



# 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: 12/04/13

Permit No.: B13004392

Building Address: 12304 Autumn Tree Ln.  
 City: Clarksville State: MD Zip Code: 21029  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: GP-13-038  
 Census Tract: \_\_\_\_\_ Subdivision: Walnut Creek  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 10  
 Tax Map: 28 Parcel: 49 Grid: 17 & 18  
 Zoning: RC-DEO Map Coordinates: \_\_\_\_\_ Lot Size: 33, 614

Property Owner's Name: Trinity Quality Homes Inc.  
 Address: 3675 Park Ave #301  
 City: Ellicott City State: MD Zip Code: 21043  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

Existing Use: Vacant Lot  
 Proposed Use: SFD  
 Estimated Construction Cost: \$ 426,798  
 Description of Work: 2 story, FP, 3 car garage, full basement, 10 rooms, 4 bed rooms, 4 full baths, 1 half bath  
 Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: Trinity Quality Homes Inc.  
 Contact Person: Sherry Mewshaw  
 Address: 3675 Park Ave #301  
 City: Ellicott City State: MD Zip Code: 21043  
 License No.: 699  
 Phone: 443-535-8516 Fax: \_\_\_\_\_  
 Email: sherry@trinityhomes.com

Engineer/Architect Company: NA  
 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 <sup>st</sup> floor: _____
Area of construction (sq. ft.): _____	2 <sup>nd</sup> floor: _____
Use group: _____	Basement: _____
	<input type="checkbox"/> Finished Basement
	<input checked="" type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>4</u>
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>
<input type="checkbox"/> Masonry	No. of efficiency units: _____
<input type="checkbox"/> Wood Frame	No. of 1 BR units: _____
<input type="checkbox"/> State Certified Modular	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
<u>Sprinkler System:</u>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>G13000238</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.

Sherry Mewshaw  
 Applicant's Signature  
 sherry@trinityhomes.com  
 Email Address  
 Selections Director  
 Title/Company

Sherry Mewshaw  
 Print Name  
12/4/13  
 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		

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>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>025136</u>

THE EXISTING WELL SHOWN ON LOT 10 TAG NO. 95-1392 HAS BEEN FIELD LOCATED BY FISHER, COLLINS, & CARTER, INC., AND IS ACCURATELY SHOWN.

BUILDING OF LOT 10 FLOOR AREAS:

