

GOOD09591 4/23/11

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

**HOWARD COUNTY PERMIT APPLICATION**

**PERMIT NUMBER**  
 E10001071

Building Address 1863 Mount Denali Dr. Woodstock 21163

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: GP06-09

Census Tract 6030 Subdivision Preserve at Glen Waverly

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 13

Tax Map 31 Parcel 226 Grid 23

Zoning RCD Map Coordinates 6813 Lot size 42,602 sq ft

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 410-313-9722

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone \_\_\_\_\_ Fax 410-313-3731

Existing Use Vacant Lot

Proposed Use SF

Estimated Construction Cost \$ 362,006

Description of Work 2 STORY FULL BSMT GR 3FB, 211B, EPICORACI (W/EP) TWISUED BSMT IN/EB

Contractor Company STAR TRINITY QUALITY HOMES INC

Contact Person SALLY HODGE

Address 3675 PARK AVE # 301

City ELLICOTT CITY State MD Zip Code 21043

License No. 677 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant N/A

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company STAR N/A

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private
No. of stories: _____	Sewage Disposal: _____ Public _____ Private	1st floor: _____	2nd floor: _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Basement: _____
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular	Sprinkler system: _____ N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: _____ N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

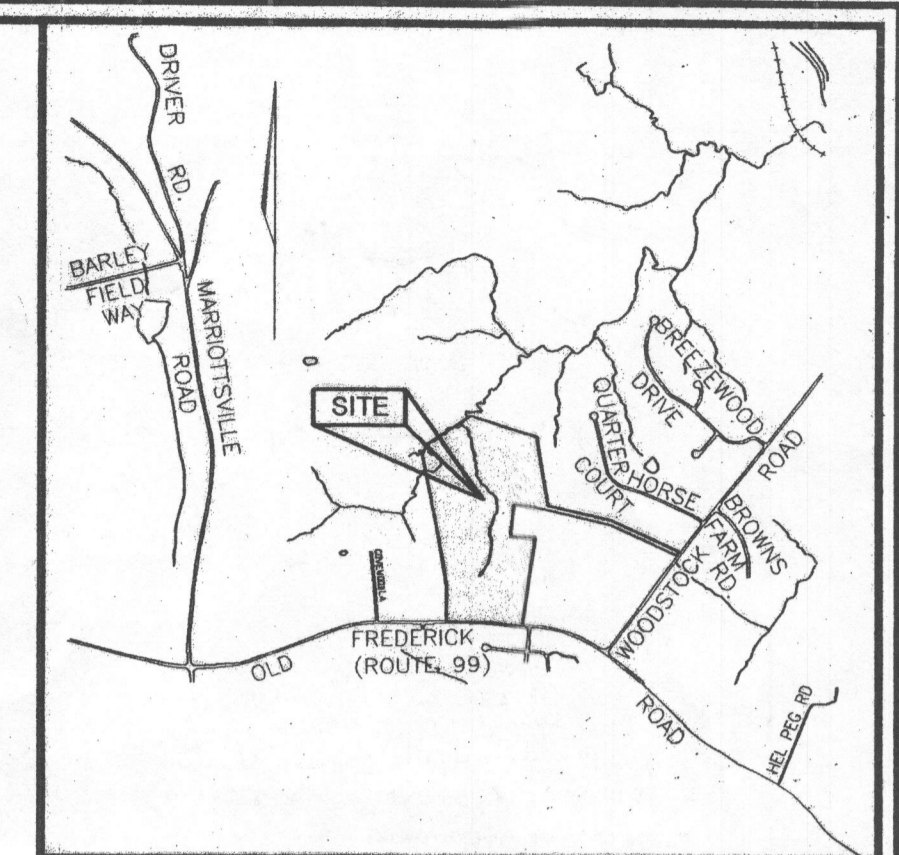
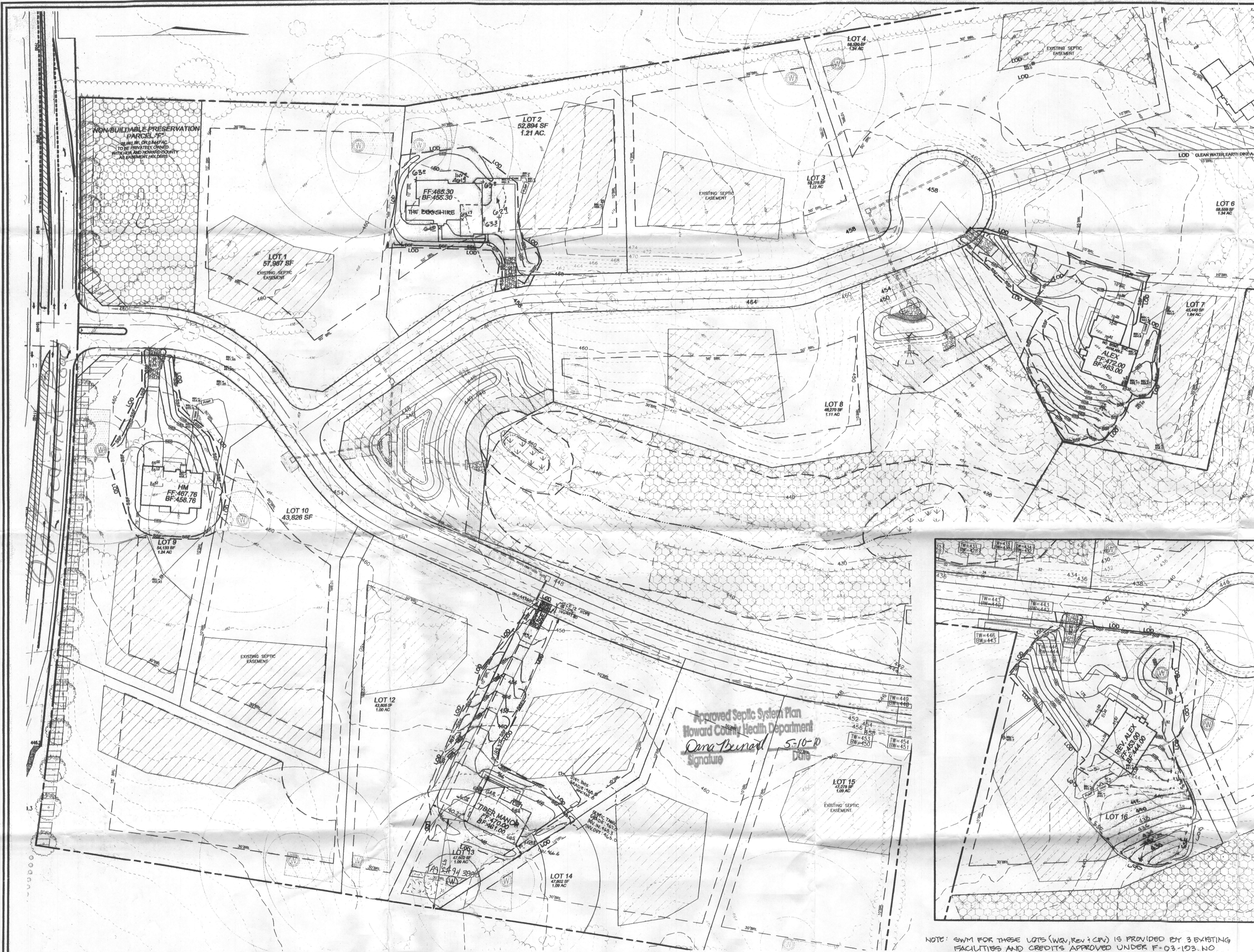
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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 Hodge  
 Applicant's Signature  
VP Operations - Trinity  
 Title/Company

