

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B07003498
Building Address <u>10925 TOMPKINS WAY</u> <u>WOODSTOCK, MD 21163</u>		Property Owner's Name <u>TRINITY QUALITY HOMES</u>	
Suite/Apt. #: _____ (SDP)WP/Petition #: <u>06-03</u>		Address <u>3675 PARK AVE #301</u>	
Census Tract <u>603 000</u> Subdivision <u>PRESERVE AT WEAVERLY GLEN</u>		City <u>ELICOTT CITY</u> State <u>MD</u> Zip Code <u>21043</u>	
Section _____ Area _____ Lot <u>#5</u>		Home Phone _____ Work Phone <u>410-313-8722</u>	
Tax Map <u>10</u> Parcel _____ Grid <u>10-23</u>		Applicant's Name & Mailing Address, (if other than stated hereon): <u>410-313-8731</u>	
Re-DEO Zoning _____ Map Coordinates <u>6B13</u> Lot size _____		Phone <u>410-400-0023</u> Fax <u>410-400-0013</u>	
Existing Use <u>SFD</u>		Contractor Company <u>TRINITY QUALITY HOMES</u>	
Proposed Use <u>SFD</u>		Contact Person <u>SALLY HODGE</u>	
Estimated Construction Cost \$ <u>12,000</u>		Address <u>3675 PARK AVE #301</u>	
Description of Work <u>FINISH BSMT.</u> <u>W/FB</u>		City <u>ELICOTT CITY</u> State <u>MD</u> Zip Code <u>21043</u>	
Occupant or Tenant <u>N/A</u>		License No. <u>699</u>	
Contact Name _____		Phone <u>410-400-0023</u> Fax <u>410-400-0013</u>	
Address _____		Engineer or Architect Company <u>410-313-8722 410-313-8731</u>	
City _____ State _____ Zip Code _____		Contact Person _____	
Phone _____ Fax _____		Address _____	
		City _____ State _____ Zip Code _____	
		Phone _____ Fax _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
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 _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	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"/>	Basement: _____	Heating System: _____ Electric <input checked="" 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 _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
_____ State Certified Modular		Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ _____ State Certified Modular _____ Manufactured Home	

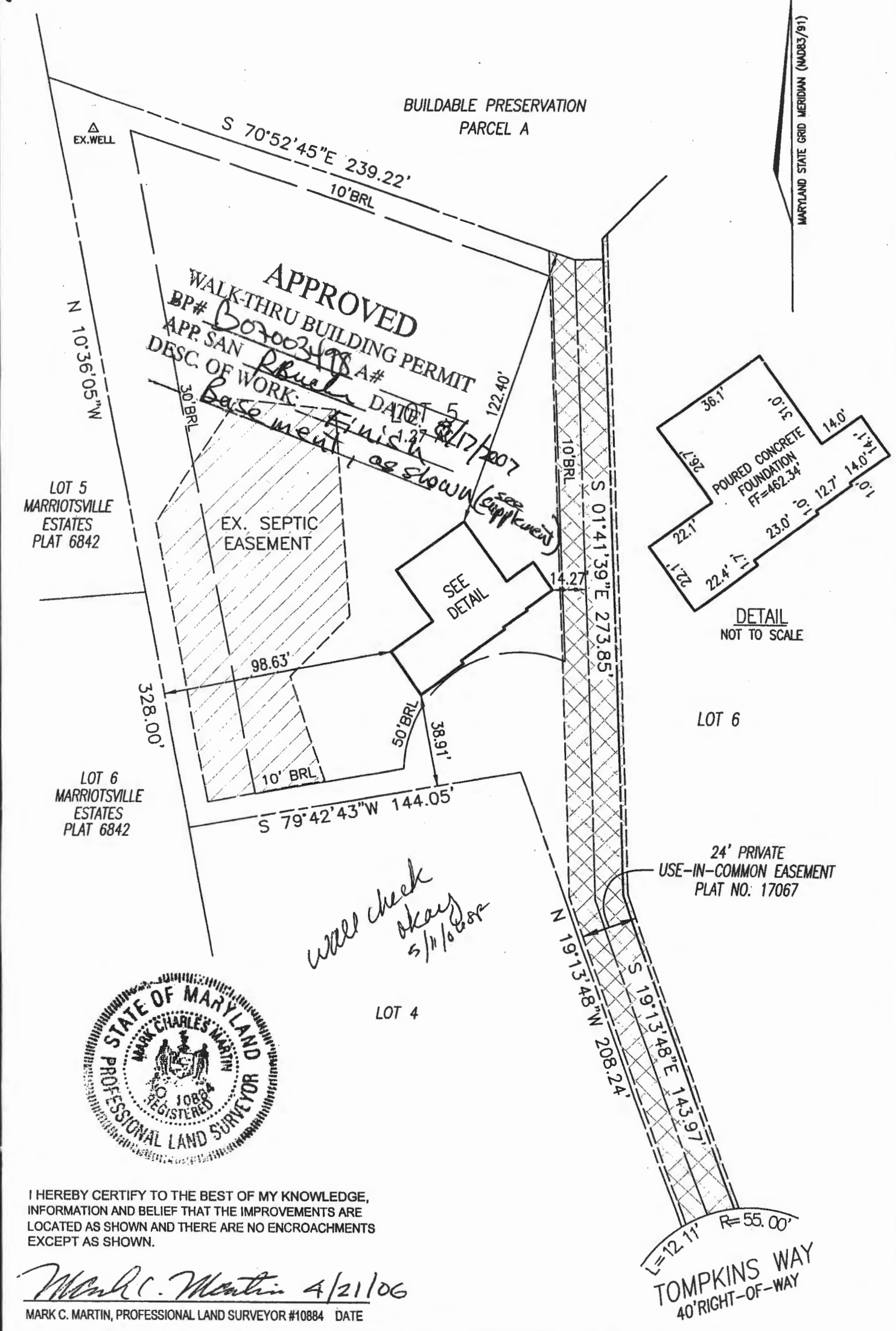
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

Sally L. Hodge SALLY HODGE
Applicant's Signature Print Name
VP. OF OPERATIONS - TRINITY 8/13/07
Title/Company Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health <u>8/17/2007</u>		<u>RA Buehler</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Accepted by _____
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
T:\forms\PERMIT.FRM				Gold: SHA



SCALE 1"=50'	DATE 04/20/06	ROBERT H. VOGEL ENGINEERING, INC. ENGINEERS - SURVEYORS - PLANNERS 8407 MAIN STREET ELLCOTT CITY, MARYLAND 21043 TEL:410-461-7666 FAX:410-461-8961	WALL CHECK DRAWING LOT 5 THE PRESERVE AT WAVERLY GLEN PLAT NO. 17067 3rd ELECTION DISTRICT HOWARD COUNTY, MARYLAND
DRAWN BY B.ABBOTT	CHECKED BY M.C.M.		
PLAT NUMBER 17059-17069	JOB NUMBER 01-139.0		

