



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: 06/27/14
 Permit No.: B14002287

Building Address: 12309 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: 5
 Tax Map: 40 Parcel: 205 Grid: 6
 Zoning: RR-DEO Map Coordinates: _____ Lot Size: 45,799

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: \$ 291,008
 Description of Work: 2 story, 3 car garage, full basement, fire place
10 rooms, 4 bed rooms, 2 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: _____

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:
	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
	<input type="checkbox"/> Slab on Grade
Construction type:	No. of Bedrooms: <u>4</u>
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling
<input type="checkbox"/> Structural Steel	No. of efficiency units:
<input type="checkbox"/> Masonry	No. of 1 BR units:
<input type="checkbox"/> Wood Frame	No. of 2 BR units:
<input type="checkbox"/> State Certified Modular	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>613004591</u>
Building Shell Permit Number:	<u>613 000 301</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.

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

Print Name: Sarah Tahan
 Date: 6/27/14

RECEIVED
 JUN 27 2014
 LICENSES & PERMITS
 DIVISION

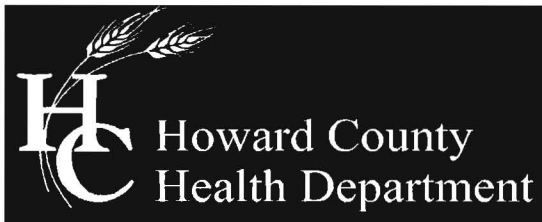
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 FOR OFFICE USE ONLY

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>8/5/14</u>	<u>H. O. ...</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>100.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50.00</u>
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>03029</u>



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

July, 17 2014

TRINITY QUALITY HOMES, INC. T/A TRINITY HOMES
3675 PARK AVENUE STE 301
ELLCOTT CITY, MD 21043
SHERRY MEWSHAW

Sent via email to: SHERRY@TRINITYHOMES.COM

RE: B14002287
12309 Pleasant Drive
Fulton, MD 20759

SHERRY MEWSHAW:

This letter is in response to building permit B14002287. The application describes the construction of a 4 bedroom house with a 3 car garage. Upon review of the submittal, the site plan did not include the invert elevation for the septic line at the house and septic tank. In addition, house floor plans are required to verify the number of bedrooms.

Prior to issuing the building permit, an approved BAT plan is required prior to building permit approval.

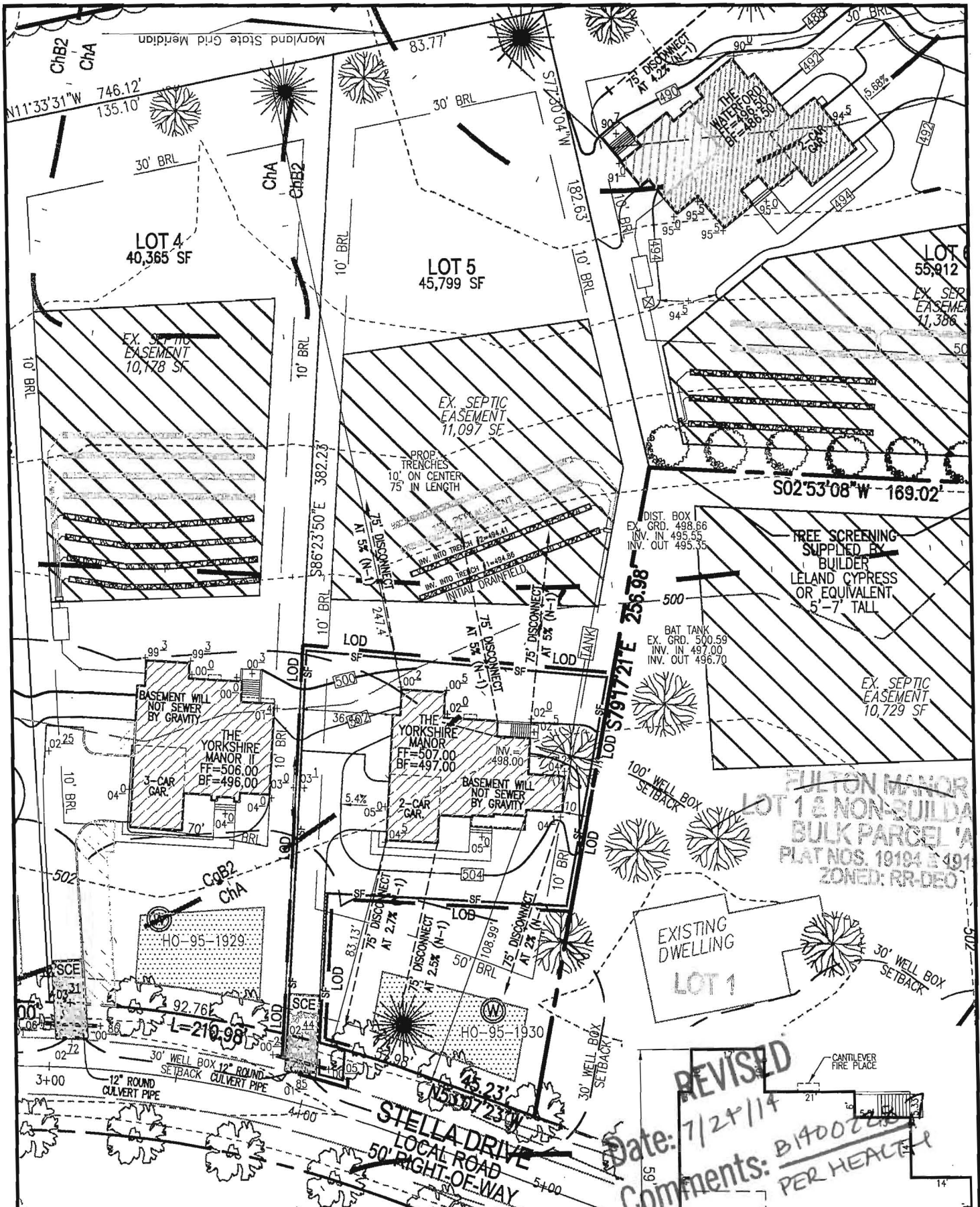
Lastly, please also note that U & O (i.e. ICOP) will not be issued unless Gross Alpha, Gross Beta and/or Radium results have been obtained for this well. Results must be within acceptable limits to issue the ICOP.

