

60009599 August 9/8/10 HJL

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELICOTT CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER  
B10002783

Building Address 1869 Mount Denali Dr  
Woodstock 21163  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: GP-06-28  
Census Tract 6030 Subdivision Preserve at Waverly  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 12  
Tax Map 31 Parcel 226 Grid 23  
Zoning RCD Map Coordinates 6B13 Lot size 43,605

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 410-313-8722  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax 410-313-8731

Existing Use Vacant Lot  
Proposed Use SFD  
Estimated Construction Cost \$ 322,195  
Description of Work 2 STORY, FULL BSMT, 10R,  
UPB, INB, FP + GARAGE (5BR)  
FINISHED BSMT w/3 PILL' BRN  
ROOMS

Contractor Company TRINITY QUALITY HOMES INC.  
Contact Person SALLY HODGE  
Address 3675 PARK AVE #301  
City ELICOTT CITY State MD Zip Code 21043  
License No. 699  
Phone 410-313-8722 Fax 410-313-8731

Occupant or Tenant N/A  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company N/A  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>5</u> Height: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular _____ 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.

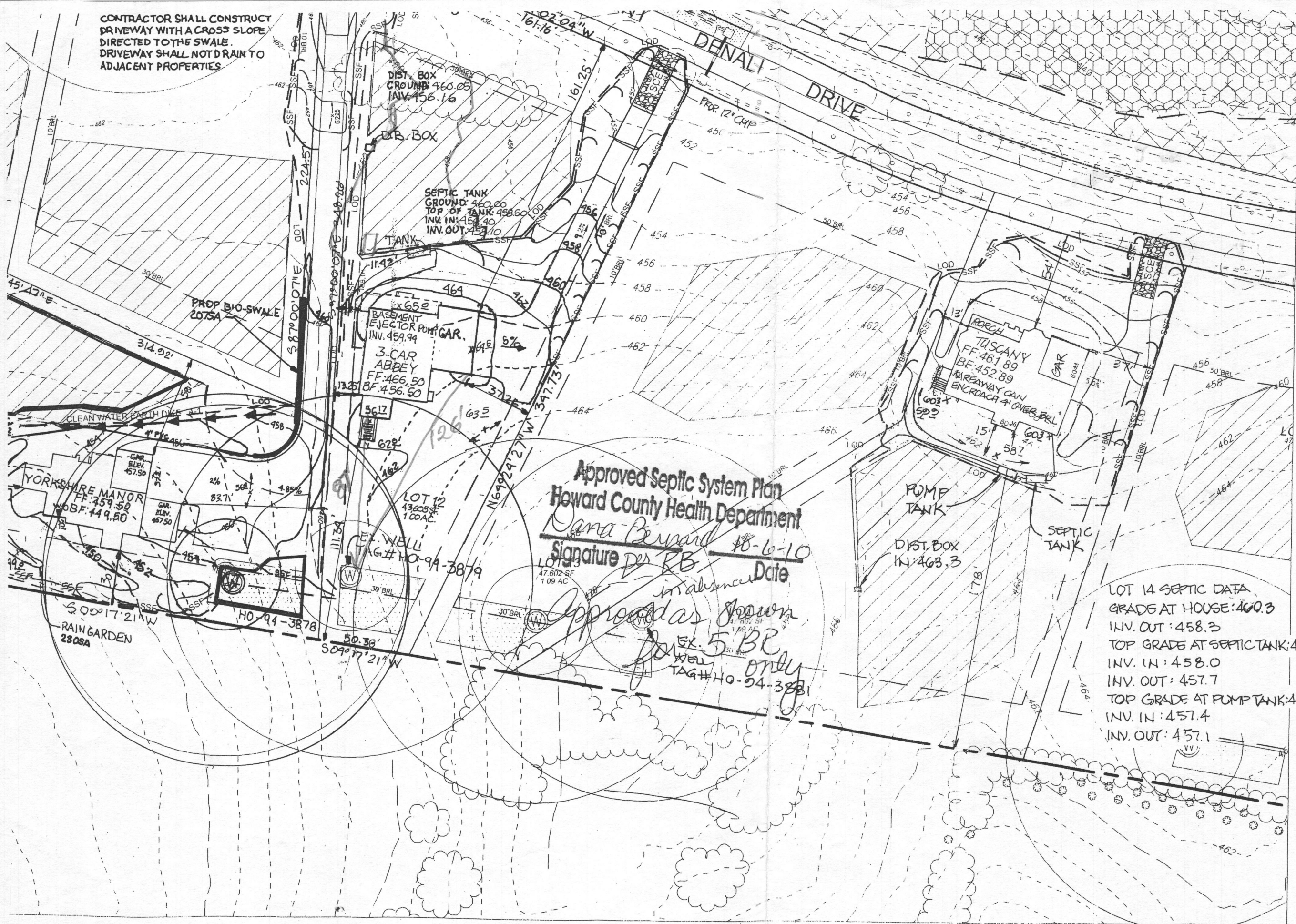
Sally J. Hodge  
Applicant's Signature  
VP Operations - Trinity  
Title/Company

Sally Hodge  
Print Name  
9/8/10  
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ <u>1500</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health <u>10-6-10</u>		<u>DBernard</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection		<u>for MD for RB</u>	YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>7040</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- Write: Building Official			Lot Coverage for NewTown Zone _____	
Green: LDD, DPZ			SDP/Red-line approval date _____	Accepted by _____
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

CONTRACTOR SHALL CONSTRUCT DRIVEWAY WITH A CROSS SLOPE DIRECTED TO THE SWALE. DRIVEWAY SHALL NOT DRAIN TO ADJACENT PROPERTIES



Approved Septic System Plan  
 Howard County Health Department

*Dana Bernard*  
 Signature *DR RB* Date *10-6-10*

*Approved as shown*  
 for *EX. 5 BR* only  
 Well TAG# *HO-94-3881*

LOT 14 SEPTIC DATA  
 GRADE AT HOUSE: 460.3  
 INV. OUT: 458.3  
 TOP GRADE AT SEPTIC TANK: 460.4  
 INV. IN: 458.0  
 INV. OUT: 457.7  
 TOP GRADE AT PUMP TANK: 460.4  
 INV. IN: 457.4  
 INV. OUT: 457.1

**PLAN**  
 SCALE: 1"=50'

MD. STATE MERIDIAN  
 NAD 83

