



Building Address: 13514 Allnorth Ln
 City: Ellicott City State: MD Zip Code: 20777
 Suite/Apt. # Highland SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: The Estates @ River Hill
 Section: _____ Area: _____ Lot: 10
 Tax Map: 34 Parcel: 389 Grid: 23
 Zoning: _____ Map Coordinates: _____ Lot Size: 4,257 sq ft

Existing Use: SFD
 Proposed Use: SFD W/PROPANE TANK
 Estimated Construction Cost: \$ 4,000

Description of Work: INSTALL 1000 GAL UNDERGROUND PROPANE TANK

Occupant/Tenant Name: OWNER
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Estates @ River Hill LLC
 Address: 3675 Park Ave Ste 301
 City: Ellicott City State: MD Zip Code: 2104
 Phone: 410-465-1074 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: MICHELLE CLANCY
 Address: PO BOX 310
 City: PERRY HALL State: MD Zip Code: 21128
 Phone: 443-610-7514 Fax: _____
 Email: MICHELLE@APPLIEDANDAPPROVED.COM

Contractor Company: HJ POIST
 Contact Person: SEAN UNDERWOOD
 Address: 360 MAIN STREET
 City: LAUREL State: MD Zip Code: 20707
 License No.: 103851
 Phone: 301-725-3232 Fax: _____
 Email: _____

Engineer/Architect Company: CONTRACTOR
 Responsible Design Prof.: _____
 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: | Depth Width |
| Gross area, sq. ft./floor: | 1 st floor: |
| Area of construction (sq. ft.): | 2 nd floor: |
| Use group: | Basement: |
| Construction type: | <input type="checkbox"/> Finished Basement |
| <input type="checkbox"/> Reinforced Concrete | <input 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: |
| <input type="checkbox"/> State Certified Modular | Multi-family Dwelling |
| <input type="checkbox"/> Roadside Tree Project Permit | No. of efficiency units: |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | No. of 1 BR units: |
| Roadside Tree Project Permit # | No. of 2 BR units: |
| | No. of 3 BR units: |
| | Other Structure: |
| | Dimensions: |
| | Footings: |
| | Roof: |
| | <input type="checkbox"/> State Certified Modular |
| | <input type="checkbox"/> Manufactured Home |

| Utilities | |
|---|---|
| Electric: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gas: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Water Supply | |
| <input type="checkbox"/> Public | |
| <input checked="" type="checkbox"/> Private | |
| Sewage Disposal | |
| <input type="checkbox"/> Public | |
| <input checked="" type="checkbox"/> Private | |
| Heating System | |
| <input type="checkbox"/> Electric <input type="checkbox"/> Oil | |
| <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas | |
| <input type="checkbox"/> Other: | |
| Sprinkler System: | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Grading Permit Number: | |
| Building Shell Permit Number: | |

RECEIVED
 NOV 21 2019
 LICENSES & PERMITS
 DIVISION

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.

Michelle Clancy
 Applicant's Signature
MICHELLE@APPLIEDANDAPPROVED.COM
 Email Address
PERMITS
 Title/Company

MICHELLE CLANCY
 Print Name
11/20/19
 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>12/11/19</u> | <u>[Signature]</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>110.00</u> |
| Permit Fee | \$ |
| Tech Fee | \$ |
| Excise Tax | \$ |
| PSFS | \$ |
| Guaranty Fund | \$ |
| Add'l per Fee | \$ |
| Total Fees | \$ |
| Sub- Total Paid | \$ |
| Balance Due | \$ |
| Check | # <u>7349</u> |

Yes No Capital Project # Fee Exempt Yes No Roadside Tree Project Permit Yes No Roadside Tree Project Permit # Entrance Permit Req Yes No

Guaranty Fund Yes No Condominium Yes No Existing Use Vacant Lot Model SFD/ MODEL'THE YORKSHIRE MANOR II/'

No of Stories 2 Foundation Full Basement Basement Unfinished No of Rooms 0 Full Baths 3 Half Baths 1 Other Structure 3 Car Attached

Bedrooms 5 Porch Deck Deck No of Fireplaces 0 Type of Fireplace --Select-- Energy Code Performance Method Subject to CB-76-2018 Subject to CB-76-2018

W&S Fees Paid Yes No Water Supply Private Sewage Disposal Private Utilities Electric Heating System Electric & Propane Gas Sprinkler System NFPA #13D

1st Floor Depth 66 FT 1st Floor Width 54 FT 2nd Floor Depth 52 FT 2nd Floor Width 54 FT Basement Depth FT Basement Width FT Height FT Total Sq Ft 0 SQFT Occupiable Sq Ft 0 SQFT

Building Construction Type --Select-- Footings Foundation Measurement Walls Roof

Location Survey Approval Date Road Frontage County Expiration Date 1/26/2020 Additional Description Info

U&O Issued On U & O Comments

[check spelling](#) [check spelling](#)

GRADING INFORMATION

Grading Permit No G19000135 Grading Certification Required Yes No Grading Certification Received in DILP On Grading Certification Received in CID On

Grading Certification Comments Seasonal Surety Comments

[check spelling](#) [check spelling](#)

Seasonal Grading Surety Depositor Driveway Apron Surety Depositor Stormwater Surety Depositor

GREEN NEIGHBORHOOD INFORMATION

Check List Points Goal Check List Points Achieved Date of Certification

PAYMENT INFORMATION

Check 1 Payee 1 Check 2 Payee 2 SAP Doc No SAP Entered

PRIVATE ON LOT SWM FACILITIES

Green Roofs A1 Yes No Permeable Pavements A2 Yes No Reinforced Turf A3 Yes No

Disconnection of Rooftop Runoff N1 Disconnection of Non Rooftop Runoff N2 Yes No Sheetflow to Conservation Areas N3 Yes No

Rainwater Harvesting M1 Submerged Gravel Wetlands M2 Landscape Infiltration M3 Infiltration Berms M4

Dry Wells M5 2 Micro Bioretention M6 1 Rain Gardens M7 Swales M8 Enhanced Filters M9 PSWM Certification Received in CID on

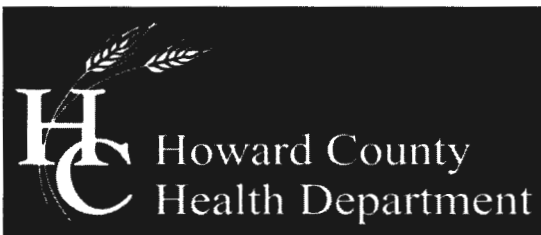
Related Records

1 2 >

| Permit Number | Record Type Alias | Status | Number | Street Name | Opened Date | Description |
|---------------|---|-------------------|--------|-------------|-------------|--|
| G19000135 | Residential Grading Permit | Issued | 13550 | ALLNUTT | 06/11/2019 | ESTATES AT RIVER HILL LLC/ GRADING & SEDIMENTATION |
| B19002367 | Residential New Single Family Dwelling Permit | Review In Process | 13511 | ALLNUTT | 07/23/2019 | SFD/ MODEL'THE YORKSHIRE MANOR II/' |
| B19002368 | Residential New Single Family Dwelling Permit | Review In Process | 13515 | ALLNUTT | 07/23/2019 | SFD/ MODEL'THE ABBEY/' |
| B19002369 | Residential New Single Family Dwelling Permit | Review In Process | 13519 | ALLNUTT | 07/23/2019 | SFD/ MODEL'THE YORKSHIRE MANOR III/' |
| B19002371 | Residential New Single Family Dwelling Permit | Review In Process | 13518 | ALLNUTT | 07/23/2019 | SFD/ MODEL'THE ABBEY/' |

1 2 >

Submit Cancel



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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

MEMORANDUM

TO: **Tim Keane, Trinity Homes Maryland LLC**

FROM: **Robert Bricker, REHS/RS, L.E.H.S.**
Well & Septic Program

RE: **13514 Allnutt Lane, Potential Basement Bedroom**

DATE: August 7, 2019

I have reviewed the floor plans in support of Building Permit **B19002370** for a new home at **13514 Allnutt Lane** and noted that there is a rough-in for a full bathroom in the unfinished basement. Please note that this makes it very likely for one or more rooms to be considered bedrooms upon conversion of the basement to finished living space.

For reference, the following is the bedroom definition in Howard County Code Section 3.801(b):

- (1) Except as provided in paragraph (2) of this subsection, a bedroom is any space in the conditioned area of a dwelling unit or accessory structure that:
 - (i) Is 90 square feet or greater in size;
 - (ii) May be used as a private sleeping area; and
 - (iii) Has at least one window and one interior door.
- (2) If a home office, library, or similar room is proposed, it may not be a bedroom if there is no closet; and
 - (i) The room contains permanently built-in bookcases around the perimeter of the room, desks, and other features that encumber the room;
 - (ii) A minimum 4 foot-wide opening, without doors, into another room;
 - (iii) A half wall (4 foot maximum height) between the room and another room; or
 - (iv) The room is a first floor room or basement area that does not have direct access to full bathrooms or "roughed in" plumbing that would provide direct access to future full bathroom facilities.

The Health Department strongly recommends sizing the onsite sewage disposal system at least one bedroom larger than the existing five(5)-bedroom design to accommodate a future finished basement. If you choose to only size for the existing design, any future building permit for a finished basement may be placed on hold until the system is upgraded to accommodate the proposed number of bedrooms. This memo will be retained in the Health Department file for future reference.

