

Building Address 15521 WINDTAIL OAKS
Glenwood, MD 21738

Suite/Apt. #: _____ SDP/WP/Petition #: _____
 PI Acc # 1025 A1

Census Tract LC40 Subdivision SATTAIL CREEK

Section 11 Area _____ Lot 11

Tax Map 21 Parcel 63 Grid 9

Zoning RC Map Coordinates 9A6 Lot size 49,090

Property Owner's Name Trinity Quality Home
 Address 7320 GARDEN DR
 City Columbia State MD Zip Code 21044
 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 \$ 200,000

Description of Work CUSTOM HIGHLAND MANOR
35 STEP, FULL FINISHED BSMT FOR
SFB, INB, 2 CP-1/2 INB (500) WOOD DECK

Contractor Company SATME
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. 699 Phone _____ Fax _____

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

Engineer or Architect Company SATME
 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 <input checked="" type="checkbox"/> Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____ 2nd floor: _____	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"/>	Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>5</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" 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"/>	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 checked="" 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 _____	Other Structure: <u>DECK</u> Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

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

Applicant's Signature: Sally P. Hodge
 Title/Company: VP, Operations Trinity

Print Name: SALLY HODGE
 Date: 9/12/01

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SHTBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	52132
State Highways			Rear: _____	Filing fee \$ <u>100</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St.: _____	Back tax \$ _____
Health	<u>10/18/01</u>	<u>Mark Kiffin</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>7179</u>
				Validation # <u>42338</u>
				Accepted by _____

REVISED
PLANS

TO: SEP 19/05

Keep with File

Kukulselis In-Law Suite



3308 Danmark Drive
Glenwood, MD 21738
410-489-9100
fax: 410-489-4383
www.geminidesignbuild.com
MHIC #42973

Project
Phase:

Construction Phase

Project
Title:

Kukulselis In-Law Suite
15521 Cattail Oaks
Glenwood, MD 21738

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Project
Number:

A05-01

Date:

September 19, 2005

Scale:

Project
Manager:

Drawn
By: **MTR**

Drawing
Title:

Cover Sheet

Sheet
#:

Property Information

BOO155091-Permit #
15521 Cattail Oaks
Glenwood, MD 21738
Lot 11- 1.08 Acres
Peacefields at Cattail
Creek
Map 21 Grid 10 Parcel
33
Lat no. 14573

Design Team

Owner

Michael and Tracy Kukulselis
15521 Cattail Oaks
Glenwood, MD 21738
410-442-1909

Design/Build Firm

Gemini Design/Build, Inc.
3308 Danmark Drive
Glenwood, MD 21738
410-489-9100

TOTAL
\$ Ded rooms

Revisions

Phase	Date	Issued For:
Construction	9/19/2005	Revised permit Application

General Notes

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- Plans and specifications are subject to change without notice. All measurements are subject to field verification. Gemini Design/Build, Inc. reserves the right to alter the plan or substitute materials as needed without affecting the quality or structure of the project.

Plan Approval

Gemini Design Build, Inc.	Date
Owner	Date
Owner	Date

By signing this cover sheet and initialing each sheet of plans, you acknowledge acceptance of this set of drawings as part of the contract documents and of its accuracy. This will become the plan from which the project is built unless a change order is signed.

Legend

	Existing Wall
	New Wall

Sheet Index

FP-F,1,2	Floor Plans
FR-1,2,R	Framing Plans
CS-1	Cross Section
EE-1,2	Exterior Elevations
IE-1	Interior Elevations
EP-F,1,2	Electrical Plans

Approved Septic System Plan
 Seward County Health Department

Mark Rell
 Signature
 10/18/07
 Date

Total linear feet of trench required 380 feet
 Width of trench(es) 3 feet
 Depth of trench(es) 4.5 feet
 Depth of stone required below distribution pipe 2.0 feet

1:50
 PLAN BY CFS

* BASEMENT DOES NOT SEWER BY GRAVITY

PRIVATE 24' WIDE USE-IN COMMON ACCESS EASEMENT FOR THE USE OF LOTS 12, 13, 14, BUILDABLE PRESERVATION PARCEL B, AND CEMETARY, LOT 15.

800135854
 5/1/02
 Prop'd. pool (water edge) in this zone would be OK
 (SRU)

