

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: 13717 Ave. Buckle
Danville, MD 21036

Suite/Apt. # 68 SDP/WP/BA #: 10 31

Census Tract: _____ Subdivision: Trinity Homes

Section: _____ Area: _____ Lot: 8

Tax Map: 22 Parcel: 90 Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: 59508/4

Existing Use: _____ Vacant Lot _____

Proposed Use: _____ SFD _____

Estimated Construction Cost: \$ 263 753 53

Description of Work: 10 R, 413 1403 11' +
0-6 058 (5382)

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. #301

City: Ellicott City State: MD Zip Code: 21043

Home Phone: _____ Work Phone: 410-531-5813

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

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: 410-531-5813 Fax: 410-531-8534

Email: Sherry@Trinityhomes.com

Engineer/Architect Company: _____ n/a _____

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 checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input 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 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:	<input checked="" 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:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<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.

Sherry Mewshaw

Applicant's Signature

Print Name

Sherry@trinityhomes.com

4/20/12

Email Address

Date

Operations, Trinity Quality Homes, Inc.

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	5-7-12	Maureen Satt
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? ☐ Yes ☐ No

Is Entrance Permit Required? ☐ Yes ☐ No

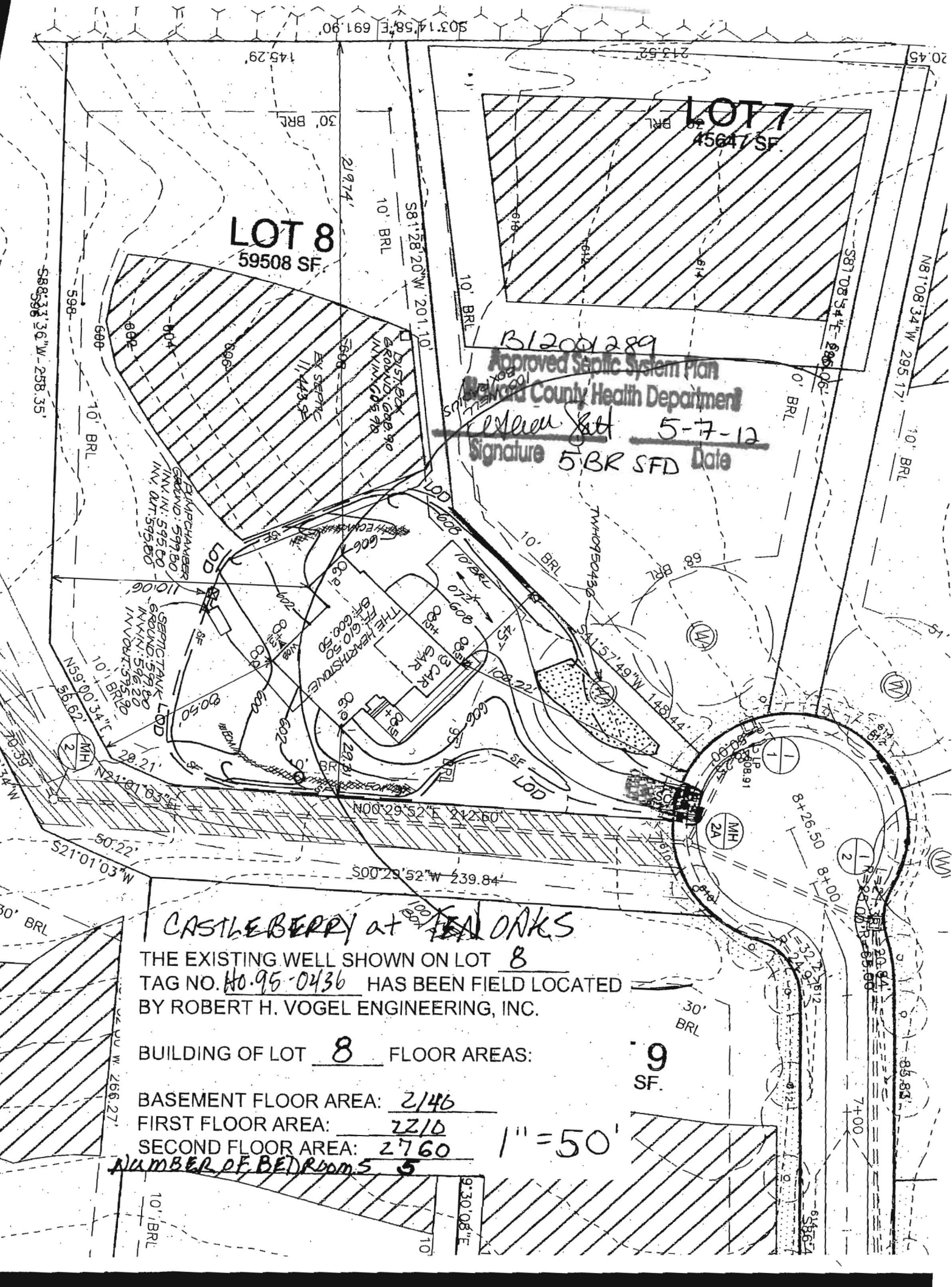
Historic District? ☐ Yes ☐ No

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	\$