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

Date: 12/9/19
To: Robert Heath
(Person's Name and Division)
From: Michelle Clary (443) 6107574
(Your Name, Company Name and Telephone Number)
Subject: Project name _____
Project site address 13514 Allnut Lane
Permit # B19004029 SDP # _____
Other information pertinent to this project _____

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

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- Letter Summarizing Changes
- Energy conservation calculations
- Copies of 5 sets (be specific).
 - Health Department Request
 - DPZ/ DED Request
 - Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

Contact Person Information: (Required)

Michelle Clary
Please Print Name
Telephone No: 443 6107574
E-Mail Address: Michelle@approvedandapproved.com

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 A Shuman Health: Health 12/11/19

INITIAL SYSTEM &
SECOND REPLACEMENT
SYSTEM TRENCHES
TO BE A MINIMUM
OF 10' APART
WALL TO WALL

DIST. BOX
EX. GRD. 445.60
INV. IN 442.40
INV. OUT 442.07

1,500 GALLON
SEPTIC TANK
EX. GRD. 448.31
INV. IN 442.83
INV. OUT 442.58

ST 21

ST 22

EX. TREELINE

EX. HOUSE

50' WELL RADIUS

NEWAY

TELE. TION X

EX. MAIL BOX

EX. A-2

REVISED

Date: 12/9/19

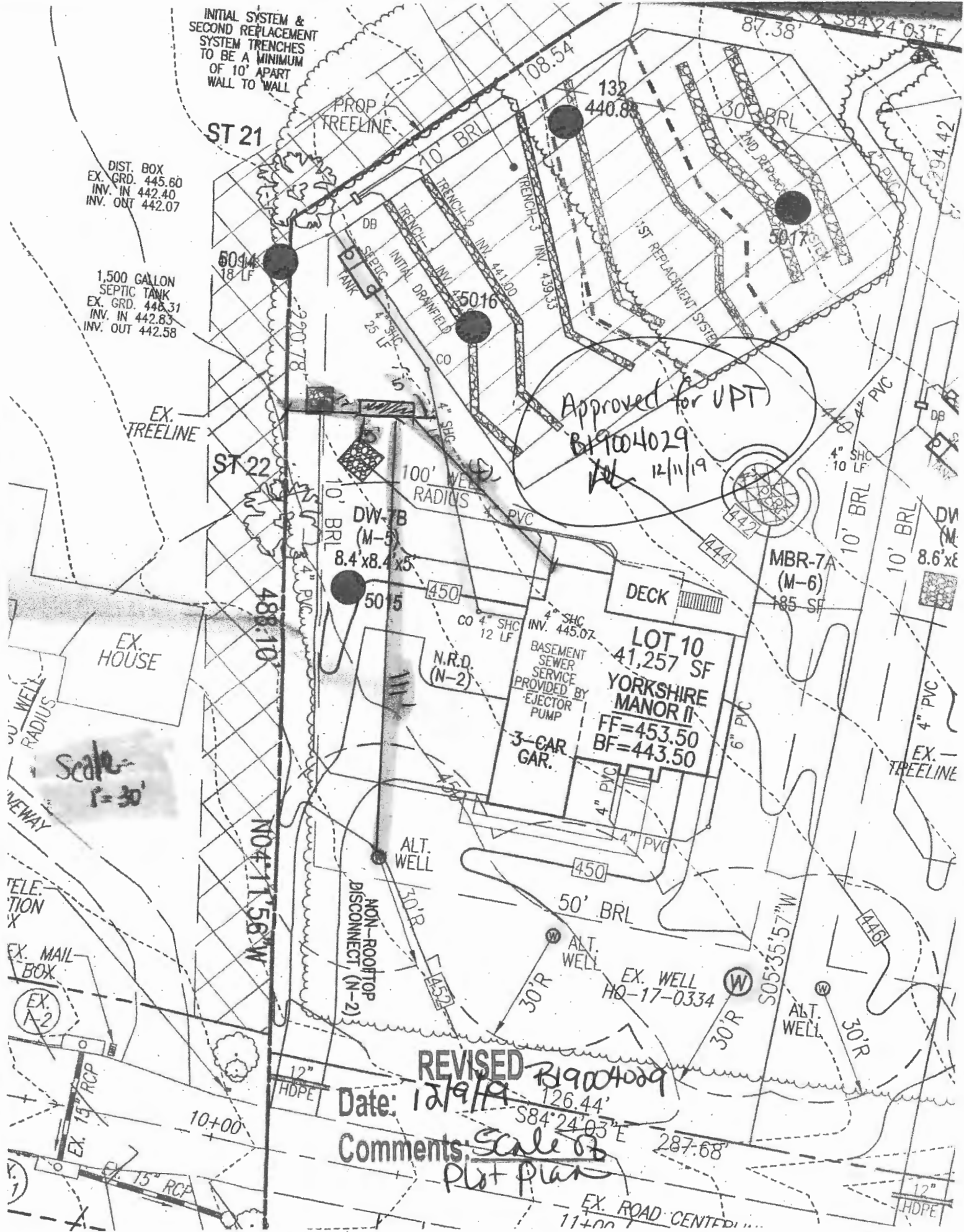
Comments: Scale of Plot Plan

Approved for UPT

B19004029

12/11/19

Scale 1"=30'





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: 7/23/19

Permit No.: B19002370

Address: 13518 Allnorth Lane
HIGHLAND State: MD Zip Code: 20777
Sect. # _____ SDP/WP/BA #: GP-19-081
Division: ESTATES at River Hill
10 Tax Map: 34 Parcel: 389

Property Owner's Name: ESTATES at River Hill, LLC
Address: 3675 Park Ave
City: GC State: MD Zip Code: 21043
Phone: 443.324-9806 x: 410.480.0013
Email: JKeane@TrinityHomes.com

Applicant's Name & Mailing Address (if other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: TRINITY HOMES MARYLAND LLC
Contact Person: Jim Keane
Address: 3675 Park Ave
City: GC State: MD Zip Code: 21043
License No.: 7646
Phone: 443.324-9806 x: 410.480.0013
Email: JKeane@TrinityHomes.com

Engineer/Architect Company: N/A
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Prop Use: VACANT LOT
Proposed Use: Building New Single Family
Estimated Construction Cost: \$ 300,000.00
Description of Work: 3 Car Garage, DR., LR, Kitchen, Am Rm, Library (BR S) Breakfast, SUN ROOM, Laundry, 5 Bedrooms, 3 1/2 Bath, SITTING ROOM, 14x18' Deck. (YORKSHIRE II)

Occupant/Tenant Name: N/A
Is 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: _____ | Depth _____ Width _____ |
| Gross area, sq. ft./floor: _____ | 1st floor: <u>66.0' x 54.0'</u> |
| Area of construction (sq. ft.): _____ | 2nd floor: <u>66.52' x 54'</u> |
| Use group: _____ | Basement: _____ |
| Construction type: _____ | <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>5</u> |
| <input type="checkbox"/> State Certified Modular | <u>Multi-family Dwelling</u> |
| <input checked="" type="checkbox"/> Roadside Tree Project Permit | No. of efficiency units: _____ |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | No. of 1 BR units: _____ |
| Roadside Tree Project Permit # _____ | No. of 2 BR units: _____ |
| | No. of 3 BR units: _____ |
| | Other Structure: _____ |
| | Dimensions: _____ |
| | Footings: _____ |
| | Roof: _____ |
| | <input type="checkbox"/> State Certified Modular |
| | <input type="checkbox"/> Manufactured Home |

| Utilities | |
|--|---|
| Electric: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Gas: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Water Supply | |
| <input type="checkbox"/> Public | |
| <input checked="" type="checkbox"/> Private | |
| Sewage Disposal | |
| <input type="checkbox"/> Public | |
| <input checked="" type="checkbox"/> Private | |
| Heating System | |
| <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil | |
| <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas | |
| <input type="checkbox"/> Other: <u>Fireplace</u> | |
| Sprinkler System: | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Grading Permit Number: | <u>G19000#35</u> |
| 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: Jim Keane
Print Name: _____
Email Address: JKeane@TrinityHomes.com
Date: _____
Title/Company: Developer

RECEIVED
JUL 23 2019
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 |
|--------------------|---------------|-----------------------|
| State Highways | | |
| Building Officials | | |
| PSZA (Zoning) | | |
| PSZA (Engineering) | | |
| | <u>8/7/19</u> | <u>BBipka</u> |

| 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>002103</u> |

B19002370

THE ESTATES AT RIVER HILL INTERIOR TRIM PACKAGE

DOORS: 1ST, 2ND, 4 BASEMENT FLOORS - PREHUNG MASONITE, RAISED CAMDEN

DOOR HARDWARE: BATIN NICKEL STOPS, KNOBS, HINGES, AND HANDLES

DOOR TRIM: 1ST, 2ND, 4 BASEMENT FLOORS - 3/4" BEADED EDGE CASING, FINGER JOINT

BASE: 1ST, 2ND, 4 BASEMENT FLOORS - 5/4" LM-163E

CHAIR RAIL: TWO PIECES WM-302 W/ 44" BEADED BOTTOM BACKER IN DINING ROOM

* WOOD EXTENSIONS / CASINGS AROUND ALL WINDOWS EXCEPT IN THE GARAGE

CROWN MOLDING: THREE PIECE 4 5/8" CROWN W/ BEADED BOTTOM BACKER W/ #83 TRIM IN LIVING ROOM, DINING ROOM, FOYER, SECOND FLOOR HALL, AND LIBRARY/BEDROOM #5