Sally Hodge  
 Print Name  
4/23/11  
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>5-10-10</u>	<u>DBurned</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			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 # _____
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 -			Lot Coverage for NewTown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ			Yellow: DED, DPZ	Pink: Health
T:\forms\PERMIT.FRM			Pink: Health	Gold: SHA



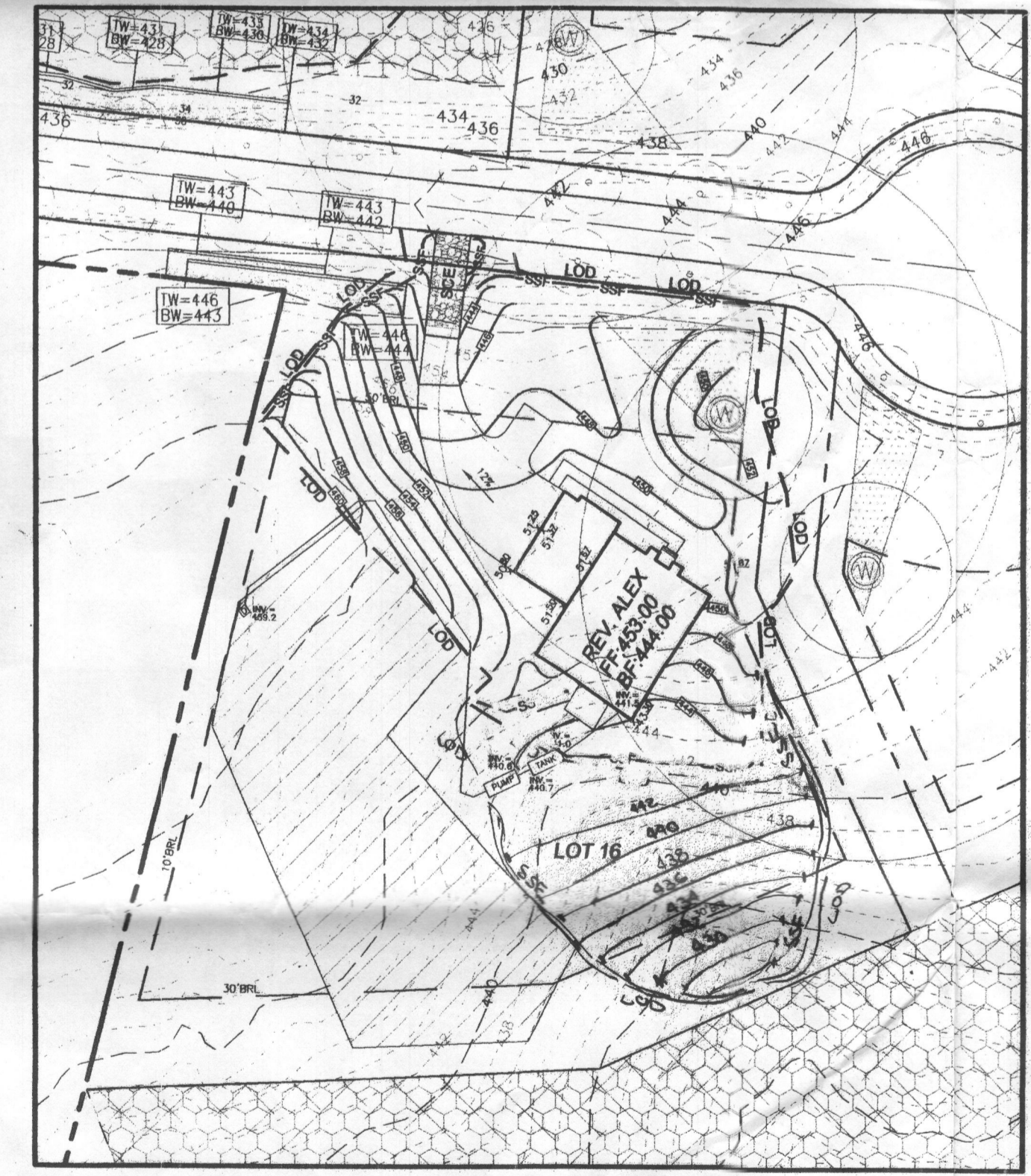
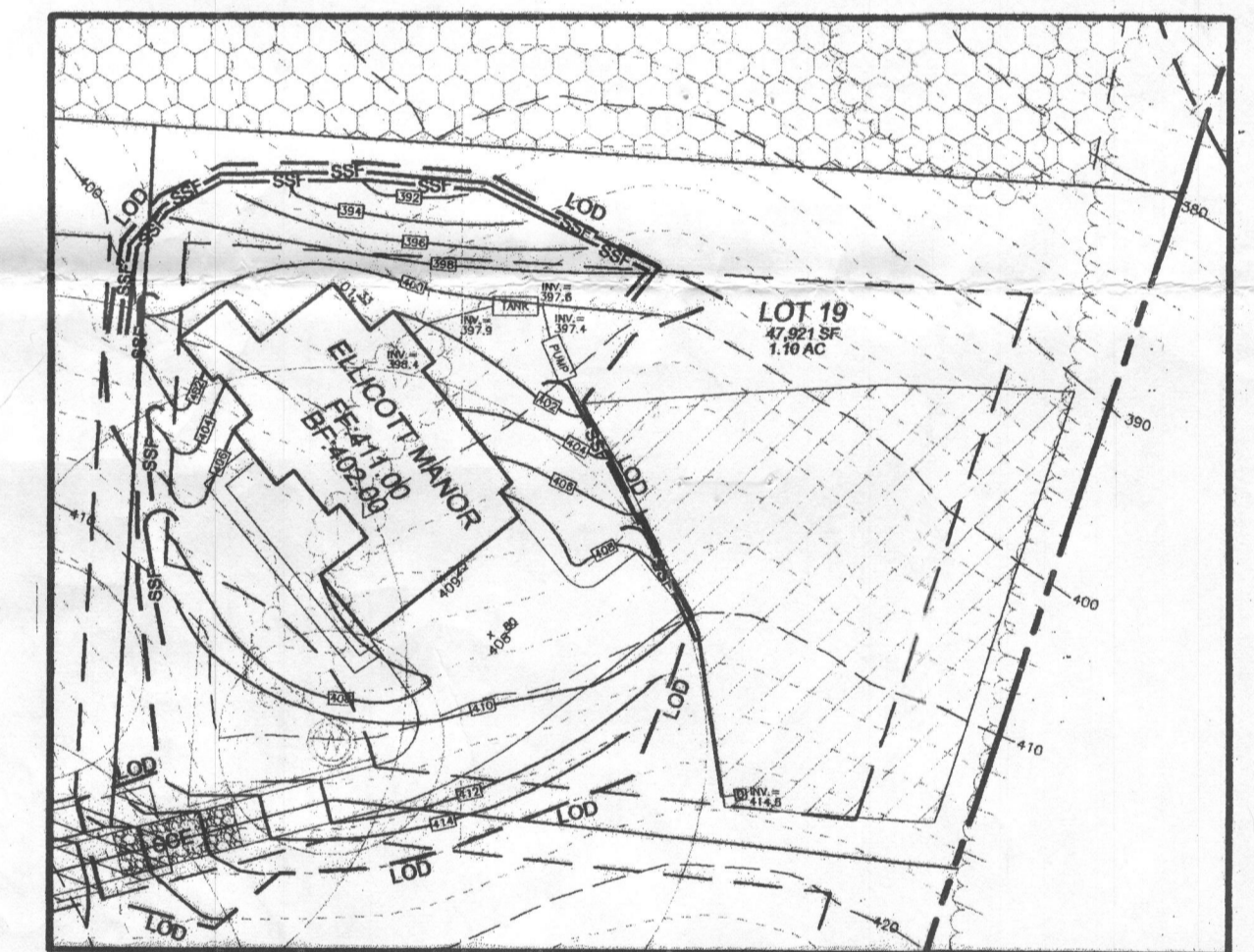
VICINITY MAP  
SCALE: 1"=2000'