BASEMENT FLOOR AREA: 2410

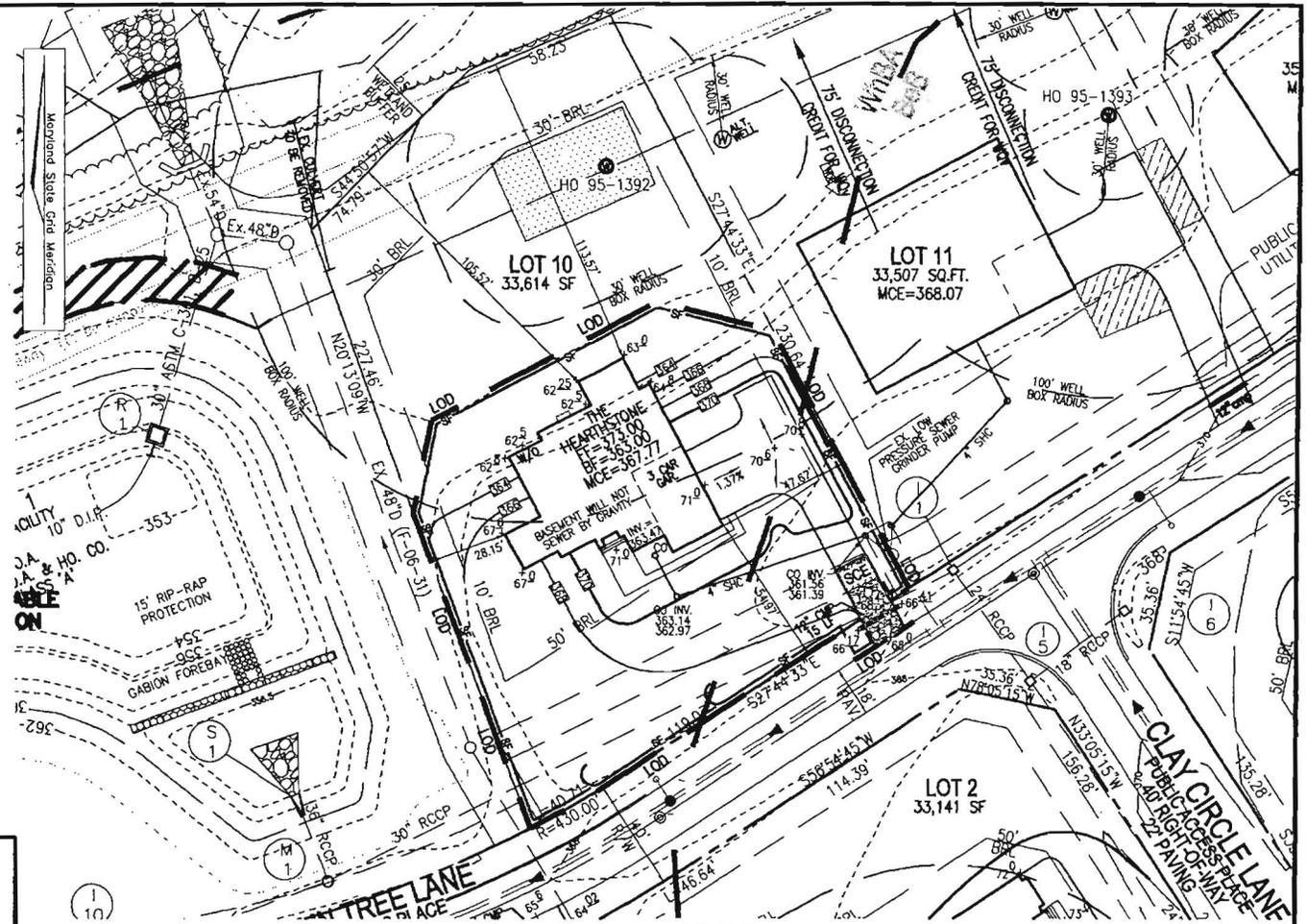
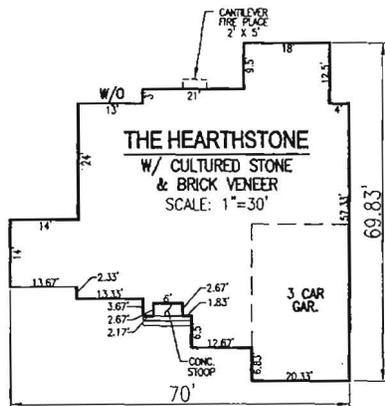
FIRST FLOOR AREA: 2480

SECOND FLOOR AREA: 2340

BEDROOMS: 4

NOTE: STORMWATER MANAGEMENT (WQV AND CPV) IS PROVIDED BY EXTENDED DETENTION FACILITY, ONE RAIN GARDEN, ROADWAY GRASS CHANNELS, AND ON-LOT LEVEL SPREADERS (F-07-076). LOT 10 DOES NOT REQUIRE ANY EXTRA PRACTICES.

BUILDING PERMIT NO. \_\_\_\_\_



SCALE: AS SHOWN  
 DRAWN BY: JMR  
 CHECKED BY: RHV  
 DATE: NOVEMBER 2013  
 PROJECT #: 13-21  
 SHEET#: 1 OF 1

**PLOT PLAN  
 WALNUT CREEK  
 LOT 10**

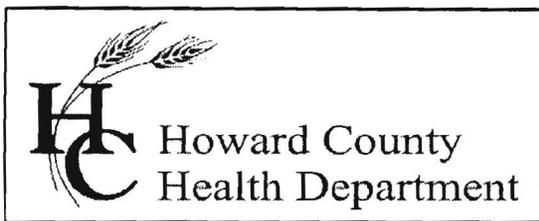
**REF: F-07-076**  
 TAX MAP 28 PARCEL 49  
 BLOCK 11  
 5TH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

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

**SCALE**  
 1"=50'

**OWNER**  
 TRINITY QUALITY HOMES, INC.  
 3675 PARK AVENUE, SUITE 301  
 ELLICOTT CITY, MARYLAND 21043  
 (410) 480-0023

