

Permits: 410-313-2455
Inspections: 410-313-1810
Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
Department of Inspections, Licenses & Permits
3430 Court House Drive
Ellicott City, MD 21043

Permit Number:
3855

Building Address: 13714 Nye River Dr
Ellicott City, MD 21036

Suite/Apt. # _____ SDP/WP/BA #: GP-10-31

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: 4

Tax Map: 22 Parcel: 9D Grid: 19

Zoning: 4813 9B Map Coordinates: _____ Lot Size: 1844

Existing Use: Vacant Lot

Proposed Use: SFD

Estimated Construction Cost: \$ 264,000

Description of Work: YURKSIDE MANOR
2 STORY, FULL BSMT, GR, 2 FB, 1 HB,
FP + GARAGE (4 CR)

Occupant or Tenant: N/A

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

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
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	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
	<input type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression
	No. of Heads:

Property Owner's Name: TRINITY QUALITY HOMES INC

Address: 3675 PARK AVE #301

City: ELICOTT CITY State: MD Zip Code: 21043

Home Phone: _____ Work Phone: _____

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

Phone: 410-750-9002 Fax: 410-750-9003

Email: _____

Contractor Company: TRINITY QUALITY HOMES

Contact Person: SHERY NEWSHAW

Address: 3675 PARK AVE #301

City: ELICOTT CITY State: MD Zip Code: 21043

License No.: 699

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input checked="" type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: 4	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input checked="" type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
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	

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: SHERY NEWSHAW

Print Name: SHERY NEWSHAW

Email Address: SHERY@TRINITYHOMES.COM

Date: 10-13-10

Title/Company: OPERATIONS, TRINITY QUALITY HOMES

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL	DPZ SETBACK INFORMATION	Filing Fee
State Highways			Front:	\$
Building Officials			Rear:	\$
PSZA (Zoning)			Side:	\$
PSZA (Engineering)			Side St.:	\$
Health	11-3-11	Michael Scott	All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No	Excise Tax
Fire Protection			Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No			Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No	PSFS
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START			Lot Coverage for New Town Zone:	\$
<input type="checkbox"/> ONE STOP SHOP			SDP/Red-line approval date:	Guaranty Fund
				\$
				Add'l per Fee
				\$
				Total Fees
				\$
				Sub- Total Paid
				\$
				Balance Due
				\$

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA
T:\Operations\Updated Forms\Building App. 6/2010

Approved Septic System Plan
Howard County Health Department

Robert H. Vogel
Signature

11-3-11

Date

* Revision OK 10-3-11 148
house type changed

JACK C. FYOCK
TM22 P201
2221/618
ZONED RR-DEO

THE EXISTING WELL SHOWN ON LOT 4
TAG NO. H0-95-0432 HAS BEEN FIELD LOCATED
BY ROBERT H. VOGEL ENGINEERING, INC.

BUILDING OF LOT 4 FLOOR AREAS:

BASEMENT FLOOR AREA: 1790

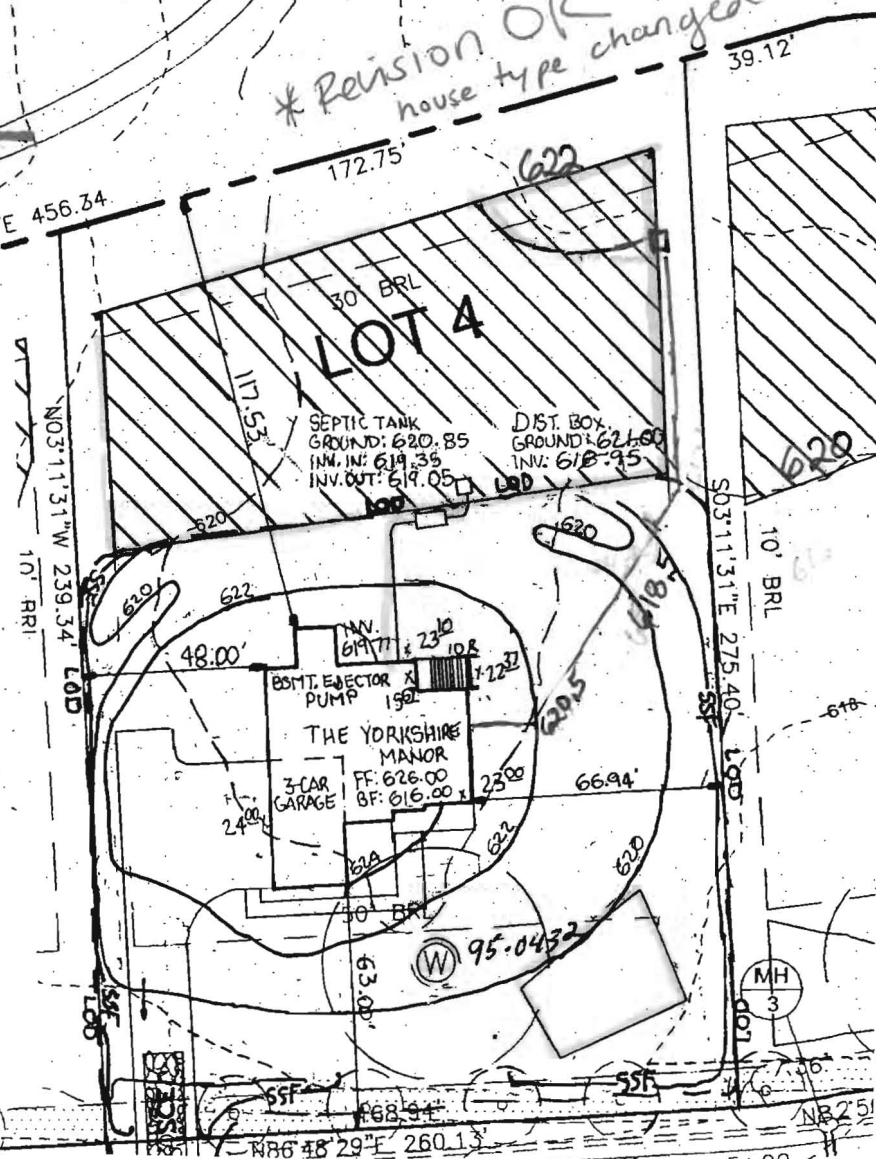
FIRST FLOOR AREA: 1820

SECOND FLOOR AREA: 1940

NUMBER OF BEDROOMS: 5

NOTE: STORMWATER MANAGEMENT FOR THESE
LOTS IS PROVIDED BY 2 MICROPOL EXTENDED
DETENTION PONDS AND ONE BIORETENTION
FACILITY APPROVED UNDER F-06-130. RAINGARDENS
ARE REQUIRED FOR LOTS 20, 35 AND 41.

BUILDING PERMIT NO. B10003855





dedicated to excellence and service

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 Corbin,

9/28/11

RE: Building permit #B10003855

Lot 4 Castleberry at Ten Oaks

13714 Wye River Dr.

Dayton 21036

This is a request to revise the house type to a Yorkshire Manor 2 story,
full basement, 10 rooms, 5 full baths, FP & garage (5 bedrooms).

Enclosed is a site development plan, 2 sets of construction drawings
and a \$50 check. Please let me know when this has your approval.

Thank you.

Sally L. Hodge

*CC: DED
Hea/Yel*