



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: 4/28/14
Permit No.: B14001333

Building Address: 5122 Honey Locust Ct
 City: Ellicott City State: MD Zip Code: 21042
 Suite/Apt. #: _____ SDP/WP/BA #: GP-13-038
 Census Tract: _____ Subdivision: Walnut Creek
 Section: _____ Area: _____ Lot: 37
 Tax Map: 28 Parcel: 49 Grid: 17 & 18
 Zoning: RC-DEO Map Coordinates: _____ Lot Size: 40,075

Existing Use: Vacant Lot
 Proposed Use: SFD
 Estimated Construction Cost: \$ 543,944
 Description of Work: 2 story, 2 FP, 4 car garage, partial finished basement with full bath, 11 rooms, 5 bed rooms, 6 full baths, 1 half bath
 Occupant or Tenant: _____
 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
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 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: 443-535-8516 Fax: _____
 Email: sherry@trinityhomes.com

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

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling	<input type="checkbox"/> SF Townhouse
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
Area of construction (sq. ft.):	2 nd floor:	
Use group:	Basement:	
	<input type="checkbox"/> Finished Basement	
	<input checked="" type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<u>Construction type:</u>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>5</u>	
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	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:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	<u>G14000128</u>
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 PERFORMED ON THIS PROPERTY.

Sarah Jahng
 Applicant's Signature
 sarah@trinityhomes.com
 Email Address
 Selections Assistant
 Title/Company

Print Name: Sarah Jahng
 Date: 4/28/14
RECEIVED
 APR 28 2014
 LICENSES & PERMITS DIVISION

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		

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	
Permit Fee	\$ <u>190.00</u>
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50.00</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check #	<u>032285</u>

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: 5122 HONEY LOCUST CT
ELLICOTT CITY, MD 21042

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: WALNUT CREEK
PHASE 2

Section: _____ Area: _____ Lot: 37

Tax Map: 28 Parcel: 49 Grid: 11

Zoning: _____ Map Coordinates: _____ Lot Size: 40,015 SF

Existing Use: SF RESIDENTIAL

Proposed Use: _____

Estimated Construction Cost: \$ 25,000

Description of Work: 15' x 20' DECK + STEPS

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: NNAEMEKA AGAJELU

Address: 5122 HONEY LOCUST CT

City: ELICOTT CITY State: MD Zip Code: 21042

Home Phone: 443-418-3553 Work Phone: _____

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

Phone: _____ Fax: _____

Email: _____

Contractor Company: RHINE LANDSCAPING

Contact Person: DAN MURPHY

Address: PO BOX 1825

City: SYLVESTERVILLE State: MD Zip Code: 21784

License No.: MHIC # 121739

Phone: 410 442 2445 Fax: 410 489 4312

Email: dan@rhine-landscaping.com

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 checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	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 <u>SHARED</u>
<input 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:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input 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 type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<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.

Dan Murphy
 Applicant's Signature
dan@rhine-landscaping.com
 Email Address
LANDSCAPE ARCHITECT
 Title/Company

DAN MURPHY
 Print Name
7-22-15
 Date

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	<u>7-21-15</u>	<u>D. Brunard</u>