LEGEND	
---202---	EXISTING 2 FT CONTOUR
---200---	EXISTING 10 FT CONTOUR
---	LIMIT OF DISTURBANCE
---	SUPER SILT FENCE
---	EXISTING TREELINE

NOTE: NO STOCKPILING WILL BE PERMITTED ON SITE.

THE EXISTING WELL SHOWN ON LOT 13 TAG NO. HD 94 3830 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC.

BUILDING OF LOT 13 FLOOR AREAS:  
 BASEMENT FLOOR AREA: 1840  
 FIRST FLOOR AREA: 1880  
 SECOND FLOOR AREA: 1990



Approved Septic System Plan  
 Howard County Health Department  
 Dana Brunard  
 Signature: \_\_\_\_\_ Date: 5-10-10

NOTE: SWM FOR THESE LOTS (WQV, REV 1 CV) IS PROVIDED BY 3 EXISTING FACILITIES AND CREDITS APPROVED UNDER F-03-103. NO ADDITIONAL SWM REQUIRED.

NO.	REVISION	DATE
1	EXPAND GRADING LOT 16	2/1/07

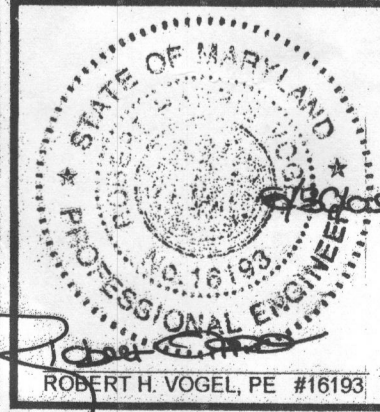
GRADING AND SEDIMENT EROSION CONTROL PLAN  
 THE PRESERVE AT WAVERLY GLEN  
 BUILDING PERMIT #  
 LOTS 2, 7, 9, 13, 16 AND 19

REF: S-01-06, P-02-27, F-04-74  
 WP-03-07

TAX MAP: 31 BLOCK: 21  
 1ST ELECTION DISTRICT

PARCEL 226  
 HOWARD COUNTY, MARYLAND

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



DESIGN BY: LJT  
 DRAWN BY: LJT  
 CHECKED BY: RHV  
 DATE: MAY 2006  
 SCALE: 1"=50'  
 W.O. NO.: 05-01-00

1 SHEET OF 2

REVIEWED FOR HOWARD SCD AND MEETS TECHNICAL REQUIREMENTS  
 Jim Meyer 7/13/05  
 DATE

THIS DEVELOPMENT PLAN IS APPROVED FOR SOIL EROSION AND SEDIMENT CONTROL BY THE HOWARD SOIL CONSERVATION DISTRICT

John R. Robinson 7/13/05  
 DATE

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

Robert H. Vogel PE #16193  
 DATE: 8/30/05

DEVELOPER'S CERTIFICATE  
 I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN FOR SEDIMENT AND EROSION CONTROL, AND THAT ALL 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.

Michael L. Pfaltz  
 DATE: 8/29/05

PLAN  
 SCALE: 1"=50'

OWNER / DEVELOPER  
 THE PRESERVE AT WAVERLY GLEN, LLC  
 3675 PARK AVENUE, SUITE 301  
 ELLICOTT CITY, MARYLAND 21043  
 (410) 480-0023