COFFERED CEILING: TWO PIECE 4 5/8" CROWN W/ BOTTOM BACKER

NOTE: CARPENTER
 ALLOW 4" FOR 3/4" CABING
 ON 1ST FLOOR, 2ND FLOOR,
 4 FINISHED BASEMENT

NOTE: ELECTRICIAN:
 HARDWARE BOX INSIDE FIREPLACE

FAMILY ROOM FIREPLACE: HEATILATOR
 FIREPLACES PROPANE GAS FIRE
 ENGINEERED DIRECT VENT FIREPLACE

F.P. ROUGH OPENING, HEATILATOR FIREPLACE

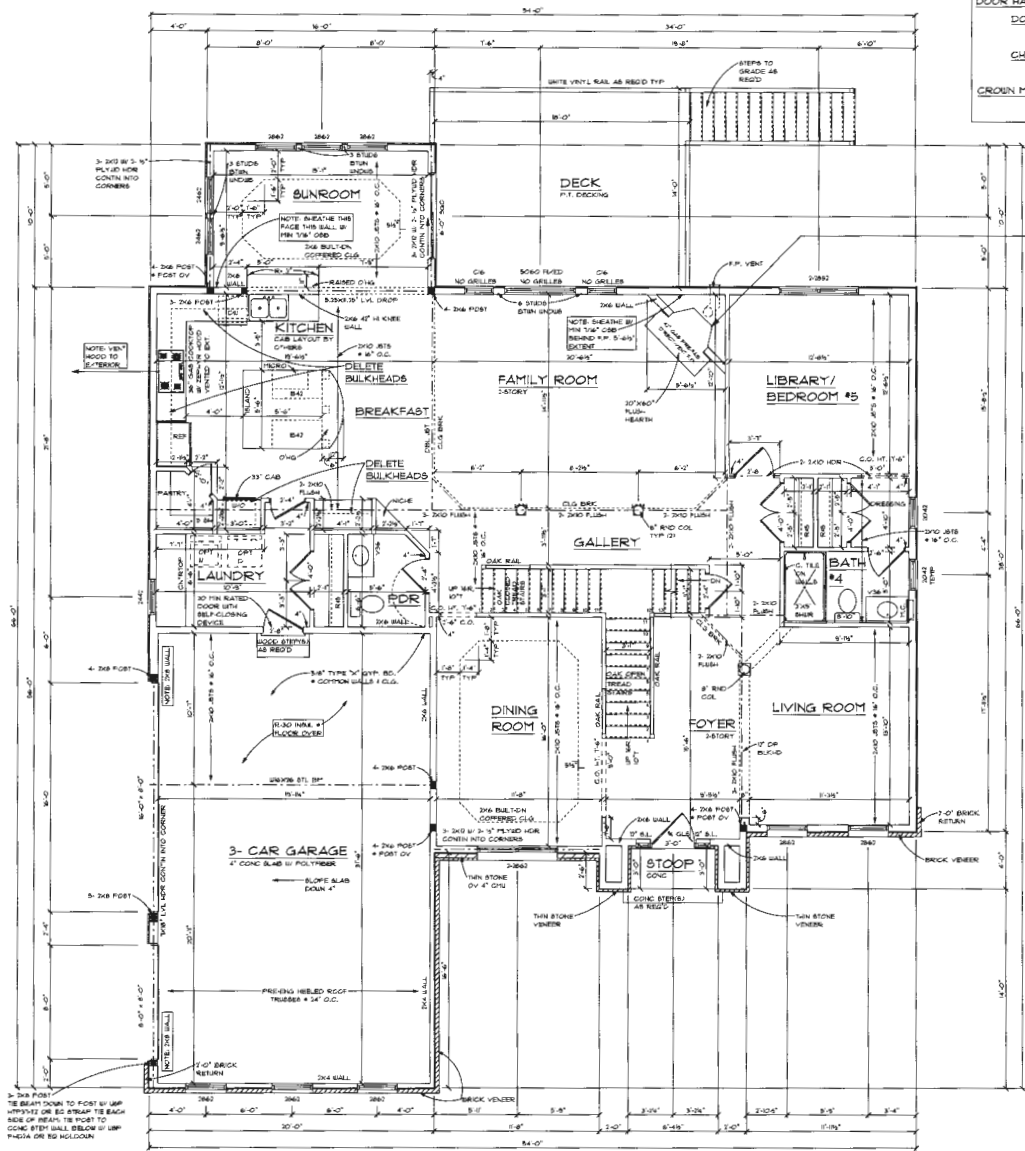
W x H x D

CONTACT INFO:
 FIRESAFE HEARTH 4 HOME
 BONNIE GEYER (703) 361-9216
 CALL TO:
 1) SET/INSTALL F.P.
 2) SET MANTEL 4 SURROUND 4 START UP F.P.

NOTE: INTERIOR STAIRS SHALL CONFORM TO THE FOLLOWING GEOMETRY:

STRAIGHT:
 RISER HEIGHT 1.75" MAX
 TREAD DEPTH 10" MIN
 NOSING .75" MIN 1.25" MAX
 (NOTE: NOSING MAY BE OMITTED *
 TREAD DEPTH OF IT OR GREATER)

NOTE: 9" CEILING'S U.O.N.
 2X6 EXTERIOR WALLS U.O.N.



NOTE: 5/8" WALL NOT
 ANGLED AS DEGREE'S TYP U.O.N.
 APPROX. 2011 SF 1ST FLOOR
First Floor Plan
 SCALE: 1/4" = 1'-0"



The Yorkshire Manor II - 3 Car

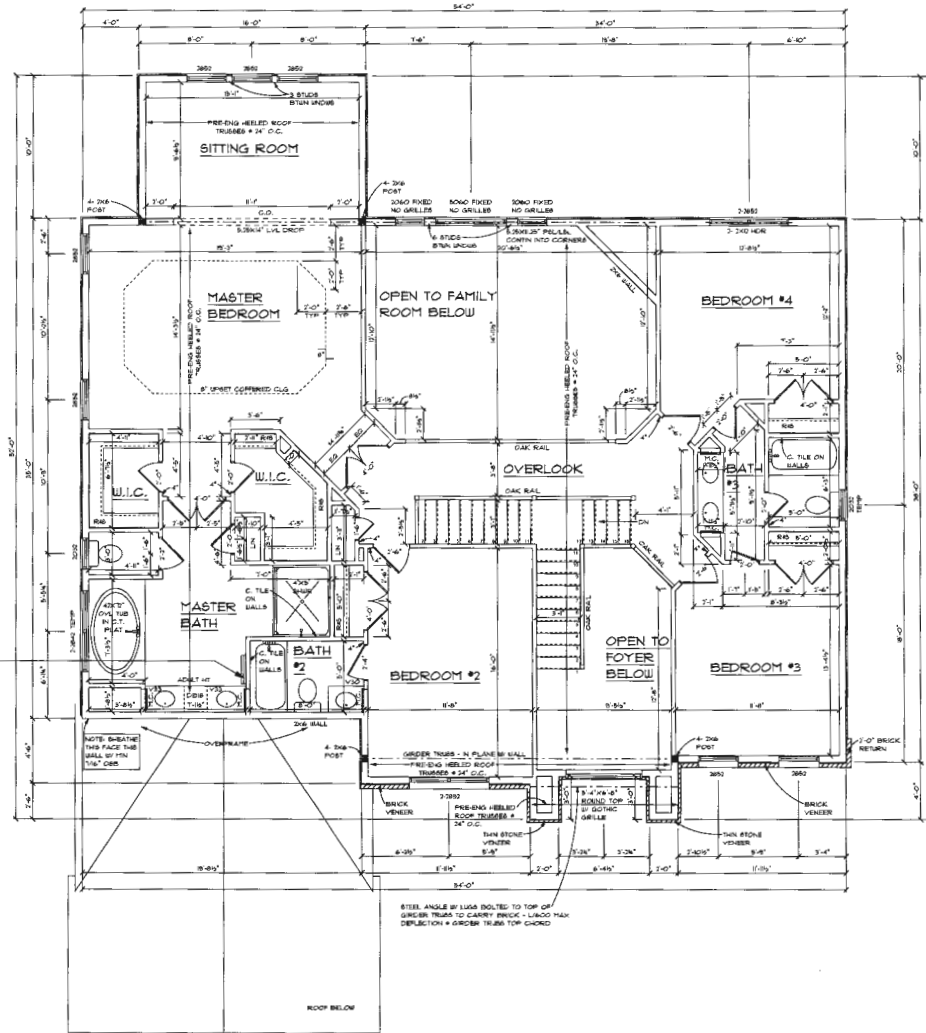
Estates at River Hill Lot 10

| | |
|-----------|------------|
| DATE | 06-18-2019 |
| SHEET NO. | A-5 |
| © 2019 | |

2015 CODE

MEALTH

The Yorkshire Manor II - 3 Car



NOTE: ELECTRIC
 ADD 220V BASE HEAT, 2'
 LONG 1/2\"/>

ADULT HEIGHT MASTER
 BATH VANTIES
 NOTE: CARPENTER:
 RAISE MCA 4"

NOTE: 9' CEILING
 2X6 EXTERIOR WALLS

NOTE: 3/4\"/>
 APPROX. 111' 8\"/>
 APPROX. 12' 8\"/>
 APPROX. 33' 8\"/>
Second Floor Plan
 SCALE: 1/4\"/>

