



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: 3-6-14

Permit No.: B14000628

Building Address: 12319 Pleasand View Dr.
 City: Fulton State: MD Zip Code: 20759
 Suite/Apt. # _____ SDP/WP/BA #: GP 13-073
 Census Tract: _____ Subdivision: Fulton Manor II
 Section: _____ Area: _____ Lot: 7
 Tax Map: 40 Parcel: 205 Grid: 6
 Zoning: RR-DE0 Map Coordinates: _____ Lot Size: 48,269

Property Owner's Name: Trinity Quality Homes Inc.
 Address: 3675 Park Ave #301
 City: Ellicott City State: MD Zip Code: 21043
 Phone: 443-535-8516 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: \$ 291,008
 Description of Work: 2 story, 2 car garage, full finished basement with bath,
fire place, 9 rooms, 4 bed rooms, 4 full baths

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

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

| Commercial Building Characteristics | Residential Building Characteristics | |
|---|--|-------|
| Height: | <input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse | |
| No. of stories: | Depth | Width |
| Gross area, sq. ft./floor: | 1 st floor: | |
| | 2 nd floor: | |
| Area of construction (sq. ft.): | Basement: | |
| | <input checked="" type="checkbox"/> Finished Basement | |
| Use group: | <input type="checkbox"/> Unfinished Basement | |
| | <input type="checkbox"/> Crawl Space | |
| | <input type="checkbox"/> Slab on Grade | |
| Construction type: | No. of Bedrooms: <u>4</u> | |
| <input type="checkbox"/> Reinforced Concrete | Multi-family Dwelling | |
| <input type="checkbox"/> Structural Steel | No. of efficiency units: | |
| <input type="checkbox"/> Masonry | No. of 1 BR units: | |
| <input type="checkbox"/> Wood Frame | No. of 2 BR units: | |
| <input type="checkbox"/> State Certified Modular | 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: | |
| <input checked="" type="checkbox"/> Roadside Tree Project Permit | <input type="checkbox"/> State Certified Modular | |
| | <input type="checkbox"/> Manufactured Home | |

| Utilities | |
|--|--|
| Water Supply | |
| <input type="checkbox"/> Public | |
| <input checked="" type="checkbox"/> Private | |
| Sewage Disposal | |
| <input type="checkbox"/> Public | |
| <input checked="" type="checkbox"/> Private | |
| Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Heating System | |
| <input type="checkbox"/> Electric <input type="checkbox"/> Oil | |
| <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas | |
| <input type="checkbox"/> Other: | |
| Sprinkler System: | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Grading Permit Number: G13000302 | |
| 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.

Applicant's Signature: Sarah Mewshaw
 Print Name: Sherry Mewshaw
 Email Address: sarah@trinityhomes.com
 Date: 3/6/14
 Title/Company: Trinity Homes - selections coordinator

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>3/11/14</u> | <u>[Signature]</u> |

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>029957</u> |

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

Date: 3/31
To: Plan Review Don
(Person's Name and Division)
From: Tim Keane (443) 324-9806
(Your Name, Company Name and Telephone Number)
Subject: Project name Fulton Manor II lot 1
Project site address _____
Permit Number B14000628 SDP # _____
Other information pertinent to this project _____

RECEIVED
APR 01 2014
PLAN REVIEW DIVISION

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.**
per Health Dept
- 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 _____

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:

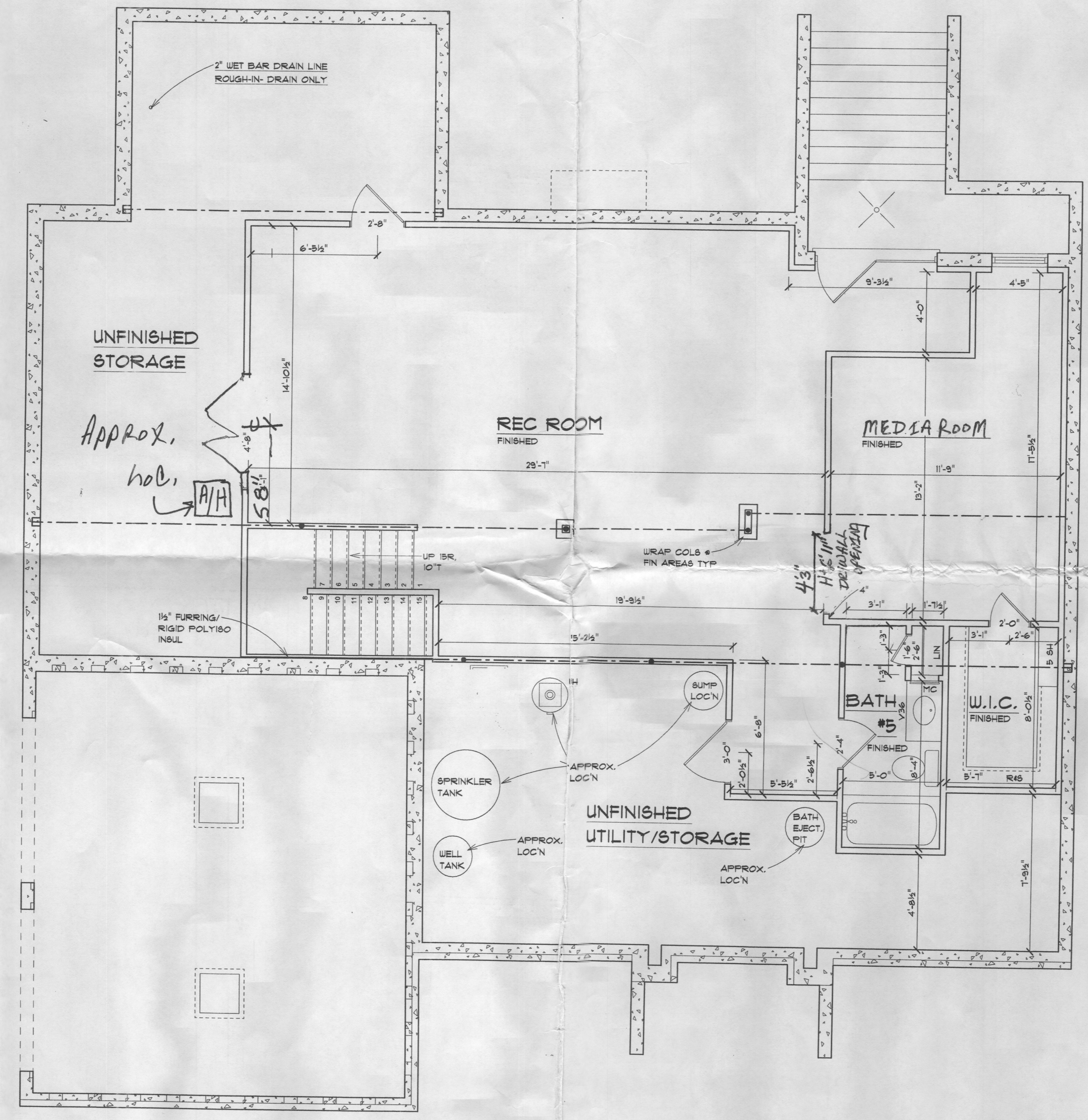
Tim Keane (443) 324-9806
(Person's name) (Telephone number)

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]