**ADDRESS**  
 12304 AUTUMN TREE LN.  
 CLARKSVILLE, MD 21029  
 GP: 13-038



## Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21046-2147

Main: 410-313-1774 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

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### INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JULY 4, 2016

January 4, 2016

Homeowner  
12304 Autumn Tree Lane  
Ellicott City, MD 21042

**RE: Walnut Creek, Lot 10**  
**12304 Autumn Tree Lane**  
**Building Permit: B13004392**  
**Well Permit: HO-95-1392**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **12/22/2015**. Final approval of the well line connection to the dwelling was granted on **4/22/2015**. The well construction was completed on **3/26/2008**. Water samples were collected on **12/28/2015**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking.

Gross Alpha and Beta samples were also collected on **3/26/2008**. Results showed a Gross Alpha level of **6.0 ± 2.0 pCi/L** and **Gross Beta** level of **7.0 ± 2.0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-1392. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:  
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Kevin M. Wolf, L.E.H.S., Supervisor  
Groundwater Mgmt. Sec.  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File

B13009392

ENTRANCE PERMIT

(410) 313-1810

HOWARD COUNTY  
DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS

Permission is hereby granted by the Howard County Department of Inspections, Licenses & Permits for an entrance permit:

Owner Trinity Homes Phone 443-535-8516  
3675 Park Ave #301  
Address Ellicott City, MD 21043

New Building Address  
12304 Autumn Tree Ln. Clarusville, MD 21029

For what use: Entrance To SFD Trinity Homes  
Name of Contractor or Builder 3675 Park Ave #301  
Address Ellicott City, MD 21043

The applicant hereby certifies and agrees as follows: (1) that he is the owner or the duly authorized agent of the owner to make this application; (2) that he has read all of the information set forth and that the same is correct; (3) that the permit, when issued, may be declared void should said information be incorrect; (4) that he will comply with all rules and regulations of Howard County Bureau of Highways; (5) that he will perform no work on the entrance not specifically described in this permit.

It must be noted that a use & occupancy permit will not be issued until entrance is completed to Bureau of Highways Standards & Specifications.

It is agreed and understood by the acceptance of this permit, the following conditions will be followed.

- A. The construction of the entrance or approach will, in no way, change the grade/and or alignment of any existing drainage ditches or structures. In the event same are damaged or destroyed, they shall be replaced to the satisfaction of the Howard County Department of Public Works representative.
- B. The right-of-way, affected by this permit, will be left in a neat and clean condition and no excess material will be permitted to remain on or adjacent to the right-of-way. Shoulders and flow-line areas disturbed shall be shaped up according to the Howard County Bureau of Highways Standards and Specifications. (For Driveway and Flow-line area.)

In consideration of the issuance of this permit, the applicant agrees that if he fails to comply with the above set-out standards and thereby causes damage to the Howard County Road System, that the applicant will be responsible to Howard County for such damage to its road system.

Sign Merry Newshaw  
(Name of applicant)

Address Trinity Homes  
3675 Park Ave #301  
Date Ellicott City, MD 21043 Approved \_\_\_\_\_