2015 CODE

| | |
|-----------|------------|
| REVISIONS | |
| DATE | 06-10-2019 |
| SHEET NO. | A-6 |
| | © 2019 |

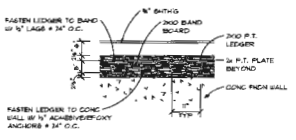
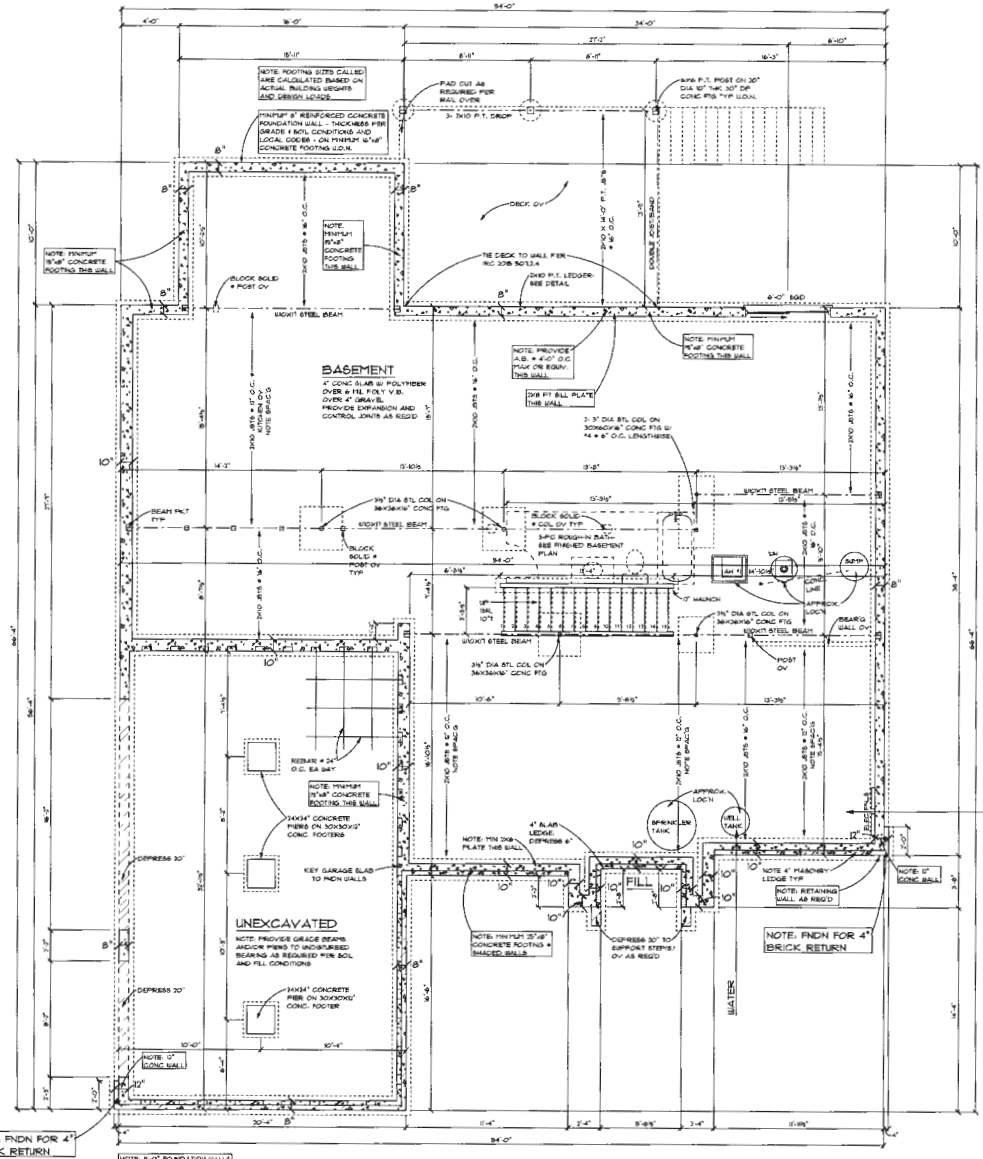
The Yorkshire Manor II - 3 Car

NOTE: PLUMBER PASSIVE RADON SYSTEM
 3" PVC PIPE VENTED THROUGH ROOF (LOCATION PER PLUMBER)

HVAC: EQUIPMENT - GOODMAN
 ZONE 1: 92% EFFICIENCY PROPANE GAS FURNACE WITH 14 BEER A/C UNIT 3 1/2 TON
 ZONE 2: 14 BEER HEAT PUMP 3 1/2 TON

NOTE: 9'-0" FOUNDATION WALLS

NOTES
 1. 3000 PSI SOIL BEARING CAPACITY ASSUMED.
 2. BRIDGE JOISTS, BEARERS AND RUMBLE TO BE 8"x8" W/10 OR EQUAL TYPICAL THROUGHOUT UNLESS OTHERWISE NOTED.
 3. VERIFY SIZE AND LOCATION OF DOORS AND WINDOWS THIS PLAN PER GRADE AND FINISH.

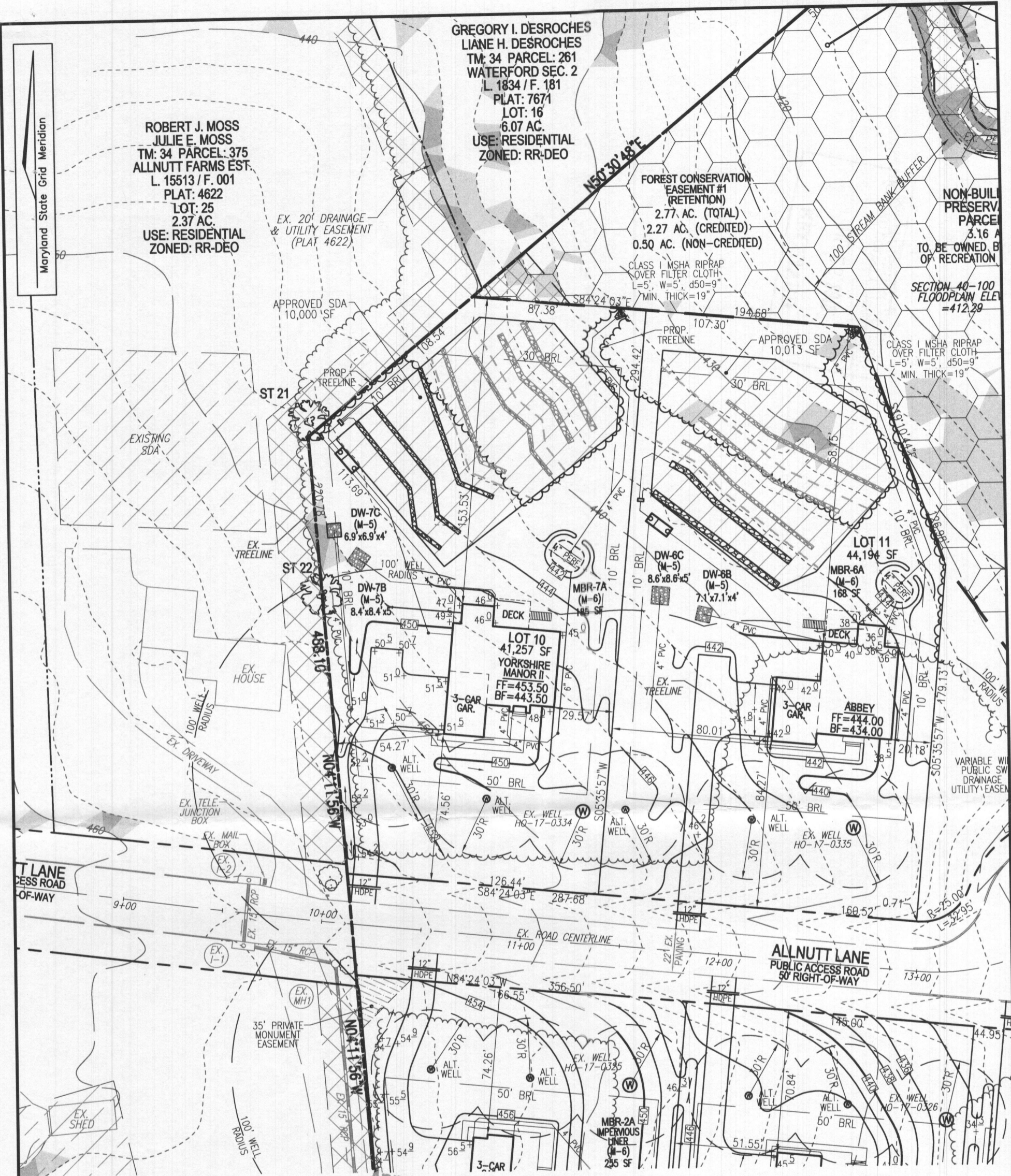


Ledger Fastening Detail
 SCALE: 1/2" = 1'-0"

Foundation Plan
 SCALE: 1/4" = 1'-0"

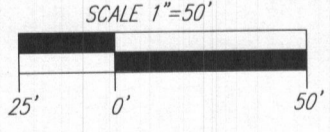
HVAC
 C.F.A. = 4434

2015 CODE



Approved Septic System Plan
 Howard County Health Department

5-bedroom SFD
 w/ unfinished basement
 Build on Lot 10, B19002370
 8/7/19
 Date



ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 3300 N. RIDGE ROAD, SUITE 110
 ELLICOTT CITY, MD 21043
 TEL: 410.461.7666
 FAX: 410.461.8961

OWNER
 ESTATES AT RIVER HILL, LLC
 MICHAEL PFAU, MEMBER
 3675 PARK AVENUE, SUITE 301
 ELLICOTT CITY, MD 21043
 (410) 480-0023