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

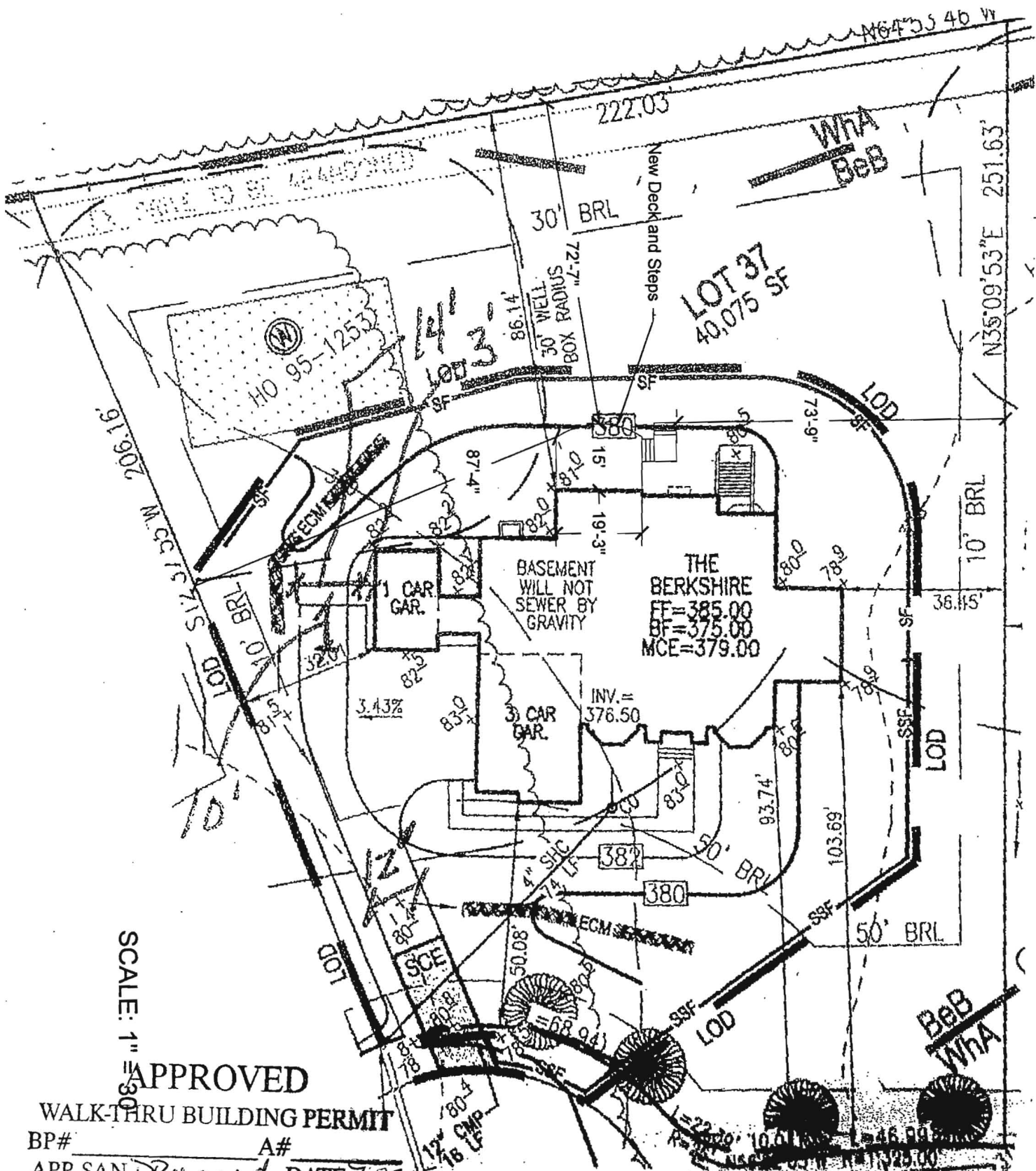
Is Entrance Permit Required? Yes No

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	\$



SCALE: 1" = 30'

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____

APP. SAN Benard DATE: 7-27-15

DESC. OF WORK: 15x 30' Deck w/ steps

Approved as shown



Office of the Health Officer
8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

DATE: May 15, 2014

TO: Trinity Quality Homes Inc.
C/O Sherry Mewshaw
Via-e-mail: sherry@trinityhomes.com

RE: **Building Permit # B14001333**
5122 Honey Locust Court
Ellicott City, Maryland 21042

Mrs. Mewshaw,

Further review is contingent upon submission of a revised building plan showing the following:

- Floor plans must be submitted for a 5 bedroom house.
- As of January 1, 2013, all new construction is required to use the "Best Available Technology" (BAT) for septic installation. Before building permit approval, a BAT site plan must be submitted along with your building application and building plan.

