

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:
B10003880
G10000111

Building Address: 13702 Wye River Dr.
Dayton, MD 21036

Suite/Apt. # _____ SDP/WP/BA #: GP-10-41
Census Tract: _____ Subdivision: CASTLEBERRY AT TEN OAKS
Section: _____ Area: _____ Lot: 1
Tax Map: 22 Parcel: 90 Grid: 19
Zoning: _____ Map Coordinates: 4813 9B Lot Size: 40005 9

Existing Use: VACANT LOT
Proposed Use: SFD
Estimated Construction Cost: \$ 264,000
Description of Work: YORKSHIRE MANOR
2 STORY TULLBSMT, 9R, 2 FB, 1 HB,
FP + GARAGE (4BR)
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: _____
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 MEWSHAW
Address: 3675 PARK AVE #301
City: ELLICOTT CITY State: MD Zip Code: 21043
License No.: 699
Phone: 410-750-9002 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 checked="" 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: 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: SHERRY MEWSHAW
Print Name: SHERRY MEWSHAW
Email Address: SHERRY@TRINITYHOMES.COM
Date: 12/13/10
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
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		
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	\$ 100
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50.00
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

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Permit Number:

610000111

116/12 C/A
B/2002345

Building Address: 13702 WYE RIVER DR
DAYTON 21036

Suite/Apt. #: _____ SDP/WP/BA #: GP-10-41

Census Tract: 605101 Subdivision: CASTLEBERRY
AT TEN OAKS

Section: _____ Area: _____ Lot: 1

Tax Map: 22 Parcel: _____ Grid: _____

Zoning: RR-DEA Map Coordinates: 4843 Lot Size: 40,005

Existing Use: VACANT LOT

Proposed Use: SPD

Estimated Construction Cost: \$ 263,754

Description of Work: 2 STORY, FULL BSMT,
9 R, 2 FB, 1 HB, FP & GARAGE
(4 BR) YORKSHIRE MANOR PLANS ON

Occupant or Tenant: N/A FILE

Was tenant space previously occupied? ☐ Yes ☒ No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: TRINITY QUALITY HOMES

Address: 3675 PARK AVE #301 INC

City: ELLCOTT CITY State: MD Zip Code: 21043

Home Phone: _____ Work Phone: 410-313-8722

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

Phone: _____ Fax: 410-313-8731

Email: SALLY@TRINITYHOMES.COM

Contractor Company: TRINITY QUALITY HOMES INC

Contact Person: SALLY HODGE

Address: 3675 PARK AVE #301

City: ELLCOTT CITY State: MD Zip Code: 21043

License No.: 699

Phone: 410-313-8722 Fax: 410-313-8731

Email: SALLY@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>
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	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
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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 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 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.

Sally L. Hodge

Applicant's Signature

SALLY@TRINITYHOMES.COM

Email Address

VP, OPERATIONS - TRINITY

Title/Company

SALLY HODGE

Print Name

Date

6/22/12

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>11/30/12</u>	<u>Walter Scott</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? ☐ Yes ☐ No