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

RECEIVED



FINISHED BASEMENT PLAN

REVISIONS
 SHEET NO.
 EXCELLED

THE YORKSHIRE MANOR

SCALE: 1/4" = 1'-0"
 OR AS NOTED

REVISIONS

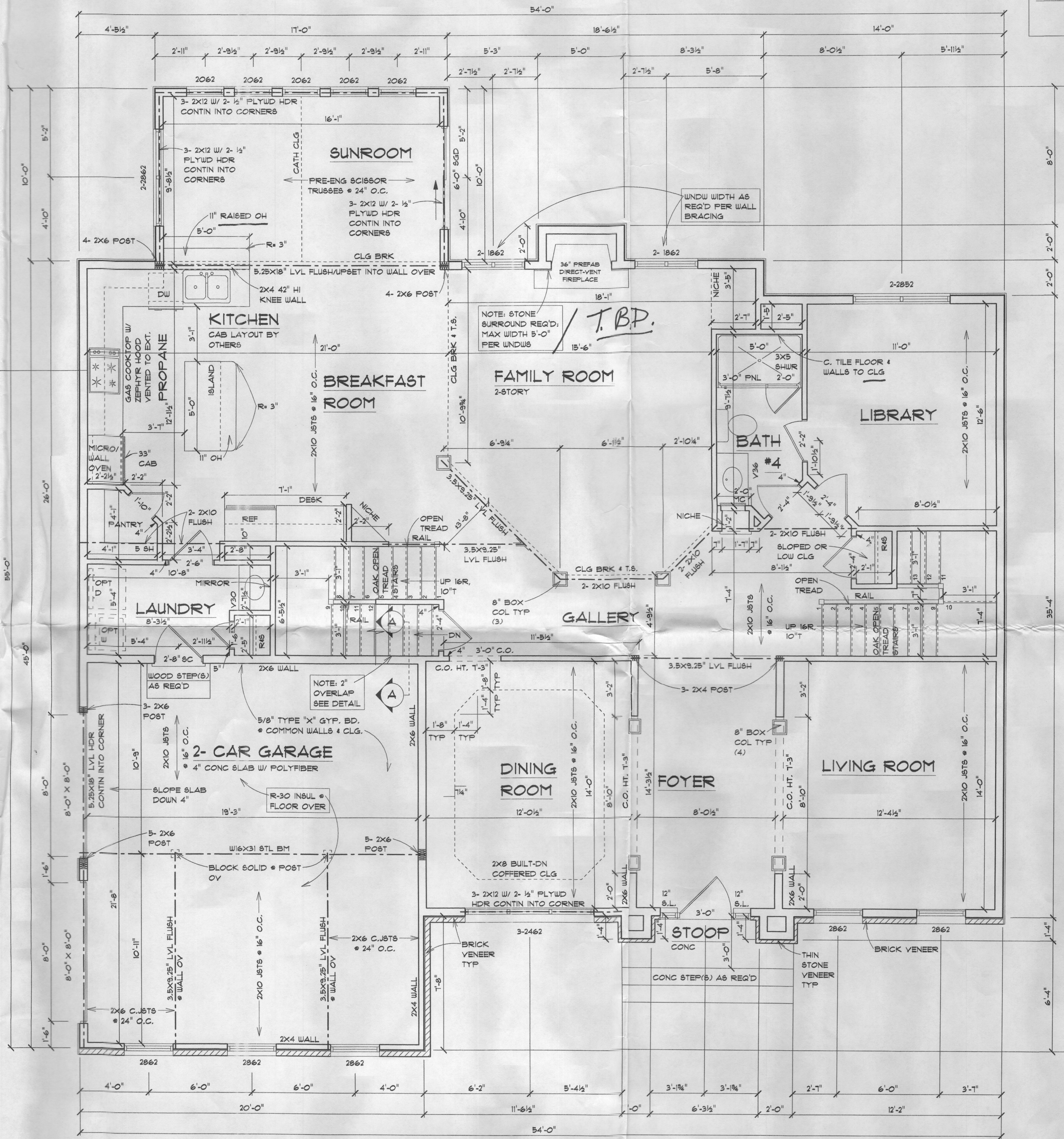
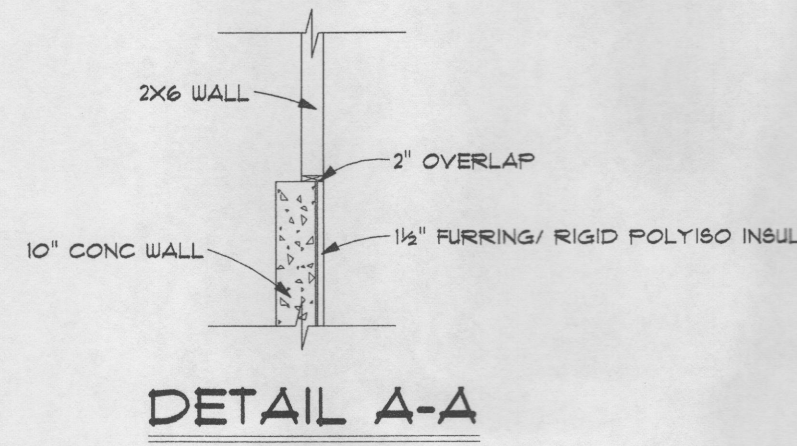
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| |
| |
| |
| |