Building permit approval is being withheld until a revised site plan has been forwarded to the Health Department and a BAT plan is received and approved. I may be reached at (410) 313-1786 if you would like to discuss the project.

Respectfully,

Hank Oswald

Hank Oswald, L.E.H.S
Bureau of Environmental Health
Well & Septic Program





THE EXISTING WELL SHOWN ON LOT 5 TAG NO. 95-1930 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC., AND IS ACCURATELY SHOWN.

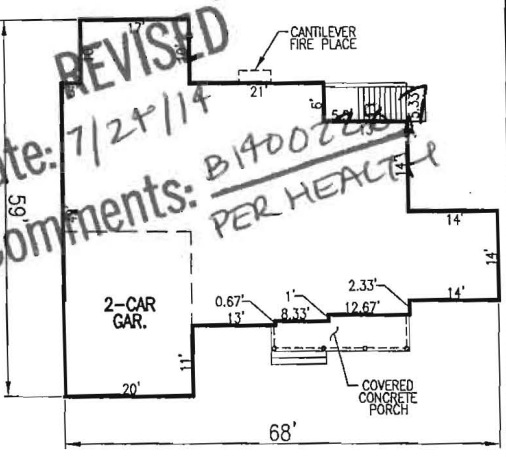
BUILDING OF LOT 5 FLOOR AREAS:
 BASEMENT FLOOR AREA: 1890
 FIRST FLOOR AREA: 1960
 SECOND FLOOR AREA: 1530
 BEDROOMS: 4