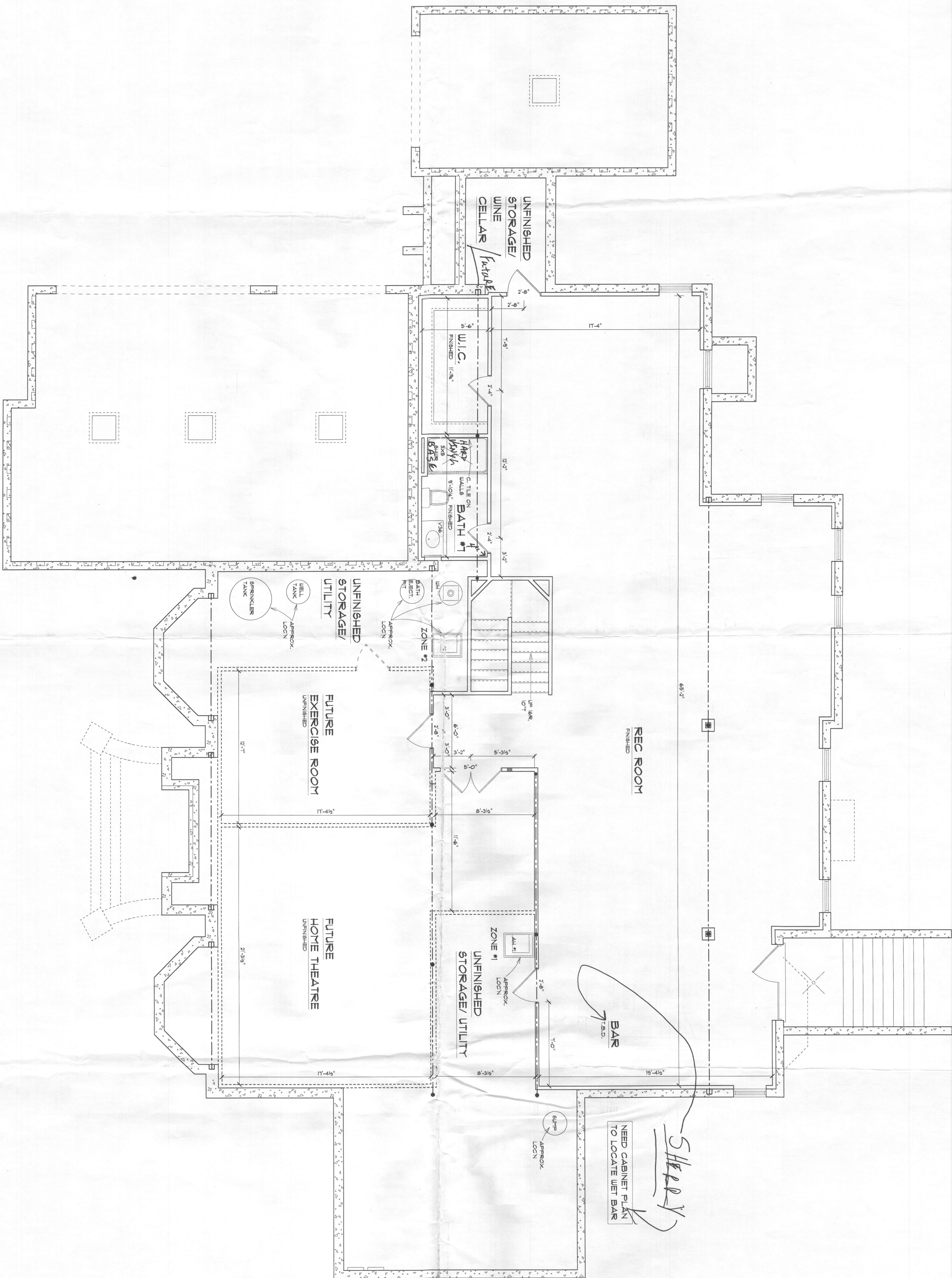
Your building permit will be placed "on hold" until all Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana Bernard, REHS/RS
Environmental Specialist II
Bureau of Environmental Health
Well and Septic Program
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file