Is Entrance Permit Required? ☐ Yes ☐ No

Historic District? ☐ Yes ☐ No

Lot Coverage for New Town Zone: _____

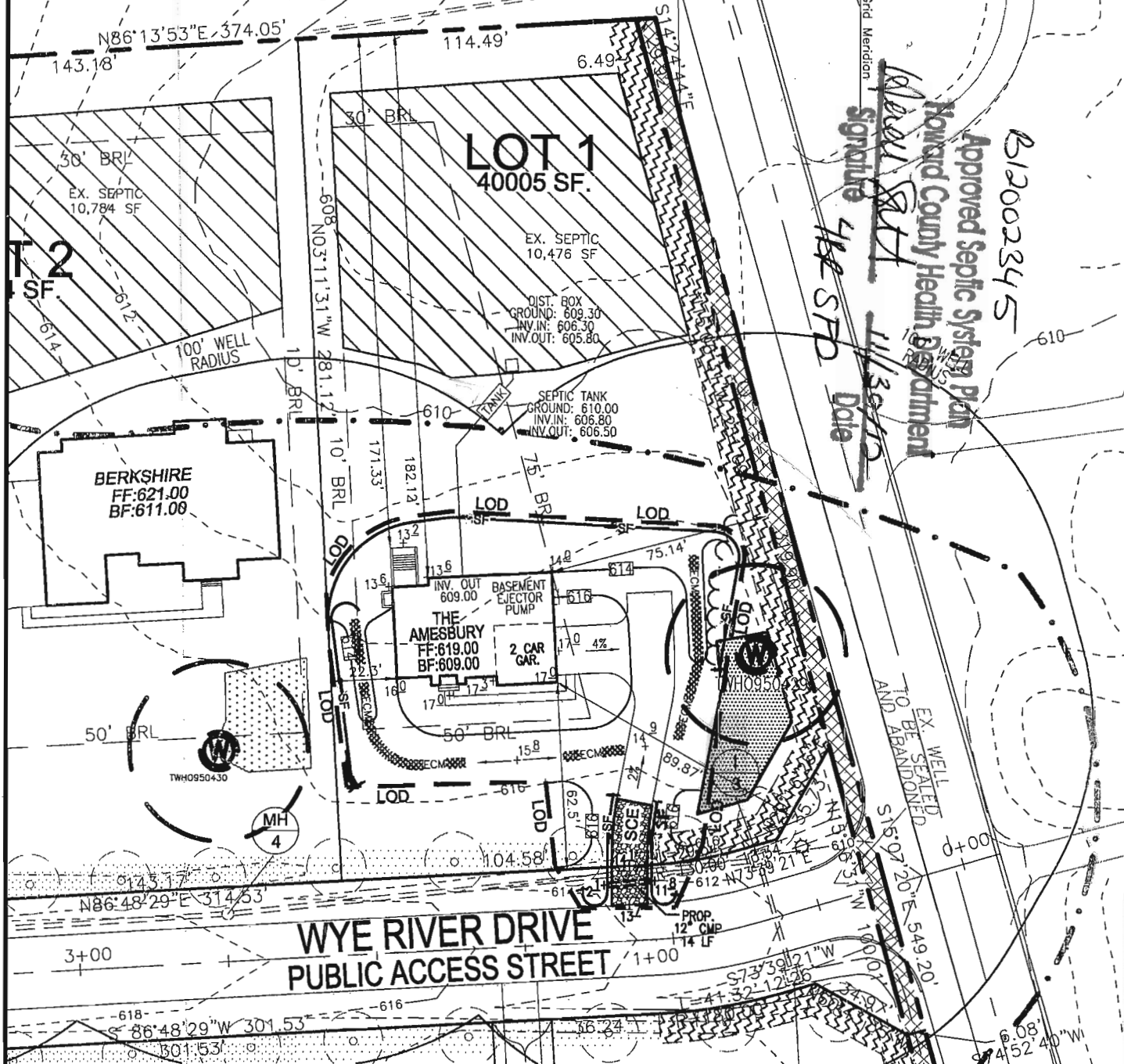
SDP/Red-line approval date: _____

Filing Fee	\$ <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 025123

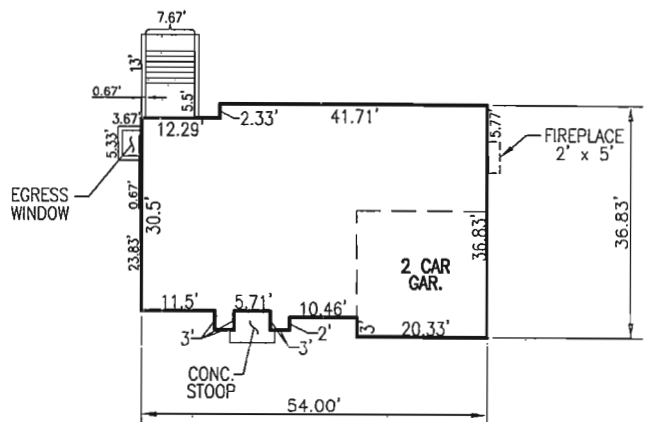
Distribution of Copies: White: Building Officials Green: PSZA, Zoning Yellow: PSZA, Engineering Pink: Health Gold: SHA
T:\Operations\Updated Forms\New building app 11.10.2010.docx

JOAN C. FYOCK
TM22 P28
33947100 ChB2
ZONED RR-DEO



B12002345
Approved Septic System Plan
Howard County Health Department
Signature: [Signature]
Date: 11/30/12

THE EXISTING WELL SHOWN ON LOT 1 TAG NO. 95-0429 HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC., AND IS ACCURATELY SHOWN.
BUILDING OF LOT 1 FLOOR AREAS:
BASEMENT FLOOR AREA: 1370
FIRST FLOOR AREA: 1410
SECOND FLOOR AREA: 1485
BEDROOMS: 4
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. _____



THE AMESBURY
W/ BRICK VENEER
SCALE: 1"=30'

SCALE: AS SHOWN
DRAWN BY: JMR
CHECKED BY: RHV
DATE: SEPTEMBER 2012
PROJECT #: 2017085
SHEET#: 1 OF 1

PLOT PLAN
CASTLEBERRY AT
TEN OAKS
LOT 1
REF: F-06-130
TAX MAP 22 PARCEL 90
BLOCK 19
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

ADDRESS
13702 WYE RIVER DR.
DAYTON, MD 21036
GP: 10-41

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

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