

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:

Building Address: 13722 WYE RIVER DR
DAYTON, MD 21026
Suite/Apt. # 6P-10-41 SDP/WP/BA #: CASABERRY AT TEN OAKS
Census Tract: 48B 9B Subdivision: 48142
Section: 22 Area: 90 Lot: 19
Tax Map: 22 Parcel: 90 Grid: 19
Zoning: 48B 9B Map Coordinates: 48142 Lot Size: 1A

Existing Use: VACANT LOT
Proposed Use: SFD
Estimated Construction Cost: \$ 264,000
Description of Work: WORKSHEET MANOR
2 STORY, FULL BSMT, 19R, 2FB, 1113
FP + GARAGE (43R)
Occupant or Tenant: N/A
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: TRINITY QUALITY HOMES INC
Address: 3675 PARK AVE #304
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: SHERRY MEWS/PAV
Address: 3675 PARK AVE #304
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 - 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:

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 checked="" type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>4</u>	<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

Print Name

Email Address

Date

Title/Company

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	<u>2/10/2011</u>	<u>R. Buckner</u>
Fire Protection		

Is 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	\$

Approved Septic System Plan
Howard County Health Department

W-Beckman
Approved as shown
B-10003888
2/10/2011

R. Buck
Signature

LOT 6
48142 SF

DIST. BOX
TOP: 618.74
INV. IN: 615.24

SEPTIC TANK
TOP: 618.40
INV. IN: 615.80
INV. OUT: 615.50

THE TRENCH
TOP: 623.50
INV. IN: 615.50

INV. @ HOUSE
616.10

EX. WELL
BOX

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

10' BRL

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10' BRL

10' BRL

THE EXISTING WELL SHOWN ON LOT 6
TAG NO. ~~11-45-4341~~ HAS BEEN FIELD LOCATED
BY ROBERT H. VOGEL ENGINEERING, INC.

BUILDING OF LOT 6 FLOOR AREAS:

BASEMENT FLOOR AREA: 1510

FIRST FLOOR AREA: 1550

SECOND FLOOR AREA: 1860

NUMBER OF BEDROOMS: 5

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

BUILDING PERMIT NO.

11-50

CASTLEBERRY AT TEN OAKS
LOT 6