

Building Address: 5227 Sweet Meadow La.
Clarksville, MD 21029

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD

Proposed Use: SFD w/ Deck

Estimated Construction Cost: \$ 50,000

Description of Work: Construct 44' x 30' irregular
deck on rear of SFD w/ steps to
grade

Occupant or Tenant: _____

Was tenant space previously occupied? ☐ Yes ☒ No

Contact Name: CARY LYON

Address: 13726 Princess Anne Way

City: Phoenix State: _____ Zip Code: 21131

Phone: (410) 303-9928 Fax: _____

Email: deckbuild@verizon.net

BUILDING DESCRIPTION - COMMERCIAL

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

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: Cary Lyon

Email Address: deckbuild@verizon.net

Owner: Decked Out

Company: _____

Print Name

Date

CARY LYON

6/25/12

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		
SA (Zoning)		
SA (Engineering)		
Health	6-28-12	Michael Galt
Fire Protection		

Sediment Control approval required for issuance? ☐ Yes ☐ No

CONTINGENCY CONSTRUCTION START

ONE STOP SHOP

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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

LOT 73

49,755 SF

REVISED

Date: 3/17/16

Comments: B1000151

Revision OK
3-22-11 * house type changed

Approved Septic System Plan
Howard County Health Department

Well Sht
Signature
3-22-11
Date

THE CALURE RESIDENCE

FF: 416.50

BF: 405.50

GAR.

GARAGE

14.5
4.0%

WALNUT GROVE
Lot 73

STORMWATER MANAGEMENT
FOR THIS SITE IS PROVIDED
BY THE EXISTING STORMWATER
POND FACILITY LOCATED
ON BUILDABLE PRESERVATION
PARCEL A, AND APPROVED
UNDER F-06-31.

THE EXISTING WELL SHOWN ON LOTS 73
TAG NO. S 4095 0421 HAS BEEN FIELD
LOCATED BY GUTSCHICK, LITTLE & WEBER
PROFESSIONAL LAND SURVEYOR(S) AND IS
ACCURATELY SHOWN.

BUILDING OF LOTS 73 FLOOR AREAS:

BASEMENT FLOOR AREA: 4030 S.F.

FIRST FLOOR AREA: 3440 S.F.

SECOND FLOOR AREA: 3511 S.F.

NUMBER OF BEDROOMS: 5

3RD FLOOR AREA: 601 S.F.

BUILDING PERMIT NO.

MARYLAND STATE GRID MERIDIAN (NAD83/91)

SWEET MEADOW LANE
40' RIGHT-OF-WAY

10' PUBLIC TREE MAINTENANCE
& UTILITY EASEMENT

10'X10' PUBLIC SEWER & UTILITY
EASEMENT CENTERED ON THE
PROPERTY LINE

R=60.00'
L=43.23'

80' B.R.L.

S22°20'13"E

10' B.R.L.
189.00'

LOT 74

LOT 73
49,755 SF

LOT 72

SEE DETAIL

S18°56'38"W
28.5'

10' B.R.L.
N10°21'49"E
174.70'

HO-950-421

30' B.R.L.

S78°48'00"E

198.79'

POURED CONCRETE
FOUNDATION
TW=415.8'

DETAIL: NOT TO SCALE

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# N/A

APP. SAN HS

DATE: 6-28-12

DESC. OF WORK 44'x30' deck

as shown *shared septic

PART OF NON-BUILDABLE
PRESERVATION PARCEL "B"

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE,
INFORMATION AND BELIEF THAT THE IMPROVEMENTS ARE
LOCATED AS SHOWN AND THERE ARE NO ENCROACHMENTS
EXCEPT AS SHOWN.

Thomas M. Hoffman Jr.