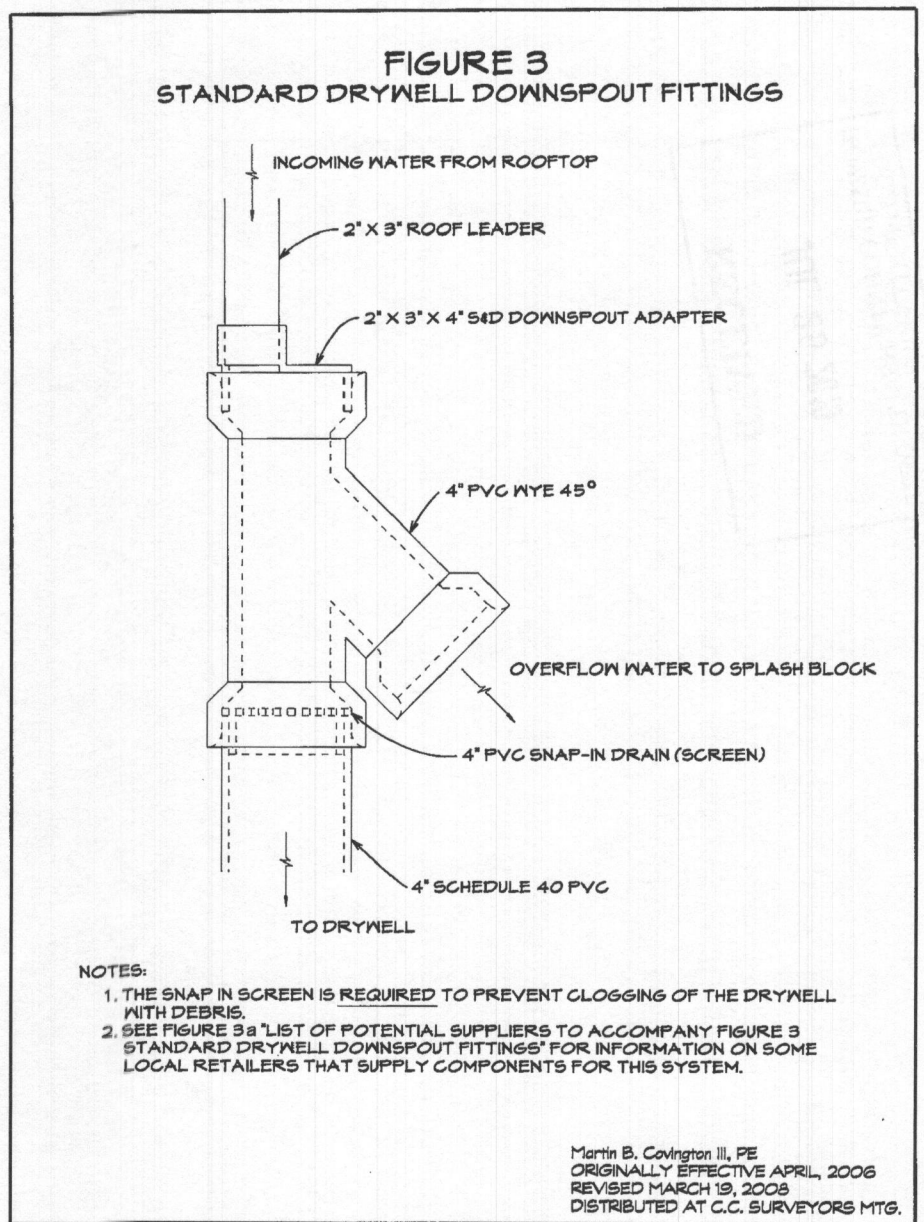
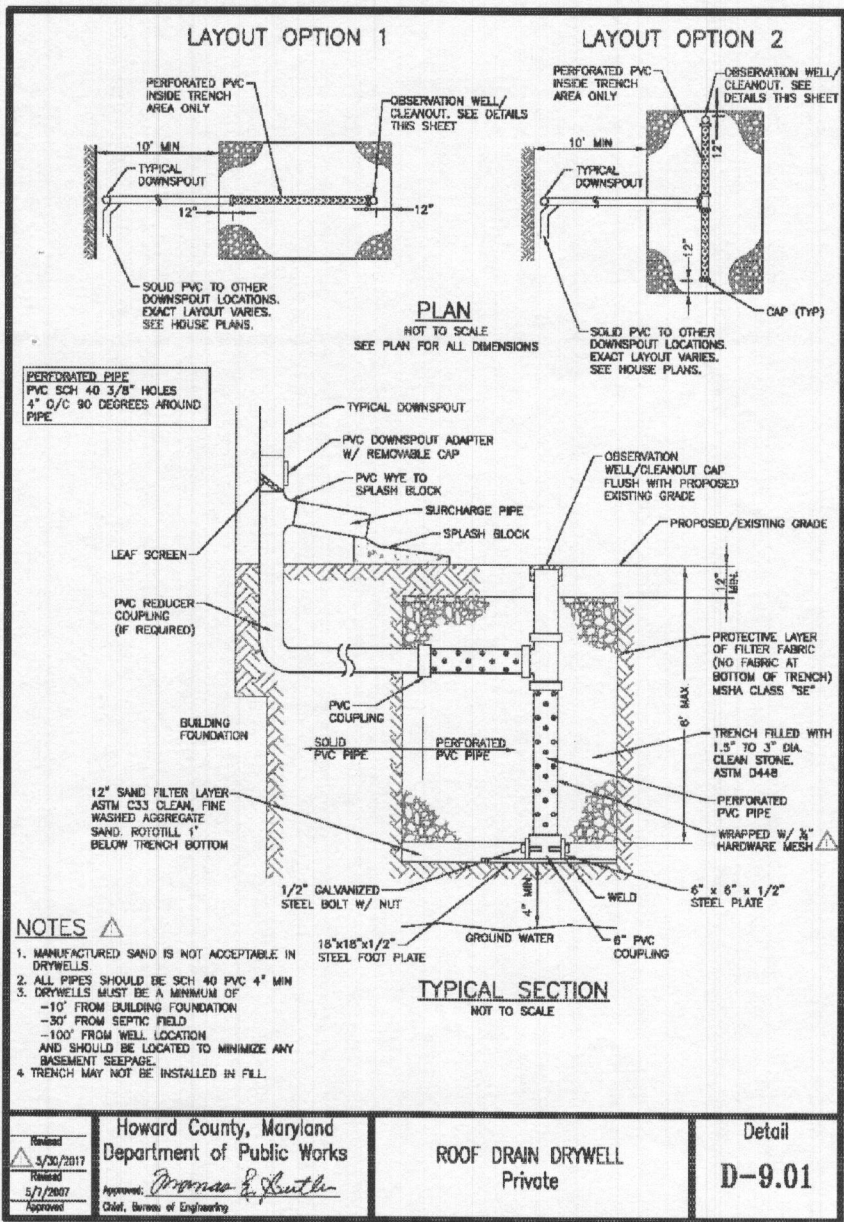
DEVELOPER
 TRINITY HOMES MARY LAND, LLC
 3675 PARK AVENUE, SUITE 301
 ELLICOTT CITY, MD 21043
 (410) 480-0023

PLOT PLAN
THE ESTATES AT RIVER HILL - LOT 10
 13514 ALLNUTT LANE
 HIGHLAND, MD 20777

| | |
|------------|----------------|
| SCALE | AS SHOWN |
| DRAWN BY | JMR |
| CHECKED BY | RHV |
| DATE | APRIL 25, 2019 |
| W. O. # | 15-39 |
| SHEET# | 1 OF 4 |

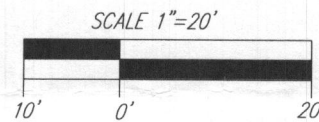
5TH ELECTION DISTRICT
 TAX MAP: 34 PARCEL: 389
 DPZ REF'S: ECP:16-064, WP-17-034,
 WP-17-128, SP-17-007, F-18-064

BLOCK: 23
 ZONED: RR-DEO
 HOWARD COUNTY, MARYLAND



OPERATION AND MAINTENANCE SCHEDULE FOR PRIVATELY OWNED AND MAINTAINED STORMWATER INFILTRATION TRENCHES (I-1) AND DRY WELLS (M-5)

- THE OWNER SHALL INSPECT THE MONITORING WELLS AND STRUCTURES ON A QUARTERLY BASIS, AND AFTER EVERY LARGE STORM EVENT.
- THE OWNER SHALL RECORD THE WATER LEVELS AND SEDIMENT BUILD UP IN THE MONITORING WELLS OVER A PERIOD OF SEVERAL DAYS TO INSURE TRENCH DRAINAGE.
- THE OWNER SHALL MAINTAIN A LOG BOOK TO DETERMINE THE RATE AT WHICH THE FACILITY DRAINS.
- WHEN THE FACILITY BECOMES CLOGGED, SO THAT IT DOES NOT DRAIN DOWN WITHIN A SEVENTY-TWO (72) HOUR TIME PERIOD, CORRECTIVE ACTION SHALL BE TAKEN.
- THE MAINTENANCE LOGBOOK SHALL BE AVAILABLE TO HOWARD COUNTY FOR INSPECTION TO INSURE COMPLIANCE WITH OPERATION AND MAINTENANCE CRITERIA.
- ONCE THE PERFORMANCE CHARACTERISTICS OF THE INFILTRATION FACILITY HAVE BEEN VERIFIED, THE MONITORING SCHEDULE CAN BE REDUCED TO AN ANNUAL BASIS, UNLESS THE PERFORMANCE DATA INDICATES THAT A MORE FREQUENT SCHEDULE IS REQUIRED.