Distribution of Copies: White: Building Officials Green: PSZA, Zoning Yellow: PSZA, Engineering Pink: Health Gold: SHA



**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date:

5/16/12

To:

(Person's Name and Division)

From:

Tim Keane w/Trinity
(Your Name, Company Name and Telephone Number)

Subject:

Project name _____

Project site address _____

Permit Number

B12-1289

SDP # _____

Other information pertinent to this project _____

☒ Please check the attachments below that you are submitting with this transmittal:

____ Letter of response to Howard County plan review code letter

____ Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**

____ Structural steel certification

____ Energy conservation calculations

____ Certification for _____ (be specific).

____ Copies of _____ (be specific).

____ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____

____ Other _____

*Dropped off
at counter*

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

(Person's name)

(Telephone number)

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by

[Signature] 5/16/12

t:\Updated forms\transmit.frm - Rev. 5/08

*cc: health
zoning
DED
bldg*

white: Plan Review Division
yellow: Applicant
pink: Permit Division

THE EXISTING WELL SHOWN ON LOT 8 TAG NO. 95-0436 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC., AND IS ACCURATELY SHOWN.

BUILDING OF LOT 8 FLOOR AREAS:

BASEMENT FLOOR AREA: 2140

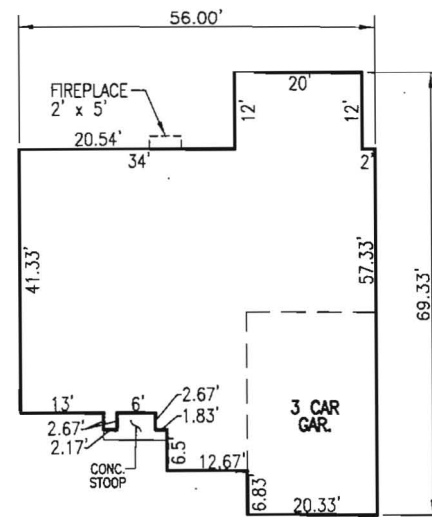
FIRST FLOOR AREA: 2210

SECOND FLOOR AREA: 2760

BEDROOMS: 5

NOTE: STORMWATER MANAGEMENT FOR THIS LOT IS PROVIDED BY 2 MICRO-POOL EXTENDED DETENTION PONDS AND ONE BIO-RETENTION FACILITY APPROVED UNDER F-06-130

BUILDING PERMIT NO. B12001289



THE HEARTHSTONE
W/ CULT. STONE VENEER
SCALE: 1"=30'