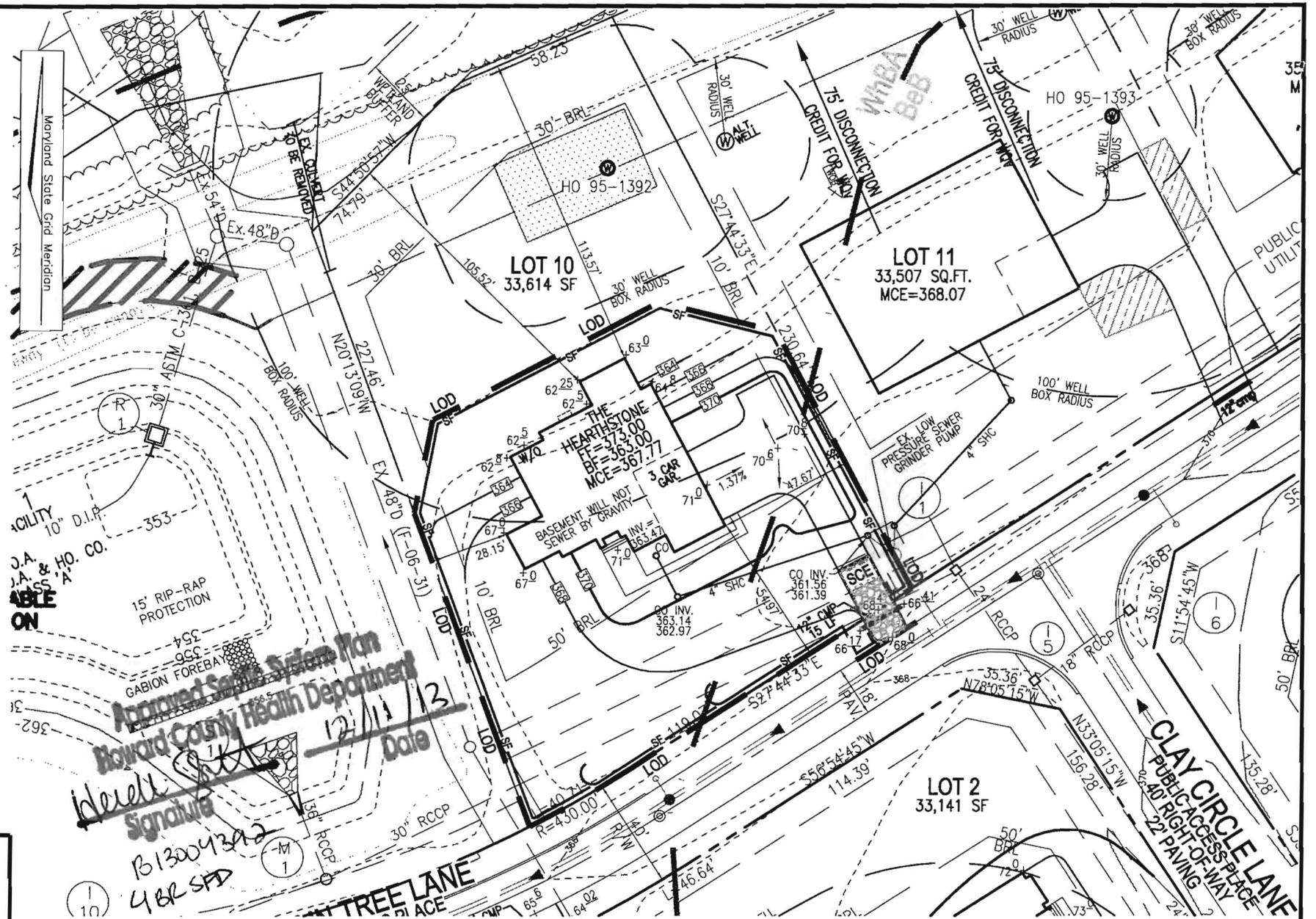
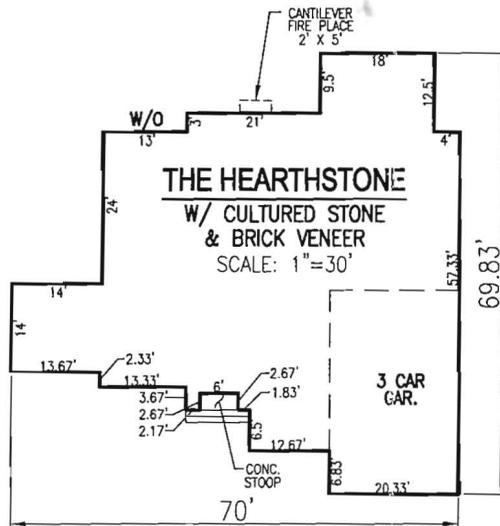
**ATTENTION: The permit, when issued, is valid for period not to exceed six months.**

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BUILDING PERMIT NO. \_\_\_\_\_



*Approved Stormwater System Plan*  
 Howard County Health Department  
 Date: 12/11/13  
 Signature: *[Handwritten Signature]*  
 B13004342  
 YBR SFD

SCALE: AS SHOWN  
 DRAWN BY: JMR  
 CHECKED BY: RHV  
 DATE: NOVEMBER 2013  
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