6.20.11

THOMAS M. HOFFMAN JR., PROPERTY LINE SURVEYOR #267 DATE



B.P.# B11000151
5227 SWEET MEADOW LANE

THIS WALL CHECK DRAWING CONTAINS A HORIZONTAL TOLERANCE IN
ACCURACY OF 0.1' AND A VERTICAL TOLERANCE IN ACCURACY OF 0.2'



dedicated to excellence and service

Marked 3/17/11 SH

SALLY L. HODGE
Vice President of Operations

3675 Park Ave., Suite 301
Ellicott City, MD 21043

Office 410-313-8722
Fax 410-313-8731
sally@trinityhomes.com

Dear Avis,

3/17/11

RE: Building permit #B11000151
Lot #73 Walnut Grove
5227 Sweet Meadow La.
Clarksville 21029

Please revise this house type to an Ellicott Manor, 3 story, full basement,
13 R, 4 FB, 2 HB, 3 FP, balcony off MBR & 2 garages (5 BR) finished
basement w/1 HB & 1 FB. Enclosed are 5 site plans, 2 sets of construction
drawings and a \$50 check. Please let me know if there are additional fees
due and when this has your approval.

Thank you.

Sally L. Hodge

Sally Hodge

*CC: zoning
health
DED*

RECEIVED

MAR 17 2011

LICENSES & PERMITS
DIVISION

*CA 22266
234904*

DEPT. 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
611600151

Building Address
5227 SWIFT MILL RD
CLIDENSVILLE 21029

Suite/Apt. #:
SDP/WP/Petition #:
6P-11-35

Census Tract
Subdivision

Section
Area
Lot
73

Tax Map
28
Parcel
74
Grid

Zoning
Map Coordinates
4933
Lot Size
49,755

Existing Use
VACANT LOT

Proposed Use
SID

Estimated Construction Cost \$
322,195

Description of Work
ADDITIONAL 2 STORY FULL
FRONT POR, 2 FB, 1 HB, FWS CORNER
(5 BR)

Occupant or Tenant
N/A

Contact Name

Address

City
State
Zip Code

Phone
Fax

Property Owner's Name
TRINITY QUALITY HOMES

Address
3675 PARK AVE #301

City
ELLICOTT CITY
State
MD
Zip Code
21043

Home Phone
Work Phone
410-313-5722

Applicant's Name & Mailing Address, (if other than stated herein):

Phone
Fax
410-313-5731

Contractor Company
TRINITY QUALITY HOMES

Contact Person
SALLY HODGE

Address
3675 PARK AVE #301

City
ELLICOTT CITY
State
MD
Zip Code
21043

License No.
249

Phone
Fax
410-313-5722

Engineer or Architect Company
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: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories:	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	Depth 1 st floor: 2 nd floor: Basement:	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input 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"/>	No. of Bedrooms 5	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Multi-family dwellings: No. of efficiency units: No. of 1 BR units: 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	Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 L Hodge

Applicant's Signature

SALLY@TRINITYHOMES.COM

Email Address

DP OPERATIONS - TRINITY

Title/Company

SALLY HODGE

Print Name

12/14/10

Date

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

AGENCY
Land Development, DPZ

DATE
2-1-11

SIGNATURE APPROVAL
[Signature]

Health

Fire Protection

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

DPZ SETBACK INFORMATION

Front:

Rear:

Side:

Side St.:

All minimum setbacks met?
YES ☐ NO ☐

Is Entrance Permit Required?
YES ☐ NO ☐

Historic District?
YES ☐ NO ☐

Lot Coverage for New Town Zone

SDP/Red-line approval date

PROPERTY ID #

Filing fee \$ 110.00

Permit fee \$

Excise tax \$

Add'l per fee \$ 50.00

TOTAL FEES \$

Sub-total paid \$

Balance due \$

Check #

Validation #

Accepted by

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

T:\Operations\Updated forms

LOT 73

49,755 SF

Approved Septic System Plan
Howard County Health Department

[Signature]
Signature

2-1-11
Date

INV. 403.50

THE ABBEY

3 CAR

FF: 416.00

BF: 406.00

3 CAR
GARAGE
414.00

2%

WATER MANAGEMENT
SITE IS PROVIDED
EXISTING STORMWATER
CAPACITY LOCATED
AVAILABLE PRESERVATION
AND APPROVED
10-6-31.

WELL SHOWN ON LOTS 73
95-0421 HAS BEEN FIELD
GUTSCHICK, LITTLE & WEBER
LAND SURVEYOR(S) AND IS
SHOWN.

LOTS 73 FLOOR AREAS:

FLOOR AREA: 1695
AREA: 1750
R AREA: 2312
DROOMS: 5

MIT NO. _____

SWEET
MEADOW
LA

LEGEND