ADDRESS

13717 WYE RIVER DR.
DAYTON, MD 21036

GP: 10-52

OWNER

CASTLEBERRY AT TEN OAKS, LLC.
3675 PARK AVENUE, SUITE 301
ELLCOTT CITY, MARYLAND 21043
(410) 740-9401

SCALE: AS SHOWN

DRAWN BY: JMR

CHECKED BY: RHV

DATE: MAY 2012

PROJECT #: 2017085

SHEET#: 1 OF 1

PLOT PLAN CASTLEBERRY AT TEN OAKS

LOT 8

REF: F-06-130

TAX MAP 22 PARCEL 90
BLOCK 19

5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

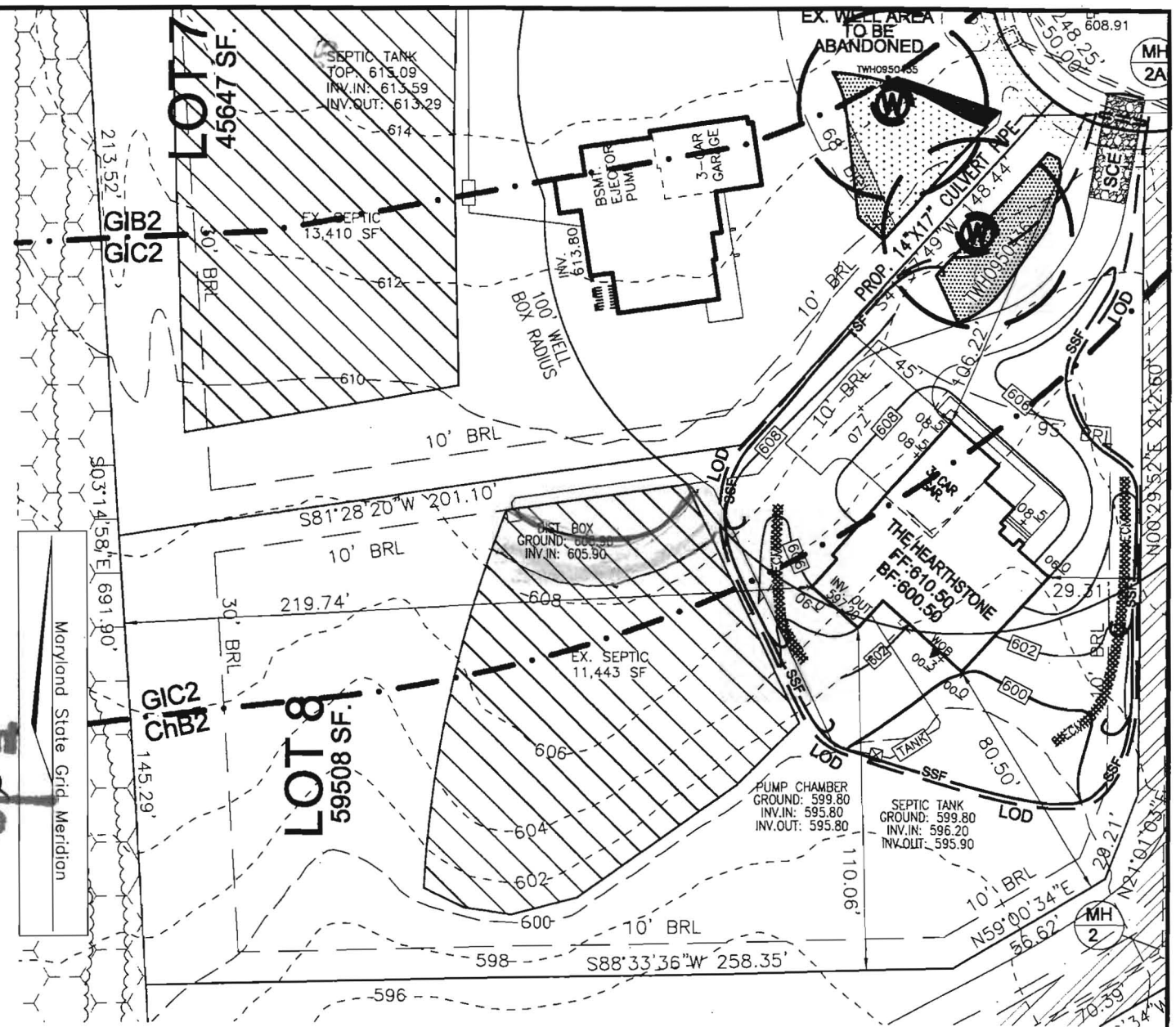


**ROBERT H. VOGEL
ENGINEERING, INC.**

ENGINEERS • SURVEYORS • PLANNERS
8407 MAIN STREET
ELLCOTT CITY, MD 21043
TEL: 410.461.7666
FAX: 410.461.8961

Approved Septic System Plan
Howard County Health Department
Signature 5-24-12
Signature 5BR SFD Date

* Revision OK



SCALE
1"=50'