DATE
 02-26-2014

SHEET NO.

A-4

2012 CODE



FIRST FLOOR PLAN

NOTE: 9'-1/4" WALL HGT
45 DEG ANGLE WALLS U.O.N.

NOTE: INTERIOR STAIRS SHALL CONFORM TO THE FOLLOWING GEOMETRY:

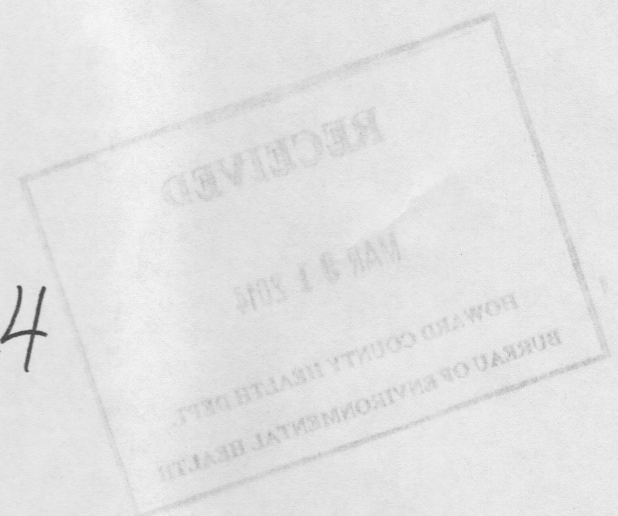
STRAIGHT:
RISER HEIGHT 1.75" MAX
TREAD DEPTH 10" MIN
NOSING .75" MIN 1.25" MAX
(NOTE: NOSING MAY BE OMITTED *
TREAD DEPTH OF 11" OR GREATER)

FAMILY ROOM FIREPLACE: LENNOX MILLIVOLT EDV4035 PROPANE PRE ENGINEERED DIRECT VENT FIREPLACE
F.P. ROUGH OPENING, LENNOX MILLIVOLT EDV4035: 41" W x 40 1/2" H x 23" D
NOTE!
PROPANE

FULTON MANOR INTERIOR TRIM PACKAGE
DOORS: 1ST, 2ND, & BASEMENT FLOORS - PREHUNG MASONITE, RAISED SIX PANEL
DOOR HARDWARE: SATIN NICKEL STOPS, KNOBS, HINGES, AND HANDLES
DOOR TRIM: 1ST, 2ND, & BASEMENT FLOORS - 3/4" BEADED EDGE CASING, FINGER JOINT
BASE: 1ST, 2ND, & BASEMENT FLOORS - 5/8" WM-163E
CHAIR RAIL: TWO PIECES WM-302 W/ 4 1/4" BEADED BOTTOM BACKER IN DINING ROOM
* WOOD EXTENSIONS & CASINGS AROUND ALL WINDOWS EXCEPT IN THE GARAGE
CROWN MOULDING: THREE PIECE 4 5/8" CROWN W/ BEADED BOTTOM BACKER W/ #183 TRIM IN LIVING ROOM DINING ROOM, FOYER, AND LIBRARY
COFFERED CEILINGS: TWO PIECE 4 5/8" CROWN W/ BOTTOM BACKER