| DRYWELL SIZE CHART | | | | | |
|--------------------|-----|---------------|-----------------|---------------------|-----------------|
| DW# | LOT | DRAINAGE AREA | VOLUME REQUIRED | PROPOSED DIMENSIONS | VOLUME PROVIDED |
| 7B | 10 | 673 SF | 348 CF | 8.4'x8.4'x5' | 353 CF |
| 7C | 10 | 370 SF | 190 CF | 6.9'x6.9'x4' | 190 CF |

DRYWELL #7B

$$ESD_v = (0.95)(2.6)(673)/12 = 139 \text{ CF}$$

$$139/0.4 = 348 \text{ CF (REQ.)}$$

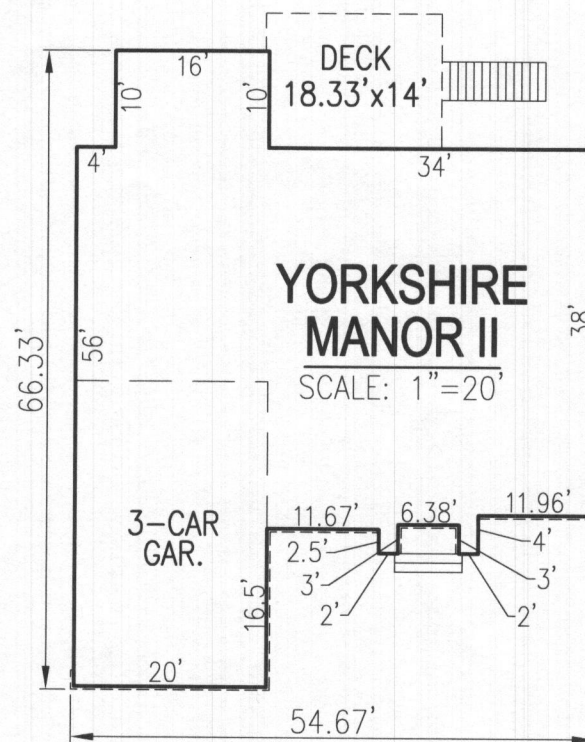
$$8.4' \times 8.4' \times 5' = 353 \text{ CF (PROV.)}$$

DRYWELL #7C

$$ESD_v = (0.95)(2.6)(370)/12 = 76 \text{ CF}$$

$$76/0.4 = 190 \text{ CF (REQ.)}$$

$$6.9' \times 6.9' \times 4' = 190 \text{ CF (PROV.)}$$



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FAX: 410.461.8961

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MICHAEL PFAU, MEMBER
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ELLICOTT CITY, MD 21043
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DEVELOPER
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PLOT PLAN
THE ESTATES AT RIVER HILL - LOT 10
13514 ALLNUTT LANE
HIGHLAND, MD 20777

SCALE AS SHOWN
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CHECKED BY RHV
DATE APRIL 25, 2019
W. O. # 15-39
SHEET# 2 OF 4

5TH ELECTION DISTRICT
TAX MAP: 34 PARCEL: 389
DPZ REF'S: ECP-16-064, WP-17-034,
WP-17-128, SP-17-007, F-18-064

BLOCK: 23
ZONED: RR-DEO
HOWARD COUNTY, MARYLAND

| Material | Specification | Size | Notes |
|---|---|--|---|
| Plantings | see Appendix A, Table A.4 | n/a | plantings are site-specific |
| Planting soil [2' to 4' deep] | loamy sand (60 - 65%) & compost (35 - 40%) or sandy loam (30%), coarse sand (30%) & compost (40%) | n/a | USDA soil types loamy sand or sandy loam; clay content < 5% |
| Organic content | Min. 10% by dry weight (ASTM D 2974) | | |
| Mulch | shredded hardwood | | aged 6 months, minimum; no pine or wood chips |
| Pea gravel diaphragm | pea gravel: ASTM-D-448 | NO. 8 OR NO. 9 (1/8" TO 3/8") | |
| Curtain drain | ornamental stone: washed cobbles | stone: 2" to 5" | |
| Geotextile | | n/a | PE Type 1 nonwoven |
| Gravel (underdrains and infiltration berms) | AASHTO M-43 | NO. 57 OR NO. 6 AGGREGATE (3/8" to 3/4") | |
| Underdrain piping | F 758, Type PS 28 or AASHTO M-278 | 4" to 6" rigid schedule 40 PVC or SDR35 | Slotted or perforated pipe; 3/8" perf. @ 6" on center, 4 holes per row; minimum of 3" of gravel over pipes; not necessary underneath pipes. Perforated pipe shall be wrapped with 1/4-inch galvanized hardware cloth |
| Poured in place concrete (if required) | MSHA Mix No. 3; f'c = 3500 psi @ 28 days, normal weight, air-entrained; reinforcing to meet ASTM-615-60 | n/a | on-site testing of poured-in-place concrete required: 28 day strength and slump test; all concrete design (cast-in-place or pre-cast) <i>not using previously approved State or local standards</i> requires design drawings sealed and approved by a professional structural engineer licensed in the State of Maryland - design to include meeting ACI Code 350.R/89; vertical loading [H-10 or H-20]; allowable horizontal loading (based on soil pressures); and analysis of potential cracking |
| Sand | AASHTO-M-6 or ASTM-C-33 | 0.02" to 0.04" | Sand substitutions such as Diabase and Graystone (AASHTO) #10 are not acceptable. No calcium carbonated or dolomitic sand substitutions are acceptable. No "rock dust" can be used for sand. |

OPERATION AND MAINTENANCE SCHEDULE FOR (M-6) MICROBIORETENTION AREAS

1. ANNUAL MAINTENANCE OF PLANT MATERIAL, MULCH LAYER AND SOIL LAYER IS REQUIRED. MAINTENANCE OF MULCH AND SOIL IS LIMITED TO CORRECTING AREAS OF EROSION OR WASH OUT. ANY MULCH REPLACEMENT SHALL BE DONE IN THE SPRING. PLANT MATERIAL SHALL BE CHECKED FOR DISEASE AND INSECT INFESTATION AND MAINTENANCE WILL ADDRESS DEAD MATERIAL AND PRUNING. ACCEPTABLE REPLACEMENT PLANT MATERIAL IS LIMITED TO THE FOLLOWING: 2000 MARYLAND STORMWATER DESIGN MANUAL VOL. II, TABLE A.4.1 AND 2.
2. SCHEDULE OF PLANT INSPECTION WILL BE TWICE A YEAR IN SPRING AND FALL. THIS INSPECTION WILL INCLUDE REMOVAL OF DEAD AND DISEASED VEGETATION CONSIDERED BEYOND TREATMENT, TREATMENT OF ALL DISEASED TREES AND SHRUBS AND REPLACEMENT OF ALL DEFICIENT STAKES AND WIRES.
3. MULCH SHALL BE INSPECTED EACH SPRING. REMOVE PREVIOUS MULCH LAYER BEFORE APPLYING NEW LAYER ONCE EVERY 2 TO 3 YEARS.
4. SOIL EROSION TO BE ADDRESSED ON AN AS NEEDED BASIS WITH A MINIMUM OF ONCE PER MONTH AND AFTER HEAVY STORM EVENTS.

MICROBIORETENTION NOTES:

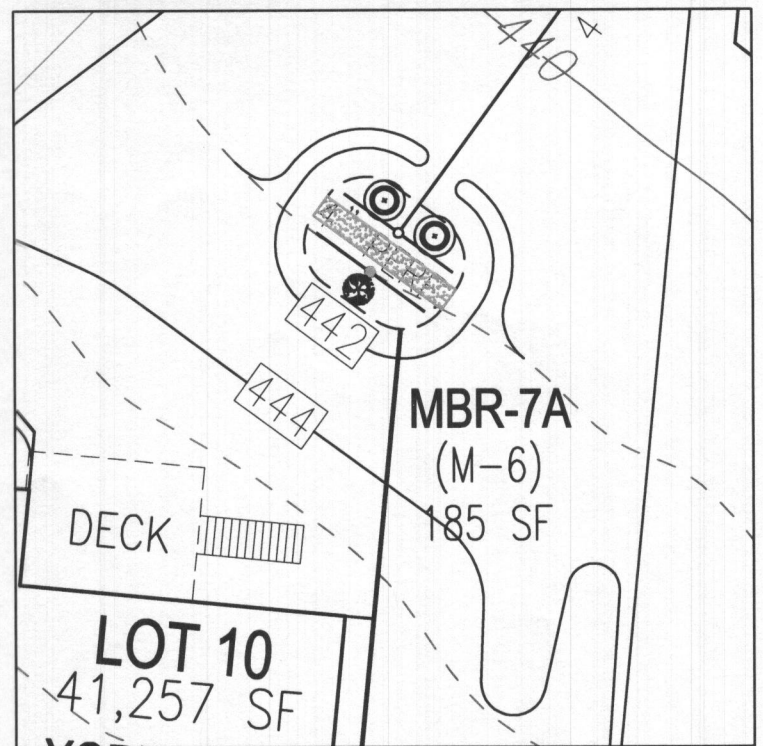
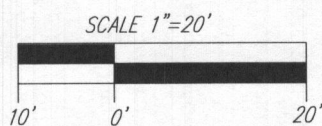
1. ONLY THE SIDES OF MICROBIORETENTION ARE TO BE WRAPPED IN FILTER FABRIC. FILTER FABRIC BETWEEN LAYER OR AT THE BOTTOM OF THE MICROBIORETENTION WILL CAUSE THE MBR TO FAIL, AND THEREFORE SHALL NOT BE INSTALLED.
2. WRAP THE PERFORATED MBR UNDERDRAIN PIPE WITH 1/4" MESH (4x4) OR SMALLER GALVANIZED HARDWARE CLOTH.
3. PROVIDE 5' MINIMUM SPACING BETWEEN UNDER DRAIN AND PERFORATED PIPE THROUGH STONE RESIVOIR OR SPACE PIPE EQUALLY ACROSS BOTTOM FOR SMALL BIOS. (SEE PLANS)