FINISHED BASEMENT PLAN



2012 CODE

THE BERKSHIRE



TRINITY QUALITY HOMES INC. T/A

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

REVISIONS

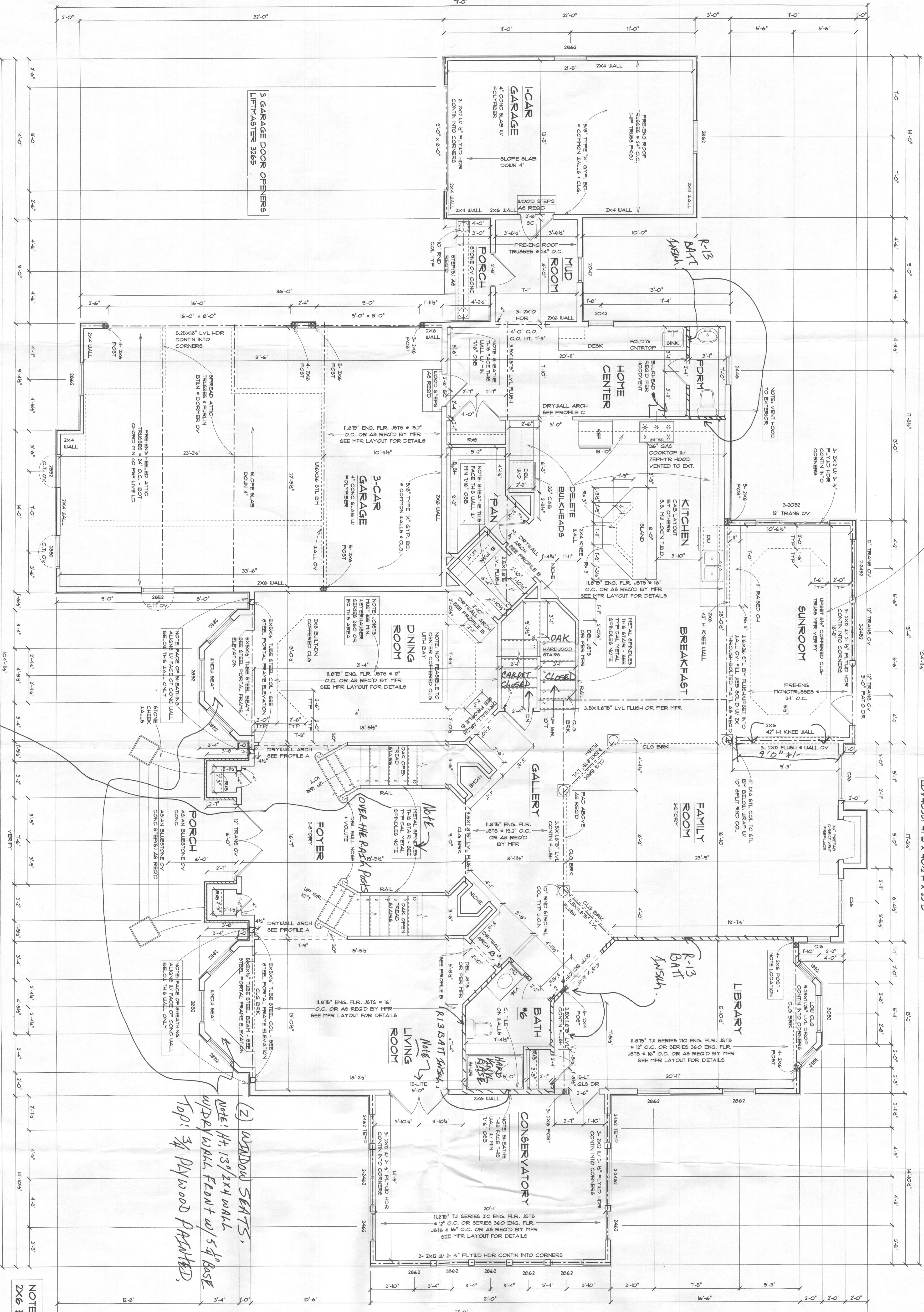
DATE: 04-09-2014

SHEET NO.

A-5

NOTE: DUE TO SHED ROOF, APPROX. MAX COFFERED CLG HT 5'1/2"

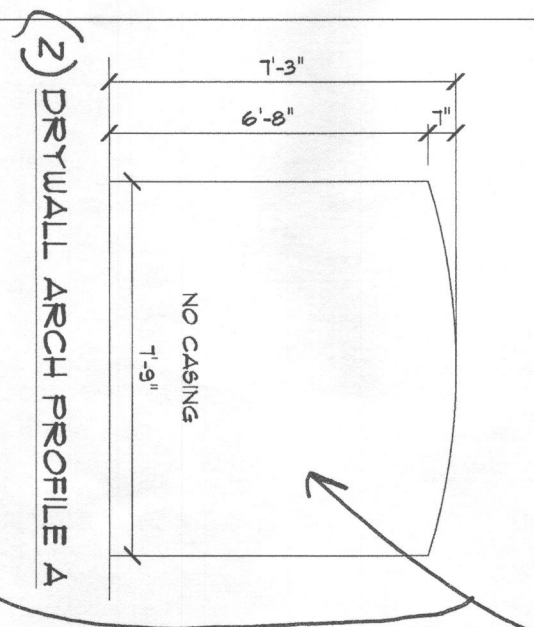
FAMILY ROOM FIREPLACE: LENNOX MILLIVOLT EDV4035 NATURAL GAS PRE ENGINEERED DIRECT VENT FIREPLACE
 F.P. ROUGH OPENING: LENNOX MILLIVOLT EDV4035: 41" W x 40 1/2" H x 23" D



- WALNUT CREEK INTERIOR TRIM PACKAGE**
- DOORS: 1ST, 2ND, & BASEMENT FLOORS - PREHUNG MASONITE, RAISED CAMDEN
 - 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, SECOND FLOOR HALL, STUDY, AND CONSERVATORY
 - 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

NOTE CARPENTER



NOTE: INTERIOR STAIRS SHALL CONFORM TO THE FOLLOWING GEOMETRY:
 STRAIGHT: RIBER HEIGHT 1.75" MAX
 TREAD DEPTH 10.75" MAX
 NOSING: 7/8" MIN 1.25" MAX
 NOTE: NOSING MAY BE OMITTED & TREAD DEPTH OF 11" OR GREATER

NOTE: 9" CEILINGS
 2X6 EXTERIOR WALLS

NOTE: L/480 MAX JOIST DEFLECTION

(2) WINDOW SEATS,
 Note: H: 13" 2x4 WALL
 W/ DRY WALL FRONT w/ 5/4" BASE
 Top: 3/4" Plywood Painted.

FIRST FLOOR PLAN

NOTE: 9" WALL, 10" ANGLE 45 DEGREE TYP. U.O.N.

2012 CODE

A-6

THE BERKSHIRE

Family Room: Coffered Clg. w/ Mtl Crown.



DATE	04-09-2014
SHEET NO.	
SCALE	1/4" = 1'-0" OR AS NOTED
REVISIONS	