NOTE: CARPENTER
ALLOW 4" FOR 3/4" CASING ON 1ST FLOOR, 2ND FLOOR, & FINISHED BASEMENT

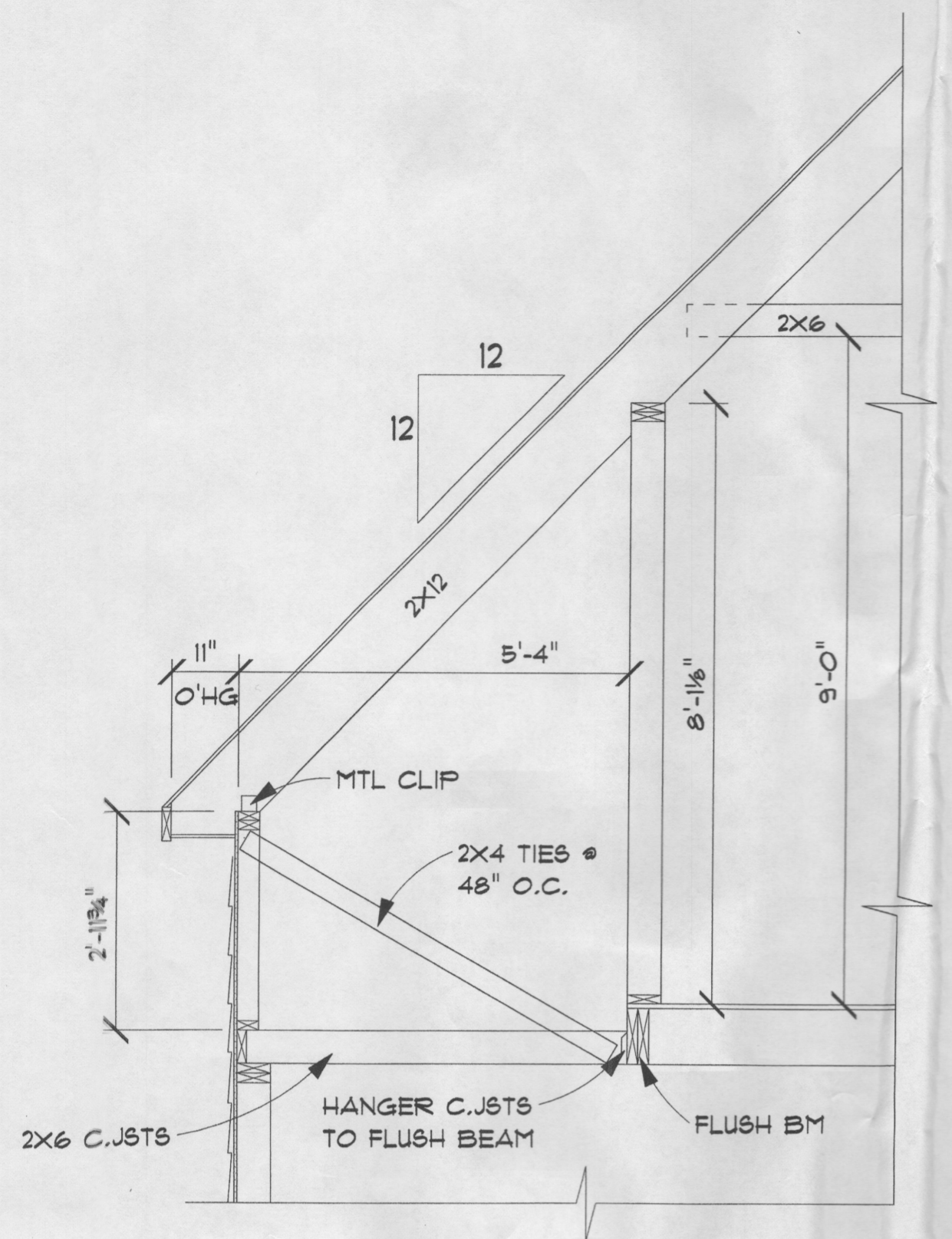
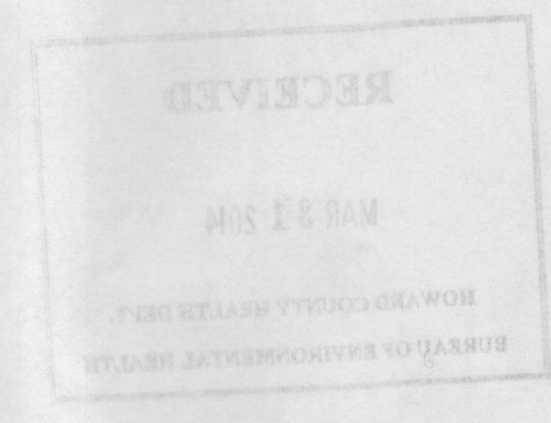
MERALLION,
DINING ROOM: 833Z4