"MICRO-BIORETENTION" PLANTING SCHEDULE NOTES:

1. ALL PLANT MATERIALS SHALL BE FULL AND HEAVY, BE WELL FORMED AND SYMMETRICAL, CONFORM TO THE MOST CURRENT AAN SPECIFICATIONS AND BE INSTALLED IN ACCORDANCE WITH HOWARD COUNTY PLANTING SPECIFICATIONS.
2. CONTRACTOR SHALL VERIFY LOCATION OF ALL UNDERGROUND UTILITIES PRIOR TO DIGGING.
3. FINAL LOCATION OF PLANT MATERIAL MAY NEED TO VARY TO MEET FINAL FIELD CONDITIONS. TREES SHALL NOT BE PLANTED IN THE BOTTOM OF DRAINAGE SWALES.
4. CONTRACTOR SHALL VERIFY PLANT QUANTITIES PRIOR TO BIDDING. IF PLAN DIFFERS FROM LANDSCAPE SCHEDULE, THE PLAN SHALL GOVERN.
5. MICROBIORETENTION AREAS ARE TO BE PLANTED BASED ON A MINIMUM DENSITY OF 1000 STEMS PER PLANTED ACRE (.0229 STEMS PER SQUARE FOOT). ABOVE PLANTING RATIOS ARE TO BE APPLIED TO THE AREAS PROVIDED IN THE ESDv SUMMARY.
6. FILTER AREA SHALL BE 50% COVERED BY PLANTINGS AT FULL GROWTH

| KEY | QTY | BOTANICAL NAME/COMMON NAME | SIZE | REMARKS |
|-----|-------|---------------------------------------|----------|---------|
| | 2 | LINDERA BENZOIN SPICEBUSH | 3 GALLON | CONT |
| | 1 | ILEX GLABRA INKBERRY | 3 GALLON | CONT |
| | 50 SF | LOBELIA CARDINALIS CARDINAL FLOWER | 2" POT | 1" O.C. |

1. SF x 0.0229 STEMS PER SQUARE FOOT = PLANTS REQUIRED
2. PLANTINGS REQUIRED: 6
3. (50 SF) CARDINAL FLOWER = 1 PLANTING UNIT



MBR-7A PLANTING DETAIL (185 SF)

SCALE: 1"=20'

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 MICHAEL PFAU, MEMBER
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 (410) 480-0023

DEVELOPER
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PLOT PLAN

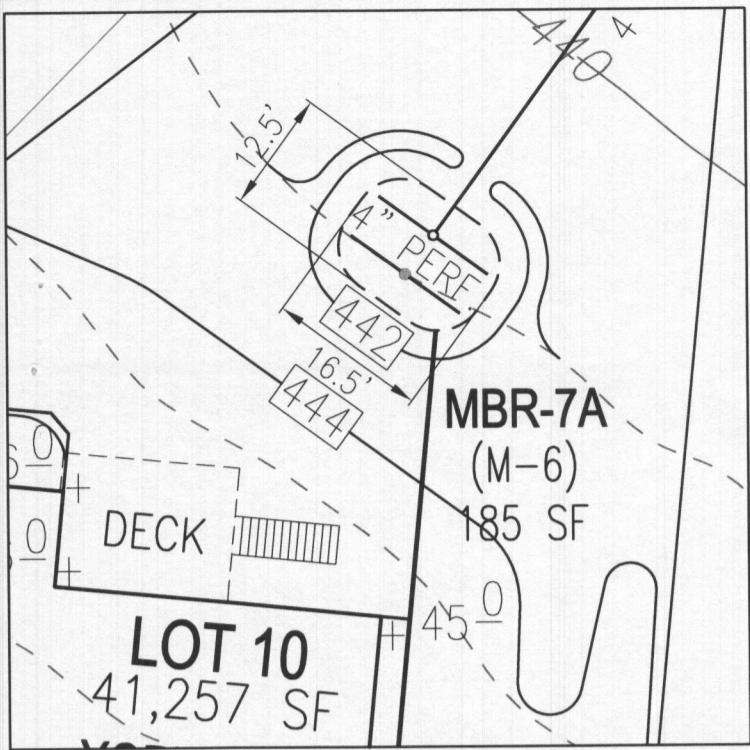
THE ESTATES AT RIVER HILL - LOT 10

13514 ALLNUTT LANE
 HIGHLAND, MD 20777

SCALE AS SHOWN
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5TH ELECTION DISTRICT
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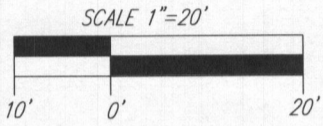
BLOCK: 23
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 HOWARD COUNTY, MARYLAND



SPILL WAY ELEVATION = 442.00

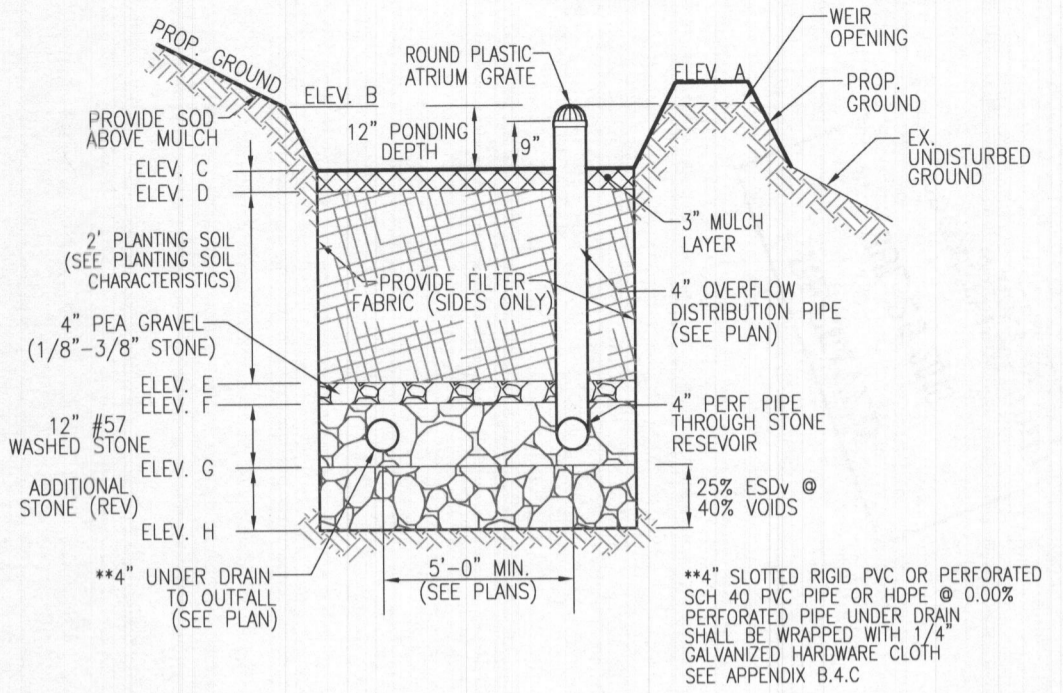
MBR-7A DESIGN DETAIL (185 SF)

SCALE: 1"=20'



MBR-7A

D.A.=2,907 SF IMP=1,569 I=54
 $R_v=0.05+(0.009)(54)=.54$
 $ESD_v=(2,907)(1.58)(0.54)/12=207$ CF
 AREA ABOVE MULCH=(207 CF)(0.75)=155 SF
PROVIDED 185 SF



4" SLOTTED RIGID PVC OR PERFORATED SCH 40 PVC PIPE OR HDPE @ 0.00% PERFORATED PIPE UNDER DRAIN SHALL BE WRAPPED WITH 1/4" GALVANIZED HARDWARE CLOTH SEE APPENDIX B.4.C

ROTOTILL AND SAND AUGMENTATION IN BOTTOM TO PREVENT COMPACTION

MICRO-BIORETENTION

W/ WEIR OUTFALL
 NOT TO SCALE

| MICRO-BIORETENTION FACILITY ELEVATIONS (M-6) | | | | | | | | | | | | | |
|--|----------|--------|--------|--------|--------|--------|--------|--------|--------|------------|---------------------|--------------|---------------|
| LOT # | FACILITY | A | B | C | D | E | F | G | H | WEIR ELEV. | UNDERDRAIN INV. OUT | OUTFALL INV. | FACILITY SIZE |
| LOT 10 | MBR-7A | 442.30 | 442.00 | 441.00 | 440.75 | 438.75 | 438.42 | 437.42 | 436.59 | 442.00 | 437.75 | 432.50 | 185 SF |

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PLOT PLAN

THE ESTATES AT RIVER HILL - LOT 10

13514 ALLNUTT LANE
 HIGHLAND, MD 20777

SCALE _____ AS SHOWN
 DRAWN BY _____ JMR
 CHECKED BY _____ RHV
 DATE _____ APRIL 25, 2019
 W. O. # _____ 15-39
 SHEET# _____ 4 OF 4

