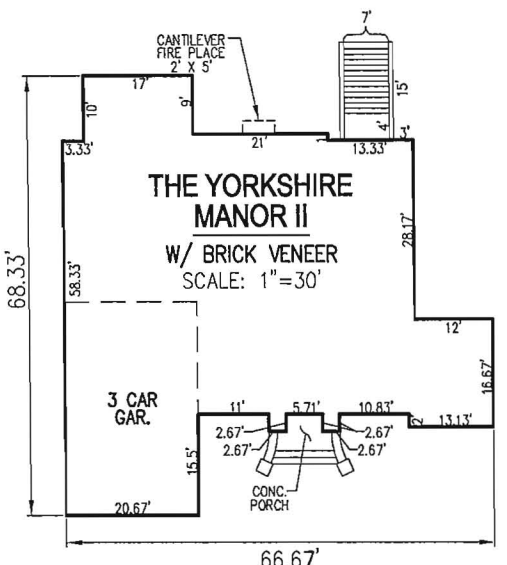
THE EXISTING WELL SHOWN ON LOT 3 TAG NO. 95-1386 HAS BEEN FIELD LOCATED BY FISHER, COLLINS, & CARTER, INC., AND IS ACCURATELY SHOWN.

BUILDING OF LOT 3 FLOOR AREAS:
 BASEMENT FLOOR AREA: 2240
 FIRST FLOOR AREA: 2300
 SECOND FLOOR AREA: 2330
 BEDROOMS: 4

NOTE: STORMWATER MANAGEMENT (WQv AND CPv) IS PROVIDED BY EXTENDED DETENTION FACILITY, ONE RAIN GARDEN, ROADWAY GRASS CHANNELS, AND ON-LOT LEVEL SPREADERS (F-07-076). LOT 3 DOES NOT REQUIRE ANY PRACTICES.

BUILDING PERMIT NO. _____

SCALE
 1"=50'



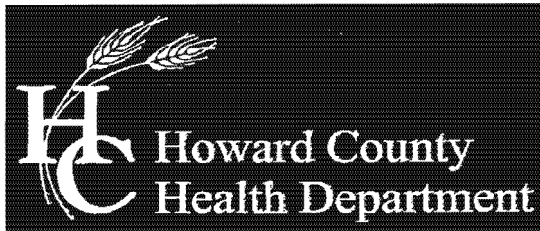
SCALE: _____ AS SHOWN
 DRAWN BY: _____ JMR
 CHECKED BY: _____ RHV
 DATE: _____ JULY 2013
 PROJECT #: _____ 13-21
 SHEET#: _____ 1 OF 1

PLOT PLAN
WALNUT CREEK
LOT 3
 REF: F-07-076
 TAX MAP 28 PARCEL 49
 BLOCK 11
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

ADDRESS
 12305 AUTUMN TREE LANE
 ELLICOTT CITY, MD 21042
 GP: 13-038

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

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



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D. Health Officer

August 21, 2013

Trinity Quality Homes, Inc.
c/o Sherry Mewshaw
3675 Park Ave. #301
Ellicott City, MD 21043

**RE: 12305 Autumn Tree Lane
Walnut Creek - Lot 3**

Dear Ms. Mewhaw,

Upon recent review of building permit # B13002967, it was noted that the water supply on this lot has elevated levels of gross alpha indicated by radium testing completed in March 2008 (a copy of this results letter is enclosed).

Additional testing for radium will be required to verify existing radium levels prior to issuance of a Use & Occupancy Certification from this office. This test must be conducted by either the Howard County Health Department or a certified laboratory. If results remain elevated, installation of a water treatment system and recordation of a radium agreement will be necessary.

Please contact me at the number below or by e-mail should you have any additional questions.

Respectfully,

Heidi Scott, R.S.
Bureau of Environmental Health
Well and Septic Program
Phone (410) 313-6287
E-mail: hscott@howardcountymd.gov

HS

cc: Well & Septic program file