2 GARAGE DOOR OPENERS
LIFTMASTER 3265

NOTE: 9' CEILINGS U.O.N.
2X6 EXTERIOR WALLS U.O.N.

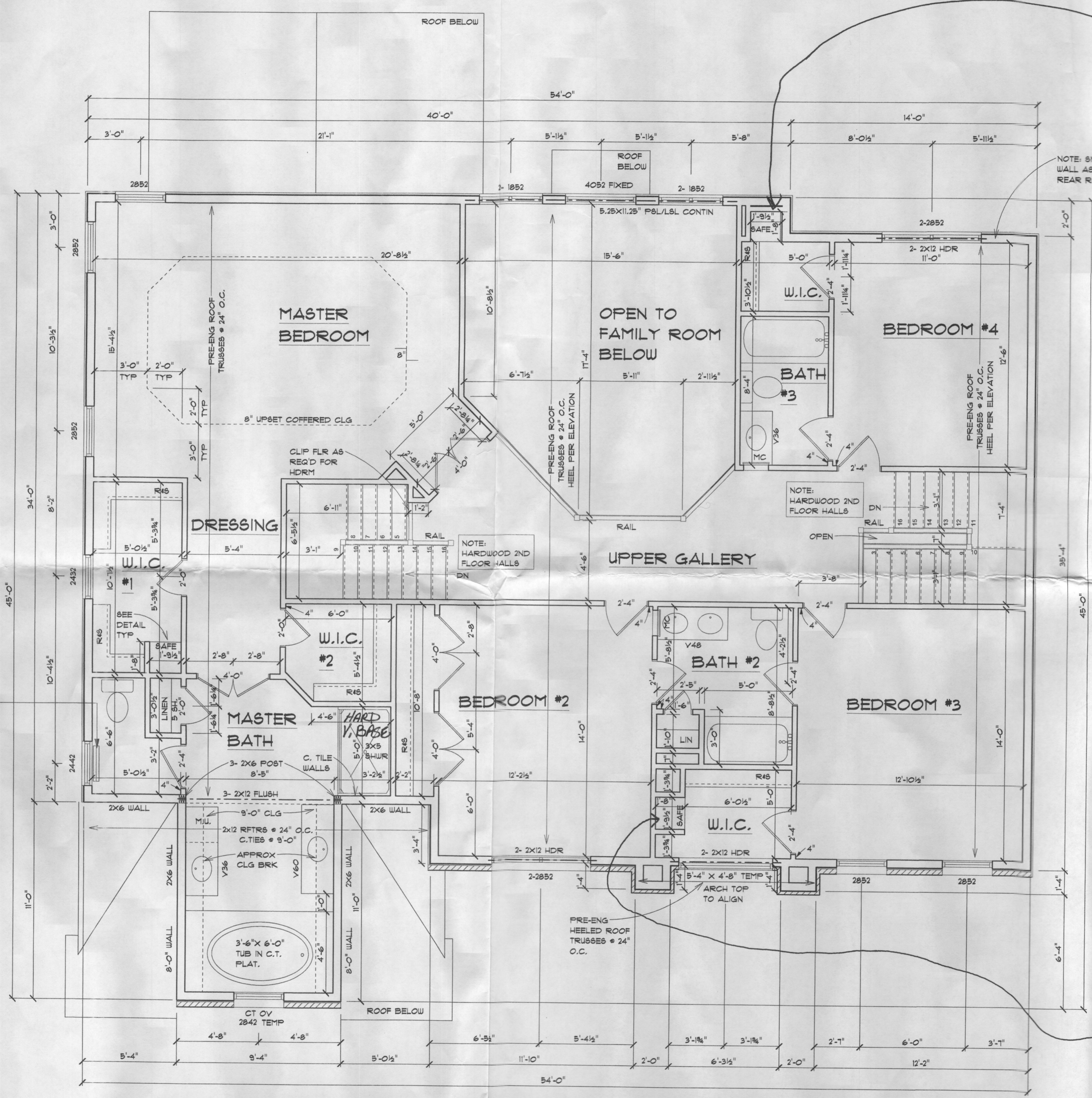
THE YORKSHIRE MANOR



EAVES DETAIL @ GARAGE
 SCALE: 1/2" = 1'-0"

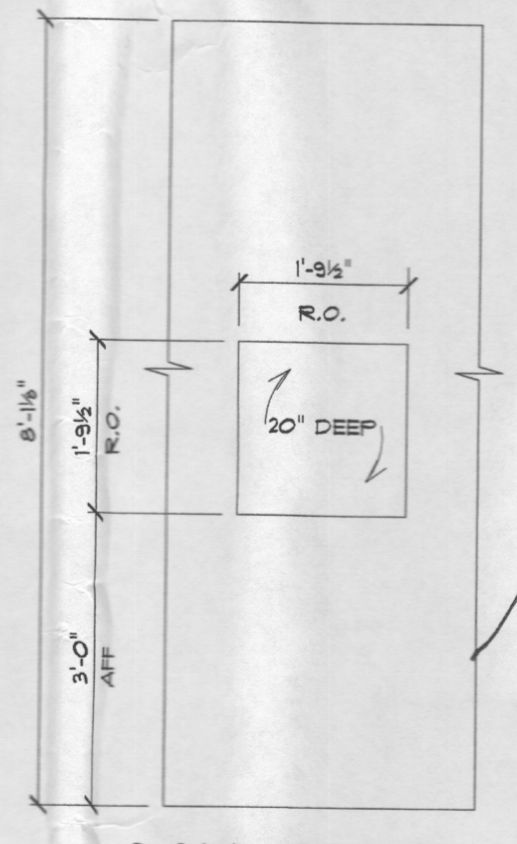
NOTE: ELECTRIC
 ADD 220V BASE HEAT, 2' LONG W/ WALL THERMOSTAT IN MASTER BATHROOM OVER GARAGE

ADULT HEIGHT MASTER BATH VANITIES



SECOND FLOOR PLAN

NOTE: 8'-1 1/2" WALL HGT U.O.N.
 45 DEG ANGLE WALLS U.O.N.



SAFE DETAIL
 SCALE: 1/2" = 1'-0"

**NOTE: 8' CEILINGS
 2X6 EXTERIOR WALLS**

SCALE: 1/4" = 1'-0"
 OR AS NOTED

REVISIONS

DATE 02-26-2014

SHEET NO.

A-6

2012 CODE