5TH ELECTION DISTRICT
 TAX MAP: 34 PARCEL: 389
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 WP-17-128, SP-17-007, F-18-064

BLOCK: 23
 ZONED: RR-DEO
 HOWARD COUNTY, MARYLAND

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

| | | |
|------------------------------------|---------------|-------------|
| Permit Type | Permit Number | Opened Date |
| Building/Residential/New/SFD | B19002370 | 07/23/2019 |
| Description of Work | | |
| SFD/ MODEL THE YORKSHIRE MANOR II/ | | |

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

| | | | |
|------------|-------------|--------------|--------------|
| Street # | Street Name | Street Type | |
| 13514 | ALLNUTT | LN | |
| Unit Type | Unit # | X Coordinate | Y Coordinate |
| --Select-- | | -76.96177 | 39.19701 |
| City | State | Zip Code | Primary |
| HIGHLAND | MD | 20777 | Yes |

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

| | | | | | | |
|---|--------|-------------|------------|----------------|-----------------|-----------|
| GIS ID * | Parcel | Parcel Area | Land Value | Improved Value | Exemption Value | Plan Area |
| 1014554 | 389 | 42.41 | 1473800 | 2000500 | 526700 | RURAL |
| Legal Description | | | | | | |
| IMPSLOT 1 42.410 A[]13550 ALLNUTT LN[]GREENE PROPERTY | | | | | | |

[check spelling](#)

| | | | | | | | |
|--|-----------------|---|--------------|-----------------|-------|----------|---------|
| Block | Lot | Census Tract | Council Dist | Supervisor Dist | Map # | DAP Zone | Primary |
| | 10 | 605101 | 5 | | | | Yes |
| Plan Area | State Tax Id | Subdivision Name | | | | | |
| | 1405392284 | | | | | | |
| Section | Area | Tax Map | | | | | |
| | | 34 | | | | | |
| Grid | Zoning District | ADC Map | | | | | |
| 34-16 | RR-DEO | 4933-G9 | | | | | |
| SDP No. | Final Plan No. | WP File No. | | | | | |
| | ECP-16-064 | | | | | | |
| Record Plat No. | WS Contract No. | FDP No. | | | | | |
| 5208 | | | | | | | |
| Owner Occupied | Year Built | Historic District | | | | | |
| <input type="radio"/> Yes <input type="radio"/> No | 1985 | <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | | |
| Historic District Registry No. | Stat Area | Flood Plain | | | | | |
| | 5-04A | <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | | |
| Building No | | | | | | | |
| | | | | | | | |

Owner (This section is not required.)

Search Reset Clear

| | | |
|----------------|----------------------------|---------------|
| Name * | ESTATES AT RIVER HILL LLC | |
| Address Line 1 | 3675 PARK AVENUE SUITE 301 | |
| Address Line 2 | | |
| Address Line 3 | | |
| Mail City | Mail State | Mail Zip Code |
| ELLCOTT CITY | MD | 21043 |
| Phone | Primary | |
| 443-324-9806 | Yes | |
| E-mail | TKEANE@TRINITYHOMES.COM | |

| | |
|----------------------|----------------------|
| Cell Number | Fax Number |
| <input type="text"/> | <input type="text"/> |

Professionals (This section is not required.)

Search Reset Clear

| | | | |
|-------------------------|-----------------------------|--------------------|------------------|
| License # * | Business Name | | |
| 7646 | TRINITY HOMES MARY LAND LLC | | |
| License Type * | First Name | Middle Name | Last Name |
| Home Bldr | TIM | | KEANE |
| Primary | Address Line 1 | | |
| Yes | 3675 PARK AVENUE SUITE 301 | | |
| | Address Line 2 | | |
| | | | |
| City | State | ZIP Code | |
| ELLCOTT CITY | MD | 21043 | |
| Phone 1 | Phone 2 | Fax | |
| 410-480-0023 | 443-324-9806 | | |
| E-mail | | | |
| TKEANE@TRINITYHOMES.COM | | | |

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

| | | | |
|-------------------------|-----------------------------|-----------------|------------------|
| Type * | First Name | MI | Last Name |
| Applicant | TIM | | KEANE |
| Relationship | Full Name | | |
| Applicant | TIM KEANE | | |
| Primary | Organization Name | | |
| No | TRINITY HOMES MARY LAND LLC | | |
| | Street Address | | |
| | 3675 PARK AVENUE SUITE 301 | | |
| | Address Line 2 | | |
| | | | |
| City | State | Zip Code | |
| ELLCOTT CITY | MD | 21043 | |
| Phone | Cell | Fax | |
| 410-480-0023 | 443-324-9806 | | |
| E-mail * | | | |
| TKEANE@TRINITYHOMES.COM | | | |

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

| | | | |
|-------------------------|-----------------------------|-----------------|------------------|
| Type | First Name | MI | Last Name |
| Contact | TIM | | KEANE |
| Relationship | Full Name | | |
| Licensed Professiona | TIM KEANE | | |
| Primary | Organization Name | | |
| Yes | TRINITY HOMES MARY LAND LLC | | |
| | Street Address | | |
| | 3675 PARK AVENUE SUITE 301 | | |
| | Address Line 2 | | |
| | | | |
| City | State | Zip Code | |
| ELLCOTT CITY | MD | 21043 | |
| Phone | Cell | Fax | |
| 410-480-0023 | 443-324-9806 | | |
| E-mail | | | |
| TKEANE@TRINITYHOMES.COM | | | |

Addtl Info

| | | | |
|-------------------------------------|------------------------|------------------------------|---------------------|
| Est Construction Cost * | Housing Units * | Number of Buildings * | Public Owned |
| 300000 | 1 | 1 | No |
| Construction Type | | | |
| 101 - Single Family Houses Detached | | | |

BUILDING INFORMATION

BUILDING INFORMATION

Capital Project-No Fee * Yes No Capital Project # Fee Exempt * Yes No Roadside Tree Project Permit Yes No Roadside Tree Project Permit # Entrance Permit Req Yes No

Guaranty Fund * Yes No Condominium Yes No Existing Use Vacant Lot Model SFD/ MODEL'THE YORKSHIRE MANOR II/

No of Stories 2 Foundation Full Basement Basement Unfinished No of Rooms 0 Full Baths 3 Half Baths 1 Other Structure 3 Car Attached

Bedrooms 5 Porch Deck Deck No of Fireplaces 0 Type of Fireplace --Select-- Energy Code Performance Method Subject to CB-76-2018 Subject to CB-76-2018

W&S Fees Paid * Yes No Water Supply * Private Sewage Disposal * Private Utilities * Electric Heating System * Electric & Propane Gas Sprinkler System * NFPA #13D

1st Floor Depth 66 FT 1st Floor Width 54 FT 2nd Floor Depth 52 FT 2nd Floor Width 54 FT Basement Depth FT Basement Width FT Height FT Total Sq Ft * SQFT Occupiable Sq Ft * SQFT

Building Construction Type --Select-- Footings Foundation Measurement Walls Roof

Location Survey Approval Date Road Frontage County Expiration Date 1/26/2020 Additional Description Info

U&O Issued On U & O Comments

[check spelling](#) [check spelling](#)

GRADING INFORMATION

Grading Permit No G19000135 Grading Certification Required Yes No Grading Certification Received in DILP On Grading Certification Received in CID On

Grading Certification Comments

Seasonal Surety Comments

[check spelling](#) [check spelling](#)

Seasonal Grading Surety Depositor Driveway Apron Surety Depositor Stormwater Surety Depositor

GREEN NEIGHBORHOOD INFORMATION

Check List Points Goal Check List Points Achieved Date of Certification

PAYMENT INFORMATION

Check 1 Payee 1 Check 2 Payee 2 SAP Doc No SAP Entered

PRIVATE ON LOT SWM FACILITIES

Green Roofs A1 Yes No Permeable Pavements A2 Yes No Reinforced Turf A3 Yes No

Disconnection of Rooftop Runoff N1 Disconnection of Non Rooftop Runoff N2 Sheetflow to Conservation Areas N3 Yes No

Rainwater Harvesting M1 Submerged Gravel Wetlands M2 Landscape Infiltration M3 Infiltration Berms M4

Dry Wells M5 2 Micro Bioretention M6 1 Rain Gardens M7 Swales M8 Enhanced Filters M9 PSWM Certification Received in CID on

Related Records

1 2

| Permit Number | Record Type Alias | Status | Number | Street Name | Opened Date | Description |
|---------------|---|-------------------|--------|-------------|-------------|--|
| G19000135 | Residential Grading Permit | Issued | 13550 | ALLNUTT | 06/11/2019 | ESTATES AT RIVER HILL LLC/ GRADING & SEDIMENTATION |
| B19002367 | Residential New Single Family Dwelling Permit | Review In Process | 13511 | ALLNUTT | 07/23/2019 | SFD/ MODEL'THE YORKSHIRE MANOR II/ |
| B19002368 | Residential New Single Family Dwelling Permit | Review In Process | 13515 | ALLNUTT | 07/23/2019 | SFD/ MODEL'THE ABBEY/ |
| B19002369 | Residential New Single Family Dwelling Permit | Review In Process | 13519 | ALLNUTT | 07/23/2019 | SFD/ MODEL'THE YORKSHIRE MANOR II/ |
| B19002371 | Residential New Single Family Dwelling Permit | Review In Process | 13518 | ALLNUTT | 07/23/2019 | SFD/ MODEL'THE ABBEY/ |

1 2

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