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

BUILDING PERMIT NO. _____

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

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



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

REVISED
 Date: 7/24/14
 Comments: B1400228 PER HEALTH

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

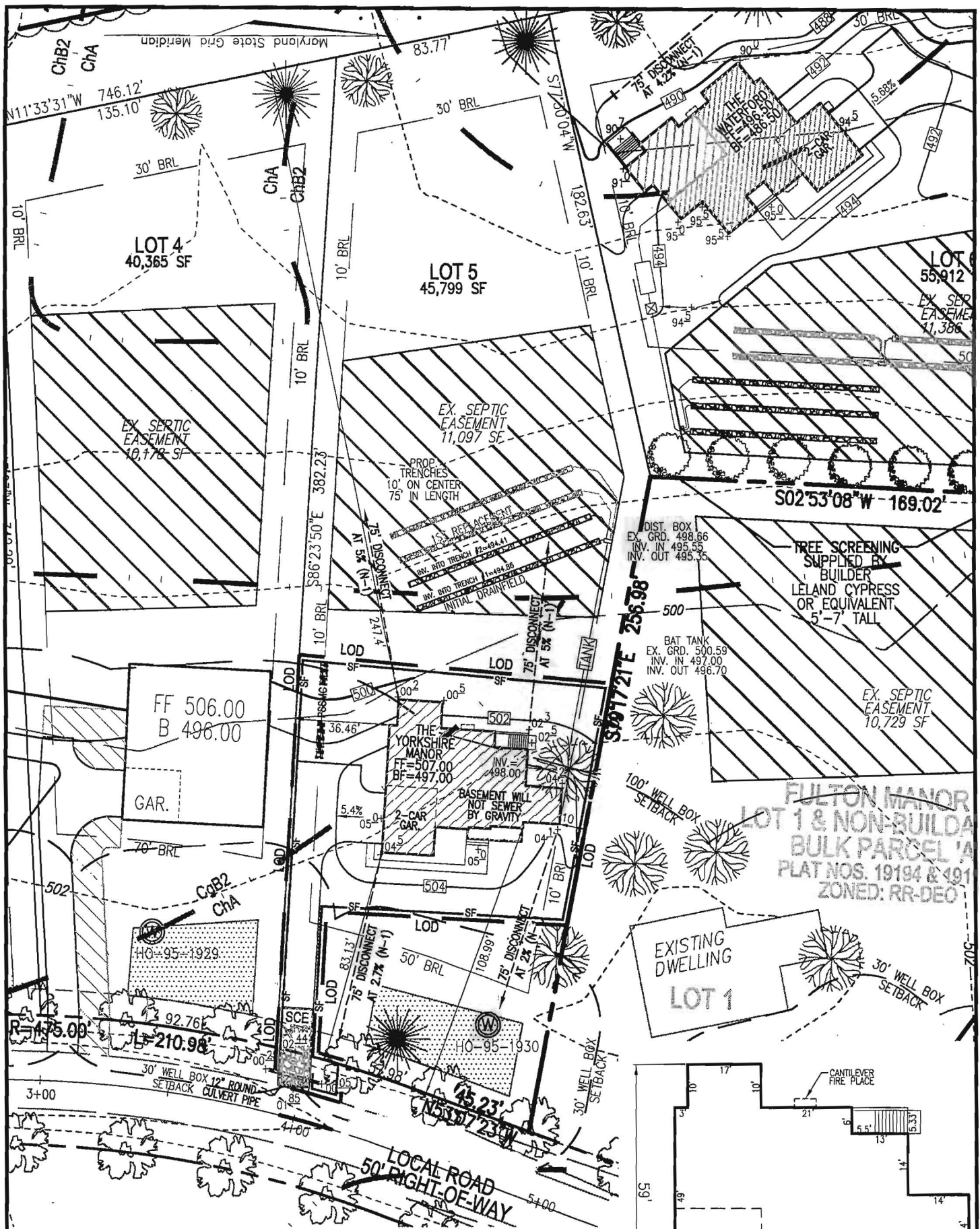
PLOT PLAN
FULTON MANOR II
LOT 5

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

ADDRESS
 STELLA DRIVE
 FULTON, MD 20759
 F-08-102

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

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



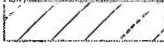
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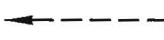
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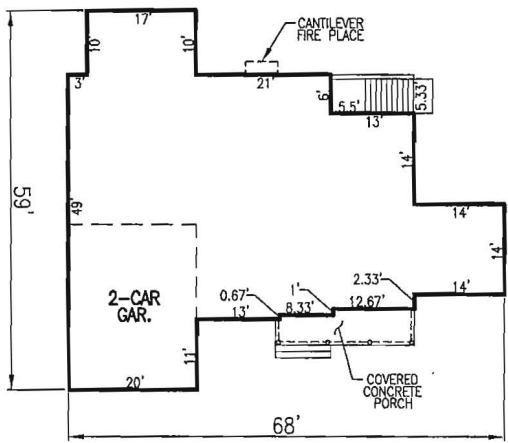
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BUILDING PERMIT NO. _____

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

 DRAINAGE AREA TO ROOFTOP DISCONNECT (N-1) (PER F-08-102)

 ROOF TOP DISCONNECT (N-1)



THE YORKSHIRE MANOR
 W/ STONE AND SIDING 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 5**

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

ADDRESS

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

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

Date: 7/24/14
To: HEALTH & DED
(Person's Name and Division)
From: TIM KEANE TRINITY QUALITY HOMES (443) 324-9806
(Your Name, Company Name and Telephone Number)
Subject: Project name FULTON MANOR II LOT 5
Project site address 12309 PLEASANT VIEW DR., FULTON, MD 20759
Permit Number B14002287 SDP # _____
Other information pertinent to this project _____

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 SEPTIC AREA ADJUSTED PER HEALTH DEPT.
- Energy conservation calculations
- Certification for _____ (be specific).
- 3 Copies of REVISED PLOT (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:

TIM KEANE (Person's name) (443) 324-9806 (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 AKH

DIT: B
PER HEALTH

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